



# 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 Health Services are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.*

## EXECUTIVE COMMITTEE MEETING MINUTES

September 5, 2006



MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	HIV EPI AND OAPP STAFF	COMM STAFF/CONSULTANTS
Carla Bailey, <i>Co-Chair</i>	Al Ballesteros	Cheryl Barrit	<i>None</i>	Jane Nachazel
Anthony Braswell, <i>Co-Chair</i>	Robert Butler			Glenda Pinney
Richard Hamilton	Whitney Engeran			Jim Stewart
Bradley Land	William Fuentes			Craig Vincent-Jones
Quentin O'Brien	Mario Pérez			Nicole Werner
Angelica Palmeros	Fariba Younai			
Kathy Watt				

### CONTENTS OF COMMITTEE PACKET:

- 1) **Agenda:** Executive Committee Agenda, 9/05/2006
- 2) **Minutes:** Executive Committee meeting draft, 7/31/2006
- 3) **Letter:** From Michael Green, OAPP, thanking Commission for space during dislocation, 8/28,2006

1. **CALL TO ORDER:** Mr. Braswell called the meeting to order at 10:10 am. Self-introductions were made.
2. **APPROVAL OF AGENDA:**  
**MOTION #1:** Approve the Amended Agenda Order (*Passed by Consensus*).
3. **APPROVAL OF MEETING MINUTES:**  
**MOTION #2:** Approve the July 31, 2006 Executive Committee meeting minutes, as presented (*Passed by Consensus*).
4. **PARLIAMENTARIAN REMARKS:** There were no remarks.
5. **PUBLIC COMMENT, NON-AGENDIZED:** There were no comments.
6. **COMMISSION COMMENT, NON-AGENDIZED:** There were no comments.
7. **PUBLIC/COMMISSION COMMENT FOLLOW-UP:** There were no comments.
8. **CO-CHAIRS' REPORT:**
  - A. **Annual Meeting Planning:**
    - The annual meeting is scheduled for all day on Thursday, November 9<sup>th</sup>, and lunch will be served.
    - The California Endowment's new center downtown is providing the site without charge, public transportation is nearby.
    - The agenda has not been completed, but "Outcomes" has been tentatively chosen as the theme.
    - There was a discussion on choosing a facilitator. Possibilities noted included Diane Burbie, Mosaica, Marie Shapiro, Kathleen Clanon and other consultants familiar with the Commission and the CARE Act.
    - ⇒ Mr. Vincent-Jones will speak with various consultants, as noted, to identify a primary candidate.
    - ⇒ Mr. Land suggested sending an e-mail a "Save The Date" to the entire Commission as soon as possible.
  - B. **Committee Workplans:**
    - ⇒ Committees must complete their workplans during the next two months so that they can be used as a basis for outcome development at the Annual Meeting.

**9. EXECUTIVE DIRECTOR'S REPORT:**

- A. **Memorandum of Understanding (MOU):** Mr. Vincent-Jones noted he had promised Mr. Pérez time to review the Public Policy section before including it in the full draft. That piece is, therefore, still pending.
- B. **Title I Application Follow-Up/Planning:** The application is due October 2<sup>nd</sup>. OAPP has suffered delays due to the fire in their building which caused them to be locked out for several weeks.
- ⇒ People who volunteered at the July Title I meeting to help with the application will be contacted by OAPP staff.
- C. **County Counsel Ethics Training:** A state law was passed last year that requires all commissioners and members of appointed bodies to attend a two-hour ethics training. County Counsel is conducting the mandatory training in the County, and had agreed, because of the size of the Commission, to conduct a special training for the Commission. Commissioners must complete the training by January 1<sup>st</sup>, either through the Commission or independently.
- ⇒ It was agreed to lengthen the October Commission meeting by one hour and reduce regular Commission business by one hour at the meeting in order to offer the training.
  - ⇒ County Counsel has scheduled trainings in the County. Mr. Vincent-Jones will obtain the schedule so that it is available for those not able to attend the October Commission meeting.
- D. **Report on All-Titles Conference:**
- Mr. Vincent-Jones indicated that the conference had gone well, though Reauthorization cast somewhat of a pall over it.
  - The Commission did three presentations on: 1) using data for planning; 2) Standards of Care, and the Commission's Standards Development Process; and 3) the Assessment of the Administrative Mechanism. Many compliments were received, especially from the standards presentation. OAPP did over ten presentations, which were also well received.
  - The All-Titles Conference is scheduled every two years by HRSA. In between, there is usually a Technical Assistance Conference and probably will be one next year, especially if Reauthorization goes through.
- E. **Systems Thinking Technical Assistance:**
- Mr. Vincent-Jones took a two-day seminar in systems dynamics and thinking. He felt the seminar, led by the Sustainability Institute, was especially pertinent to public health issues and could fruitfully be applied to planning, and priority- and allocations-setting. The trainer is now doing this work for the CDC's diabetes management program.
  - Once interventions, status and outcomes are plotted, it is possible to allocate funding and determine future outcomes.
  - ⇒ Mr. Vincent-Jones intended to request HRSA Technical Assistance (TA) to provide this trainer for four- or five days for the Priorities and Planning Committee and other interested parties.
- F. **Miscellaneous:** The Commission's Sunset Review has passed the Audit Committee, and should go to the Board in the subsequent weeks. The new Ordinance charters the Commission through 2011.

