COMMISSION ON HIV
MEETING MINUTES
December 9, 2010

1. CALL TO ORDER: Mr. Braswell called the meeting to order at 9:20 am.

2. APPROVAL OF AGENDA:
   MOTION 1: Approve the Agenda Order with Item 18. B. moved up to follow Item 10 and corrected to reflect that Ms. Watt has been designated the official PPC representative to the Commission *(Passed by Consensus)*.

3. APPROVAL OF MEETING MINUTES:
   MOTION 2: Approve the minutes from the 11/18/2010 Commission on HIV meeting *(Passed by Consensus)*.

4. CONSENT CALENDAR:
   MOTION 3: Approve the Consent Calendar with Motions 5, 6 and 11 pulled for later consideration, and Motion 8 withdrawn *(Passed by Consensus)*.

5. PARLIAMENTARY TRAINING: There was no report.

6. PUBLIC COMMENT, NON-AGENDIZED: There were no comments.
7. COMMISSION COMMENT, NON-AGENDIZED:
   - Mr. Goodman said the Co-Chair election today prompted him to review Commission relevance. He felt the Los Angeles County planning body is the most sophisticated in the nation, but review was important especially in light of changes to the healthcare landscape.
   - He felt an integrated prevention/treatment/care and planning body unrelated to the County could be explored. Others have tried the model and had significant cost savings. He hoped Co-Chair candidates would discuss new approaches.

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

9. EXECUTIVE DIRECTOR’S REPORT: There were no comments.

10. CO-CHAIRS’ REPORT:
   A. AIDS Education and Training Center (AETC) Report:
      - Dr. Espinoza, Assistant Director, Pacific-AETC, USC, noted AETCs have been funded by HRSA since 1988 to provide AIDS education and training to health care professionals in order to improve PWH quality of life. Most trainings are free.
      - HRSA specifically funds training for physicians, advanced practice nurses, nurses, physician assistants, pharmacists and oral health professionals. In addition, the AETCs train other health professionals, such as social workers and case management teams. A particular focus is on training for Ryan White-funded providers that care for the underserved.
      - There are eleven regional AETCs nationwide. The Pacific AETC consists of 14 sites in Arizona, California, Hawaii and Nevada with three in Los Angeles County. All AETCs have the same core mission with specialized focus as needed.
      - There are five levels of training: I, Didactic Updates with basic knowledge and skills; II, Workshops focusing on specific content/skills; III, Clinical Rotations and Preceptorships; IV, Clinical Consultations; and V, Technical Assistance.
      - USC Level I, Didactic Presentations, focus on larger audiences and include: Los Angeles Intercity HIV Rounds co-sponsorship; monthly new-hire HIV Overview, Los Angeles County Jail system; and the quarterly White Memorial Lecture Series.
      - USC Level II, Skills-building Trainings, are more in-depth workshops on specific subjects and include: Partnership for Health, a prevention for positives intervention which began at USC; and APLA/AETC Treatment Education Training with the AETC at UCLA, which has expanded from case management and social workers to a deeper focus on nurses.
      - USC Level III, Mini-residency Programs, include: the Clinical Training Program with a particular focus on residents for workforce development; and the Oral Health Clinical Training Program which provides a week-long training at USC for dentists. USC Level IV, Clinical Consultations, can be one-on-one or with a group, such as the monthly Resistance Case Conference at 5P21.
      - USC Level V, Technical Assistance, currently includes: Rapid HIV Testing at Labor and Delivery (RTLD) facilities; and Expanded HIV Testing at the LAC+USC Emergency Department.
      - The USCAETC has also supported a General Fellowship in HIV/AIDS Care for the last seven years. The fellowship provides a one-year post-residency training in HIV/AIDS with USC faculty to become an HIV care provider. A new Correctional Fellowship has been awarded to a current County Jail provider to improve quality and quantity of care.
      - Mr. Meyer, Assistant Director, Charles Drew University, noted leadership changed last year and initiated a needs assessment. Most trainings have a mental health and substance abuse focus as they relate to integration with HIV.
      - Charles Drew Level I, Didactic Presentations, include: Last Tuesday Series at Drew University, based on topics from needs assessments; and mental health/substance lectures for clinical staff.
      - Charles Drew Level II, Skills-building Trainings, also developed from needs assessments, include: Engagement in HIV Care with the AETCs at UCLA and USC; HIV and PTSD; HIV and Crack Cocaine; and HIV and Prescription Opiates.
      - Charles Drew Level IV, Clinical Consultations, include consultations for providers in the South Los Angeles area and mental health/substance abuse consultation and supervision, such as working with the Center for Health Justice in the County Jail system.
      - Charles Drew Level V, Technical Assistance, currently includes: prevention and testing such as with the Watts Health Foundation to expand opt-out testing; and mental health/substance abuse treatment and integration of care.
      - Mr. Donohoe, UCLA AETC, reported that UCLA Level I, Didactic Presentations, include: AIDS Grand Rounds and HIV updates for community physicians and dentists.
      - UCLA Level II, Skills-building Trainings, include: HIV and Methamphetamine with the Pacific Southwest Addiction Technology Transfer Center (PSATTC); Engagement in HIV Care with the AETCs at Charles Drew and USC; and Patients Who May Return to Mexico/Central America, which is tied to the AETC’s border project.
UCLA Level III, Mini-residency Programs, include clinical rotations through the UCLA CARE Clininc.

