

3530 Wilshire Boulevard, Suite 1140, Los Angeles, CA 90010 · TEL. (213) 7382816 · FAX (213) 637-4748 Website: http://hiv.lacounty.gov Email: hivcomm@lachiv.org

COMMISSION ON HIV MEETING

Thursday, September 14, 2017 9:00 AM - 1:00 PM

St. Anne's Conference Center
Foundation Room
155 North Occidental Blvd.
Los Angeles, CA 90026

Los Angeles County Commission on HIV



VISION

A comprehensive, sustainable, accessible system of prevention and care that empowers people at risk, living with or affected by HIV to make decisions and to maximize their lifespans and quality of life.

MISSION

The Los Angeles County Commission on HIV focuses on the local HIV/AIDS epidemic and responds to the changing needs of People Living With HIV/AIDS (PLWHA) within the communities of Los Angeles County.

The Commission on HIV provides an effective continuum of care that addresses consumer needs in a sensitive prevention and care/treatment model that is culturally and linguistically competent and is inclusive of all Service Planning Areas (SPAs).



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GUIDELINES FOR CONDUCT

The Los Angeles County Commission on HIV has played an active role in shaping HIV services in this County and in the State for over a decade. The dedication to providing quality services to people with and at risk of HIV/AIDS by people who are members of this body, both past and present, is unparalleled.

In order to encourage the active participation of all members and to <u>address</u> the concerns of many Commissioners, consumers and other interested members of the community, it is important that meetings take place in a "safe" environment. A "safe" environment is one that recognizes differences, while striving for consensus and is characterized by consistent professional and respectful behavior. As a result, the Commission has adopted and is consistently committed to implementing the following <u>Guidelines for Conduct</u> for Commission, committee and associated meetings.

Similar meeting ground rules have been developed and successfully used in large group processes to tackle difficult issues. Their intent is not to discourage meaningful dialogue, but to recognize that differences and even conflict can result in highly creative solutions to problems when approached in a respectful and professional manner.

The following should be adhered to by all participants and stakeholders:

- 1) Be on Time for Meetings
- 2) Stay for the Entire Meeting
- 3) Show Respect to Invited Guests, Speakers and Presenters
- 4) Listen
- 5) Don't Interrupt
- 6) Focus on Issues, Not People
- 7) Don't just Disagree, Offer Alternatives
- 8) Give Respectful, Constructive Feedback
- 9) Don't Judge
- 10) Respect Others' Opinions
- 11) Keep an Open Mind to Others' Opinions
- 12) Allow Others to Speak
- 13) Respect Others' Time
- 14) Begin and End on Time
- 15) Have All the Issues on the Table and No "Hidden Agendas"
- 16) Minimize Side Conversations
- 17) Don't Monopolize the Discussion
- 18) Don't Repeat What Has Already Been Said
- 19) If Beepers or Cell Phones Must Be On, Keep Them on Silent or Vibrate



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2. APPROVAL OF THE AGENDA:

- A. Agenda
- B. Membership Roster
- C. Committee Assignments
- D. Commission Member Conflict of Interest
- E. Geographic Maps
- F. September December 2017 Meeting Calendar

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Los Angeles County Commission on HIV (COH) MEETING AGENDA

Thursday, September 14, 2017 9:00 AM – 1:00 PM

St. Anne's Conference Center

Foundation Conference Room
155 North Occidental Boulevard, Los Angeles, CA 90026

Notice of Teleconferencing Site:
California Department of Public Health, Office of AIDS
1616 Capitol Ave, Suite 74-616
Sacramento, CA 95814

All Commission meetings will begin at their appointed times. Participants should make every effort to be prompt and ready.

All agenda items are subject to action. Public comment will be invited for each item.

All "action" (non-procedural) motions are included on the consent calendar and are approved when the consent calendar is approved.

A motion can be "pulled" from the consent calendar if there are objections to it, or if it is to be presented or discussed later in the meeting.

Members/Visitors. Remember that the agenda order

(and the scheduled times for items) can be changed or significantly
delayed during and at a meeting.

Motions, public comment periods, dates/times/venues of future activities

Who addresses the issue, reports on it, and/or who follows-up after that.

Agenda Times are best estimates, but are subject to change at any time.

AGENDA ORDER/AGENDA ITEMS

MOTIONS/ACTIONS

PARTY(IES)
RESPONSIBLE

SCHEDULED TIMES

1.	Call to Order		B Land/R Rosales Co-Chairs, COH	9:00 am _ 9:03 am
-	A Roll Call			
2.	Approval of Agenda	MOTION #1	Commission	9:03am - 9:05 am
3.	Approval of Meeting Minutes	MOTION #2	Commission	9:05 am - 9:07 am
4.	Consent Calendar	MOTION #3	Commission	9:07am - 9:09am

	AGENDA ORDER/AGENDA ITEMS	MOTIONS/ACTIONS, DATES and LOGISTICS	PARTY(IES) RESPONSIBLE	SCHEDU	LEI	TIMES
5.	Executive Director's Report	C Barrit, MPI	A, Executive Director	9:09am	-	9:15am
6.	Co-Chairs Report	B Land/R Ros	ales, Co-Chairs, COH	9:15am	-	9:25am
	A. Meeting ManagementB. Co-Chair Elections					
7.	County's Health Agency Integration Advisory Board Report	COH IAB	Representatives	9:25am	-	9:27 am
8.	Colloquia Series	Services for Youth Grissel Granado	raluation of HIV Testing in Los Angeles County s and Miguel Martinez dren's Hospital Los Angeles	9:27 am	-	10:15am
9.	Break			10:15am	-	10:25am
10.	Housing Opportunities for People Living With HIV/AIDS (HOPWA) Report	Housing + Comn	conquillo nunity Investment Dept Los Angeles	10:25am	-	10:30am
11.	Department of Public Health, Immunization Program Report	Medical Director,	MPHTM, FACEP Immunization Program Public Health	10:30am	-	10:35am
12.	Division of HIV/STD Programs (DHSP) Report Department of Public Health A. Medical Monitoring Project (MMP)		H, Director, DHSP PhD, DHSP	10:35am 10:50am	-	10:50am 11:30am
13.	California Office of AIDS (OA) Report	State O	ffice of AIDS	11:30am	-	11:40am
	A. OA Work/Information	M Arnold, MS-HAS	, Chief, Care Branch, OA			
14.	Standing Committee Reports			11:40am	-	12:15pm

A. Planning, Priorities and Allocations (PP&A) Committee A Ballesteros, MBA/J Brown, Co-Chairs

(1) Revised FY 2017 Allocations

MOTION #4

(2) Allocation Percentages for PY 28 (2018-2019)

MOTION #5

(3) Ryan WhitePart A Application Due October 30, 2017

B. Standards and Best Practices (SBP) Committee

J Cadden, MD/G Granados, MSW, Co-Chairs

- (1) Prevention Standards
- (2) Housing Standards

C. Operations Committee

- (1) Policy 08.3204: Excused Absences
- (2) Policy 09.4205: Commission Membership & Nomination Process
- (3) Membership Recruitment
- (4) Member Orientation October 12, 2017

T Bivens-Davis/K Stalter, Co-Chairs

MOTION #6 MOTION #7

D. Public Policy Committee

A Fox, MPM/ E Leue Co-Chairs

- (1) 2017 COH Legislative Docket
- (2) Healthcare Access and Landscape

15.	Caucus, Task Force and Work Group Reports	Caucus, Task Force and Work Group Co-Chairs	12:15pm	-	12:20pm
16.	City/Health District Reports	City/Health District Representatives	12:20pm	-	12:30pm
17.	SPA/District Reports	SPA/District Representatives	12:30pm	-	12:35pm
18.	Public Comment (Non-Agendized or Follow-Up)	Public	12:35pm	-	12:45pm
19.	Commission Comment (Non-Agendized or Follow-Up)	Commission Members/Staff	12:45pm	-	12:55pm
20.	Announcements	Commission/Public	12:55pm	-	1:00pm
21.	Adjournment			-	1:00pm

	PROPOSED MOTION(S)/ACTION(S) PROCEDURAL MOTION(S):
MOTION #1:	Adjust, as necessary, and approve the Agenda Order.
MOTION # 2:	Approve minutes from the Commission on HIV meetings, as presented or revised.
MOTION # 3:	Approve the Consent Calendar.

	CONSENT CALENDAR:					
MOTION # 4:	Approve Revised FY 2017 Allocations, as presented					
MOTION # 5:	Approve Allocation Percentages for PY 28 (2018-2019), as presented.					
MOTION # 6:	Approve Policy 08.3204: Excused Absences , as presented.					
MOTION # 7:	Approve Policy 09.4205: Commission Membership & Nomination Process, as presented.					

	COMMISSION ON HIV MEMBERS						
Bradley Land, Co-Chair	Ricky Rosales, Co-Chair	Majel Arnold, MA-HSA	Traci Bivens-Davis				
Al Ballesteros, MBA	Jason Brown	Joseph Cadden, MD	Danielle Campbell, MPH				
Raquel Cataldo	Deborah Owens Collins, PA, MSPAS, AAHIVS	Michele Daniels	Kevin Donnelly				
Matthew Emons, MD	Susan Forrest (Alternate)	Aaron Fox, MPP	Jerry D. Gates, PhD				
Joseph Green	Terry Goddard, MA	Bridget Gordon	Grissel Granados, MSW				
Ernest Hammond III (Alternate)	Lee Kochems, MA	David P. Lee (Alternate)	Eric Paul Leue				

MEMBERS: 45 **QUORUM:**

23

Abad Lopez

José Munoz

Raphael Péna

Ace Robinson, MPH

LaShonda Spencer, MD

Russell Ybarra

for 51 Seats

LEGEND::

Miguel Martinez, MSW, MPH

Frankie Darling-Palacios

Juan Preciado

Rebecca Ronquillo

Yolanda Sumpter

Commissioner/ Alternate

Anthony Mills, MD

John Palomo

Thomas Puckett, Jr.

Martin Sattah, MD

Greg Wilson

Eduardo Martinez

(Alternate)

Derek Murray

Mario Peréz, MPH

Maria Roman

Kevin Stalter

All agenda items are subject to action Public comment will be invited for each item

The Commission Offices are located in Metroplex Wilshire, one building west of the southwest corner of Wilshire and Normandie. Validated parking is available in the parking lot behind Metroplex, just south of Wilshire, on the west side of Normandie. Interpretation services for the hearing impaired and translation services for languages other than English are available free of charge upon request. To arrange for these services, or for additional information about this committee, please contact Dina Jauregui at (213) 738-2816 or djauregui@lachiv.org.

Servicios de interpretación para personas con impedimento auditivo y traducción para personas que no hablan Inglés están disponibles sin costo. Para pedir estos servicios, póngase en contacto con Dina Jauregui al (213) 738-2816 (teléfono), o por fax al (213) 637-4748, por lo menos cinco días antes de la junta.

NOTES on AGENDA SCHEDULING, TIMING, POSTED and ACTUAL TIMES, TIME ALLOTMENTS, and AGENDA ORDER

Because time allotments for discussions and decision-making regarding business before the Commission's standing committees cannot always be predicted precisely, posted times for items on the meeting agenda may vary significantly from either the actual time devoted to the item or the actual, ultimate order in which it was addressed on the agenda. Likewise, stakeholders may propose adjusting the order of various items at the commencement of the committee meeting (Approval of the Agenda), or times may be adjusted and/or modified, at the co-chairs' discretion, during the course of the meeting.

If a stakeholder is interested in joining the meeting to keep abreast of or participate in consideration of a specific agenda item, the Commission suggests that the stakeholder plan on attending the full meeting in case the agenda order is modified or timing of the items is altered. All Commission committees make every effort to place items that they are aware involve external stakeholders at the top of the agenda in order to address and resolve those issues more quickly and release visiting participants from the obligation of staying for the full meeting.

External stakeholders who would like to participate in the deliberation of discussion of an a posted agenda item, but who may only be able to attend for a short time during a limited window of opportunity, may call the Commission's Executive Director in advance of the meeting to see if the scheduled agenda order can be adjusted accordingly. Commission leadership and staff will make every effort to accommodate reasonable scheduling and timing requests—from members or other stakeholders—within the limitations and requirements of other possible constraints.



COMMISSION ON HIV MEMBERSHIP SLATE APPROVED BY COH ON 07/13/2017

# ТАЭЅ ЧІНРЯЭВ							радео	021P3
NEW	MEMBERSHIP SEAT	oissimmo) ooteo2	timmo) mngiseA	COMMISSIONER	AFFILIATION (if any)	TERM BEGINS	TERM ENDS	ALTERNATE
	Medi-Cal representative			Vacant		7102 1 vlul.	June 30, 2019	
	City of Pasadena representative	-		John Palomo	Pasadena Public Health, City of Pasadena	July 1, 2016	June 30, 2018	
8	City of Long Beach representative	-		Deborah Owens Collins, PA, MSPAS, AAHIVS	Dept. of Health and Human Services, City of Long Beach	July 1, 2017	June 30, 2019	
	City of Los Angeles representative	+	\top	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2016	June 30, 2018	
	City of West Hollywood representative	- ,		Derek Murray	City of West Hollywood	July 1, 2017	June 30, 2019	
9 6	Director, DHSP		PP&A	Mario Perez, MPH	DHSP, LA County Department of Public Health	July 1, 2016	June 30, 2018	
- 00	Part C representative	+		Aaron Fox MPM	Los Angles Gay and Leshian Center (1 ACL C)	July 1, 2016	June 30, 2018	
L	Part D representative	-	4	LaShonda Spencer MD	LAC + USC MCA Clinic LA County Department of Health Services	July 1, 2010	June 30, 2019	
	Part F representative	H		Jerry D. Gates, PhD	Keck School of Medicine of USC	July 1, 2016	June 30, 2018	
11 F	Provider representative #1	-	SBP ,	Joseph Cadden, MD	Rand Shrader Clinic (SPA1), LA County Department of Health Services	July 1, 2017	June 30, 2019	
	Provider representative #2	-		Maria Roman	APAIT Health Center	July 1, 2016	June 30, 2018	
	Provider representative #3	-			Children's Hospital Los Angeles	July 1, 2017	June 30, 2019	
	Provider representative #4	- (i)	S		Tarzana Treatment Center	July 1, 2016	June 30, 2018	
	Provider representative #5	-		Terry Goddard, MA	Alliance for Housing and Healing	July 1, 2017	June 30, 2019	
1	Provider representative #6	+		Anthony Mills, MD	Southern CA Men's Medical Group	July 1, 2016	June 30, 2018	
	Provider representative #7	- ,	4	Frankie Darling-Palacios	Los Angeles Gay and Lesbian Center (LAGLC)	July 1, 2017	June 30, 2019	
	Provider representative #8			Martin Sattan, MD	Rand Shrader Clinic (SPA1), LA County Department of Health Services	July 1, 2016	June 30, 2018	
1	Unaminated consumer, SPA 1	- ,		Michele Daniels	unaffiliated consumer	July 1, 2017	June 30, 2019	
	Unafficied consumer, SPA Z	- ,		Abad Lopez	unaffiliated consumer	July 1, 2016	June 30, 2018	
17	Unamiliated consumer, SPA 3		PP&A	Jason Brown	unaffiliated consumer	July 1, 2017	June 30, 2019	
	Unaffiliated consumer CDA 6		V VOCO	Valenda Sumator	unamiliated consumer	July 1, 2016	June 30, 2018 1	Susan Forrest
	Unaffiliated consumer SPA 6		100	Vacant	unaffiliated consumer	July 1, 2017	June 30, 2019	OO HOW SO I Pinou
	Unaffiliated consumer SPA 7	-	DDSA	Parhael Déna	unaffiliated consumer	July 1, 2016	June 30, 2010	David Lee, IMPH, LCSVV
	Unaffliated consumer SPA 8	+		Lee Kochems MA	unaffiliated consumer	July 1, 2017	June 30, 2019	
	Unaffiliated consumer, Supervisorial District 1			Jose Muñoz	unaffiliated consumer	July 1, 2017	June 30, 2019	
	Unaffiliated consumer, Supervisorial District 2			Vacant	unaffiliated consumer	July 1, 2016	June 30, 2018 1	Emest Hammond, III
	Unaffiliated consumer, Supervisorial District 3			Vacant	unaffiliated consumer	July 1, 2017	June 30, 2019 1	_
30 n	Unaffiliated consumer, Supervisorial District 4	1 E	EXCIOPS	Kevin Donnelly	unaffiliated consumer	July 1, 2016	June 30, 2018	
31 U	Unaffiliated consumer, Supervisorial District 5	-			unaffiliated consumer	July 1, 2017	June 30, 2019	
_	Unaffiliated consumer, at-large #1	-	PP&A	Russell Ybarra	unaffiliated consumer	July 1, 2016	June 30, 2018	
	Unaffiliated consumer, at-large #2	- 0	တ္က		unaffiliated consumer	July 1, 2017	June 30, 2019	
34	Unaffiliated consumer, at-large #3	+	\neg	Kevin Stalter	The Brotherhood IMPACT Fund	July 1, 2016	June 30, 2018	
	Unaffiliated consumer, at-large #4	+		Bridget Gordon	unaffiliated consumer	July 1, 2017	June 30, 2019	
2 20	Representative, board Office 1	-	PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2016	June 30, 2018	
	Representative Board Office 3			Vacant		July 1, 2017	June 30, 2019	
		-	A DAS	Ace Robinson MDH	No Affiliations	July 1, 2016	June 30, 2010	
		_		Bradley Land	unaffiliated consumer	July 1, 2017	June 30, 2018	
		-		Rebecca Ronguillo	City of Los Angeles HOPWA	July 1 2017	June 30, 2019	
				Vacant		July 1, 2016	June 30, 2018	を できる
	Local health/hospital planning agency representative	-	SBP	Matthew Emons, MD, MBA	LA Care	July 1, 2017	June 30, 2019	
	HIV stakeholder representative #1	-	SBP	Grissel Granados, MSW	Children's Hospital Los Angeles	July 1, 2016	June 30, 2018	
		-		Greg Wilson	In the Meantime Men's Group	July 1, 2017	June 30, 2019	
	HIV stakeholder representative #3	-		Juan Preciado	Northeast Valley Health Corporation	July 1, 2016	June 30, 2018	
1	HIV stakeholder representative #4	-		Eric Paul Leue	Free Speech Coaltion	July 1, 2017	June 30, 2019	
\perp	HIV stakeholder representative #5	+		Danielle Campbell, MPH	UCLAMLKCH	July 1, 2016	June 30, 2018	
24 2	TIV Stakeholder representative #6		SHO	Iraci Bivens-Davis	N/A	July 1, 2017	June 30, 2019	
	HIV stakeholder representative #8			Vacant		July 1, 2016	June 30, 2018	
	TOTAL	41		Vacani		July 1, 2010	June 30, 2017	

