# *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
### November 18, 2010


| MEMBERS PRESENT | MEMBERS PRESENT *(cont.)* | PUBLIC | OAPP/HIV EPI STAFF |
|---|---|---|---|
| Carla Bailey, *Co-Chair* | Stephen Simon | Pamela Chiang | Kyle Baker |
| Anthony Braswell, *Co-Chair* | Robert Sotomayor | Miguel Fernandez | Michael Green |
| Al Ballesteros | Tonya Washington-Hendricks | Aaron Fox | Carlos Vega-Matos |
| Robert Butler | Kathy Watt | David Kelly | Juhua Wu |
| Nettie DeAugustine | Fariba Younai | Elizabeth Marchez | |
| Douglas Frye | | Ingrid Marchus | |
| David Giugni | | David Martin | **COMMISSION STAFF/CONSULTANTS** |
| Jeffrey Goodman | **MEMBERS ABSENT** | Meyerer Miller | |
| Thelma James | Sergio Aviña | Joanne Oliver | Erinn Cortez |
| Michael Johnson | Carrie Broadus | Natalie Sanchez | Dawn McClendon |
| Lee Kochems | Fredy Ceja/Chris Villa | Jeff Smith | Jane Nachazel |
| Bradley Land | James Chud | Brigitte Tweddell | Glenda Pinney |
| Ted Liso | Whitney Engeran-Cordova | Jason Wise | James Stewart |
| Anna Long | Quentin O'Brien | Amy Wohl | Craig Vincent-Jones |
| Abad Lopez | Jenny O'Malley | | Nicole Werner |
| Mario Pérez | Dean Page/Terry Goddard | | |
| Karen Peterson | Angélica Palmeros | | |
| Jennifer Sayles | Juan Rivera | | |

1. **CALL TO ORDER**: Mr. Braswell called the meeting to order at 9:15 am.
   - **A. Roll Call (Present)**: Ballesteros, Braswell, Frye, Giugni, Goodman, James, Johnson, Land, Liso, Long, Lopez, Pérez, Peterson, Sayles, Simon, Washington-Hendricks, Watt

2. **APPROVAL OF AGENDA**:
   **MOTION 1**: Approve the Agenda Order with Item 18. B. 2 withdrawn, as amended ***(Passed by Consensus)***.

3. **APPROVAL OF MEETING MINUTES**:
   **MOTION 2**: Approve the minutes from the 9/9/2010 Commission on HIV meeting ***(Passed by Consensus)***.
   **MOTION 3**: Approve the minutes from the 10/14/2010 Commission on HIV Annual Meeting ***(Passed by Consensus)***.

4. **CONSENT CALENDAR**:
   **MOTION 4**: Approve the Consent Calendar with Motion 6 withdrawn and Motions 5 and 7 pulled for later consideration ***(Passed by Consensus)***.

**5**. **PARLIAMENTARY TRAINING**: There was no report.

**6**. **PUBLIC COMMENT, NON-AGENDIZED**: There were no comments.

**7**. **COMMISSION COMMENT, NON-AGENDIZED**: There were no comments.

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

**9.** **EXECUTIVE DIRECTOR'S REPORT**: Mr. Vincent-Jones said the Standards of Care (SOC) Committee was planning a consumer focus group on Health Insurance Premiums/Cost-Sharing (HIP/C-S). Interested persons with expertise could contact him during the meeting.

**10**. **CO-CHAIRS' REPORT**:

**A. Commission Co-Chairs Nominations**:

- Mr. Braswell's Co-Chair seat would be open for nominations until 12/9/2010. All Commissioners with one year of service on the Commission are eligible to run for this seat.
- The following nominations were entered: Mr. Braswell by Ms. Peterson. and Mr. Johnson by Mr. Ballesteros.

**B. Executive Committee At-Large Member Nominations**:

- Mr. Vincent-Jones reported that all three Executive Committee At-Large seats would also be open for nominations until 12/9/2010. The seats are currently filled by Mr. Aviña, Mr. Ballesteros and Mr. Land.
- The following nominations were entered: Mr. Ballesteros and Mr. Land, by Mr. Johnson.