UCLA Level IV, Clinical Consultations, currently include a large number of needle stick and pregnancy consultations.

UCLA Level V, Technical Assistance, includes consults on substance abuse, testing and legal/ethical issues. UCLA also coordinates efforts by the regional AETCs of Arizona, California, New Mexico and Texas that serve the U.S.-Mexico border area which is defined by HRSA as up to 60 miles or 100 kilometers north of the border. The UCLA AETC was chosen due to its long history in training groups in 25 of the 32 Mexican states. Assistance includes consults to border agencies and ICE.

The three AETCs are developing the following joint projects for the next year: coordination with OAPP to train clinical care and substance abuse/mental health providers to better integrate their respective areas of care; needs assessment for pharmacists; and trainings for trauma-informed services and their relationship to clinical outcomes.

All Charles Drew initiatives fall under the Minority AIDS Initiative (MAI) due to their service population. The USC MAI coordinates with the County Jail system to improve testing and standards of care. The UCLA MAI provides HIV training in the program for Spanish-speaking physicians who are not licensed in the US and apply to UCLA family medicine programs. Four of 80 applicants complete licensure/residency annually and all will be better informed and better testers/screeners. UCLA also runs www.AETCBorderHealth.org which provides information on care in Mexico and Central America.

The CDC is coordinating an initiative for HIV Routine Opt-Out Testing. The UCLA AETC is working with community clinics while the USC AETC is working with the County Emergency Department.

The AETCs also all work with the Federal Training Centers Collaborative (FTCC) which includes centers for TB, the California STD Prevention Center (CSPC) and the PSATTC, e.g., the three-day treatment education training in January will include a CSPC speaker from Oakland, Tim Vincent, who will focus on African-Americans and stigma.

Mr. Page asked about training for HIV and aging and/or diabetes. Mr. Donohoe noted those subjects are addressed in general trainings. There have also been three conferences on HIV and aging in the last fifteen years. Coping With Hope, organized through the AIDS Mental Health Task Force, has also addressed HIV and aging the last four years. He agreed it might be time to do another joint AETC HIV and aging conference.

Mr. Chud suggested training for non-traditional providers such as Skilled Nursing Facilities (SNFs), noting that he has lived in SNFs. Medications were confused, provided in the wrong dosage or at the wrong time and ambulatory clients were seen as a nuisance for requesting routine services, like clean sheets and showers. Mr. Donohoe provided trainings at some of the largest facilities resulting from a UCLA law school investigation. Dr. Espinoza said SNF trainings are facility-wide: for example, USC did six last year.

Mr. Chud felt some non-health professionals could benefit as he receives questions as a Commissioner. Mr. Meyer said Charles Drew’s classification allows more flexibility. Dr. Espinoza added that HRSA requires training for Ryan White-funded clinics/health professionals, but has become less strict. AETCs will not turn someone away, even if they do not count towards HRSA requirements. Mr. Donohoe recently provided a Saturday training at the West Hollywood Recovery Center, though it is not eligible.

