



LOS ANGELES COUNTY  
COMMISSION ON HIV



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**EXECUTIVE COMMITTEE  
MEETING MINUTES**

January 24, 2019



MEMBERS PRESENT	MEMBERS PRESENT (cont.)	PUBLIC	COMM STAFF/ CONSULTANTS
Al Ballesteros, MBA, <i>Co-Chair</i>	Miguel Martinez, MPH, MSW	Alasdair Burton	Cheryl Barrit, MPIA
Grissel Granados, MSW, <i>Co-Chair</i>	Mario Pérez, MPH	Katja Nelson	Dawn McClendon
Traci Bivens-Davis	Kevin Stalter	Greg Wilson	Jane Nachazel
Jason Brown			Doris Reed
Raquel Cataldo	MEMBERS ABSENT	DHSP STAFF	James Stewart
Aaron Fox, MPM	Joseph Cadden, MD	None additional	Julie Tolentino, MPH
Joseph Green	Terry Goddard, MA		

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**CALL TO ORDER:** Ms. Granados called the meeting to order at 1:03 pm.

#### I. ADMINISTRATIVE MATTERS

**1. APPROVAL OF AGENDA:**

**MOTION #1:** Approve the Agenda Order with Motion 5 postponed (*Passed by Consensus*).

**2. APPROVAL OF MEETING MINUTES:**

**MOTION #2:** Approve the 11/15/2018 Executive Committee Meeting Minutes, as presented (*Passed by Consensus*).

#### II. PUBLIC COMMENT

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

#### III. COMMITTEE NEW BUSINESS ITEMS

- 4. NON-AGENDIZED:** 🔄 In light of the number of new members, agreed to survey Commissioners for Committee preferences.

#### IV. REPORTS

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

**A. 2018 Annual Meeting Evaluation:**

- Ms. Barrit noted evaluation results in the packet. She and the Commission Co-Chairs have had some preliminary conversations regarding the feedback, but it was being presented to the full Executive Committee for the first time.
- Attendance dwindled as the day progressed. A lengthy discussion with trainers addressed feedback and concerns.
- She acknowledged a request from both many Commissioners and members of the public to design the Annual Meeting more like a conference with breakout sessions tailored to different learning styles and public engagement options. Uyen Kao, UCLA Center for HIV Identification, Prevention and Treatment Services (CHIPTS) could assist in development.
- Starting planning as soon as possible would be helpful. If the Executive Committee chooses a conference/summit format, topics might draw on Housing Task Force consideration of a summit or current interest in aging and HIV.
- Mr. Stalter noted the Commission embarked on the training process for a specific purpose at a specific moment. The process was thrown off somewhat as not all Commissioners attended initial workshops which were to prepare for culmination at the Annual Meeting. Commissioner and public engagement at that meeting was poor, so what is next?
- Ms. Granados personally felt desired training outcomes were not achieved. In fact, she felt the training did more harm than good. She suggested a focus on Committee-level work addressing racial justice. Different Commissioners are in different places regarding understanding of the theoretical work, but applying a racial justice lens to a specific Committee task would be more tangible. Ms. Barrit has identified some self-assessment tools on the work of each Committee to help. Conversations on topics of this nature are also easier in a smaller group.
- Mr. Ballesteros said he was very protective of the image of the Commission. He felt, especially for members of the public new to the Commission, that there was a complete disconnect at the meeting and some will not return.
- He supported Ms. Granados in dealing with concrete topics and would accompany that with more education and tools to help understand lenses, e.g., what could PP&A do differently.

