LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

COMMISSION ON HIV
MEETING MINUTES
April 12, 2007

Approved 5/10/07

MEMBERS PRESENT	MEMBERS PRESENT (*cont.*)	PUBLIC (*cont.*)	OAPP/HIV EPI STAFF
Anthony Braswell, *Co-Chair*	Peg Taylor	Laura Boudreau	Chi-Wai Au
Al Ballesteros	Kathy Watt	Donna Brown	Kyle Baker
Diana Baumbauer	Fariba Younai	Sharon Chamberlain	Angela Boger
Carrie Broadus		Camila Crespa	Michael Green
Mario Chavez		Phil Curtis	Terina Keresoma
Nettie DeAugustine	**MEMBERS ABSENT**	Lisa Fisher	True Pawluck
Whitney Engeran		Christen Gibson	Jacqueline Rurangirwa
Douglas Frye	Carla Bailey, *Co-Chair*	S. Joanne Granai	William Strain
David Giugni	Ruben Acosta/Chris Villa	Shawn Griffin	Juhua Wu
Terry Goddard	Daisy Aguirre	Jessie Gruttadauria	Dave Young
Jeffrey Goodman	Alicia Crews-Rhoden/Precious Jackson	Karly Katona	
Richard Hamilton	William Fuentes	Carol Kim	
Precious Jackson	Everardo Orozco/Ron Snyder	Gabriela Leon	**COMMISSION STAFF/CONSULTANTS**
Michael Johnson/Elizabeth Mendia	James Skinner	Luis Lopez	
Jan King	Gilbert Varela	Richard Mathias	Virginia Bonila
Lee Kochems	Jocelyn Woodard	Victor McKamie	Miguel Fernandez
Brad Land/Dean Page		Manual Negrete	Jane Nachazel
Anna Long		Jane Price	Glenda Pinney
Davyd McCoy		Jennifer Ramirez	Doris Reed
Ruel Nolledo	**PUBLIC**	Jill Rotenberg	James Stewart
Quentin O'Brien		Carlos Ruiz	Craig Vincent-Jones
Angélica Palmeros	Marcos Aviles	Natalie Sanchez	Nicole Werner
Mario Pérez	Cinderella Barrios-Cernik	Herbie Taylor	
Wendy Schwartz	Alonso Bautista	Tania Trillo	
James Smith	Anthony Bongiorno	Patricia Woody	

1. **CALL TO ORDER**: Mr. Braswell called the meeting to order at 9:10 a.m. Quorum present.
   A. **Roll Call** (**Present**): Ballesteros, Baumbauer, Braswell, Broadus, Chavez, DeAugustine, Engeran, Frye, Giugni, Goddard, Johnson, King, Land, Long, Nolledo, O'Brien, Palmeros, Page, Mario Pérez, Schwartz, Taylor, Watt, Younai

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

3. **APPROVAL OF MEETING MINUTES**:
   MOTION #2: Approve the minutes from the March 8, 2007 Commission meeting as amended to add members' affiliations for the Year 17 allocation-setting vote ***(Passed by Consensus)***.

4. **PARLIAMENTARY TRAINING**: Mr. Stewart noted that, excepting corrections to minutes, changes require motions.

5. **PUBLIC COMMENT, NON-AGENDIZED**:
   - Mr. Braswell introduced Karly Katona, Health Deputy, 2nd District, and Carol Kim, Health Deputy, 3rd District.
   - Mr. Taylor, Life Group LA, announced an HIV- men's support group on Thursdays, their annual fundraiser Saddle Up LA on June 2nd, and their second meeting on April 26th for older PWHIV.
   - Mr. Lopez, Latino Coalition Against AIDS [under OAPP contract as the Latino Community Development Initiative (CDI)], called attention to a three-year report on activities of the Initiative. It has engaged key stakeholders, created outreach to media, established public-private partnerships, shared information in public affairs colloquia, conducted policy analyses, and led outreach and advocacy to protect and improve HIV prevention and care services. The Latino CDI also works collaboratively with the African-American CDI. Mr. Lopez added that the Coalition is supporting a $10 million budget item to develop a culturally and linguistically appropriate HIV-testing promotion. He invited all to support that effort.
   - Mr. Curtis, Director, Government Affairs, APLA, recommended revision to Year 17 allocations adopted at the prior meeting. He referred to a letter sent to the BOS and signed by eleven service providers requesting revision of the allocations. He indicated that the New York and San Francisco EMAs had defined psychosocial case management as a core medical service. He asserted that the Commission had ceded authority to HRSA that may not be required under the legislation.
   - Mr. Engeran asked how many providers contract with LA County altogether. Mr. Pérez said there were over 130. Mr. Engeran asked that a roster of the contracted providers, and of psychosocial case management providers, be provided for the next Commission meeting.
   - ➲ It was agreed to send a copy of the provider letter requesting a revision to the allocation strategy to the Commission, including a roster of providers by service category.