Ms. O’Malley asked if training teams include nurses, since nurses often listen best to each other. Dr. Espinoza said the main trainers at the USC AETC are two physicians and a nurse practitioner; they are planning a nurse meet-and-greet.

Mr. Liso complemented the AETCs on the training for dentists. He supported training on HIV and aging. He also suggested training for support staff and those involved in housing/legal services to improve their HIV understanding.

Mr. Ballesteros suggested training for safety net providers for high-risk negatives who are PWH partners. Dr. Espinoza responded that HRSA guidance has begun to address the shift to an integrated health care approach by expanding to federally qualified and other community health centers, although there is no specific focus on clinics serving the population that Mr. Ballesteros suggested.

In response to Ms. Washington-Hendricks request for more corrections information, Dr. Espinoza said the County Jail monthly new-hire training is a basic two-hour overview. MAI funding is specific to expanded training in the County Jail system. One arm will expand testing through a series of bi-monthly lectures. Another will improve care quality with an AETC physician one afternoon per week and a one-year training for a County Jail physician. A linkages to care initiative will start shortly. MAI funding is for one year, but there are discussions with the Jails to continue following MAI funding.

Mr. Donohoe added the Grand Rounds at the Jail with community-based organizations includes an engagement in care curriculum, which is interactive and addresses current challenges. The UCLA AETC also provides linkages to care in home countries when individuals are deported from the Jail system as part of the Jail’s subcontract with ICE.

Mr. Meyer said Charles Drew offers clinical supervision for some Center for Health Justice transitional case managers. Dr. Espinoza noted many organizations work in the Jails. USC is working with the Jail system to coordinate those efforts.
Mr. O’Brien felt communication between the AETCs and community providers could be enhanced. He suggested a database of providers with training so, e.g., a client could be referred to a SNF where staff had been trained. Mr. Donohoe said training alone might not warrant a recommendation, but AETCs can make suggestions and networking at events like Coping With Hope or the monthly Mental Health Task Force. Dr. Espinosa added the USC AETC has an internal database on for longitudinal training information, but has not considered making it public.

Mr. Page asked about HIV and Hepatitis C training. Mr. Donohoe said it is a co-morbidity topic and the Hepatitis C Summit for nurses uses AETC speakers and they work with the County Hepatitis C Task Force. There is no national Hepatitis C Training Center, but the AETCs have advocated for one. Mr. Meyer reported that HIV and Hepatitis C is a Last Tuesday series topic.

Dr. Younai thanked the AETCs for their collaboration over the years and encouraged all to use their expertise. She especially thanked Mr. Meyer for his five years of work helping to develop the Standards of Care.

Mr. Donohoe offered 10-15 minute Commission topic presentations, e.g., how to continue medications in Mexico.

B. Pol #08.1104: Co-Chair Elections/Terms:

MOTION 4: Approve Policy/Procedure #08.1104: Commission and Committee Co-Chair Elections and Terms, as presented (Passed as part of the Consent Calendar).

C. Pol #09.2102: Executive Committee At-Large Elections/Terms: This was opened for public comment until 12/31/2010.

D. Commission Co-Chair Election: Mr. Stewart assumed Chair responsibility for the Co-Chair seat election. He noted Ms. Bailey meets all requirements for the two seats, so anyone who has been a Commissioner for at least one year is eligible for Mr. Braswell’s seat. Previous nominations were Mr. Braswell and Mr. Johnson. No other nominations were offered.

1. Candidate Statements:

Mr. Braswell said his last five years as Co-Chair was a privilege. He thanked his Co-Chair, Ms. Bailey, for her support and all the Commissioners for the opportunity to support their work. He had talked with most Commissioners and heard common themes of concern about the future and a desire for strong leadership to continue to represent the community well. He felt the work the Commission has done to date and the structure the Commission has built represents the strong leadership needed for the future. He felt the Commission represents its community better than any other Commission in the County because of the strong leadership, not just of the Co-Chairs, but of all the Commissioners working together with the staff and the communities that the Commissioners represent on the body. He felt there was no bad choice today but, rather, two candidates with different visions. If he is not elected, he will continue to support the excellent work being done by the Commission.

