



STANDARDS AND BEST PRACTICES COMMITTEE Virtual Meeting

Tuesday, March 2, 2021

10:00AM-12:00PM (PST)

Agenda + Meeting Packet will be available on the
Commission's website at:

<http://hiv.lacounty.gov/Standards-and-Best-Practices-Committee>

REGISTER VIA WEBEX ON YOUR COMPUTER OR SMART PHONE:

<https://tinyurl.com/2er56zzw>

**Link is for non-Committee members & members of the public only*

JOIN VIA WEBEX ON YOUR PHONE:

1-415-655-0001

Event #/Meeting Info/Access Code: 145 857 1184

**Link is for members of the public only. Commission members, please contact staff for specific log-in information if not already received.*

PUBLIC COMMENTS

Public Comments will open at the time referenced on the meeting agenda. For those who wish to provide live public comment, you may do so by joining the WebEx meeting through your computer or smartphone and typing PUBLIC COMMENT in the Chat box. You may also provide written public comments or materials by email to hivcomm@lachiv.org. Please include the agenda item and meeting date in your correspondence. All correspondence and materials received shall become part of the official record.

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LOS ANGELES COUNTY
COMMISSION ON HIV



AGENDA FOR THE VIRTUAL MEETING OF THE
STANDARDS AND BEST PRACTICES COMMITTEE

TUESDAY, MARCH 2, 2021, 10:00 AM – 12:00 PM

*****WebEx Information for Non-Committee Members and Members of the Public Only*****

<https://tinyurl.com/2er56zzw>

or Dial

1-415-655-0001

Event Number/Access code: 145 857 1184

(213) 738-2816 / Fax (213) 637-4748

HIVComm@lachiv.org <http://hiv.lacounty.gov>

Standards and Best Practices (SBP) Committee Members			
Erika Davies <i>Co-Chair</i>	Kevin Stalter <i>Co-Chair</i>	Miguel Alvarez, <i>alternate</i>	Pamela Coffey
Wendy Garland, MPH	Grissel Granados, MSW	Thomas Green	Paul Nash, CPsychol AFBPsS FHEA
Katja Nelson, MPP	Joshua Ray (Eduardo Martinez, <i>alternate</i>)	Harold Glenn San Agustin, MD	Justin Valero, MA
Ernest Walker	Amiya Wilson		
QUORUM: 8			

AGENDA POSTED: February 25, 2021

ATTENTION: Any person who seeks support or endorsement from the Commission on any official action may be subject to the provisions of Los Angeles County Code, Chapter 2.160 relating to lobbyists. Violation of the lobbyist ordinance may result in a fine and other penalties. For information, call (213) 974-1093.

ACCOMMODATIONS: Interpretation services for the hearing impaired and translation services for languages other than English are available free of charge with at least 72 hours notice before the meeting date. To arrange for these services, please contact the Commission Office at (213) 738-2816 or via email at HIVComm@lachiv.org.

Servicios de interpretación para personas con impedimento auditivo y traducción para personas que no hablan Inglés están disponibles sin costo. Para pedir estos servicios, póngase en contacto con Oficina de la Comisión al (213) 738-2816 (teléfono), o por correo electrónico á HIVComm@lachiv.org, por lo menos setenta y dos horas antes de la junta.

SUPPORTING DOCUMENTATION can be obtained at the Commission on HIV Website at: <http://hiv.lacounty.gov>. The Commission Offices are located in Metroplex Wilshire, one building west of the southwest corner of Wilshire and Normandie. Validated parking is available in the parking lot behind Metroplex, just south of Wilshire, on the west side of Normandie.

NOTES on AGENDA SCHEDULING, TIMING, POSTED and ACTUAL TIMES, TIME ALLOTMENTS, and AGENDA ORDER: Because time allotments for discussions and decision-making regarding business before the Commission's standing committees cannot always be predicted precisely, posted times for items on the meeting

agenda may vary significantly from either the actual time devoted to the item or the actual, ultimate order in which it was addressed on the agenda. Likewise, stakeholders may propose adjusting the order of various items at the commencement of the committee meeting (Approval of the Agenda), or times may be adjusted and/or modified, at the co-chairs' discretion, during the course of the meeting.