6. **COMMISSION COMMENT, NON-AGENDIZED**:
   - Mr. Nolledo introduced Richard Mathias, the new policy analyst for APLA.

7. **PUBLIC/COMMISSION COMMENT FOLLOW-UP**: There were no comments.

8. **CO-CHAIRS' REPORT**:
   A. **Commission Year 17 Implementation Plan**:
      - Mr. Vincent-Jones noted that the Commission had created a plan three years ago, but it had not been updated since then. It had, though, proved extremely beneficial for the Commission's development, as almost all of the tasks that had been outlined had been completed. Like the previous iteration, the proposed plan is meant to be a living document that will be modified as needed and appropriate.
      - The breadth of the plan will be expanded over the next few months to include outcomes, costs and client impacts.
      - The plan starts with the Commission By-Laws since they govern activities. Work plans follow for the Executive Committee, the four working committees and the office. A functional calendar will be added in the following months.
      - Mr. Braswell reviewed the Executive Committee charges: coordination of the Consolidated Commission plan; coordination of the Annual Meeting; Executive Director performance evaluation in coordination with the Executive Office; assistance in development, analysis, and implementation of the Ryan White Part A grant submission; coordination of MOU development; and strategic planning.
      - He also reviewed the Operations Committee charges in the absence of Committee co-chairs: comprehensive training; leadership development; membership materials, demographic analysis, evaluation, and recruitment; policies and procedures; community relations; Assessment of the Administrative Mechanism; operational resource budgeting and development; and unmet need.
      - Mr. Goodman reviewed P&P charges: priority- and allocation-setting, slightly behind in the usual timeframe this year due to changes in the legislation; needs assessment, now being combined into LACHNA; systems analysis; population analysis; the comprehensive care plan; program support; and unmet need.
      - Dr. Younai reviewed SOC charges: development and revision of standards of care; dissemination; incorporation into contracts for service procurement; processes following-up the development of standards of care, such as grievance procedures and redefinition of the continuum of care; special population guidelines; service effectiveness evaluation; service utilization data; rate studies; best practices; and unmet need.
      - Mr. Engeran reviewed Public Policy charges: policy regarding budgets, benefits, and regulations; Ryan White Sunset Strategy; name-based HIV reporting; local, official communications; community collaboration, and unmet need.
      - Mr. Braswell suggested that parties interested in participating in plan development attend pertinent committee meetings.
      - Due to the elaborate nature of the implementation plan, the Commission agreed to submit the implementation plan for a 30-day public review. Suggestions may be sent to Mr. Vincent-Jones.

MOTION #3 ***(Broadus/Land)***: Open the Commission's Year 17 Implementation Plan for 30-day public comment ***(Passed by Consensus)***.

B. Executive Committee At-Large Seats: Nominations were opened for thirty days. One seat is currently open.

C. Member Departures: Hugo Farias was acknowledged for his work by the BOS and has now moved to Chili.

9. EXECUTIVE DIRECTOR'S REPORT: Mr. Vincent-Jones noted that the Commission's Mission and Vision Statements will now be routinely included in the packet

10. STATE OFFICE OF AIDS REPORT: Ms. Taylor announced that Dr. Mark Horton, previously Health Officer of Orange County, will assume the position of Director, Public Health, on July 1st.