Mr. Johnson said he also spoke with most Commissioners and found engaging with the Commissioners inspiring. He felt the key question was where to go from here because there are many changes coming to the system which will affect consumers. Some 70% of consumers will be moved to managed Medi-Cal starting in June 2011, yet there have been no discussions at the table on how that will happen, what will happen to consumers or what tools they will need to navigate the system. Many consumers have never been in any insurance system and will need help. Health Care Reform was passed nearly a year ago and the Commission has not taken a strong role in mapping out what consumers will need to do. That is why he ran for Co-Chair. He felt Commission leadership should identify goals and then bring each of the lenses at the table to bear on defining challenges in accomplishing the goals and the expertise of each of the Commissioners that can contribute to overcoming them. His written statement identifies four areas he wants to work on including recommendations to the Board on how to best serve consumers in partnership with the Department of Health Services during the care transition. Mr. Johnson expressed appreciation for Mr. Braswell’s amazing service. Mr. Braswell has been a gentleman, gracious and kind in everything he has said and done during this difficult process. Mr. Johnson said, if elected, he could only succeed Mr. Braswell, not replace him.

Mr. Liso agreed with both candidates. He felt the key issue was to ensure the Commission leads in addressing coming changes to funding, and insurance changes that already confuse and concern consumers.

Mr. Land felt the key subject going forward was accessibility and the key leadership goal to consider all facets of a subject. He expressed concern about the Commission’s role in Health Care Reform. He felt the Commission was taken seriously in large part due to the Co-Chairs’ interaction with the Board and the Chief Executive Office.
- Mr. Chud’s key concern was the transition to managed care. He was once in managed care and had found promises overwhelmed by rules and regulations. He wanted to ensure managed care systems adopt standards close to the Commission’s standards of care and expected strong advocacy would be needed for that.
- Mr. Ballesteros felt the next couple of years would require ongoing negotiation on key issues. He said many Commissioners will be able to assist the Co-Chairs in that work regardless of whom was elected.
- Mr. Page felt it important for leadership to have empathy with PWH. He noted the Commission’s standards of care are respected nationwide. He encouraged all to review options for staying in the Ryan White system, as he had.
- Mr. O’Brien said it was apparent both candidates were well liked — rare in an election. The election pertains to each candidate’s strengths. He found Mr. Braswell a diplomat, a convener, a facilitator and interested in what committees, Commissioners and the body present as issues. Mr. Johnson has a distinct agenda and perspective, and is knowledgeable about pertinent County mechanisms.
- Ms. O’Malley said it was a hard decision as both candidates have such excellent qualities. She had asked both if they would continue to serve and found it inspiring that both would remain committed and passionate.
- Dr. Long said she did not remember a time when there were two such qualified candidates and found herself wishing for three Co-Chairs. She honored their passion and commitment. She was confident both would remember what and who the work is about and continue to give 100%. She recalled when the Commission was within OAPP and always advocated for it to be as separate as possible from any County department. She believed that gave it the strength and voice of the County while retaining the strength and voice of the people separately.

**MOTION 5:** Elect the Commission Co-Chair for a two-year term 2011-2013 *(Johnson Elected: 12 Braswell; 13 Johnson)*.

**E. Executive Committee At-Large Elections:** Mr. Stewart noted there were three At-Large seats open to anyone who has been a Commissioner for at least one year. Previous nominations were: Mr. Ballesteros, Mr. Ceja and Mr. Land. Mr. Simon nominated Mr. Page. There were three votes with one member elected per vote.

1. **Candidate Statements:**
   - Mr. Ballesteros sought to continue as an Executive Committee member with a focus on inclusion for PWH and for people at-risk within the health care safety net.
   - Mr. Ceja noted he tested HIV+ four years ago and was diagnosed with AIDS two years ago. He chose to fight back by sharing his story and serving on the Commission. He is not an HIV expert, but is excited about learning such as when he represented the Commission at All Grantees, attended sessions and heard Ryan White’s mother speak. He works with Operations to ensure new members like him have the knowledge they need to be effective.
   - Mr. Land said it had been a privilege to serve. He felt the Committee so important he attended for ten years even when not on it. He felt the seat offers key insight into the Commission’s pulse — its mechanics, work and priorities.
   - Mr. Page said Mr. Land introduced him to the Commission many years ago. While not a member, he has attended Executive regularly as well as serving in his committee assignments. He seeks to be an effective voice for PWH.

