



LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
www.hivcommission-la.info

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 Health Services 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 September 13, 2007

**APPROVED
11/02/07**

MEMBERS PRESENT	PUBLIC	PUBLIC (CONT.)	PUBLIC (CONT.)
Carla Bailey, <i>Co-Chair</i>	Jesus 612	Marc Hughes	Sonia Rosales
Anthony Braswell, <i>Co-Chair</i>	Adrian Aguilar	Marchela Iahdjian	Melissa Rothstein
Ruben Acosta	Ana Aguirre	Jay Inae	Lori Schwartz
Al Ballesteros	Jessica Alvarez	Habiha Ismail	Betty Simenez
Diana Baumbauer	Bobbie Anderson	Monica Jackson	Ron Snyder
Anthony Bongiorno	Leona Anderson	Anhel Jacob	Roland Souza
Carrie Broadus	Romesh Anketell	Thelma Janies	Renee Stampolis
Mario Chavez	Fiona Ao	Miguel Jawegui	Lidia Tacan
Nettie DeAugustine	Marcos Aviles	Betty Jimenez	Joel Torrez
Whitney Engeran	Miguel Ayala	Celedonio Jiménez	Tania Trillo
David Giugni	Nicole Azarloma	Naomi Kagama	Cynthia Tucker
Jeffrey Goodman/Sharon Chamberlain	Teresa Ayala-Castillo	Karly Katona	Silvia Valerio
Richard Hamilton	Charlene Baldwin	Janet Kauffman	Heidi Vetter
Michael Johnson/Elizabeth Mendia	Michelle Bautista	Heidi Kleiger	Ava Lena Waldman
Jan King	Amy Becker	Julie Lewis	Marcus Wilson
Lee Kochems	Trannie Clifton Bell	Gabriela Leon	Patricia Woody
Brad Land	Inthawa Bounpraseuth	Jesus Leya	Richard Zaldivar
Ruel Nolloedo	Army Cachero	Fernando Liona	Jennifer Zogg
Quentin O'Brien	Juan Callejas	Ted Liso	
Everardo Orozco	Alma Castro	Luis Lopez	
Dean Page	Fredy Ceja	Ric Loya	OAPP/HIV EPI STAFF
Mario Pérez	Susan Choi	Victor McKamie	
Natalie Sanchez	Joan Crear	Mark Malek	Chi-Wai Au
James Skinner	Camila Crespo	Victor Martin	Kyle Baker
James Smith	Phil Curtis	Richard Mathias	Philip Barragan
Peg Taylor	Karen Dalton	Emerlinda Mercodo	Maxine Franklin
Gilbert Varela	Erika DeLaCruz	Soleman Messaleh	Michael Green
Kathy Watt	Azul Delgrasso	Gregory Minton	Pierre Nsiw
	Amberlynn Dicteo	Rosa Molina	David Pieribone
	Rosemary Duran	Oscar Mora	William Strain
MEMBERS ABSENT	Rev. Alejandro Escoto	Stacy Muckleroy	Carlos Vega-Matos
	Lisa Fisher	Manuel Nava	Lanet Williams
Alicia Crews-Rhoden	Bill Flores	Melissa Nuestro	Juhua Wu
Eric Daar	Susan Forrest	Arimin Olin	Dave Young
Douglas Frye	Repugio Frias	Joanne Oliver	Roberta Young
William Fuentes	Maximiliano Galvan	Cathy Olufs	

