



LOS ANGELES COUNTY
COMMISSION ON HIV



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

November 5, 2019

**Approved
12/3/2019**

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Erika Davies, <i>Co-Chair</i>	Miguel Alvarez (<i>Alt.</i>)	Jason Brown	Cheryl Barrit, MPIA
Kevin Stalter, <i>Co-Chair</i>	Thomas Green (<i>Alt/On Leave</i>)	Amy Croft, RN, BSN, CCM	Carolyn Echols-Watson, MPA
Wendy Garland, MPH	David Lee, MSW, LCSW, MPH	Andre Molette	Jane Nachazel
Felipe Gonzalez	Eduardo Martinez (<i>Alt. to Ray</i>)		Julie Tolentino, MPH
Katja Nelson, MPP	Justin Valero, MA	DHSP STAFF	Sonja Wright, MS, Lac
Joshua Ray, RN (<i>Full to Martinez</i>)	Amiya Wilson (<i>On Leave</i>)	Lisa Klein, RN, MSN, CPHQ	

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- 3) **Table:** 2019 Work Plan - Standards & Best Practices, *Updated 11/1/2019*
- 4) **Recommendations:** (Revised) Black/African American Community (BAAC) Task Force Recommendations, 10/10/2019
- 5) **Report:** Clinical Quality Management Program, 11/5/2019
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- 9) **Summary:** Los Angeles Regional Quality Group, 10/21/2019
- 10) **Storyboard:** Quality Improvement Storyboard, 7/9/2019
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- 15) **Standards:** Emergency Financial Assistance Standards of Care, DHSP feedback received 1/7/2019, *For SBP Committee Review Only 11/5/2019 (with track changes)*
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- 17) **Standards:** Ryan White Emergency Financial & Housing Assistance Program, Cardea Services, Alameda County Public Health Department, 10/29/2019
- 18) **Standards:** Psychosocial Support Services - HIV Support Groups, *For SBP Committee Review Only 11/5/2019*
- 19) **Standards:** Ryan White Part A (RWPA) HIV/AIDS Program, Las Vegas Transitional Grant Area (TGA), Psychosocial Support Services - Service Standards, May 2017

CALL TO ORDER-INTRODUCTIONS-CONFLICT OF INTEREST STATEMENTS: Ms. Davies called the meeting to order at 10:10 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 10/1/2019 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:** Ms. Barrit noted there was a Special Executive Committee meeting on 10/31/2019. Both the 11/2019 and 12/2019 regularly scheduled meetings would fall on or adjacent to holidays so, to accommodate work, staff was working with the Co-Chairs to identify a date for one November-December meeting, possibly on 12/5/2019.

