LOS ANGELES COUNTY COMMISSION ON HIV

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COMMISSION ON HIV
MEETING MINUTES
February 9, 2012

MEMBERS PRESENT	MEMBERS PRESENT *(cont.)*	PUBLIC	PUBLIC *(cont.)*
Carla Bailey, *Co-Chair*/Kevin Lewis	Quentin O'Brien	H. Avilez	Ricky Santoyo
Michael Johnson, *Co-Chair*	Angélica Palmeros	Zoyla Cruz	Alejandrina Turnado
Sergio Aviña	Mario Pérez	Tracey Cumberland	Deborah Wafer
Al Ballesteros	Karen Peterson	Phil Curtis	Melvin Wilson
Cheryl Barrit	Juan Rivera	Tom Donohoe	Jason Wise
Joseph Cadden	Stephen Simon	Susan Forrest	
Whitney Engeran-Cordova	Robert Sotomayor	Alex Ghaffari	
Lilia Espinoza	Carlos Vega-Matos	Anna Gorman	**DHSP STAFF**
Aaron Fox	Tonya Washington-Hendricks	Shawn Griffin	Kyle Baker
Douglas Frye	Fariba Younai	Tim Hughes	Juhua Wu
Terry Goddard		Jackei Jones	
Joseph Green		Ayanna Kiburi *(by phone)*	
Thelma James	**MEMBERS ABSENT**	Luke Klipp	**COMMISSION STAFF/CONSULTANTS**
David Kelly	Anthony Braswell	Jneal Marcin	
Lee Kochems	David Giugni	Nikki Rachal	Dawn McClendon
Bradley Land	Jenny O'Malley	Terri Reynolds	Jane Nachazel
Ted Liso/James Chud	Kathy Watt	Tania Rodriguez	Glenda Pinney
Anna Long		Martha Ron	James Stewart
Abad Lopez		Ricky Rosales	Craig Vincent-Jones
Elizabeth Mendia		Natalie Sanchez	Nicole Werner

1. **CALL TO ORDER**: Mr. Johnson called the meeting to order at 9:10 am.
   - **A. Roll Call** (**Present)**: Aviña, Ballesteros, Barrit, Cadden, Espinoza, Fox, Frye, Goddard, Green, James, Johnson, Kelly, Land, Liso/Chud, Long, Mendia, Pérez, Rivera, Simon, Vega-Matos, Washington-Hendricks

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

3. **APPROVAL OF MEETING MINUTES**:
   MOTION 2: Approve minutes from the 12/8/2011 Commission on HIV ***(Passed by Consensus)***.
   MOTION 2: Approve minutes from the 1/12/2012 Commission on HIV ***(Passed by Consensus)***.

4. **CONSENT CALENDAR**: Motion 5 was pulled for deliberation.
   MOTION 4: Approve the Consent Calendar with Motion 5 pulled ***(Passed by Consensus)***.

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

6. **PUBLIC COMMENT, NON-AGENDIZED OR FOLLOW-UP**:
   - Mr. Ghaffari, National Association for Victims of Transfusion-Related AIDS, said he was infected with HIV by a blood transfusion at birth 29 years ago at Cedars-Sinai Medical Center. In total, 114 neonates were infected at that one hospital.
   - In 1995, an Institute of Medicine (IOM) report confirmed blood bank officials and federal authorities used the least aggressive screening options which led to incomplete donor screening, poor tracking and delayed patient notification. The IOM recommended a compensation fund. State blood bank shield laws block suits from affected populations.
   - The Ricky Ray Hemophilia Relief Fund Act of 1998 provided compassionate funds to hemophiliacs infected with HIV via unscreened blood, but not those infected via transfusion. The Steve Grissom Relief Fund Act was introduced the next year to close that gap, but failed. The US is the only developed country not to provide transfusion-related financial compensation.
   - ➲ Refer Steve Grissom Relief Fund Act to Joint Public Policy Committee to review status. The Commission has a support position.

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

8. **CO-CHAIRS' REPORT**:
   - **A. Committee Assignments**:
     - Mr. Johnson noted that the committee assignments for 2012 were included in the packet. There are few changes other than those requested.
     - Commissioners/Alternates must re-apply for secondary assignments annually; the secondary committee assignment form was in the packet or available from the office.
     - Mr. O'Brien will leave the Commission 2/29/2012 to become Chief Operations Officer, Ambulatory Care Network, Department of Health Services (DHS). He expressed his appreciation for the relationships he has developed while on the Commission and opportunities for growth that it offered him.