MITTEE ASSIGNMENT LEGEND: EXC (Executive), OPS (Operations), PP&A (Planning, Priorities & Allocations), PP (Public Policy), SBP (Standards and Best Practic

COMMITTE



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COMMITTEE ASSIGNMENTS (Updated 09/12/17)

Committee Member Name/ Alternate	ember Category	Affiliation	Notes
* = Primary Committee Assignm	** = Se	condary Committ	ee Assignment

EXECUTIVE COMMITTEE					
Regular meeting day : 4 th Thursday of the mo	onth Regular meeting time	e: 1:00pm-3:00pm			
Number of Voting Members: 14	Number of Quorum: 8				
Bradley Land	Co-Chair, Comm./Exec.*	Commissioner			
Ricky Rosales	Co-Chair, Comm./Exec.*	Commissioner			
Al Ballesteros, MBA	Co-Chair, PP&A	Commissioner			
Traci Bivens-Davis	Co-Chair, Operations	Commissioner			
Jason Brown	Co-Chair, PP&A	Commissioner			
Joseph Cadden, MD	Co-Chair, SBP	Commissioner			
Raquel Cataldo	At-Large Member*	Commissioner			
Kevin Donnelly	At-Large Member*	Commissioner			
Aaron Fox, MPM	Co-Chair, Public Policy	Commissioner			
Grissel Granados, MSW	Co-Chair, SBP	Commissioner			
Joseph Green	At-Large Member*	Commissioner			
Eric Paul Leue	Co-Chair, Public Policy	Commissioner			
Mario Pérez, MPH	DHSP Director	Commissioner			
Kevin Stalter	Co-Chair, Operations	Commissioner			

OPERATIONS COMMITTEE						
Regular meeting day: 4 th Thursd	lay of the month	Regular meeting ti	me:	10:00am-12:00pm		
Number of Voting Membe	ers: 10	Number of Quorum:	6			
Traci Bivens-Davis	(Committee Co-Chair*		Commissioner		
Kevin Stalter	(Committee Co-Chair*		Commissioner		
Danielle Campbell, MPH	×	*		Commissioner		
Raquel Cataldo	k	*		Commissioner		
Michele Daniels	k	*		Commissioner		
Kevin Donnelly	k	*		Commissioner		
Bridget Gordon	k	*		Commissioner		
Joseph Green	k	*		Commissioner		
John Palomo	k	*		Commissioner		
Juan Preciado	*	*		Commissioner		

Committee Assignment List

Updated: September 11, 2017

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Commi	tte	e Member Name	Membe	r Category	Affiliation	Notes
*	=	Primary Committee Assig	gnment	** = Se	condary Committ	tee Assignment

PLANNING, PRIORITIES and ALLOC	ATIONS (PP&A) COMN	NITTEE
Regular meeting day : 3 rd Tuesday of the month	Regular meeting time:	1:00pm-4:00pm
Number of Voting Members: 14	Number of Quorum:	8
Al Ballesteros, MBA	Committee Co-Chair*	Commissioner
Jason Brown	Committee Co-Chair*	Commissioner
Majel Arnold, MHA	*	Commissioner
Susan Forrest	*	Commissioner
Abad Lopez	*	Commissioner
Miguel Martinez, MPH, MSW	*	Commissioner
Anthony Mills, MD	*	Commissioner
Derek Murray	*	Commissioner
Debi Collins Owens, MPA, MSPAS, AAHIVS	*	Commissioner
Raphael Péna	*	Commissioner
LaShonda Spencer, MD	*	Commissioner
Yolanda Sumpter	*	Commissioner
Russell Ybarra	*	Commissioner
TBD	DHSP staff	DHSP Staff

	PUBLIC POLICY	COMMITTEE	
Regular meeting day:	1st Monday of the month	Regular meeting ti	me : 1:00 pm-3:00pm
Number of Vot	ting Members: 11	Number of Quorum:	6
Aaron Fox, MPM		Committee Co-Chair*	Commissioner
Eric Paul Leue		Committee Co-Chair*	Commissioner
Jerry Gates, PhD		*	Commissioner
Terry Goddard, MA		*	Commissioner
Lee Kochems, MA		*	Commissioner
Eric Paul Leue		*	Commissioner
José Munoz		*	Commissioner
Maria Roman		*	Commissioner
Rebecca Ronquillo		*	Commissioner
Martin Sattah, MD		*	Commissioner
Kyle Baker		DHSP staff	DHSP representative

Committee Assignment List

Updated: September 11, 2017

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Commi	tte	e Member Name	Membe	r Catego	ry	Affiliation	Notes
*	=	Primary Committee Assig	gnment	** =	Se	condary Committ	ee Assignment

STANDARDS AND BEST PRA	ACTICES (SBP) COMMI	TTEE
Regular meeting day : 1 st Thursday of the mo	nth <i>Regular meeting tim</i>	e: 10:00am-12:00pm
Number of Voting Members: 9	Number of Quorum:	5
Grissel Granados, MSW	Committee Co-Chair*	Commissioner
Joseph Cadden, MD	Committee Co-Chair*	Commissioner
Darling-Palacios, Frankie	*	Commissioner
Matthew Emons, MD, MPH	*	Commissioner
Angelica Palmeros, MSW	*	Committee member
Thomas Puckett, Jr.	*	Commissioner
Wendy Garland, MPH	DHSP staff	DHSP representative
Ace Robinson, MPH	*	Commissioner
Wilson, Greg	*	Commissioner

	CONSUME	R CAUCUS	
Regular meeting day:	Following Comm. mtg.	Regular meeting time	: 1:30pm-3:00pm
	Open Me	mbership	
Joseph Green		Co-Chair	Commissioner
Yolanda Sumpter		Co-Chair	Commissioner
Al Ballesteros, MBA		Member	Commissioner
Jason Brown		Member	Commissioner
Michele Daniels		Member	Commissioner
Kevin Donnelly		Member	Commissioner
Grissel Granados, MSW		Member	Commissioner
Bridget Gordon		Member	Commissioner
Lee Kochems, MA		Member	Commissioner
Brad Land		Member	Commissioner
Abad Lopez		Member	Commissioner
Eduardo Martinez		Member	Alternate
Anthony Mills, MD		Member	Commissioner
José Munoz		Member	Commissioner
Raphael Péna		Member	Commissioner
Thomas Puckett		Member	Commissioner
Maria Roman		Member	Commissioner
Kevin Stalter		Member	Commissioner

Committee Assignment List

Updated: September 11, 2017

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Commi	tte	e Member Name	Membe	r Category	Affiliation	Notes
*	=	Primary Committee Assi	ignment	** = Se	condary Committ	ee Assignment

	WOMEN'S CAUCUS	
3 rd Wednesday of the month	Regular meeting time:	10:00am-12:00pm
	Open Membership	
Bridget Gordon	Co-Chair	Commissione
Yolanda Salinas	Co-Chair	Commissione

TRA	ANSGENDER TASK FORCE	
	Time/Date: TBD	
	Open Membership	
Destin Cortez	Co-Chair	Community Member
Maria Roman	Co-Chair	Commissioner
Michelle Enfield	Member	Commissioner
Susan Forrest	Member	Commissioner
Jaden Fields	Member	Community
Kimberly Kisler, PhD	Member	Community



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COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Prevention-funded service contracts with the County of Los Angeles. According to Ryan White legislation, HRSA guidance and Commission policy, Commission members are required to state their "conflicts-of-interest" prior to priority- and allocation-setting and other fiscal matters concerning the local HIV continuum of care, and to recuse themselves from discussions involving specific service categories for The following list identifies "conflicts-of-interest" for Commission members who represent agencies with Part A/B –and/or CDC HIV which their organizations have service contracts.

COMMISSION MEMBERS	MEMBERS	ORGANIZATION	SERVICE CATEGORIES
ARNOLD	Majel	California State Office of AIDS	No Ryan White or prevention contracts
BROWN	Jason	Unaffiliated consumer	No Ryan White or prevention contracts
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Case Management, Transitional
			Health Education/Risk Reduction (HERR)
-	-	CIVI I LOVE	HIV Counseling and Testing (HCT)
BALLES I EKUS	Ā	JWCH, INC.	Medical Care Coordination (MCC)
			Mental Health, Psychotherapy
			Mental Health, Psychiatry
			Oral Health
			Biomedical Prevention
BIVENS-DAVIS	Traci	No Affiliation	No Ryan White or prevention contracts
		•	Ambulatory Outpatient Medical (AOM)
CADDEN	Joseph	Rand Schrader Health & Research Center	Medical Care Coordination
			Mental Health, Psychiatry

COMMISSION MEMBERS	EMBERS	ORGANIZATION	SERVICE CATEGORIES
			HIV/AIDS Oral Health Care (Dental) Services
			HIV/AIDS Medical Care Coordination Services
CAMPBELL	Danielle	UCLA/MLKCH	HIV/AIDS Ambulatory Outpatient Medical Services
			HIV/AIDS Medical Care Coordination Services
			nPEP Services
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
		3	Medical Care Coordination (MCC)
			Case Management, Home-Based
			Case Management, Transitional - Jails
CATALDO	Raquel	Tarzana Treatment Center	Medical Transportation
			Mental Health, Psychotherapy
			Oral Health
			Substance Abuse, Residential
			Substance Abuse, Transitional
			Substance Abuse, Detox
			Biomedical Prevention
		,	Medical Nutrition Therapy
DANIELS	Michele	Unaffiliated consumer	No Ryan White or prevention contracts
			Ambulatory Outpatient Medical (AOM)
SOLDA ING SINI IGAG	Cidacia	1 or And John S. Johnson	Health Education/Risk Reduction (HERR)
DANEING-LAFACIOS	ם ואוע	LOS Aligeres day & Lesbiali Celitei	HIV Counseling and Testing (HCT)
			Medical Care Coordination (MCC)

COMMISSION MEMBERS	EMBERS	ORGANIZATION	SERVICE CATEGORIES
			Mental Health, Psychiatry
			Mental Health, Psychotherapy
			Non-Occupational HIV PEP
			Biomedical Prevention
			STD Screening and Treatment
DONNELLY	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
EMONS	Matthew	LA CARE	No Ryan White or prevention contracts
			HIV/AIDS Health Education
	(HIV/AIDS Substance Abuse
FORREST	Susan	Los Angeles Center for Alcohol and Drug Abuse	Risk Reduction Prevention Services
			Residential Rehabilitation Services
			Ambulatory Outpatient Medical (AOM)
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
	6		Medical Care Coordination (MCC)
FOX	Aaron	Los Angeles Gay & Lesbian Center	Mental Health, Psychiatry
			Mental Health, Psychotherapy
			Non-Occupational HIV PEP
			Biomedical Prevention
			STD Screening and Treatment
GATES	Jerry	Keck School of Medicine of USC	No Ryan White or prevention contracts
GODDARD II	Terry	Alliance for Housing and Healing	Residential Care Facilities for the Chronically III (RCFCI)
GORDON	Bridget	Unaffiliated consumer	No Ryan White or prevention contracts
GRANADOS	Grissel	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)

COMMISSION MEMBERS	EMBERS	ORGANIZATION	SERVICE CATEGORIES
			Case Management, Transitional - Youth
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Medical Care Coordination (MCC)
			Biomedical Prevention
			Mental Health, Psychotherapy
GREEN	Joseph	Unaffiliated consumer	No Ryan White or prevention contracts
HAMMOND	Ernest	No Affiliation	No Ryan White or prevention contracts
KOCHEMS	Lee	Unaffiliated consumer	No Ryan White or prevention contracts
LAND	Bradley	Unaffiliated consumer	No Ryan White or prevention contracts
		Charles R. Drew University of Medicine and	HIV/AIDS Benefits Specialty Services
TEE	David	Science	HIV Counseling, Testing, and Referral Prevention Services
			HIV/AIDS Mental Health, Psychotherapy Services
LEUE PAUL	Eric	Free Speech Coalition	No Ryan White or prevention contracts
LOPEZ	Abad	Unaffiliated consumer	No Ryan White or prevention contracts
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			MH, Psychiatry
MARTINEZ	Eduardo	AIDS Healthcare Foundation	MH, Psychotherapy
			Medical Specialty
			Oral Health
			HIV Counseling and Testing (HCT)
			STD Screening and Treatment

S:2017 Calendar Year\Commission\09 - September\Packet\Monthly Meeting Handouts-SPA Map,Code of Conduct,ete\List-Commissioner Agency Service Categ Conflicts-090817.docx

COMMISSION MEMBERS	EMBERS	ORGANIZATION	SERVICE CATEGORIES
			Ambulatory Outpatient Medical (AOM) Case Management, Transitional - Youth Health Education/Risk Reduction (HERR)
MARTINEZ	Miguel	Children's Hospital, Los Angeles	HIV Counseling and Testing (HCT)
			Medical Care Coordination (MCC)
			Mental Health, Psychotherapy
			Biomedical Prevention
	, , , , , , , , , , , , , , , , , , ,		Biomedical Prevention
MILLS	Anthony	Southern CA Men's Medical Group	Medical Care Coordination (MCC)
MUNOZ	Jose	Unaffiliated consumer	No Ryan White or prevention contracts
MURRAY	Derek	City of West Hollywood	No Ryan White or prevention contracts
			Benefits Specialty
OWENS COLLINS	Deborah	Long Beach Department of Health & Human Services	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
PALOMO	John	City of Pasadena	HIV Counseling and Testing (HCT)
PENA	Raphael	Unaffiliated consumer	No Ryan White or prevention contracts
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
		,	Mental Health, Psychotherapy
			Benefits Specialty
PRECIADO	lian	Northeast Valley Health Corporation	Mental Health, Psychiatry
	5 5 5		Oral Health
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)

