LOS ANGELES COUNTY
COMMISSION ON HIV

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SPECIAL EXECUTIVE COMMITTEE MEETING MINUTES

Approved 12/5/2019

Los Angeles County Department of Public Health Vaccine Preventable Disease Control Program 3530 Wilshire Boulevard, 7th Floor, Suite 700 Los Angeles, CA 90010

October 31, 2019

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Al Ballesteros, MBA, *Co-Chair*	Traci Bivens-Davis	Geneviéve Clavreul, RN, PhD	Cheryl Barrit, MPIA
Grissel Granados, MSW, *Co-Chair*	Michele Daniels	Joseph Green	Carolyn Echols-Watson, MPA
Jason Brown	Erika Davies	Nestor Rogel	Dina Jauregui
Bridget Gordon	Aaron Fox, MPM		Dawn McClendon
Miguel Martinez, MPH, MSW	Juan Preciado (*LoA*)	**DPH/DHSP STAFF**	Jane Nachazel
Katja Nelson, MPP	Kevin Stalter	Barbara Ferrer, PhD, MPH, MEd	James Stewart
Mario Pérez, MPH			Julie Tolentino, MPH

CONTENTS OF COMMITTEE PACKET

1) **Agenda**: Special Executive Committee Meeting Agenda, *10/31/2019*
2) **Vision/Mission**: Vision and Mission statements, *ongoing*
3) **Minutes**: Executive Committee Meeting Minutes, *9/26/2019*
4) **PowerPoint**: Los Angeles County Alliance for Health Integration (AHI), *October 2019*
5) **Flyer**: Renewed Opportunities & Collaborations in Times of Urgency to End the HIV Epidemic/Oportunidades Renovadas y Coloboración en Tiempos de Urgencia para Poner Fin a la Epidemia del VIH, *October 2019*
6) **Summary**: Presentation Summary and Recommendations for Community Practice and Action - DRAFT - Panel Discussion on the Impact of HIV/AIDS in the Latinx Community, *10/10/2019*
7) **Table**: Los Angeles County Commission on HIV, Commissioner Member New Business Tracker, ongoing
8) **Table**: Los Angeles County Commission on HIV, Public Comment Tracker, ongoing

CALL TO ORDER-INTRODUCTIONS-CONFLICTS OF INTEREST: Ms. Granados called the meeting to order at 3:43 pm.

I. ADMINISTRATIVE MATTERS

1. **APPROVAL OF AGENDA**
   MOTION #1: Approve the Agenda Order, as presented ***(Passed by Consensus)***.

2. **APPROVAL OF MEETING MINUTES**

MOTION #2: Approve the 9/26/2019 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. Rogel, Commission Alternate and HIV Prevention Specialist, AltaMed Health Services, expressed concern regarding recent discussions on Mobile Testing Unit (MTU) funding. While Linkage to Care data may not reflect their importance, MTUs provide critical support services for the underserved by going out to the homeless, substance users, and events. This allows MTUs to meet people where they are and work with them until they are ready to link to care.
   - He urged valuing input from the community on these critical services, not data alone, in determining allocations.

