LOS ANGELES COUNTY COMMISSION ON HIV

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COMMISSION ON HIV
MEETING MINUTES
December 8, 2011

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	DHSP STAFF
Carla Bailey, *Co-Chair*/Kevin Lewis	Sergio Aviña	H. Avilez	Kyle Baker
Michael Johnson, *Co-Chair*	Anthony Braswell	Mercedes Azcarate	Rhodri Dierst-Davies
Al Ballesteros	Douglas Frye	Danny Bado	Amy Wohl
Cheryl Barrit	Lee Kochems	Celia Banda-Brown *(by phone)*	Juhua Wu
Joseph Cadden	Elizabeth Mendia	Kirk Collins	
Whitney Engeran-Cordova	Angélica Palmeros	Zoyla Cruz	
Lilia Espinoza	Mario Pérez	Susan Forrest	**COMMISSION STAFF/CONSULTANTS**
Aaron Fox	Karen Peterson	Shawn Griffin	
David Giugni	Stephen Simon	Randal Henry	Erinn Cortez
Terry Goddard	Fariba Younai	Miki Jackson	Dawn McClendon
Joseph Green		Ayanna Kiburi *(by phone)*	Jane Nachazel
Thelma James		Luke Klipp	Glenda Pinney
Bradley Land		Jennifer Koai	James Stewart
Ted Liso/James Chud		Richard Kushi	Craig Vincent-Jones
Anna Long		Brad Leathers	Nicole Werner
Abad Lopez		Ingrid Marchus	
Quentin O'Brien		Richard Martin *(by phone)*	
Jenny O'Malley		James Moran	
Alberto Orozco		Rick Rosples	
Juan Rivera		Gayle Rutherford	
Carlos Vega-Matos		Sharon White	
Tonya Washington-Hendricks		Lisa Wicker	
Kathy Watt		Melvin Wilson	
Jocelyn Woodard/Robert Sotomayor		Jason Wise	

1. **CALL TO ORDER**: Mr. Johnson called the meeting to order at 9:15 am.
   A. **Roll Call** (**Present)**: Bailey/Lewis, Ballesteros, Barrit, Cadden, Espinoza, Giugni, Goddard, Green, James, Johnson, Liso/Chud, Long, Lopez, O'Malley, Orozco, Rivera, Vega-Matos, Watt

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

3. **APPROVAL OF MEETING MINUTES**:
   MOTION 2: Approve minutes from the 11/4/2011 Commission on HIV meeting ***(Passed by Consensus)***.

4. **CONSENT CALENDAR**: Motions 4-9 and 11 were pulled for deliberation.
   MOTION 3: Approve the Consent Calendar, as revised ***(Passed by Consensus)***.

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

6. **PUBLIC COMMENT, NON-AGENDIZED OR FOLLOW-UP**:
   - Mr. Leathers expressed regret over the closure of Rainbow Bridge, which served gay men with cocaine addictions. He now runs West Hollywood Medical Management and Marketing which can assist providers with their needs. Mr. Giugni added Rainbow Bridge was a big loss. The City of West Hollywood has not yet found a replacement. There is a dearth of beds.
   - Ms. Azcarate, Vice President, MOMS Pharmacy, offered continued community support as changes roll out through the system.

7. **COMMISSION COMMENT, NON-AGENDIZED OR FOLLOW-UP**: Ms. Watt suggested inviting the Director, Substance Abuse Prevention and Control (SAPC), to report on its drug and alcohol services and provider trainings on LGBT and HIV issues.

8. **CO-CHAIRS' REPORT**:
   A. **Co-Chair/At-Large Elections**:
      - Mr. Stewart indicated that Ms. Bailey was nominated for re-election. At least one of the co-chairs must be a person of color and, among the co-chairs, at least one female is preferred, but not required. Ms. Bailey was previously nominated. There were no other nominations.
      - Executive Committee At-Large elections were scheduled, but were postponed so candidates can review proposed new duties. As proposed, the Executive Committee At-Large members would also serve as Operations Committee members, expanded from three to five.
      - ➲ To date Executive Committee At-Large seat nominees were Aviña, Engeran-Cordova, Liso, O'Malley and Peterson. Nominations remain open until the January vote.

      MOTION 4: Elect Carla Bailey Commission Co-Chair ***(Passed by Consensus)***.

   B. **FY 2011 Letter of Endorsement**: Mr. Johnson noted the annual letter required by HRSA that certifies grantee (DHSP) priorities- and allocation-setting are consistent with planning council (Commission) votes and directives.

   C. **Health Care Reform Task Force**: Mr. Johnson reported the Executive Committee has chosen to fold Health Care Reform Task Force responsibilities into standing committees, given that the Task Force has accomplished much of its initial work education the Commission about the impact of health care reform.

