



LOS ANGELES COUNTY COMMISSION ON HIV



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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

STANDARDS AND BEST PRACTICES (SBP) COMMITTEE MEETING MINUTES

January 8, 2019

Approved
2/5/2019

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Joseph Cadden, MD, <i>Co-Chair</i>	Jazielle Newsome	Jason Brown	Cheryl Barrit, MPIA
Wendy Garland, MPH		Kayla Heltzel	Carolyn Echols-Watson, MPA
Erika Davies		Noah Kaplan	Jane Nachazel
Felipe Gonzalez		Katja Nelson	Doris Reed
Bradley Land			Julie Tolentino, MPH
David Lee, MSW, LCSW, MPH		DHSP STAFF	Sonja Wright, MS, Lac
Kevin Stalter		Lisa Klein	

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Standards and Best Practices (SBP) Committee Meeting Agenda, 1/8/2019
- 2) **Minutes:** Standards and Best Practices (SBP) Committee Meeting Minutes, 12/6/2018
- 3) **Table:** 2019 Work Plan (WP) Template, Draft/For Review, Committee Name: Standards & Best Practices (SBP), 1/8/2019
- 4) **Comment:** Public Comment for Draft Recommendation Statement and Draft Evidence Review for Prevention of Human Immunodeficiency Virus (HIV) Infection: Pre-Exposure Prophylaxis, 12/26/2018
- 5) **Policy/Procedure:** #06.1000: Bylaws of the Los Angeles County Commission on HIV, 7/11/2013
- 6) **List:** Standards & Best Practices Committee, Standards of Care, October 2018
- 7) **Table:** Quick Reference for Planning Council Support (PCS) Staff: Legislative Requirements for Planning Councils/Bodies, with HRSA/HAB Definitions, Clarifications, and Expectations, 2018
- 8) **List:** Planning, Priorities & Allocations Committee Items for Standards & Best Practices Committee Review, 1/8/2019
- 9) **Table:** 2018 Federal Poverty Guidelines
- 10) **Table:** Living Wage Calculation for Los Angeles County, California
- 11) **Summary:** HOPWA Short Term Rental Mortgage Utility (STRMU) and Permanent Housing Placement (PHP) Guidelines and Policies, 2018-19
- 12) **Standards:** Los Angeles County Commission on HIV, Emergency Financial Assistance Standards of Care, (with track changes), *Draft - For SBP Committee Review only, 1/8/2019*
- 13) **Standards:** Los Angeles County Commission on HIV, Emergency Financial Assistance Standards of Care, (without track changes), *Draft - For SBP Committee Review only, 1/8/2019*
- 14) **Standards:** DHSP Feedback 1/7/2019, Los Angeles County Commission on HIV, Emergency Financial Assistance Standards of Care, *Draft - For SBP Committee Review only, 1/8/2019*
- 15) **Standards:** Los Angeles County Commission on HIV, Psychosocial Support Services - HIV Support Groups, *Draft - For SBP Committee Review only, 1/8/2019*
- 16) **Standards:** DHSP Feedback 1/7/2019, Los Angeles County Commission on HIV, Psychosocial Support Services - HIV Support Groups, *Draft - For SBP Committee Review only, 1/8/2019*

CALL TO ORDER: Dr. Cadden called the meeting to order at 10:09 am.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA:

MOTION #1: Approve the Agenda Order, as presented (*Passed by Consensus*).

2. APPROVAL OF MEETING MINUTES:

➡ Ms. Barrit will follow-up on Item 5. b. Addition of Vaccines to ADAP Formulary to clarify whether the Office of AIDS has identified a means to also support immunizations for at risk HIV- partners.

MOTION #2: Approve the 12/6/2018 Standards and Best Practices (SBP) Committee Meeting Minutes, as presented (*Passed by Consensus*).

II. PUBLIC COMMENT

- 3. OPPORTUNITY FOR PUBLIC TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION:** Ms. Heltzel is from Oklahoma where she ran a small nonprofit targeting African-American and Native American women and girls. It remains the only HIV testing site in southern Oklahoma. She was also part of the state HIV Planning Council. She looks forward to participating in the HIV community here. She and her son moved to the West Coast with her active duty military husband.

III. COMMITTEE COMMENT

- 4. NON-AGENDIZED OR FOLLOW-UP:** Mr. Land has not yet seen the letter from DHSP to Oral Health providers clarifying specialty dental services availability, but he is grateful for the effort to correct misunderstandings that have been a barrier to access.