9. **EXECUTIVE DIRECTOR'S REPORT**:
   - **A. Pol #08.3303: Reimbursable Expenses**:
     - Mr. Johnson said this policy originated from a work group several years ago on Commission participation barriers. The group found employed Commissioners/Alternates have access to resources that facilitate participation that consumers lack.
     - Mr. Vincent-Jones explained two policies were developed. One specifically applies to unaffiliated consumer members and was included in the packet under the Consumer Caucus Report. This companion policy defines reimbursable expenses incurred due to Commission service by all Commissioners, Alternates and other members. Both policies are open for public comment until 2/29/2012.
     - Reimbursable expenses include: local mileage, local transportation, out-of-town travel/related expenses, meals/food/ beverage, child/partner care, supplies, and electronic access. Other expenses may be reimbursed at the discretion of the Executive Director if necessary for Commission business. Some reimbursable expenses are limited to consumers.
     - Policies reflect collaboration between County policy and HRSA guidance. County commission policy addresses some expenses not addressed by HRSA while HRSA planning council policy addresses some expenses not addressed by the County. Consequently, expenses may be funded through Part A or Net County Cost (NCC), depending on the expense.
   - **B. Miscellaneous**:
     - ➲ Reschedule March Commission meeting to 3/15/2012 to accommodate those who may want to participate in Senate hearings on proposed ADAP budget cuts scheduled for 3/8/2012 in Sacramento.

10. **CALIFORNIA OFFICE OF AIDS (OA) REPORT**:
    - **A. OA Work/Information**:
      - Ms. Kiburi, Chief, HIV Care Branch, noted the written report will be forwarded to staff and should be timely in future.
      - She announced that the OA Division Chief position has been re-posted to increase the number of applicants.
      - OA has been answering questions about the Governor's budget. Address additional questions to Dr. Karen Mark, Chief.
      - OA is revising the HIV Care Program and Minority AIDS Initiative (MAI) Operations and Program Guidance. Revisions address new areas of focus in the 2012-2013 Ryan White Part B/MAI Funding Opportunities Announcement (FOA), including targeted Early Identification of Individuals with HIV/AIDS (EIIHA) activities, appropriate HRSA service categories, reporting requirements, and a collaborative approach to subcontractor monitoring standards.

- The Department of Health Care Services (DHCS) and OA work collaboratively to brief agencies and legislators about the impact of the 1115 Waiver Bridge to Health Care Reform/Low Income Health Program (LIHP) on Part B programs. OA participates in the monthly LIHP-sponsored stakeholder calls and was planning a February call for Ryan White contractors.
- There were no prevention or ADAP updates. Only ADAP topics of special County relevance will be addressed in future.
- Mr. Fox asked if OA was discussing with DHCS the impact of its Coordinated Care Initiative for dual eligibles on PLWH.
- OA will report back on any discussions it is having with DHCS on its Coordinated Care Initiative as it pertains to PLWH.

B. California Planning Group (CPG):

- Ms. Kiburi reported there was an all-member 2/3/2012 webinar to review updates on the 2009 HIV/AIDS Epidemiology Profile and preliminary results from the CPG care/prevention needs assessment survey conducted last Fall.
- Comprehensive Care, Prevention and Surveillance Plan writing is on track to meet the June 2012 deadline.

