



LOS ANGELES COUNTY COMMISSION ON HIV



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STANDARDS AND BEST PRACTICES (SBP) COMMITTEE MEETING MINUTES

September 10, 2019

Approved
10/1/2019

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Erika Davies, Co-Chair	Felipe Gonzalez	Jason Brown	Cheryl Barrit, MPA
Kevin Stalter, Co-Chair	Thomas Green (Alt/On Leave)	Amy Croft, RN, BSN, CCM	Jane Nachazel
Miguel Alvarez (Alt. to Newsome)	David Lee, MSW, LCSW, MPH	Noah Kaplan, LCSW	Julie Tolentino, MPH
Wendy Garland, MPH	Eduardo Martinez (Alt. to Ray)		
Katja Nelson, MPP	Jazielle Newsome		DHSP STAFF
Joshua Ray, RN (Full to Martinez)	(Full to Alvarez/On Leave)		Lisa Klein, RN, MSN, CPHQ
	Justin Valero		
	Amiya Wilson		

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Standards and Best Practices (SBP) Committee Meeting Agenda, 9/10/2019
- 2) **Minutes:** Standards and Best Practices (SBP) Committee Meeting Minutes, 8/6/2019
- 3) **Definition:** Standards & Best Practices Committee, Standards of Care, December 2015
- 4) **Definitions:** Ryan White HIV/AIDS Program Parts, October 2016
- 5) **Table:** 2019 Work Plan - Standards & Best Practices, Updated 9/5/2019
- 6) **PowerPoint:** COH Ordinance: Integrated HIV/STD Prevention & Care Planning Council (PC), 2019
- 7) **Framework:** Comprehensive HIV Continuum Framework, Version 1, Revised 8/23/2019
- 8) **Framework:** Comprehensive HIV Continuum Framework, Version 2, Revised 8/23/2019
- 9) **Standards:** Non-Medical Case Management Standards of Care, Feedback Only 9/10/2019

CALL TO ORDER-INTRODUCTIONS-CONFLICT OF INTEREST STATEMENTS: Ms. Davies called the meeting to order at 9:45 am.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA:

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

2. APPROVAL OF MEETING MINUTES:

MOTION #2: Approve the 8/6/2019 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:** There were no comments.

III. COMMITTEE NEW BUSINESS ITEMS

4. **OPPORTUNITY FOR COMMISSIONERS TO RECOMMEND ITEMS FOR FUTURE AGENDAS, OR ITEMS REQUIRING IMMEDIATE ACTION DUE TO AN EMERGENCY, OR IF NEED FOR ACTION AROSE AFTER POSTING AGENDA:** There were no comments.

