



LOS ANGELES COUNTY
COMMISSION ON HIV



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**EXECUTIVE COMMITTEE
MEETING MINUTES**
December 5, 2019

**Approved
1/23/2020**

MEMBERS PRESENT	MEMBERS PRESENT (cont.)	PUBLIC	COMM STAFF/ CONSULTANTS
Grissel Granados, MSW, <i>Co-Chair</i>	Kevin Stalter	Kevin Donnelly	Cheryl Barrit, MPIA
Traci Bivens-Davis		Joseph Green	Carolyn Echols-Watson, MPA
Jason Brown	MEMBERS ABSENT	Felipe Gonzalez	Dawn McClendon
Michele Daniels	Al Ballesteros, MBA, <i>Co-Chair</i>	Abad Lopez	Jane Nachazel
Erika Davies	Aaron Fox, MPM	Tony Spears	
Bridget Gordon	Mario Pérez, MPH		
Miguel Martinez, MPH, MSW	Juan Preciado (<i>LoA</i>)	DHSP STAFF	
Katja Nelson, MPP		None additional	

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Executive Committee Meeting Agenda, 12/5/2019
- 2) **Minutes:** Special Executive Committee Meeting Minutes, 10/31/2019
- 3) **Overview:** Sunset Review, 2019
- 4) **Policy/Procedure:** Commission and Committee Co-Chair Elections and Terms, *approved 9/12/2019*
- 5) **Evaluation:** 2019 Annual Meeting Evaluation Results, *December 2019*
- 6) **Facilitator Observations:** COH Annual Meeting: Facilitator Observations and Suggestions, *December 2019*
- 7) **Table:** Ending the HIV Epidemic Summary Matrix Collaboration Ideas from Annual Meeting, *December 2019*
- 8) **Summary:** Summary Notes from the COH Annual Meeting, November 14, 2019, *December 2019*
- 9) **Table:** Commission Member "Conflicts of Interest," *Updated 11/6/2019*
- 10) **Table:** For 12/5/2019 Executive Committee Approval; Planning, Priorities and Allocations Committee; Service Category Rankings for PY 31 (FY 2021-22) Recommendations, *PPA Approved 11/19/2019*
- 11) **Table:** For 12/5/2019 Executive Committee Approval; Planning, Priorities and Allocations Committee; Service Category Rankings for PY 32 (FY 2022-23) Recommendations, *PPA Approved 11/19/2019*
- 12) **Table:** Los Angeles County Commission on HIV Allocation Recommendations for PY 31 and PY 32, *PPA Approved 11/19/2019*
- 13) **Standards:** Non-Medical Case Management Standards of Care, Draft for Executive Committee Review & Approval 12/5/2019, *SBP Approved 12/3/2019*
- 14) **Memorandum:** Unaffiliated Consumer (UC) People Living with HIV Leadership in Ending the HIV Epidemic, 12/5/2019
- 15) **PowerPoint:** Responding to HIV molecular transmission clusters comprising transgender women in Los Angeles County, 12/2/2019

CALL TO ORDER-INTRODUCTIONS-CONFLICTS OF INTEREST: Ms. Granados called the meeting to order at 1:07 pm.

I. ADMINISTRATIVE MATTERS

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1. APPROVAL OF AGENDA

MOTION #1: Approve Agenda Order with Item 8.C. Consumer Caucus Report moved to after Item 4 (*Passed by Consensus*).

2. APPROVAL OF MEETING MINUTES

MOTION #2: Approve the 10/31/2019 Special 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:

- Mr. Donnelly attended the September 2019 Long Beach Planning Group meeting. It was the first in three months with the next planned for another three months. Consumers reported they felt used by the Long Beach Department of Health and Human Services (LBDHHS). Their recommendations were passed over and they were not consulted on those submitted.
- It was his understanding that the Long Beach Task Force, originally requested by Supervisor Janice Hahn, sunset in 2017 to be replaced by a Memorandum Of Understanding between LBDHHS and DHSP, but he was unable to confirm that.
- ➡ Request for Commission to hold LBDHHS to its promises.