If a stakeholder is interested in joining the meeting to keep abreast of or participate in consideration of a specific agenda item, the Commission suggests that the stakeholder plan on attending the full meeting in case the agenda order is modified or timing of the items is altered. All Commission committees make every effort to place items that they are aware involve external stakeholders at the top of the agenda in order to address and resolve those issues more quickly and release visiting participants from the obligation of staying for the full meeting. External stakeholders who would like to participate in the deliberation of discussion of an a posted agenda item, but who may only be able to attend for a short time during a limited window of opportunity, may call the Commission's Executive Director in advance of the meeting to see if the scheduled agenda order can be adjusted accordingly. Commission leadership and staff will make every effort to accommodate reasonable scheduling and timing requests - from members or other stakeholders - within the limitations and requirements of other possible constraints.

Call to Order, Introductions, Conflict of Interest Statements 10:00 AM – 10:03 AM

I. ADMINISTRATIVE MATTERS 10:03 AM – 10:07 AM

1. Approval of Agenda **MOTION #1**
2. Approval of Meeting Minutes **MOTION #2**

II. PUBLIC COMMENT 10:07 AM – 10:10 AM

3. Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission

III. COMMITTEE NEW BUSINESS ITEMS 10:10 AM – 10:15 AM

4. Opportunity for Commission members to recommend new business items for the full body or a committee level discussion on non-agendized Matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting, or matters requiring immediate action because of an emergency situation, or where the need to take action arose subsequent to the posting of the agenda.

IV. REPORTS

5. Executive Director/Staff Report 10:15 AM – 10:20 AM
6. Co-Chair Report 10:20 AM – 10:45 AM
 - a. Committee Member Introductions/Getting to Know You
 - b. Standards Revision Tracker
 - c. 2021 Workplan
7. Division of HIV & STD Programs (DHSP) Report 10:45 AM – 11:00 AM
 - a. Childcare & Language Services Provider Survey

V. DISCUSSION ITEMS

- 8. Benefits Specialty 11:00 AM – 11:15 AM
- 9. Home-based Case Management 11:15 AM – 11:30 AM
- 10. Substance Use and Residential Treatment 11:30 AM – 11:45 AM

VI. NEXT STEPS

- 11. Task/Assignments Recap 11:45 AM – 11:55 AM
- 12. Agenda development for the next meeting

VI. ANNOUNCEMENTS

- 13. Opportunity for members of the public and the committee to make announcements 11:55 AM – 12:00 PM

VII. ADJOURNMENT

- 14. Adjournment for the virtual meeting of March 2, 2021 12:00 PM

PROPOSED MOTIONS	
MOTION #1	Approve the Agenda Order, as presented or revised.
MOTION #2	Approve the Standards and Best Practices Committee minutes, as presented or revised.



SERVICE STANDARDS REVISION DATE TRACKER (Updated 2/18/21)

