



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 June 11, 2009

APPROVED
7/9/2009

MEMBERS PRESENT	MEMBERS PRESENT (cont.)	OAPP/HIV EPI STAFF	COMMISSION STAFF/CONSULTANTS
Carla Bailey, <i>Co-Chair</i>	Manuel Negrete	Chi-Wai Au	Dawn McClendon
Anthony Braswell, <i>Co-Chair</i>	Quentin O'Brien	Kyle Baker	Jane Nachazel
Sergio Aviña	Everardo Orozco/Ron Osario	Maxine Franklin	Glenda Pinney
Al Ballesteros	Dean Page	Michael Green	Doris Reed
Carrie Broadus	Angélica Palmeros	Jennifer Sayles	James Stewart
Eric Daar	Mario Pérez		Craig Vincent-Jones
Nettie DeAugustine	Robert Sotomayor		
Whitney Engeran-Cordova	Kathy Watt		
David Giugni			
Terry Goddard	MEMBERS ABSENT		
Jeffrey Goodman/Sharon Chamberlain	Anthony Bongiorno		
Joanne Granai	Robert Butler		
Michael Johnson	Douglas Frye		
Lee Kochems	Peg Taylor		
Brad Land	Chris Villa		
Ted Liso	Fariba Younai		
Anna Long			
PUBLIC			
Suran Abram	Gustavo Arguelles	Juan Callejas	Camila Crespo
Sabira Abdulhameed	Victor Ashley	Walter Campos	Phil Curtis
Jeannie Acdan	Miguel Ayala	Vanessa Cardona	Rock Darin
Ruben Acosta	Jeff Bailey	Noè Carranza	Deneve David
Jane Acostanaleul	Omar Baños	Josen Carrillo	Mark Davis
Monica Aguilar	Angelica Barajas	Tyrone Carter	Roman Davis
Jose Alanis	Brian Beneat	Lily Catanes	Oscar De La O
Christian Aldama	Valerio Benie	Bert Champajne	Yolanda Delgado
Dan Alivia	Ada Benyd	Della Chapman	Margaret Dellia
Raul Alonso	Orville Bigelow	Avelino Cobos	Homero del Pino
Willy Anderson	Peter Boonyroni	Cheryl Connolly	Carla de Olivir
Nikkanni Andrews	Bill Brown	Christine Corrales	Cuauhtenoc Diaz
Rosario Apresa	Camilo	Pablo Cosillos	Teresa Diaz
Ceusinro Aravelles	Armand Cachero	Alberto Cowre	Sherrie Dunn

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PUBLIC (cont.)

Daniel Dyola	Tim Kurdie	Ezer Monte	Kelly Sandoval
Juan Escobedo	Sylvia Lao	Miguel Montes	Sergio Saucedo
Anthony Espinosa	Joseph Leahy	Leland Morrili	Jose Sean
Donald Evans	Warren Lee	Francisco Murdozodr	Sergio Sentos
Kurt Evans	Gabriela León	Lelenia Navarro	Scott Singer
Lawrence Fernandez	Jesus Leya	Mae Ne	Shelley Singer
Miguel Fernandez	Janelle L'Heureux	Denis Neens	Arturo Solis
Ray Fernandez	Andjes Lopez	Melissa Nuestro	Omar Solórzano
Joan Finess	Melissa Lopez	Monica Nuno	William Stadler
Lisa Fisher	Darryl Lovett	Jenny O'Malley	Margaret Steele
Susan Forrest	Bryce McDavitt	Joni Oleany	Benjamin Stilp
Stacey Fuller	Gil Magee	Joanne Oliver	Rudi Sugianno
Eduardo Garcia	Gabriel McGowan	Cathy Olufs	Petros Sykes
Fanny Garcia	Tara McKay	Michel Ormand	Lydia Szainz
Zella Gilden	Shelley McKittrick	Carla Osorio	Louise Tchanga
Elizabeth Gomez	Wil Magee	Lawrence Padua	Margarita Tinajero
Evelyn Gonzalez	Juan Malerio	Nicolas Panagra	Beverly Thomas
Leslie Goodylcernte	Victor Mandoza	Loryn Pedersen	Craig Thompson
Charlie Gremelot	Ingrid Marchus	Wavlda Peevy	Justina Thompson
Shawn Griffin	Oscar Marquez	Raul Pelago	Steve Topoozian
Frank Gulli	Arcadio Martin	Javier Pena	Saul Trinidad
Amenda Hawkins	Carolynn Martin	Enrique Penez	Brigitte Tweddell
Enka Hdez	Viviane Martines	Victor Pereda	Francisco Valdéz
Pato Hebert	Elmer Martinez	Lorena Pinedo	Gregory Valenzuela
Philip Hendricks	Enrique Martinez	Richard Presnell	John Valenzuela
Tonya Hendricks	Jose Martinez	Armando Quinte	Silvia Valerio
Chuck Henry	Rigoberto Martinez	Pabboo Redfeather	D. Albert Vasquez
Arturo Hipoluodos	Victor Martinez	Candace Rhodes	Carolina Velasquez
Bryon Iwroth	Viviana Martinez	Jack Rieth	Justo Velasquez
Francell Jackson	José Mata	Brian Risley	Jose Villalobos
Miki Jackson	Marta Melendez	Mickie Robbins	Jose Villatoro
Thelma James	Roberto Melendoz	Claudia Rodriguez	Amoke/Carolyn Warren
Jose Jillatoro	Noe Melibn	Rafael Rodriguez	Charles Watson
Alejandro Joarez	Francisco Mendoza	Rowe Rodriguez	Steve Wayland
James Johnson	Desmond Meza	Tania Rodriguez	Adam Wayne
Dina Kancepolsky	Doyne Mitchell	Jill Rotenberg	Anne-Marie Williams
David Kelly	Ardis Moe	Alejandro Ruiz	Thea Williams
Carol Kim	Rosa Molina	Albert Sapiens	Bryon Wilmoth
Kevin Kuch	Joel Montano	Julian Sanchez	Elijah Yecke