COMMISSION MEMBERS	EMBERS	ORGANIZATION	SERVICE CATEGORIES
PUCKETT, JR.	Thomas	Unaffiliated Consumer	No Ryan White or prevention contracts
ROBINSON	Ace	No Affiliation	No Ryan White or prevention contracts
			Case Management, Non-Medical (LCM)
			Language Services
ROMAN	Maria	APAIT Health Center	Mental Health, Psychotherapy
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
RONQUILLO	Rebecca	City of Los Angeles, HOPWA	No Ryan White or prevention contracts
ROSALES	Ricky	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
			Ambulatory Outpatient Medical (AOM)
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	Medical Care Coordination (MCC)
			Mental Health, Psychiatry
CDENCED	Lochonda	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Ambulatory Outpatient Medical (AOM)
STEINGER	Lasilolida	באר א סטר זאניא רווויני	Medical Care Coordination (MCC)
STALTER	Kevin	The Brotherhood IMPACT Fund	No Ryan White or prevention contracts
SUMPTER	Yolanda	Unaffiliated consumer	No Ryan White or prevention contracts
WILSON	Gregory	In the Meantime Men's Group, Inc.	HIV/AIDS Health Education/Risk Reduction Prevention Services
YBARRA	Russell	Capitol Drugs	No Ryan White or prevention contracts

		H	HV Calend	ar		
September	r 2017					
Sun	Mon	Tue	Wed	Thu	Fri	Sat
27 Week 35	28 10:00 AM - 12:00 PM Operations Committee Meeting 1:00 PM - 3:00 PM Executive Committee Meeting	9:30 AM - 1:00 PM Board of Supervisors (BOS)	30 9:30 AM - 11:30 AM BOS Agenda Review	31	1	2
3 Week 36	4 1:00 PM - 3:00 PM [CANCELED] Public Policy Committee	5 9:30 AM - 1:00 PM Board of Supervisors (BOS)	9:30 AM - 11:30 AM BOS Agenda Review	7 10:00 AM - 12:00 PM [CANCELED] Standards & Best Practices (SBP)	8	9
10 Week 37	11	12 9:30 AM - 1:00 PM Board of Supervisors (BOS)	9:30 AM - 11:30 AM BOS Agenda Review	14 9:00 AM - 1:00 PM Commission Meeting	15	16
17 Week 38		19 9:30 AM - 1:00 PM Board of Supervisors (BOS) 10:00 AM - 12:00 PM Transgender Caucus 1:00 PM - 3:00 PM [CANCELED] Planning, Priorities & Allocations (PP&A)	20 9:30 AM - 11:30 AM BOS Agenda Review	21	22	23
24 Week 39		26 9:30 AM - 1:00 PM Board of Supervisors (BOS)	27 National Gay Men's HIV/AIDS Awareness Day 9:30 AM - 11:30 AM BOS Agenda Review 10:00 AM - 12:00 PM Housing Taskforce	28 10:00 AM - 12:00 PM Operations Committee Meeting 1:00 PM - 3:00 PM Executive Committee Meeting	29	30

		H	HV Calend	dar		
October 20	017					
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1 Week 40	2 1:00 PM - 3:00 PM Public Policy Committee	9:30 AM - 1:00 PM Board of Supervisors (BOS)	9:30 AM - 11:30 AM BOS Agenda Review	5 10:00 AM - 12:00 PM Standards & Best Practices (SBP)	6	7
8 Week 41	9	10	11	12	13	14
		9:30 AM - 1:00 PM Board of Supervisors (BOS)	9:30 AM - 11:30 AM BOS Agenda Review	9:00 AM - 1:00 PM Commission Meeting 1:00 PM - 3:00 PM Member Orientation (Open to Interested Applicants & All COH Members)		
15 Week 42 National Latinx AIDS Awareness Day	16	9:30 AM - 1:00 PM Board of Supervisors (BOS) 1:00 PM - 3:00 PM Planning, Priorities & Allocations (PP&A)	18 9:30 AM - 11:30 AM BOS Agenda Review	19	20	21
22 Week 43	23	9:30 AM - 1:00 PM Board of Supervisors (BOS)	9:30 AM - 11:30 AM BOS Agenda Review 10:00 AM - 12:00 PM Housing Taskforce	26 10:00 AM - 12:00 PM Operations Committee Meeting 1:00 PM - 3:00 PM Executive Committee Meeting	27	28
29 Week 44	30	9:30 AM - 1:00 PM Board of Supervisors (BOS)	1 9:30 AM - 11:30 AM BOS Agenda Review	2 10:00 AM - 12:00 PM Standards & Best Practices (SBP)	3	4

		ŀ	IIV Calend	dar		
Novembe	r 2017					
Sun	Mon	Tue	Wed	Thu	Fri	Sat
29 Week 44	30	31 9:30 AM Board of Supervisors (BOS)	9:30 AM BOS Agenda Review	2 10:00 AM Standards & Best Practices (SBP)	3	4
5 Week 45	6 1:00 PM Public Policy Committee	7 9:30 AM Board of Supervisors (BOS)	8 9:30 AM BOS Agenda Review	9:00 AM Annual Commission Meeting at the Dorothy Chandler Pavillion Salons A&B,5th Floor	10	11
12 Week 46	13	9:30 AM Board of Supervisors (BOS)	15 9:30 AM BOS Agenda Review	16	17	18
19 Week 47	20	9:30 AM Board of Supervisors (BOS) 1:00 PM Planning, Priorities & Allocations (PP&A)	9:30 AM BOS Agenda Review 10:00 AM Housing Taskforce	23 Thanksgiving Holiday - COH Office Closed 10:00 AM [CANCELED] Operations Committee Meeting 1:00 PM [CANCELED] Executive Committee Meeting	24. Thanksgiving Holiday - COH Office Closed	25
26 Week 48	27	9:30 AM Board of Supervisors (BOS)	9:30 AM BOS Agenda Review	30	1 World AIDS Day	2

December	²⁰¹⁷					
Sun	Mon	Tue	Wed	Thu	Fri	Sat
26 Week 48	27	9:30 AM - 1:00 PM Board of Supervisors (BOS)	29 9:30 AM - 11:30 AM BOS Agenda Review	30	1 World AIDS Day	2
3 Week 49	4 1:00 PM - 3:00 PM Public Policy Committee	5 9:30 AM - 1:00 PM Board of Supervisors (BOS)	6 9:30 AM - 11:30 AM BOS Agenda Review	7 10:00 AM - 12:00 PM Standards & Best Practices (SBP)	8	9
10 Week 50	11	12 9:30 AM - 1:00 PM Board of Supervisors (BOS)	13 9:30 AM - 11:30 AM BOS Agenda Review	14	15	16
17 Week 51	18	9:30 AM - 1:00 PM Board of Supervisors (BOS) 1:00 PM - 3:00 PM Planning, Priorities & Allocations (PP&A)	9:30 AM - 11:30 AM BOS Agenda Review	21	22	23
24 Week 52	25 8:00 AM - 5:00 PM Christmas Holiday - COH Office Closed	9:30 AM - 1:00 PM Board of Supervisors (BOS)	9:30 AM - 11:30 AM BOS Agenda Review 10:00 AM - 12:00 PM Housing Taskforce	28 10:00 AM - 12:00 PM Operations Committee Meeting 1:00 PM - 3:00 PM Executive Committee Meeting	29	30
31 Week 1	1 1:00 PM - 3:00 PM Public Policy Committee	2 9:30 AM - 1:00 PM Board of Supervisors (BOS)	3 9:30 AM - 11:30 AM BOS Agenda Review	4 10:00 AM - 12:00 PM Standards & Best Practices (SBP)	5	6



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3. MEETING MINUTES

A. August 10, 2017 Commission Meeting



3530 Wilshire Boulevard, Suite 1140, Los Angeles, CA 90010 · TEL. (213) 7382816 · FAX (213) 637-4748 Website: http://hiv.lacounty.gov Email: hivcomm@lachiv.org

8. COLLOQUIA SERIES

 Secret Shopper Evaluation of HIV Testing Services for Youth in Los Angeles County The Los Angeles County Commission on HIV and the UCLA Center for HIV Identification, Prevention, and Treatment Services (CHIPTS) invite you to attend

Secret Shopper Evaluation of HIV Testing Services for Youth in LAC

Grissel Granados, MSW
Miguel Martinez, MSW, MPH
Children's Hospital Los Angeles
Division of Adolescent and Young Adult Medicine

Thursday, September 14, 2017 9:30am to 10:15am*

St. Anne's Maternity Home 155 N. Occidental Blvd Los Angeles, CA 90026

A collaborative of 6 youth-serving agencies in Los Angeles evaluated the youth-friendliness of HIV testing services available. A total of 19 testing sites across the county were evaluated by youth utilizing a tool that focused on four core areas (confidentiality and privacy; youth-centered counseling; sex-positive health messaging; and youth-friendly environment). The findings of the evaluation highlight the need to update HIV testing training, protocols, and policies to focus on these core areas, which impact the acceptability of testing services for youth. This evaluation is a first step in improving the quality of services available for youth in Los Angeles. In addition, the presentation will include a discussion about the barriers and facilitators to accessing local HIV testing services among youth.







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10. HOUSING OPPORTUNITIES FOR PEOPLE LIVING WITH HIV/AIDS (HOPWA) REPORT





DEPARTMENT OF HEALTH & HUMAN SERVICES

August 29, 2017

Dear Ryan White HIV/AIDS Program (RWHAP) and Housing Opportunity for Persons With AIDS (HOPWA) Colleagues:

The U.S. Department of Housing and Urban Development's Office of Special Needs Assistance Programs (SNAPS) Office of HIV/AIDS Housing (OHH) and the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) are pleased to support and encourage recipient efforts to integrate and utilize the Housing Opportunities for Persons With AIDS (HOPWA) and Ryan White HIV AIDS Program (RWHAP) data sets to improve HIV and housing outcomes for clients accessing services through these programs.

In the United States, it is estimated that more than 1.1 million people are infected with HIV.¹ Data from studies indicate that PLWH are more likely to experience housing instability and homelessness than the general population; at least half of Americans living with HIV experience homelessness or housing instability following diagnosis.² Significant disparities have been identified in research studies in HIV treatment access, retention and health outcomes between PLWH who are homeless and unstably housed and those who are stably housed.³

Given the negative effect of unstable housing on HIV health care outcomes, it is important for grant recipients/subrecipients and project sponsors to utilize data to facilitate efficient and data-driven activities that coordinate health care and housing service delivery programs. To this end, both HAB and OHH encourage grant recipients to create data sharing agreements and integrate data systems to help identify and serve PLWH most at-risk for unstable housing and poor HIV health care outcomes.

Specifically, HAB and OHH encourage RWHAP and HOPWA grant recipients to develop formal agreements to support data sharing processes and systems. These agreements and systems

¹ Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data - United States and 6 dependent areas, 2015. HIV Surveillance Supplemental Report 2017; 22 (No. 2) http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published July 2017.

² U.S. Department of Housing and Urban Development Publication, HIV CARE CONTINUUM The Connection Between Housing and Improved Outcomes Along The HIV Care Continuum (2013).

³ Muthulingam DE, Chin J, Hsu L, Scheer S, & Schwarcz S. Disparities in Engagement in Care and Viral Suppression among Persons with HIV. *Journal of Acquired Immune Deficiency Syndromes*, May 2013; 63 (1): 112-119. PubMed Abstract: http://www.ncbi.nlm.nih.gov/pubmed/23392459.

may include access to aggregate and/or client-level data needed to improve the coordination of services for PLWH who are unstably housed, or at-risk for, or experiencing homelessness. In addition, the data sharing agreement must detail each agency's role in protecting client confidentiality and in securing data in compliance with program specific requirements. Many RWHAP grant recipients already employ such data sharing agreements to create *Data to Care* strategies that use HIV surveillance data to identify HIV-diagnosed individuals not in care and then link them to care. For examples, please visit the Centers for Disease Control and Prevention's Data to Care website at:

 $\frac{https://effective interventions.cdc.gov/en/High Impact Prevention/Public Health Strategies/Datato Care.aspx}{}$

While both HAB and OHH recognize the challenges grant recipients, subrecipients, and project sponsors face in integrating data systems, a more integrated data approach creates the ability to better coordinate services and evaluate program effectiveness as well as leading to a variety of improvements, including:

- Improved quality and efficiency of housing and HIV care and treatment services for PLWH;
- Identification of service gaps and tracking of client outcomes;
- Facilitated evaluation of program effectiveness;
- Decreased duplication of data entry; and
- Improved information for resource planning and allocation.

To support costs associated with creating data sharing agreements and integrating data sets, HAB and OHH encourage eligible recipients within the context of program legislation to utilize program income and/or rebate revenue, as well as federal grant dollars. Both HAB and OHH are committed to collaborating with our partners and stakeholders to provide technical assistance for using data for decision making and service planning, data sharing, program evaluation, and data-driven service delivery. For available resources, please visit our technical assistance websites at https://www.hudexchange.info/. For program specific questions, please consult with your Project or Desk Officer.

We look forward to our continued work with all our partners and stakeholders to improve health outcomes for PLWH at-risk for or experiencing homelessness.

Sincerely,

Laura Cheever, MD, ScM Associate Administrator

HIV/AIDS Bureau

Rita Harcrow Flegel

Director

Office of HIV/AIDS Housing

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11. DEPARTMENT OF PUBLIC HEALTH, IMMUNIZATION PROGRAM REPORT

The New Hork Times

https://nyti.ms/2xhZjeK

U.S.

California Today: A Deadly Outbreak Stalks San Diego

Mike McPhate

CALIFORNIA TODAY SEPT. 8, 2017

Good morning.

(Want to get California Today by email? Here's the sign-up.)

In a typical year, San Diego County might see a few dozen cases of hepatitis A.

So far this year? More than 400, with 15 people now killed by the liver disease.

"This is an outbreak like none other that we've ever had," said Dr. Wilma Wooten, the region's public health officer.

Dr. Wooten said the response has been complicated by the infection's nebulous spread. Whereas past outbreaks have commonly been traced to a single food source, allowing the threat to be swiftly contained, this one is passing person to person.

San Diego's homeless population has been hit hardest by the virus, which stalks its victims more readily in areas of poor sanitation.

Another outbreak has unfolded among the homeless population in Santa Cruz County, where public health officials have confirmed 67 cases since April. Across the country, there have been reported spikes in Michigan and Colorado.

But none on the scale of San Diego.

Highly contagious, hepatitis A causes symptoms such as nausea, vomiting and jaundice. It's treatable, but can knock a victim out for weeks.

San Diego health workers have been trying to slow its spread since March, when an uptick in cases was detected. More than 19,000 people have gotten the first of two immunization shots, administered six months apart.

Still, cases have continued to emerge, said Dr. Wooten. County officials were sufficiently alarmed this month to declare a health emergency.

Critics have accused the city and county of a lack of urgency in addressing the crisis.

Besides vaccination, temporary hand-washing stations help provide a defense against the virus's spread.

Yet by last week, only two had been set up on city streets, according to a report in the The Voice of San Diego. (Dozens more have since been added, Dr. Wooten said.)

"In hindsight you can always say, 'Could we do more?'" said Greg Cox, a San Diego County supervisor. "I'm not happy that it took so long to get the hand-washing stations out there. But the real key — the best prevention — is going to be the vaccinations."

Mr. Cox said the crisis represented a wake up call on the plight of San Diego's homeless.

"Clearly there's a relationship," he said. "And we really need to get to the root cause of this hep A crisis in San Diego, which is really related to the homeless crisis."

California Online

(Please note: We regularly highlight articles on sites that have limited access for nonsubscribers.)