a. Black/African American Community (BAAC) Task Force Recommendations

- Ms. Barrit noted this is a follow-up item from the Commission Co-Chairs and Executive Committee. They have asked each Committee to review recommendations presented at the 10/10/2019 Commission Meeting and identify ways the Committee can support one or two. Many recommendations are programmatic, but there may still be support options.
 - Recommendations were developed after a 2/14/2019 Commission panel recognizing the 2/7/2019 National Black AIDS Awareness Day (NBAAD). Staff summarize all Commission HIV awareness panels and a recommendation from this panel was to create a task force of Black/African American (B/AA) Commissioners and community members to address HIV with a focus on disparities impacting the population regarding low PrEP uptake and Continuum of Care outcomes.
 - The Task Force was very intentional and completed its general and subpopulation recommendations within four-and-a-half months. Commission presentation was scheduled for October due to timing of other work.
 - The Public Policy Committee reviewed Recommendations on 11/4/2019. It will continue review, but initially selected General Recommendations 5, 6, 8, and 14. It has also requested staff ask the BAAC to identify policy issues of interest.
 - Mr. Stalter highlighted General Recommendation 6, page 3, on increasing PrEP advertising, emphasizing transgender women, and cisgender women and girls. Ms. Croft highlighted 11 on creating a 15% Request For Proposals (RFP) carve out for agencies not meeting Minimum Mandatory Requirements to elevate grassroots efforts reaching specified B/AA populations. Ms. Davies highlighted B/AA Women and Girls Recommendation 9, page 7, requiring contracted agencies offer living wages to help attract staff with lived experience, but was unsure how to address contract-related issues.
 - Ms. Barrit said the Commission cannot delineate the RFP process, but can address how the contracting process impacts service delivery as it is doing via the Assessment of the Administrative Mechanism (AAM). These Recommendations were also presented at the Executive Committee and Commission so were heard by Mario Pérez, MPH, Director, DHSP.
 - Mr. Stalter felt SBP was addressing underlying issues for Recommendation 9, page 7, by allowing greater flexibility in Standards of Care (SOC) staff position requirements to allow consideration of life experience, not just degrees. Staff turnover can be an issue with continuity of care, but Ms. Garland noted pay is just one of many reasons for turnover. Mr. Ray commented, despite going to the same two clinics, he sees a different physician/physician assistant each time.
 - Ms. Davies highlighted B/AA Women and Girls Recommendation 8, page 7, on expanding community-based mental health services. Also on page 7 and with a similar theme, Mr. Stalter highlighted B/AA MSM Recommendation 4 on addressing chemsex via group sessions, medicine directed interventions, and medication assisted treatment.
- ➡ Agreed to address Recommendations, page 7: B/AA Women and Girls Recommendations, 8 and 9; and, B/AA MSM, 4.

6. CO-CHAIR REPORT

a. Co-Chair Nominations

- Ms. Barrit noted nominations were later the last few years as a leftover from integration and many new Commissioners who did not have the requisite 12 months on a Committee. Ideally, Co-Chairs should be seated at the start of the year.
- Members who meet the 12-month requirement are: Ms. Davies, Ms. Garland, Mr. Gonzalez, Mr. Lee, and Mr. Stalter.
- Mr. Brown reported the Consumer Caucus was crafting a recommendation for one Co-Chair of each Committee and a Commission Co-Chair to be an Unaffiliated Consumer (UC) to elevate the consumer voice. Any official policy change and Bylaws revision will not occur for at least a year. Meanwhile, this Committee currently meets the recommendation.
- ➡ Ms. Davies and Mr. Stalter accepted nominations. Nominations will remain open until elections at the next meeting.