11. AIDS EDUCATION/TRAINING CENTERS (AETC) REPORT:

A. Helping HIV Patients Who May Return to Mexico or Central America:

- Mr. Donohoe, Site Director and Principal Investigator, UCLA AETC, announced Coping With Hope will be 4/17/2012 with a theme of mental health and health care reform. Dr. Mitchell Katz, Director, DHS, will offer the opening talk and Julie Cross, DHSP, an update on health care reform. Additional suggestions are welcome.
- UCLA AETC toll free lines are: Warmline, for clinicians, (800) 933-3413, calls answered within 24 hours; PEPline, for occupational and condom break or rape exposure, (888) HIV-4911, 24-hour; and Perinatal Hotline, for perinatal transmission questions, (888) 448-8765, 24-hour. The two websites are: http://www.aids-etc.org with thousands of educational materials and http://www.AETCBorderHealth.org on border issues and current clinic information.
- The US-Mexico Border AETC Steering Team (UMBAST) is made up of HRSA representatives, the AETC National Resource and Evaluation Centers and AETCs serving the border: Mountain Plains, New Mexico; Pacific, Arizona/California; and Texas/Oklahoma, Texas. It promotes high-quality, culturally sensitive education and capacity building programs; collaboration via joint planning, resource sharing and evaluation; and help for HIV+ migrants returning to Mexico or Central America. There are fact sheets for Mexico and six Central American countries. The Belize sheet is in progress.
- Border efforts support the National HIV/AIDS Strategy (NHAS) by facilitating linkages to care, reducing health disparities, increasing access to care, promoting health outcomes, promoting provider collaboration and maintaining PLWH in care.
- Mr. Donohoe became involved with border issues through the Center for Health Promotion and Disease Prevention (CHPDP), UCLA, where he is now Associate Director. Dr. Octavio Vallejo joined CHPDP approximately twenty years ago and urged assistance to Mexican PLWH. Federal funds cannot be used for Mexico, but CHPDP raised funds through multiple small grants for 31 provider, institutional and community trainings delivered in Mexico between 1995 and 2005.
- The 1983 La Paz Agreement governing health-related, environmental and cooperative issues defines the border buffer zone as 61 miles (100 kilometers) above and below the border. It includes many sister cities such as San Diego and Tijuana. Some differ markedly in size such as the small California city of Calexico opposite the large Mexicali.
- If viewed as a state, the US border area has a higher incidence of infectious disease, higher unemployment, lower educational attainment and lower per capita income versus the rest of the US 432,000 people live in 1,200 unincorporated, semi-rural colonias in Texas and New Mexico often with unsafe water and poor housing. Mexico has a 0.3% seroprevalence rate, but is between the higher prevalence US at 0.6% and Central America at 1.8% to 2.4%.
- It is common for PLWH to traverse the border for work, family emergencies or legal reasons. Some facing US deportation may have been brought to the US as young children and may not speak Spanish. Economic factors have also pushed increasing numbers to leave the US for work since the economy has sapped construction and other jobs. Even so, 30% or more patients at many County providers are Mexican or Central American migrants.
- Patients returning to Mexico need a positive HIV antibody test and a CURP number, equivalent to a Social Security number, for antiretroviral treatment. CAPASITS are HIV/STI ambulatory clinics that can give patients a temporary CURP number, but treatment may be delayed in rural areas. CURP numbers can be obtained through the Internet in advance.
- Most FDA-approved US medications are available, e.g., CAPASITS carry over 20, but names may vary. PLWH returning to Mexico should carry a three-month supply. UMBAST is working with Immigration and Customs Enforcement (ICE) to ensure deportees have a one-month to six-week supply and hope to announce an agreement by July.

- The Mexican population is 106,500,000. There were 182,000 cumulative cases of HIV/AIDS through 2005 and 17,120 cumulative cases for the U.S-Mexican border through 6/30/2007, with more cases in the six Mexican Border States. Some people go to the US to test or for treatment, but even including them, the Mexican seroprevalence rate is 0.4%.
- The Mexican epidemic is similar to the County's with 83.5% male, mainly MSM, and 16.5% female, mainly heterosexual sex with MSM. Stigma is notable. A 2001 human rights survey asked, "I will not live in the same house with a person…" Results were: of a different race, 40%; of a different religion, 44%; with HIV/AIDS, 57%; who is homosexual, 66%.
- The US border has 43 entry points with 194 million passenger vehicle and 49 million pedestrian official crossings annually. Increased border security has resulted in about one daily death from more dangerous undocumented routes.
- 29.5% of all immigrants to the U.S are Mexican. At any given time, 10% of Mexicans live in the US. No other two countries share populations to this degree. In 2005, 11 million Mexican immigrants lived in the US with 66% in the Border States. 70% are 18-44 years old, 59% have no health insurance and 55% are undocumented. US health care is guaranteed for only the military, inmates and via programs for the poor or elderly. Over >30 million lack any coverage.
- The Mexican Constitution establishes the right to health care for all citizens, but not funding. IMSS, for the private sector, covers most Mexicans and is the country's largest health insurance program. ISSSTE covers the public sector. PEMEX, the oil company, has its own health insurance. All three have clinics.
- DIF, Integrated Development of Families, similar to WIC, covers the remaining population. Mexico's First Lady heads DIF as do governors' and mayors' wives do in their respective areas. The five female governors appoint women.
- Seguro Popular was instituted in 2001 as the insurance payor for uninsured/underserved population health care. It pays for care at CAPASITS clinics and provides over $100 million per year for antiretrovirals– the largest such payor.
- There are 70 CAPASITS clinics with at least two per state and 39 in the Border States. All ICE clinicians have received tele-education on CAPASITS, which provide a full range of care, including dental, behavioral and social services.
- Just as in the US, people may be referred to CAPASITS by general medical clinics or emergency rooms. It is extremely helpful for returning migrants referred to CAPASITS to know their antiretroviral history and provide their laboratory work. Viral load and CD4 testing is free in Mexico. Resistance testing is not free, but UMBAST is working with the Migrant Clinicians Network to facilitate online laboratory tests, with patient consent, accessible in Mexico.
- Mr. Sotomayor asked if HIPAA blocked migrants from requesting US medical records. Mr. Donohoe reported the CDC and HRSA were holding a conference call that day on bi-national care and HIPAA. Records should be available with patient permission, but record transfers can be difficult, even for those moving within the US.
- Ms. Washington-Hendricks asked about CAPASITS wait times. Mr. Donohoe said, especially at some clinics that are only five years old, some are underutilized. Some people also go to the US to test though clinics that are sensitive to stigma, e.g., not SIDA-identified.
- Mr. Pérez asked about the equivalent of one new County measure of success – viral suppression rates. Mr. Donohoe replied Mexico is working on those rates, but an emerging emphasis is on a bi-national viral load.
- Mr. Liso asked how UMBAST education efforts help to change minds. Mr. Donohoe said the Mexican health system and schools are more liberal than perceived, e.g., both heterosexual and same-sex risk situation role play is well accepted.