- Los Angeles leaders are planning a push to declare the city a "**sanctuary**" for immigrants. [Los Angeles Times]
- "The **Republican Party** in California continues its long, slow slide." [The Eonomist]
- A French artist has installed an image of a child overlooking the United States from the **Mexico border**. [The New York Times]
- The man who shoved a pie in the **Sacramento mayor's face** (and was pummeled in return) will avoid jail time. He claims it was an act of "political theater." [Sacramento Bee]
- "Leslie Van Houten committed an act of terrorism. She should stay behind bars." [Opinion | Los Angeles Times]
- Colin Kaepernick is now (and may forever be) known for a simple, silent gesture. [The New York Times]
- A judge ruled that **Jahi McMath**, an Oakland teenager who was declared brain-dead in 2013, may technically still be alive. [The Associated Press]
- San Diego, San Jose, Sacramento everyone seems to be vying to host **Amazon's planned second headquarters**. [San Diego Union-Tribune, The Mercury News, Sacramento Bee]
- Hollywood had a horrible summer and it's blaming **Rotten Tomatoes**. [The New York Times]
- The film adaptation of **Stephen King's "It"** is a "skillful blend of nostalgic sentiment and hair-raising effects," A.O. Scott writes. [The New York Times]
- The population of **monarch butterflies** that crowd California trees every winter has plummeted. Scientists say they could go extinct if nothing is done. [San Francisco Chronicle]
- What you get for **\$1.7 million** in West Tisbury, Mass.; Boothbay, Me.; and Calabasas, Calif. [The New York Times]

And Finally ...

Clara Foltz was not easily deterred.

A divorced mother of five living in 19th-century San Jose, she resolved to practice law.

But at the time, only white men were allowed to do so.

So she drafted the "Woman Lawyer's Bill" and convinced a state lawmaker to introduce it. The measure prevailed over the warnings of opponents that a woman's "seductive" ways would sway juries.

Later, Ms. Foltz was said to have charged uninvited into Gov. William Irwin's office and pleaded with him to sign the bill. He did.

It was this week in 1878 that Ms. Foltz passed the bar exam, making her California's first female lawyer.

She became a successful trial lawyer and a towering figure in the women's movement, said Barbara Babcock, a professor emeritus of law at Stanford who wrote a biography of Ms. Foltz.

"Sometimes she would be the only woman in the courtroom and talking to this all-male jury. It's a wonderful scene I think," she said.

Every move Ms. Foltz made, it seemed, resulted in another milestone.

She sued Hastings College of Law in San Francisco to compel it to allow women, and won.

She pioneered the idea of the public defender.

She became the first woman to serve as clerk of the state Assembly's judiciary committee, the first woman deputy district attorney in the United States and the first woman appointed to the state board of corrections.

After practicing law for five decades, Ms. Foltz died in 1934 at the age of 85.

In 2002, Los Angeles's Criminal Courts Building was renamed in her honor. Justice Sandra Day O'Connor was there for the ceremony.

"She was really the pioneer for women lawyers," Justice O'Connor said, according to The Los Angeles Times. "When she saw a wrong, she worked to correct it."

California Today goes live at 6 a.m. Pacific time weekdays. Tell us what you want to see: CAtoday@nytimes.com.

The California Today columnist, Mike McPhate, is a third-generation Californian — born outside Sacramento and raised in San Juan Capistrano. He lives in Los Osos.

California Today is edited by Julie Bloom, who grew up in Los Angeles and graduated from U.C. Berkeley.

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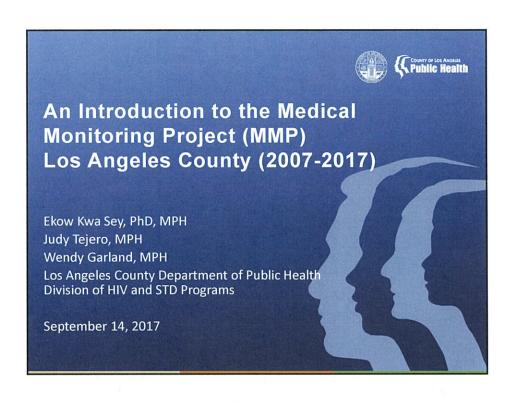
LOS ANGELES COUNTY COMMISSION ON HIV

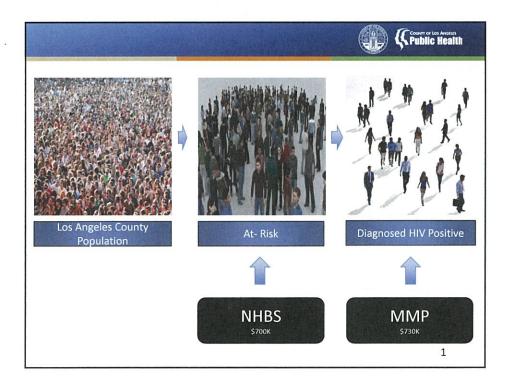


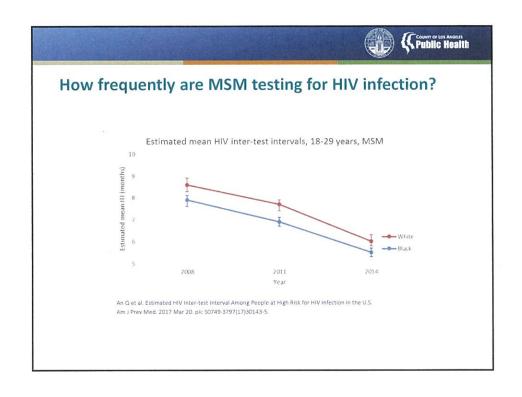
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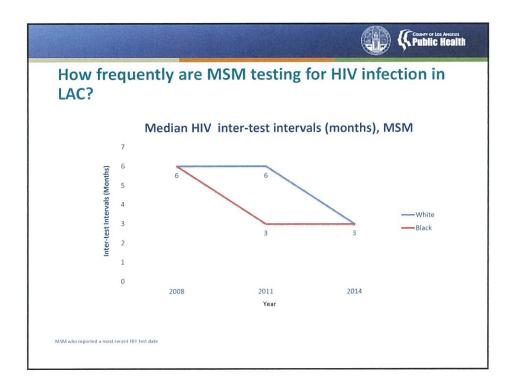
12. DIVISION OF HIV/STD PROGRAMS (DHSP) REPORT, DEPARTMENT OF PUBLIC HEALTH

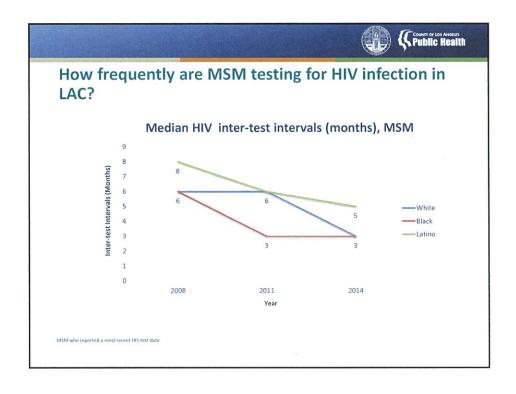
A. Medical Monitoring Project (MMP)













The Medical Monitoring Project (MMP)

- MMP is a surveillance system that provides information about the behaviors, medical care, and health status of people living with HIV in the United States.
- MMP is implemented as a collaborative effort between:
 - State and local health departments and
 - Centers for Disease Control and Prevention (CDC)



Project Areas

• 23 jurisdictions: 16 states, Puerto Rico, and 6 local surveillance jurisdictions





Project Objectives

- Monitor clinical outcomes among persons diagnosed with HIV;
- Monitor sexual and other risk behaviors among persons diagnosed with HIV;
- Determine access to and use of HIV prevention, medical care, and support services, and;
- Identify disparities in HIV medical care and health outcomes.



Some Questions MMP Data Can Help Answer

- Are patients receiving care and treatment in accordance with United States Public Health Service guidelines?
- What are the barriers to receiving medical care and other services?
- What are the met and unmet needs of people living with HIV?
- What behaviors are persons living with HIV engaging in?

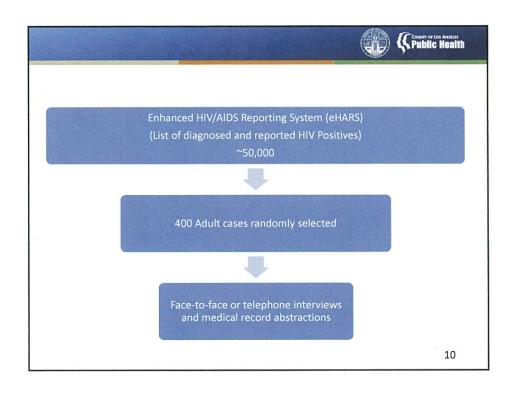


Eligible Population

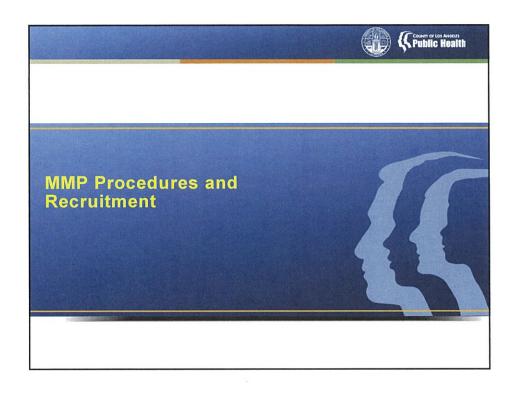
Adults* living with diagnosed HIV in the U.S.

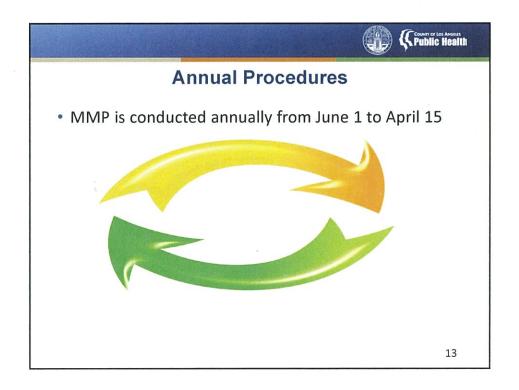
* >= 18 years old

HIV-positive adults (>= 18 years old) receiving medical care in the U.S. (2005-2014)











On June 1, a random sample of 400 persons diagnosed and living with HIV in LAC is drawn



14



DHSP staff try to locate and contact all 400 persons to recruit them into the project via letters, phone calls, texts, emails, visits to clinic appointments and home visits

2016 MMP Cycle

- 2,010 letters mailed
- 2,767 phone calls
- 15 text messages
- 413 emails
- 493 In person visits (clinic appointments and home visits)



What does participation entail?

- Complete an informed consent process;
- Sign a medical release of information form;
- Complete a one time interview that lasts approximately 30-45 minutes (face to face or telephone);
- \$50 incentive



16



Out of Care

 Participants who are "outof-care" (have not seen an HIV medical care provider in the past year) are provided referrals and linkage to care services through DHSP's Linkage and Re engagement Program (LRP)

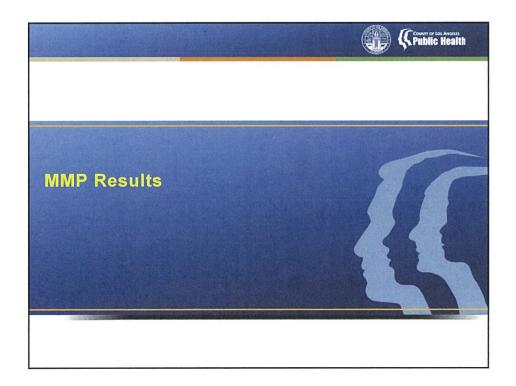


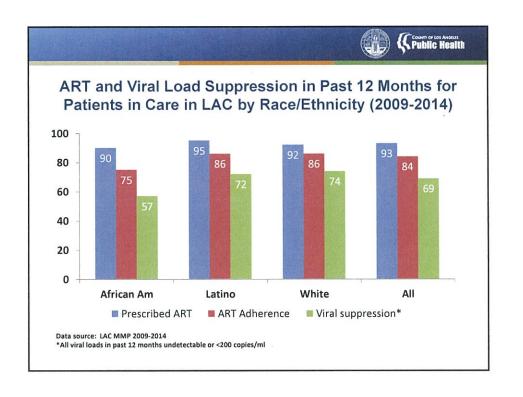
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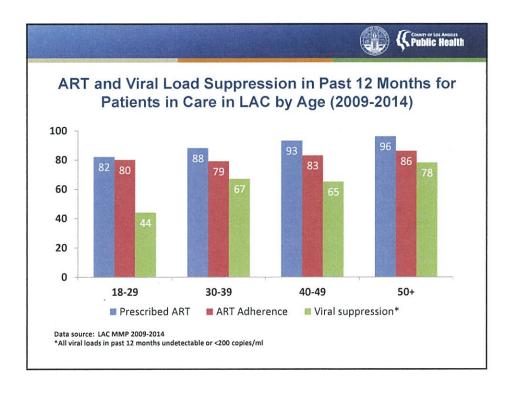


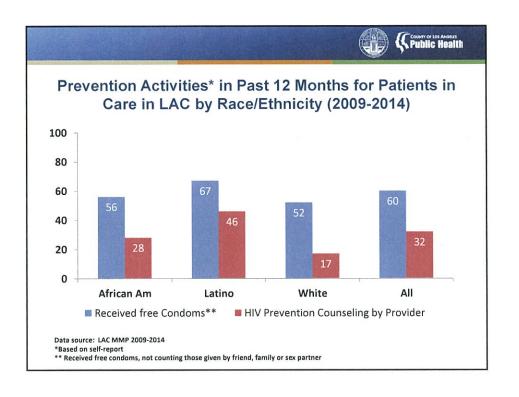
Security and Confidentiality

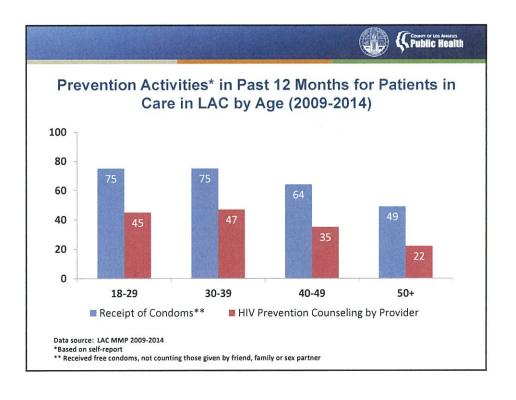
- Same rigorous confidentiality and security requirements as other HIV/AIDS surveillance data systems;
- Names of patients, providers, and clinics are NOT sent to CDC or linked to interviews/abstractions in the database;
- Information on individual patients, providers, clinics is NOT released or used in any reports, and;
- · Information only accessible to a limited number of staff.













Potential Applications for the Commission on HIV

- · MMP data can:
 - Identify the medical care and other service needs of people living with HIV.
 - Guide planning for HIV prevention with empirical data, and;
 - Answer specific questions of local importance.

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Conclusion

- MMP represents a rich data source that can help guide our efforts to improve access to care and health outcomes, reduce HIV-related health disparities and achieve a more coordinated HIV response.
- MMP factsheets available on the DHSP website http://publichealth.lacounty.gov/dhsp/Reports.htm
- CDC MMP factsheets and reports
 http://www.cdc.gov/hiv/statistics/systems/mmp/resources.html

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Acknowledgements

We would like to thank all of the MMP providers and clients for their participation and support.

Principal Investigator

Ekow Sey, PhD, MPH

Co-Investigator/Data Manager

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Project Coordinator

Nouran Mahmoud, MPH

Interviewers/Abstractors

Shaunte Crosby, MPA

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Thank You!