9. **EXECUTIVE DIRECTOR'S REPORT**:
   A. **HOPWA SPNS Grant**:
      - Mr. Vincent-Jones reported the grant agreement was received from HUD. The Commission was working with DHSP on a Board Letter to accept the grant and implement necessary activities. The Board Letter should be presented in the first week of April when the project is planned to start. The planning process has begun and initial partners have met.
      - The grant required a project sponsor. Alliance for Housing and Healing was selected. It is also the central coordinating agency for HOPWA, so it is expected the Board will accept the sole source contract. DHSP will contract with the Alliance for the bulk of funds which are for services. The Commission will use a small portion of funds for planning.

10. **CALIFORNIA OFFICE OF AIDS (OA) REPORT**:
    A. **OA Work/Information**:
       - Ms. Kiburi, Chief, HIV Care Branch, reported OA received Low Income Health Program (LIHP) transition plans from the 10 legacy counties. OA held teleconferences on remaining questions. Most have begun screening. OA will correspond with counties on next steps. Some have not completed all items and will submit a follow-up report 12/15/2011.
       - OA will next work with non-legacy counties that are considering implementing LIHPs. There are two consortia of smaller counties and counties planning direct implementation. A revised guidance document is being prepared based on lessons learned, especially concerning continuity of care and pharmacy access issues. It should go out the week of 12/12/2011.
       - The Prevention, Surveillance and Care Branches have formed a cross-branch committee for a coordinated response to guidance on subjects such as Early Identification of Individuals with HIV/AIDS (EIIHA), Minority AIDS Initiative (MAI), Linkage To Care (LTC), and Health Care Reform (HCR). The document developed earlier on HCR will serve as a guide.
       - OA is working on its 2012 HRSA Part B application. HRSA held a teleconference 12/7/2011 and asked for a plan in the application on implementation of the six-month recertification process for Part B and ADAP or non-ADAP. HRSA has allowed an extension on the application deadline to address the plan. Recertification is postponed in the interim.

- Mr. Land expressed concern that some providers were not filing for ADAP, required for Medi-Cal approval, due to confusion concerning multiple enrollments, such as for LIHP. He asked for a report if numbers showed a decline.
- Ms. Kiburi responded that counties were asked to ensure Part B and LIHP administrators communicate about LIHP enrollees who will cease receiving Part B/ADAP. Ms. Banda-Brown, Chief, ADAP Section, said OA is meeting with Department of Health Care Services (DHCS) LIHP partners to develop a regular LIHP report and possibly to track people leaving ADAP.
- Mr. Martin, Chief, CARE-HIPP Section, said the Section administers three programs: Medicare Part D Premium Payment Program, OA-PCIP and OA-HIPP. Applications are being accepted for the 2012 Part D Program. It has been revised for ease of use, is available on the OA website, and was sent to 2010-2011 clients. 100 applications have already been received.
- OA-PCIP was launched in November. Notification will be sent to over 14,000 ADAP clients by 12/31/2011 that they are potentially eligible and encourage application. Call 1-800-467-2437 for analyst help or the nearest enrollment site.
- Mr. Vincent-Jones asked if OA-PCIP applicants will be screened for LIHP. Mr. Martin said those in ADAP would not be screened. Those not in ADAP might be screened if the person's county has an operational LIHP.
- Ms. O'Malley was first told 10% Medi-Cal cuts did not impact home health case management, but then received an OA email saying they did and the cuts were retroactive to June. Ms. Kiburi said OA had misinformation from DHCS just corrected two weeks ago. OA is gathering input on how cuts affect providers.
- Mr. Vega-Matos noted OA works directly with six or so Waiver Home-Based Case Management providers in the County. DHSP wants to be part of conversations. In 2009, providers were told they would not be affected, but were cut three months into the year after commitments were made. DHSP had to scramble to avert system collapse.

➲ Ms. Kiburi will provide an OA written update to Mr. Vincent-Jones.
➲ Ms. Kiburi will provide the revised LIHP guidance to Mr. Fox and earlier guidance reviewers prior to release.
➲ Mr. Land will provide conflicting letters on the Medi-Cal eligibility need for ADAP to Mr. Vincent-Jones for Ms. Kiburi.
➲ Ms. Kiburi will follow-up with DHSP concerning Home-Based Case Management developments.
➲ Ms. Kiburi will follow-up on whether or not Medi-Cal In-Home Supportive Services will also be cut 10%.
➲ Ms. Kiburi will follow-up on whether Medi-Cal medical specialists will also be cut 10%.

B. California Planning Group (CPG): CPG community and OA co-chairs continue to meet via teleconference. A webinar is being developed on the new community planning guidelines and contents of the Comprehensive Plan due in 2012.