10. **OAPP REPORT:** There was no report.

11. **HIV EPIDEMIOLOGY REPORT:** There was no report.

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

- The PPC interim progress report was due shortly. The PPC will work on it at all-day meeting the next week, Ms. Watt said.
- Ms. Watt will be traveling to Washington, D.C. in about two weeks to attend an AIDS Action Public Policy meeting.
- The PPC is a member of the Urban Coalition of HIV/AIDS Prevention Services (UCHAPS). UCHAPS will have a two-day meeting and an all-day institute at the USCA on the Integration of Prevention, Care and Treatment. "Treatment" includes TB, Hepatitis, substance abuse and mental health. Each of the seven jurisdictions is required to submit a PowerPoint about their local program. One of the best and one of the least successful will be reviewed at the meeting.
- The PPC Annual Meeting will be the week following the Commission's in November. A couple of presentations will address recurring questions about the Commission. There will be discussion on HIV Counseling and Testing, including questions that arise during targeted testing.

13. **STANDING COMMITTEE REPORTS:**

A. **Public Policy:**

1. **CARE Act Reauthorization:**

- Noting the Commission's current position opposing the proposed version of the Reauthorization, Mr. Vincent-Jones noted that authority had been delegated to the Public Policy Committee to address any CARE Act Reauthorization issues that arose between Commission meetings.
  - The Committee was clear in its public memo, that it supported Reauthorization, but not the version that was being advanced at the time. Mr. Vincent-Jones reflected that the Committee felt too many people were allowing the proposed language to go forward out of resignation despite the risk it posed to California.
  - He said it would be important for everyone to pay close attention at the Commission meeting to the discussion of any changes in the draft language. He added that Congress has 15 days remaining before recessing before the elections.
  - Mr. Braswell asked if the "hold harmless" question was the key concern. Mr. Vincent-Jones replied that the movement toward temporarily using code-based data put the County at a disadvantage because data on an estimated 10,000 of 25,000 cases has not yet accounted for. While there is a form of "hold harmless" in the proposed language, requirements are so strict that virtually no jurisdictions would be likely to qualify for it. The new language provides a stronger "hold harmless" framework for which Los Angeles could be eligible, if needed.
  - Mr. Hamilton said Jenny Quick, Senator Barbara Boxer's representative, visited the area recently and related that Senator Boxer was grateful for the Commission's letter. There had been little previous input from the area.
  - She had also asked how OAPP viewed the issue. Mr. Vincent-Jones said that, while the OAPP view varied, the letter represented the Commission's independent voice and reflected its educational and advocacy roles. He noted the Commission has been careful to ensure it did not stray over the line between advocacy and lobbying.
  - Mr. Hamilton also related that many community members wanted to know how they could help.
  - Mr. Vincent-Jones said response has been mixed, with some thanking the Commission for standing up while others felt the Commission has isolated itself. In any case, the Commission is charged with informing the Board and advocating for providers and consumers rather than simply accepting whatever is handed down.
  - It would not be appropriate for the Commission to directly organize community response, he went on. Rather, the Commission provides data to inform those in the community. He added that, now that the Commission has spoken out, it will be valuable to watch for changes that may come forward from it or to mitigate the Commission's primary concerns into the proposal.
  - Mr. Braswell asked if there had been more information about planning councils in Reauthorization. Ms. Watt replied that they remain in Tier 1, though not required in the other Tiers. It was anticipated they would remain at least for one more year. She added that there was a significant split between those who support them and those who do not. Southern areas tend to oppose them.
2. **AB 2280 – HIV Testing:** HIV Counseling and Testing provisions have been removed from the bill. It now covers STD testing only.
3. **Name-Based HIV Reporting:** The State Office of AIDS has issued some draft language, but it is still quite loose. The official start date is April 17<sup>th</sup>, but there are still no statewide regulations. It will be necessary for the State DHS and Office of AIDS to agree on the regulations.
4. **HALSA Presentation:**
- ⇒ HIV/AIDS Legal Services Alliance will provide a 15-minute educational presentation at the September Commission meeting on the Supreme Court disclosure case. It has been scheduled to address confusion about the practical effect of the ruling.