**C. Pol #8.1104: Commission and Committee Co-Chair Elections and Terms**:

- Mr. Vincent-Jones noted a draft was in the packet and open for public comment until 12/3/2010. The policy/procedure essentially formalizes practices already adopted over the years and in current use.
- One component of the policy/procedure is that anyone nominated prior to the meeting at which elections take place can submit a single-page statement about their candidacy. All nominees are asked to make one- or two-minute statements at the meeting at which elections take place prior to voting.
- A Commission Co-Chair must be a Commissioner with at least one year's service. At least one must be a PWH and one a person of color. The Commission strongly suggests that one be female. Characteristics can be represented by one Co-Chair, both or distributed between the two. Terms are two years, with seats standing for election on alternate years.
- Commission Co-Chairs review committee assignments and make any revisions shortly after the Co-Chair election.
- Commission Co-Chairs chair the Executive Committee. Co-chair elections for other committees follow final committee assignments. Committee co-chair nominations open in January for February elections.
- Executive Committee At-Large elections will be covered in a separate policy/procedure.
- ➲ Comments should be emailed to Mr. Vincent-Jones by 12/3/2010

**D. Commission/PPC Integration Task Force**: Mr. Braswell said he and Ms. Bailey recently appointed Mr. Kochems, Mr. Butler and Ms. O'Malley to serve alongside Mr. Johnson on the Task Force. Given Ms. Watt's pending new assignment as the PPC liaison to the Commission, the Co-Chairs suggested she represent both bodies on the Task Force. Appointees were notified 11/17/2010. The Co-Chairs hoped the new appointments would energize the Task Force and its projected work.

**11.** **STATE OFFICE OF AIDS (OA) REPORT**: Ayanna Kiburi, Chief, HIV Care Branch, was unable to call in to the meeting. She will contact Mr. Vincent-Jones afterwards to ensure follow-up on any concerns raised during the meeting.

**12.** **PUBLIC HEALTH/HEALTH CARE AGENCY REPORTS**:

**A. Medical Marijuana**:

- Dr. Martin, Director, HIV Mental Health at Harbor-UCLA Medical Center and Faculty, Geffen School of Medicine, presented a report on concerns about the impact on mental health and psychiatric care for PWH by current medical marijuana regulations. Harbor-UCLA Medical Center provides PWH mental health and psychiatric services. It also provides those services in the South Bay and Greater Long Beach communities.

- He emphasized his early support of marijuana for symptoms related to HIV and other conditions and his ongoing frustration with Federal restrictions on medical research. He supported Proposition 215 in 1996 for those reasons.
- Marijuana has been advocated for use in reduction of pain, nausea and anxiety. Although much remains theoretical, several studies have yielded data supporting the claim that smoked marijuana can reduce neuropathic pain in patients with HIV by as much as 30%, a reduction far greater than what is achieved by opioids.
- Research has noted other concerns: it is estimated 10% of recreational users will become addicted or dependent.
- Evidence also suggests that—through selective breeding to enhance euphoric properties—marijuana's effectiveness at reducing pain, nausea and anxiety may be reduced. Levels of delta-9 tetrahydrocannibinol (THC), the main psychotropic agent, have increased whereas levels of cannabidiol (CBD), the agent thought effective in reducing pain, anxiety and anorexia have decreased. THC levels are higher today–as high as 32% versus the average of 3.6% in the mid-1980s.
- THC does not appear to damage mature brain cells, but emerging data suggests it does damage adolescent brain cells, including those of people in their mid-20s and possibly up to 30. People with advanced HIV disease experience greater cognitive decline, notably working memory, if they use marijuana chronically. Studies suggest heavy use of marijuana is associated with increased risk of depression, which can trigger symptoms of schizophrenia.
- Unfortunately, the combination of Federal government restrictions on research and increased public support for availability of medicinal marijuana has created perfect storm conditions.
- Passage of Proposition 215 and enabling legislation allowed marijuana dispensaries, which have proliferated in the Greater Los Angeles area. Unscrupulous physicians provide recommendation letters for patients to use at local dispensaries. They also make outrageous effectiveness claims, e.g., one consistently advertises in the *Long Beach Press-Telegram* that marijuana is effective for over 300 conditions despite no supporting evidence in peer-reviewed medical journals.
- A Harbor-UCLA Medical Center client recently presented such a letter to his therapist. While some clients admit to recreational smoking legitimized by physician recommendation, this client clearly believed the marijuana was medical. Yet he had no neuropathy, nausea or weight issues that might have supported such use. In fact, his clinician had every reason to believe that marijuana was contra-indicated for this client based on his psychiatric diagnosis.
- Dr. Martin requested the Commission help address what in his and his staff's view is an increasing problem by tasking the SOC with developing recommendations for the use of medical marijuana in mental health and health care services, in addition to community and patient education about it.
- Mr. Vincent-Jones noted the Commission has a policy position on medical marijuana, but it could be refined for standards purposes. That would be a SOC issue first. JPP might address the issue later if there are policy implications.
- Mr. Goodman felt there was a broader issue concerning the ability to psychologically cope with pain and chronic issues. He noted he was offered massive quantities of drugs during his recent hospitalization, even though he is open about his past as an addict. He expressed concern that the emphasis is on what is easiest, rather than how to address challenges with a clear mind.
- Dr. Martin agreed there can be broader mental health issues. He raised this particular issue because, while there are occasions when marijuana may represent an appropriate therapeutic response, patients may go to outside physicians with no knowledge of their condition and without their physician's knowledge to obtain a recommendation letter/access to medical marijuana. PWH service providers will not understand why a patient has ceased to be adherent, why his psychosis is not clearing, or why he is staying home all day if they are not informed about his use of marijuana.
- Mr. Simon, City of Los Angeles, noted City regulatory efforts have focused on land use and planning with health issues deferred to the County's Department of Public Health. Current City regulations will be reviewed in about a year. He supported Commission work to inform that review. The City does not license physicians or others who write prescriptions/recommendations, but can address how dispensaries operate. He supports safe access, but feels regulations can be improved.
- Mr. Liso agreed with Dr. Martin's concerns, but noted most marijuana-prescribing physicians do not request the name and number of the patient's general physician. That only leaves patient disclosure to ensure their physician has a comprehensive clinical understanding of the patient's condition.
- Dr. Martin felt treating physicians need to be educated to ask about marijuana use, just as they were educated to ask about risk reduction activities. He served on the Commission when HIV risk reduction was not a required service element or documented for service delivery. While reluctant to increase already significant paperwork, he felt education was essential.