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

A. Roll Call (Present): Braswell, Ballesteros, Broadus, Daar, Engeran-Cordova, Giugni, Goddard, Goodman/Chamberlain, Johnson, Kochems, Liso, Long, Negrete, O'Brien, Orozco/Osario, Page, Pérez, 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 May 14, 2009 Commission on HIV meeting and the June 4, 2009 Joint Commission/PPC Special meeting (*Passed by Consensus*).

4. CONSENT CALENDAR:

MOTION 3: Approve the Consent Calendar with Motion 4 pulled for later consideration; Motions 5 and 9 withdrawn; and abstentions noted by Dr. Long on Motions 6, 7 and 8 (*Passed by Consensus*).

5. PARLIAMENTARY TRAINING:

- Mr. Stewart reviewed “calling the question” per previous Commission request. It is used to end debate and go to vote. It requires a second and a two-thirds vote. Usually the original motion goes directly to vote, but several motions can intercede. These are: refer to Committee; postpone to later in the meeting or to the next meeting; table; recess; adjourn; motions of inquiry or information; reconsider the motion to end debate; or in Brown Act meetings, public comment.
- Questions from the public should be addressed to the Chair. The Chair will answer or assign someone else to answer.
- The Commission may limit comment. Usually the limit is two minutes, but it may be shortened to permit more speakers. Total public comment may also be limited with groups of speakers asked to select representatives to express their views.
- Mr. Stewart noted that all comments after the motion are guidance to the motion.
- Mr. Vincent-Jones noted that Commissioners cannot engage in discussion with speakers about non-agendized public comments, but make ask limited questions or for clarification. Commissioners are allowed to have more of a dialogue with the public in response to their comments on agendized items.

6. PUBLIC COMMENT, NON-AGENDIZED: Tony Walker, CEO, St. Anne’s Maternity Home, welcomed the group. He acquainted new visitors with St. Anne’s mission as a residential facility for young women and children who have suffered abuse or neglect. Thirty-two live in the building with 18 children under age 3. Adjacent buildings provide transitional housing for 40 women, a charter school and mental health services.

7. COMMISSION COMMENT, NON-AGENDIZED:

- Mr. Page and Mr. Orozco thanked the many consumers who participated in the LA and Sacramento rallies.
- Mr. Negrete invited participation in National Latino AIDS Awareness Day (NLAAD) planning meetings at OAPP, 9:00 am, on first Mondays. Its mission is to raise HIV/AIDS awareness, advocate for the Latino community, and reduce infections by building a coalition for Latino education, prevention and care through the annual local observance of NLAAD.

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

9. STANDING COMMITTEE REPORTS:

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

- Ms. Watt, Co-Chair, complimented the large community participation. She noted P&P meetings were moved to larger rooms during the priority- and allocation-setting process, but few people from the public attend. She encouraged more significant attendance in the future. Mr. Goodman indicated that close to a majority of P&P Committee members are consumers.
- Ms. Watt added the Committee draws on a broad range of information during deliberations including the SUNAR, priority rankings, assessment of other funding resources, cost and service effectiveness information, input from SPA provider forums and from the Consumer Caucus. There have been 37 hours of P&P meetings in developing priorities and allocations with an additional 60 hours of preparation work minimum done by the co-chairs.

1. FY 2009 Service Utilization/Needs Assessment Report (SUNAR):

- Ms. Watt presented the SUNAR which uses HIV Epidemiology Program data; needs assessment data from the Los Angeles Coordinated HIV Needs Assessment (LACHNA); service utilization data from the OAPP HIV Care and Service Utilization, 2007 Year-End Report, March 2009; and financial data from OAPP.
- Service categories are grouped by cluster with both the cluster and individual categories reviewed. The clusters are: Primary Health, Medical, Coordination, Access, Counseling/Education, Barriers, and Residential. Each service category includes HRSA and Commission definitions as well as Commission guidance for the service.