B. Miscellaneous:

- Dr. Espinoza, Assistant Director, USC AETC, reported the Charles Drew University AETC and St. John's Wellness Center will sponsor a symposium on implementation of routine HIV testing in health care settings on 3/6/2012.
- The AETC is also in final planning stages for a clinical consultation group for HIV mental health supervisors scheduled to begin in March.
- The AETC's 2/28/2012 "Last Tuesday Training: What's on Your Plate? HIV & Nutrition" was scheduled for 2/28/2012.
- Dr. Kathleen Jacobson, Medical Director, USC AETC, is working with the LAC+USC Emergency Department (ED). Data review of opt out HIV testing, January-December 2011, showed 27% of 180 known HIV+ patients were not linked to/engaged in care. Dr. Jacobson, ED physicians, 5P21 and some providers in San Diego submitted an application for a TLC+ PrEP proposal.
- Selection of the USC AETC core fellow, starting August, and corrections fellow, starting October, are expected by March.

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

A. HIV Epidemiology Report:

1. *2011 HIV Epidemiology Profile*:

- Dr. Frye, Chief, HIV Epidemiology Division, reported an estimated 59,500 PLWHA in the County, including 43,900 named living with HIV. 1,600 of 3,200 cases reported by code are thought to represent unduplicated cases. 4,853 notifications are pending investigation, but just 1,200 of 2,400 with detectable Viral Load (VL) or confirmatory test are estimated to be unduplicated. The 12,800 unaware is an estimated 21.5% of the County's epidemic.
- Improved national death index matches and de-duplication has reduced coded and pending investigation numbers.
- The Annual Diagnoses of AIDS, HIV Infection and HIV-related Deaths, LAC, 1991-2011, reflects an apparent decline in HIV infections starting in 2008. However, 2009-2011 data is preliminary, so confirmation of a decline is pending. The number of those living with HIV and AIDS, based on named cases, continues to increase.
- The Surveillance Summary, comparing US, California and County cases, is expected in March. US HIV cases cannot yet be compared with California as the CDC now counts only 40 states whose reported name-based data is considered mature.
- There are 77,866 cumulative County cases between 1981-2011. Age at diagnosis for cumulative versus 2009 cases shows 40% of cumulative cases aged 30-39, but 2009 cases exceed cumulative cases for 40-49 and 50-59 diagnoses. Approximately three-quarters of PLWH are aged 40+ with 37% of PLWHA and 45% of PLWA 50+.
- Perinatal HIV transmission, 1996-2011, reflects notable declines when universal testing and antiretroviral therapy were offered in 1996, followed by further declines in 2004 with routine HIV testing, and 2008 with opt-out testing. There were no cases in 2009 and 2011, but two in 2010 found to be due to missed prevention opportunities.
- US diagnoses by gender, 2006-2009, were 76% male and 24% female. County 2009 diagnoses by gender were 87% male, 12% female and 1% transgender, reflecting a difference in the West Coast and Border States epidemics.
- US diagnoses by race/ethnicity, 2006-2009, were nearly 50% African-American (A-A); Whites, less than 28% and declining slightly; Latinos, 20% and declining slightly; and other races very low. County diagnoses by race/ethnicity, 2006-2011, were nearly 50% Latino, White and A-A were 20-30% with A-A cases preliminarily appearing to decline.
- Comparing race/ethnicity of PLWH to 2009 diagnoses: Latino increased from 40% to 46%, A-A increased from 21% to 24%, and Asian from 3.3% to 4%. while White declined from 34% to 25%.
- Comparing race/ethnicity and gender of PLWH in 2010: Latinos were 40% male, 44% female; A-A were 19% male, 36% female; and Whites were 36% male, 15% female. The same comparison of those diagnosed in 2010: Latinos were 45% male, 43% female; A-A were 22% male, 40% female; and Whites were 27% male, 14% female.
- Proportions of PLWHA by race/ethnicity and sex in 2011: White: 95% male, 4% female; A-A: 80% male, 20% female; Latino: 87% male, 13% female; Asian/Pacific Islander/American Indian/AK Native: 89% male, 11% female.
- PLWHA race/ethnicity rates per 100,000 population are: A-A, 966; AI/AN, 690; White, 485; Latino, 354; A/PI, 100.
- US A-A rates per 100,000 at diagnosis are 120 for males and 40 for females, which is nearly as high as the next highest rate for males—42 for Latino males—reflecting significant differences between races and genders.
- County data is now sufficiently mature for 2006-2011 HIV diagnosis trend data though data starting with 2009 remains preliminary. Similar to national data, A-A males had a rate of 110 per 100,000 with Latinos and Whites at about 40 in 2006. Trends, if confirmed, are declining. Rates among women are lower than among men and than national rates, with A-A starting at about 28 and declining to about 20 and Latinos and Whites even lower.
- US trends by mode of transmission, 2006-2009, show MSM starting at about 50% and increasing. Heterosexual contact began just over 30% and declined slightly while IDU began just over 10% and also declined slightly.
- 2009 County data show MSM at 81%, heterosexual contact at 12%, and both IDU and MSM/SDO at 4%. The key difference from overall data is that MSM increased from 77% to 81% in 2009. By gender, MSM are 87% of PLWH with another 7% MSM/IDU, while 75% of females were infected through heterosexual contact and 21% IDU.
- Of those diagnosed in the US in 2008, 63% were MSM and 7% MSM/IDU, but 17% of men were IDU and 12% heterosexual contact, while 73% of females were infected through heterosexual contact and 26% were IDU.
- County geographic distribution remains stable with the highest prevalence in Metro with an additional epicenter in Long Beach and notable density in South Los Angeles, East Los Angeles and San Fernando.
- Dr. Frye noted new GIS interactive maps: Atlas, http://www.cdc.gov/nchhstp/atlas/, for access and custom analysis of HIV, AIDS, chlamydia, gonorrhea, and primary and secondary syphilis data from the CDC National Center for HIV/AIDS, viral hepatitis, STD and TB Prevention (NCHHSTP); AIDSVu, http://www.aidsvu.org/, Emory University, offers a public health tool with data on the geography of HIV in the US, including Los Angeles County.
- The Research and Evaluation Division developed a GIS map of HIV, syphilis and gonorrhea with five key clusters.