**MOTION 6:** Elect three Executive Committee At-Large members for one-year terms in 2011: Seat 1 *(Ballesteros Elected: 15 Ballesteros; 1 Ceja; 6 Land; 3 Page)*.

**MOTION 6A:** Elect three Executive Committee At-Large members for one-year terms in 2011: Seat 2 *(Land Elected: 6 Ceja; 16 Land; 3 Page)*.

**MOTION 6B:** Elect three Executive Committee At-Large members for one-year terms in 2011: Seat 3 *(Ceja Elected: 18 Ceja; 7 Page)*.

**F. Annual Meeting Evaluation:** Mr. Braswell requested all who attended the Annual Meeting fill out the 2010 Annual Meeting Evaluation Form in the packet to guide future events.

- The Committee Interest Form was also in the packet. It is used when adjusting committee membership for the year.

**11. STATE OFFICE OF AIDS (OA) REPORT:**

- Mr. Goodman, Co-Chair, California Planning Group (CPG), noted CPG is an integrated HIV planning body for California that covers surveillance, prevention and care. He will provide regular updates under the OA Report. The CPG is less than one-year old and is very active in defining and improving their service. It last met 12/8/2010.
- He noted there was an email letting people know that the Advisory Network would be initiated soon. The response has been poor. He encouraged people to respond because the CHP is working diligently to make it an effective means of gathering broad-based community input. People can sign up for as little as receiving emails. The long range hope is to use it for focus groups.
The Resource Identification Task Force also provides information on other funding streams on the Advisory Network.

Mr. Goodman will send the Advisory Network response email to Mr. Vincent-Jones for re-distribution to the Commission.

12. OFFICE OF AIDS PROGRAMS AND POLICY (OAPP) REPORT:
A. FY 2011 Ryan White Part A Application: The presentation was deferred to January due to technical difficulties.

14. HIV EPIDEMIOLOGY PROGRAM (HEP) REPORT: Dr. Frye noted no additional news to report.

15. PREVENTION PLANNING COMMITTEE (PPC) REPORT:
- Mr. Giugni reported in Ms. Watt’s absence. He said the PPC heard two presentations on Testing and Linkage to Care Plus (TLC+) at its 12/2/2010 meeting. Richard Jeffries, Coordinator, Treatment Action Group, Michael Palm Basic Science Vaccines and Prevention Project, spoke on implementation concerns. Dr. Sayles also presented.
- Both presentations sparked extensive discussion on prevention. TLC+ emphasizes testing as prevention, but lacks a similar emphasis on counseling and education. There was also concern about when treatment and medications should be started.
- The PPC continued restructuring work. It received reports and work plans from the External Activities and Internal Operations Subcommittees. The External Activities Subcommittee report spurred discussion on interaction with the Commission, especially regarding more PPC voting members on the Joint Public Policy (JPP) Committee. High hopes were also expressed regarding the work of the Commission/PPC Integration Task Force.

16. CONSUMER CAUCUS REPORT: Mr. Johnson noted the Caucus would meet following the Commission. Mr. Land reminded consumers to bring their packets to the meeting as they will be discussing the Work Plan.
A. Consumer Caucus Work Plan: Mr. Johnson reported that the primary Consumer Caucus emphases are training, completing the remainder of the HIV Service Roundtable with OAPP in the SPAs, and developing a community mobilization plan.

MOTION 7: Approve the Consumer Caucus FY 2010 Work Plan, as presented (Passed as part of the Consent Calendar).

18. STANDING COMMITTEE REPORTS:
A. Operations Committee:
1. County Ordinance 3.29:
   - Mr. Vincent-Jones noted the Commission’s Ordinance (County Code 3.29) sunsets in June 2011 with revision materials required by April or May 2011. The Ordinance is brief, but details how the Commission is structured, its responsibilities and duties. It is available at www.lacounty.info. Under “Search” enter “County Code” and look under 3.29. All Commissioners are invited to review the Ordinance and forward their thoughts on revisions to the Operations Committee.

MOTION 8: Approve proposed revisions to County Code Ordinance 3.29 for submission to the Audit Committee/Board of Supervisors (Withdrawn).