- LACHNA data is broken out by how many respondents were aware of each service, how many of those aware of it expressed need for the service, and how many of those who expressed need for it received the service. The service gap is identified as the percentage of respondents who expressed need for the service but did not receive it.
 - Ms. Watt reviewed each category including utilization information and all pertinent sources of funding. The full SUNAR and the PowerPoint summary of it are available on the Commission website.
2. **FY 2010 Allocations:** Commissioners identified their conflicts of interest as is required for discussion of allocations.
- Mr. Goodman, Co-Chair, presented on the P&P FY 2010 recommendations based on Ryan White as funding of last resort for the most comprehensive, cost effective system of care. He reviewed other funding streams for each cluster.
 - P&P previously has adopted funding scenarios to address flat-funding, increase or decrease of the final award. This year, in light of uncertain economic conditions, P&P will review allocations if there are any changes to the award.
 - This year's paradigms are: equity, nuanced inclusiveness and utilitarianism. Operating values are: access, efficiency, quality and representation. These have remained the Commission's paradigms and operating values for many years.
 - OAPP, the administrative agency, contracts and monitors programs while the Commission's charge is to allocate Ryan White Part A/Part B funds to service categories. P&P considers, but is not bound by, OAPP recommendations.
 - P&P agreed with the OAPP recommendation to allocate \$21 million to the Medical Outpatient/Specialty service category, which includes Local Pharmacy Program/Drug Reimbursement and Counseling and Testing in Care Settings. This departs from percentage allocation to ensure current funding levels and service stability. It also consolidates funding in Part A freeing \$1 million of NCC for other purposes and reducing administrative expense.
 - P&P also agreed with the OAPP recommendations to allocate the previously approved SPA 1 Service Plan from allocations for the pertinent categories and to re-categorize Case Management (CM), Home-Based as a core medical service consistent with the HRSA designation for the service category.
 - OAPP recommended continuing FY 2009 allocations into FY 2010 as numerous categories will go to bid in the next few months. Nine will have new contracts by FY 2010 start with others to follow. OAPP proposes bringing more recommendations to the Commission as solicitations are completed and the schedule for contracts is put in place.
 - The Consumer Caucus recommended improving access especially in view of the many seeking public services for the first time due to the economic situation. Services identified to improve access are: Benefits Specialty, Outreach, Health Insurance Premiums/Cost-Sharing, Medical Care Coordination (MCC) and Workforce Re-Entry.
 - A poll of Caucus members recommended increases to the following: Benefits Specialty (40%); Substance Abuse (40%); Psychotherapy (40%); Case Management, Psychosocial and Transitional (40%), Transportation (25%), Oral Health (25%) and Health Insurance Premiums/Cost-Sharing (15%).
 - P&P recommended no allocation to MCC until FY 2011 to permit implementation of TA begun in May 2009.
 - P&P recommended increases from FY 2009: 1. Benefits Specialty, new, 2.0%, to increase client access to benefits outside the Ryan White system; 2. Health Insurance Premiums/Cost Sharing, new, 1.0%, to help clients remain insured to reduce full reliance on the Ryan White system; 3. Outreach, new, 1.0%, to target those fallen out of care, at risk of falling out of care, or aware of HIV+ status but not in care (unmet need); and 4. Medical Transportation, increase, 1.9% to 2.7%, to help clients access care in lieu of identified service gaps and rising transportation costs.
 - Mr. Goodman noted the Commission allocated to Benefits Specialty in FY 2009, but re-allocated it for that year in order to maximize expenditure of funds when various administrative issues stalled implementation in 2009.
 - Decreases recommended to fund increases: 1. CM, Psychosocial, 8.0% to 7.6%, Benefits Specialty services now in CM will shift to the new service which should also reduce CM need; 2. Treatment Education (TE), 3.3% to 0.0%, a supplementary service, this should be regularly offered in MO/S and case management services and is ranked 18 of 38 service categories; 3. Nutrition Support (NS), 1.1% to 0.0%, ranked 20, in lieu of other community resources, \$250,000 in NCC funding and cost effectiveness of FY 2009 \$343,000 Ryan White funding for three providers.
 - Mr. Page asked about Substance Abuse. Mr. Goodman noted Treatment is funded through other funding streams. He added Peer Support remained unchanged from FY 2009 with a 0.0% allocation.
 - Mr. Negrete asked about Nutrition Support LACHNA data. Ms. Watt replied there were 2,392 clients with 1,876 males, 459 females, 55 transgenders and 2 unknowns. There were: 543 Caucasians, 680 African-Americans, 1,094 Latinos, 48 Asian/Pacific Islanders, 15 Native Americans, 4 others and 8 unknowns. There were: 40-49, 1,037; 50 or older, 713; 30-39, 488; 25-29, 84; 19-24, 40; 18 or younger, 30.
 - Mr. Negrete asked if Nutrition Support could be separated into food banks and home meal delivery. Mr. Vincent-Jones replied the majority of funds supported food banks, but specific percentages were not available at that time.
 - Mr. Negrete asked about income eligibility. Ms. Watt noted HRSA income eligibility is 135% of Federal Poverty Level (FPL) or less, which is \$1,218 per month or less. Ms. Hendricks responded that APLA's Necessities of Life Program (NOLP) serves over 2,400 people, of which 70% live at or below the 100% FPL, which is \$902 per month.