III. COMMITTEE NEW BUSINESS ITEMS

4. **OPPORTUNITY FOR COMMISSIONERS TO RECOMMEND ITEMS FOR FUTTURE 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. **Health Integration Agency Update - Dr. Barbara Ferrer, Director, Los Angeles County Department of Public Health (DPH)**
      - Ms. Barrit thanked Dr. Ferrer for the update on this topic. The Commission has actively participated in this effort with Ms. Gordon, and Messrs. Ballesteros and Fox serving as Co-Chairs, and Mr. Brown and Ms. Bivens-Davis as members.
      - Dr. Ferrer, Director, DPH, noted the Board of Supervisors (Board) passed a motion about a month prior asking directors of the Department of Health Services (DHS), Department of Mental Health (DMH), and DPH to consider whether or not a different structure could advance integration efforts across the departments, especially a structure not requiring a Health Agency Director. The motion is clear that the actual work of integration is to continue.
      - The motion also asks the directors to discuss crafting a proposal with others so they have been meeting with stakeholder groups and commissions. She thanked the Commission for facilitating this meeting as part of that effort.
      - Dr. Ferrer presented on a PowerPoint in the packet which reflects changes incorporated due to discussion to date.
      - The name was changed from the Health Integration Network to the Alliance for Health Integration (AHI) based on feedback that "network" sounded as though the effort was oriented towards Information Technology (IT).
      - Key concepts of the AHI Purpose from the DPH perspective are partnerships, prevention, and health equity.
      - Some expressed concern about the Purpose's final clause: "...respects each department's unique charge and scope." It does not reflect a return to silos but, rather, acknowledges legitimate differences among the departments. DHS, e.g., is a big medical provider network for Los Angeles County (LAC) residents. DMH is both a provider of services and acts as a health plan to contract out services. DPH is a provider, and health plan (Drug Medi-Cal) as well, but also has regulatory and legal authorities assigned to a public health department that involve very different sets of responsibilities.
      - There has never been a goal over the past two years to merge the departments. Instead, the intent has been to have a set of integrated initiatives and be able to work across departments on a defined set of actions.
      - As over the past two years, the departments share governance with consensus decision-making among the directors. They agree on what's possible and fund it from their own budgets with engagement from the Board, labor partners, and community stakeholders consistent with the original structure. The directors' personalities and leadership styles differ. Consensus decision-making works because they were all hired by the Board to have shared, lived values.
      - The proposed operating structure includes rotating annual facilitator terms by the three directors as the primary AHI point of contact, and hiring a Chief Operations Officer (COO) and small administrative staff to facilitate implementation. The COO and most other staff will likely be housed at 313 North Figueroa Street where Christina Ghaly, MD, Director, DHS, and Dr. Ferrer have their offices and Jonathan Sherin, MD, PhD, Director, DMH has space. Project managers may be sited based on projects. DPH alone has 55 buildings and 14 clinics so a variety of spaces are available based on need.
      - Funding continues from the three departments' resources or funds they can raise, whatever is most cost effective. Costs may be split by three or one department may have funds applicable for a specific activity while others do not.
      - On scalability, it is key to prioritize systems for full integration and approval, e.g., work done on "care first, jail last." Since February, the three directors have focused on what that looks like and implications for building out care from their various perspectives. For example, Dr. Ghaly was concerned about moving people out of Emergency Rooms (ERs)

or who are in acute beds unnecessarily which is not reimbursable. Dr. Ferrer was concerned about those with Substance Use Disorders (SUDs), but no co-occurring mental illness, who are left out of the diversion conversation.