11. DIVISION OF HIV AND STD PROGRAMS (DHSP) REPORT:

A. HIV Epidemiology Report: There was no report.

B. Administrative Agency Report:

- Mr. Vega-Matos said the new directions forum was held on 12/1/2011. Additional, smaller presentations are planned.
- DHSP continues work with the Department of Mental Health (DMH) and the Department of Health Services (DHS) on the transition to Healthy Way LA (HWLA). DHSP plans to update the Commission at the January meeting. Mr. Vincent-Jones noted the DHSP transition plan submitted to the State Office of AIDS was in the packet.
- He reported HRSA appointed a new Project Officer, Marcus Jackson, effective 11/1/2011.

12. PREVENTION PLANNING COMMITTEE (PPC) REPORT:

- The PPC met 12/1/2011 after DHSP's community forum. It heard a colloquium on "Social Context of Risk Among Heterosexually Active Homeless Men" by Suzanne Wenzel and Harmony Rhoades, School of Social Work, USC.
- RAND Corporation presented on its cost effectiveness analysis of services across prevention, care and treatment, "Robust Decision-Making." Analysis sought to identify interventions with greatest overall impact, e.g., to new infections, linkage to care, and retention. DHSP contracted RAND as part of Enhanced Comprehensive HIV Prevention Planning (ECHPP) work.
- Ms. Watt felt the RAND presentation, in the packet, indicated how advanced Commission and PPC planning have become. That is reflected in development of the first integrated Comprehensive HIV Plan.

14. TASK FORCE REPORTS:

A. Comprehensive HIV Planning Task Force: Ms. Watt urged Commissioners to attend the Comprehensive HIV Planning Task Force meetings. It was formed via Integration and Comprehensive Care Plan Task Forces merger. Per Joint Annual Meeting and PPC votes, it will use HRSA and CDC guidance with writing help from Claire Hustead, DHSP consultant. Integration Task Force continuum and Testing and Linkage to Care work are required as part of the Plan.

B. Community Task Forces:

- Ms. Forrest, HIV Drug and Alcohol Task Force, said its Steering Committee will plan 2012 trainings on 12/12/2011, 11:00 am to 12:30 pm, at Behavioral Health Services Hollywood Recovery Center, 6838 Sunset Blvd. All are welcome.
- A memorial for Cassidy Vickers, a transgender woman, will be 12/17/2011, 2:00 pm, at Lexington and Gower. She was shot and killed in Hollywood shortly before the Transgender Day of Remembrance. Community support is welcome.

15. PUBLIC HEALTH/HEALTH CARE AGENCY REPORTS:

A. LIHP Mental Health Services:

- Ms. Wicker is Chief, Administrative Operations, and oversees the 1115 Waiver, the umbrella for the Low Income Health Program (LIHP) or Healthy WAY LA (HWLA), in Los Angeles County. In light of previous discussions on HWLA, she will focus on select subjects such as how today's situation developed, some mental health benefit aspects, Ryan White provider transition, and the multi-department work group launched in September when the Centers for Medicare and Medicaid (CMS) deemed Ryan White a provider of last resort making some 5,000 Ryan White consumers eligible.
- A January Ryan White providers meeting will work to improve response on issues such as ensuring continuity of care.
- Mental health services have been a mandated LIHP component just since 7/1/2011 so implementation is ongoing.
- Those eligible are aged 19 to 64 with incomes at or below 133% of the Federal Poverty Level (FPL). They must have valid government-issued identification and proof of Los Angeles County residency.
- DMH uses three tiers to identify mental health service groups:
  - ⇨ Tier 1: Services for those with serious, persistent mental illness through County mental health clinics/traditional contractors called Legal Entity providers (LEs). This population will continue to be served through these facilities.
  - ⇨ Tier 2: Serves those experiencing mild to moderate symptoms that can be expected to improve with timely, focused intervention and who do not need long-term service or medications. DMH uses the evidence-based Mental Health Integration Program (MHIP) model of integrated primary care/behavioral health. On average, providers are expected to serve a client over 6 to 12 months with 8 to 12 sessions. Medications are not included, but may be prescribed by the client's primary care provider with consultation by a psychiatrist if needed.
  - ⇨ Tier 3: Serves those seen on an episodic basis. Their home and employment are stable. Their psychiatric condition is stable and/or well-managed on medication prescribed by their primary care provider, rather than through DMH.
- There are differences among Tiers 1 and 2 in diagnostic categories, functional impairment and "medical necessity" as used by Medi-Cal which requires a mental health diagnosis and some level of impairment.
- MHIP was developed by the University of Washington and has been well-documented and researched. It was originally for an older adult population, but has been expanded to the full adult population. DMH has provided two-day trainings to as many new community partners as possible as well as to pre-existing LE and County staff in adult clinics.
- Currently in use for the Tier 1 population, MHIP is rolling out system-wide for the Tier 2 population. It is a short-term, collaborative care model with stepped interventions, a problem-solving therapy focus and behavioral activation,
- There are about 55 community partners providing Tier 1 services. About half also provide Tier 2. Those that do not provide Tier 2 services are paired with a County-operated or LE to ensure seamless services.
- DMH has met with Ryan White providers since September to see if the HWLA mental health benefit might fit within their existing operation. If so, they might contract with DMH to provide Tier 2 services.
- Mr. Vega-Matos said DHSP began collecting CaseWatch diagnostic information about a year ago which helped estimate those receiving psychiatry or psychotherapy through Ryan White who may be eligible for HWLA mental health services. Most have adjustment or depressive disorders that may not qualify. More review with DMH is needed to improve the estimate. DHSP is also reviewing how to redesign Ryan White mental health services as a wrap-around.
- DHSP is helping Ryan White providers without DMH contracts contract for HWLA to dual providers to ensure continuity of care. Three are LEs so they can be added by contract amendments. The others have no contract. DHSP will host a Ryan White mental health provider meeting 1/17/2011 on HWLA implementation impact on services.
- Mr. Land was concerned about ongoing counseling/therapy to monitor progression of AIDS-related dementia among aging PLWH. DMH has not generally offered those services. He also noted continuity of care issues with interns.
- Mr. Vega-Matos said AIDS-related dementia is not included in HWLA diagnoses. It is managed in the context of medical care since it is directly related to the medical condition. Consumers eligible for Medi-Cal or Medicare receive services through those resources. Ryan White provides services not covered elsewhere. Services are provided by primary medical care providers which do not use interns. CaseWatch data has not indicated large numbers.
- Mr. O'Brien noted he has consumers he would expect to be Tier 1. He was concerned care would be disrupted by transfer to County/LE facilities. Ms. Wicker agreed it was an issue. DMH is working with each agency to address those