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Wendy Garland:wgarland@ph.lacounty.gov
Los Angeles County Department of Public Health Division of HIV and STD Programs

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Methodology								
2007-2014	2015 and on							
Samplin	g Design							
- 3-stage probability proportional to size (PPS) sampling: project areas, facilities, patients - Cross-sectional, annual	- 2-stage probability proportional to size (PPS) sampling: project areas, patients - Cross-sectional, annual							
Sampled from								
- HIV care facilities	- National HIV and AIDS surveillance system (eHARS)							
Population	represented							
- Adults (age 18 years and older) receiving HIV medical care	- All adults (age 18 years and older) diagnosed with HIV							
Data Collection								
- Face-to-face or telephone interviews and medical record abstractions	- Face-to-face or telephone interviews and medical record abstractions							

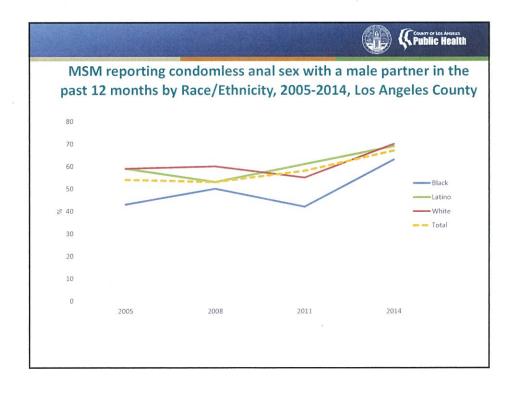


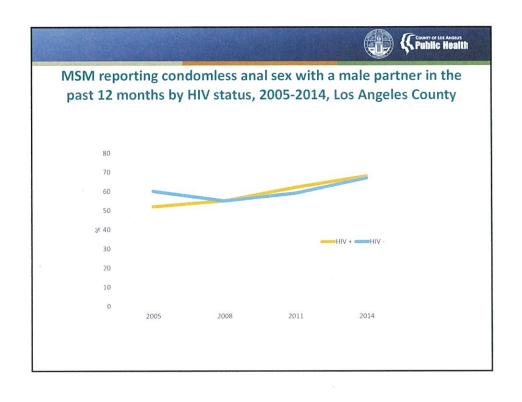
Recommended Clinical Care for HIV patients*

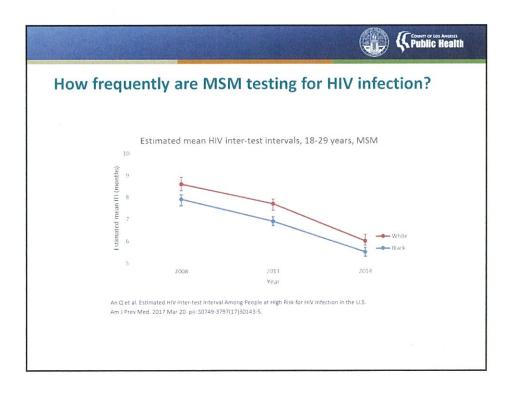
- Annually:
 - CD4 count tests
 - Viral load tests (every 6 months)
 - Gonorrhea, chlamydia and syphilis screening for sexually active persons
 - Cervical cancer screening in women
 - Influenza immunizations in all patients
 - PCP prophylaxis among persons with CD4 counts <200</p>
 - ART prescription for all patients
 - HIV prevention counseling for all patients

*National and Multiagency HIV Care Quality Measures (Horberg et al. CID 2010; 51 (6); 732-738); Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Dept of Health and Human Services Panel on Antiretroviral Guidelines for Adults and Adolescents (http://aidsinfo.nih.gov/contentfiles/lvguidelines/adultandadolescentgl.pdf).

	J. ramo noan
	Procedures (annual)
June 1	CDC draws random sample of 400 HIV-diagnosed persons in LAC
June – April 15	LAC MMP staff contact these persons to recruit them into the project via letters, phone calls, texts, emails, visits to clinic appts and home visits
	If sampled person is interested in participating, they: - complete an informed consent process - sign a medical release of information form - complete a one time interview that lasts approximately 30-45 minutes (face to face or telephone) - receive \$50 reimbursement for time
	Participants who are "out-of-care" (have not seen an HIV medical care provider in the past year) are provided referrals and linkage to care thru DHSP's Linkage Retention in Care Program (LRP)
	Participants are also provided general referrals for any service needs they may have









DISPLAY: "READ: Next, I would like to ask you about some situations that may have happened to you."

In the past 12 months, that is, since [fill with interview month, formatted as text] of last year, has anyone slapped, punched, shoved, kicked, shaken or otherwise physically hurt you?

In the past 12 months, has anyone forced or pressured you to have vaginal, oral or anal sex when you did not want to?

Adapted from:

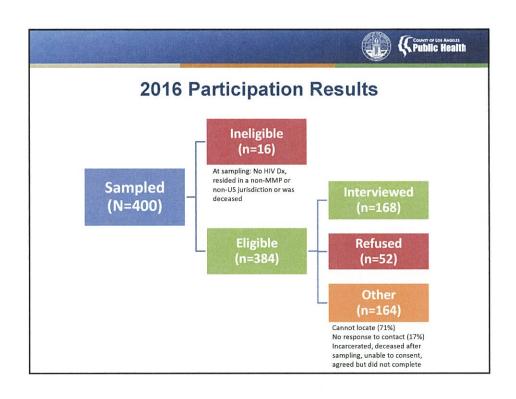
Centers for Disease Control and Prevention (CDC). National Intimate Partner and Sexual Violence Survey (NIPSVS) Questionnaire. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and prevention, [2012].

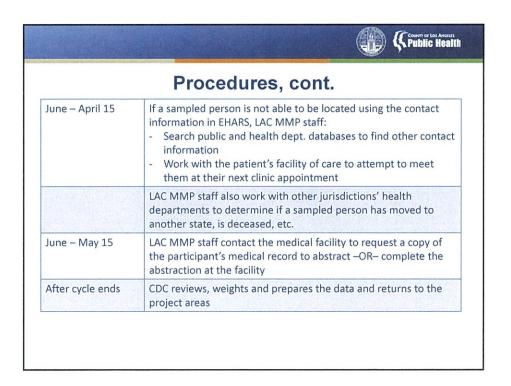


Recommended Clinical Care for HIV patients*

- Annually:
 - CD4 count tests
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Uses of MMP Data

Local

- Evaluation of local prevention programs
- · Evaluation of resource needs for treatment and medical
- Information on access to care and prevention services

National

- HIV surveillance reports on NHAS indicators
- CDC National HIV Prevention Progress Reports
- Healthy People 2020
- Documentation of impact of Ryan White Program supported care
- HIV care continuum, prevention services, adherence to screening guidelines

LOS ANGELES COUNTY COMMISSION ON HIV



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13. CALIFORNIA OFFICE OF AIDS (OA) REPORT

A. OA Work/Information





California Department of Public Health, Office of AIDS Monthly Report September 2017

<u>Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention and Care Plan (Integrated Plan)</u>

- Local county workshops regarding the implementation of the Integrated Plan are being offered. Contact Kevin.Sitter@cdph.ca.gov for more information.
- Final calculations of the incremental measures for each of the 12 Integrated Plan SMART objectives are being completed and will be distributed once finalized and approved.
- The California Needs Assessment (NA) and Integrated Plan Workgroup met on August 16, 2017, to discuss progress on the remaining Needs Assessment Briefs. The briefs centering on partner services, housing, linkage to care, reengagement in care, and mental health are undergoing the next round of revisions. The Workgroup plans to meet again on November 15, 2017.

Ryan White (RW) Part B: AIDS Drug Assistance Program (ADAP)

Pre-Exposure Prophylaxis Assistance Program (PrEP-AP)

The California Department of Public Health (CDPH), Office of AIDS (OA) received budgetary and statutory authority to implement a PrEP-AP. CDPH has been given legal authority to pay for: 1) PrEP related medical out-of-pocket costs as recommended by the Centers for Disease Control for uninsured and insured individuals and 2) for insured clients, assistance with PrEP after the manufacturer's co-payment assistance threshold has been met. Uninsured individuals will have 100% of their PrEP drug costs paid for by the drug manufacturer's Patient Assistance Program. Eligibility criteria for the PrEP-AP mirrors the ADAP eligibility requirements. Prospective clients must be 1) residents of California, 2) at least 18 years of age, 3) HIV-negative, and 4) have a Modified Adjusted Gross Income (MAGI) that is under 500% of Federal Poverty Level (FPL) per year based on family size and household income.

CDPH is pursuing a phased implementation approach that will prioritize the uninsured population in Phase 1 and will expand to cover insured individuals in Phase 2. Phase 1 is projected to be implemented in early 2018, while Phase 2 will be implemented in the spring of 2018. CDPH is currently working closely with an external PrEP Advisory Committee to assist throughout the implementation process.

CDPH plans on leveraging the existing ADAP enrollment site infrastructure to enroll individuals in the PrEP-AP by training existing ADAP enrollment workers to perform enrollment using the AES. ADAP is in the process of amending existing ADAP enrollment site contracts to include reimbursement for PrEP enrollment services.

CDPH is also working with existing ADAP enrollment sites that have been identified as being clinical providers to establish a PrEP Provider Network. Letters went out on August 23, 2017, to all identified sites, inviting them to participate as a provider in the PrEP Provider Network. ADAP hopes to begin sending out PrEP Provider Network contracts, separate from the existing ADAP enrollment site contracts, in the next couple of months.

ADAP hopes to partner with organizations receiving funding for PrEP Navigation by inviting them to become ADAP enrollment sites to streamline coordination between PrEP Navigation and enrollment into the PrEP-AP. Letters were sent to PrEP Navigation sites on August 16, 2017, with a response requested by September 18, 2017.

Access, Adherence and Navigation Program

The Access, Adherence, and Navigation Program is focused on getting clients enrolled into health insurance and navigating clients who are not virally suppressed into resources that will help remove barriers to achieving viral suppression. This will be a separate contract piloted by 19 enrollment sites with the highest ADAP-only population. ADAP has already contacted the 19 sites. This program is expected to be implemented on November 1, 2017, in time for the Covered California Open Enrollment Period.

ADAP Enrollment System (AES)

The AES is being developed in stages, with releases of features and improvements every four weeks to support eligibility management, system navigation, data exchange, reporting, quality assurance, and data security. ADAP continues to coordinate each release with training and outreach to ensure enrollment workers and other users are aware of changes and can correctly use any new features.

On September 15, the functionalities outlined below will be available in the AES.

- 1. Ability to filter clients by Insurance Assistance Type in the Dashboard.
- Ability to view Insurance Benefits Manager (IBM)/Medical Benefits Manager (MBM) payments on the Client Profile page.

Enrollment workers were provided with a job aid highlighting the new system changes.

RW Part B: HIV Care Program (HCP)

- The OA HIV Care Branch hosted the "Building the Care Continuum: Comprehensive Approaches to HIV Care in California" from August 28-30, 2017, in Los Angeles, California. Over 250 people attended representing local HCP, Minority AIDS Initiative (MAI), and Housing Opportunities for Persons With AIDS (HOPWA) programs. The purpose of the conference was to provide information about the changing federal landscape with respect to the Affordable Care Act (ACA) and the future of HIV programs, provide an opportunity to share best practices that could realistically be replicated, determine how to implement the integrated plan into program planning, and reinforce program basics. The conference also included resource tables from organizations that provide tangible information including many training and technical assistance organizations throughout the state. There were informative plenary sessions that covered California's Integrated Plan, the current state of the ACA, cultural humility, disparities and stigma, and OA was fortunate to have Jeanne White-Ginder, Ryan White's mother, as the closing plenary speaker. Mrs. White-Ginder beautifully spoke about Ryan's legacy, which includes the Ryan White Care Act. Conference slides will be posted on the Pacific AIDS Education Training Center's website within the next month.
- OA was recently awarded \$35 million in Ryan White Supplemental Grant (X08) funds from the Health Resources and Services Administration. The grant will fund ADAP (\$25 million), HCP (\$8.3 million), and other projects such as Clinical Quality Management (CQM) and the AIDS Regional Information and Evaluation System (ARIES) (\$1.7 million).
 - On August 17, 2017, OA hosted a webinar for HCP contractors on how to request additional funding from the Ryan White Part B Supplemental X08 Grant. OA requested that HCP contractors submit a Funding Request Form to OA by 5:00 p.m. September 8, 2017. Questions about X08 funding may be sent to Marjorie Katz at Marjorie.Katz@cdph.ca.gov.
- Alice Brodkin has joined the Care Operations Unit as the newest Care
 Operations Advisor. She will support Alameda, Monterey, Inyo, Los Angeles,
 Mono, Santa Cruz, and Stanislaus counties and the city of Long Beach.

Housing Opportunities for Persons with AIDS (HOPWA)

 OA submitted the HOPWA Consolidated Annual Performance and Evaluation Report (CAPER) to the State Department of Housing and Community Development (HCD) on September 5, 2017. The CAPER report for HOPWA formula grantees provides annual information on program accomplishments that supports program evaluation and the ability to measure program beneficiary outcomes as related to: maintain housing stability; prevent homelessness; and improve access to care and support. This information is also covered under the Consolidated Plan Management Process (CPMP) report and includes Narrative Responses and Performance Charts required under the Consolidated Planning regulations. HCD will solicit public comment from September 8 – 22, 2017. The public comment opportunity will be available on the HCD website at www.hcd.ca.gov/index.shtml.

OA received an increase of \$362,598 in its HOPWA Fiscal Year (FY) 17-18
allocation from the federal Housing and Urban Development Department. All
funding allocations for FY 17-18 have been provided to the OA contractors for
HOPWA. Contractor budgets have been approved and are going through the
contract amendment process.

HIV Prevention

The CDPH, OA recently completed data collection among the 39 syringe exchange programs (SEPs) supported by the California Syringe Exchange Supply Clearinghouse. CDPH/OA launched the Supply Clearinghouse after the California State Legislature provided ongoing state General Fund of \$3 million each year starting in July 2015 to purchase syringes and other harm reduction supplies for California SEPs. This program represents the first time the State of California has made funding available to all authorized California SEPs, and reflects a growing understanding of the value of such programs in providing an essential safety net of culturally competent services. A preliminary review of the data shows:

- Because the Clearinghouse eliminated supply shortages, 13 SEPs were able to remove prior restrictions on the number of syringes they are able to provide to program participants, in line with the Centers for Disease Control and Prevention (CDC) recommendation to ensure a new, sterile syringe for each injection.
- Five SEPs reported that material support from the Clearinghouse prevented their programs from closing;
- 60% of programs reported increasing services to program participants by expanding program hours, adding new locations and/or expanding outreach; and
- 82% of SEPs reported offering both HIV and HCV testing, and 79% distributed the opioid overdose reversal medication naloxone

According to one program, "Not having to ration supplies boosts our relationship with clients, since we can meet their needs and adjust for planning ahead...It also boosts staff morale, knowing we will not let our clients down. Having more supplies also means we can do more and bigger outreach sessions and hit additional situational populations,

such as homeless encampments...An important part of our work is to reduce improperly disposed of syringes. With the Clearinghouse, we are able to give out more bio-hazard containers for safe disposal (this was previously a challenge due to the expense of the disposal boxes)."

Despite these successes, providing a baseline level of supplies to SEPs does not necessarily allow them to completely stabilize their operations or expand their services sufficiently to meet local need. 69 percent of SEPs surveyed reported staff shortages as a major operational concern, and 54 percent listed lack of funding as a major challenge.

In addition to its impact in California, the Supply Clearinghouse order volume has helped to reduce prices for the 297 SEPs across the U.S. who participate in the Buyers Club established by the North American Syringe Exchange Network (NASEN), which is the lead agency for the Clearinghouse. The increase in supply volume has opened the door for price reductions on some of NASEN's most popular items. These price reductions have been applied to all NASEN Buyers Club customers. The California Syringe Exchange Supply Clearinghouse model and its impact on the Buyers Club have influenced other states such as Washington, Colorado and Illinois to initiate the development of a similar statewide purchasing agreement.

Surveillance, Research, and Evaluation

The CDPH, OA released a request for applications (RFA) on August 18, 2017, to identify a contractor organization to take on National HIV Behavioral Surveillance (NHBS) data collection activities in San Diego County. NHBS is a CDC-funded project that performs HIV-testing and interviews about health behaviors, cycling each year between groups of people who are especially vulnerable to getting HIV: gay, bisexual, and other men who have sex with men (MSM), people who inject drugs, and low-income heterosexual people living in urban areas. During the first half of each year, the selected organization will conduct formative research (focus groups and interviews) with that year's priority population group in preparation for recruiting, interviewing, and testing participants in the second half of the year. OA encourages interested organizations to apply. Organizations planning to submit an application must submit a letter of intent no later than 5:00 p.m. on Friday, September 15, 2017. Applications must be received no later than 5:00 p.m. on Friday, September 29, 2017. Questions can be emailed to https://archive.cdph.ca.gov/programs/aids/Pages/OANHBS.aspx.