- The SOC Committee will add medical marijuana as a care component needing further elaboration in some of its service categories (e.g., mental health, medical outpatient, etc.) to its agenda. Dr. Martin agreed to provide expertise.

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

**A. FY 2011 RW Part A Application**: Dr. Green, Chief, Planning Division, indicated that a copy of the application was in the packet. OAPP will present on it in December, but there are substantial changes from past applications, so he recommended reviewing it in advance of the presentation.

**B. Benefits Specialty/Health Insurance Premiums**: Pending completion of the Benefits Enrollment RFP and consistent with the Commission's FY 2010 allocations, Benefits Specialty will be launched at thirteen sites on 1/1/2011. A credentialing process with scopes of work, orientation and training expectations/requirements is being finalized. Julie Cross will provide technical expertise to raise the level of benefits expertise.

**C. RFPs**: Mr. Pérez, Director, OAPP, reported that four RFPs were at different points in the procurement process:

1) Medical Outpatient (MO), SPAs, 2-8: Includes components for MO and Medical Specialty for the private non-profit and public systems. Several review panels have met and the last is being developed.
2) Data Management: OAPP is incorporating changes directed by County IT leadership. Release is expected mid-January.
3) Residential Services: Expedited process helped reach application review completion. Awards will be announced shortly.
4) Benefits Enrollment: Withdrawn due to issues earlier discussed with Commission leadership (change to service need, combining it with Health Insurance Premiums/Cost-Sharing, etc.). Release of a new RFP is expected by end of 2010. It is broader than the original RFP and includes Benefits Specialty, Benefits Enrollment, Health Insurance Premiums and Medical Transportation/Administration. As part of the RFP, OAPP will initiate a centralized eligibility screening process and more comprehensive enrollment process. It entails reduced paperwork and includes an enrollment card for all eligible, enrolled clients to help them affiliate with medical homes via the MO SPAs 2-8 RFP.

**D. SPA 1 Services**:

- Mr. Pérez reported SPA 1 services will begin 1/1/2011. OAPP is planning a SPA 1 meeting with community providers, stakeholders and clients on the transition. Mr. Vega-Matos added OAPP is working with Commission and Consumer Caucus Co-Chairs to identify a date and facility for the consumer meeting in SPA 1. It is challenging to schedule it due to the holidays, but they hope to hold the meeting soon.
- Approval of the SPA 1 services contracts will come before the Board for approval on 12/14/2010.

**E. Other**: Contract negotiations for FY 2011, which starts 3/1/2011, and FY 2012 have begun. The negotiations have begun earlier than last year, so the process should move more smoothly and avoid any interruption of services.