III. COMMITTEE NEW BUSINESS ITEMS

4. OPPORTUNITY FOR COMMISSIONERS TO RECOMMEND ITEMS FOR FUTURE AGENDAS, OR ITEMS REQUIRING IMMEDIATE ACTION DUE TO AN EMERGENCY, OR IF NEED FOR ACTION AROSE AFTER POSTING AGENDA: There were no items.

IV. REPORTS

5. EXECUTIVE DIRECTOR/STAFF REPORT

A. Commission Services Sunset Review Process

- Ms. Barrit noted the Executive Office (EO) Executive Commission often provides networking and training opportunities for Commission Co-Chairs. Ms. Gordon and Ms. McClendon recently attended one on the Sunset Review Process.
- Ms. Gordon found the training eye-opening. Los Angeles County (LAC) has over 200 commissions. Some operate at a very high level, e.g., Beaches and Harbors uses social media to network and interact with the community. The periodic review process evaluates commission relevance and effectiveness as summarized in materials provided in the packet.
- Ms. McClendon considered the Commission on HIV one of the best functioning commissions. It is also one of just four that report directly to the Board of Supervisors (Board). The Commission on HIV's section of the Ordinance was last revised in 2013. The sunset date was deleted since the Commission is federally mandated, but the four-year review is helpful to better appreciate strengths, weaknesses, and areas for improvement.
- Ms. Barrit noted the last review was just finishing its roughly 18-month process when she joined the Commission in 2016. The Board hires an independent auditor that develops a report quite helpful for quality improvement.
- ➡ Suggested that the next Commission on HIV review process address how to better coordinate with other commissions.

B. Tentative 2020 Meeting Approach and Key Topics

- Ms. Barrit said staff are requesting flexibility from the Executive Committee as we learn more about upcoming federal requirements and resources. For example, the Commission might host Call to Action meetings like those it hosted throughout LAC to help launch the Los Angeles County HIV/AIDS Strategy (LACHAS).
- Meanwhile, she suggested the Executive Committee develop an EtHE-focused Work Plan. That would not negate regular Commission obligations, but work across Committees would align towards the EtHE. That might mean addressing work in a different way. For example, once it has completed its Legislative Docket, the Public Policy Committee has already discussed perhaps not meeting every month but doing policy work with the Board.
- She encouraged all to consider options in view of feedback from community members at the Annual Meeting.

6. CO-CHAIR REPORT

A. Meeting Management Updates and Reminders

- ➡ Co-Chairs should check for Committee meeting quorum since the schedule was adjusted for December.

B. Committee Co-Chair Nominations Reminders

- ➡ Nominations should open this month in order to seat all the Co-Chairs early in the year.

C. 10/31/2019 Special Executive Committee Meeting Follow-Up

- Ms. Granados asked for any additional feedback from this presentation by Barbara Ferrer, PhD, MPH, MEd, Director, Department of Public Health (DPH) on the Alliance for Health Integration (AHI), prior Health Integration Network (HIN).
- Mr. Stalter felt scheduling was unfortunate and contributed to less attendance than anticipated. Ms. Barrit agreed, but the regular date of 10/24/2019 was scheduled by the state for the statewide convening on EtHE.
- Ms. Granados appreciated the Just Culture approach to inefficiencies that focuses on systemic issues, not blame.
- ➡ Reminder of request to see updated draft of AHI plan to inform those who were unable to attend, assess requested inclusion of HIV, and consider additional inclusion of HIV in goals.
- ➡ Consider how to incorporate Just Culture into Commission work, e.g., Standards of Care (SOC).