IV. REPORTS

5. EXECUTIVE DIRECTOR/STAFF REPORT:

a. 2019 Committee Work Plan:

- Ms. Barrit noted the iteration in the packet includes comments received since the last meeting. Staff incorporated service category standards for review based on those not recently updated and those aligned with the Planning, Priorities and Allocations (PP&A) Committee Priority Setting and Resource Allocation (PSRA) process. SBP has agreed to align standards review with the DHSP solicitation schedule, but DHSP has not yet finalized that schedule.
- Work Plans are living documents that advance a Committee's work load and help meet goals of the Los Angeles HIV/AIDS Strategy. This Work Plan can be updated once the DHSP solicitation schedule is received.
- SBP did approve the Medical Care Coordination (MCC) iteration presented at its 12/6/2018 meeting. That MCC iteration will go forward to the 1/24/2019 Executive Committee meeting for approval and forwarding to the 2/14/2019 Commission meeting. All Committee Work Plans will also follow that Executive and Commission meeting path.
- ➡ Move Transportation Services up to the fourth line and provide available documentation.
- ➡ Staff is seeking Health Resources and Services Administration (HRSA) Technical Assistance in collaboration with DHSP on specificity of standards. HRSA sets minimums, but additional standards parameters have been sought for two years.

b. Draft Evidence Review for Prevention of HIV: PrEP:

- At SBP's request, staff drafted a formal comment on PrEP and PEP to the United States Preventive Services Task Force (USPSTF). Commission Co-Chairs Grissel Granados, MSW and Ricky Rosales signed the comment so it could be submitted 12/26/2018 to meet the short public comment timeframe. USPSTF is under the Agency for Healthcare Research and Quality of the Department of Health and Human Services.
- The Los Angeles PrEP/PEP Work Group and the Charles R. Drew University (CDU) also responded with public comment. Both included asks to focus on specific populations, e.g., CDU focused on African Americans and transgender persons.
- USPSTF will eventually compile and release public comments received and their dispositions. Staff will report back once that occurs. Typically, any further public comments will focus on whatever key areas of disagreement might exist.

c. Standards and Best Practices Training:

- Ms. Barrit noted Commissioners have provided feedback on the need for more regular mini-trainings integrated into existing meetings. That effort began at the 1/7/2019 Public Policy Committee with topics selected for the first quarter. Some topics are specifically targeted to consumer leadership issues being addressed with the Consumer Caucus.
- These help fulfill HRSA mandatory training requirements and Planning Council members at the 2018 National Ryan White Conference on HIV and Treatment said, while longer trainings remain useful, mini-trainings throughout the year reinforce knowledge. The Commission still plans its usual extended training after the October Commission meeting.

1. Commission Function and Systems Planning:

- The most recent set of Commission Bylaws was adopted 7/11/2013 at the time when the legacy Commission on HIV and the Prevention Planning Committee were integrated. Conversations on integration had begun at least five years prior and work on the actual Bylaws took some two-and-a-half years. The Bylaws reflect both the Ryan White legislation and the Centers for Disease Control and Prevention (CDC) requirements for community planning. These requirements resulted in a membership of 51 seats to ensure institutional, PLWH, and flexible stakeholder seats.
- These Bylaws also acknowledge the Commission as an advisory body to the Board of Supervisors (BOS) on STDs. That is consistent with the Commission's letter to the BOS requesting \$30 million in STD funding. The BOS approved \$5 million unanimously and the Commission Co-Chairs will be tracking implementation of that effort.
- Overall, this is a reminder that all of public health pertains to prevention: primary, secondary, or tertiary.
- Article I. Name and Legal Authority; Section 4. Duties and Responsibilities outlines key areas from both Ryan White and HRSA guidance as well as the CDC's prevention expectations.
- Article III. Member Requirements; Section 3. Conflict of Interest is a key section. All Commissioners, as planning body members, plan for all LAC looking at systems, not individual or agency needs. There is a fine balance in taking nuggets of personal or agency experience and transforming them into something that is relevant system-wide. Staff assists by listening carefully to stories presented and attempting to relate them to systems planning.
- Stating the Conflicts of interest is a way to ensure that deliberations are done in a public way and the public is made aware of any potential conflict of interest. It is always preferable to declare even a potential conflict.
- The Commission's list of conflicts is in the Commission packet and members self-identify prior to pertinent votes. Some jurisdictions self-identify at the start of all meetings, a practice the Commission is considering adopting.
- Other conflicts should also be noted, e.g., the Public Policy Committee may review a bill on which agencies or organizations like the California HIV Alliance have taken positions. Members should note such affiliations.
- Also to ensure transparency, all votes must be taken by roll call if any member(s) participate by teleconference.
- Article VII. Policies and Procedures; Section 2. HRSA Approval(s) are required by the Ryan White Part A Project Officer for Ryan White Part A Planning Council (PC) Bylaws, Grievance, and Conflict of Interest policies or amendments to them as well as approval by the full body, the County Counsel, and the BOS.
- Article VII. Policies and Procedures; Section 3. Grievance Procedures applies to complaints about the Commission's PSRA process, not agency or patient issues. Commission staff document and refer the latter to DHSP for action.
- Mr. Land felt grievances against the Commission were rare as members state all conflicts and vote for the full slate of service categories, not for each category separately. Ms. Barrit added provider representatives in most jurisdictions may provide information during deliberations, but leave the room during votes pertaining to PSRA.
- Article XIV. Standards and Best Practices (SBP) Committee details SBP roles and responsibilities including the full Continuum of Care with coordination of systems of care.
- The most recent delineation of responsibilities from HRSA in October 2018 was in the packet. Ms. Barrit has noted a pattern in Commissioner and public comments of adding a layer of specificity, e.g., case load. HRSA defines that as Continuous Quality Management (CQM), not service standards. CQM may inform standards, but standards establish more flexible minimums, e.g., appropriate case loads will vary for agencies based on factors such as size.
- ➡ Consider Los Angeles County (LAC) marijuana sales tax income as an additional source to increase STD funding.
- ➡ Add follow-up and thank you to BOS regarding the BOS STD motion on Executive Committee meeting agenda.
- ➡ Ms. Barrit will follow-up on information regarding a possible satellite site in Lancaster.
- ➡ Ms. Barrit will invite HRSA Technical Assistance to join by teleconference, perhaps at the February SBP meeting, to address questions, e.g., whether extended appointments can be targeted to special populations such as the aging.