2. Membership Application/Evaluation Materials:
   - Mr. Johnson reported that revised New Member and Renewal Scoring sheets and Interview Questions were included in the packet. The revisions to the membership applications have not yet been completed.
   - He said the Operations Committee heavily weighed effective membership skills as discussed in its planning for training. The evaluations have been restructured to reflect skill sets the body needs for new and returning members. They distinguish between skills expected of new applicants and how to support development of renewing members.
   - The Questions List is not exhaustive, but defines interest areas so interviewees will have an idea of what to expect. Ms. DeAugustine noted the forms and questions have been tested and revised to ensure clarity and effectiveness.

MOTION 9: Approve the Commission’s revised membership scoring and evaluation materials, as revised (Passed as part of the Consent Calendar).

3. Pol #08:1102: Subordinate Commission Working Groups: Mr. Johnson noted this defines the Commission’s various subordinate working groups such as standing committees, subcommittees, caucuses, task forces and work groups.

MOTION 10: Approve Policy/Procedure #08:1102: Subordinate Commission Working Units, as presented (Passed as part of the Consent Calendar).

4. Commission New Member Orientation: The first two Orientation trainings will be 1/13/2011 and 2/10/2011, 2:00 to 4:00 pm following the January and February Commission meetings at St. Anne’s Maternity Home.
B. Priorities & Planning (P&P) Committee:
   1. **Date Summit**: Mr. Goodman noted the 2011 HIV/AIDS Data Summit Agenda and Save the Date flyer in the packet. It will be 1/21/2010, 8:30 to 5:00 pm, The Wilshire Hotel, with parking at the Commission offices across the street.
   2. **FY 2010 Underspending Plan**:
      - All Commissioners announced Ryan White funding conflicts prior to voting.
      - Mr. Goodman recalled that FY 2010 underspending has been discussed in previously presented OAPP expenditure reports. A large portion of the underspent funds are from the Minority AIDS Initiative (MAI) roll-over due to HRSA’s program year change, which resulted in the grants overlapping for six months. Underspending is often anticipated each year.
      - Mr. Vega-Matos noted other underspending contributors in FY 2010 were delayed Benefits Specialty, Health Insurance Premiums/Cost-Sharing deployment, a small drop in Substance Abuse service utilization, and funds unused in various service categories due to staff vacancies.
      - Mr. Goodman added $800,000 was allocated to Benefits Specialty for FY 2010, some 2% of total funds, yet only a small amount will be used in the remaining 80 days of the year. Health Insurance Premium Payment/Cost-Sharing (HIPP/C-S) was allocated 1%, but none will be used this year.
      - P&P is required to allocate Part A and Part B funds to ensure funds are spent down. The original allocation plan no longer accomplished that, so P&P met to develop a plan for the 3% to 5% underspent funds estimated by OAPP.
      - P&P considered both which categories needed more funds than originally allocated and which of those could expend additional funds by grant year-end. Funds can be expended quickly if allocations are less than the existing contract limit. Otherwise, it would take too long to initiate or expand a contract.
      - The four categories/subcategories in the motion can accommodate additional funds. As it is not possible to identify a dollar amount in advance, P&P allocated to each category/subcategory according to priority ranking. The Committee determined that the needs of Medical Outpatient (Therapeutic Monitoring Program, TMP) should be accommodated first and then each in turn.
      - Mr. Vincent-Jones noted the motion is consistent with past underspending plans. Real numbers will not be available even on the last day of the contract year, 2/28/2011, as invoices continue to arrive and budget modifications are made subsequent to the contract year. If the plan was held until numbers are final, some funds would be unidentified until after year-end and could not be used. An underspending motion delegates authority to OAPP with specific parameters on how funds can be spent.
      - The Commission always addresses underspending towards the end of the contract year. P&P exercised due diligence by waiting until later in FY 2010 year than usual in order to better assess trends. A blanket policy was in existence for the last five years, so the annual motion might not be as memorable to some. However, the policy no longer applied as it was based on the former continuum of care, which has now been replaced.
      - Mr. Ballesteros asked about TMP. Mr. Vega-Matos said TMP was experiencing increased utilization due to new people in the system and more providers adherent to Public Health guidelines on monitoring CD4 viral loads, genotype and phenotype. Public Health Laboratory reports show provider use outpacing the allocation. TMP is a separate line item within the Medical Outpatient (MO) contract, so funds cannot be moved to another MO area.