IV. REPORTS

5. **EXECUTIVE DIRECTOR/STAFF REPORT:**

a. **Overview of Committees and Consumer Caucus Collaboration:**

- Ms. Barrit reviewed select slides from the new member initial welcome training. Further training is provided during the annual all-Commission Orientation following the October Commission meeting and trainings at the Committee level.
- The federal Ryan White CARE Act mandates a community planning entity, Planning Council (PC), to determine service category rankings and allocations. Those are included in the annual Part A application and revised as needed. The award includes a Formula portion which addresses, e.g., disease burden, Minority AIDS Initiative (MAI) funds, and a Supplemental portion based on the application's score. Ryan White funding typically goes to health departments, but they rely on local PC rankings and allocations. In Los Angeles County (LAC), the Commission on HIV is the PC.
- In 2013, the Commission was integrated with the Prevention Planning Committee on prevention community planning for the Centers for Disease Control and Prevention (CDC). Jurisdictions with separate bodies are required to coordinate.
- The Commission's Committees are:
 - ▶ Operations - membership recruitment/retention/leadership development, Bylaws and policies/procedures, Assessment of the Administrative Mechanism (AAM) on efficacy of funding distribution, community engagement;
 - ▶ Planning, Priorities and Allocations (PP&A) - service category rankings, service category allocations, needs assessment, lead in development of Comprehensive HIV Plan ([CHP] federal Integrated Plan for HIV and STD care and prevention), directives to DHSP such as a focus on a geographic area and/or SBP such as redevelopment of Non-Medical Case Management Standards;
 - ▶ SBP - develop care and prevention service standards, collaborate with DHSP on program evaluation to help inform standards updates, provide input to DHSP on quality of care and client satisfaction;
 - ▶ Public Policy - recommendations to the Board of Supervisors (BOS) on LAC, state and federal legislation;
 - ▶ Executive - comprised of all Committee Co-Chairs and three At-Large members who also sit on Operations.
- Caucuses, Work Groups, and Task Forces convene, as needed, to address various needs. Work is tied to the full body or a Committee to advance products. Current bodies are: Consumer, Women's, Transgender, Housing, Los Angeles County HIV/AIDS Strategy (LACHAS) Policy, CHP Goals and Objectives, and Black African American Community (BAAC).
- It is important to keep in mind that Commissioners are planners for all of LAC, not advocates for individual interests. A table of roles and duties of the Chief Executive Officer (BOS), award recipient (DHSP), and PC (Commission) concluded the slides. In particular, it is key to note that procurement and contract monitoring is the sole responsibility of DHSP.
- All federal grants have a 10% cap for administrative expenses. Eighty per cent of Commission funding is derived from the Ryan White 10% for administrative expenses which is shared with DHSP. DHSP also may use 3% of the grant for Continuous Quality Improvement (CQI) activities which are mandatory.

6. **CO-CHAIR REPORT:**

a. **HIV Continuum Framework Update:**

- Ms. Davies reported the Framework was presented to the 8/22/2019 Executive Committee. Key feedback is reflected:
 - ▶ Replace selection of terms in center of graphic, many with negative connotations, with Social Determinants of Health (SDH) as defined by Healthy People 2020, United States Department of Health and Human Services (HHS).
 - ▶ Delete "daily" in front of PrEP under the prevention portion of the Framework in light of 211 and PrEP on demand.
 - ▶ Add language in introductory paragraph clarifying that individuals can enter and exit the Continuum at any point.
- Ms. Tolentino presented two iterations of the Continuum Framework incorporating the changes noted, mainly offering different graphics for the SDH material. The Continuum Framework is a standards development tool of SBP providing an overview of how the system moves towards sustained health and wellness.
- PP&A has also used the Framework in community engagement to inform discussions on directives and explain the impact of Commission work on service delivery countywide.
- ➡ Adopt Version 1 with adjustment to spacing within the SDH graphic of the Economic Stability and Education items.

- b. **Universal Standards of Care (SOC) Update:** The Universal SOC was updated with revisions from the prior SBP meeting, e.g., anti-discrimination language and addition of appendices including Client Bill of Rights and Ryan White Service Categories. It was also presented at the 8/22/2019 Executive Committee which forwarded it to the 9/12/2019 Commission for approval.

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

- Ms. Klein reported DHSP was in the process of developing performance level dashboards based on Case Watch data. Working closely with Ms. Garland's team, the dashboards will help DHSP work with agencies to help improve outcomes of viral suppression, engagement in care, retention in care, and durable viral load suppression. This new initiative will address Health Resources and Services Administration (HRSA) Continuous Quality Management data review requirements.
- Ms. Garland said DHSP was in the midst of completing grant reporting requirements for current HRSA and CDC grants. Staff was also working with several community members regarding possible approaches to a new HRSA funding announcement.