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MEMBERS ABSENT (CONT.)	PUBLIC (CONT.)	PUBLIC (CONT.)	COMMISSION STAFF/CONSULTANTS
Anna Long	Alex Goncalvez	Manuel Padua	Virginia Bonila
Angélica Palmeros	Cesar Gonzalez	Don Paul	Marc Hauptert
Gloria Pérez/ Terry Goddard	Brenda Gonzalez	Diana Perez	Jane Nachazel
Chris Villa	Raul Gouisas	Tino Piñón	Glenda Pinney
Jocelyn Woodard	Kamaria Grey	Maria Ponce	Doris Reed
Fariba Younai	S. Joanne Granai	Jeff Prang	James Stewart
	Shawn Griffin	Levith Puga	Craig Vincent-Jones
	Jessie Gruttadauria	Terri Reynolds	Nicole Werner
	Jose Gutierrez	Daniel Rivas	
	Tiffany Hendricks	Gerardo Rodriguez	
	Vivianne Hernandez	Jose Rodriguez	
	Kaneo Hirata	Juana Rodriguez	
	John Hisserich	Michelle Roland	

1. **CALL TO ORDER:** Mr. Braswell called the meeting to order at 9:10 am.
 - **Roll Call (Present):** Acosta, Baumbauer, Bongiorno, Braswell, Broadus, Engeran, Giugni, Goodman, Hamilton, Johnson, Kochems, Land, Nollo, O'Brien, Orozco, Page, Mario Pérez, Sanchez, Skinner, Smith, Varela, Taylor, Watt
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 August 9, 2007 Commission on HIV meeting (*Passed by Consensus*).
4. **PARLIAMENTARY TRAINING:** Mr. Stewart had no comments.
5. **PUBLIC COMMENT, NON-AGENDIZED:**
 - Ms. Broadus recommended doubling the two-minute limit for those speaking through an interpreter. Mr. Braswell noted he was providing additional time.
 - Mr. Hinata, a 14-year HIV survivor (spoke through an interpreter) commented that Ryan White-funded providers have provided medical interpretation for his appointments. He expressed its importance in understanding medical terms, how to use medications and how to address his other medical issues, like diabetes. He asked the Commission for Language Services support and provided letters of support from other clients who were not able to attend the meeting.
 - Mr. Jiménez, Volunteer Translator, Gay and Lesbian Center, felt the Spanish-speaking community had a dire need for trained interpreters/translators. He received his training through a Ryan White-funded provider. He advocated for increased services and training allocations.
 - Ms. Kleiger, Director, Health Education Services, Greater Los Angeles Agency on Deafness (GLAAD), (spoke through an interpreter) said that PWH/A deaf and hard-of-hearing clients need interpretation for access to services, especially medical, mental health, housing and legal. For example, an HIV+ client who did not have an interpreter at a medical appointment misunderstood prescription instructions and took three times the appropriate level of medication. She advocated that allocations for language interpretation be restored.
 - Mr. Cachero, Treatment Advocate, Asian-Pacific AIDS Intervention Team (APAIT), advocated allocation for Language Services. He reminded the Commission that a language barrier amplifies the anxiety, depression, discrimination, hyper-vigilance and stigma of living with HIV. He added that Asian/Pacific Islanders are culturally conditioned not to question authority, regardless of understanding.
 - Mr. Paul introduced himself as a 22-year HIV survivor. He previously had had surgery for buffalo hump, but the problem has recurred, and his current provider considered the surgery cosmetic rather than reconstructive. California Health and Safety Code 1347.63 supported the operation in the past, but he could not get the issue addressed through the provider or OAPP.

- ➡ The issue was referred to OAPP and Mr. Pérez agreed to report back on the policy governing funding of the procedure. Mr. Vincent-Jones clarified that provider grievances are addressed by OAPP; systemic grievances by the Commission.

6. COMMISSION COMMENT, NON-AGENDIZED:

- Mr. Giugni reported that the City of West Hollywood had updated a substance use/abuse services guide, including services outside West Hollywood. Copies were available at the information table. People could also call him for additional copies.

7. PUBLIC/COMMISSION COMMENT FOLLOW-UP: There were no items for follow-up.

8. CO-CHAIRS' REPORT: Mr. Braswell introduced special guest Dr. Michelle Roland, Chief, State Office of AIDS and thanked her for joining the Commission meeting and HIV/Corrections hearing.