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

- Ms. Klein presented on the report in the packet on DHSP's Clinical Quality Management (CQM) Program.
- Mr. Stalter asked if consumers were added to the CQM Committee. Ms. Klein said no, but the CQM Plan specifies increasing Quality Improvement (QI) capacity with the Consumer Caucus. DHSP will offer capacity building and QI training and receive regular QI initiative feedback. Ms. Garland said it would help to get logistics of the internal structure up and running first.
- Mr. Stalter felt consumers could help, e.g., in identifying the correct things to track. Mr. Gonzalez suggested not only considering UCs, but all PLWH to broaden the lived experience range. Ms. Klein said the Committee was still doing basic infrastructure work, but DHSP hoped to add consumers to the quarterly Regional Quality Group of Ryan White providers.
- CQM Performance Measures use HIV Surveillance data as proxies, as follows: any Viral Load (VL), CD4, or genotype test in the past 12 months for engagement in care, i.e., reflecting at least one medical visit; two or more of those laboratory tests at least 90 days apart in the past 12 months stands as a proxy for retention in care; and viral load suppression is reflected by two measures - virally suppressed at the most recent VL test in the past 12 months or, in light of Undetectable Equals Untransmittable (U=U), durable viral suppression for all laboratory tests within the 12-month period. Fluctuation of the latter measure over the last four quarters can help DHSP identify issues at a clinic, e.g., staff turnover, and offer assistance.
- Mr. Stalter asked about tracking clients moving among clinics. Ms. Garland replied that was beyond this CQM scope, but applies to very few people. Mr. Brown was more concerned about Kaiser patients like himself. He would only receive a VL and T-cell count annually if he were not in a Ryan White program. Ms. Garland said the metrics DHSP was using were developed and supported by the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC). They are tied to Ending the HIV Epidemic (EtHE) and the prior National HIV/AIDS Strategy (NHAS). Because these are standard measures, DHSP can compare its data to state and federal data.
- Providers reducing tests per year will not impact VL or suppression data, but can impact retention in care. Surveillance reports show viral suppression data going up, but retention data staying flat or going down slightly. It is not yet known if that is a data issue, more people are stable so coming in once a year, or people are not retained. DHSP is reviewing how to best use HIV Surveillance data for non-Ryan White systems of care in order to compare them to the Ryan White system.
- Ms. Klein reported all contracted agencies were required to submit a CQM plan this year. Over a six-month period, agencies with plans rose from 51.4% to 91.4% with Technical Assistance (TA) from DHSP. The process is starting with new agencies.
- DHSP has provided capacity building for a clinic developing a retention and care project.
- DHSP was also continuing expansion of the Department of Public Health (DPH) initiative on customer satisfaction surveys. This was the second year DHSP's Training Unit was surveyed and the first for Contracts and Community Services.
- DHSP continues capacity building work through its Regional Quality Group as noted in the summaries in the packet.
- In December, DHSP plans trainings for subrecipient (provider) staff and QI capacity building for the Consumer Caucus.
- Second and third quarter Grievance Summaries were also in the packet. There were 12 grievances in the second quarter and 11 in the third. Ambulatory Medical Outpatient is the most commonly grieved service.
- DHSP-contracted agencies are required to do satisfaction surveys. These vary from agency to agency. While agencies do not directly report results to DHSP, it has surveyed agencies in the past for feedback. DHSP was considering proposing the Regional Quality Group develop a survey for use by all agencies throughout the Eligible Metropolitan Area (EMA).
- Mr. Gonzalez stressed anonymity, e.g., patients may avoid being frank if staff both hand out and collect a physical survey. A submissions box in a neutral location is one option. Many agencies now choose an outside vendor, but response is lower.
- ➡ Ms. Klein will provide samples for review of DHSP-contracted agency CQM plans with agency names blacked out.

V. DISCUSSION ITEMS

8. NON-MEDICAL CASE MANAGEMENT STANDARDS

a. Public Comment Review

- Ms. Tolentino noted public comment was opened for this SOC at the 10/10/2019 Commission meeting. Comments were also received after the 10/1/2019 SBP meeting as reflected in the packet.
- Mr. Gonzalez had submitted the second comment recommending expanded staffing requirements from "degree in a related field preferred" to "...and/or experienced consumer preferred." He felt people with lived experience are better able to relate to PLWH. Beyond that, he felt it incumbent on DHSP-funded agencies to support empowering PLWH through employment when possible because they face discrimination in the general employment market.
- Mr. Ray noted he meets degree and lived experience requirements, but is passed over due to a past criminal record.
- While unsure if this was the pertinent SOC, Mr. Ray submitted the comment on prohibiting eviction from housing due to its relationship to retention in care, especially having a safe, consistent space to keep and take one's medications. He knew about five people who keep their medications at AIDS Healthcare Foundation and go there daily to take them.
- Ms. Tolentino said staff contacted potential expert reviewers for feedback. A few said they or a representative will respond by end of public comment, 11/15/2019. None have yet done so. DHSP reported no comments at this time.
- Agreed to add "...and/or experienced consumer preferred," as proposed.
- Staff will follow-up with previously contacted potential expert reviewers regarding submission of feedback.
- Ms. Tolentino will resend the electronic iteration to SBP to review and share with others for feedback, as pertinent. Final SBP approval is anticipated at the December meeting. It is hoped this SOC can be forwarded to an early December Executive Committee for approval, and moved to the December Commission meeting for presentation and approval.