For questions regarding this report, please contact: michael.foster@cdph.ca.gov.

LOS ANGELES COUNTY COMMISSION ON HIV



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14. STANDING COMMITTEE REPORTS

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

(1) Revised FY 2017 Allocations

MOTION #4

(2) Allocation Percentages for PY 28 (2018-2019)

MOTION #5

C. Operations Committee

(1) Policy 08.3204: Excused Absences

MOTION #6

(2) Policy 09.4205: Commission Membership & Nomination Process

MOTION #7

(3) Membership Recruitment

(4) Member Orientation October 12, 2017

D. Public Policy Committee

(1) 2017 COH Legislative Docket



Commission Meeting 9.14.17 Agenda Item #14A1 Motion #4

Planning, Priorities and Allocations (PP&A) Recommendations

2017 Revised Allocations w/ MAI Carryover

					1000				
		2017 Part A	neviseu ran	Original Part	Allocation with	Revised MAI	Original MAI		Part A and MAI
	Service Category	Allocation	Percentage		Carryover	Percentage	Percentage	Part A and MAI	Percentage
	Outpatient/Ambulatory Health Services	\$ 10,917,264	31.34%	29.02%	- \$	0.00%	0.00%	\$ 10,917,264	27.08%
(%	AIDS Drug Assistance Program (ADAP) Treatments	\$	0.00%	0.00%	- \$	0.00%	0.00%		0.00%
£8.	AIDS Pharmaceutical Assistance (local)	- \$	0.00%	0.00%	- \$	0.00%	0.00%	- \$	0.00%
72	Oral Health	\$ 7,930,444	22.77%	11.58%	- \$	0.00%	0.00%	\$ 7,930,444	19.67%
) sa	Early Intervention Services	- \$	0.00%	0.00%	- \$	0.00%	0.00%	- \$	0.00%
ojv	Health Insurance Premium & Cost Sharing Assistance	- \$	0.00%	0.00%	- \$	0.00%	0.00%	\$	0.00%
Jes	Home Health Care	- \$	0.00%	0.00%	- \$	0.00%	0.00%	- \$	0.00%
; le:	Home and Community Based Health Services	\$ 473,448	1.36%	0.00%	- \$	0.00%	0.00%	\$ 473,448	1.17%
oib	Hospice Services	- \$	0.00%	0.00%	- \$	0.00%	0.00%	\$	0.00%
϶M	Mental Health Services	\$ 3,582,326	10.28%	2.79%	- \$	0.00%	0.00%	\$ 3,582,326	8.89%
£,	Medical Nutritional Therapy	- \$	%00.0	%90.0	- \$	0.00%	0.00%	- \$	0.00%
იე	Medical Case Management (MCC)	\$ 6,457,705	18.54%	37.19%	- \$	0.00%	0.00%	\$ 6,457,705	16.02%
	Substance Abuse Service Outpatient	- \$	%00.0	0.00%	- \$	0.00%	0.00%	- \$	0.00%
	Case Management (Non-Medical)	- \$	0.00%	2.94%	\$ 2,324,768	42.40%	21.10%	\$ 2,324,768	5.77%
	Child Care Services	- \$	%00.0	0.00%	- \$	0.00%	0.00%	- \$	0.00%
	Emergency Financial Assistance	\$	0.00%	0.00%	- \$	0.00%	0.00%	- \$	0.00%
(9	Food Bank/Home-delivered Meals	\$ 1,153,233	3.31%	2.80%	- \$	0.00%	0.00%	\$ 1,153,233	2.86%
%Z 1	Health Education/Risk Reduction	\$	%00.0	%00.0	- \$	0.00%	0.00%	- \$	0.00%
r.T	Housing Services	\$	0.00%	8.09%	\$ 3,000,000	54.71%	68.40%	3,000,000	7.44%
z) s	Legal Services	\$	%00.0	0.00%	- \$	0.00%	%00.0	- \$	0.00%
əɔi	Linguistic Services	\$	0.00%	0.00%	- \$	0.00%	0.00%	- \$	0.00%
θĽΛ	Medical Transportation	\$	0.00%	0.00%	- \$	0.00%	%00.0	- \$	0.00%
\$ 1	Outreach Services (LRP)	\$	0.00%	0.00%	\$ 158,373	2.89%	10.50%	\$ 158,373	0.39%
100	Psychosocial Support Services	- \$	0.00%	%00.0	- \$	0.00%	%00.0	- \$	0.00%
ldn	Referral	\$	0.00%	0.87%	- \$	0.00%	0.00%	- \$	0.00%
S	Rehabilitation	- \$	0.00%	%00.0	- \$	0.00%	%00.0	- \$	0.00%
	Respite Care	\$	%00.0	%00.0	- \$	0.00%	0.00%	- \$	0.00%
	Substance Abuse Residential	\$ 4,317,435	12.40%	1.66%	- \$	0.00%	0.00%	\$ 4,317,435	10.71%
	Treatment Adherence Counseling	\$	0.00%	0.00%	- \$	0.00%	0.00%	- \$	0.00%
		\$ 34,831,855	100.00%	100.00%	\$ 5,483,141	100.00%	100.00%	\$ 40,314,996	100.00%



Planning, Priorities and Allocations Recommendations 2018 Allocations w/o 2017 MAI Carryover

	Service Category		2018 Part A Allocation	2018 Part A Percentage		2018 MAI Allocation	2018 MAI Percentage	Pa	art A and MAI	Part A and MAI Percentage
	Outpatient/Ambulatory Health Services	\$	10,917,264	31.34%	\$	74	0.00%	\$	10,917,264	28.74%
	AIDS Drug Assistance Program (ADAP)									
	Treatments	\$.=.1	0.00%	\$	-	0.00%	\$	-	0.009
0.01%	AIDS Pharmaceutical Assistance (local)	\$	-	0.00%		-	0.00%		-	0.009
٥	Oral Health	\$	7,930,444	22.77%	\$	-	0.00%	\$	7,930,444	20.879
ŝ	Early Intervention Services	\$	-	0.00%	\$	-	0.00%	\$	-	0.009
Core Medical Services (80.01%)	Health Insurance Premium & Cost									
	Sharing Assistance	\$	-	0.00%			0.00%	\$	- 1	0.009
	Home Health Care	\$	-	0.00%	\$	-	0.00%	\$	-	0.009
200	Home and Community Based Health Services			0.00%	\$	-	0.00%	\$	-	0.009
3	Hospice Services	\$	-	0.00%	\$	-	0.00%	\$	-	0.009
	Mental Health Services	\$	4,031,669	11.57%	\$	(19)	0.00%	\$	4,031,669	10.619
	Medical Nutritional Therapy	\$	-	0.00%	\$	-	0.00%		-	0.009
	Medical Case Management (MCC)	\$	7,356,906	21.12%		158,373	5.01%		7,515,279	19.789
	Substance Abuse Service Outpatient	-	.,,	0.00%	\$	-	0.00%		-	0.009
	Case Management (Non-Medical)	\$	-	0.00%		-	0.00%	\$	-	0.009
	Child Care Services	\$	-	0.00%		-	0.00%		-	0.009
	Emergency Financial Assistance	\$	-	0.00%		-	0.00%			0.00
2	Food Bank/Home-delivered Meals	\$	1,153,233	3.31%		-	0.00%		1,153,233	3.04
2	Health Education/Risk Reduction	\$,- ·	0.00%		-	0.00%		-	0.00
t Services (19.99%)	Housing Services	\$	-	0.00%		3,000,000	94.99%		3,000,000	7.90
	Legal Services	\$	-	0.00%		-	0.00%		-	0.00
	Linguistic Services Medical Transportation	\$	-	0.00%		-	0.00%		-	0.00
	Outreach Services (LRP)	\$	-	0.00% 0.00%			0.00%	\$	-	0.00
			-		_	-		_		0.009
noddne	Psychosocial Support Services Referral	\$	-	0.00%		-	0.00%		-	0.009
3	Rehabilitation	\$	-	0.00% 0.00%		-	0.00%		-	0.00
0	Respite Care	\$	-	0.00%		-	0.00%		-	0.00
	Substance Abuse Residential	\$	3,442,339	9.88%			0.00%		3,442,339	
	Treatment Adherence Counseling	\$	5,442,539	0.00%			0.00%	_	3,442,339	9.069
		\$	34,831,855	100.00%		3,158,373	100.00%	_	37,990,228	100.009

Total Part A PY 28/FY 2018 Allocation: \$34,831,855 Total MAI Part A PY 28/FY 2018 Allocation: \$3,158,373



LOS ANGELES COUNTY COMMISSION ON HIV

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POLICY/PROCEDURE #08.3204

Excused Absences

Page 1 of 1

Updated & Approved 5/23/16 Proposed Changes Approved Ops Com. 7/24/17

SUBJECT:

Excused Absences

PURPOSE:

To clarify under what circumstances an excused absence from a Commission or Committee meeting can be claimed, how it must be communicated, why it is

important, and what purpose it serves.

POLICY:

It is recommended that all Commissioners and Committee members regularly and faithfully inform staff of their intentions to be absent from either Commission and/or Committee meetings. Knowledge of member attendance/absences prior to meetings helps Commission Co-Chairs and staff ascertain quorums in advance.

Members cannot miss three consecutive Commission or Committee meetings, or six of either type of meeting in a single year. Absences can result in the suspension of voting privileges or removal from the Commission. However, removal from the Commission due to three consecutive absences cannot result if any of those absences are excused.

COH bylaws dictate that excused absences can be claimed for the following reasons:

- personal sickness, personal emergency and/or family emergency*;
- vacation; and/or
- out-of-town travel

In cases of an extended absence from the COH due to personal sickness, personal emergency and/or family emergency, members are allowed to take a leave of absence for up to three months. Should a member's leave of absence extend beyond three months, the Operations' Committee Co-Chairs and Executive Director will confer with the member and determine appropriate next steps, to include a voluntary resignation from the Commission with the understanding that (s)he can reapply at a later time.

PROCEDURE:

To claim an excused absence for reasons of vacation and/or out-of-town business, members must notify the Commission Secretary or respective Committee support staff person two weeks prior to the meeting. For purposes of personal/family emergency or sickness, members have until two days after a meeting to notify the aforementioned staff that they are claiming an excused absence.

For leaves of absence, members must notify the Executive Director immediately upon knowledge of the extended absence. It is the responsibility of the member to keep the Executive Director updated on his/her status and estimated return to the COH. If the member does not notify the Executive Director appropriately, the member's absence is therefore deemed unexcused and the member is subject to suspension of voting privileges or removal from the Commission.

Notification must occur by e-mail or fax for documentation purposes (e-mail preferred). Receipt of the excused absence notification will be acknowledged within 48 hours through the same medium; an absence is not considered excused until receipt has been acknowledged. Notification must detail the member's name, meeting for which an excused absence is being claimed, and reason for the excused absence.

NOTED AND APPROVED:

Chuft Barit

EFFECTIVE DATE:

5/23/2016

11/24/2008; Revised and approved 5/23/16;7/24/17

Commission Meeting 9.14.17 Agenda Item 14C2 Motion #7



LOS ANGELES COUNTY COMMISSION ON HIV

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

POLICY/PROCEDURE	Commission Membership Evaluation	Page 1 of 8
#09.4205	and Nomination Process	

REVISIONS APPROVED 5/22/17
REVISIONS Approved Ops Com 7/24/17

SUBJECT:

The submission, evaluation, scoring, selection and nomination of applications/

candidates for seats on the Los Angeles County Commission on HIV.

PURPOSE:

To outline consistent method for evaluating, scoring and selecting candidates to fill Commission seats, and for appropriate communication with those

applicants before and after evaluation of the application.

PROCEDURE(S):

- 1. Membership Applications: There are two Commission membership application forms:
 - a) New/Renewal Member Applications: for first-time applicants for Commission membership and renewing members see Membership Application.
 - b) Community Member Application(s): for applicants who are applying for membership on one of the Commission's standing committees, but not for the Commission, see Policy/Procedure #09.1007 (Community Membership) for details regarding the process for evaluating and nominating community member candidates.
- **2. Application Submission**: All candidates for Commission or Committee membership must complete and submit one of the two forms of membership application. Upon receipt of a completed application:
 - a) Staff will initially review the application for completeness and accuracy, and will notify the candidate if there are incomplete sections or if information is not understandable/ accurate.
 - b) Staff will coordinate interview and/or next steps with the Operations Co Chairs.
- **3. Application Evaluation Timeline**: Provided all conditions for a Commission membership application are met, the Operations Committee will evaluate and score the application at the next available Operations Committee meeting or within 60 days of its receipt. Necessary conditions include, but are not limited to:
 - a) All sections of the application are complete,
 - b) Original signatures have been provided,
 - c) The applicant is willing and available to sit for an interview when appropriate.
 - d) Current Commissioners or Alternates who are seeking to continue their membership on the Commission are required to complete an application prior to the expiration of their

Policy #09.4205: Commission Membership Evaluation and Nomination Process

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membership terms. The renewal application focuses on the member's past performance, strengths and weaknesses, and methods for improving any gaps in service and/or participation.

- e) Candidates for institutional seats will be not be required to sit for an interview but will be assessed for strengths and skill sets for training opportunities and placement in the appropriate committee, task force, caucus or workgroup.
- 4. Candidate Interviews: All new member candidates must sit for an interview with a panel composed of at least two Commission members or alternates in good standing with at least one member assigned to the Operations Committee. To maintain transparency and integrity of the nomination process, should an interview panelist for an interview of an applicant with which the panelist has a personal relationship, working relationship while employed by same employer, used as reference by the applicant, and/or other conflict of interest as identified by the Operations Co-Chairs and Executive Director, the panelist will be removed from the interview panel and a qualified Commission member will be selected in their stead.

The Operations Committee, in consultation with the Commission co-chairs, may request an interview with a candidate seeking to renew his/her Commission membership. Likewise, a renewal membership candidate may request an interview with the Operations Committee. For renewing members occupying institutional seats, i.e., City/Health Districts, Medi-Cal, etc., the interview is waived in lieu of a completed self-assessment, unless Operations co-chairs or renewing member requests interview.