- Dr. Frye reported AIDS is still tracked in the County. Diagnoses dropped after introduction of ART. Import of CD4 counts into the database in 2010 identified additional cases. The proportion of Latino cases surpassed White cases in 1997 and remains the highest followed by White and A-A. Overall, diagnoses now appear relatively stable.
- The CDC has found the HIV Registry mature so will add California data next year. AIDS data has been included since 1982. There is a backlog of cases to investigate, but grantor timeliness/completeness requirements are being met.
- Transfer of the Integrated HIV/AIDS Reporting System (I-HARS) database to the Public Health Information Systems (PHIS) and that of the electronic version (eHARS) to the State Office of AIDS were both completed.
- The 2013 CDC Funding Opportunity Announcement (FOA) concentrates funds into core surveillance and is more aligned with HIV prevalence. The County will likely see a minor increase or decrease, but some jurisdictions with historically high funding and high costs per case are likely to see significant cuts. Electronic laboratory and case reporting capacity need to be increased, but no additional funding for these areas is planned at this time.
- Surveillance data is used to evaluate NHAS objectives including geographic presentation and data analysis. It supports tracking linkage to care, clients lost to care and viral load suppression.
- Dr. Frye attended a recent CDC case definition consultation. The focus is to make CDC case definitions more useful for surveillance, as opposed to clinical practice and general discourse. HIV terminology may change, e.g., "severe HIV disease" rather than "AIDS." The acute HIV syndrome definition is being honed and referenced as "stage" 0.
- The body recommended an expert panel review the pediatric definition, due to its lack of expertise, and shifting adult Opportunistic Infection (OI) monitoring from surveillance to special analyses, but to continue pediatric OI monitoring as it is key to diagnosis due to unreliable CD4 counts.
- It was agreed to follow national laboratory guidelines on testing algorithms to confirm HIV infection, e.g., identifying a case as presumptive HIV+ if there are two HIV+ rapid tests at the point of care.
- HIV-2 was also discussed at the consultation, but there are few such cases in the County.
- Mr. Engeran-Cordova noted data show MSM is growing as a percentage of the total of those testing HIV+, but the MSM rate is lacking. Dr. Frye said a rate is not possible as the total MSM population for the denominator is not known. It is therefore impossible to accurately extrapolate prevention effectiveness but, due to the high County MSM proportion of cases (85%), the decrease in overall infections must reflect some MSM infection decline.
- Nationally, it was reported a few years ago that overall AIDS diagnoses were down, but MSM diagnoses were up.
- It is important to note that rates, proportions and numbers say different things, e.g., the proportion of County Latino cases increased but Latinos also increased in the County overall. Numbers of Latino cases declined, but more slowly than in other populations. Latinos have a higher infection rate nationally than they do in the County.
- Mr. Vincent-Jones asked when the database would be sufficiently mature to analyze unmet need. Dr. Frye said unmet need analysis discussion could begin with the understanding that death data takes about two years.
- Mr. Ballesteros asked about the use of AIDS diagnoses. Dr. Frye said "AIDS" is now used as an indicator of severe disease in about six categories though there are questions about whether someone whose CD4s have rebounded with therapy should still be designated "AIDS" and whether designations should vary as CD4s vary over time. Dr. Frye recommended categorizing cases at diagnosis which would still allow separate population analysis.
- The CDC will decide in 2012 whether to replace the "AIDS" term overall. Some 15% of cases were diagnosed first by OI in the last ten years, but about 95% are now diagnosed by CD4 count. Surveillance is used for a population-level severity of disease snapshot to focus public health services, but is not designed to address individual services.
- Mr. Vincent-Jones said the Commission has discussed terminology and supported moving away from "AIDS" as reflected in the Reauthorization Principles. Some benefits have been linked to "AIDS" in the past, notably Medicare, but many of those distinctions will disappear with implementation of the Affordable Care Act, and "AIDS" is not a credible method of distinguishing benefit elibility from people with "HIV."
- He requested an update on changing case designation from jurisdiction of diagnosis to jurisdiction of services. Dr. Frye replied that is a separate, ongoing consultation process which is addressing some five major national issues, e.g., some jurisdictions do not collect recent addresses. He noted the County has reported 23,000 cases in the last 30 months, but received credit for just 6,000, as the others were diagnosed elsewhere. That affects funding.
- Mr. Sotomayor asked if more people 50+ are becoming infected or if people are living longer. Dr. Frye replied that people are living longer, but a trend toward more infections among those 50+ was noted as early as five years ago.
- Dr. Espinoza asked about data on early detection failures using time between HIV infection and AIDS diagnosis such as SHAS data. Dr. Frye said data is collected as a performance measure on percentage of current diagnoses concurrently diagnosed with severe stage of disease. The Medical Monitoring Project (MMP) also captures such data. Nationally, 33% of cases are diagnosed with AIDS within a year. Information is available via data request.