- Mr. Goddard suggested it might be wise to postpone allocations until the state budget is determined. Mr. Goodman replied it was necessary to move forward to ensure time for all services, including new ones, to be implemented.
- Mr. Giugni asked if Health Insurance Premiums/Cost Sharing could be incorporated into Benefits Specialty. Ms. Watt said it could not because a new mechanism needs to be developed to provide the service, although the two categories might be offered concurrently.
- Ms. Broadus asked if P&P had looked at utilization trends. Mr. Goodman affirmed that data from two or three years was reviewed to account for ordinary fluctuations especially in regards to underspending. For example, TE has been underspent by over \$250,000 per year for several years.
- Mr. Ballesteros asked if Outreach could be addressed through existing services. Mr. Goodman said some outreach is being addressed through other services, but the Outreach service category is intended to supplement those efforts and specifically targets unmet need rather than program enrollment.
- **Public Comment:** There were some 200 public attendees of which about 60 providers and consumers spoke. Mr. Goodman said it would help if those requesting more funds for a category to recommend what category they would reduce to fund it.
 - Mr. Singer recommended not funding Outreach because addressing unmet need is part of the MCC model.
 - Ms. McKay is a coordinator of an on-going three-year longitudinal study, Evaluation of Treatment Advocacy, funded by NIH in collaboration with Harvard, APLA, Cal State Dominguez Hills and the Rand Corporation. Using surveys and interviews, TE clients show better adherence with only 10% missing any doses in the previous week compared to 38% clients not receiving TE. Over the previous month, TE clients took 92% of doses compared to 72% of clients not receiving TE. Other research has shown that a 10% decrease in adherence is associated with a doubling of the viral load with attendant increased transmission risk and 28% risk of progression to AIDS.
 - Mr. Risley, Program Manager, Treatment Education Program, APLA agreed that TE might be reduced, but it should not be cut entirely. It goes beyond adherence counseling to bring and keep clients in care. He read a statement from Dr. Judy Currier, Co-Director, UCLA Care Center, in which she states loss of TE would undercut the link that supports people in getting tested and into care.
 - Ms. Olufs, Education Director, Center for Health Justice felt TE is needed even if reduced. Only two providers offer services in the County jail system and other funding resources like pharmaceutical companies have dried up. CHJ TE helps people transition into care including provision of a free information hotline. She suggested a TE study before reductions as the contract has been rolled over repeatedly and not all services delivered are being counted.
 - Mr. Cachero, Treatment Advocate Community Organizer, Asian Pacific AIDS Intervention Team (APAIT) noted that Asian/Pacific Islanders represent 45 ethnicities and 28 languages in the County. They represent the fastest growing infection group with a 2.5 increase in the last three years. Health care providers, case managers and pharmacists not only often lack the time, but also lack language skills. Culturally, the population lacks concepts for viral resistance, drug interactions, side effects or taking medication when not ill.
 - Ms. Cardona, TE, Women Alive, said TE is important for women of color to overcome barriers.
 - Fanny Garcia, TE, AltaMed, noted she has worked in housing, research and as a case manager. She indicated that she was too busy then finding housing and food for clients to review their medical situation and provide needed in-depth education.
 - Consumers reported TE allayed fears of starting treatment by helping them understand it and improved adherence by continued support. They reported MO/S staff lack time for detailed explanations and CM staff lack time and specialized treatment information especially for non-English speakers.
 - Mr. Bailey, Director, Client Services, APLA, noted that NS and TE are gateway services that bring people into care. About 350 people come to NOLP at the Geffen Center on Fridays. NOLP is scheduled then to take advantage of the mental health interns there at that time.
 - Members of the public spoke in support of NS, noting that the economy has stretched other resources. If available, other resources are not trained in PWH/A needs and lack the range and quality of foods treatment regimens require. Many expressed past or present reliance on NS. Some also reported discrimination when trying to access other resources.
 - Ms. Molina, 20 years HIV+, said her first eight years were very hard and needed her doctors, support group, care treatment specialists and food bank to do that. She supported current services especially for the newly diagnosed. Food vouchers were helpful, but the food bank is better as the dietician explains nutrition.
 - Mr. Ormand felt he is discriminated against at food banks. He has tried other food banks. They have often been AIDS- or homophobic. He has also received food with bugs in it.