9. EXECUTIVE DIRECTOR'S REPORT:

A. Annual Meeting:

- Mr. Vincent-Jones reminded everyone that the all-day meeting would be October 11, 2007 at the Center for Healthy Communities. Information about lunch and other details would be mailed out in the following week.
- The agenda would address two issues: the Care Coordination Framework, being finalized by SOC; and the draft Ryan White Concept Paper, being developed by JPP.
- Ms. Broadus noted that Unmet Need was the 2006 Annual Meeting topic. She requested a status update on the recommendations and how they would be incorporated in the 2007 work. Mr. Vincent-Jones said the plan created from that work—including tasks assigned to responsible committees—had been distributed in several Commission meeting packets. The unmet need plans have been incorporated into the implementation plan, and each committee should be following up with them. He added that both the 2007 Annual Meeting subjects address aspects of unmet need, but each Annual Meeting has a different subject(s).

- B. Miscellaneous:** Mr. Vincent-Jones noted a copy of a letter to OAPP in the packet requesting a status update on expenditure of the \$2.2 million County contribution made to the Department of Public Health in 2006 and plans for utilization of any remaining funds.

10. STATE OFFICE OF AIDS (OA) REPORT:

A. Michelle Roland, MD, Chief, State Office of AIDS:

- Dr. Roland thanked all for the opportunity to meet people, both in this venue and at work sites.
- She said her purpose in coming was not to make a presentation herself, but to learn about the process and issues here.

B. Miscellaneous:

- Ms. Taylor reported that some of the State's Part B and General Fund dollars have been redirected to Part A. Of the \$9.8 million in General Funds, \$7.8 million would go to direct care and \$2 million to surveillance. Staff was currently in the process of allocating funds to: Care Services, TMP, Early Intervention, Risk Management and Prevention, Bridges and Positive Changes. Numbers were not yet available, but would result in contract enhancements.
- Mr. Vincent-Jones asked for clarification on whether additional funds were General Funds or came from Part B, noting that did not allocate state general funds. Ms. Taylor responded that the additional funds would come from both resources. Mr. Pérez said that the Part B state funds would be distributed according to Commission's allocations. Mr. Pérez also asked about surveillance investment plans. Ms. Taylor said the allocation was moving forward as proposed.
- CARE/HIPP was also being expanded with additional dollars to increase the length of time clients can remain in the program and the amount of coverage. Mr. Goodman expressed support for CARE/HIPP and asked if there was data on utilization trends. Ms. Taylor replied about 400 people now access it, but more could be helped. While expanded benefits would be helpful, training additional local people to assist in client access was another beneficial expansion aspect. She added that for every CARE/HIPP dollar spent, \$7 to \$8 is saved.
- Staff was working on the annual Part D enrollment process. The letter has been reduced to 1½ pages. The letter for ADAP clients should be sent in November. A Benefits Counseling Services RFA would also be released shortly. It would address a variety of needs, but especially those associated with Part D. It would cover Los Angeles, San Bernardino, Riverside and a few other large areas.
- The Part A guidance has been released. Medi-Cal data can be obtained through OA, but it would be helpful to contact the office as soon as possible. The contact would be Jeff Byers. OA is no longer in the same state department as Medi-Cal, so coordination would be somewhat different.
- Marilyn Miller, Care, and Calvin Russell, ADAP, have both retired.
- Mr. Engeran asked if OA had determined what backfill might be provided for EMAs/TGAs that experienced reductions and how any backfill might be affected by possible federal assistance. Taylor replied that the budget language passed set

aside up to \$1.8 million in General Funds to backfill up to six EMAs/TGAs that received cuts in their 2006 Title I dollars. No decisions had been made yet.