issues, e.g., possibly co-locating Tier 1 services at some SPA 8 agencies. It is challenging, she noted, because there are tight Tier 1 and 2 funding restrictions.

- Mr. O'Brien asked if Tier 2 prescription costs were designated for primary care providers due to patient concerns or to keep costs in the Department of Health Services (DHS) rather than DMH. Ms. Wicker was not involved in early discussions, but noted Tier 2 funding comes from Prevention and Early Intervention. Consequently, most clients would not be expected to have a prior mental health history or need significant, if any, medication during treatment.
- MHIP is a medical model in which the primary care provider screens for low-level mental health issues. Research has shown consumers respond well to the primary care and mental health provider addressing issues jointly. Mr. O'Brien said many Ryan White providers are uncomfortable with primary responsibility for psychotropic medications.
- Ms. Watt appreciated this is a new program, but felt there were major gaps, e.g., no substance abuse treatment and no mention of co-occurring conditions. She stressed a need for co-occurring condition and LGBT competency training to use funds effectively, e.g., her clients know how to use the DMH system to get wanted drugs. All of her HIV+ clients use psychotropic medications and cannot be served in 8 - 12 visits. She felt chronic illness needs were under-estimated.
- Ms. Wicker clarified that substance abuse treatment, by itself, is not typically provided in any public mental health sector. DMH has a long history of serving those with co-occurring disorders and such services are available though not necessarily at the same site. LIHP is a Medicaid expansion that she hoped to use to expand existing services.
- Mr. Ballesteros recommended improving HIV capacity outside of Ryan White service network for the high risk who access HIV prevention providers. Some of the best HIV prevention is medical and mental health care, if needed. Many LGBT, especially Latinos and African-Americans, seek prevention at such non-traditional agencies. He suggested contracting with them to reach high risk HIV- people eligible for HWLA. That underscores training to ensure issues of the high risk are addressed.
- Mr. Vega-Matos agreed treating mental health and substance abuse prevents high-risk population infections. DHSP is revamping substance abuse to treat targeted high risk HIV-. The Commission and PPC must address such issues jointly, e.g., through the Comprehensive HIV Plan. He suggested DMH join that planning process. He added Substance Abuse Prevention and Control (SAPC) invests only $3 million in substance abuse so other resources are needed.
- Mr. O'Brien noted SAPC's portfolio was approved by the Board 11/29/2011. No LGBT or HIV providers were funded.
- Ms. Wicker said there are over 135 LE providers with a variety of specialties. Tier 2 Prevention and Early Intervention funding is one piece of total funds. There was an 18-month-long RFP stakeholder community planning process that addressed various populations including LGBT, ethnic and cultural groups, and others. Not all funds have been RFPed yet. One-third was dedicated to new agencies, such as store fronts and faith-based organizations.
- Dr. Cadden said there is often a communication gap between primary care providers and mental health. There must be reliable, continuous feedback between an assigned psychiatrist and mental health provider. He has not observed that. He added substance abuse and personality disorders present the highest risk for HIV infection. Personality disorders cannot be treated with medication yet would be assigned to Tier 2, which did not seem consistent.
- Mr. Fox felt a diagram comparing Ryan White and HWLA benefits and a flow chart of inter-related services would help.
- Ms. Woodard left her mental health provider and applied to DMH in order to access homeless funds. Doors opened at 8:00 am on Tuesdays and Wednesdays, but only the first six were accepted. After three tries, she was able to enter by arriving at 5:00 am. She began attempting to access resources 7/1/2011 and was still in the process. While that process has been amended due to her complaints, problems have continued with long waits and inaccurate information.
- Ms. James understood Tier 1 and 2 parameters, but felt ongoing conversations with a therapist are protective against the lack of support often experienced by PLWH and older populations. People will use alcohol/drugs without support.
- Mr. Chud said depression is the leading issue for the aging HIV population. They have often outlived friends and family, leading to deep loneliness. When someone has advanced-stage HIV and is home-bound, especially with chronic pain, physicians will prescribe anything requested. It is easy to become dependent on narcotics without a therapist to help.
- Mr. Kushi, Chief, Contracts, said DMH is glad to participate in this process, but acknowledged the process will be more complex than in the past because providers will be dealing with funding streams from DHS, DMH and the Department of Public Health (DPH) in a different capacity than previously. Each department has different sources of funding which translate into different service requirements, e.g., DMH is talking with DHS about aligning diagnoses.
- DMH funding for Tier 2 is the 2004 Mental Health Services Act, Proposition 63, which imposed a 1% tax on individual taxable income over $1 million to fund new types of services including Prevention and Early Intervention (PEI).
- DMH opened an RFP, now closed, geared towards prevention at agencies new to DMH. It received 60 responses.

