LOS ANGELES COUNTY
COMMISSION ON HIV

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Approved 5/7/2019

STANDARDS AND BEST PRACTICES (SBP) COMMITTEE MEETING MINUTES

April 2, 2019

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Kevin Stalter, *Co-Chair*	Joseph Cadden, MD, *Co-Chair*	Jason Brown	Cheryl Barrit, MPIA
Erika Davies	Wendy Garland, MPH	Carolyn Belton	Jane Nachazel
Felipe Gonzalez	Jazielle Newsome	Amy Croft	Doris Reed
Bradley Land		Noah Kaplan, LCSW, MSW	Julie Tolentino, MPH
David Lee, MSW, LCSW, MPH	**DHSP STAFF**		
	Lisa Klein		

CONTENTS OF COMMITTEE PACKET

1) **Agenda**: Standards and Best Practices (SBP) Committee Meeting Agenda, *4/2/2019*
2) **Minutes**: Standards and Best Practices (SBP) Committee Meeting Minutes, *2/5/2019*
3) **Minutes**: Standards and Best Practices (SBP) Committee Meeting Minutes, *3/5/2019*
4) **Table**: 2019 Work Plan - Standards & Best Practices, *Updated 3/19/2019*
5) **Questions**: Standards & Best Practices, Committee Check-in, *4/2/2019*
6) **Bill of Rights**: People with HIV/AIDS Bill of Rights and Responsibilities
7) **Continuum**: Los Angeles County Commission on HIV, Comprehensive HIV Continuum Framework, *12/8/2016*
8) **Cycle**: New York City's HIV Status Neutral Prevention and Treatment Cycle, *4/2/2019*
9) **Article**: HIV prevention cascades: a unifying framework to replicate the successes of treatment cascades, *January 2019*
10) **Definition**: Standards & Best Practices Committee, Standards of Care, *December 2015*
11) **Questions**: Standards of Care Review, Guiding Questions, Service-Specific Questions, Broader Questions
12) **Standards**: Universal Standards of Care - Draft for Committee Discussion, *4/2/2019*

CALL TO ORDER: Mr. Stalter called the meeting to order at 10:02 am followed by introductions and attendees' statements of their conflicts of interest.

I. ADMINISTRATIVE MATTERS

1. **APPROVAL OF AGENDA**:
MOTION #1: Approve the Agenda Order with 6.b. postponed pending Dr. Cadden, as presented ***(Passed by Consensus)***.

2. **APPROVAL OF MEETING MINUTES**:
MOTION #2: Approve the 2/5/2019 and 3/5/2019 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**: Mr. Stalter expressed concern at the Executive Committee about lack of a local, especially a local consumer, voice at the reconstituted Presidential Advisory Council on HIV/AIDS (PACHA), in particular, in light of President Trump's new HIV/AIDS initiative and its accompanying $280 million. The Executive Committee has agendized exploring how best to express the Commission's voice at the federal level.

IV. REPORTS

5. **EXECUTIVE DIRECTOR/STAFF REPORT**:
   a. **2019 Committee Work Plan**:
      - Ms. Barrit reported the Work Plan was in the packet for routine review this month.
      - For May, Ms. Barrit and Ms. Tolentino will present revisions that reflect Planning, Priorities and Allocations (PP&A) Committee recommendations to prioritize Standards of Care (SOCs). It takes 12-18 months for DHSP to implement a Request For Proposals (RFPs) from initiation to completion. The goal is to review prioritized SOCs to inform RFPs.
      - SBP has already begun reviewing the SOC for one prioritized service category, Psychosocial Support Services, which has not been funded for some time. Another prioritized service category is Emergency Financial Assistance.
      - The Universal SOC, already agendized, serve as the basis for all SOCs whether or not they have been fully updated.
      - ➲ Staff will update the Work Plan to include the SOCs prioritized by PP&A: 1. Case Management, Non-Medical; 2. Emergency Financial Assistance; and 3. Psychosocial Support Services.

   b. **Committee Assignments**:
      - Ms. Barrit reported, per SBP request, Commissioners were polled for interest in joining SBP as a secondary assignment. Everyone was too busy now, but staff will revisit the topic as schedules and Commission membership change.
      - The Operations Committee focused its last meeting on addressing membership applications, but will prioritize clarifying whether the two-person per agency rule pertains only to the Commission or also to Committees at its next meeting.
      - All Committees, especially SBP, do have a history of inviting subject matter experts to the table, as needed.