11. OFFICE OF AIDS PROGRAMS AND POLICY (OAPP) REPORT:

- Mr. Pérez reminded everyone that the County was in its seventh month of a twelve-month cycle. While additional resources from the state are generous and appreciated, he indicated that the funds would have to be proportionately distributed according to Commission allocations. Mr. Pérez applauded the comments from the language services community, but noted that additional funds could not remediate Year 17 funding reductions.
- Mr. Vincent-Jones clarified that Part A/B funds could not be used for permanency planning any longer; that allocations for child care had been eliminated because the grantee had said there were no providers; that the allocation for legal services been restored for Year 18; the allocation for language services had been eliminated because most of it had been moved to program support funding; and that the allocation for peer support had been reduced, but not eliminated. He added that the Ryan White funds that the Commission allocates are not the only funds used to finance service delivery.
- Ms. Broadus commented that Commission allocations essentially equate to funding. She reiterated her claim that the allocation changes made the prior month were not supported with clear reasons. She added that medical case management could be funded through Medi-Cal, but felt that the priority- and allocation-setting process inconsistently considered other possible funding sources. She added that there had been no discussion about how the Board's requirement to cease over-allocating had been applied.
- Mr. Vincent-Jones responded that there were reasons for each allocation decision the Committee recommended and the Commission approved, and that the Committee concurred with Ms. Broadus' recommendation to include the justifications for any future allocation modifications in future presentations. Mr. Pérez cautioned the Commission from altering modifications to a service category, such as legal services, annually because it could be disruptive for providers.
- Mr. O'Brien asked why the new state funds could be used to fill funding gaps caused by funding reduction some service categories. Mr. Pérez responded that many of the reductions were based on utilization patterns, and that backfilling contracts that were repeatedly underspent would be unwise. He went on to say that OAPP directed County resources to partially fund service categories from which the Commission had withdrawn allocations in Year 17. However, other service reductions remained or resulted. He added that the Board of Supervisors had instructed that the practice of "over-contracting" be discontinued, which contributed to some of the contract reductions.
- Mr. Pérez noted the Part A application deadline was November 5th. The page limit remained 80 pages which remained a challenge in representing the complexity of the County.
- He said many agencies had received notice of their Year 17 funding levels. He understood that there was consternation over reductions with less than six months left in the grant year to make contract adjustments. He reminded everyone that this was a transition year, and all were working to make the transition as smooth as possible.
- OAPP hosted a meeting with providers about the Year 17 MAI initiative implementation. The contract year began on August 1st, though OAPP had not fully implemented the plan yet. Final discussions on how to approach the changes resulting from a new MAI plan were scheduled.
- Mr. Pérez said he would formally respond to the Commission's request to update the status of the Board's \$2.2 million. He noted that part of it has been used to bridge four months of no MAI funding, March through June. MAI-funded providers did not experience any reductions during those months due to that Board-approved funding.
- Mr. O'Brien asked why only \$836,000 of the \$2.2 million set-aside for Year 17 shortfalls had been used. Mr. Pérez replied that OAPP and the CEO had reassessed current services in light of the Commission's allocations and funding modifications, and will continue doing so. OAPP intended to preserve MAI-funded medical outpatient, case management and oral health services until long-term funding could be determined. He went on to say that remaining funds would be carried over to be invested based on further discussions.
- He reiterated that OAPP would look into the questions pertaining to medical specialty services raised during public comment. Cosmetic services were not included in the medical specialty contract, but, that the definition of cosmetic versus reconstructive care was raised by the comments.
- The County was one of 26 jurisdictions eligible to apply for CDC funding increasing HIV testing among African-Americans, and OAPP was awarded \$737,000 over a three-year period. OAPP has proposed enhancing testing in jails.