- 9. STANDARDS OF CARE REVIEW:** Ms. Tolentino noted SBP began work on both the Emergency Financial Assistance (EFA) and Psychosocial Support Services SOC's in 12/2018. Work was put on hold while SBP received HRSA TA and then revised the Universal SOC. Iterations in the packet have been updated to reflect more recent SOC work including on the Universal SOC's.

a. Emergency Financial Assistance (EFA)

- Ms. Tolentino reviewed the table in the packet which reflects previous SBP research on other EFA programs. Time frames for services, amounts and how they are allocated, and services themselves vary broadly.
- Mr. Stalter felt this SOC's purpose was to support stability. For example, it might fund job interview clothes or cover rent and utilities to help a person retain housing while accessing residential Substance Use Disorder (SUD) services.
- Mr. Gonzalez, on the other hand, felt Ryan White should not pay for both personal housing and housing while using SUD services. That can hurt others, e.g., he was left homeless after being denied for mortgage assistance.
- Ms. Barrit pointed out all services need to be data-driven and justifiable when they go out for public review. The Los Angeles EMA does receive more funding than many other areas so might be able to offer more diverse services than some other areas. They cannot include clothing, however, as it is not funded by Ryan White.
- Mr. Ray said it would help him to be able to access funds to cover his proportion of rent for a unit under another person's name. Available services seem to only apply to those who are already homeless.
- Currently, Housing Opportunities for Persons With AIDS (HOPWA) was paying \$50 per day for him to stay in one of two houses on one property with about 30 HOPWA clients at 75th and McKinley in South Los Angeles. He appreciated being housed, but noted he was given no placement options and the current location has numerous rules and restrictions.
- He felt he could readily find a space as a roommate in a regular apartment for the same amount or less than what was, ostensibly, spent on his behalf. The agency seems to make a great deal of money for what it provides.
- On page 2, Ms. Tolentino noted areas highlighted for discussion. Under "Key Components," there were options to cap EFA per client annually and/or limit assistance time period as some jurisdictions have done. The second to the last paragraph under "Eligibility Criteria" requires clients using EFA services more than once to access other pertinent subsidy programs and work with a case manager while the last paragraph requires budgeting training for staff.
- Mr. Molette recommended establishing a cap so clients do not get in the habit of using it as regular support.
- Add to EFA Examples table: examples of Los Angeles County (LAC) agencies currently providing comparable services.
- Consider addition of bridge funding to help retain current housing when a client accesses residential SUD services.
- Under "Eligibility Criteria, Eligibility determination may include:" delete outdated limitations under "Proof of HIV diagnosis" of "dated within two years," but add, "or labs within past year;" and, under "Proof of residency," delete "dated within three months." It was noted that Ryan White sets overall minimum eligibility requirements.
- Page 2, "Eligibility Criteria," add requirement for agencies to help clients apply for pertinent subsidies and financial assistance as well as access any agency resources prior to applying for Ryan White-funded EFA services.

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- ➡ Include people with lived experience, as pertinent, throughout the SOC
- ➡ SBP members will review the draft SOC and provide input at the December SBP meeting.

b. Psychosocial Support Services

- Ms. Tolentino noted this is an early draft provided for review. The prior SOC was modeled after Case Management so this new SOC needs to be fully recreated. Ms. Barrit added this addresses support groups in response to discussion, but the Las Vegas model addresses both support and individual assistance, e.g., peer-to-peer.
- ➡ SBP members will review the draft SOC and provide input at the December SBP meeting.

VI. NEXT STEPS

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

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

VII. ANNOUNCEMENTS

12. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:

- Mr. Molette, Essential Access Health, announced two events hosted by the organization with funding from the CDC and DHSP. He provided flyers for both events at the meeting.
- The first will be "Best Practices in STD Follow-up & Case Management," 11/8/2019, 9:00 am to 12:00 noon, at Planned Parenthood Los Angeles, 400 W. 30th St., Los Angeles 90007. RSVP by 11/1/2019 with Mario Peregrino, 213.392.9921.
- "Managing and Reducing Risks for Patients with Multiple Infections" will be 11/14/2019, 5:30 to 8:00 pm, USC Hotel, 3540 S. Figueroa St., Los Angeles 90007. Free Continuing Education units will be provided. RSVP with Mr. Molette, 213.905.3442.

VIII. ADJOURNMENT

13. ADJOURNMENT: The meeting adjourned at 11:53 am.