A. Ryan White Title II/Part B Award:

- Ms. Taylor explained that the Part B grant includes both base funds, which increased about $1.5 million, and separate funds for the ADAP earmark, which declined by $612,000. Overall, there was only a net $345,000 increase for the approximately $122 million grant. The award was lower than anticipated, particularly as MAI funds no longer go directly to the State, and $585,000 will be needed to backfilled the Bridge Program.
- It appears that HRSA used "estimated AIDS cases" rather than "living AIDS cases" for Part A that then impacted Part B. She noted that, while they had thought reauthorization language was clear, HRSA interpreted it differently.
- Work is continuing to adjust program funding to the grant. Ms. Taylor said she anticipated that LA County would receive a slight increase in HIV consortium funds. Providers would receive final figures within a few days.
- Support for syringe exchange programs, but not syringes, has also been funded with $2.5 million.
- Ms. Broadus asked if any RFPs would be opened for women of color. Ms. Taylor said that the care side would not inaugurate new programs because it would necessitate cutting existing programs. Prevention services, however, can sometimes access other sources for specific issues. She was not aware if any now address women of color.
- Ms. DeAugustine said Long Beach has been asked to address women of color for two or three years in its application.
- Mr. Braswell asked if the State planned to help Transitional Grant Areas (TGAs, former EMAs) since they have lost their hold harmless status. These include large areas like Orange County and Riverside/San Bernardino Counties. Ms. Taylor said they had hoped to do so originally, but the size of the grant leaves little room for adjustments. The issue will no doubt be raised in the State budget process.
- Mr. Land asked if any EMAs or TGAs are addressing migration of clients. He said some people from Riverside/San Bernardino are seeking services in SPA #3. Mr. Pérez replied that OAPP has advocated for federal investments in the region. He felt Orange and Riverside/San Bernardino did better than they had anticipated, helped by inclusion of code-based data. Meanwhile, the State OA has agreed with OAPP to facilitate a regional planning meeting to include LA, Orange, and Riverside/Sam Bernardino Counties. While there is no data on increased demand, it is being studied. Ms. DeAugustine requested that Long Beach be included in the regional meeting.
- Ms. Watt asked if the State would do a FOIA request. Ms. Taylor replied that might occur after information was received on the supplemental funds.
- In response to requests from Mr. Nolledo, Ms. Taylor said she would provide a copy of the language that prompted use of estimated, rather than living, AIDS cases and a summary of how Part B funds are disbursed. Disbursal varies with the specific program.

11. OFFICE OF AIDS PROGRAMS AND POLICY REPORT:

- Mr. Pérez reported OAPP has received a Ryan White formula award of $23.1 million and was waiting for the supplemental portion. MAI will be awarded separately, with a guidance expected in May, and the award August 1st. Meanwhile, a benchmark of $34.8 million, the Year 16 level, is being used until adjustments can be made as awards are received.
- Similarly, the Part B award to LA County is anticipated to stay about the same.
- OAPP will begin the process of determining how to shift resources to comply with the Commission's Year 17 priorities and allocations with minimum impact and maximum notice to providers.
- While the State allocation for the Therapeutic Monitoring Program (TMP) has been expended, the new allocation is due in July. Meanwhile, an additional $500,000 has been ordered. The situation emphasizes the need to increase TMP funding.
- OAPP will be reviewing service categories where Ryan White allocations have been modified or eliminated to determine if, and if so how, the services should be continued. In addition, Home- and Community-Based Case Management, a service not financed with Ryan White funding, will be reviewed. These services will be continued at the same level with NCC funds while their interaction with the continuum of care is explored.
- He announced a CDC consultation for health departments on African-American women and HIV. Dr. King will attend.
- The State and its California HIV Planning Group includes a Women's Task Force. He encouraged interested parties to participate.