12. HIV EPIDEMIOLOGY PROGRAM REPORT: There was no report.

13. PUBLIC HEALTH/HEALTH CARE AGENCY REPORTS: There were no reports.

15. PREVENTION PLANNING COMMITTEE (PPC) REPORT:

- Mr. Giugni reported the meeting the prior week began with a presentation from Children's Hospital, on Harassment, Discrimination, Violence and Illicit Drug Use among Young Men Who Have Sex with Men.
- He also reported that Kevin Farrell, the OA prevention representative, discussed the push to integrate STDs, TB and Hepatitis testing and services. He added that the two-tiered model for HIV testing, which does not require low-risk client testing, would roll out in 2008.
- He reported that Jill Rotenberg was voted onto the PPC. In addition, Mr. Kochems was elected to the co-chair seat of the JPP.
- The PPC's Evaluation Committee continues to focus on the new Prevention Plan. The epidemiology profile was concluded and LACHNA needs assessment was almost done. Mr. Vincent-Jones indicated that the prevention portion of LACHNA was almost done, but the care portion still had a couple of months' worth of work to do.
- Ms. Broadus asked if "The Knock at Midnight", a blueprint on HIV in the African-American community, was used in the prevention plan. Mr. Giugni replied there was an African-American Task Force. Ms. Watt added that some recommendations in the addendum came from that document.
- Ms. Watt reported that SAMHSA reauthorization was advancing. There is considerable interest in incorporating prevention, care and treatment language into the legislation. Ms. Watt welcomed input from all, and noted that SAMSHA has already determined that RFPs/RFAs going forward would require prevention, care and treatment planning.

15. TASK FORCE REPORTS:

- A. Commission Task Forces:** Reports were deferred in order to accommodate the public hearing.
- B. Community Task Forces:** Reports were deferred in order to accommodate the public hearing.

16. SPA/DISTRICT REPORTS: Reports were deferred in order to accommodate the public hearing.

17. STANDING COMMITTEE REPORTS:

A. Operations Committee:

1. Assessment of Administrative Mechanism:

- Ms. DeAugustine introduced Marc Hauptert, the consultant who conducted for the YR 15 Assessment of the Administrative Mechanism (AAM). Mr. Vincent-Jones added that this is an annual means to review how Ryan White partners are meeting and fulfilling responsibilities in managing the funding.
- Mr. Hauptert began by acknowledging that the AAM methodology had been established two years prior, noting that it may be the most complex and deep systemic analysis nationwide. Tools were continued for this AAM, including a literature review, key informant interviews and sample contract agency surveys.
- He reported that the anonymous sample was drawn from the total of 162 contracts for YR15. While anonymity could result in inadvertent duplication of responder agencies, objectivity is considered the more important factor.
- A larger provider sample was used in YR 15 due to the import of assessing effectiveness of disbursing funds. Satisfaction slipped slightly from YR 13 to 14. A larger YR 15 sample helped pinpoint satisfaction trends.
- Thirty-five (35) contracts from 28 providers were analyzed. Providers rated 20 statements about their relationships with OAPP, BOS and Commission functions. Ratings were from slightly to significantly higher than for YR 14. Highest ratings were in relationship areas and the lowest in systems category.
- Based on the research and observation, it was concluded that the AAM continued to work well and was generally considered to have improved by all key constituencies.
- Recommendations were purposely reduced since many were already in process due to previous reviews.
- Two continuous quality improvement recommendations were made: 1) monitor maturation of the new Department of Public Health, particularly regarding contract management to enhance the speed of processing contracts and fiscal audits of contractors; and, 2) development of a system to incentivize prompt, accurate participation of selected contractors in the AAM survey process.
- OAPP's portions of the contracting process were now moving very efficiently. Board approval and Public Health aspects of the contracting process were more problematic. Though the Commission has less influence in those areas, better communication and interaction could help address concerns.
- Mr. Hauptert noted special attention was encouraged to oversee ongoing changes both in Ryan White legislation and County structure to capitalize on opportunities and mitigate threats.
- An implementation plan would be developed after the Commission had time to explore the AAM in more detail.
- The Operations Committee was also considering an alternate year approach of the comprehensive review one year to be followed by a more in-depth analysis the subsequent year.