B. **Standards of Care (SOC):**

1. **Medical Outpatient Rate Study(ies):**

- Mr. Vincent-Jones reported that OAPP has not yet released a final Mercer Report. OAPP had planned to present it to the Commission in September for confirmation of the methodology, then release it to the public the next day. According to OAPP, that timeline is no longer feasible.
- While the written report is not available, SOC will bring forward a letter recommending that the Commission not take a position on the Medical Outpatient Rate Study methodology. For one thing, the methodology has already been adopted, so any recommendations would be moot for this process. The letter will, however, identify several issues considered important to explore.
- Mr. O'Brien noted that a key issue for him was inadequate information to perform any evaluation. He felt that should be reported to the Board. Mr. Vincent-Jones said there was ongoing communication with the Board.

- Mr. Vincent-Jones added that there are continuing issues being discussed. For example, the 5<sup>th</sup> District is especially concerned in light of the fact that they cover some significantly rural areas. Questions have also been raised about using a single rate, even though that is included in the scope of work.
- Ms. Palmeros said providers have been disrespected with little to no input allowed and constantly shifting implementation targets.
- Ms. Watt contributed that much the same approach was used when the Substance Abuse rate study was conducted. Despite continual assurances that her agency would not be adversely impacted, the eventual RFP resulted in severe impacts because the “fee for service widget” includes pertinent staff that had been underestimated.
- Mr. Vincent-Jones reflected that theoretically one is purchasing an architecture that can be adjusted as necessary by changing the characteristics of the components. It will be interesting to see if OAPP is able to use the architecture as the process has been described to address issues like those raised by Ms. Watt.
- Ms. Watt added that rumors have begun to develop among consumers. Some have become quite anxious. Mr. O’Brien commented that Mr. Pérez has said there would be a transition year of concurrent cost-based reimbursement. A full implementation will not occur according to that timeline until 2008.
- ⇒ Regarding future processes, the SOC will be presenting a Policy/Procedure in September to assert a Commission role of accepting the methodology at the start of the process and then verifying its proper implementation.
- ⇒ SOC will also be bringing a comparison of service descriptions to the standards of care to the September meeting.

2. **Medicare Part D Follow-Up:**

- Ms. Bailey noted that the new open enrollment period is November 15<sup>th</sup> through December 31<sup>st</sup>. Drug formularies are also changing, so it is important to review plans. Everyone must be enrolled. Medi-Medi clients will be rolled over unless other choices are made.
- Mr. Vincent-Jones added that the Forum was well-attended and fruitful.
- ⇒ The Standards of Care Committee will be bringing recommendations forward that developed out of the Forum.

3. **UCLA Oral Health NIH Application:** There was no additional information.

4. **Standards of Care Schedule:** There were no changes.

5. **Transitional Case Management Standards of Care:**

- ⇒ This standard will be brought forward for adoption at the September Commission meeting.

6. **Hospice/Nursing Facilities Services Standards of Care:**

- ⇒ This standard will be brought forward for adoption at the September Commission meeting.