- Mr. Martinez understood the idea of asking Committees to apply a lens, but felt part of the issue was that people did not have the lenses and frames to do that work. He was concerned at pushing the issue to Committees without tools.
- Ms. Granados suggested approaching this training much like other Commission training, i.e., in smaller trainings around the conflict. The Commission retains the option to work with the trainer, e.g., for tools or smaller trainings.
- Mr. Stalter supported scheduling this important work as part of the annual training curriculum. He felt County Counsel misdirected early efforts by disallowing full group discussion outside Brown Act strictures, but work should continue.
- Mr. Green noted he was a trained facilitator and did not feel the facilitator served as such for the initial two social justice trainings. Some people did open up, but others told him they remained silent because they did not feel safe. While we have not yet seen the surveys, he had serious reservations about working with that consultant again.
- Mr. Ballesteros felt Commissioners need to be able to have conversations at the table in a depersonalized way, without the conflict. That may mean using different tools to help people look through different lenses and/or having different people provide input and/or recruiting different people to membership to improve the balance. The Commission's work at the table is for the greater good and he believed all at the table do want to help end the epidemic.
- Mr. Martinez felt a clear Code of Conduct was important to provide a means to address occasions when it becomes personal. Ms. Bivens-Davis reported Operations was working on that aspect of the Code of Conduct that morning.
- Depersonalizing conversations is the ideal, but people are often offended if corrected for a comment another found offensive. A direct suggestion was made to impose discipline, which would necessarily be under advice of counsel, despite that some of those most impacted were not participating in this discussion. It is part of being human to feel oneself correct in a situation, yet the Commission needs to find a way to present learning opportunities.
- Mr. Ballesteros encouraged Co-Chairs to be more active in speaking with someone to say, e.g., "You might have missed this perspective. Even though you don't share it, you dismissed something or appeared to be offensive." Even if one Co-Chair was the person offended, there is recourse to leadership. Commission and Committee Co-Chairs are elected to bring forward the best values and processes, including dealing with things disruptive to the body.
- Mr. Stalter recommended Co-Chairs help coach members to talk with each other in a constructive manner.
- It was suggested the Parliamentarian could call "point of order" if discussion veers off track. Mr. Stewart, Parliamentarian, said the issue is determining when that occurs. That is not difficult if the topic is, e.g., a motion. It is harder to strike the balance between one person's right to say what the person wants and another person's feeling offended, which is a choice in some ways. Government tends to address this in an, at once, fine and fuzzy way.
- Ms. Bivens-Davis said a boundary is needed with consequences for crossing the line. County Counsel is addressing that.
- Ms. Granados reported, in addition to the Code of Conduct, Operations was reviewing existing Policies/Procedures in draft form which address internal grievances and discipline. County Counsel is currently reviewing the material.
- Mr. Burton noted the current Bylaws, adopted in 2013, state that Commissioners must adhere to the approved Code of Conduct at Commission-related meetings. Until Draft Guidelines for Conduct are finalized and approved, the approved Code of Conduct sets rules for the body and Parliamentarian to follow. Deliberations should follow the rules, revised as needed, to avert the extensive and well-know dangers of acting based on feelings. Ms. Granados replied the document was now being updated because it is vague and does not specifically prohibit, e.g., expressions of racism.
- Mr. Pérez weighed in from the perspective of DHSP's responsibility. The Planning Council (PC) is responsible for conducting the AAM, but the Grantee (DHSP) is responsible to ensure a high-functioning PC.
- Gender- or race-based issues have festered for a very long time so it is silly to act as though they emerged in the last quarter of 2018. Poignant statements were heard by the body in 2017 and earlier in 2018.
- 2019 presents a notable list of work to do. That includes, but goes far beyond, Ryan White planning if the PC is true to the spirit in which the Board of Supervisors (BOS) established the Commission on HIV. He was not convinced the approaches to these issues to date were moving the PC past them. This cannot be wished away. There is clear personal animus at the table, yet in the Executive Committee, or training where there is a safe space, or other circles the people involved with the animus have not been at the table. He felt that has not been addressed effectively.
- The Commission has had some training and Commissioners may know each other on a more personal level. However, as well intentioned as that exercise may have been, he felt there was no significant leap forward by the Commission to coalesce and agree to do business differently and in a more constructive, respectful manner.
- He felt there was a need to assess the entire group dynamic as a group, not in a piecemeal fashion. He was not convinced the Annual Meeting was the right space. He apologized for leaving early but, with several others, he was pulled out by Barbara Ferrer, PhD, MPH, MEd, Director, Department of Public Health (DPH) to address a critical issue. He read the feedback and urged attention to the rich "least liked" comments. He had doubted the facilitator's ability to address the issues, born out in feedback. DHSP, in particular, would like more information on the DHSP grievances.

- Mr. Pérez noted that Mr. Ballesteros' new role as Commission Co-Chair can have an impact on Commission dynamics. He felt it important to determine what success looks like in February, March, and April, but conversations continuing into October, November, and December would mark failure as a planning body. He stressed a level of earnestness, commitment, and urgency to identify how to lift this cloud in order to fully optimize the Commission's planning work.

**B. 2018 Commission Annual Report to the Board of Supervisors (BOS):**

- Ms. Barrit worked with the Commission Co-Chairs, Ricky Rosales, and Kyle Baker over the holidays to develop the Annual Report. The Executive Office has initiated a template for such annual reports so this looks somewhat different from previous years. The new format includes more information with more detail and significant Commission history.
- She thanked everyone for their leadership and commitment to this work. It is always rewarding to write down all the Commission's accomplishments both in direct Commission work and in the community, e.g., with LACHAS.