6. **CO-CHAIR REPORT**:
   a. **Committee Check-In**:
      - Mr. Stalter said the Co-Chairs wanted to check in as a new Co-Chair team starting a new work cycle to ask what SBP members needed from them and each other. For his part, he previously served on Operations and felt his lens is to address barriers to providers hiring appropriate staff and to consumers accessing services from an organizational view, e.g., for Medical Care Coordination (MCC) he questioned masters requirements that could be a barrier to hiring. He appreciates input from frontline staff on workability and from DHSP on system perspectives.
      - Mr. Lee expressed concern that a Request For Statement of Qualifications (RFSQ) initially provided support to clinical services primarily for PrEP and PEP. The state, however, has assumed funding most of those clinical services. PrEP navigation was the main area of the RFSQ left, but seemed outdated in targeting clinical facilities.
      - Ms. Barrit clarified that contracting and procurement was solely the purview of DHSP, per legislation, to avoid conflicts of interest. The Commission does, however, have a Prevention SOC. Available on the website, SBP can review it for reflectiveness of current clinical guidelines based on the highest quality services for the consumer.
      - Providers may also raise questions as providers, not Commissioners, directly with DHSP. For example, DHSP was revising its bidders' conferences to be more like Technical Assistance (TA) opportunities to enhance communication.
      - Mr. Land suggested a focus on access since sometimes gaps in care occur unintentionally. For example, SBP might look at whether a psychologist or case manager will provide a particular Psychosocial service, but appointment availability and getting to the site are separate issues. He stressed looking at each SOC from multiple viewpoints.
      - He also felt Commissioners self-limit to the most apparent Health Resources and Services Administration (HRSA) service definitions, but MCC development shows anything can be created if it is well thought out and data supports it. Net County Cost (NCC) and other resources can also be used to build upon a service beyond HRSA definitions. Services will need to be flexible to address special needs such as aging PLWH who are homebound.

- Mr. Gonzalez sought to be more proactive in ensuring consumers do not fall through the cracks. For example, he called his provider to renew medications a week before running out yet did not receive them in time; another person said he became HIV+ because of a lapse in his PrEP coverage; and yet another lived in her car for months. This is unacceptable.
- Ms. Davies sought to incorporate sensitivity to people experiencing homelessness into SOCs. Often requirements are a barrier, e.g., clients often lack a required form of identification and can be lost to care while working to obtain it.
- There was general agreement that documentation, particularly duplicate documentation, was a barrier.
- Ms. Barrit said she and an Operations Co-Chair reviewed Assessment of the Administrative Mechanism (AAM) recommendations pertaining to Casewatch with Michael Green, PhD, MHSA. Dr. Green reported DHSP was looking at a Casewatch replacement though, of course, that will be a long-term process.
- Meanwhile, the Consumer Caucus supported the concept of developing some form of Ryan White eligibility card to facilitate initiating care prior to completion of paperwork. That could be incorporated into the Universal SOC.
- Ms. Belton felt the biggest barrier, especially for MCC, was the push for billable service hours. In the past, staff used to offer a "one and done" for those not formally enrolled in MCC, but who clearly needed a service, e.g., help with a Transit Access Pass (TAP) card application. Now, without the proper paperwork to bill, staff cannot help. That is a particular concern with clients who are chronically mentally ill, homeless, or addressing substance abuse.
- Mr. Land suggested framework review, filling in gaps, then referring identification of resources, e.g., NCC, to PP&A.
- Ms. Klein, DHSP, noted she was relatively new to working with the Commission so would find it very helpful to have a one-line backgrounder on each Committee and how its work fits into the broader processes. Her vision for her role was to incorporate SBP into the required Quality Management Program which was being developed by DHSP.
- Mr. Stalter questioned whether the Commission was sufficiently meeting its charge pertaining to evaluating service effectiveness. Ms. Barrit noted SBP did have the option to evaluate SOC service effectiveness, but would need to work with DHSP to obtain the performance metrics. Each service category ideally would have a report similar to the MCC evaluation report SBP heard from Wendy Garland, MPH with what did or did not work as tied to viral suppression rates.
- If interested, SBP needs to align which service categories it wants to address based on urgency and prioritized needs, and then collaborate with DHSP on identifying what information was available. That can also be incorporated into a comprehensive set of work, e.g., data from past performance indicators can inform Psychosocial SOC review.
- Mr. Stalter noted prior best practices discussions and his support of convening MCC teams or case workers to facilitate Commission understanding and peer-to-peer learning. Ms. Barrit noted an AAM best practices recommendation on improving communication between providers and DHSP in the contracting process was already forwarded to DHSP.
- She noted many topics raised today pertained to other Committees and requested leeway for staff to redirect them.
- On a related matter, she sought clarification from Ms. Garland and Ms. Klein on how to handle service delivery issues to inform SBP as it addresses SOCs, e.g., SBP previously received a quarterly grievance report.
- Ms. Klein noted HRSA requires recipients such as DHSP to review performance measure data. Based on HRSA guidance, DHSP has chosen review of four measures for service categories with high utilization: Ambulatory Outpatient Medical (AOM), MCC, Oral Health, and Benefits Specialty. DHSP plans to start presenting to SBP later this year on a regular basis, likely quarterly, on measures including engagement, retention in care, viral load, and possibly durable viral load.
- ➲ Agreed to regular review of the Prevention SOC.
- ➲ DHSP was developing a grievance summary for the Board of Supervisors (BOS) and will present it at SBP when done.