**MOTION 11**: As need requires, allocate FY 2010 underspent funds for the following purposes: Medical Outpatient (for the Therapeutic Monitoring Program); Nutrition Support; Case Management, Transitional; and Medical Transportation (for taxi vouchers to be used by non-ambulatory patients who cannot use public transportation) (**Passed by Consensus**).

C. Standards of Care (SOC) Committee:
   1. **Policy 05.8001: Grievance Procedures**: Mr. Vincent-Jones noted SOC has revised the standing policy which is ten years old. It was understood that HRSA would want to review the revisions, so SOC planned to open it for a two-month public comment today. Instead, HRSA preferred to review the revisions prior to the public comment period. This policy is a critical piece of the Standards of Care publication.

D. Joint Public Policy (JPP) Committee: Mr. Kochems reported JPP is engaged in a process to review and streamline its work plan and procedures to better focus on 2011 priorities such as managed care, Health Care Reform and the National HIV/AIDS Strategy.
   1. **State Administration/Government Changes**: No new information was available.
18. PUBLIC HEALTH/HEALTH CARE AGENCY REPORTS: There were no reports.

19. TASK FORCE REPORTS: There were no reports.

20. SPA/DISTRICT REPORTS:
   - Ms. White reported that SPA 6 stakeholder held their first planning retreat. They hope to increase consumer attendance in 2011 at SPA 6 meetings. The SPA is discussing holding meetings at one or two sites, rather than rotating monthly, to simplify access.
   - A SPA 6 Mental Health Task Force applied for a mini-grant. The Task Force, which is not HIV/AIDS-specific, did not receive the award, but the attempt exemplifies work to improve care for consumers in SPA 6. They would like more Commissioners to attend meetings. Ms. White encouraged interested parties to email her and she will update the list to ensure a personal invitation.
   - Ms. White noted District 2 Board Office representative has not attended Commission meetings for some time. She was concerned about SPA 6 representation. Mr. Braswell replied the seat is appointed and is technically filled. Concerns should be voiced to the appropriate Health Deputy and Supervisor. Ms. White should also discuss concerns with Mr. Vincent-Jones or the Co-Chairs.

21. COMMISSION COMMENT:
   - Ms. DeAugustine, former Commission Co-Chair and a Commissioner for 13 years, expressed her deep appreciation for Mr. Braswell’s service as Co-Chair. He has carried this difficult role with grace. All honored Mr. Braswell with a standing ovation to which he replied it had been an honor and a privilege.
   - Mr. Goodman requested the meeting be adjourned in memory of Randy Allgaier, 53, Director, San Francisco HIV Health Services Planning Council, who died of cancer on 11/27/2010. He advocated locally and nationally for decades on behalf of HIV and Hepatitis C serving in numerous positions, both paid and volunteer.
   - Mr. Guigni requested the meeting also be adjourned in memory of Shirley Roberts who passed away earlier that week of cancer. She was a long-time Commissioner on the City of West Hollywood Human Services Commission and a major advocate for HIV/AIDS services and the gay community.

22. ANNOUNCEMENTS: There were no announcements.

23. ADJOURNMENT: Mr. Braswell adjourned the meeting in memory of Randy Allgaier and Shirley Roberts at 12:15 pm.
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Johnson: 13 |
Ballesteros: 15
Ceja: 1
Land: 6
Page: 3 |
Ceja: 6
Land: 16
Page: 3 |
Ceja: 18
Page: 7 |
| **MOTION 7**: Approve the Consumer Caucus FY 2010 Work Plan, as presented. | Passed as part of the Consent Calendar | MOTION PASSED |
| **MOTION 8**: Approve proposed revisions to County Code Ordinance 3.29 for submission to the Audit Committee/Board of Supervisors. | Withdrawn | MOTION WITHDRAWN |
| **MOTION 9**: Approve the Commission’s membership applications, scoring and evaluation materials, as revised. | Passed as part of the Consent Calendar | MOTION PASSED |
| **MOTION 10**: Approve Policy/Procedure #08:1102: Subordinate Commission Working Units, as presented. | Passed as part of the Consent Calendar | MOTION PASSED |
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