2. Committee Overview:

- Ms. Barrit affirmed there are multiple tools to support the SBP in standards development. The practice now is to ensure several rounds of discussion at SBP, several rounds of feedback from DHSP, and at least one round of public

comment before the document goes to the full Commission for approval. Depending on the topic, there may also be a layer of feedback from subject matter experts either in writing or with a small group.

- ➡ Add summary of Ryan White Parts to packet. All Parts utilize the same service categories.

6. CO-CHAIR REPORT:

- The body discussed rescheduling the meeting. First Tuesdays were preferred with fourth Tuesdays a second choice. Some members could not attend first Thursdays or second Tuesdays. There are some issues with multiple meetings the first week.
- ➡ The next meeting will be 2/5/2019, 10:00 am to 12:00 noon. The regular meeting will be reconsidered at that time.
- ➡ Ms. Tolentino will forward to Mr. Stalter the names, addresses, emails, and phone numbers of SBP members and staff.
- ➡ Ms. Barrit and Ms. Tolentino will schedule a meeting to review SBP matters with the Co-Chairs towards the end of February.

a. Co-Chair Nominations and Election:

- Ms. Barrit noted Dr. Cadden, Mr. Land, and Mr. Stalter meet the 12 months of service on SBP requirement for Co-Chair candidacy. Ms. Davies is slightly short of the 12 months. Dr. Cadden and Mr. Stalter accepted nomination.
- Mr. Stalter enjoyed Co-Chairing Operations for four years, but was excited to move to SBP. He was inspired with bringing field staff such as Mr. Kaplan in to address MCC development and looked forward to more such input in collaboration with DHSP. One Assessment of the Administrative Mechanism (AAM) theme was that providers found DHSP audits and reviews more adversarial than helpful. He hoped SBP could enhance collaboration with DHSP.
- Dr. Cadden looked forward to a busy year with more time dedicated to the Commission and SBP. He has restructured his role at the LAC+USC Medical Center and Keck School of Medicine of the University of Southern California (USC). While he will not necessarily be at the Rand Schrader Clinic, there are grand plans for developing expertise at Keck.
- On a higher level, he felt the landscape was changing and it will be even more important to be cohesive within SBP and the Commission to work with our partners to develop the best possible product to serve consumers.
- ➡ Request Executive Committee publicize the potential opportunity for second or third Committee assignments, in particular regarding the possible addition of consumers to SBP.

MOTION #3: Elect Joseph Cadden, MD and Kevin Stalter as 2019 SBP Committee Co-Chairs (*Passed by Consensus*).