b. Conference on Retroviruses and Opportunistic Infections (CROI) Updates:

- Ms. Barrit reported there will be a roundtable discussion of CROI by attendees at the next Commission meeting.
- Mr. Lee reported, despite a press leak prior to formal presentation, major news was the second HIV patient to achieve remission. The main difference between this case and the first patient was that this patient did not receive radiation.
- Another key report was on study results showing TAF was as effective as Truvada for PrEP. Some comments suggested there were not enough men of color in the study to comfortably report it will be effective in all populations.
- There were also multiple presentations on Hepatitis B and C as well as long term survival and related impacts.
- Mr. Stalter added that research on HIV has resulted in advancements for other diseases as well.
- Mr. Land received CROI updates on a federal feed. Many pertained to aging and linking co-morbidities to HIV. That is a critical distinction. Historically, co-morbidities in aging PLWH were considered linked just to aging and, consequently, were not covered by Ryan White. Research is now finding that treating HIV over time can result, e.g., in cardiac arrest which gave rise to congestive heart failure. Linking co-morbidities to HIV makes them eligible for Ryan White coverage.

V. DISCUSSION ITEMS

7. **REVIEW HIV CONTINUUM FRAMEWORK**:
   - Ms. Barrit noted the Commission Framework was last updated 12/8/2016. SBP agreed to review it annually around April.
   - The Framework functions as a planning tool, is distinctive in recognizing Social Determinants of Health (SDH), and presents an arrow with no terminal point to underline that sustaining health and wellness goes beyond viral suppression.
   - The New York City version was presented at a conference in December and provided, per request, for comparison.
   - The body discussed shifting from "HIV" to "sexual health" to better reach underserved populations with a sex positive tone, support for Undetectable Equals Untransmittable (U=U), and routine testing and/or condoms. Mr. Stalter noted about half of those engaging in MSM sex are not being tested. He felt that was largely due to a fear-based sex conversation around HIV so shifting to a sex positive approach with a focus on protection from disease would encourage engagement.
   - ➲ SBP will review materials in the packet for further discussion at the May meeting. Mr. Stalter will also forward to staff for distribution his former group's "Four HIV Statuses" document which routinely elicited strong response due to its simple categories and clear next steps: HIV+, not on treatment; HIV+, undetectable; HIV-, on PrEP; HIV-, last time checked.

8. **REVIEW UNIVERSAL STANDARDS OF CARE**:
   - Ms. Tolentino noted a clean iteration was in last month's packet. This iteration reflects a first pass to align Universal SOC language with that from the most recently updated SOC, the Legal SOC. She also incorporated Technical Assistance (TA) from Emily Gantz McCay per the questions in the packet, e.g., making SOCs shorter and more concise as well as the related incorporation of text into charts wherever possible. Some language was added from previous discussions, such as transgender inclusive, age appropriate, and client centered language.
   - The SOC identifies (page 16) no direct program contact for a 12 month period as a reason for case closure, but she noted that was inconsistent with the STD SOC period of 6 months. A possible internal inconsistency (page 12) regarding intake and eligibility calls for the intake process to begin within five days of initial contact, but only need be completed within 30 days.
   - Ms. Barrit said she and Ms. Tolentino reviewed the SOC in light of specific service language for special populations, e.g., transgender women or people over 50. No language was added, but they recommended expanding Section 4. Cultural and Linguistic Competence (page 8) as a starting point to address the topic.
   - Mr. Kaplan referenced TA guidance to focus SOCs on services received by the client rather than how measures are implemented by agencies, e.g., in Section 1. Agency Policies and Procedures (page 3), ensuring client confidentiality seems appropriate, but requiring agencies to have written policies on file addressing it seems to cross into implementation.
   - Ms. Barrit clarified that SBP sets the baseline SOCs, i.e., minimum service expectations. DHSP, on the other hand, is responsible for the specific contract measures and monitoring them to ensure SOCs are followed.
   - The Bill of Rights and Responsibilities was included in the packet for its relevance to the Universal SOC. Each Ryan White client receives, and signs for, the document at intake for any service with the intent that it should be explained at that time. Ms. Barrit noted most jurisdictions have provided a similar document for PLWH/A. Mr. Gonzalez recommended to general agreement that it could be simpler. Language could also be shifted away from "AIDS" and towards sexual health.
   - ➲ Ms. Tolentino will email for review the prevention article, Ms. McKay's presentation, a clean edited and a marked up iteration of the Universal SOC, and Universal SOCs from other jurisdictions. A deadline for feedback will be included to allow staff time to incorporate it. She will also email a reminder of the May review of the SOC a week prior to the meeting.
   - ➲ Add reference to Bill of Rights and Responsibilities to Universal SOC. Suggestions for revision of the Bill can be sent to staff.

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 11:50 am.