	Title	Date of Last Revision	NOTES
1	AIDS Drug Assistance Program (ADAP) Enrollment	2009	
2	Benefits Specialty	2009	Update in 2021
3	Case Management, Transitional – Youth	4/13/2017	
4	Case Management, Transitional – Incarcerated/Post Release	4/13/2017	
5	Childcare	2009; currently being updated; latest draft revision date 12/14/2020	Update/Finish in 2021
6	Emergency Financial Assistance Program (EFA)	6/11/2020	
7	Home-Based Case Management	2009	Update in 2021
8	Hospice	2009	
9	Housing, Temporary (Hotel/motel and meal vouchers, Emergency shelter programs, Transitional housing, Income-based Rental Assistance, Residential Care Facility for the Chronically Ill, and Transitional Residential Care Facility)	2/8/2018	
10	Housing Permanent Supportive	2/8/2018	
11	Language Interpretation	2009	
12	Legal	7/12/2018	
13	Medical Care Coordination	2/14/2019	
14	Mental Health, Psychiatry, and Psychotherapy	2009	
15	Non-Medical Case Management	12/12/2019	
16	Nutrition Support	2009	
17	Oral Health ➤ Practice Guidelines for Treatment of HIV Patients in General Dentistry	2009 2015	
18	Outreach	2009	
19	Peer Support	2009; integrated in Psychosocial Support 9/10/2020	
20	Permanency Planning	2009	
21	Prevention Services (Assessment; HIV/STD Testing and Retesting; Linkage to HIV Medical Care and Biomedical Prevention; Referral and Linkages to Non-biomedical Prevention; Retention and Adherence to Medical Care, ART, and Other Prevention Services)	6/14/2018	
22	Psychosocial Support	9/10/2020	
23	Referral Services	2009	

24	Residential Care and Housing	2009; integrated in Temporary and Permanent Supportive Housing 2/8/2018	
25	Skilled Nursing Facilities	2009	
26	Substance Use and Residential Treatment	4/13/2017	Update in 2021
27	Transportation	2009	
28	Treatment Education	2009	
29	Universal Standards	9/12/2019; currently being updated; latest draft revision date 12/16/2020 released for public comments	



STANDARDS AND BEST PRACTICES COMMITTEE 2021 WORK PLAN

Updated 2/18/21

Co-Chairs: Erika Davies & Kevin Stalter		
Approval Date:		Revision Dates:
<p>Purpose of Work Plan: To focus and prioritize key activities for COH Committees and subgroups for 2021.</p> <p>Prioritization Criteria: Select activities that 1) represent the core functions of the COH; 2) advance the goals of the local Ending the HIV Epidemic (EHE) Plan; and 3) align with COH staff and member capacities and time commitment; 4) ongoing COVID public health emergency response and recovery priorities.</p>		
#	TASK/ACTIVITY	TARGET COMPLETION DATE
1	Review BAAC and ATF charge and implement recommendations best aligned with the purpose and capacity of the Commission	Start Jan/Ongoing
2	Complete Universal service standards. COMPLETED	March-Executive Committee April-COH
3	Complete Childcare service standards. Waiting for DHSP on provider survey results/summary.	May
4	Recommendations on how to engage with private health plans and providers	On hold
5	Update Benefits Specialty service standards	?
6	Update Home-based Case Management service standards	?
7	Update Substance use outpatient and residential treatment service standards	?

LOS ANGELES COUNTY COMMISSION ON HIV | STANDARDS AND BEST PRACTICES COMMITTEE
SERVICE STANDARDS LINKS FOR SELECTED CATEGORIES AND SERVICE DEFINITIONS

Benefits Specialty: <http://hiv.lacounty.gov/LinkClick.aspx?fileticket=lcxawd82VvU%3d&portalid=22>

Benefits specialty services facilitate a client's access to public/private health and disability benefits and programs. Benefits specialty services work to maximize public funding by helping clients identify all available health and disability benefits supported by funding streams other than the Ryan White Part A funds.

Home-based Case Management:

<http://hiv.lacounty.gov/LinkClick.aspx?fileticket=Pu92YrLPJlY%3d&portalid=22>

Home-based case management services are client-centered case management and social work activities that focus on care for people living with HIV who are functionally impaired and require intensive home and/or community-based care. Services are conducted by qualified Registered Nurse (RN) case managers and Master's degree-level social workers who facilitate optimal health outcomes for functionally impaired people living with HIV through advocacy, liaison and collaboration.