- Restrictions on funding vary from relatively minor to extremely strict. DMH asked the State in 2004-2006 for permission to use funding for particular purposes. Ryan White population use was not anticipated then so the Tier 2 services are being adapted as well as possible in light of existing restrictions and less funds due to the economy.
- DMH is working to transition services into a better model by 2014. Meanwhile, there are beaurocratic requirements of reporting, ensuring data analysis, and addressing potential Medi-Cal issues, such as certification and staffing.
- Agencies are being partially funded to ensure full use and a variety of agencies. Contracts can be augmented if needed.
- Consultation is built into contracts so DMH can help agencies regarding such specifics as billing and future potential services. Ms. Koai handles 1115 Waiver contract issues, including for Ryan White agencies. Questions are welcome.
- Ms. Watt found it unacceptable that the LGBT population was only now being considered after years of disinterest.
- Mr. Fox noted the LIHP Plan submitted to the State uses ADAP for primary screening. He was concerned that those screened out of Ryan White could still access needed mental health services.
- Mr. Vega-Matos said ADAP screening is mainly for the medical component. DHSP knows there are eligibility criteria other than financial needed for services such as mental health. DHSP is working with DMH and DHS on them. They will also be addressed on 1/17/2011. He noted Ryan White mental services are broad, but also present challenges such as psychiatry and psychotherapy are now contracted separately. HWLA rules vary depending on whether or not an agency is a Federally Qualified Health Center and if that rate includes mental health. DMH invites DHSP to meetings and DHSP helps coordinate with agencies.
- He added the Plan sent to the State is a document in progress to be adjusted as new issues and solutions are identified. DHSP initially focused on medical and pharmacy HWLA transition issues, but is now focusing on mental health. He suggested DMH meet with the Consumer Caucus since not only Commissioners, but other consumers, attend.

➲ Mr. Kushi will ensure that representation of agencies serving LGBT is an area of focus for the next RFP.
➲ Mental health questions were forwarded to the Consumer Caucus

16. CAUCUS REPORTS:

A. Consumer Caucus: Mr. Liso noted the Caucus plans to meet after all Commission meetings including that day. Today's key subject will be how to improve consumer recruitment. Last month Julie Cross presented on Health Care Reform. Generally 10 to 15 consumers participate regularly from across the County. All consumers are welcome.

B. Latino Caucus: Mr. Vincent-Jones said the first meeting should be scheduled for January.

17. STANDING COMMITTEE REPORTS:

A. Priorities & Planning (P&P) Committee: Commissioners stated their conflicts prior to P&P deliberations. It was agreed to amend the conflicts of interest list to include alternates. Mr. Vincent-Jones noted, per conflict-of-interest policy, that representatives of providers with Oral Health Care must recuse themselves from the discussion and vote on Motion #9 since discussion and vote pertain to a single service category.