- Begin discussion of unmet need analysis.
- Commission staff will collect information on programs which currently require an AIDS diagnosis for Dr. Frye.

B. Administrative Agency Report:

- Mr. Pérez reported the Board approved 37 agreements to renew mental health, substance abuse and nutrition services. Efforts continue to improve, refine and evolve mental health services. There will be a report on efforts at a later time.
- The Board also approved a contract with Ramsell Corporation as the Pharmacy Benefit Manager (PBM) for the Low Income Health Program (LIHP)/Healthy Way LA (HWLA). It has extensive relevant experience as ADAP's PBM.
- He thanked Mr. Vincent-Jones and staff for working to meet requirements of HRSA's Special Conditions of Award (COA) pertaining to By-Laws, conflict-of-interest and grievance procedures. The COA response was submitted 2/6/2012.

14. CAUCUS REPORTS:

A. Consumer Caucus: The Caucus met following the Commission.

1. ***Pol #09.7201: Consumer Compensation***:

- Mr. Vincent-Jones noted this is the companion policy of the previously discussed Reimbursable Expenses policy, also open for public comment until 2/29/2012. It addresses special participation barriers for unaffiliated consumers.
- For the first time, a means has been developed to offer stipends up to $100 for unaffiliated consumer members or alternates acting as full members and $50 for other unaffiliated consumer alternates. Stipends are conditional on attendance, participation in training and submission of appropriate reimbursement claims.
- Stipends will be paid quarterly through NCC as HRSA disallows them. Most County commissions pay stipends to their members.

B. Latino Caucus:

- Mr. Aviña reported the first Latino Caucus meeting of the year will be 2/16/2012.
- Commission staff will verify the date and advise Commissioners.