**15. HIV EPIDEMIOLOGY PROGRAM REPORT**:

- Dr. Frye, Director, HIV Epidemiology Program, said there are about 20,700 reported HIV, non-AIDS coded and named cases, with 16,393 named. The remaining 4,000 in the coded case database will probably need to be retired, although some have are probably now in the named registry as well.
- National case numbers have dropped because the CDC began national de-duplication, and 96% of cases have been completed. Cases are lost in the process, but the County is now on an equal footing with jurisdictions that had not done it.
- HIV Epi has submitted a NIDA Test and Treat Program R01 application with Dr. Sayles, Trista Bingham and UCLA.
- HIV Epi received a grant award for behavioral surveillance. The CDC budget has not yet been appropriated, so the Hepatitis component of the award was cut. There may be a supplemental award for it next year if the CDC Hepatitis Branch has sufficient funds.
- Hiring replacements for the Public Health Nurse and Public Health Investigator are on hold due to budget constraints. Surveillance is being done by four contract staff. At one point in the past, there were 16 staff in the surveillance program. A new County rule begins in 2011 that prohibits use of NCC funds for contract staff, but OAPP helped HEP identify grant funds to maintain the existing staff.
- Mr. Vincent-Jones asked when the system was expected to be fully mature. Dr. Frye replied there are some 6,000 pending cases. The effort has lost its momentum. HIV Epi will consider itself fairly mature when more cases are reported from Western blot (new cases) than from viral load. That has not been analyzed recently, but was not the case the last time it was checked.
- The CDC starts counting a system as mature at five years. It will probably classify the County as mature in 2011. Named reporting was passed in 2006, but was not truly implemented until 2007.
- Mr. Vincent-Jones said lack of national de-duplication had been cited as one of the principle reasons for counting cases in their jurisdiction of diagnosis rather that later, current jurisdictions of care—which could affect Ryan White formula funding

that is based on the number of cases attributed to a jurisdiction. CDC has previously justified the practice by suggested that in- and out-migration of clients to/from jurisdictions would balance out, although it has not bee documented. He asked if there was any discussion of revisiting the question to assure funding goes to jurisdictions in which the patient is receiving his/her care, and are spending funds on the patient's services.

- Dr. Frye said HIV Epi has always requested PWH be recorded per the most recent address, though it can be hard to obtain since labs often do not include it. The CDC has shown no interest to date, but they now have data to do a conduct a study.
- Dr. Younai asked about the percentage of those linked to care. Dr. Sayles said it was 66% with 2008 and some 2009 data. There were slight variations by year and notable variations by characteristics, such as services funded by private or public insurance, gender, race, ethnicity and behavioral risk. Dr. Frye added data is preliminary because CD4s could not be imported into eHARS until recently. Data prior to that was based on viral loads. Data is improving.
- Dr. Younai verified that unmet need is still estimated at 35%. Dr. Sayles responded that it now seems to be 33% currently, but it is still based on preliminary data. Mr. Pérez noted HRSA defines unmet need as those diagnosed, but not receiving medical care. He said many of those people resist entry into care.

➲ Dr. Frye will raise the issue of counting cases in the jurisdiction of diagnosis versus the jurisdiction of care at the next Surveillance Coordinator's meeting to assess interest in pursuing a policy change.

➲ Mr. Baker said OAPP expects several meetings with CDC in the next few weeks and will also address the issue.

➲ JPP will add the issue to its list of issues for prioritization.

**16. PREVENTION PLANNING COMMITTEE (PPC) REPORT**:

**A. PPC Restructuring**:

- Implementation has begun with reconfiguration of the subcommittees. The new Internal and External Subcommittees have begun meeting and developing their work plans. PPC participation on the JPP Committee continues. Mr. Braswell thanked the PPC for its letter to the Commission on PPC restructuring.
- The PPC has nominated Ms. Watt as its official representative to the Commission. Ms. Watt noted that Commission/PPC Integration Task Force work continues.

**B. Other**:

- Mr. Giugni reported that the 11/4/2010 PPC meeting opened with a colloquium by Mr. Vega-Matos and Julie Cross on HIV epidemiology. Mr. Pérez then presented on the National HIV/AIDS Strategy, which prompted a discussion on prevention and TLC+.
- Ms. Watt reported that the PPCs next major project is to begin work on the next Prevention Plan.