1. ***FY 2011 LACHNA***: This item was postponed to the January meeting.
MOTION 5: Accept and file the FY 2012 Los Angeles Coordinated HIV Needs Assessment (LACHNA) report, as presented ***(Postponed)***.

2. ***FY 2011 Underspending Re-allocations***:

- Mr. Ballesteros noted the 12/1/2011 memorandum in the packet. Part A underspending is less than 1% of the award, but must be maximized by year-end, 2/28/2012, to avoid the risk of losing resources. Part B expenditures (on a July-June fiscal year) can be shifted to help maximize Part A. Most variances were minimal. The Committee accepted the explanation and justification for variances in instances where under-/over-spending exceeded 10%.
- Service categories with projected underspending variances over 10% and variance reasons were:
  - ⇨ Benefits Specialty: implementation delays, accelerating service delivery;
  - ⇨ Case Management, Transitional: introduction of new program models;
  - ⇨ Early Intervention Services: loss of one contract, shift of another to Medical Outpatient/Medical Specialty;
  - ⇨ Health Insurance Premiums/Cost-Sharing: failure to procure services consistent with FY 2012 allocations due to implementation of similar State program and changes in strategy how to procure the services;
  - ⇨ Medical Transportation: efficiencies in service delivery;
  - ⇨ Substance Abuse, Residential: declining quantity of patients through feeder mechanisms due to State budget cuts, outreach strategies being developed.
- Service categories with projected overspending variances over 10% and variance reasons were:

- ⇨ Oral Health Care: consistent with Commission priorities;
- ⇨ Medical Case Management: Medical Care Coordination combined both this and psychosocial case management categories;
- ⇨ Nutrition Support: increased need.

- Mr. Vega-Matos said projections are based on data through 9/30/2011. Both Oral Health Care and the Therapeutic Monitoring Program are reflecting increased demand so DHSP can spend funds as projected. Mr. Vincent-Jones added data includes contract by contract review by DHSP program managers lending strength to projections.
- While Motion #6 allows adjustment to actual expenditures, Motion 7 addresses overall underspending.
- Mr. Ballesteros noted significant discussion on a way to allow DHSP flexibility to address limited adjustments to maximize the grant without coming back to the Commission. Motion #8 addresses that issue by allowing DHSP to move up to 10% per service category which is consistent with how most organizations address adjusting budgets.
- Mr. Vincent-Jones noted DHSP previously could adjust by over-contracting, but that practice was ended by a Board motion, so Motion #8 gives limited flexibility that is needed in the context of hundreds of contracts and schedules.
- Mr. Giugni asked if funds were contracted. Mr. Vega-Matos said they were except for Health Insurance Premiums/Cost-Sharing, in an RFP that had to be pulled back, and Skilled Nursing, which was being revised.
- Mr. Vincent-Jones said the motion addresses circumstances in which an agency could not expend funds, there is increased need, or one agency is underperforming while another is performing well. Mr. Vega-Matos added speed can be important in the last quarter should a contract need to move through the Board augmentation process.
- Ms. Watt noted her Substance Abuse, Residential agency is allowed a set number of beds, but provides more care and purposely over-bills. There was underspending elsewhere in years past which permitted the agency to be paid.
- Mr. Giugni was concerned 10% in some categories could end a contract. Mr. Vega-Matos replied DHSP works with providers, e.g., to develop more traffic for a fee-for-service contract or re-allocate expenses from another line item for a cost reimbursement contract underspent due to vacancies. It has not ended a contract due to underspending.
- Mr. Engeran-Cordova said the intent of Motion #8 is to ensure the grant is maximized. It was limited to the last half of the grant year to clarify that DHSP cannot adjust Commission allocations lightly, but only to maximize the grant.
- Motion #9 allocates $936,903 in roll-over funds to Oral Health Care. Mr. Vega-Matos explained the grant term changed twice which led to roll-over funds. Last year, the Commission allocated about $500,000 in roll-over funds to expand oral health capacity and increase services. DHSP began expansion, but some services planned for a Fall start were delayed as some providers did not finalize their budgets in time. Funds are committed and contracts are moving through the County process. Over $1 million in contracts will serve 2,000 to 3,000 new consumers.
- Mr. Engeran-Cordova expressed frustration with continued MAI roll-overs. Mr. Land agreed, but said the expansion project is nearing completion. Mr. Vega-Matos will present details to P&P once contracts are finalized. Mr. Johnson noted this expansion was more difficult than most as equipment and professionals have to be added. Ms. Woodard said the Antelope Valley has benefited with new services. It was challenging three to five years ago.
- Mr. Vega-Matos reported two existing providers are expanding while three new providers are being added in SPAs 3, 4, and 6. This is the first expansion phase. A second phase will begin once this is implemented. Per the August Commission meeting, savings realized from implementation of Health Care Reform will go to Oral Health Care.