- Mr. Pérez replied to Mr. Land that Commission MAI priorities were Medical Case Management, EIP and Oral Health. Once the HRSA MAI guidance is received it will be possible to determine how closely those align with HRSA mandates.
- Mr. Pérez further replied that OAPP is studying TMP allocation and utilization patterns. A report is expected by July 1st.
- Mr. Land's final question was on Case Management services. Mr. Pérez reported OAPP currently supports several Case Management modalities and is studying demand. They had planned to solicit Case Management after Medical Outpatient and Treatment Augmentation. The Medical Outpatient Rate Study delay has delayed other RFPs. More should be known in May. Current contracts run until February 2009.
- Mr. Engeran asked how the Commission's work interacts with OAPP's service category studies, especially in regards to systems thinking. Mr. Pérez replied OAPP is charged with maintaining a system of care. For example, while the Commission prioritized legal services as an important service, it has eliminated the Ryan White allocation. OAPP has various options if it finds the service still fills an important need. OAPP could invest NCC, identify alternative sources, or work with providers to generate resources. Indicators are used to determine, e.g., does delivery of legal services improve health outcomes or guarantee access to medical care. Other review questions address how service needs may have changed with maturation of the epidemic. Reports will come forward to the Commission as the reviews develop.
- Ms. Watt asked about Mr. Pérez' thoughts on interaction of Parts A and B. Theoretically, there is none, he said, but it is hard to say. legislative language is ambiguous since they are considered separately, yet integration of funding is emphasized.
- Mr. Vincent-Jones noted the Commission would work with OAPP on the MAI application as it did with the Part A application.
- Mr. O'Brien noted that medical case management is also embedded in Medical Outpatient provider contracts. He felt it was important to evaluate those types of submerged expenditures. For the same reason, he felt it was important to RFP them together. Mr. Vincent-Jones said there are discussions with OAPP on coordinating RFPs with ongoing standards work.
- Dr. Younai said SOC has developed health outcomes and process indicators for all categories. Mr. Pérez said the work will be utilized as part of the reviews and there will be open communication with the Commission. Dr. King pointed out that information from the SOC will be utilized in review of quality assurance and quality improvement, but there are other areas like utilization, appropriateness of care and the context of the need for care. The work will be collaborative.

12. HIV EPIDEMIOLOGY PROGRAM REPORT:

A. LA County Epidemiological Profile:

- Dr. Frye provided a PowerPoint presentation on the estimated 50,000 to 60,000 people living with HIV/AIDS in LA County. Of those, about 21,000 are living with AIDS, about 21,000 with HIV and the rest are undiagnosed.
- The number of AIDS cases reported annually peaked in 1992, with a slight upswing in 2002 when a new reporting system began. 2004-2005 figures trend down though data are preliminary with the reporting system in flux.
- Mortality peaked in 1994, plummeting with the advent of antiretroviral treatment, while those living with AIDS increased.
- While over 40% of AIDS cases are diagnosed when people are in their 30s, the average client age is in the 40s and aging as care improves. This has consequences for care as more age-related chronic conditions like heart disease manifest.
- All race/ethnicity AIDS diagnoses trend downward, but the percentage of Latinos diagnosed has increased over time.
- There are significantly more Latina AIDS cases in LA County than nationally, reflecting County demographics.
- Overall, female AIDS cases in LA County have increased to 12%, though that is below the national rate of 20-25%.
- The No Identified Risk (NIR) category of exposure has increased both nationally and locally while MSM has decreased. NIR cases are redistributed based on investigations of previous NIR cases eventually identified, but the CDC is recommending a shift to a capture/recapture model of estimating risk rather than analysis on an individual level.
- The predominant male risk category is MSM behavior, while the predominant female risk category is heterosexual sexual activity.
- Blacks show the highest rate of infection, followed by AI/AN, white, Latino and A/PI, but the Latino rate is increasing.
- Blacks again represent the highest rate in the LA County population by year of diagnosis among both men and women. Latinas follow among women and have surpassed whites among men.
- Hollywood is the primary epicenter, followed by Long Beach. Other hotspots include downtown, Pomona and Santa Monica.
- The HIV data represents 15,275 cases from July 2002 to April 2006 collected under a code-based system. Code-based data collection concluded when the conversion to a name-based system was implemented in April 2006. It is not possible to compare data collected under a code-based system with data from a name-based system: it will simply have to be replaced when the system is mature.
- The initiation of HIV reporting in July 2002 reflected increases in reporting for females, transgenders, NIR, Latino/as, Asians/AI/others, and those 40+ years old. Mr. O'Brien noted that his agency finds older people being diagnosed tend to

be white, those younger tend to be Latino, and both tend to have used crystal meth. Dr. Frye noted that County demographics have also shifted toward older whites and younger Latinos.