**17. CONSUMER CAUCUS REPORT**: Mr. Johnson noted the Caucus would meet following the Commission.

**A. Consumer Reports from the All Grantees/USCA Conferences**:

- Mr. Land reported the All Grantees Conference was well-designed and included a plenary session at which Ryan White's mother, Jeannie White, spoke. He reported that he had been especially seeking information on consumer recruitment. A workshop led by Mosaica provided a significant amount of helpful information. It provided a consumer evaluation tool for planning council members to help focus efforts.
- Consumers also had the opportunity to speak with Dr. Parham. He asked her why HRSA had not pushed the use of standards of care nationally since they represent minimum expectations. She replied the National Institutes of Health had done a study on the issue, but no action had been taken yet as a result. A HRSA official present promised to look into the matter.
- He also asked about Federal Drug Administration (FDA) expedited approval of drugs for Over-The-Counter (OTC) use. Many medications now move quickly to OTC status, but the price goes up for a net cost higher than the previous co-pay, and is often unaffordable, including drugs for HIV and co-occurring conditions. Dr. Parham promised that HRSA would become more alert to the issue.
- Ms. Bailey also attended the Mosaica workshop. They presented a five-year program to educate and retain consumers.
- CD-ROMs on the Conference and Plenaries have been sent to all participants; Mr. Vincent-Jones has copies. She was particularly interested in information on HIV and the aging population, which addressed the more rapid development of co-occurring conditions.
- She asked Dr. Parham about the effect of Health Care Reform on the Ryan White Program. Dr. Parham expected Ryan White to remain basically as it is now, but details have not been developed yet.
- Ms. James attended the United States Conference on AIDS (USCA) conference in Orlando. She found the Conference very informative. The next one will be in Chicago, November 2011.

- She reported Phill Wilson from the Black AIDS Institute in LA, presented on HIV/AIDS in the African-American community with a focus on the lack of services for that community.
- Her other primary interest was HIV in the senior population. She was able to speak privately with Dr. Hannah Tessama, who has participated in HIV adult research. She also obtained DVDs on senior outreach that addresses issues such as seniors feeling they are not at risk ,and physicians ascribing symptoms to age rather than testing for HIV. She also created a website sign, "I'm Aging with HIV" that reverses to "But I'm Positive about My Life."

**18**. **STANDING COMMITTEE REPORTS**:

**A. Priorities & Planning (P&P) Committee**: At its next meeting, the P&P Committee will assess the Priority- and Allocation-Setting (P-and-A) Process for FY 2012. The next P-and-A process may be abbreviated as completion of the last one was delayed, and new data will not be available until the following year.

**1.** ***LACHNA Methodology/Implementation***:

- Dr. Wohl, Chief Epidemiologist, HIV Epidemiology Program (HEP), presented on the Los Angeles Countywide HIV Needs Assessment (LACHNA-Care) 2010 sampling methodology. The goal is to interview a representative sample of Ryan White-funded service consumers to evaluate service awareness, service utilization, service needs—both met and unmet, service barriers, and consumer satisfaction.
- The methodology was adapted from a stratified proportional-to-size sampling method to identify 400 clients representing approximately 17,000 clients receiving services at the approximately 100 sites in the local Ryan White-funded system of care. Sampling is a two-stage process: 1) select a representative sample of agency sites; and, 2) sample clients at those sites.
- Sites are stratified by type and then sampled within each type for 50 sites. The methodology was adapted from the CDC's Medical Monitoring Project (MMP) sampling of all HIV care facilities, and is also used by Rand and UCLA. The methodology includes medical, social services, residential, oral health and substance abuse service types. Some sites with specialized services or populations were added to ensure sufficient respondent data for analysis. Sites were also added in SPAs with fewer sites to ensure sampling proportional to a SPA's HIV+ population.
- A sample size calculation was used to determine the representative 400 client sample size with an additional 50 for underrepresented groups. The number of clients sampled at each site will be proportional to the total client population size.
- Client sampling is based on the National HIV Behavioral Surveillance real-time sampling methodology with clients sampled as they present for services. Site size and patient flow will determine how the clients are sampled, e.g., every third, fifth, or all clients. The schedule of sites, sampling dates and number of clients to be sampled will be established in advance. This approach is believed to be the most efficient given time/resource limitations and the population's size and diversity.
- A screener at the beginning of the survey will collect names to ensure clients seeking services at more than one site are not interviewed twice. Names will be kept in a separate data set from survey data and are confidential.
- The survey takes about 30 minutes, and is self-administered on pre-programmed laptops. Participants must be HIV+, at least 18 years old, a Ryan White-funded facility client, English- or Spanish-speaking, and willing to complete an informed consent. Participants who complete the survey will receive a $30 gift card.
- Survey topic sections include: demographics; HIV testing and medical care; awareness, need, utilization, barriers and satisfaction with services; health status; sexual behavior; substance abuse; and oral health.
- The sampling methodology, survey and the Public Health IRB application were developed in July and August. The survey was pilot-tested in September with HIV Epi staff and Commissioners. IRB approval is expected shortly. Data collection should start 1/1/2011 and take up to six months, after which data will be cleaned/analyzed for a report.
- Dr. Sayles asked about oversampling. Dr. Wohl said there would be oversampling of some special populations, e.g., trangenders. They looked at previous consumer needs assessments and found that most racial/ethnic populations were well represented without the need for oversampling. They will track the study population distribution during the study, e.g., some sites are expected to have more of various special populations, such as women.
- Mr. Vincent-Jones said there are 15 Commission- identified special populations. LACHNA aims to include reliable data on about half of those populations, which may necessitate oversampling of some of those populations. Some of those populations could not be included as the cost to sample very small populations is high, and it is possible that even oversampling will not generate usable data in sufficient quantity.
- Dr. Younai asked if there was consideration of a longitudinal study. Dr. Wohl said the focus remained cross-sectional for now. Longitudinal studies provide good information, but it is very difficult to find the same people