- Mr. Escobedo, HIV+ 25 years, related that people may have family and friends when well, but are alone when ill. He asked support for people's needs.
- Ms. Hendricks reported APLA had surveyed Los Angeles-area food banks. They found 125 of which about 102 were run out of local churches. Less than half are open once or twice a month with 29 distributing food once a month and 4 conducting one-hour distribution. Some are open on a specific day "until food runs out." Distributed food is based on availability with the emphasis on canned or dry goods. There is limited or no access to a dietician. NOLP sites, on the other hand, are near transportation, and offer hygiene/cleaning supplies, fresh fruit, vegetables, dairy and meats with 19% of calories protein as recommended by global and national guidelines of 15% to 20%.
- Mr. Thompson, APLA, noted the current system has equal distribution countywide. NOLP leverages County funds and volunteers to provide 143,000 bags of food last year for \$417,000 or \$2.90 per bag. NOLP's total budget is \$1.7 million: with \$500,000 of donated food, FEMA and HOPWA, and \$700,000 of privately raised funds. A recent OAPP report showed just 62 clients used both NOLP and Project Angel Food. He supported the OAPP allocations.
- Victor Martinez, Director, Programs, Bienestar, felt there is significant stigma against Latina and African-American clients at other community food resources as well as lower quality. He felt TE is required for specialized experience. He is unclear about the benefit of Outreach and supported all of the OAPP allocation recommendations.
- Mr. De La O, Executive Director, Bienestar, noted other barriers to care services like language/interpretation, legal services and peer support have been cut, with TE and NS cuts proposed. He felt it was unrealistic to implement the new categories in FY 2010 and supported all of the OAPP recommendations.
- Mr. Arguelles, Treatment Advocate, Bienestar, said his services were especially important for the monolingual Spanish-speaking. They often do not understand HIV+, medication adherence or accessing services.
- Ms. Steele, CEO, Project Angel Food, noted 50% of the 20-year-old agency's clients have HIV/AIDS as their primary diagnosis. People of color constitute 65% of clients. Some 300,000 meals are prepared for 800 unduplicated PWH/A annually. The service is medically based and meals are targeted to those most in need and medically fragile. Budget cuts were made in January 2009, so additional cuts will result in service deterioration. Mr. Stilp, CFO, Project Angel Food, said the economic environment has reduced donations. He felt it was unwise to launch new programs at the expense of established ones in such an unstable environment.
- Dr. Moe is a Project Angel Food Board Member and an HIV-specialist. She relies on Project Angel Food to provide nutrition for patients with severe disabilities. She added that TE programs are key in identifying such patients and bringing them into care.
- Ms. Stevens, Outreach Coordinator, Project Angel Food, noted they provide breakfast bags and/or extra meals for those with special needs. Mr. Bigelow, RD, Manger, Nutrition Services, Project Angel Food, noted wasting and neuropathy remain problems. The County also has what are called "food deserts" where fresh fruits and vegetables are difficult to access.
- Mr. Curtis, Director, Government Affairs, APLA, reported there was a food summit about a year ago at OAPP. A study was planned, but did not appear to have been done. He researched food availability for the meeting and found the LA Regional Food Bank has reported a 31% rise in the need for food. He recommended a food study.
- Mr. Henry, Chairperson, West Hollywood Human Services Commission, presented a unanimous motion to reject the cut to NS. Over 300 West Hollywood residents rely on NS. Other community resources report a 30% to 50% rise in demand as food and financial resources decline. HRSA's website lists seven clinical guidelines and the seventh describe nutrition as integral to HIV care. He added it is hard to launch a program in one year, so felt it unwise to eliminate needed resources to fund potential new ones.
- **Commission Comment:** Mr. Goodman noted that NS includes both food banks and home food delivery, but not Medical Nutrition Therapy, which retained its FY 2009 1.0% allocation for dietician assistance and nutritional supplements. He also responded that living with HIV+ 27 years and previously relying on food banks, he would not support a plan that left people without food.
 - Ms. Watt reported that she had researched food resources and located many good services. While hard to cut any service, funding Health Insurance Premiums/Cost Sharing allows someone laid off to keep insurance and avoid becoming wholly reliant on Ryan White. The County has an estimated 15,000 undiagnosed people for whom Outreach is critical. She noted these allocations are just for Ryan White Part A/Part B. There are also \$17.3 million in Maintenance of Effort (MOE) funds contributed by the County and required by HRSA.
 - Mr. Pérez clarified that the total County NS investment is \$591,000 with \$359,000 in Part A and \$232,000 in NCC. Mr. Pérez, Director, OAPP, said it may not be possible to launch new services by the start of YR 2010 especially if, as is likely, the Board requires an RFP. That halted implementation of Benefits Specialty in FY

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2009, which OAPP had planned to sole source. He added the \$17.3 million NCC funds may not be able to backfill all Ryan White reductions especially in lieu of the current instability of state funds.