- Mr. Land appreciated that this was one of the better AAMs he had seen. He expressed concern, however, that consumers lacked understanding about the RFP process. He suggested more education on the subject. He also was interested in discussion on improving communication with Public Health, perhaps through a regular report.
- Ms. DeAugustine added this could be a good time to introduce the Commission to the new Chief Executive Officer.
MOTION #3: Accept and file the Assessment of Administrative Mechanism for Year 15, as presented, and adopt accompanying recommendations (*Passed by consensus*).
- 2. **Member Nominations:** Ms. DeAugustine reported that in accordance with the Committee's new format, Ms. Granai had been interviewed by the Committee. Ms. DeAugustine felt it went very well.
MOTION #4: Forward the nomination of Joanne Granai for the SPA #1 Provider seat and Ruben Acosta for the SPA #4 Consumer Alternate to the Board for appointment (*Passed by consensus*).
- 3. **New Candidate Interviewing Policy:** Ms. DeAugustine noted the policy had been introduced the prior month to enhance the Committee's understanding of candidates. Many recommendations forwarded to the Committee had been incorporated. She clarified that all new candidates would be interviewed. Returning Commissioners would be interviewed if any questions had been raised that could benefit by clarification.
MOTION 5: Approve the policy for interviewing new Commission candidates, as presented (*Passed by consensus*).
- 4. **Member Duty Statements: Introduced:** Ms. DeAugustine presented the final duty statements. All had been opened for comment last month. No comments were received. She noted that these were the final duty statements for approval.
MOTION #6: Approve the duty statements for the Medi-Cal, HIV Epidemiology (non-voting), OAPP (non-voting), and DPH Part A representative seats, as presented (*Passed by consensus*).
- 5. **Membership Recruitment:** Recruitment was ongoing.

B. Priorities & Planning (P&P) Committee:

1. **Priority- and Allocation-Setting Framework:**
 - Mr. Goodman reported that the framework had been introduced the prior month. The changes, based on feedback, were highlighted in red.
 - Paragraph 13 was amended to reflect Ms. Broadus' comments to require written justifications for all changes.
 - Paragraphs 18 and 19 define a 30-day appeal process of Commission allocations. Appeals would need to be based on at least one of two bases: the process was not followed or new information was not available or considered. Mr. Vincent-Jones said he had noticed a gap in Paragraph 18, page 7, and recommended adding inaccurate information as a basis for a grievance.
 - Mr. Engeran urged caution in amending the motion to include "inaccurate information" as a basis for grievance as people can disagree on what is "inaccurate". The amendment could thrust the Commission into a maze of interpretive disputes. Mr. Johnson agreed, noting current language defines a criterion as "new factual information". If data were inaccurate or inaccurately interpreted, current language would cover bringing forward corrections. He felt adding specific language regarding "inaccurate information" would only arouse disruptive discourse.
 - Ms. Broadus asked if concerns were about factual information not considered or incomplete information. Mr. Vincent-Jones said each case would have to be reviewed individually. Questions raised would basically fall under new information, but he felt Mr. Johnson's point was a good one, indicating that there had been cases in the past in which original information used to develop allocations conflicted with information available later.
 - Mr. O'Brien said his reading of "new factual information that may alter or lead to a change in the decisions" incorporates erroneous material.
 - Mr. O'Brien said he has had concerns amount of data presented to the Committee and the length of time the Committee has to debate it. In reviewing the procedures, November and December are dedicated to discussing process. Decisions are made in January. Recommendations go to the Commission in February. He felt too much time was spent debating operating values and paradigms with too little time spent on determining priorities. He recommended either remanding the framework back to the Executive Committee for revisions or simply eliminating Item #5, discussion of paradigms and operating values, and move Item #7, presentation of data, to December.
 - Mr. Engeran said the framework was brought forward to address the grievance issues. He felt it should be voted to complete that process. Additional changes could be made later.
 - Mr. Broadus requested the Committee review Item #19, B. It disallows an appeal made first to a Committee and then to the Commission as redundant. She asserted that a true grievance process provides a level of appeal.
 - ➡ The framework was sent back to the Committee for further development. Mr. Braswell asked that anyone with additional comments attend the Committee meeting.
 - ➡ Mr. O'Brien moved to return the YR 18 allocations to the Committee for review in light of the new information regarding MAI funding. Mr. Vincent-Jones recommended that, instead of a motion, Mr. O'Brien simply return the matter under the appeal process on the criterion of new information, to which Mr. O'Brien agreed.