two years apart. Mr. Vincent-Jones added that longitudinal measurement had been an emphasis of the first needs assessment, and it had been very hard to find the same clients in the subsequent needs assessment—producing little useful information and/or longitudinal trends. He added, however, that sequential needs assessments endeavor to follow the same line of questioning and use the same questions to help provide response trends over several needs assessments.

- Mr. Pérez said OAPP recently presented racial/ethnic group data to the PPC. Community stakeholders called for attention to Asian Pacific Islanders (APIs) and Native Americans/Alaskan Natives (NA/ANs). NA/ANs have the second highest AIDS case rate after African-Americans. Dr. Wohl noted the study has a site serving primarily APIs which, it is expected, will provide adequate API clients to interview
- Mr. Vincent-Jones added tha the NA/AN have been consistently difficult to reach. Even though they were oversampled in the last needs assessment, there were ultimately only 7 or 8 NA/AN respondents. He added that the Commission is considering other, less-costly methods—such as focus groups—to elicit qualitative data small and/or hard-to-reach special populations. Dr. Frye noted that NA/Ans represent less than 1% of the HIV-infected/ in care populations and aregeographically dispersed throughout the Southland.

**B. Operations Committee**:

**1. *Comprehensive Training Program (CTP)***:

- Mr. Johnson noted many Commissioners have requested more training to improve their knowledge base and participation. A Comprehensive Training Program is also required by Ryan White legislation and HRSA guidance. It is the Operations Committee's top 2010-2011 priority.
- Operations assessed training needs and determined there were not enough training opportunities, structure was insufficient, and there was no core of knowledge about basic Commission structure and vocabulary. The new CTP's member-level outcomes aim o ensure new Commissioners have the necessary basic core knowledge to be effective at the start of their service. Commission-level outcomes seek to limit informational disparities among members so all perspectives and constituencies are represented effectively.
- Each component has measurable goals, objectives, outcomes and indicators to measure achievement/ accomplishment. The various curricula are targeted to different audiences of membership, providers, consumers, potential leadership, etc., and have different purposes of compliance, planning, development, advancement, education, etc.
- The CTP goals are to increase leadership growth, improve efficiency/effectiveness of decision-making and augments the skills that each Commissioner brings to the process. Better training will reduce Commissioner frustration, enhance member recruitment/retention, and support leadership development and succession planning.
- CTP outcomes resulting from a better equipped, skilled and trained membership are better patient outcomes, system effectiveness, increased service delivery capacity, and more efficient use of resources. Indicators include cost savings and enhanced active Commissioner participation in the process.
- The six components of the new CTP are: 1) Eligibility Trainings, 2) Required Trainings, 3) Commission and Committee Handbooks, 4) Commission Orientation, 5) Leadership Development and Personal Growth, and 6) Continuing Education.
- Eligibility Trainings are mandatory for all new applicants and must be completed prior to forwarding their membership nominations to the Board of Supervisors. They are web-based and can be stopped/started at any time. They are not pass/fail, but are interactive with questions so the modules can be evaluated. The public can also use the trainings, if desired.
- The six two-hour Eligibility Training modules are: Ryan White Program, Los Angeles County's HIV Service Response, Los Angeles County Commission on HIV, HIV Commission Meeting Conduct, Commission Membership, and Effective Communication.
- Commissioners must attend Required Trainings coordinated through the County after being seated. The County requires all County commissioners to complete: the County Commissioner Orientation; the California Ralph M. Brown Act training; County Commissioner Sexual Harassment/Cultural Diversity training; and the County Commissioner Ethics Training. In addition, the Commission requires all Commissioners to attend the overview of HIV/AIDS (HIV 101) training and Health Insurance Portability and Accountability Act (HIPAA) High-Tech and Human Subjects Research on-line certifications. Commissioners may be exempt from the Commission's required trainings if they have already participated in similar trainings; Commissioners cannot be exempted from the County requirements, though.

