



LOS ANGELES COUNTY
COMMISSION ON HIV



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**STANDARDS AND BEST PRACTICES (SBP)
COMMITTEE MEETING MINUTES**

December 6, 2018

**Approved
1/8/2019**

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Erika Davies	Joseph Cadden, MD, <i>Co-Chair</i>	Jason Brown	Cheryl Barrit, MPIA
Wendy Garland, MPH	David Lee, MSW, LCSW, MPH	Alexander Fuller	Doris Reed
Felipe Gonzalez		Noah Kaplan	Julie Tolentino, MPH
Bradley Land		Katja Nelson	Sonja Wright, MS, L.Ac
Jazielle Newsome			
Kevin Stalter			

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Standards and Best Practices (SBP) Committee Meeting Agenda, 12/6/2018
- 2) **Minutes:** Standards and Best Practices (SBP) Committee Meeting Minutes, 10/9/2018 and 11/1/18
- 3) **Table:** Los Angeles County Commission on HIV, 2019 Work Plan (WP) Template, Draft/For Review, Committee Name: Standards & Best Practices (SBP), 11/1/2018
- 4) **Memo:** California Office of AIDS (OA) Addition of Vaccines to AIDS Drug Assistance Program (ADAP) Formulary
- 5) **Draft:** Evidence Review for Prevention of Human Immunodeficiency Virus (HIV) Infection: Pre-Exposure Prophylaxis U.S. Preventive Services Task Force
- 6) **Questions:** Standards & Best Practices Committee Standards of Care
- 7) **Standards:** Medical Care Coordination (MCC)
- 8) **Standards:** Emergency Financial Assistance (EFA) Services
- 9) **Standards:** Psychosocial Support Services – HIV Support Groups

CALL TO ORDER: Ms. Barrit called the meeting to order at 10:11 am pending arrival of Dr. Cadden.

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 11/1/2018 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:** There were no comments.

III. COMMITTEE COMMENT

4. **NON-AGENDIZED OR FOLLOW-UP:** There were no comments.

IV. REPORTS

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

- Ms. Barrit reported that the nominations for Committee Co-Chairs will be open from now (12/6/18) until the next Committee meeting on 1/8/19. She reminded the group that in order to be a Co-Chair, the nominees had to have served on the SBP Committee for at least 12 months. At this point only three committee members, Kevin Stalter, Brad Land and Dr. Cadden, are eligible. Kevin Stalter nominated himself and Dr. Cadden (Ms. Barrit will contact Dr. Cadden to see if he accepts the nomination). Mr. Stalter asked that Ms. Tolentino send him the minutes from the entire year (2018) and a copy of the Work Plan.
 - Ms. Barrit stated that beginning in January, Commission staff will give a brief overview of each committee and their functions as a way to remind each committee of their responsibility.
 - Those Committees not meeting in December will make their nominations for Co-Chairs in January, 2019 and have their elections in February.
- a. **Committee Work Plan 2019:**
- Ms. Barrit reported that the 2019 Committee Work Plan will be a standing item on the agenda and tasks will be added as needed. She also related that recommendations from the Priorities, Planning and Priorities (PP&A) Committee directly impacts what the SBP Committee works on. In addition, SBP has agreed to review the HIV Continuum Framework every April to ensure that it's current. One of the presentations at the recent Biomedical Summit in Los Angeles (12/3/18 through 12/4/18) was done by New York City regarding their Continuum Framework that is HIV-status neutral, where the line between prevention and treatment is fully integrated. The framework will be presented to the SBP Committee in March/April as part of its discussion tool to help inform the update of the Continuum Framework.
 - Further, though many have asked, the solicitation schedule is still being worked on by DHSP which will drive what Standards are reviewed by the SBP Committee and when.
- b. **Addition of Vaccines to ADAP Formulary:**
- Ms. Barrit informed the group that the State Office of AIDS (OA) has added more vaccines to the ADAP Formulary based on a review by the ADAP Medical Advisory Committee, effective 11/12/18. The Medical Advisory Committee meets quarterly to review recommendations, scientific data and cost analysis reports She encouraged those present to share the memo from OA with their community-based organizations.
 - Mr. Stalter asked if the recommendations in the memo were available through the Pre-Exposure Prophylaxis Assistance Program (PrEP-AP) and included those who are HIV negative but involved with those who are HIV positive. Staff will seek clarification from OA.
- ➡ A copy of the ADAP formulary will be sent to committee members electronically.

6. **CO-CHAIR REPORT:** There was no report.