- Special meetings for interviews can be scheduled at the discretion of the Committee, in accordance with Brown Act requirements.
- 5. Interview/Scoring Sequence: Applications are always evaluated and scored following the interview. At its discretion, the interview panel may request an interview after it has scored an application, and re-score the application following the interview to incorporate any new information learned at subsequently and/or at the interview. Point scores may or may not change when an application is re-scored following an interview.
- 6. Score(ing): The interview panel evaluates the applicant according to the appropriate "Los Angeles County Commission on HIV New Member Application Evaluation & Scoring Sheet (Final 4.24.17)."
 - a) Each member of the interview panel participating in the evaluation assigns a point value to each factor of criteria.
 - b) All interview panel members' scores are totaled and averaged. The final point value is the applicant's final score.
- 7. Scoring Forms: The Commission's Operations Committee is responsible for the development and revision of the Membership Candidate Evaluation/Scoring Forms. The

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Committee develops separate scoring forms for new member candidates and renewal candidates:

- Scoring criteria is based on essential skills and abilities, qualities and characteristics, experience, and past performance (for renewal candidates) that the Committee determines is necessary for effective Commission member participation.
- b) The Operations Committee determines those factors and their relative importance through annual membership assessments.
- c) The Operations Committee is authorized to revise the scoring form as needed. To the degree that revisions are substantial or criteria are altered, the revised scoring form must be approved by the Commission.
- 8. Qualification Status: By virtue of their application scores, candidates' application will be determined to be "Qualified" or "Not Qualified" for nomination to a Commission membership seat. A minimum of 60 points qualifies the candidate for nomination consideration ("Qualified"); a score of less than 60 indicates that a candidate is "Not Qualified".
 - a) If the applicant earns a "Not Qualified" score, the Operations co chairs will inform the applicant accordingly and suggest opportunities of other HIV/AIDS planning or volunteer involvement as further preparation for future Commission service.
- 9. New Member Candidate Eligibility: New member candidates must also be "eligible" for Commission membership nomination. New member candidates are considered eligible if they meet the following conditions:
 - a) The application score qualifies ("Qualified") the candidate for Commission membership.
 - b) There is no purposefully misleading, untruthful or inaccurate information on the application.
 - c) The applicant has fully participated in the evaluation/scoring process, as appropriate.
- **10.** Renewal Candidate Eligibility: Current Commissioners seeking re-appointment to the Commission must be "eligible" for continued Commission membership. Renewal candidates are considered eligible if they meet the following conditions:
 - a) The application score qualifies ("Qualified") the candidate for Commission membership.
 - b) There is no purposefully misleading, untruthful or inaccurate information on the application.
 - c) The applicant has fully participated in the evaluation/scoring process, including an interview if requested, as appropriate.
 - d) The candidate has fulfilled Commission member requirements in his/her prior term of service, including, but not limited to:
 - Commission Meeting Attendance: unless the reason for the absence falls within Policy #08.3204 Excused Absences, members cannot miss three sequential, regularly scheduled Commission or primary assignment committee meetings in a year, or six of either type of meeting in a single year. Policy 08.3204 dictate that excused absences can be claimed for the following reasons:

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- personal sickness, personal emergency and/or family emergency;
- vacation; and/or
- out-of-town travel
- Primary Committee Assignment: members have actively participated in the committee to which they have been assigned, including compliance with meeting attendance requirements.
- **Training Requirements**: members are required to participate in designated trainings as a condition of their memberships.
- Plan of Corrective Action (PCA): the member must fulfill the terms of any PCA required of him/her by the Operations and/or Executive Committee(s).
- 11. Nominations Matrix: If the applicant is eligible for Commission membership, the Operations Committee will place the candidacy among those that can be nominated for available and appropriate seats on the Commission. The candidate's name is entered on the "Nominations Matrix" which lists candidates in order of scores, alongside available Commission seats and vacancies.
- **12. Seat Determination**: The Committee will then determine the individual seats, if any, that are most appropriate for the available qualified candidates—based on the seats the candidates indicated in their applications, and any other seat(s) identified by Committee members that the candidate(s) are qualified to fill.
 - a) Duty Statements for each seat (Policy/Procedures #07.0000) dictate requirements for each membership seat on the Commission.
- 13. Multiple Application Requirement: In accordance with HRSA guidance, there should be multiple candidates for membership seats when possible. All consumer and provider representative seats, along with other seats designated by the Operations Committee, require two or more applications. The Operations Committee may exempt a seat previously designated to require multiple applications from that requirement under the following circumstances:
 - a) There has been a vacancy in the seat for six or more months,
 - b) The pool of available, possible candidates is limited, and
 - c) The Committee is convinced that every effort has been made and exhausted by the appropriate stakeholders to identify additional membership candidates.
 - 14. "Representation" Requirement: Ryan White legislation and HRSA guidance require the Part A planning council membership to include specific categories of representation. The Commission's membership seats have been structured to fulfill that requirement. As specified in the COH bylaws (Policy/Procedure #06.1000), Commission membership shall include individuals from areas with high HIV and STD incidence and prevalence. The Commission endeavors to ensure those categories are always represented by planning council membership.

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15. "Unaffiliated Consumer" Requirement: Ryan White legislation and HRSA guidance require one-third of the voting membership of the Ryan White Part A planning council to be "unaffiliated" or "non-aligned" consumers. "Unaffiliated" consumers are patients/clients who use Ryan White Part A-funded services and who are not employees or contractors of a Ryan White Part A-funded agency and do not have a decision-making role at any Ryan White Part A-funded agency. Policy/Procedure #08.3107 contains information on Consumer Definitions and Related Rules and Requirements). In addition, the Commission defines "consumer" as someone using Ryan White Part A-funded services within the last year and who is "unaffiliated" or "non-aligned," consistent with Ryan White legislative and HRSA definitions.

Following the updated ordinance of the Commission as an integrated HIV prevention and care planning body, a "Consumer" is defined as an HIV-positive and/or AIDS-diagnosed individual who uses Ryan White-funded services or is the caretaker of a minor with HIV/AIDS who receives those services, or an HIV-negative prevention services client.

- 16. "Reflectiveness" Requirement: Ryan White legislation and HRSA guidance require both the entire Commission membership and the subset of unaffiliated consumer members to "reflect" the gender and ethnic/racial distribution of the local HIV epidemic. The Commission endeavors to reflect the gender and ethnic/racial demographic distribution of Los Angeles County's HIV epidemic among its membership and consumer members at all times. Furthermore, the CDC HIV Planning Guidance notes that planning bodies place special emphasis on identifying representatives of at-risk, affected, HIV-positive, and socioeconomically marginalized populations.
- 17. Committee Nominations: All factors being equal among two or more applications that meet the requirements of a particular open seat, the Committee will forward the candidate with the highest application score to the Commission for nomination to the Board of Supervisors for appointment to the Commission.
- **18. Special Considerations**: There are a number of "special considerations" may preclude the Committee from nominating the candidate with the highest score, resulting in the nomination of a candidate with a lower score to a seat. Those factors may include, but are not limited to:
 - a) the necessity of maintaining "reflectiveness",
 - b) an adequate proportion of consumer members,
 - c) the need to fill certain "representative" categories,
 - d) Board of Supervisors interest or feedback,
 - e) over-representation of a particular stakeholder/constituency,
 - f) potential appointment challenges.
- 19. Conditional Nomination(s): The Operations Committee may nominate candidates "conditionally." Conditional nominations require candidates to fulfill certain obligations from the Executive and/or Operations Committee prior to or following the nomination.

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Conditions are detailed in a "Plan of Corrective Action (PCA)" imposed to correct past Commission performance issues or to enhance certain skills and abilities of the candidate/member.

- a) The PCA is written with expected timelines and objectives, and must be agreed to and signed by the candidate, the Executive Director and an Executive or Operations Committee co-chair, as appropriate.
- b) The candidate must agree to the PCA by the subsequent regularly scheduled committee meeting following the development of the PCA. A candidate's refusal to accept a PCA may render his/her application ineligible.
- c) If the PCA obligates the candidate to certain conditions prior to nomination, the nomination will not proceed until the candidate has fulfilled those obligations.
- d) If the candidate/member has not fulfilled the conditions of the PCA, he/she will not be eligible for future re-nomination to the Commission.
- e) Terms of the PCA may be modified at any time upon agreement from all three parties (candidate/member, Executive Director, committee).
- f) The Operations Committee is responsible for monitoring a candidate's progress and fulfillment of any PCA obligations and requirements.
- **20.** Candidate Communication: At the conclusion of a candidate's evaluation (interview, scoring, qualification and eligibility designation, seat determination, nomination), the Committee shall notify the candidate in written communication of the results of the evaluation and scoring process. The notification will detail one of the three possible results:
 - a) The Committee has nominated the candidate for a particular Commission seat;
 - b) The Committee has judged that there are no specific seats available concurrent with the candidate's qualifications, but the Committee will keep the candidate's application and evaluation scores for ongoing consideration for up to a year from the date of application submission; or
 - c) The candidate's application and/or evaluation has been placed on hold temporarily.
- **21. Temporary Hold**: A candidate's application may be held temporarily for up to a year under certain conditions that preclude an otherwise eligible nomination to proceed, including but not limited to:
 - a) Multiple candidates have not applied for a seat that requires multiple applications,
 - b) Appointment of the candidate to a seat would interfere with the Commission's capacity to meet representation, consumer and/or reflectiveness requirements, and/or
 - c) The Committee intends to nominate the candidate to a seat that is expected to be vacated in the near future.

The Operations Committee will provide the reason(s) for a temporary hold when it notifies the candidate of his/her application status. Once a candidate's application has been released from the hold, the candidate must agree to the nomination before it proceeds. If the hold is not released within the year, the candidate must submit a new application for Commission membership.

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- **22. Withdrawal/Declination**: At any time after a candidate has submitted an application up until the appointment is approved by the Board of Supervisors, a candidate is entitled to withdraw his/her application and/or decline a proposed nomination.
- 23. Training Requirements: Commissioners and Alternates are required to fulfill all training requirements, as indicated in the Commission's approved comprehensive training plan, including, but not limited to, the New Member Orientation(s), and Los Angeles County Ethics and Sexual Harassment trainings.
 - a) A candidate's nomination will not be forwarded to the Commission until he/she has completed requisite training activities prior to his/her nomination/appointment.
 - b) Failure to fulfill training requirements as a Commission member may render the member's subsequent renewal applications ineligible.
- **24. Nomination and Approval**: Once the Operations Committee has nominated a candidate for Commission membership, the Committee forwards the nomination(s) to the Commission for approval at its next scheduled meeting. If and when a candidate's nomination has been approved by the Commission, the candidate's Statement of Qualifications shall be forwarded within two weeks to the Executive Office of the Board of Supervisors.
 - a) Candidates are advised to attend the Commission meeting at which their nomination will be considered.
 - b) Upon Commission approval, the candidate is encouraged to attend all committees to learn how they operate and assess the best fit for a committee assignment.
 - c) Upon Commission approval, the candidate is asked to complete a "Committee Preference Form" indicating his/her various committee assignment interests.
- **25. Appointment**: The Executive Office of the Board of Supervisors places the nomination on a subsequent Board of Supervisors agenda for appointment. Upon Board of Supervisors approval, the candidate is appointed to the Commission.
 - a) Candidates are not required to appear before the Board of Supervisors, although they may attend the designated meeting if so desired.
 - b) Candidates will be notified in writing when their nomination will appear before the Board of Supervisors, and following appointment.
 - c) A newly appointed Commission member is expected to begin his/her service on the Commission at the next scheduled Commission meeting following Board appointment.
 - d) Each Commission seat has a pre-designated term of office in which the Commission member will serve until the term expires or he/she resigns from the seat.
- **26. Performance Evaluations:** As part of the Commission's commitment to developing and maintaining an effective planning body, all Commissioners will complete a performance evaluation at the end of their term. The COH Co-chairs and Executive Director will evaluate members' performance based on member requirements described in the Commission bylaws (Policy/Procedure #06.100) in April of every year. The components of the Commissioner Performance Evaluations (Attachment A) are:

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- a) Attendance: Commissioners and/or their Alternates are expected to attend all regularly scheduled Commission meetings, priority- and allocation-setting meetings, orientation and training meetings, and the Annual Meeting. Unless on medical leave, members cannot miss three sequential, regularly scheduled Commission or primary assignment committee meetings in a year, or six of either type of meeting in a single year. Such an occurrence can result in a letter of censure or a recommendation for removal from the Commission or Committee.
- b) **Committee Assignments**: Commissioners are required to be a member of at least one standing committee, the member's "primary committee assignment," and adhere to attendance requirements of that committee.
- c) Code of Conduct: All Commission members are expected to adhere to the Commission's approved code of conduct at Commission and related meetings and in the private conduct of Commission business.
- d) **Comprehensive Training**: Commissioners and Alternates are required to fulfill all training requirements, as indicated in the Commission's approved comprehensive training plan, including, but not limited to, the New Member Orientation(s), and Los Angeles County Ethics and Sexual Harassment trainings.
- e) Commissioner and Seat-Specific Duty Statements: Commissioners and/or their Alternates are expected to meet the duties and responsibilities specified in the Commissioner and Seat-Specific Duty Statements. All Commissioners must have on file a signed Duty Statement attesting their understanding and acceptance of their roles and responsibilities.

The Co-Chairs and Executive Director may develop a Plan of Action (PCA; Attachment B) in collaboration with the member, with specific action steps for performance improvements.

Attachment A: Commissioner Performance Evaluation Form

Attachment B: Plan of Corrective Action

NOTED AND

APPROVED:

Chuld Barrit

EFFECTIVE

DATE:

5/12/16

Original Approval: 9/6/2004

Revision(s): 5/12/2011; 2013; 4/27/16; 4/12/16; 5/12/16; 5/2/17; 5/22/17



Los Angeles County Commission on HIV (COH) 2018 Training Schedule for Interested Applicants and Commissioners

WORKSHOP LOCATION AND TIME: All workshops will be held at the COH office, located at 3530 Wilshire Blvd., Suite 1140, Los Angeles, CA 90010 FROM 1 PM TO 3 PM. Please RSVP to confirm your attendance to DJauregui@lachiv.org.



Data and Epidemiology Overview: January 29
Participants will review reports used in priority setting and resource allocations decision-making process, needs assessments and the Comprehensive HIV Plan.



Effective Communication and Active Listening: February 15
Participants will assess their personal communication styles
and learn strategies on how to communication with others.



Running and Facilitating Meetings: March 15
Participants will learn tips for leading and participating in
COH meetings. Participants will learn the "6 Thinking Hats"

strategy for encouraging different perspectives and active participation.



Planning Council Refresher & Committee Spotlight: April 19 Get a refresher on Planning Council responsibilities and key policies and procedures. This workshop will discuss the functions of the COH's standing committees and how they inter-relate with each other.

These trainings are **highly recommended**. The Ryan White HIV/AIDS Program Part A Manual stipulates the provision of a thorough orientation to new and returning planning council members and ongoing formal training to attain skills necessary to perform their duties.

SAVE THE DATE



LOS ANGELES COUNTY COMMISSION ON HIV

Member Orientation 2017

Thursday, October 12, 2017

Orientation will be held after the Commission meeting. Lunch will be provided.

St. Anne's Maternity Home (155 N. Occidental)

Open to new, returning and interested members.

Los Angeles County Commission on HIV 2017-2018 Legislative Docket

POSITIONS: SUPPORT | OPPOSE | SUPPORT w/ AMENDMENTS | OPPOSE unless AMENDED | NO POSITION

BILL	TITLE	DESCRIPTION	POSITION	STATUS	COMMENTS
		STATE ASSEMBLY & SENATE BILLS			
AB 9 (Garcia)	Sales and Uses Taxes; Feminine Hygiene Products	Would exempt the sale, use, storage, and other consumption, of tampons, sanitary napkins, menstrual sponges, and menstrual cups, from State sales and use taxes; would take effect January 1, 2018.	SUPPORT	Author changed to two-year bill. Set aside to next year, second of California's two-year legislative session	
AB 39 (Bocanegra)	Hate Crimes Registry	This bill would declare the intent of the Legislature to enact legislation to establish a "Hate Crime Registry" for purposes of creating a repository of information on hate crimes committed in California.	OPPOSE unless AMENDED	Died in Appropriation Committee	A repository of data is a good starting point but not clear as to what happens to data once collected. What "summary" will be reported to law enforcement? Can a person potentially be "outed" if suspected, although not proven to have committed a crime? *Supportive of intent.
AB 74 (Chiu et al)	Housing Grant Funds	This bill would require the Department of Housing and Community Development (HCD) to establish the Housing for a Healthy California Program on or before April 1, 2019, to award grants to eligible grant applicants based on specified guidelines, including that the applicant identify a source of funding; agree to contribute funding for interim and long-term rental assistance; agree to collect and report data; and use the funds for long-term rental assistance and interim housing. The bill would apply to homeless Medi-Cal beneficiaries eligible for Supplemental Security Income and who are likely to improve their health with supportive services; would require HCD to analyze and report program data to specified legislative committees; would declare that it is to take effect immediately as a bill providing for appropriations related to the Budget Bill.	SUPPORT	ASM APPROPRIATIONS	