MOTION #7A: Goodman/Land: Amend Paragraphs 18 and 19, as appropriate, to include a third criterion for a grievance on the basis of "inaccurate information" (*Amendment withdrawn*).

MOTION #7B: (O'Brien/Broadus) Remand Framework back to Committee for revision (*Failed: 11 Ayes; 12 Opposed; 0 Abstentions*).

MOTION #7: Approve the Priority- and Allocation-Setting Framework and Process policy and procedure, as revised and presented (*Postponed*).

C. Standards of Care (SOC) Committee:

1. **Special Population Guidelines: Youth:** Mr. Vincent-Jones noted that when public comment is due to end the same day as the scheduled vote comments are occasionally submitted that day, which is a practice that will be changed in order to avoid that conflict. These guidelines had been approved at the prior Commission meeting, but comments sent to the office that day were received the next day. In response, the matter was returned to the SOC to incorporate revisions. **MOTION #8:** Approve the Special Population Guidelines for Youth, as revised and presented (*Passed by consensus*).
2. **Medical Care Coordination Framework:**
 - Mr. Vincent-Jones reminded all that there were two more presentations of the medical care coordination framework, both specifically for consumers. One would follow the meeting. The other would be September 21st at the Commission offices.
 - He also reminded everyone, as addressed with the prior item, that because public comment had been left open through the Annual Meeting, SOC asked that anyone intending to submit public comment do so at least a week before the Annual Meeting so that the Committee will have the opportunity to consider it, and integrate it, if necessary.

D. Joint Public Policy Committee: Mr. Kochems said the Committee would defer to the Public Hearing portion of the meeting. Mr. Engeran reminded Commissioners that they were expected to remain and participate in the hearing. Special pink comment forms were available at the staff table. Mr. Braswell noted that Mr. Engeran and Mr. Kochems would chair the JPP portion of the meeting after the recess.

18. COMMISSION COMMENT:

- Mr. Pérez moved in light of information received during the meeting's California Office of AIDS report, and given that the Los Angeles County EMA was six and one-half months into a twelve month funding cycle, that the Commission consider authorizing OAPP to invest any additional Part B resources for the Ryan White YR 17 cycle rather than redeliberate at the Commission or committee level.
- Mr. Engeran asked whether authorization was requested for investment consistent with allocations or which might not be consistent. Mr. Pérez replied OAPP would move to invest resources consistent with YR 17 priorities and allocations.
- Mr. Engeran noted that some priorities were not allocated funds and asked if those might receive funds. Mr. Pérez said they might, based on the best information at OAPP's disposal.
- Mr. Vincent-Jones noted that 36 categories were prioritized but only about 20 received allocations. He asked if funds might go to categories with no allocations as that could create fund disbursement problems. Mr. Pérez agreed that there were implementation challenges, but noted some recent conversations reflected an impact to existing providers. OAPP would like to look at those contract adjustments as well as some areas where the Commission had prioritized services but, due to the 75/25 guideline or other factors, had not allocated funds. He confirmed that these would not be areas that had never been allocated funds.
- Mr. Vincent-Jones asked how much money was involved. Mr. Pérez said that was not yet known, but possibly around \$1 million or 3%.
- Mr. Goodman asked if this would only apply to Part B funds and Part B eligible services. Mr. Pérez replied that, while it would only be Part B resources, OAPP had worked closely with the state to invest Part B resources in areas consistent with state priorities.
- Mr. O'Brien suggested OAPP instead make recommendations to the P&P co-chairs to approve them on the Commission's behalf. Mr. Pérez said OAPP has a priority of giving providers as much notice as possible to make necessary service adjustments. He said OAPP expected notice from the state in about a week and wanted to make decisions quickly to get that information to the providers. With respect to the co-chairs, he felt time was of the essence.
- Mr. Page asked if it would affect future grant funds. Mr. Pérez replied that, while it might be a permanent increase, it was now only for YR 17 to be invested by March 2008.