D. 11/14/2019 Annual Meeting Evaluation and Follow-Up

- Ms. Granados noted the evaluation, facilitator observations, idea matrix, and summary notes in the packet for review.
- Mr. Martinez was frustrated by some people, especially agency people, who left before engaging in the work. Some people said they had heard material before, but he felt most material should be new to most people. Ms. Gordon suggested preparing people to stay the entire day by providing an overview to potential attendees in advance of the meeting and then again to attendees at its start. The overview should show how material will come together at the end so attendees will have deliverables to bring back to impact how their organizations address HIV prevention and care.
- She remained disappointed at the lack of diversity of color and background at the head tables. People may be expert in studies they have been doing for decades, but are surprised when they get to the ground and are walking the path. For example, she felt people at the top turned off or could not make the connection when a consumer stood up and identified as a Registered Nurse who has been in and out of prison. We need to make these connections.
- Ms. Granados heard feedback that a cross-walk of federal, state, and local issues would have benefitted the first panel.
- Ms. Barrit reported key concepts raised included increased community engagement, consumer voices, partnerships, active participation, and tracking of progress on goals. Miguel Alvarez asked about other key LAC players at Operations. She noted leadership was invited from Los Angeles Homeless Services Authority (LAHSA), Housing For Health (HFH), Department of Mental Health (DMH), Substance Abuse Prevention and Control (SAPC), and more. They were not empanelled due to time. They were asked to listen and engage now, and anticipate further dialogue later.
- She elevated some themes noted by facilitator Emily Gantz McKay, including: page 3, Role of Commission, which pertains to possible structural changes which relates to the earlier power-sharing conversation; and, page 4, community engagement planning, possibly via a potential new EtHE body.
- The matrix in the packet reflects what presenters said they needed from the community and opportunities they saw to work with the Commission. Overall, they sought more participation in community events and feedback on their efforts.
- The last page has 12/12/2019, 1/9/2020, and 2/13/2020 Commission meeting proposals to continue EtHE community engagement. The 12/12/2019 meeting can begin with a community discussion on clarifying Commission and DHSP roles for the draft local EtHE plan due to the Centers for Disease Control and Prevention (CDC) by 12/30/2019. The plan has four components: Part 1, Community Engagement and process of accelerated planning (drafted by Ms. Barrit); Part 2, Epidemiological Profile; Part 3, Situational Analysis, like strategic planning exercise defining strengths, weaknesses, opportunities, and threats; Part 4, Organizing EtHE Strategies by the Four Pillars, Diagnose, Treat, Protect, Respond.
- The proposal for the 1/9/2020 meeting is to hear DHSP report back on the CDC submission; and, for the 2/13/2020 meeting, to focus on an EtHE conversation especially geared to consumers. February meeting arrangements might be adjusted to encourage consumer participation, e.g., holding it in the evening.
- The CDC is clear that the 12/30/2019 submission is a draft while commitment and the requirement to have an ongoing dialogue is continuous. Program guidance calls for a final plan due at the end of September 2020. The Commission will need to provide documentation of concurrence in 2020.

7. STANDING COMMITTEE REPORTS

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

- Committee Members stated their Conflicts of Interest.
- ➡ PP&A will begin Directives development at its next meeting.

(1) Ryan White Program Year 31 Service Priority Rankings

- Mr. Brown reviewed the table in the packet which shows changes from approved Program Year (PY) 30 priority rankings to the PY 31 priority rankings recommended by PP&A.

- He highlighted the move of Housing from 2 to 1. The initial vote for Priority Ranking 1 was a tie between Housing and the PY 30 1, Ambulatory Outpatient Medical (AOM). The tie was broken by a consumer vote.
- Non-Medical Case Management was also moved up from 10 to 3 largely based on a consumer call for services.
- SOC are being developed for Emergency Financial Assistance (EFA), which has moved up from 8 to 3. "Direct" was dropped from the service title because Health Resources and Services Administration (HRSA) guidance prohibits direct distribution of funds to clients. Assistance will need to be provided and tracked through an agency.
- Other key shifts up were Psychosocial Support from 12 to 5; and Other Professional, mainly Legal, from 21 to 14.
- Overall, revisions reflect supporting the lived experience of people to engage in medical care as well as data.

MOTION #3: Approve Ryan White Program Year 31 Service Priority Rankings, as presented (*Passed by Consensus*).