MOTION 6: Adjust FY 2011 allocations consistent with the FY 2011 expenditure estimates, as presented ***(Passed: 22 Ayes; 0 Opposed; 0 Abstentions)***.

MOTION 7: Authorize DHSP to increase expenditures up to $250,000 in any currently allocated category in order to fully expend the FY 2011 Ryan White Part A grant ***(Passed: 22 Ayes; 0 Opposed; 0 Abstentions)***.

MOTION 8: Authorize DHSP to adjust allocations in the last half of the grant year up to 10% within each category in order to maximize grant expenditures ***(Passed: 22 Ayes; 0 Opposed; 0 Abstentions)***.

MOTION 9: Approve the allocation of Minority AIDS Initiative (MAI) roll-over funds for oral health care services ***(Passed: 18 Ayes; 0 Opposed; 0 Abstentions; 4 Recused)***.

B. Operations Committee:

1. ***County Code, Title 3-Chapter 29***: Mr. Vincent-Jones reported the Ordinance was approved by the Board 11/29/2011 and will go onto effect 12/29/2011. It has no sunset date and includes voting privileges for the three non-voting seats now held by Dr. Frye, Mr. Pérez and Ms. Watt and three new seats.
2. ***By-Law Revisions***: Mr. Vincent-Jones reported he received Project Officer comments the prior week and has not yet had time to address them. He will present the final draft at the January Commission meeting.

3. ***Executive Committee At-Large Member Duty Statement***: The revised statement reflecting proposed changes discussed earlier was in the packet. It was opened for public comment until 12/31/2011.
4. ***Member Nominations***: Ms. O'Malley thanked Ms. Washington-Hendricks for her commitment to the Commission. **MOTION 10**: Nominate Tonya Washington-Hendricks for the SPA 6 provider representative seat and forward to the Board of Supervisors for appointment ***(Passed as part of the Consent Calendar)***.

C. Standards of Care (SOC) Committee:

1. ***Consolidated Service Categories***:
   - Mr. Vincent-Jones noted the Commission has discussed for some time the consolidation of its 37 service categories to improve ease of adoption by other systems of care. Some have already been consolidated. The Committee is offering its final plan with 16 final service categories for adoption.
   - All services were ranked last year. Combined categories reflect the highest ranked service, but those will likely be adjusted when P&P addresses this year's Priorities- and Allocation-Setting Process due to begin next month.

   MOTION 11: Approve consolidation of HIV continuum of care service categories, as presented ***(Passed by Consensus)***.
2. ***Policy #05.8001: Grievance Process***: Mr. Vincent-Jones reported he received Project Officer comments the prior week and has not yet had time to address them. He hopes to present the final draft at the January Commission meeting.

D. Joint Public Policy (JPP) Committee Operations Committee:

1. ***FY 2012 Legislative Agenda***:
   - Mr. Fox reported a Routine HIV Testing Work Group met to define desired testing parameters. A call is planned to identify language for potential State legislation and other issues such as funding.
   - AIDS Healthcare Foundation plans to re-introduce the Medi-Cal managed care rate bill it sponsored last year. JPP supports the bill and the County is likely to actively support it as well.
2. ***FY 2012 Budget***:
   - California anticipates about a $10 billion deficit for the next fiscal year. That is slightly smaller than previously, but still significant. The 18-month figure, including the second half of this year, is about $13 billion.
   - Next year's ADAP budget remains a concern especially regarding how Ryan White consumer migration into LIHPs might affect budget estimations by the Department of Finance and the State Office of AIDS (OA). JPP has asked OA not to score savings from ADAP this year due to uncertainty of when, and how many, people may move into LIHPs. ADAP co-pays/premiums have not been suggested as they were last year, but the situation is being watched.
   - JPP continues to watch the Medi-Cal budget especially regarding cuts or increased co-pays.
   - Governor Brown is attempting to raise funds by increasing taxes on the top 1% income bracket. His budget is expected to be released by 1/10/2012 so an update should be available by the January Commission meeting.
3. ***Miscellaneous***: Mr. Engeran-Cordova reported success in signature collection for a City of Los Angeles ballot initiative to require adult film producers to use condoms on sets as part of their film permit process. The City Attorney is considering a suit against it as unenforceable, but work continues on a similar County effort.

18. **SPA/DISTRICT REPORTS**: Ms. White, SPA 6, reported Watts Healthcare joined with the Magic Johnson Foundation and tested 100 people for a World AIDS Day event. There will be no December SPA 6 meeting. A host site is being sought for January.