- Ms. DeAugustine noted Commission and Committee Handbooks objectives are to improved shared knowledge, comprehensive understanding of the Commission and its committees, and how they interact.
- Commission Orientation will comprise two- to three-hour sessions following Commission meetings. The New Member Orientation is conducted over two months, and focus on overviews of the Commission and Committees/Caucuses. A four-session/month Process/Function Orientation is offered annually and relies primarily on interactive role play to acclimate participants to the Commission's primary functions and work: the Commission and its Operations; the System of Care; Service Implementation; and Other Key Commission Functions. Participation in the Commission Orientation is required of new Commissioners within their first year. Members of the public are welcome. Sessions will be semi-annual or as needed with the first sessions planned for early 2011.
- The Leadership Development and Personal Growth component includes numerous activities. The Leadership Development module encompasses three three-hour trainings: Commission Leadership (Co-Chair); Community Leadership; and Consumer Leadership. Personal Growth activities aim to improve Commission member satisfaction, confidence and active participation through: Caucus Participation, Commission Member Mentoring, and Provider/Consumer Cross-Training.
- The Continuing Education component comprises Functional Knowledge workshops—such as Data Use and Application, Fiscal Analysis and Budgeting, and Advanced HIV/AIDS Topics—and Skills Building workshops, such as Public Speaking, Self-Advocacy and Conflict Resolution. The Operations Committee will begin planning the development and implementation of these curricula offered in 2011.
- Dr. Younai asked if there will be certifications for the various trainings. Mr. Johnson noted some Required Trainings include certification and participation in some other trainings will earn Certificates of Completion.

**MOTION 5**: Approve the Comprehensive Training Program (CTP) plan, as presented ***(Passed by Consensus)***.

2. ***Membership Application/Evaluation Materials***: This item was postponed to the December 2010 meeting.
   **MOTION 6**: Approve the Commission's membership applications, scoring and evaluation materials, as revised ***(Withdrawn)***.
3. ***Pol #8.1102: Subordinate Commission Working Units***: Mr. Johnson presented the Policy/Procedure to explain the different/various types of working groups used by the Commission to fulfill its work responsibilities and objectives.
   - ➲ Public comment on the document is open until 12/3/2010.
4. ***Commission New Member Orientation***:
   - ➲ Orientation is scheduled following the Commission meetings on 1/13/2010 and 2/10/2010 from 2:00 to 4:00 pm.

**C. Joint Public Policy (JPP) Committee**:

1. ***FY 2010-2011 Policy/Legislative Agenda***:
   - Mr. Kochems called attention to the 9/23/2010 memorandum in the packet outlining the JPP-recommended FY 2010-2011 Policy and Legislative Agenda. The policy recommendations to the Commission and PPC are grouped as as Federal and State priorities, and as other items of interest/concern, but are not prioritized in those categories.
   - <u>*Federal*</u>: Health Care Reform (HCR) implementation and opposition to repeal; National HIV/AIDS Strategy (NHAS) dissemination and education; enhancement of Federal accountability for heightened CDC national response deliverables especially regarding local planning and NHAS responsiveness; increase funding for HIV/AIDS programs; reauthorize/restructure HOPWA and increase funding for HOPWA/other Federal housing programs used by PWH.
   - <u>*State*</u>: Preserve ADAP funding/accessibility; monitor/propose reforms, as needed, for Medi-Cal Managed Care Waiver extension and PWH transition into it; restore current/prevent future HIV/AIDS budget cuts; revise specific benefits policies to improve PWH accessibility to medical care and other services, consistent with "last resort" mandates, e.g., SSI share of cost formulae; enhance programmatic/funding support for HIV testing and screening; update and reconcile State Title 22 housing regulations to address PWH residential program needs; fund and expand substance abuse services for crystal methamphetamine users; address disparities and discrimination, especially in Commission- and PPC-designated "special populations"; advance legislation/regulatory enhancements on HIV/STD control in the adult film industry; and expand syringe service program efforts.
   - <u>*Other Items*</u>: Support full maturity of State's name-based HIV reporting system and eHARS compatibility; prepare for 2013 Ryan White Reauthorization; monitor HCR implementation issues, e.g., Medicare Part D "donut hole"; monitor services for undocumented/legal resident PWH especially regarding changes to HCR and Ryan White; increase local funding and initiatives to expand access/availability of housing/housing options; support access, care coordination and quality of life for PWH in correctional settings; support HIV drug development/oversight; oppose

disease status discrimination; monitor transportation policies; track/evaluate impact of State budget cuts of PWH health and other services; continue coordination with other County and external health interests.