**C. 2019 Committee Work Plans:** There was no discussion on these items, but they were available in the packet for review.

**D. 2019 Training Schedule:** Ms. Barrit noted the schedule in the packet was also included in the 1/10/2019 Commission packet for review. April and the following months were lightly scheduled on purpose to allow for more feedback.

**E. 2/14/2019 Commission Meeting Agenda Preparation:**

- Ms. Barrit noted the DHSP presentation on the comprehensive STD landscape and programs was requested by several Commissioners early in 2018. Also scheduled is the second part of the Stigma Reduction Planning Series to develop a plan per the Comprehensive HIV Plan (CHP). Ms. Kao, CHIPTS, is aware of the schedule to best align colloquia.
- Ms. Granados reported a request to include a focus on National Black HIV/AIDS Awareness Day (NBHAAD), 2/7/2019. Leadership has been working with Mr. Wilson on a response. He has solicited community feedback.
- Mr. Wilson recommended a 60-minute diverse panel, e.g., a woman, a transgender woman, a gay man, a straight man. He suggested key outcomes of hearing major community concerns and identifying gaps such as information on resources in the community. The impact of stigma can link to the Stigma Reduction Planning series by Tim Vincent, MS. The Commission could also support NBHAAD efforts through its social media and outreach to elected officials.
- The body discussed how to best integrate the NBHAAD panel into the 2/14/2019 Commission, e.g., by minimizing standing Committee reports. It was agreed to keep the Brown Act refresher, which would be hard to reschedule and can help educate the body on violations, and the STD presentation which is relevant to the NBHAAD panel.
- Mr. Pérez suggested developing a standard set of planning body questions for awareness days. He anticipated large systemic issues, e.g., racism, HIV stigma, service access/denial, nonresponsive Community-Based Organizations (CBOs), Los Angeles County (LAC) changes, policy changes. He urged being deliberate and clear at the start on how feedback will translate into action to improve the system. Regarding NBHAAD, African American Viral Suppression and PrEP enrollment rates remain dishearteningly low. Since Vulnerable Population contracts include Consumer Advisory Boards (CABs) in an effort to improve the system, he suggested a CAB member on the panel to elevate that voice.
- Regarding action steps: Ms. Granados noted some issues may relate to specific Committees. A facilitator could summarize them and identify connections. Ms. Barrit said some information can be mined for the Stigma Reduction Plan in addition to referral to pertinent Committees. Mr. Ballesteros recommended tracking issues. Ms. Bivens-Davis suggested mimicking the Public Comment tracking table while taking care to prioritize work in this busy year.
- Regarding panel questions: Mr. Stalter suggested attendees submit written questions to the facilitator to avoid repetition. Mr. Wilson suggested key questions of: What are we doing well? What needs to happen?
- Agreed to postpone the Bylaws refresher, but retain the Brown Act and STD presentations.
- Ms. Barrit will discuss with Mr. Vincent reducing his time and linking stigma reduction planning to the NBHAAD panel.
- Questions for the panel should be sent to Ms. Barrit. She will synthesize and coordinate with the facilitator.
- Staff will initiate development of a one-page tool for use with all awareness days to guide development of panels, collection and vetting questions, return of and categorizing information, and follow-up, e.g., referrals to Committees.

**6. CO-CHAIR REPORT:**

**A. Meeting Management Reminders:** There were no additional reminders.

**B. Committee Co-Chair Elections Reminder/Update:** Committees that did not meet in December 2018 were opening nominations in January 2019 for elections in February 2019. Executive Committee At-Large nominations will follow.

**C. Formation of HIV Stigma Reduction Task Force:**

- Ms. Granados acknowledged this suggestion. However, the CHP, as noted earlier, calls for development of a stigma reduction plan so it is recommended to re-initiate the CHP Ad Hoc Group to oversee that task.

- ➡ Agreed to re-initiate the CHP Ad Hoc Group to oversee development of a stigma reduction plan.