BILL	TITLE	DESCRIPTION	POSITION	STATUS	COMMENTS
		STATE ASSEMBLY & SENATE BILLS			
AB 182 (Waldren et al)	Heroin and Opioid Abuse	This bill would require the State Department of Health Care Services (DHCS) to implement a comprehensive and, the "Heroin and Opioid Public Education (HOPE) Initiative," a multicultural public awareness education and awareness campaign on the effects and warning signs of heroin and opioid medication abuse. The bill would require DHCS to conduct a survey of households and one focus group, each annually, to gauge the initiative's effectiveness, the results of which would be reported to the Governor and Legislature.	SUPPORT (Changed from SUPPORT w/ AMENDMENTS)	ASM APPROPRIATIONS	Amend to include harm reduction language and potentially include a broad list drugs, specifically meth; relates to those living with and at risk for HIV/AIDS. Also, states should not be in business of stigmatizing and condemning drug use; references to such should be stricken. *Friendly amendments made. Stigmatizing language removed. Further fun requested re: broader list of drugs.
AB 186 (Eggman et al)	Controlled Substance: safer drug consumption program	Until January 1, 2022, this bill would authorize specified counties or cities within those counties to authorize the operation of supervised injection services programs for adults that satisfies specified requirements, including, among other things, a space supervised by healthcare professionals or other trained staff where people who use drugs can consume preobtained drugs, sterile consumption supplies, and access to referrals to addiction treatment. The bill would require any entity operating a program under its provisions to provide an annual report to the city, county, or city and county, as specified. The bill would exempt a person from existing criminal sanctions while he or she is using or operating a supervised injection services program for adults authorized by a city, county, or city and county.	SUPPORT	ASSEMBLY	Upon recommendation to BOS, emphasize this bill as priority for Commission.
AB 210 (Santiago)	Housing Services; Multidisciplinary Personnel Team	This bill would authorize counties to also establish a homeless adult, child, and family multidisciplinary personnel team with the goal of expediting linkage of homeless individuals to housing and supportive services and to ensure continuity of care to allow service providers to share confidential information; would authorize the homeless adult, child, and family multidisciplinary personnel team, to designate qualified persons to be a member of the team and bound each member to the same privacy and confidentiality obligations. The bill would also require confidential records to be managed under maximum protection of privacy.	SUPPORT w/ AMENDMENT	ASM PRIVACY AND CONSUMER PROTECTION; Re-referred to Com. on APPR (7/12/17)	Amend to strike out language limiting legal representation to just criminal matters; language should reflect broad representation in all legal matters. Public Counsel recommended same amendments.
AB 265 (Wood/Chiu)	Prescription Drug Discounts	This bill would prohibit a prescription drug manufacturer, operating in California, from offering discounts or other cost savings on any prescription drug if a lower cost (brand name or non-brand name), therapeutically equivalent, as designated United States Food and Drug Administration, as the manufacturer's product.	SUPPORT w/ AMENDMENT (Changed from OPPOSE unless AMENDED	ASM	Bill amended to carve-out language for STRs and PrEP as requested. However, Hep C still not included.

STATUS COMMENTS		Senate Judiciary Committee. Read second time. Ordered to third reading.	Read second time and amended. Re-referred to Com. on APPR.	Will not move this year likely due to unanswered questions regarding implementation	Set aside to next year bill due to year complexity of Cal Grants and Title IX issues.
POSITION		SUPPORT	SUPPORT	SUPPORT	SUPPORT
DESCRIPTION	STATE ASSEMBLY & SENATE BILLS	Would stiffen existing laws imposing penalties, up to and including disbarment, of any member of the State Bar for threatening to disclose the suspected immigration status of a party to a civil or administrative action, because said party has exercised a right related to his or her employment. The bill would also prohibit a lessor from using, or threatening to use, the immigration status against a tenant or someone associated with that tenant, for any reason related to the property at hand; would prohibit a lessor from disclosing immigration status, to immigration or law enforcement authorities unless directed or requested by federal authorities. The bill would also declare the immigration or citizenship status of any person as irrelevant to any issue of liability or remedy pertaining to tenant rights unless two exceptions apply.	Would take existing reporting requirements identified in the LGBT Disparities Reduction Act, which requires specific State departments who collect voluntary data as to the demographic ancestry and ethnic origin, gender identity, and sexual orientation of Californians, and extend those requirements to additional State agencies and require them to comply as early as possible, but no later than July 1, 2019.	This bill would require the State Attorney General to establish a toll-free public hotline telephone number for the reporting of hate crimes, and for the dissemination of information about the characteristics of hate crimes, protected classes, civil remedies, and reporting options; would require the Attorney General to post, maintain, and publicize a reporting form for hate crimes and hate incidents online.	Would require, beginning in 2018, every private postsecondary educational institution that receives Cal Grant funding to annually report to the Legislature its student disciplinary actions, including, but not limited to, its rate of expulsion, for the previous academic year in connection with whether the disciplined students were Cal Grant recipients, and whether the disciplinary action was taken in connection with students who fit one or more of a list of specified categories; would specify that each report shall not include personally identifiable
TITLE		Housing; Immigration; Extortion	LGBT Disparities Reduction Act	Hate Crimes Hotline	Cal Grants: Private Postsecondary Educational Institutions
BILL		AB 291 (Chiu et al)	AB 677 (Chiu)	AB 800 (Chiu)	AB 888 (Low)

BILL	TITLE	DESCRIPTION	POSITION	STATUS	COMMENTS
		STATE ASSEMBLY & SENATE BILLS			7
AB 1033 (Garcia)	Sexual Battery: Condoms	This bill would make it felony sexual battery to without consent removes a condom during sexual intercourse, intentionally uses a condom that has been tampered with, tampers with a condom that is used in the act of sexual intercourse or knowingly misrepresents to the other person that some form of contraception other than a condom is being used.	OPPOSE	ASM	Concerns: could potentially further stigmatize and criminalize HIV; evidence of conduct hard to prove; intent to harm requirement is hard to prove.
AB 1161 (Ting)	Hate Crimes	This bill would require any hate crime policy adopted or revised by a State or local law enforcement agency to include, among other things, the model policy framework developed by the Commission on Peace Officer Standards and Training (POST) and information regarding bias motivation; would require any state or local law enforcement agency that adopts or revises a hate crime policy to consult specified groups.	SUPPORT	Held in Assembly	
AB 1534 (Nazarian)	Healthcare Coverage; HIV Specialists; Primary Care Physicians	The bill would require a health care service plan contract or health insurance policy to include an HIV specialist, as defined, as an eligible primary care provider; would require access to HIV specialists to be subject to the regulations, standards, and reporting requirements as mandated by the Department of Managed Health Care and the Insurance Commissioner.	OPPOSE (Changed from WATCH)	ASSEMBLY APPROPRIATIONS	If intent is to expand access to care, the bill does not go far enough to address network adequacy requirement and parity in quality of care across all health systems. Language is unclear on potential impacts to Ryan Whitefunded services.

COMMENTS				
STATUS		SENATE		
POSITION		SUPPORT		
DESCRIPTION	STATE ASSEMBLY & SENATE BILLS	This bill would require health care service plans or health insurers that file the above-described rate information to report to DMHC or DOI, on a date no later than the reporting of the rate information, specified cost information regarding covered prescription drugs, including generic drugs, brand name drugs, and specialty drugs, dispensed as provided. DMHC and DOI would be required to compile the reported information into a report for the public and legislators that demonstrates the overall impact of drug costs on health care premiums and publish the reports on their Internet Web sites by January 1 of each year. The bill would require a manufacturer of a prescription drug that is purchased or reimbursed by specified purchasers, including state agencies, health care service plans, health insurers, and pharmacy benefit managers, to notify the purchaser if the wholesale acquisition cost of a prescription drug exceeds a specified threshold. The bill would require the manufacturer to notify the Office of Statewide Health Planning and Development (OSHPD) of specified information relating to that increase takes effect. The bill would require the manufacturer to notify OSHPD of specified information relating to the wholesale acquisition cost of a new prescription drug if the cost exceeds a specified threshold. The bill would subject a manufacturer to liability for a civil penalty if the information described above is not reported. The bill would authorize OSHPD to adopt regulations or issue guidance for the implementation of these provisions.		
TITLE		Health care: prescription drug costs		
BILL		SB 17 (Hernandez/Chiu)		

COMMENTS				
STATUS		SENATE	SENATE APPROPRATIONS	SENATE APPROPRIATIONS
POSITION		SUPPORT	SUPPORT (Changed from WATCH to Support)	SUPPORT
DESCRIPTION	STATE ASSEMBLY & SENATE BILLS	This bill would prohibit a state or local agency or a public employee acting under color of law from providing or disclosing to the federal government personal information regarding a person's religious beliefs, practices, or affiliation, as specified, when the information is sought for compiling a database of individuals based on religious belief, practice, or affiliation, national origin, or ethnicity for law enforcement or immigration purposes. The bill would also prohibit a state agency from using agency resources to assist with any government program compiling such a database, or from making state databases available in connection with an investigation or enforcement under such a program. The bill would prohibit state and local law enforcement agencies and their employees from collecting personal information on the religious beliefs, practices, or affiliation of any individual, except as part of a targeted investigation, as provided, or where necessary to provide religious accommodations. The bill would also prohibit law enforcement agencies from using agency or department moneys, facilities, property, equipment, or personnel to investigate, enforce, or assist in the investigation or enforcement of any criminal, civil, or administrative violation, or warrant for a violation, of any requirement that individuals register with the federal government or any federal agency based on religion, national origin, or ethnicity. The bill would also terminate, to the extent of any conflict, any existing agreements that make any agency or department information or database available in conflict with these provisions. This bill would declare that it is to take effect immediately as an urgency statute.	This bill would, among other things, and subject to exceptions, prohibit state and local law enforcement agencies, including school police and security departments, from using resources to investigate, interrogate, detain, detect, or arrest persons for immigration enforcement purposes, as specified	This bill would authorize a person (including minors) to amend their birth certificate, driver's license, gender change court order, and/or other state issued forms of identification, to read female, male, or non-binary; would require driver's license applicants to choose a gender category of female, male, or non-binary as part of the applicant's description.
TITLE		California Religious Freedom Act: state agencies: disclosure of religious affiliation information	Law enforcement: sharing data	Gender Recognition Act of 2017
BILL		SB 31 (Lara et al)	SB 54 (De Leon)	SB 179 (De Leon et al)

COMMENTS		,	Disclosure: APLA co- authored bill and is supported by a host of local stakeholders, i.e. LGBT, Free Speech Coalition, etc.	
STATUS		SENATE APPROPRIATIONS	SENATE	SENATE APPROPRIATIONS
POSITION		SUPPORT	SUPPORT	SUPPORT
DESCRIPTION	STATE ASSEMBLY & SENATE BILLS	Would prohibit, except as specified, long-term care facilities from basing treatment and/or care on an individual's actual or perceived sexual orientation, gender identity, gender expression, or HIV status. Would also prohibit, among other things, a facility from refusing to communicate with an individual per their preferred name/pronoun, denying that individual admission, transferring or refusing to transfer a resident within a facility or to another facility, or discharging a resident from based on the same factors; would impose a state-mandated local program.	Would reduce conviction of intentional transmission of an infectious or communicable disease, including HIV, from a felony to a misdemeanor charge; would also apply to third party defendants as well; would mandate the identities of the parties involved be concealed, vacate/dismiss any conviction, charge, and/or related arrest, and mandate any legal records of such a legal event be destroyed by June 30, 2018; would authorize persons convicted of such an offense to petition for a recall or dismissal of their sentence before the trial court that entered the judgment and require courts to then vacate these convictions and grant credit for time already served for any remaining counts; would repeal provisions of existing law requiring persons convicted of prostitution for the first time to complete education on the acquisition of AIDS and to submit to testing for AID; would also repeal provisions requires such a defendant, as a condition of either probation or participating in a drug diversion program, to participate in an AIDS education program.	Would remove limitations on a petition for a change of name filed by a person incarcerated in a State prison; would instead establish the right of an inmate in a State or County facility to petition the court for a change of name or gender; would require the facility to address an individual, who has legally obtained a name change, by their new name and to list the prior name only as an alias; would create a state-mandated local program.
TITLE		Seniors Long Term Care Bill of Rights	Modernizing Discriminatory HIV Criminalization Laws	Name and Gender Change: State Prisons and County Jails
BILL		SB 219 (Wiener et al)	SB 239 (Wiener et al)	SB 310 (Atkins)

COMMENTS		to:	
STATUS		HELD AT DESK	SENATE COM. EDU
POSITION		SUPPORT	SUPPORT
DESCRIPTION	STATE ASSEMBLY & SENATE BILLS	This bill would enact the Healthy California Act and create a comprehensive universal single-payer health care program, Healthy California; would provide that the program cover, among other things, the Children's Health Insurance Program (CHIP), Medi-Cal, ancillary care and social services for persons with developmental disabilities, Knox-Keene, and Medicare; would create the Healthy California Trust Fund in the State Treasury, as a continuously appropriated fund, consisting of any federal and state moneys received; would create a nine member Healthy California governing board and establish a public advisory committee to advise the board on policy matters; would prohibit health insurers from offering benefits or coverage offered under the program, except as provided; would authorize providers to collectively negotiate rates of payment for services, prescription and nonprescription drugs, and payment methodologies using a third-party representative, as provided.	Would establish 3 tiers of the State's sex offender registration based on specified criteria, for periods of at least 10 years, at least 20 years, and life, respectively, as specified; would establish specified procedures for removal the sex offender registry for a first or second tier offender who completes their mandated minimum registration period; would require the offender to file a petition at the expiration of his or her minimum registration period; would authorize a hearing on the petition if the petitioner has not fulfilled the requirement of successful tier completion; would also establish eligibility criteria for a tier three offender to petition the court for placement in tier two, under specified conditions.
TITLE		Single-Payer Health Insurance Program	Sex Offender Registration
BILL		SB 562 (Lara et al)	SB 695 (Lara/Mitchell)



LOS ANGELES COUNTY COMMISSION ON HIV

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20. ANNOUNCEMENTS





Aetna breaches HIV privacy of customers in multiple states

For immediate release: August 24, 2017

Contact:

- Sally Friedman, Legal Action Center, New York, NY email: sfriedman@lac.org, phone: 212-243-1313, ext. 130
- Ronda B. Goldfein, AIDS Law Project of Pennsylvania, email: goldfein@aidslawpa.org, phone: 215-587-9377

A group of people living with HIV are demanding the health insurer Aetna immediately stop a practice they say violates federal and state privacy laws and exposes them to potential discrimination.

Aetna recently mailed some customers instructions for filling HIV medication prescriptions. Recipients were stunned when they realized information about HIV medication was clearly visible through the window on the envelope.

The letters were sent to customers currently taking medications for HIV treatment as well as for Pre-exposure Prophylaxis (PrEP), a regimen that helps prevent a person from acquiring HIV.

Attorneys sent a demand letter today to Aetna on behalf of individuals in Arizona, California, Georgia, Illinois, New Jersey, New York, Ohio, Pennsylvania, and Washington, D.C calling for an immediate end to the letters in the current form. The demand letter also calls on Aetna to develop a plan to correct its practices and procedures.

The demand letter and a photo of the envelope are available at: http://bit.ly/2w5kD3w.

Although medical advances have transformed HIV into a chronic yet manageable condition, widespread stigma still exists against people living with HIV, leading to everything from employment, housing and education discrimination to violence.

Attorneys said that individuals who contacted them reported that the Aetna letters were seen by family members, roommates and even neighbors who received the mail.

Sally Friedman, Legal Director of the Legal Action Center in New York City, and Ronda B. Goldfein, Executive Director of the AIDS Law Project of Pennsylvania, are coordinating the efforts of attorneys with eight organizations in pursuing the issue.

Friedman said "Aetna's privacy violation devastated people whose neighbors and family learned their intimate health information. They also were shocked that their health insurer would utterly disregard their privacy rights."

Goldfein said the Aetna letters casual disclosure of a person's HIV status or use of HIV medication is far more than a technical violation of the law.

"It creates a tangible risk of violence, discrimination and other trauma," she said.

The attorneys said additional legal action is under consideration.

The demand letter was sent on behalf of individuals who contacted the AIDS Law Project of Pennsylvania, (Philadelphia, PA); AIDS Legal Referral Panel (San Francisco, CA); Legal Services NYC (New York City, NY); Lambda Legal (Chicago, IL); Legal Action Center (New York City, NY); Legal Council for Health Justice (Chicago, IL); Los Angeles HIV Law & Policy Project (Los Angeles, CA); and Whitman-Walker Health (Washington, D.C.).