- Mr. Land suggested a greater emphasis on the Commission local and State role in HCR and in the upcoming Ryan White Reauthorization. Mr. Kochems noted HCR is addressed broadly under Federal priorities and the second under other items of interest. Mr. Vincent-Jones said they are identified as foci for 2011. Mr. Simon, JPP member, said items assume potential action.

**MOTION 7**: Approve the proposed FY 2010-2011 Policy/Legislative Agenda, as presented ***(Passed by Consensus, 1 abstention)*.**

2. ***Medicaid 1115 Waiver Approval***: Mr. Kochems noted information on the 1115 Waiver approval were in the packet. He added that there will be presentations on it in the future.
3. ***State Administration/Government Changes***: There is nothing new on this item as yet.

**D. Standards of Care (SOC) Committee**:

1. ***Evaluation of Service Effectiveness (ESE)***: Dr. Younai said the survey is still being reviewed, but should be completed for distribution soon. The LA Gay and Lesbian Center has provided several good comments and conference calls with them are ongoing. SOC has decided to convene expert panels in the future to develop the best practices portion of the survey in future ESEs, given what it has learned working with providers and becoming more cognizant of how framing the questions correctly can be the difference between accessing available data and inaccessible information.
2. ***Health Insurance Premiums/Cost-Sharing***: There was no additional discussion.

**19. TASK FORCE REPORTS**: There were no reports.

**20**. **SPA/DISTRICT REPORTS**: Mr. Land reported SPA 2 has two Commissioners, but one has been unable to be serve recently. SPA 2 continues to discuss their role as a consortium in the San Fernando Valley. SPA 3 is engaging in similar discussions. Mr. Vincent-Jones responded that staff had just discovered that the one Commissioner Mr. Land had referenced was out on medical leave. However, staff had contacted his employer and had been told he would be returning to the Commission in December.

**21**. **COMMISSION COMMENT**:

- Mr. Johnson announced Mr. Ballesteros would hold a holiday party 12/4/2010. Details will be emailed shortly. Mr. Vincent-Jones noted, as a Brown Act body, such activities are allowed as long as they are not used as a forum in which to discuss Commission business that would otherwise be addressed at Commission meetings.
- Dr. Long announced the Department of Public Health, Institutional Review Board (IRB) has an opening for a community member. They would like someone with expertise in HIV and preferably a consumer. IRB meets monthly to review proposals. Trainings are available. Those interested can contact Walt Senterfitt at 213.989.7075 or email him at jsenterfitt@ph.lacounty.gov.
- Mr. Butler reported on the www.AIDS.gov campaign, "Facing AIDS," which includes photographs. He asked Commissioners to participate by allowing him to take photos of the Commission meeting and submit them to the campaign.

**22**. **ANNOUNCEMENTS**: There were no announcements.

**23**. **ADJOURNMENT**: Mr. Braswell adjourned the meeting at 12:00 noon.

**A. Roll Call** (**Present)**: Bailey, Braswell, Butler, DeAugustine, Frye, Goodman, James, Johnson, Kochems, Land, Liso, Long, Lopez, Pérez, Peterson, Sayles, Simon, Sotomayor, Washington-Hendricks, Watt, Younai

| MOTION AND VOTING SUMMARY | | |
|---|---|---|
| **MOTION 1**: Approve the Agenda Order. | ***Passed by Consensus*** | **MOTION PASSED** |
| **MOTION 2**: Approve the minutes from the 9/9/2010 Commission on HIV meeting. | ***Passed by Consensus*** | **MOTION PASSED** |
| **MOTION 3**: Approve the minutes from the 10/14/2010 Commission on HIV Annual Meeting. | ***Passed by Consensus*** | **MOTION PASSED** |
| **MOTION 4**: Approve the Consent Calendar with Motion 6 withdrawn and Motions 5 and 7 pulled for later consideration. | ***Withdrawn*** | **MOTION WITHDRAWN** |
| **MOTION 5**: Approve the Comprehensive Training Program (CTP) plan, as presented. | ***Passed by Consensus*** | **MOTION PASSED** |
| **MOTION 6**: Approve the Commission's membership applications, scoring and evaluation materials, as revised. | ***Withdrawn*** | **MOTION WITHDRAWN** |
| **MOTION 7**: Approve the proposed FY 2010-2011 Policy/Legislative Agenda, as presented. | ***Passed by Consensus*** **(Abstention: Long)** | **MOTION PASSED**<br>Abstention**: 1** |