(2) Ryan White Program Year 31 Service Category Allocations

- Mr. Martinez noted Service Category Allocations are by percentages to more readily adjust to the award. Ryan White funds are funding of last resort. As other sources may fund a service, allocations may not mirror priorities.
- The main decrease is to Oral Health from 19.05% to 12.00% mainly to reflect changes to Denti-Cal.
- Increases reflect supportive services: Non-Medical Case Management, 5.77% to 8.60%, new SOC being developed; Child Care Services, 0.0% to 1.00%, new estimated allocation; EFA, 0.0% to 2.50%, new SOC being developed; Legal Services, 0.69% to 1.00%; Psychosocial Support Services, 0.0% to 2.00%, new SOC being developed.
- PP&A is currently authorizing DHSP to allocate funds between the Part A and Minority AIDS Initiative (MAI) expenditures. PP&A may choose to make allocations later once the full grant and roll-over amount are known.

MOTION #4: Approve Ryan White Program Year 31 Service Category Allocations, as presented, and provide DHSP the authority to make adjustments of 10% greater or lesser than the approved allocations amount, as expenditure categories dictate, without returning to this body (*Passed by Consensus*).

(3) Ryan White Program Year 32 Service Priority Rankings

- Mr. Martinez noted PP&A is initiating a three-year planning process so that DHSP has a road map to plan for implementation. At this time, PY 32 Priority Rankings are the same as those for PY 31.

MOTION #5: Approve the Ryan White Program Year 32 Service Priority Rankings, as presented (*Passed by Consensus*).

(4) Ryan White Program Year 32 Service Category Allocations

- As with Priority Rankings, PY 32 Service Category Allocations are the same as those for PY 31.

MOTION #6: Approve Ryan White Program Year 32 Service Category Allocations, as presented, and provide DHSP the authority to make adjustments of 10% greater or lesser than the approved allocations amount, as expenditure categories dictate, without returning to this body, as presented (*Passed by Consensus*).

B. Standards and Best Practices (SBP) Committee: SBP was working on Psychosocial Support Services and EFA SOCs. The goal was to open them for public comment at the February or March Commission meeting.

(1) Non-Medical Case Management Standards of Care (SOC)

- Ms. Davies said Public Comment on this SOC closed in mid-November. SBP reviewed comments at its last meeting.
- Some comments pertained to cultural competency and sensitivity training, specifically regarding LGBTQ and, in particular, the transgender community. That suggestion was lifted from this SOC and will be addressed as part of annual review of the Universal SOC. Individual SOCs will be supplemental to the core Universal SOC.
- Revisions based on comments included: page 3, "harm reduction" added to substance use and treatment; and, page 4, "and/or experienced consumer preferred" added under Staff Requirements and Qualifications.

MOTION #7: Approve Non-Medical Case Management Standards of Care (SOC), as presented (*Passed by Consensus*).

C. Operations Committee

(1) Policies and Procedures

- ➡ The Committee approved revisions to Policy/Procedure # 08.3302: Intra-Commission Grievance and Sanctions Procedures. It will come forward to the Executive Committee in January 2020.

(2) Membership Management

- Ms. Bivens-Davis reported Operations interviewed two candidates earlier in the day. One is a new HIV clinician from JWCH. The other is a consumer, Mr. Spears, who also attended the first part of this meeting.
- Operations addressed some seating changes including a resignation from the body and one from an At-Large seat.
- ➡ Mr. Stalter will follow-up with his physician on a possible candidacy.

(3) Training/Orientation: The 2020 training calendar has not yet been developed.

D. Public Policy Committee

(1) County Policy and Budget

- Ms. Nelson reported the LAC Measure H Policy Summits have been completed. The Commission and various community members submitted comments on prioritizing PLWH.
- Ms. Barrit noted Peter Lynn has resigned from the LAHSA Executive Director position. LAHSA is a City-County agency so the Board may choose to reconsider the best structure for the agency.

(2) State Policy, Legislation, and Budget

- The Governor's initial budget is anticipated in January. There has been no information as yet on allocation of the End The Epidemics (ETE) \$5 million each for HIV, STDs, and Hepatitis C.
- The ETE Coalition was developing budget priorities for a year two ask and scheduling a legislative briefing.
- The Committee will return to review of policies, priorities, and the Legislative Docket in January.