- All are concerned about where to divert people. Where will funds come from to build up the system of care and how quickly can we stand that up? Where are initial investments needed? What are opportunities on hospital campuses where there are no issues with sites? What are opportunities within the network of SUD providers to quickly expand?
- Dr. Ferrer reviewed the three proposed priority areas and associated objectives. Report back on the Board motion will include a set of action items and metrics for each objective, but those will not be developed until objectives are final.
- She noted "Priority 1. Integration and development of prevention, treatment, and healing services," based on recent feedback, was being reviewed for how to incorporate revisions to lift up policies and systems change work.
- Overall, this focus is in areas where the Board has been deliberate about insisting the three departments do a better job at integration, paying particular attention to populations that have often been marginalized or are faring poorly.
- "Priority 2. Reduction of Health Inequities" lifts up work being done as part of the agreed upon action plan out of the Center for Health Equity, an effort of the three departments. Addition of violence and trauma are the key additions.
- "Priority 3. Improvement of Organizational Effectiveness" is an area of importance to the labor partners, especially regarding Just Culture which seeks to rethink management of adverse events in the work place by acknowledging that people's behavior is a reflection of the systems in which they work. If work is structured well, people can do their best work. If not, people may be unable to do their best work. For example, a sole receptionist serving a long line of tired and frustrated clients may become rude by the end of the day. Rather than automatically disciplining the employee, counseling and improving the system may be a better approach to being just, fair, kind, and democratic at work.
- Nearly all 35,000 employees across the three departments have been trained. Most managers have also attended a work shop. Coaching is being introduced along with an algorithm to help everyone identify system problems. A team is also being trained to introduce continuous improvement projects to help fix system issues.
- Other objectives would improve employee engagement and well-being; establish shared communication platforms to facilitate feedback; and redesign and/or streamline contracting, contract monitoring, billing, IT, and Human Resources (HR) processes to enhance cross-departmental integration and reduce agency burdens.
- Regarding a timeline, the proposal due to the Board in November 2019 will include examples of metrics, but will not be final pending more collaboration and development. Most initial AHI activities will be those that the Board assigned. The annual action item list has to be reasonable. It is important to keep in mind that standard departmental work will continue, e.g., Dr. Ferrer's Management Appraisal and Performance Plan (MAPP) is already 19 pages.
- Dr. Ferrer supported attention to specific words as each point is broad so one word can stand for whole bodies of work.

➲ GENERAL RECOMMENDATIONS
- Ensure clear communication to dispel confusion around the fact that the Director of the Health Agency was never intended to be the boss of the three departments but, rather, consensus has been the modus operandi.
- Read and use the Integration Advisory Board (IAB) reports. They reflect significant work.

➲ 1. INTEGRATION/DEVELOPMENT OF PREVENTION, TREATMENT, & HEALING SERVICES
- 1.1 Over three years of !AB input from patients, some 70% of complaints pertained to redoing all intake information when referred from one service site to another. There were multiple conversations about reducing access barriers, e.g., shared intake packets and effectiveness of internal linked referrals. (Dr. Ferrer said she would ensure this activity is addressed, most likely under 1.1 and possibly also under 3.3 pertaining to electronic medical records. Include patient education on release of information - both reasons for requests and privacy rights.)
- 1.3 Add "adolescents."

➲ 2. REDUCTION OF HEALTH INEQUITIES
- 2.2 Add "HIV."
- 2.2 Address social isolation, depression, trauma, and mental health issues around STIs/HIV.
- 2.2 Add language "in partnership with Community-Based Organizations (CBOs) and residents."

➲ 3. IMPROVEMENT OF ORGANIZATIONAL EFFECTIVENESS
- Provide more information on data integration - what can and cannot be done.

➲ Dr. Ferrer remains open to additional feedback and will be returning after input from the Board on the proposal.

B. 2019 Annual Meeting Preparation: There was no additional discussion.

6. **CO-CHAIR REPORT**
   A. **Meeting Management Updates and Reminders**
      (1) **Welcome New Commission Co-Chair Elect, Bridget Gordon**: There was no additional discussion.
      (2) **Committees Holiday Meeting Schedule**
      - The regularly scheduled November meeting falls on Thanksgiving and the December meeting falls the day after Christmas. Options are to cancel the two meetings, reschedule, or combine them.
      - ➲ Ms. McClendon will follow-up by email on the schedule. Meetings will likely be canceled barring urgent matters.

   B. **10/10/2019 Commission Meeting Review and Follow-Up**: This item was postponed.
      (1) **National Latinx HIV/AIDS Awareness Day Panel Discussion Follow-Up**
      (2) **Public Comment**
      (3) **Commission Member New Business Items**