V. DISCUSSION ITEMS

7. **DRAFT EVIDENCE REVIEW FOR PREVENTION OF HIV: PREP:**

- Ms. Barrit noted that the deadline for review of the draft developed by the U.S. Preventive Services Task Force, is 12/26/18. Because draft guidelines are in keeping with the Prevention Standards spear-headed by the SBP committee, she suggested that the Committee consider sending a letter of support and that if agreed, staff can draft a letter for their consideration.
- Mr. Land asked if there was anything in the draft about emergency Pre-Exposure Prophylaxis (PEP). If not, the committee should weigh in. The issuance of "2-1-1" should be made readily available through pharmacists and is happening in other states (Washington State specifically named). The question arose of what would stop people from pharmacy shopping? The response was that some type of safeguard would have to be included.
- Ms. Barrit informed the group that the Preventive Services Task Force is federal therefore, includes all clinics, etc.

- Mr. Stalter asked what happened to the 6-month re-certification. Ms. Barrit responded that public comments from the community on this issue it has been submitted to HRSA but will probably take another 6 months for a response.
- ➡ An electronic copy of the draft document prepared by the U.S. Preventive Services Task Force will be sent to Committee members along with a draft copy of a letter of support from the COH.

STANDARDS OF CARE REVIEW:

a. Medical Care Coordination (MCC) Services:

- Ms. Barrit noted that the current iteration of the MCC standard in the packet included changes, comments and feedback from all who had reviewed the document including colleagues from the Division of HIV and STD programs (DHSP).
- On page 2, under the **Introduction**, the same language used for all Standards. Under **Care Coordination Background**, basic concepts of care coordination, based on clinical guidelines, were added. In addition, key components from the evaluation of the MCC program, primarily based on a publication by Ms. Garland, were added.
- On page 5 under **Patient Eligibility**, for the sake of clarity, the age requirement and the federal poverty level (FPL) was added. Mr. Kaplan stated that if a patient is over 500 of the FPL, Case Watch will reject them.
- It was stated that though it's important to underscore that MCC is a Ryan White (RW) program, it should be made clear that a person does not need to be receiving RW medical care to receive MCC Services. It was recommended that language be added to reflect that fact. It was also noted that payer source does not matter but RW eligibility does.
- On page 6, under **Integrated Care Plan (ICP)**, the 30-day timeframe was added based on prior discussions of when the ICP should be completed and as a way to provide consistency. It was also recommended that the **Domain of Needs** identified by the assessment be moved to the **Patient Assessment/Reassessment** section. Language should be added to state that the ICP should be based on identified needs in the assessment.
- On page 8, under **Referrals**, the term "outreach" was replaced with "linking referrals" because the term outreach is often confused with community outreach and this is referring specifically to MCC services.
- On page 11, the **Table** was added to reflect the narrative portion of the document.
- On page 14, the names and agencies of the reviewers were added as well as additional references referred to in the standard.
- Ms. Tolentino stated that she checked with the Deputy Director (DD) of the Department of Mental Health (DMH) regarding using the term "mental health" vs. the term "behavioral health." According to the DD, the terms are pretty much interchangeable. Behavioral health could involve substance abuse and other behaviors that a person has control over while mental health could also include outside influences such as environmental factors and the proliferation of the "isms." Because DMH uses mental health it was decided to use that term rather than behavioral health in the standard.
- The group felt it necessary to prepare a presentation of the MCC standards for the January 2019 Executive Committee meeting.

MOTION 3: Approved the MCC Standards of Care, with noted changes, to be forwarded to the Executive Committee at their meeting in January 2019. (**Passed by consensus**)

b. Emergency Financial Assistance (EFA) Services:

- Ms. Barrit stated that the first word "Direct" was eliminated from the name of the standard.
- On page 1 under **Emergency Financial Assistance Overview**, it was noted that term mortgage assistance, used to be provided by the Housing Opportunities for People Living with AIDS (HOPWA) and would have to be explored if they still do.
- Mr. Stalter asked about people at the end of the year that have Medicare Part D Coverage Gap ("donut hole") payments at the end of the year. Ms. Barrit responded that in California, such payments are allocated under the OA Health Insurance Premium Cost Sharing Assistance program.
- On occasion, Dr. Green of DHSP has stated that this is the hardest category to manage because there is no agency willing to serve as a third party administrator (TPA) in Los Angeles County. Ms. Barrit stated that serving as a TPA is a cost prohibitive service for many agencies, hence many are reluctant to take on the challenge.
- Mr. Land asked if there was any linkage to MCC. If not, can that linkage be added to MCC? Mr. Brown stated that that issue came up at the PP&A's last meeting about how to dispense gift cards for food during the holidays. Mr. Land suggested that a directive be sent to DHSP asking them to look at third party administrations. Mr. Kaplan responded that the problem with third party administration system is that though this is an emergency financial assistance

category, reimbursement of funds could take quite some time. The Coordinated Entry System (CES) has a system in place whereby the agency can expend the needed funds for emergency services and get reimbursed within a couple of weeks.