16. STANDING COMMITTEE REPORTS:

A. Operations Committee:

1. ***Pol #06.1000: Commission By-Laws***:

- Mr. Vincent-Jones said this item was pulled from the Consent Calendar as By-Laws should be passed by role call. Changes are minimal except for the addition of Article II, Members, Section 4, Unaffiliated Consumer Membership, which clarifies practices already reflected throughout the By-Laws.
- Mr. Engeran-Cordova felt Article XI, Joint Public Policy Committee, Section 2, Resources, was unclear.
- Commission staff will review the By-Laws for final edits including the edit of Article XI, Section 2 for clarity and report final edits back to the Commission.

MOTION 5: Approve Policy/Procedure #06.1000: *Commission By-Laws*, as presented ***(Passed: 28 Ayes; 0 Opposed; 0 Abstention)***.

2. ***Pol #08.3105: Ryan White Conflict of Interest***: There was no additional discussion.
MOTION 6: Approve Policy/Procedure #08.3105: *Adherence to Ryan White Conflict of Interest Rules and Requirements*, as presented ***(Passed as Part of the Consent Calendar)***.

3. ***Pol #08.3108: State Conflict of Interest***: There was no additional discussion.
MOTION 7: Approve Policy/Procedure #08.3108: *Adherence to State Conflict of Interest Rules and Requirements*, as presented ***(Passed as Part of the Consent Calendar)***.

4. ***Pol #07.3021: Duty Statement, DHS Representative***: This is the first of three duty statements for new seats added to County Code 3.29. Candidate discussions have begun with DHS. They requested a duty statement to facilitate discussions and have approved this draft. It is open for public comment until 2/29/2012.

B. Joint Public Policy (JPP) Committee:

1. ***Governor's FY 2012-2013 State Budget***:

- Mr. Fox reported the Centers for Medicare and Medicaid Services (CMS) did not approve the Budget's proposed Medi-Cal co-payments. The 10% Medi-Cal provider cuts have been suspended per a temporary court injunction.

- The new Department of Health Care Services (DHCS) dual eligibles (Medicare and Medicaid) proposal would mandate dual eligibles to move into a coordinated managed care system. JPP will address it in February or March.

2. ***Proposed FY 2012-2013 ADAP Reductions***:
   - There is little new information on this proposal, but the Senate Budget Committee, Budget and Fiscal Review Health and Human Services Subcommittee, will meet 3/8/2012 to address the ADAP budget. The Commission will work with other organizations to bring the consumers' voices to that hearing.
   - An AIDS Project Los Angeles (APLA) brief on the proposal and OA talking points were in the packet. Research for the APLA brief was funded by the California HIV/AIDS Research Program.
3. ***2012 Legislative Agenda Meeting***: The deadline to submit State legislation is 2/24/2012. This year's legislative review meeting was rescheduled to 2/29/2012, 1:00 to 4:00 pm, to ensure all legislation will be available for review.
4. ***Low Income Health Programs (LIHPs)***: Letters from DHS to ADAP clients and to the Board on continuity of care were in the packet for review.

C. Priorities & Planning (P&P):

1. ***FY 2013 Priority- and Allocation-Setting***:
   - Mr. Land noted the P&P and SOC Committees determined the FY 2013 Priority- and Allocation-Setting plan and schedule at their 1/24/2012 joint meeting. The schedule, process and a public invitation were in the packet.
   - The Commissioner Pledge to the FY 2013 Priority- and Allocation-Setting Process was also in the packet. The pledge is signed annually to commit to participation in the process and support for decisions that reflect comprehensive client needs, service demands and programmatic efficiency and effectiveness. Conflicts of interest are also listed.
   - ➲ Commissioners must complete, sign and submit the Pledge to staff by end of meeting or as soon as possible.

D. Standards of Care (SOC) Committee:

1. ***Linkage to Care (LTC)/Vision Services SOC***: Ms. Palmeros reported Expert Review Panels for the two standards will be held the morning and afternoon of 4/18/2011. More information will be available shortly.

16. PREVENTION PLANNING COMMITTEE (PPC) REPORT:

- Mr. Rosales, Community Co-Chair, reported the PPC voted 2/2/2012 on motions pertaining to development of the Comprehensive HIV Plan with the Commission. One endorsed augmenting SPA/zip code data with spatial analysis to allocate program funds. The other endorsed use of the population flow structure while a small group develops the continuum of care and prevention.
- The Asian/Pacific Islander and Native American Ad Hoc Group recommendations were adopted for implementation. The PPC agreed to forward the recommendations to the Commission for its consideration. They were in the packet.
- Dr. Jennifer Sayles, Medical Director, DHSP, also presented on Testing and Linkage to Care Plus (TLC+) in the County.