19. COMMISSION COMMENT: There were no comments.

20. **ANNOUNCEMENTS**:

- Ms. O'Malley announced she has resigned from AIDS Service Center, Pasadena, and has accepted a position at a home health agency primarily caring for high need in-home pediatric patients. Her new employer is aware that she remains an AIDS Certified Registered Nurse and will continue to be involved in the Commission and HIV/AIDS community.
- Mr. Engeran-Cordova reported AIDS Healthcare Foundation (AHF) will honor Elizabeth Taylor with a Rose parade float. AHF also hosted a World AIDS Day event with the Magic Johnson Foundation and will open new Magic Clinics in Atlanta, GA; Brooklyn, NY; Columbus, OH; and Ft. Worth, TX.
- Ms. James announced the City of Carson is re-establishing the Congresswoman Juanita Millender-McDonald's AIDS Walk. She added the LODI Program hosted a World AIDS Day event with 200 students from Carson High School.

21. **ADJOURNMENT**: Mr. Johnson adjourned the meeting at 2:20 pm in memory of Doug Morgan, who retired about a year ago as Director, Service Systems, HAB, HRSA, which oversees Parts A and B. He was of great assistance to the Ryan White Program.

A. Roll Call (**Present)**: Bailey/Lewis, Ballesteros, Barrit, Cadden, Engeran-Cordova, Espinoza, Goddard, Green, James, Johnson, Land, Liso/Chud, Long, Lopez, O'Brien, O'Malley, Orozco, Rivera, Vega-Matos, Washington-Hendricks, Watt, Woodard

MOTION AND VOTING SUMMARY		
MOTION 1: Approve the Agenda Order.	***Passed by Consensus***	**MOTION PASSED**
MOTION 2: Approve minutes from the 11/4/2011 Commission on HIV meeting.	***Passed by Consensus***	**MOTION PASSED**
MOTION 3: Approve the Consent Calendar, as revised.	***Passed by Consensus***	**MOTION PASSED**
MOTION 4: Elect Carla Bailey Commission Co-Chair.	***Passed by Consensus***	**MOTION PASSED**
MOTION 5: Accept and file the FY 2012 Los Angeles Coordinated HIV Needs Assessment (LACHNA) report, as presented.	***Postponed***	**POSTPONED**
MOTION 6: Adjust FY 2011 allocations consistent with the FY 2011 expenditure estimates, as presented.	***Ayes:*** Bailey, Ballesteros, Barrit, Cadden, Engeran-Cordova, Espinoza, Giugni, Goddard, Green, James, Johnson, Land, Liso, Long, Lopez, O'Brien, O'Malley, Orozco, Rivera, Vega-Matos, Washington-Hendricks, Woodard ***Opposed:*** None ***Abstention:*** None	**MOTION PASSED** **Ayes**: 22 **Opposed**: 0 **Abstention**: 0
MOTION 7: Authorize DHSP to increase expenditures up to $250,000 in any currently allocated category in order to fully expend the FY 2011 Ryan White Part A grant.	***Ayes:*** Bailey, Ballesteros, Barrit, Cadden, Engeran-Cordova, Espinoza, Giugni, Goddard, Green, James, Johnson, Land, Liso, Long, Lopez, O'Brien, O'Malley, Orozco, Rivera, Vega-Matos, Washington-Hendricks, Woodard ***Opposed:*** None ***Abstention:*** None	**MOTION PASSED** **Ayes**: 22 **Opposed**: 0 **Abstention**: 0
MOTION 8: Authorize DHSP to adjust allocations in the last half of the grant year up to 10% within each category in order to maximize grant expenditures.	***Ayes:*** Bailey, Ballesteros, Barrit, Cadden, Engeran-Cordova, Espinoza, Giugni, Goddard, Green, James, Johnson, Land, Liso, Long, Lopez, O'Brien, O'Malley, Orozco, Rivera, Vega-Matos, Washington-Hendricks, Woodard ***Opposed:*** None ***Abstention:*** None	**MOTION PASSED** **Ayes**: 22 **Opposed**: 0 **Abstention**: 0
MOTION 9: Approve the allocation of Minority AIDS Initiative (MAI) roll-over funds for oral health care services.	***Ayes:*** Bailey, Barrit, Cadden, Engeran-Cordova, Espinoza, Giugni, Goddard, Green, Johnson, Land, Liso, Long, Lopez, O'Brien, O'Malley, Orozco, Vega-Matos, Woodard ***Opposed:*** None ***Abstention:*** None ***Recused:*** Ballesteros, James, Rivera, Washington-Hendricks	**MOTION PASSED** **Ayes**: 18 **Opposed**: 0 **Abstention**: 0 **Recused**: 4
MOTION 10: Nominate Tonya Washington-Hendricks for the SPA 6 provider representative seat and forward to the Board of Supervisors for appointment.	***Passed as part of the Consent Calendar***	**MOTION PASSED**
MOTION 11: Approve consolidation of HIV continuum of care service categories, as presented.	***Passed by Consensus***	**MOTION PASSED**