- Ms. Chamberlain was concerned that many people seemed to believe food was about to be eliminated. Some have already left the meeting, she noted, so providers should ensure they understand that was not the proposal. She encouraged providers to review their overhead. She cut 20% in staff to ensure long-term viability of services with staff working longer and also rallying volunteers to help.
- Mr. Engeran-Cordova clarified that Commission seats represent constituencies throughout the County. He would not vote for people to go hungry. He did not hear that NOLP would close if funds were cut and did not see how a \$1.7 million program would be so severely affected by a cut of less than \$343,000 distributed among three providers.
- Ms. Jackson noted one e-mail from a food provider said food service would be cut unless consumers attended the meeting and another referred to “elimination.” She suggested copies be included in the record.
- Mr. Thompson, in response to whether or not APLA would close NOLP as their communications indicated, said he could not anticipate his Board’s actions, but they will depend on the depth of any cuts. If APLA lost the \$417,000 of combined Ryan White and NCC funds, they would no doubt close sites as the sources are leveraged against each other to provide balanced food, nutrition screenings and dietician support.
- Mr. Ballesteros asked about for an explanation of differences between OAPP and P&P recommendations. Mr. Goodman replied it was need for services like Benefits Specialty.
- Mr. Page said if it were not for his case manager he would not have received substance abuse treatment and would not be eight years clean. He felt TE is critical and cannot be adequately addressed in other categories. TE has been essential in helping him find the best treatment protocol. He and his wife depended on Project Angel Food when he was first diagnosed, have used the East Valley food bank and may need to again. Ms. Watt noted Substance Abuse, Treatment is being funded through other funding streams.
- Mr. Orozco, HIV+ 25 years, asked if OAPP could oversee other community food banks to address problems and asked if providers track donations to ensure they go back to the community. Mr. Braswell noted OAPP would not have regulatory authority for services they do not fund, and suggested people involved in fundraising help ensure that providers use the money appropriately for services.
- Mr. Johnson said that as a PWA, he has gone hungry, but his job at the Commission is to plan a sustainable service model with resources going to the greatest need. TE in a medical environment is the best standard. While important to review all information, it is also important to move quickly to ensure service implementation.
- Ms. Broadus said overall she prefers the OAPP recommendations with perhaps some minor adjustments. TE and HC/T already draw people into and keep them in care that is culturally appropriate and confidential. If referred back to Committee, additional information should be thoroughly reviewed. She recommended: “Social Determinants of Health Among Persons Disproportionately Affected by HIV and AIDS,” National Center for HIV/AIDS Viral Hepatitis, STD and TB Prevention (reporting a 50%+ influence on health/wellness by social conditions and ecology with the rest influenced by medical care, health behavior, genes and biology), the National Center for Education and Statistics that identifies low health literacy and resultant difficulty in making health decisions among older adults, minorities, the poor and medically underserved; the US Government Accountability Office discusses three major access barriers for minorities: co-morbidities (hypertension, mental illness, STDs and TB), unstable housing, and poverty; and, “Sizable Health Disparities Evidenced in Every State Between Women of Different Racial and Ethnic Groups,” Kaiser, which discusses social conditions and disproportionate distribution among women of color.
- Mr. Giugni asked how Benefits Specialty and Health Insurance Premiums/Cost Sharing are now funded. Mr. Vincent-Jones replied some Benefits Specialty is under CM, Psychology and some is funded through Client Advocacy, not part of these allocations. It was allocated funds in FY 2009, but not utilized. Funds were returned to CM, Psychosocial with guidance to use them for Benefits Specialty. Health Insurance Premiums/Cost Sharing has not been offered previously. State Care/HIPP provides a similar service at the State level.
- Mr. Liso, 23 years HIV+ and P&P member, was previously a certified nutrition health educator. He became a Commissioner by getting involved and encouraged others to do the same. Participants today made a difference, but it is important not to allow ourselves to be divided and to keep working on the local, state and federal levels.
- Mr. Goddard, Serra Project, expressed concern about the effect of state cuts. They studied how people cope with economic problems apart from government assistance. Most rely on friends and family but, with the scale of layoffs and unemployment, fewer will have those resources. He urged providers to work together to address the holes developing in services. His phone number is available for anyone who wants to engage in that process.

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- Mr. Braswell thanked Mr. Goodman and Ms. Watt for their dedicated work despite many inappropriate and even threatening emails and messages.
- Mr. O'Brien, P&P Committee Member, moved to refer allocations back to the next Committee meeting in order to better consider all the additional input.

MOTION 4: Approve FY 2010 Allocations, as presented (*Referred to Committee*).

MOTION 4A (O'Brien/Engeran-Cordova): Refer FY 2010 Allocations back to the Priorities and Planning (P&P) Committee for further consideration (**Passed: 22 Ayes; 0 Opposed; 0 Abstention**).