V. DISCUSSION ITEMS

7. DRAFT CONTINGENCY PLAN FROM PLANNING, PRIORITIES AND ALLOCATIONS (PP&A) COMMITTEE:

- Ms. Barrit noted PP&A was engaging in strong deliberations on maximizing Ryan White Part A dollars. Mr. Fox will present to the Commission on the policy landscape to contextualize the challenges in achieving Part A maximization in a Medicaid expansion state like California. Part A maximization is a core planning responsibility since HRSA will reduce the next year's award if funds are not fully spent down unlike Minority AIDS Initiative (MAI) funds which can be rolled forward one year.
- PP&A has been considering additional options to maximize dollars quickly, e.g., augmenting an existing contract to add services such as Transportation or Medical Nutrition Therapy. At their last two meetings, PP&A requested SBP input on standards being considered for expansion and to ensure any such expansion would include service delivery expectations.
- The packet listed items highlighted at the 12/18/2018 PP&A meeting for SBP review starting with Ambulatory Outpatient Medical (AOM), especially pertaining to increasing appointment length for PLWH >50 years old, possibly to a minimum of 30 minutes, to better address geriatric care, co-morbidities, and chronic diseases.
- PP&A also highlighted development of Uber Health and Lyft Health standards. In particular, the discussion addressed ensuring Americans with Disabilities Act (ADA) compliance. Ms. Barrit suggested review of overall Transportation Standards to accommodate continuing changes in the service sector such as ridesharing. SBP members stressed flexibility since some areas of LAC experience, e.g., poor taxi service but quick Uber service while other areas experience just the opposite.
- Mario Pérez, MPH and Pamela Ogata, MPH, DHSP, also raised issues of liability. LAC contracts include a clause indemnifying LAC but, e.g., Uber Health will not sign off on such a clause so agencies need to assume liability. Mr. Kaplan's agency has a contract with DHSP that assigns Independent Taxi for its clients, but services are challenging and may be refused based on appearance. Lyft Health is linked to non-Ryan White client Electronic Health Records (EHRs) and serves them much better. He suggested agencies using a service like Lyft Health could readily expand it to Ryan White patients with reimbursement.
- Ms. Garland added that linking to EHRs also provides better data on Transportation Services for evaluation. DHSP providers now track Transportation Services with their own Excel spreadsheets which are not directly linked to client records.
- Ms. Barrit noted many approaches to issues, e.g., a policy clarification notice may obviate the need for standards revision.
- The final item forwarded by PP&A was addition of supermarket cards to supplement Nutrition Services.

- Ms. Barrit will work with Ms. Echols-Watson to identify those items with more data and need to prioritize on the agenda. Staff will then meet with Co-Chairs on prioritization, with particular attention to Nutrition and Transportation Services including some facilitated guidelines for advance questions.
- Add Oral Health to list of items to review to enhance retention and care particularly in special populations.
- Use Los Angeles County HIV Needs Assessment (LACHNA) to better focus on highly impacted populations.

8. STANDARDS OF CARE (SOC) REVIEW:

- Ms. Tolentino noted Standards drafts in the packet. Staff have reviewed sample standards from other jurisdictions including New Haven Connecticut and Las Vegas Nevada. Staff have also reviewed HRSA definitions and DHSP has provided feedback.
- a. **Emergency Financial Assistance Services:**
 - She and Ms. Barrit have also had calls with both Housing Opportunities for People With AIDS (HOPWA) and Los Angeles Homeless Services Authority (LAHSA) to review their Emergency Financial Assistance programs. Ms. Barrit noted information on Federal Poverty Guidelines, Living Wage Calculation, and HOPWA Short Term Rental Mortgage Utility and Permanent Housing Placement Guidelines available for review in the packet.
 - SBP members will review the DHSP, track changes, and clean iterations preparatory to discussion at the next meeting. Ms. Tolentino noted the iteration DHSP reviewed was a bit outdated. She will merge iterations for the next meeting.
 - Ms. Tolentino will email additional data on poverty to SBP for review.
 - Mr. Gonzales has had many job applications ask about disabilities, often specifically about HIV, in apparent violation of the ADA. He will report back on his most recent experiences to help inform SBP about possible endemic ADA issues.
 - Return to February agenda.
- b. **Psychosocial Support Services:**
 - HRSA's definition is broad ranging so various jurisdictions support different aspects. The recommendation from PP&A for LAC was to focus on support groups.
 - Ms. Garland noted support groups have historically not demonstrated effectiveness with data. Structure was loose and intentions unclear. DHSP's perspective would be to predicate going forward on clear components expected to result in desired outcomes such as engaging people in care, and expanding and strengthening their social networks.
 - Mr. Stalter will forward links to Ms. Tolentino for five articles addressing reduction of stigma through socialization. Two pertain to aging and others to HIV. The articles offer evidence-based support for the value of socialization, e.g., through a schedule of monthly activities such as a free bowling night - not only support groups.
 - Request Executive Committee agendaize initiation of an Aging Task Force across issues including stigma.
 - Return to February agenda.

VI. NEXT STEPS

9. TASK/ASSIGNMENTS RECAP: There were no additional items.

10. AGENDA DEVELOPMENT FOR NEXT MEETING: There were no additional items.

VII. ANNOUNCEMENTS

11. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS: There were no announcements.

VIII. ADJOURNMENT

12. ADJOURNMENT: The meeting adjourned at 12:05 pm.