- The 15,275 code-based data have been accepted for Ryan White allocation purposes to 2009. It is believed that only name-based cases reported by December 2008 will be counted under the next legislation. To date, 3,500 name-based cases have been reported. Probably 12,000-14,000 cases can be reported with current funding and staff. OAPP and Public Health will assist where possible and additional help is being sought from the State and CDC.
- A separate study from an ongoing grant shows a continued drop in perinatal infection, though the problem persists.
- The 1990-2004 LA County Supplement to HIV/AIDS Surveillance (SHAS) project has been discontinued, but data from it remains valuable. One key finding is that from 1998-2003 MSM diagnosed with AIDS showed a marked increase in unprotected anal intercourse at last sex and 10 or more sexual partners in the last year. A similar population indicated a tripling of meth use. SHAS data also reflected that detection, based on the time lapse between HIV and AIDS diagnoses, is most problematic among Latinos, with 42% being diagnosed with AIDS in less than one month after test results and another 28% being diagnosed within the first year. Blacks followed with 36% and 23% respectively. Only whites had a 50% early detection rate of greater than 60 months.
- A study based on HIV Epidemiology data reviewed AIDS rates by race/ethnicity and census tract income. While AIDS rates were highest among low income populations overall, there was less disparity among black low-, middle- and high-income groups and more among white groups than for Latino or Asian/Native American groups.
- Ms. DeAugustine asked if private physicians not reporting risks might skew NIR data. Dr. Frye replied that the number of cases reported by private physicians has remained at about 60%. Laboratory reporting may be revealing providers who were not reporting previously. However, the trend is national. One theory is that, as HIV becomes more prevalent among people of color, stigma in those communities represses disclosure. Smaller jurisdictions are better at ferreting out risk.
- Mr. O'Brien asked if late diagnosis correlated with high mortality rates. Dr. Frye replied that case fatality rates have been studied among blacks, Latinos and whites. While Latinos have the latest detection rates, they have had lower mortality rates until a recent convergence of the groups. The result leaves the question of treatment initiation open.
- Mr. Braswell asked if non-IDU drug use could be extrapolated from MSM data to indicate possible effect on sexual behavior. Dr. Frye said routine surveillance data is not broken out that way. The subject is addressed through studies.
- Dr. Younai asked if it would be cost-effective to look at a subset of patients to determine if mode of transmission could be deduced from the virus strain. Dr. Frye answered that would require special funding. There is a research study on atypical strains, though he was not certain if it generated any data related to risk.
- Mr. Goodman asked how AIDS mortality was defined. Dr. Frye clarified that deaths were simply those of PWAs rather than determined by specific cause. There are some studies of chronic disease deaths and cancer deaths among people with HIV. It is difficult to address since medication side effects and other interactions may be HIV-related.
- Mr. Pérez asked if there were additional information on late diagnosis like differences by age group, geography and/or diagnosis in a public or private setting. Dr. Frye said the CDC conducted a nationwide study of states with HIV data that found differences by gender, mode of exposure and some other factors. That reflects on the general statement that one of four PWH do not know their status since some groups are more likely to know their serostatus than others.
- Ms. Broadus said she is concerned that reclassifying risk factors by 1990 investigations does not take into account risk factors changing over time. That, in turn, affects public messages. Dr. Frye, a member of the Council of State and Territorial Epidemiologists' Surveillance Work Group, said the Council was preparing a position paper on changing how women are categorized. Currently the only heterosexual categories are women who have had sex with a man who has sex with men, was HIV+ or an IDU rather than just sex with a man. The CDC also has a categorization work group.
- Ms. DeAugustine noted some physicians do not check into no sexual history. Dr. Frye said that generalized testing is now engaging providers who are less comfortable with the subject than those traditionally associated with the MSM epidemic. There are studies from Drew University, Rand and Institute for Community Health Research: one on MSM who do not so identify; the other on the role of African-American churches and how men look at themselves, and risk behaviors.
- Ms. Broadus noted an article on research on an 18-34 age group showing that even with reduced risk, many were infected with an STD. Dr. Frye agreed that prevalence within populations has been shown to affect infection.
- Mr. Land asked if combined homelessness and substance use is being captured as a potential risk factor. Dr. Frye said some factors can be mined for concepts, but there are no specific studies at this time.
- Mr. Land also asked about American Indian surveillance and outreach. Dr. Frye said they attempted to do one study, but the population is dispersed countywide and is difficult to reach.
- ➲ Ms. Watt noted the American Indian information fell under the purview of prevention. She will provide a report.