**D. Formation of Aging Task Force:**

- Ms. Barrit noted this topic has arisen in CHP listening sessions, at the 2018 National Ryan White Conference on HIV Care and Treatment, during PP&A's Priority Setting and Resource Allocations (PSRA) process, and in SBP conversations on categories. She suggested a task force drawn from PP&A and SBP could address planning and programmatic issues.
- Ms. Granados identified over 50% of Consumer Caucus members as over 50 with a 13% over-representation of those aged 50-59. She expressed concern a task force would be duplicative. Mr. Stalter felt 2019 was already heavily committed with standards revisions, LACHAS, and working to maximize funding in a shifting financial environment. He supported working on stigma reduction this year, but felt aging could be deferred to 2020.
- Mr. Stewart noted "aging" arises in the context of challenges such as co-morbidities for those considerably over 50.
- Mr. Ballesteros said both consumers and their physicians have expressed concern that no one has examined unique needs for older PLWH in the Ryan White Program (RWP), e.g., ramifications of length of visits, types of interactions needed, mental health, substance abuse. Often, older PLWH become isolated and unengaged. The Consumer Caucus lacks needed external representatives such as physicians, mental health, and nutrition personnel treating the elderly.
- Mr. Martinez did not discount the aging population experience but, with so heavily committed a year, asked if data documented in the needs assessment reflected poor outcomes for the aging population that support prioritizing creation and mobilization of a task force. Another approach might be to apply a lens and frame in developing work plans and making decisions at a Committee level, e.g., in reviewing a Standard or requesting a colloquium for data.
- Mr. Pérez noted an extremely large population of PLWH over 50 in Southern California. LAC and Riverside likely have the largest concentration in America. The population has among the highest retention and viral suppression rates so are doing much better clinically than younger populations and may offer some lessons. Conversely, there is a need to understand from clinicians on the front lines whether HIV clinical management is getting harder due to co-morbidities and, if so, how the system can be reshaped to meet those needs. Literature also suggests older people experience health benefits from social cohesion, so what models, such as California's adult day health care, can help.
- A set of targeted conversations over the next 12-18 months could inform standards revisions for 2021-2022 contracts.
- Groups falling behind in clinical progress are under 29, transgender people, African Americans, and American Indians.
- Mr. Burton noted longevity for PLWH is approaching that for HIV-. Those interested in exploring aging as a Caucus could do so with the Commission offering support. The activity provides socialization and a feeling of being useful.
- Mr. Stalter noted SBP was now reviewing Psychosocial Support Services including use of an aging lens. He recommended completing that work before developing a separate task force or group.
- Mr. Martinez suggested a panel/colloquium, e.g., of researchers, to help gather and center conversation for later use.
- Mr. Ballesteros asked about a youth group to address that population's issues. Ms. Granados said the Connect 2Protect Coalition, CABs, and other groups can offer input. The structure is not especially inviting, but recruitment is ongoing.
- ➡ Mr. Fox offered to connect staff with LGBT Center Senior Services staff and Ms. Nelson with APLA aging study staff.
- ➡ Mr. Ballesteros will coordinate organization of an Ad Hoc Aging Work Group with deliverables under SBP.

**E. 1/10/2019 Commission Meeting Follow-Up/Review:** The new Comment Tracker was provided for the 1/10/2019 meeting.

1. **Public Comment:** There was no additional discussion on the items.
2. **Commission Member New Business Items:** Ms. Granados briefly reviewed the items.

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

- Mr. Pérez reported DHSP received its RWP Notice of Award (NOA) with an increase of \$530,000 over 2018 for a total \$43.9 million in combined Part A and Minority AIDS Initiative (MAI) funds. That does not include MAI rollover. This marks a record award for LAC which makes the planning exercise even more crucial.
- He will offer an overview of the new STD action plan at the 2/14/2019 Commission meeting and, in coordination with the NBHAAD panel, will add African American data. DHSP is working with six Southern California counties on shared STD issues.
- DHSP was closely monitoring appointments in Sacramento for the Chiefs of the STD Control Branch and the Office of AIDS, as well as any updates on the planned integration of the two.
- DHSP was also working on recommendations for several Requests For Proposals (RFPs) that have been released and scored.

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

- A. Stigma Reduction Planning Workshop Series:** Ms. Granados noted a graphic as well as a summary of the purpose and thoughts from the first session of the series in the packet. There was no further discussion.
- B. Next Steps for 2019:**

- Ms. Granados noted the summary of community engagement ideas in the packet. Rather than last year's broad overview, ideas are focused on specific Health Districts (HDs) and activities, as well as partnerships, and advocacy.
- Leadership will continue meeting with Mr. Pérez and Kyle Baker monthly, and share updates with the larger body.
- Ms. Bivens-Davis noted Operations discussed using 2019 as an opportunity for deeper outreach to those HDs where 2018 meetings were poorly attended to improve partnerships and resource linkages.