Substance Use and Residential Treatment:

<http://hiv.lacounty.gov/LinkClick.aspx?fileticket=zbL8SmX5OCQ%3d&portalid=22>

HRSA Policy Guidance, **Substance Use Outpatient Care** is the provision of outpatient services for the treatment of drug or alcohol use disorders. Services include:

- Screening
- Assessment
- Diagnosis, and/or Treatment of substance use disorder, including:
 - o Pretreatment/recovery readiness programs
 - o Harm reduction
 - o Behavioral health counseling associated with substance use disorder
 - o Outpatient drug-free treatment and counseling
 - o Medication assisted therapy
 - o Neuro-psychiatric pharmaceuticals
 - o Relapse prevention Substance Use Residential Services

Per HRSA Policy Guidance, **Substance Use Services (residential)** is the provision of services for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. This service includes:

- Pretreatment/recovery readiness programs
- Harm reduction
- Behavioral health counseling associated with substance use disorder
- Medication assisted therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention Detoxification, if offered in a separate licensed residential setting (including a separately

LOS ANGELES COUNTY COMMISSION ON HIV | STANDARDS AND BEST PRACTICES COMMITTEE
RECOMMENDATIONS FOR ENGAGING PRIVATE HEALTH PROVIDERS FOR A STRONGER HIV RESPONSE
DRAFT FOR DISCUSSION PURPOSES ONLY (2.18.21)

Question for SBP: Who are you making these recommendations to?

Background and Purpose

This document outlines recommendations for engaging local private health providers with the Los Angeles County Ryan White system of care. Private health providers play a critical role in achieving the national goal of ending HIV by 2030. The Ryan White HIV/AIDS Program has proven to be an effective model of comprehensive care for people living with HIV. Individuals enrolled in the Ryan White (RW) program achieve better viral suppression rates compared to those in other systems of care. Coupled with advances in biomedical prevention such as pre-exposure prophylaxis (PrEP) and expanded access to HIV testing in clinics and thru home test kits, the opportunity exists to engage private health partners in a stronger HIV response.

The Ryan White HIV/AIDS Program, first enacted in 1990, is the largest federal program designed specifically for people with HIV, serving over half of all those diagnosed.^{1,2} It is a discretionary, grant program dependent on annual appropriations from Congress". It is the nation's safety net for people with HIV providing outpatient HIV care and treatment to those without health insurance and filling in gaps in coverage and cost for those with insurance.

Most Ryan White clients are low-income, male, people of color, and sexual minorities. The program is the third largest source of federal funding for HIV care in the U.S., following Medicare and Medicaid. While the Affordable Care Act (ACA), has expanded coverage for many people with HIV, Ryan White continues to remain a critical component of the nation's response to HIV, proving HIV care and treatment to those who remain uninsured and bolstering access for those with insurance.

1. Increase awareness of the local Ryan White system of care among **contracted agencies** and private providers through the Community Clinics Association of Los Angeles County (CCALAC), Los Angeles County Medical Association (LACMA), and Hospital Association of Southern California. These organizations convene trainings and events for their members and may be used as an avenue for service promotion and partnership development.
2. **Review Ryan White program eligibility requirements and provide clear instructions to Medical Care Coordination (MCC) teams on enrollment and referral processes.**
3. Enlist the support of the Association of American Medical Colleges to inform medical schools and students about HIV and the Ryan White system of care.

4. Convene a private provider summit to 1) introduce them to the Ryan White program; 2) provide information on services and enrollment process; 3) share HIV continuum care of data comparing outcomes for RW patients with private health care systems; 4) and share service standards.
5. Disseminate Ryan White program fact sheets with a list of services covered and contracted agencies to healthcare providers required by law to report HIV cases to the Division of HIV and STD Programs. Encourage healthcare providers to promote RW services to their patients. By State law, HIV infection is a reportable condition in California. This requires laboratories, health care providers, and testing providers to report all cases of HIV infection to their local health department. This reporting requirement is necessary to timely monitor current trends in the epidemic and to ensure continued funding by federal and State funding agencies for local HIV treatment and prevention services.
6. Encourage Medical Care Coordination (MCC) providers to collaborate with private practices in their areas.