13. PREVENTION PLANNING COMMITTEE (PPC) REPORT:

- Ms. Watt reported that the PPC's primary current focus is revising the prevention plan. A work group will funnel committee work. They are receiving strong support from SPA representatives.
- They also voted several new members: Cinderella Barrios-Cernik, Precious Stallworth and Catherine Branson. These are now waiting approval by the OAPP Director.
- The colloquium was on evidence-based interventions and how to adapt them to other populations.
- Ms. Watt continued that the PPC was working on a resource directory.
- The prevention piece of the needs assessment has been completed and is translated. The Commission section is also complete and being put on the PDAs.
- Ms. Broadus asked about BRGs. Ms. Watt said information is still being gathered for the prevention plan revision, but there is discussion about improving on the BRG approach. Ms. Broadus noted there are other aspects to risk besides behavior, like poverty and race.
- The first work group will meet April 23rd at OAPP. Attendees can vote only with attendance at three consecutive meetings.
- ➲ In response to a question on representation by Mr. Land, Ms. Watt said she will bring their demographic breakdown to the May Commission meeting.

14. TASK FORCE REPORTS:

A. Commission Task Forces: There were no reports.

B. Community Task Forces: Ms. Watt said that last month the Drug and Alcohol Task Force had its training on sex addiction and crystal meth. More than 200 people attended.

15. SPA/DISTRICT REPORTS:

- Ms. Rotenberg, SPN #4 Coordinator, thanked Mr. Vincent-Jones, Ms. Reed and Mr. Land for facilitating their March 15th Priorities Forum. There was very good feedback from the group. They are interested in Commission feedback and greater interaction with other SPAs. Their next meeting will be April 19th. She asked providers to send alternates if their usual representatives will be at OAPP or Systems Thinking training
- Ms. Leon, SPN #7 Coordinator, said they also held their Priorities Forum. They continue to recruit for Commission vacancies. Their next meeting will be April 23rd.
- Ms. Price, SPN #6 Coordinator, thanked Ms. Reed and Mr. Goodman for facilitating their Priorities Forum. Their next meeting is May 8th.
- Ms. Granai, SPN #1 Coordinator, said their next meeting is May 9th. She thanked UCLA for their study on HIV+ women. She also thanked Mr. Fernandez and Ms. Watt for facilitating their Priorities Forum. They continue to recruit for the Commission.
- Ms. DeAugustine reported for SPA #8. Their next meeting will be April 18th. She thanked Ms. Watt for facilitating their Priorities Forum.
- Ms. Sanchez, SPN #2 Coordinator, thanked Ms. Pinney and Mr. Fernandez for facilitating their Priorities Forum. Their next meeting is May 3rd.
- Ms. Fisher, SPN #5 Coordinator, thanked Ms. Pinney and Mr. Fernandez for facilitating their Priorities Forum. They also sponsored an HIV training for their community. Their next meeting is April 19th.
- Mr. Chavez thanked facilitators for the SPN #3 Priorities Forum. Their next meeting is April 19th.
- Mr. Braswell complimented the SPN coordinators for attending and adding to the meetings with their reports.

17. STANDING COMMITTEE REPORTS:

A. Priorities and Planning (P&P) Committee:

1. ***Year 18 Paradigms and Operating Values/Funding Scenarios***:
   - Ms. Watt began the presented the Year 18 priority- and allocation setting process and timeline.
   - Mr. Goodman noted that the paradigm is the lens, or ethical perspective, through which decisions are made while operating values are the codes of conduct, or values, applied to the decision-making process.
   - Three funding scenarios are developed to account in advance for different Ryan White Part A award outcomes. The Committee retained the prior year's funding scenarios, and recommended scenarios for ① an increase of 5% or more; ②level funding, or an increase or decrease of 4.9% or less; and ③ a decrease of 5% or more.
   - Paradigms recommended were: compassion, "rescuing those who cannot assist themselves"; equity, "relatively equal portions with attention paid to severe need"; and utilitarianism, "the greatest good for the greatest number". Compassion was the only paradigm not chosen last year.
   - Operating Values chosen are: access, "ensuring client access"; efficiency, "accomplishing desired operational outcomes with the least use of resources"; and quality of care, "the highest level of competence in care".
   - Mr. Land suggested tracking volunteer hours, but Mr. Vincent-Jones said there was insufficient staff for that.

- Mr. Johnson asked if there was a specific reason that prompted "compassion" as a paradigm choice. Ms. Watt replied it was not to address a gap, but more in response to the general climate. Ms. Broadus added it had been understood before, but the climate prompted its literal expression.
- Mr. Goodman reminded those who had not yet done so to return their priority- and allocation setting pledge form.
- ➲ Ms. Broadus complimented the process and presentation. She recommended, and it was agreed, to add attendees at the selection process on the PowerPoint.