**9. STANDING COMMITTEE REPORTS:**

**A. Planning, Priorities, and Allocations (PP&A) Committee:** All welcomed Mr. Martinez as the new Co-Chair.

1. **Strategies to Maximize Funding:** PP&A was working on a variety of strategies. Oral Health has already been expanded to include more complex procedures such as implants and letters have been sent to advise providers of the services. Other options include raising the Federal Poverty Level (FPL) limit for services and inaugurating an eligibility card.
2. **Multi-Year Planning:** Operations continues to work on the draft framework included in the packet.
3. **Housing Services - Referral and Subsidy Rates:** Operations has been receiving Housing For Health updates.
4. **Ryan White Program (RWP), Centers for Disease Control and Prevention (CDC), and Net County Cost (NCC) Expenditure Reports Update:** The 1/15/2019 Reports were in the packet for review.

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

1. **(Revised) Medical Care Coordination (MCC) Standards:** Mr. Stalter especially thanked Co-Chair Joseph Cadden, MD; previous Co-Chair Ace Robinson, MPH; and all who assisted in developing this update.  
**MOTION #3:** Approve (Revised) Medical Care Coordination (MCC) Standards, as presented or revised, and forward to 2/14/2019 Commission meeting for final approval (***Passed by Consensus***).
2. **Standards of Care Review - Emergency Financial Assistance Services and Psychosocial Support Services:** SBP was prioritizing these standards for review as well as reviewing standards in general to, e.g., increase FPL levels.

**C. Operations Committee:**

1. **Assessment of the Administrative Mechanism (AAM) Recommendations Review:** Operations has created an AAM Work Group to prioritize action steps and develop a work plan.
2. **Membership Management:**
  - (a) **Application - Karl Halfman, MS:** Mr. Halfman was recommended for the Office of AIDS Institutional seat.  
**MOTION #4:** Approve Karl Halfman, MS, Membership Application, as presented, and forward to 2/14/2019 Commission meeting for final recommendation to the Board of Supervisors (***Passed by Consensus***).
3. **Policies and Procedures:**
  - (a) **(Revised) Code of Conduct:** Operations made additional revisions that morning so pulled this motion for review.  
**MOTION #5:** Approve (Revised) Code of Conduct, as presented or revised, and forward to 2/14/2019 Commission meeting for final approval (***Postponed***).
4. **Engagement, Recruitment, and Retention Activities:** Operations discussed using LACHAS and other volunteer activities as opportunities for engagement.

**D. Public Policy Committee:**

1. **County Policy and Budget:**
  - (a) **STD Resolution Follow-Up:** Mr. Fox reported advocates have engaged in a call with LAC staff in addition to DHSP's STD action plan work as noted earlier by Mr. Pérez. The stakeholder ask for the state's budget year was likely to be finalized within the week. It was expected to be similar to last year's ask, but with an increase in funding to \$20 million annually. The ask seeks to direct funds to follow the epidemic with roughly 50% for LAC and San Francisco.
  - (b) **Housing Policies:** This item was postponed.
  - (c) **LACHAS Work Group Update:** The Work Group met and discussed refining policy recommendations, e.g., updating policies to promote PrEP and PEP rather than only requesting sufficient PrEP-Assistance Program (PrEP-AP) funds.
  - (d) **Department of Public Health (DPH) Priority Policy Updates:** Public Policy discussed how they synthesized the community feedback and shared with DPH the Public Policy Agenda.
2. **State Legislation and Budget:**
  - (a) **End the Epidemics - HIV, HCV, and STDs:** This consensus document only recently went to Governor Gavin Newsom's office. There has not been a response as yet.
  - (b) **Legislative Docket:** Bills were beginning to be introduced so bill numbers should be available for the docket soon.
2. **Federal Policy and Legislation:**

- Mr. Fox noted the Health and Human Services budget was passed prior to the shutdown so most health programs were not impacted. Beyond the shutdown, the government continued to engage in activity detrimental to populations the Commission serves so it was important to maintain awareness.
- It appeared the administration had drafted a potential declaration of national emergency.

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

**A. Consumer Caucus:**

1. **Consumer Advisory Board (CAB) - Conference 3/27/2019:** Mr. Green noted this event was the culmination of three Meet and Greets starting in December 2018, two in English and one in Spanish. The bilingual event will feature several large presentations in the morning with breakout sessions in the afternoon. A light breakfast and lunch will be provided. Sponsors include Gilead and Capitol Drugs.

- B. Women's Caucus:** Ms. Barrit reported a small group met to reset and guide the 2019 planning process. The larger list of those who have been involved were being polled to identify commitment and interest in restarting the Caucus.

- C. Transgender Caucus:** Outreach was ongoing.

**V. NEXT STEPS**

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

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

**VI. ANNOUNCEMENTS**

- 13. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:** There were no announcements.

**VII. ADJOURNMENT**

- 14. ADJOURNMENT:** The meeting adjourned at 2:55 pm.