7. **Counseling/Testing Standards of Care:**

- ⇒ This standard will be opened for public comment at the September Commission meeting.

8. **Outreach Standards of Care:**

- ⇒ This standard will be opened for public comment at the September Commission meeting.

9. **Early Intervention Standards of Care:**

- ⇒ This standard will be opened for public comment at the September Commission meeting.

10. **Direct Emergency Financial Assistance (DEFA) Standards of Care:**

- ⇒ This standard will be opened for public comment at the September Commission meeting.

11. **Renaming Standards of Care:**

- Mr. Vincent-Jones called attention to the fact that, regardless of whether currently proposed CARE Act language will be replaced or not, there is a clear trend towards a more medical continuum of care. With that in mind, he is recommending that some standards be renamed to better reflect that influence now rather than in retrospect.
- He would be recommending to the SOC that Nutritional Counseling be renamed to Medical Nutritional Therapy. Given that was the prior name of the standard, so the change should not be disruptive.
- He would also recommend that the Case Management standards be carefully reviewed. If the intent is to move toward a nurse or medical case management model, for example, how would psychosocial case management be integrated into that model.
- Ms. Watt asked how the HIV Counseling and Testing standards might integrate the PPC’s already approved counseling and testing standards. He noted that the Commission’s role was not to write the counseling/testing standard, but to ensure it was properly integrated into the care system. Some 90-95% will concern the medical setting since most counseling and testing occurs there, but it is not limited to that setting.

C. **Finance:**

1. **Year 14 Assessment of the Administrative Mechanism (AAM):** Mr. O’Brien noted that he had wanted to change the AAM model in significant ways, but it was felt that to do so with YR 14 would unduly delay the process, increase the cost and would not be time-opportune given the DPH transition. Instead, it was agreed to move YR 14 forward with only

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minimal adjustments to the model. It is hoped that it will be possible to focus on a particular area for the YR 15 AAM rather than using an overview.

### D. Recruitment, Diversity and Bylaws (RD&B):

1. **Member Duty Statements:** There was no additional information on duty statements.
2. **Leave of Absence Policy:** Mr. Vincent-Jones expected this policy would be ready for presentation at the next meeting.

### E. Priorities and Planning (P&P):

#### 1. Minority AIDS Initiative (MAI):

- Mr. Vincent-Jones said there had been some discussion about whether or not recommendations needed to be returned from the Subcommittee to P&P. Mr. Land said he thought recommendations could go directly to the Commission at the September meeting. It was agreed that bringing recommendations to the September Commission meeting would facilitate integration into OAPP's work on the Title I application.
- Mr. Vincent-Jones felt the recommendations had been well reviewed. The final determination would be made later in the week among Oral Health, Medical Case Management, Benefits Specialty and/or Early Intervention or some combinations of the services.

2. **Unmet Need:** Mr. Land reported that the new Unmet Need Subcommittee would meet for the first time that afternoon.

### 14. WORK PLAN:

**A. Upcoming Commission Meeting Agenda:** The draft agenda was not yet ready.

**B. Prioritization:** There was no discussion.

**C. Assignments:** There was no additional discussion.

**D. Annual Calendar:** There was no additional discussion.

### 15. ANNOUNCEMENTS:

- Mr. Hamilton said he and other consumers, in conjunction with the Southern California HIV AIDS Coalition (SCHAC) lobbied senators for AB 1677 two weeks ago. The bill, which had already passed the Assembly, would allow condoms in prisons. The Senate has since passed the bill, though there is concern whether the governor will sign it. Advocacy for him to do so is developing. Ms. Watt said Ms. Shriver was more in favor of it, and letters might be profitably sent to her office.
  - Mr. Vincent-Jones said some people have asked if the Commission had a position on the bill. Mr. Vincent-Jones reported that the Commission did not take a vote on it last year because he been told early on that the bill was assured, and the Commission's vote probably wasn't needed. Later, when it later aroused opposition, the Commission did not have time to consider and vote on it.
- ⇒ Mr. O'Brien asked about a contact list. Mr. Vincent-Jones said a list for Commissioners was being developed. It was, however, important to remember that the Brown Act prohibited committee discussions outside of meetings.

### 16. ADJOURNMENT: The meeting was adjourned at 11:50 pm.