MOTION #4: Approve the Year 18 paradigms and operating values and funding scenarios, as recommended ***(Passed by consensus)***.

2. ***Systems Thinking Technical Assistance***: Mr. Goodman called attention to an article included in the packet that was intended as advanced reading for those who would be participating in the April/May Systems Thinking trainings.
3. ***Miscellaneous***:
   - Mr. Nolledo asked the Commission to reconsider the Year 17 allocations it approved at the last meeting in light of new information.
   - Mr. Stewart informed Mr. Nolledo that a vote for reconsideration was limited to one opportunity at the meeting following the vote, and would place the issue on the following agenda. He went on to say that a vote to rescind a earlier decisions would require a two-thirds vote.
   - Mr. Nolledo motioned for a vote to reconsider, but it failed due to lack of a second.
   - Mr. Engeran motioned for a vote to rescind, but it failed due to lack of a second.
   - Ms. Watt volunteered that the P&P Committee suggested that interested parties attend the next Committee meeting and provide any new information to staff in advance for Committee distribution. She offered that the P&P Committee would review the process that it used to arrive at its recommendations, and to evaluate if there was any new information.

B. Public Policy Committee:

1. ***HIV/AIDS Funding Trends Report***:
   - Ms. Schwartz presented the report requested by the BOS and developed by the Commission in collaboration with OAPP and Public Health. The report was requested on December 5th in the wake of potential federal cuts to the USC ACTG.
   - Federal funding trends have been influenced by competition between older, urban epidemic areas and newer, rural areas. In addition, more people, requiring more services, are living with HIV due to better care but funding is flat.
   - While Title I/Part A has decreased by 12.7% since 2003, some aspects of the new legislation are helpful. For example, code-based data was accepted, hold harmless maintained, and more of the award is based on prevalence.
   - Title II/Part B, which supports ADAP, has increased based on need. Title III/Part C has remained stable for Los Angeles County, while Title IV/Part D increased by 15% in recent years due to aggressive advocacy three years ago when the funding was threatened.
   - OAPP has received more SPNS grants (3) than any other public health department nationally, partly due to persistent pursuit.
   - Other sources of federal funding are: SAMHSA, declining; CDC, reduced by $6 million since 2000; HOPWA, variable per year with 10% subjective; NIH, ACTG and other research activities; entitlements, Centers for Medicaid/Medicare and VA.
   - Mr. Engeran noted the concern that the County suffers when criteria are objective, but aggressive advocacy and pursuit of federal funds have countered disproportionate cuts.
   - It is important to continue to examine gaps and disparities, continue advocacy, explore the impact of formulae as they relate to legislation, challenge unfair funding decisions, and strengthen capacity to pursue resources.
   - Recommendations include: advocate for increased funding; expedite grant award/acceptance; mature name-based system by December 2008; fund COLA increase for HIV/AIDS NCC; pursue available HIV/AIDS funding; enhance County grants-writing staff for solicitations; and expand Medicare disability status from AIDS to HIV.
   - Mr. Johnson asked if there were really only two dental (Part F) sites. Dr. Younai said it was an educational reimbursement program open only to residency programs and dental schools. There may be some subcontracted sites.
   - Mr. Land asked if improved, lower pill burden protocols could save funds. Ms. Watt replied that the main emphasis has been on the crystal meth epidemic that has strained drug and alcohol resources sidelining other issues. She suggested the Alcohol and Drug Task Force is looking at ways to enhance services.
   - Mr. Pérez reflected that the EMA does an excellent job in addressing HIV/AIDS resources, but could improve in drawing in other resources—such as Medi-Cal and Prop 63 mental health funds.

- He added that OAPP is ready to help providers with highly competitive applications to access funds for resources not available to the County like some CDC grants. For example, the County has gone from 12 to 5 CDC-directly funded prevention programs in the last several years.

2. ***Ryan White Program Waivers***: Mr. Engeran called attention to the HRSA guidance on waivers in the packet.
3. ***HR 822: Routine HIV Screening***:
   - Ms. Schwartz noted the federal bill, introduced by Maxine Waters, requires that insurance providers cover HIV testing. There is no requirement that anyone be tested, only that they receive coverage if wanted.
   - The Committee recommended support.