MOTION #8A: (Pérez/Broadus) Moved that the Commission authorize OAPP to invest any additional Part B resources for the Ryan White YR 17 cycle (*Passed: 15 Ayes; 7 Opposed; 2 Abstentions*).

19. ANNOUNCEMENTS:

- Ms. Broadus noted the 17th Annual Divas Simply Singing, would be October 6th at the Ebel Wilshire Theater to benefit Women Alive and Balm in Gilead. Natalie Cole, Jennifer Lewis, Jennifer Holiday and others would perform.
- Mr. Acosta invited visitors to the Los Angeles Gay & Lesbian website. There were plans to hire a Positive Images health educator. There would be a Gay Men's Summit in the San Fernando Valley, in association with the Northeast Valley Health Corporation, October 20th.

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21. HEARING CALL TO ORDER: Mr. Stewart called the hearing to order at 11:30.

22-26. HIV/CORRECTIONS PUBLIC HEARING: See transcript.

27. ADJOURNMENT: Mr. Braswell adjourned the meeting in memory of Juan Ledesma at 2:00 pm.

A. Roll Call (Present): Baumbauer, Bongiorno, Braswell, Broadus, Engeran, Giugni, Goodman, Hamilton, Kochems, Land, Nolledo, Orozco, Page, Sanchez, Skinner, Smith

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MOTION AND VOTING SUMMARY		
MOTION #1: Approve the Agenda Order.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #2: Approve the minutes from the August 9, 2007 Commission on HIV meeting.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #3: Accept and file the Assessment of Administrative Mechanism for Year 15, as presented, and adopt accompanying recommendations.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #4: Forward the nomination of Joanne Granai for the SPA #1 Provider seat and Ruben Acosta for the SPA #4 Consumer Alternate to the Board for appointment.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #5: Approve the policy for interviewing new Commission candidates, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #6: Approve the duty statements for the Medi-Cal, HIV Epidemiology (non-voting), OAPP (non-voting), and DPH Part A representative seats, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #7A: (Goodman/Land) Amend Paragraphs 18 and 19, as appropriate, to include a third criterion for a grievance on the basis of "inaccurate information".	<i>Amendment Withdrawn</i>	AMENDMENT WITHDRAWN
MOTION #7B: (O'Brien/Broadus) Remand Framework back to Executive Committee for revision.	<i>Ayes:</i> Acosta, Baumbauer, Bongiorno, Broadus, DeAugustine, King, Land, O'Brien, Orozco, Page, Smith <i>Opposed:</i> Ballesteros, Braswell, Engeran, Giugni, Goodman, Hamilton, Johnson, Kochems, Nollo, Sanchez, Skinner, Varela <i>Abstentions:</i> None	MOTION FAILED Ayes: 11 Opposed: 12 Abstentions: 0
MOTION #7: Approve the Priority- and Allocation-Setting Framework and Process policy and procedure, as revised and presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #8: Approve the Special Population Guidelines for Youth, as revised and presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #8A: (Pérez/Broadus) Moved that the Commission authorize OAPP to invest any additional Part B resources for the Ryan White YR 17 cycle.	<i>Ayes:</i> Ballesteros, Baumbauer, Bongiorno, Braswell, Broadus, Engeran, Hamilton, Johnson, Kochems, Nollo, Page, Sanchez, Skinner, Smith, Varela <i>Opposed:</i> Acosta, Bailey, DeAugustine, Giugni, Land, O'Brien, Orozco <i>Abstentions:</i> Goodman, King	MOTION PASSED Ayes: 15 Opposed: 7 Abstentions: 2
MOTION #9: Approve the Commission's HIV and Corrections Hearing Agenda Order.	<i>Passed by Consensus</i>	MOTION PASSED