(3) Federal Policy, Legislation, and Budget:

The current Continuing Resolution expired 11/21/2019. President Trump signed a replacement through 12/20/2019 which basically reflects flat funding. A further CR is expected at that point. The Senate proposal would fund Housing Opportunities for Persons With AIDS (HOPWA) at a level some \$70-90 million lower than the House proposal so there was advocacy in favor of the House level.

8. CAUCUS, TASK FORCE, AND WORK GROUP REPORTS

A. Aging Task Force:

- There was no report.
- ➡ Agendize update with timeline.

B. Black/African American Community (BAAC) Task Force: Recommendations were complete and implementation ongoing.

C. Consumer Caucus

- Mr. Gonzalez introduced a letter in the packet from the Consumer Caucus to the Executive Committee with five recommendations on elevating the Unaffiliated Consumer (UC) People Living With HIV (PLWH) voice both in the community at large and within the Commission including requiring one of each set of Co-Chairs be a UC PLWH. Empowerment of UC PLWH leadership is critical in applying new tools to end the epidemic.
- The Consumer Caucus welcomes Executive Committee suggestions, but requests the Commission begin to implement the spirit of recommendations before formal adoption and, regarding Co-Chair elections, Bylaw revision.
- Mr. Green said recommendations embody the original spirit of the Ryan White Act led by community participation by PLWH. He felt structural changes and a cultural shift are needed to forge a clear path to UC PLWH leadership.
- Mr. Donnelly found these recommendations consistent with the federal EtHE initiative which acknowledges the response will differ in each community. These recommendations help empower the community.
- Mr. Martinez noted UC PLWH already often step up to run for Co-Chair. He supports centering leadership on PLWH, particularly UCs, and felt that has been the spirit of the Commission. He was, however, concerned that gaps may occur if one of each set of Co-Chairs is required to be a UC PLWH.
- On another matter, he expressed concern about the nature of the emphasis on UC PLWH which seems to devalue PLWH who may work in the field. That could discourage Commissioners who work in the field from bringing co-workers who are PLWH to participate. Mr. Gonzalez said he had also raised those concerns because, though it is important to bring in more UC PLWH, the current language would seem to exclude them should they be hired in the field later.
- Ms. Davies suggested developing training to support UC PLWH who may not have had prior leadership experience.
- Ms. Daniels has had experience as a treatment advocate. The training from pharmaceutical companies was helpful.
- Mr. Stalter recalled former Commissioner Bradley Land saying Commissioners used to more actively put their arms around new members to mentor them> He felt the spirit Commissioners bring to the table is key.
- He supports increasing consumer leadership, but was concerned about adding more Co-Chair requirements. Since Executive steers the Commission, he suggested requiring two of three At-Large members be consumers instead.
- Mr. Martinez suggested revising language to first ensure PLWH leadership and then state the intent to increase UCs.
- Ms. Gordon had a training a few months ago with two senior leaders who broke down how the Commission operates from treatment and prevention perspectives. Few understand how complicated it is, e.g., pushing one lever impacts Ryan White while pushing another impacts the state. It is important for all Commissioners to understand those basics.
- She felt UC PLWH bring a unique set of knowledge and skills to the table that can help break down silos. She did suggest a third, vice-chair or training position, Co-Chair to compensate for the instability related to being a UC PLWH.

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- Refer to Operations for development with attention to training, including incorporation into the Mentorship Program.

D. Women's Caucus: The next meeting will be in January 2020.

E. Transgender Caucus: Joel Wertheim, PhD, Project Director, presented via conference call on a PowerPoint, "Responding to HIV molecular transmission clusters comprising transgender women in Los Angeles County." The Caucus provided him with additional feedback on how best to work with the community on the study.

V. NEXT STEPS

9. TASK/ASSIGNMENTS RECAP

- PP&A and SBP motions approved today will move to the 12/12/2019 Commission Meeting for its approval.

10. AGENDA DEVELOPMENT FOR NEXT MEETING

- Agendize discussion of stipends: 1. review raising Commission \$100 stipend to acknowledge inflation; 2. consider stipends for potential EtHE-related bodies.

VI. ANNOUNCEMENTS

11. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS: There were no announcements.

VII. ADJOURNMENT

12. ADJOURNMENT: The meeting adjourned at 2:44 pm.