- Ms. Barrit suggested that another option would be to ask that DHSP identify ways to reimburse providers who provided emergency financial assistance, through their contracts.
- Mr. Stalter asked if the title of the standard could be changed to reflect that it is really based on housing.
- Mr. Land suggested that the standard name be changed to Emergency Stabilization Assistance.
- Mr. Kaplan stated that there is another standard that addresses emergency housing.
- Ms. Davies stated that she used to work with a program where emergency funding could be disbursed for everything from car repair to acquiring utilities and was limited for one time not to exceed \$2500..
- Mr. Land stated that he would like to also see a linkage to In-Home Support Services (IHSS) that could provide help with purchasing urinals and blood pressure monitors, etc. With the HIV population getting older, certain avenues would have to be explored. Mr. Land referenced an article addressing this issue and stating that he would forward it to Ms. Barrit.
- Ms. Tolentino stated that in her review of standards from other states, they were very specific in identifying each category (utilities, housing, appliances, etc.) and asked if the group wanted to be that prescriptive. Mr. Kaplan advised the group not to lean too heavily on recurring cost vs. a one-time cost (no matter the amount). Further, that the case management plan has to be clarified for that person to make sure that the problem is not reoccurring.
- Ms. Barrit informed the group that both the EFA and Psychosocial Standards will take approximately three months to complete.
- Mr. Land stated that these are the types of services (EFA and Psychosocial) that the Board of Supervisors (BOS) would like to see fast-tracked because they address their concerns. He stated that he would be willing to explore ways of collaborating with the BOS to fast track services.

c. Psychosocial Case Management Services:

- Mr. Land asked if there was any linkage of this standard equivalent to DMH's guidelines. His reason for asking is to ensure that the Commission's standard meet DMH's guideline so that the Commission could access some of their unspent monies.
- Mr. Brown reminded the group that it would have to be in Early Intervention services because that's where the \$900 million of unspent DMH funds are.
- Mr. Stalter asked if social activities can be used to reduce stigma; how psychosocial funds can be used. Ms. Garland responded that a comprehensive literature review should first be done by DHSP to determine what evidence there is to strengthen their wanting to do this. The problem has been collecting good data around this issue.
- Mr. Land stated that DMH may already have something around this area that can be reviewed by DHSP.
- It was also cautioned that the group should not to be so restrictive in outlining what social outings can be used so that agencies can have flexibility in what they offer. This could be part of DHSP's RFP request.
- Ms. Tolentino reminded the group that this standard was taken from Austin, Texas and was reviewed by the group at the last meeting; it definitely needs more work. Additionally, PP&A asked that although was asked by PP&A to specifically look at support groups.
- The group felt that the 100% FPL should be upgraded to 500% like in the MCC Standard, as a matter of consistency.
- ➡ An electronic copy of both the EFA and Psychosocial Standards will be sent to the committee.

d. Other Issues:

- Mr. Alexander asked if there was anywhere on intake forms to address pronouns especially for the trans population. The trans population is not being adequately counted in data ergo their needs are not being appropriately addressed. The forms should include their chosen name, legal name and preferred pronoun. He cited the bill that adds a third gender marker (Senate Bill 179 - Gender Recognition Act of 2017 that goes into effect January 2019).
- Mr. Stalter stated that they would incorporate that on the Commission application and Ms. Garland stated they would add it to Case Watch. All agreed that forms across the county should be changed.
- Ms. Garland stated that it would improve data surveillance of the trans community particularly trans males.
- It was asked if DHSP could disseminate a provider memo regarding the law.

VI. NEXT STEPS

8. **TASK/ASSIGNMENTS RECAP:** Prepare the MCC standard for review by the Executive committee along with a presentation.
9. **AGENDA DEVELOPMENT FOR NEXT MEETING:** The next meeting has been rescheduled for Tuesday, 1/8/19, from 10:00am – 12:00pm. The committee will review the Universal Standards and include language addressing the recent law to add a third gender marking.

VII. ANNOUNCEMENTS

10. **OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:** There were no comments.

VIII. ADJOURNMENT

11. **ADJOURNMENT:** The meeting adjourned at 11:45 am.