Service Category	FY 2010 Rankings	FY 2010 Allocations	FY 2009 Allocations
Medical Outpatient/Specialty	1	\$21M ¹	58.0%/1.5%
AIDS Drug Assistance Program (ADAP)/ADAP Enrollment	2	0.0%	0.0%
Local Pharmacy Program/ Drug Reimbursement	3	\$21M ¹	0.0%
Benefits Specialty	4	2.0%	0.0%
Oral Health Care	5	3.7%	3.7%
Mental Health, Psychiatry	6	2.5%	2.5%
Mental Health, Psychotherapy	7	6.5%	6.5%
Case Management, Medical	8	1.5%	1.5%
Case Management, Psychosocial	9	7.6%	8.0%
Early Intervention Services	10	0.0%	0.0%
Health Insurance Premiums and Cost Sharing	11	1.0%	0.0%
Substance Abuse, Residential	12	6.5%	6.5%
Substance Abuse, Treatment	13	0.0%	0.0%
Residential, Transitional	14	0.0%	0.0%
Residential, Permanent	15	NF ²	NF ²
Outreach	16	1.0%	0.0%
Medical Transportation	17	2.7%	1.9%
Treatment Education	18	0.0%	3.3%
Medical Nutrition Therapy	19	1.0%	1.0%
Nutrition Support	20	0.0%	1.1%
Legal	21	0.0%	0.0%
Case Management, Transitional	22	1.5%	1.5%
Direct Emergency Financial Assistance	23	0.0%	0.0%
Case Management, Housing	24	0.0%	0.0%
Language/Interpretation	25	0.0%	0.0%
Skilled Nursing	26	2.0% ³	2.0% ³
Home Health Care	27	0.0%	0.0%
Case Management, Home-based	28	1.0%	1.0%
Hospice	29	2.0% ³	2.0% ³
Child Care	30	0.0%	0.0%
Workforce Entry/Re-entry	31	0.0%	0.0%
Rehabilitation	32	0.0%	0.0%
Health Education/Risk Reduction	33	0.0%	0.0%
Counseling and Testing in Care Settings	34	\$21M ¹	0.0%
Referrals	35	0.0%	0.0%
Peer Support	36	0.0%	0.0%
Respite Care	37	0.0%	0.0%
Psychosocial Support	38	0.0%	0.0%

Bolded services are core medical services.

¹ Medical Outpatient/Specialty services include Local Pharmacy Program/Drug Reimbursement and Counseling and Testing in Care Settings.

² Not fundable by Ryan White Program Parts A and B.

³ The allocation is combined for these two service categories.

3. **SPA 1 Allocation Plan Implementation:** The RFP has been released. Ms. Watt encouraged providers to apply.

B. Joint Public Policy (JPP) Committee:

1. **State Budget Cuts:**

- Mr. Vincent-Jones thanked the Commission for their compliments and responded that collectively staff and Julie Cross had stepped up as much as possible to the challenge of the State Budget Cuts. He said the rallies were noted by the media and politicians on various levels, but the budget process continues. The Budget Conference Committee is scheduled to begin voting on the remaining \$80 million in proposed cuts to the State's HIV/AIDS portfolio. Briefs are in the packet on specific proposed cuts. Mobilization must continue until the budget is signed.
- Ms. Watt donated an extra booth for Gay Pride Festival, and suggested that volunteers distribute information at the Festival and along the parade route.

2. **Health Reform:** This item was postponed.

MOTION #5: Approve the Commission's Health Reform Principles, as presented (*Withdrawn*).

3. **Legislative Recommendations:**

- a. CA AB 1397: Tissue Donation:

MOTION #6: Support AB 1397 (Tissue Donation), and forward recommendation to the Los Angeles County Board of Supervisors, Chief Executive Office and other parties, as appropriate (*Passed as part of the Consent Calendar: 1 Abstention*).

- b. US S 700: Ending Medicare Wait Period:

MOTION #7: Support S 700 (Ending Medicare Disability Waiting Period) with amendment to eliminate phase-in implementation, and forward recommendation to the Los Angeles County Board of Supervisors, Chief Executive Office and other parties, as appropriate (*Passed as part of the Consent Calendar: 1 Abstention*).

- c. US HR 1708: Ending Medicare Wait Period:

MOTION #8: Support HR 1708 (Ending Medicare Disability Waiting Period) with amendment to eliminate phase-in implementation, and forward recommendation to the Los Angeles County Board of Supervisors, Chief Executive Office and other parties, as appropriate (*Passed as part of the Consent Calendar: 1 Abstention*).

- d. CA SB 56: Change "Support" to "Watch":

C. Standards of Care (SOC) Committee:

1. **Grievance Policy and Procedure:** This item was postponed.

MOTION #9: Approve the Grievance Policy and Procedures, as presented (*Withdrawn*).

2. **Medical Care Coordination TA:** This item was postponed.

3. **Comparative Effectiveness:** This item was postponed.