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

18. TASK FORCE REPORTS:

A. Comprehensive HIV Planning (CHP) Task Force:

- Mr. Vincent-Jones reported the Comprehensive HIV Plan (CHP) is due to HRSA in May 2012. The joint Commission-PPC Task Force is working to integrate the needs of both bodies. Mr. Pérez, Director, and Dr. Michael Green, Chief, Planning Division, DHSP, graciously expanded the scope of activities for Claire Husted, consultant, to include writing the CHP.
- Integration of the Continuum of Care and Prevention is key to integrating the CHP. As Mr. Rosales noted, a small group is addressing that issue specifically. Additional work is very possible after HRSA submission since the PPC plan submission deadline to the CDC is in June and CDC guidance has not yet been received.
- Mr. Rosales, Task Force Co-Chair, noted the next meeting would be 2/13/2012, 1:30 to 4:30 pm. Ms. Husted will give an update. Mr. Land encouraged attendance to better understand the differing PPC framework and terminology.

B. Community Task Forces: There were no reports.

19. SPA/DISTRICT REPORTS:

- Mr. Sotomayor works with a community group that helps those who have lost their possessions to fire. It works mainly in the Antelope Valley, but will assist anyone in need. The group has a van to collect items such as clothes and furniture. It is in special need of furniture and items for children aged 3 to 10. Contact Mr. Sotomayor for pick-up.

- Ms. Washington-Hendricks reported Mr. Vega-Matos will present at the SPA 6 meeting on 2/14/2012.
- Mr. Johnson said the SPA 8 group has begun developing working relationships for joint venture provider pilot projects.

➲ Commission staff will distribute an updated commissioner contact list.

20. COMMISSION COMMENT:

- Ms. Ballesteros urged helping consumers attend the XIX International AIDS Conference, Washington, D.C., 7/22-27/2012.

➲ The Consumer Caucus will address ways to assist attendance at the Conference, which is the first in the US in 22 years.

21. **ANNOUNCEMENTS**:

- Ms. Palmeros announced the AIDS Service Center will co-locate all its services at the Pasadena Public Health Department located nearby on Fair Oaks Avenue. There will be more information soon and an open house will be scheduled.
- Ms. Washington-Hendricks noted APLA offers dental services in SPA 6, weekdays, 7:30 am to 4:00 pm. Flyers are available.
- Mr. Engeran-Cordova said AIDS Healthcare Foundation launches Condom Nation on International Condom Day, 2/13/2012, at Venice Beach, 12:00 noon to 2:00 pm. An 18-wheeler truck will travel to 18 states with HIV education, testing, and condom distribution. Flyers are available for the launch and there will be a website, blog and videos on the project.

22. **ADJOURNMENT**: Mr. Johnson adjourned the meeting at 12:45 pm.

A. Roll Call (**Present)**: Aviña, Bailey/Lewis, Ballesteros, Barrit, Cadden, Engeran-Cordova, Espinoza, Fox, Frye, Goddard, Green, James, Johnson, Kelly, Kochems, Land, Liso/Chud, Long, Lopez, Mendia, O'Brien, Palmeros, Pérez, Peterson, Rivera, Simon, Sotomayor, Vega-Matos, Washington-Hendricks

MOTION AND VOTING SUMMARY		
MOTION 1: Approve the Agenda Order.	***Passed by Consensus***	**MOTION PASSED**
MOTION 2: Revise and approve the minutes from the 12/8/2011 Commission on HIV meeting.	***Passed by Consensus***	**MOTION PASSED**
MOTION 3: Approve the minutes from the 1/12/2012 Commission on HIV meeting.	***Passed by Consensus***	**MOTION PASSED**
MOTION 4: Approve the Consent Calendar with Motion 5 pulled.	***Passed by Consensus***	**MOTION PASSED**
MOTION 5: Approve Policy/Procedure #06.1000: *Commission By-Laws*, as presented.	***Ayes:*** Aviña, Bailey, Ballesteros, Barrit, Cadden, Engeran-Cordova, Espinoza, Frye, Goddard, Green, James, Johnson, Kelly, Kochems, Land, Liso, Long, Lopez, Mendia, O'Brien, Palmeros, Pérez, Peterson, Rivera, Simon, Sotomayor, Vega-Matos, Washington-Hendricks ***Opposed:*** None ***Abstention:*** None	**MOTION PASSED** **Ayes**: 28 **Opposed**: 0 **Abstention:** 0
MOTION 6: Approve Policy/Procedure #08.3105: *Adherence to Ryan White Conflict of Interest Rules and Requirements*, as presented.	***Passed as Part of the Consent Calendar***	**MOTION PASSED**
MOTION 7: Approve Policy/Procedure #08.3108: *Adherence to State Conflict of Interest Rules and Requirements*, as presented.	***Passed as Part of the Consent Calendar***	**MOTION PASSED**