V. DISCUSSION ITEMS**8. NON-MEDICAL CASE MANAGEMENT SOC REVIEW:**

- Ms. Tolentino reviewed the iteration with track changes from prior revisions in the packet.
- Mr. Kaplan challenged the universal need for assessment within 30 days of intake and reassessment within six months ("Client Assessment & Reassessment," page 2). While valuable, such hard deadlines can be barriers to care when embedded in contracts. Often reasons why people cannot come in are the very reasons they need case management. To state a contract requires a full assessment/reassessment before providing needed help can deter people from accessing services.
- Mr. Ray noted assessments were not correlated. He had a recent physician appointment, but that assessment lapsed before he went to another appointment so he had to return to the physician.
- Ms. Garland suggested using timelines in contracts and service guidelines but, while including assessments in SOC's, leaving timelines flexible to account for different management models, e.g., one might say "consistent with contracts."
- The same kind of issue was raised regarding timelines for Individual Service Plans (ISPs) on page 4. In terms of the nature of the ISP, it was agreed flexibility was valuable to support a breadth of services, e.g., drop-in days for questions would not be feasible if everyone had to fill out a complete ISP.
- Messrs. Kaplan and Stalter felt staff degree requirements of a Masters for supervisors and Bachelor for case managers (starting on page 5) can be a barrier to meeting the goal of staff reflecting the community served. Mr. Kaplan's agency had been working to address that balance and has revised requirements to read "or equivalent experience." He felt a Masters may be more suitable for supervisors, especially regarding clinical experience to support staff, e.g., to deal with trauma.
- Ms. Garland again suggested using more precise educational requirements in contracts and service guidelines while leaving SOC's flexible to account for different service needs such as for substance use services versus benefits specialty services.
- Ms. Klein was concerned about consistent Ryan White monitoring across providers without specific timelines for assessments and ISPs. Ms. Garland noted the prior Non-Medical Case Management lacked clear guidelines, client goals, review of services provided, or even linkage to care. It is important to document a care plan that is driving activities toward client progress. Ms. Barrit added this can be a door into the Continuum by asking the client, "Are you in care?" Mr. Kaplan said monitoring should focus on what an individual needs to achieve linkage to care and viral load suppression.
- Revise assessment/reassessment and ISP timeline language to support flexibility and focus on, at minimum, linkage to care and viral load suppression. On page 10, revise ISP language to: "Case management services should be based on an ISP which should be done as soon as possible and updated to maintain client contact as needed."
- Revise staff educational requirements to focus on requisite work experience based on type of case management offered.
- Revise top bullet, page 10: from "Family violence" to "Community or family violence."
- Shift list of items that case managers may help a client with from the assessment checkbox in the table to the first bullet under the Overview of the SOC on page 1.
- Ms. Barrit will coordinate with Ms. Garland on development of a service referral list. DHSP was developing one.
- Ms. Tolentino will update the SOC and distribute a clean iteration prior to the next meeting for review.

9. ADDRESSING SPECIAL POPULATIONS:

- Ms. Barrit noted a recurring SOC conversation on whether to address disparities within the Universal SOC or to develop separate special population guidelines, e.g., for women, transgender individuals, people of color, or various age groups. The topic has arisen again recently so she recommended SBP revisit it.
- Historically, special population guidelines were first developed by the Prevention Planning Committee (PPC) to inform cultural competency for high risk populations. After PPC and Commission integration, the question became whether to integrate information for each population into all SOC's or offer discreet documents for each population which a provider could reference depending on the needs of its own patient population. Both approaches have been used in the past.

- Mr. Ray felt the topic could become a rabbit hole as a client could be, e.g., transgender and a person of color. Ms. Garland noted tables at the PP&A meeting reflected overlapping populations, with few people in just one, which underlines the value of a holistic, patient-centered approach. Mr. Ray said caucuses offer a place to explore population specific concerns.
- ➡ Ms. Tolentino will contact other jurisdictions on possible special population approaches to share at the next meeting.

VI. NEXT STEPS

10. TASK/ASSIGNMENTS RECAP: There will no additional items.

11. AGENDA DEVELOPMENT FOR NEXT MEETING:

- ➡ Review: new iteration of Non-Medical Case Management SOC; and special populations, including their history.

VII. ANNOUNCEMENTS

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

VIII. ADJOURNMENT

13. ADJOURNMENT: The meeting adjourned in honor of Bradley Land's service to this Committee and the Commission at 11:45 am.