   MOTION #5: Support HR 822, as presented ***(Passed by consensus)***.
4. ***HR 178: Justice Act***:
   - Ms. Schwartz said this federal bill, introduced by Barbara Lee, focuses on HIV prevention in federal prisons.
   - The key provision allows barrier protections, such as condoms. It also provides for study of HIV prevention in prisons.
   - Mr. Land asked about funding. Ms. Schwartz replied that it requests sufficient funds for implementation.
   - Mr. Braswell noted there is also language providing for information about abstinence and the proper use and disposal of sexual barrier protection devices, which is based on evidence, free from bias and comprehensive.
   - The Committee recommended support.

   MOTIONS #6: Support HR 178, as presented ***(Passed by consensus)***.
5. ***NCC COLA Increase***:
   - Mr. Engeran called attention to an internal County memorandum from Public Health to the Chief Administrative Officer requesting an increase in NCC funds. It includes an increase in the baseline for OAPP. The document is offered for informational purposes.
   - ➲ Mr. Vincent-Jones noted that the Commission will generate a memorandum in support shortly.
6. ***State Budget Requests***:
   - Mr. Engeran also called attention to a letter in the packet from the Commission to the State Budget Committee requesting increased TMP funding.
   - Surveillance funds were not on the Committee's agenda though Governor Schwarzenegger's budget proposal includes $2 million.
   - He said the Committee had since met and supported an increase of $4.7 million in TMP. Advocates and OA had requested $4.7 based on the number of tests requested. Agencies involved included APLA, AHF, Project Inform, San Francisco AIDS Foundation and Bienestar. Mr. Nolledo said all the agencies are part of the California AIDS Alliance that developed the recommendation.
   - ➲ Mr. Nolledo said he would provide the background document for the recommendation.
7. ***Name-Based HIV Reporting***:
   - Mr. Engeran called attention to a memorandum from Committee to the Commission requesting support for a legislative effort that would initiate full CD4 reporting to enhance name-based reporting.
   - He noted that most jurisdictions already report CD4 counts as part of their surveillance protocol. A statewide protocol would help mature the name-based system, would ensure additional funding and would be critical in the development of a true unmet need estimate and assessment.
   - The memorandum provides groundwork for further discussion and an eventual action item on the subject.

C. Operations Committee:

1. ***Member Duty Statements:*** Mr. Braswell noted the State Office of AIDS duty statement in the packet that is being opened for 30-days public comment.
2. ***Membership Recruitment***:
   - Mr. Braswell noted recruitment for vacancies is ongoing.
   - He added that persons who are members of a federally recognized Native American tribe and those with Hepatitis B or C are needed. These categories are not in the application yet, so any current Commission member or potential candidate willing to identify his/her status publicly is asked to let Mr. Vincent-Jones or Ms. Werner know.
   - Mr. Vincent-Jones noted that the membership tables have been adjusted to reflect the new requirements.

D. Standards of Care Committee: There was no report.

18. **COMMISSION COMMENT**:

- Ms. Baumbauer noted that USC and LAFAN are currently developing their competitive applications for Part D funding.
- Mr. Nolledo announced that SCHAC's Spring Lobby Day would be April 18th. They will be advocating for the $4.7 million increase to TMP and the condoms in prisons bill, AB 1334.

19. ANNOUNCEMENTS: There were no other announcements.

20. ADJOURNMENT: Mr. Braswell adjourned the meeting at 1:20 p.m.

A. Roll Call (**Present)**: Ballesteros, Baumbauer, Braswell, Broadus, DeAugustine, Engeran, Giugni, Goddard, Johnson, King, Kochems, Land, Long, McCoy, Nolledo, Mario Pérez, Schwartz, Smith, Watt, Younai

MOTION AND VOTING SUMMARY		
MOTION #1: Approve the Agenda Order.	***Passed by Consensus***	**MOTION PASSED**
MOTION #2: Approve the minutes from the March 8, 2007 Commission meeting.	***Passed by Consensus***	**MOTION PASSED**
MOTION #3 ***(Broadus/Land)***: Open the Commission's Year 17 Implementation Plan for 30-day public comment.	***Passed by Consensus***	**MOTION PASSED**
MOTION #4: Approve the Year 18 paradigms and operating values and funding scenarios, as recommended.	***Passed by Consensus***	**MOTION PASSED**
MOTION #5: Support HR 822, as presented.	***Passed by Consensus***	**MOTION PASSED**
MOTION #6: Support HR 178, as presented.	***Passed by Consensus***	**MOTION PASSED**