D. Operations Committee:

1. **Member Nominations:**

MOTION #10: Nominate Karen Peterson for the SPA 1 provider seat, Jenny O'Malley for the SPA 3 provider seat, and Everett Alexander for the SPA 5 consumer alternate seat and forward to the Board of Supervisors for appointment (*Passed as part of the Consent Calendar*).

2. **Commission Orientation/Training:** This item was postponed.

11. TASK FORCE REPORTS: There were no reports.

12. CO-CHAIRS' REPORT: Mr. Braswell thanked Ms. Granai who is retiring from the Commission for her service as a commissioner and her advocacy work on behalf of SPA 1 and all County consumers.

13. EXECUTIVE DIRECTOR'S REPORT: There was no report.

14. STATE OFFICE OF AIDS (OA) REPORT: There was no report.

15. OFFICE OF AIDS PROGRAMS AND POLICY (OAPP) REPORT: This item was postponed.

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

17. PUBLIC HEALTH/HEALTH CARE AGENCY REPORTS: There was no report.

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18. **PREVENTION PLANNING COMMITTEE (PPC) REPORT:** This item was postponed.
19. **BENEFITS REPORT:** This item was postponed.
20. **CONSUMER CAUCUS REPORT:** This item was postponed.
21. **SPA/DISTRICT REPORTS:** There were no reports.
23. **STATE BUDGET CUTS STRATEGY:** There was no additional discussion.
24. **COMMISSION COMMENT:** There were no comments.
25. **ANNOUNCEMENTS:** Mr. Engeran-Cordova said AIDS Healthcare Foundation, Public Health, has issued its \$500,000 testing RFP for community partners as part of the domestic testing initiative which has a goal of 40,000 additional tests in LA County. Their 14-city testing bus tour from Los Angeles to Washington, D.C. has now reached Phoenix and is being well received.
26. **ADJOURNMENT:** Mr. Braswell adjourned the meeting at 3:15 pm in memory of Steve Edwards, friend of Mr. Goodman who died unexpectedly of AIDS, and Roger McFarland, friend of Mr. Kochems who was co-founder of Gay Men's Health Crisis, active in many HIV organizations such as Broadway Cares, was honored at the Tony Awards and with lights dimmed on Broadway.
 - A. **Roll Call (Present):** Aviña, Bailey, Braswell, Broadus, Engeran-Cordova, Giugni, Goodman, Granai, Johnson, Kochems, Liso, Long, Negrete, O'Brien, Orozco, Pérez, Sotomayor, Watt

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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 May 14, 2009 Commission on HIV meeting and the June 4, 2009 Special Commission on HIV meeting.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #3: Approve the Consent Calendar with Motions 4 and 5 removed.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #4: Approve FY 2010 Allocations, as presented	<i>Referred to Committee</i>	MOTION REFERRED TO COMMITTEE
MOTION #4A: (<i>O'Brien/Engeran-Cordova</i>): Refer FY 2010 Allocations back to the Priorities and Planning Committee for further consideration.	<i>Ayes:</i> Aviña, Bailey, Ballesteros, Braswell, Broadus, Daar, DeAugustine, Engeran-Cordova, Giugni, Goddard, Goodman, Granai, Johnson, Kochems, Lisa, Long, Negrete, O'Brien, Orozco, Palmeros, Sotomayor, Watt <i>Opposed:</i> None <i>Abstentions:</i> None	MOTION PASSED Ayes: 22 Opposed: 0 Abstention: 0
MOTION #5: Approve the Commission's Health Reform Principles, as presented.	<i>Withdrawn</i>	MOTION WITHDRAWN
MOTION #6: Support AB 1397 (Tissue Donation), and forward recommendation to the Los Angeles County Board of Supervisors, Chief Executive Office and other parties, as appropriate.	<i>Passed as part of the Consent Calendar</i> <i>Abstention:</i> Long	MOTION PASSED Abstention: 1
MOTION #7: Support S 700 (Ending Medicare Disability Waiting Period) with amendment to eliminate phase-in implementation, and forward recommendation to the Los Angeles County Board of Supervisors, Chief Executive Office and other parties, as appropriate.	<i>Passed as part of the Consent Calendar</i> <i>Abstention:</i> Long	MOTION PASSED Abstention: 1
MOTION #8: Support HR 1708 (Ending Medicare Disability Waiting Period) with amendment to eliminate phase-in implementation, and forward recommendation to the Los Angeles County Board of Supervisors, Chief Executive Office and other parties, as appropriate.	<i>Passed as part of the Consent Calendar</i> <i>Abstention:</i> Long	MOTION PASSED Abstention: 1
MOTION #9: Approve the Grievance Policy and Procedures, as presented.	<i>Withdrawn</i>	MOTION WITHDRAWN
MOTION #10: Nominate Karen Peterson for the SPA 1 provider seat, Jenny O'Malley for the SPA 3 provider seat, and Everett Alexander for the SPA 5 consumer alternate seat and forward to the Board of Supervisors for appointment.	<i>Passed as part of the Consent Calendar</i>	MOTION PASSED