7. **DIVISION OF HIV AND STD PROGRAMS (DHSP) REPORT**
   - Mr. Pérez, Director, reported a guidance was released by the Centers for Disease Control and Prevention (CDC) on behalf of the CDC and the Health Resources and Services Administration (HRSA) tied to Ending the HIV Epidemic (EtHE). There was also a webinar on 10/30/2019. There was little new but, in the build-up to the Annual Meeting, it is apparent our federal partners expect us to submit our strategy, describe our community engagement process, and how we will align our Los Angeles County HIV/AIDS Strategy (LACHAS) with state and federal goals. This information is expected by 12/31/2019.
   - DHSP has advised our federal partners both through its HRSA Project Officer and other channels that it is inconsistent to call for a robust community engagement process around EtHE, but respond by 12/31/2019. They replied they understand, but they need to hear something. Consequently, he recommended some framework to which the body can respond at the Annual Meeting which can inform the report due to our federal partners in December 2019.
   - There was a recent state meeting for the official launch of the EtHE initiative in California. He felt people were still in a learning mode, e.g., people were just now learning what the academic partners would be doing and he felt the California HIV/AIDS Research Program (CHRP) was not fully engaged in the state meeting in the manner that would be expected.
   - All eight Local Health Jurisdictions (LHJs) funded directly or indirectly attended, but were in information gathering mode.
   - The Commission has been very clear on the need for DHSP to expand Oral Health (OH) capacity. Earlier that day, DHSP met with the successful bidders for the OH Request For Proposals (RFP). This reflects an expansion of providers, in particular a doubling of specialty OH providers from two to four. The menu of services for each of that four will vary. DHSP will be sharing what the services look like and provide the information for HIV Connect.
   - While we normatively do not respond to public comment, Mr. Pérez shared that it remains incumbent on the Commission as planners to recognize that the resources DHSP invests per Commission priorities needs to be viewed through the lens of what has the greatest impact, e.g., tied to data, scale, and comprehensiveness. Difficult decisions will continue to need to be made over the coming years so, in planning, it is critical to address how we expect the much larger health and social services resources, e.g., Federally Qualified Health Centers (FQHCs), to be leveraged and marshaled to meet our goals.

8. **STANDING COMMITTEE REPORTS**: These items were postponed.
   A. **Planning, Priorities, and Allocations (PP&A) Committee**
      (1) **Ryan White Program Years (PYs) 31-32 Priority and Allocations Update**
      (2) **Directives Update**

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

   C. **Operations Committee**
      (1) **Membership Management Updates**
      (2) **Assessment of the Administrative Mechanism (AAM) Update**
      (3) **Training and Leadership Development**

   D. **Public Policy Committee**

9. **CAUCUS, TASK FORCE, AND WORK GROUP REPORTS**
   A. **Aging Task Force**: This item was postponed.

   B. **Consumer Caucus**: This item was postponed.

C. **Women's Caucus - 11/20/2019, 10:00 am to 12:00 noon**: There was no additional discussion.

D. **Transgender Caucus - 11/18/2019, 10:00 am to 12:00 noon**: There was no additional discussion.

V. NEXT STEPS

10. **TASK/ASSIGNMENTS RECAP** : There was no additional discussion.

11. **AGENDA DEVELOPMENT FOR NEXT MEETING**: There was no additional discussion.

VI. ANNOUNCEMENTS

12. **OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS**
    - Mr. Brown noted earlier that day he attended the Service Planning Area (SPA) 4 meeting on STIs. They reported 40 high schools will have wellness centers including co-located DMH substance use counselors and sexual health clinics, but none will offer PEP/PrEP. Mr. Pérez replied there will be 50 school-based wellness centers with 45 sponsored by DPH and 5 by Planned Parenthood. PrEP has been discussed as part of the menu.
    - The Board was very deliberate in their motion a few years ago about expectations to advance PrEP. That expectation spurred creation of the PrEP Centers of Excellence. DHSP continues to fund them year-to-year, but has no stable funding. Consequently, DHSP could not fund a PrEP element. If it happens, then other assets need to be leveraged for a more comprehensive service. It should also be noted that 38% of people diagnosed with HIV are under 30, but most are 18-29.

VII. ADJOURNMENT

13. **ADJOURNMENT**: The meeting adjourned at 5:00 pm.