



LOS ANGELES COUNTY COMMISSION ON HIV



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STANDARDS AND BEST PRACTICES (SBP) COMMITTEE MEETING MINUTES

March 5, 2019

Approved
12/2019

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Kevin Stalter, <i>Co-Chair</i>	Joseph Cadden, MD, <i>Co-Chair</i>	Jason Brown	Cheryl Barrit, MPA
Erika Davies	Wendy Garland, MPH	Carolyn Belton	Carolyn Echols-Watson, MPA
Felipe Gonzalez	David Lee, MSW, LCSW, MPH	Andre Jamison Molette	Jane Nachazel
Bradley Land	Jazielle Newsome	Noah Kaplan, LCSW, MSW	Doris Reed
		Katja Nelson, MPP	Julie Tolentino, MPH
	DHSP STAFF		Sonja Wright, MS, Lac
	None additional		

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Standards and Best Practices (SBP) Committee Meeting Agenda, 3/5/2019
- 2) **Minutes:** Standards and Best Practices (SBP) Committee Meeting Minutes, 2/5/2019
- 3) **Table:** 2019 Work Plan, Standards & Best Practices, *Updated 3/5/2019*
- 4) **Definitions:** Ryan White HIV/AIDS Program Parts, *October 2016*
- 5) **Questions:** Standards of Care Review, Guiding Questions, Service-Specific Questions, Broader Questions
- 6) **Definition:** Standards & Best Practices Committee, Standards of Care, *December 2015*
- 7) **Policy:** Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds, Policy Clarification Notice (PCN) #16-02 (Replaces Policy #10-02), *Revised 10/22/2018*
- 8) **Table:** County of Los Angeles - Division of HIV and STD Programs, Programs and Services, Continuum of Service Definitions by Funders Cross-referenced with COH Service Categories and the Local Continuum of HIV/STD Services, Commission on HIV and the Division of HIV and STD Programs, *5/13/2014*
- 9) **Standards:** Los Angeles County, Commission on HIV, Universal Service Standards for HIV Care, *Approved 4/13/2017*

CALL TO ORDER: Mr. Stalter called the meeting to order at 10:14 am. **Quorum was not achieved.**

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA:

MOTION #1: Approve the Agenda Order, as presented (**Postponed**).

2. APPROVAL OF MEETING MINUTES:

MOTION #2: Approve the 2/5/2019 Standards and Best Practices (SBP) Committee Meeting Minutes, as presented (**Postponed**).

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 acknowledged SBP's recommendation of Mr. Kaplan for SBP membership and thanked him for taking her call.
- Operations Committee review of the application prompted discussion on interpretation of the policy limiting representation to two people from one agency, i.e., whether it applies only to Commissioners or to Committee-only members as well. Policy review will ensure clear language and address implications such as equal representation of service providers and unaffiliated consumers. Operations highly values Mr. Kaplan's participation and the application is on hold, not rejected.
- a. **2019 Committee Work Plan:**
 - Ms. Barrit reported Health Resources and Services Administration (HRSA) received its full funding from Congress on time. That allowed HRSA to distribute its Notices of Grant Award (NOAs) to jurisdictions before the start of Ryan White's Fiscal Year (FY) on March 1st. That requires the Planning, Priorities and Allocations (PP&A) Committee to review its Priority Setting and Resource Allocation (PSRA) for FY 2019 this month.
 - Ms. Barrit suggested adding formal review of the Universal Service Standards for HIV Care to the Work Plan. They are intended to cover all standards so, if another standard was not reviewed for some years, Universal Service Standards would still address the multiple conversations on, e.g., special populations and outreach. HRSA basic components such as intake provide a framework, but SBP can integrate elements like culturally appropriate services; or access issues for the transgender community, women, or those over 50. Overall, it functions as a basic patient bill of rights.
 - ➡ Staff will email the Universal Standards and most recent Patient Bill of Rights in track change format for April review.

6. **CO-CHAIR REPORT:**

- Dr. Cadden was attending the Conference on Retroviruses and Opportunistic Infections (CROI), 3/4-7/2019, in Seattle WA. The Conference focuses on research, e.g., the London patient, the second cured of HIV via a bone marrow transplant.
- ➡ Agendize report out from CROI by Dr. Cadden and referral to Executive for possible Commission meeting report out.

V. DISCUSSION ITEMS

7. **RYAN WHITE ALLOWABLE USES OF FUNDS, POLICY CLARIFICATION NOTICE (PCN) #16-02:**

- Ms. Barrit noted the materials in the packet, including the Parts listing. The Commission is the Ryan White Planning Council for Part A, but is expected to collaborate with other Parts. The Commission ensures collaboration via seats on the body.
- The track change iteration of Guiding Questions provides input from Emily Gantz McKay, Consultant, for review. She deleted Service Specific Question 4 on outcomes and monitoring outcomes as that is the purview of DHSP, the grantee.
- At the same time, Dr. Rebecca Cohen, part of DHSP's Quality Improvement (QI) team with Lisa Klein, will offer the Consumer Caucus QI training including on how best to engage in QI work. Ms. Barrit would meet later that day with the newly elected Consumer Caucus Co-Chairs on QI work and consumer input into the process.
- Ms. Barrit reviewed Policy Clarification Notice (PCN) #16-02 on Eligible Individuals and Allowable Uses of Funds. She noted under the Background section that all HRSA guidance starts with the Office of Management and Budget (OMB) which sets economic standards for all of federal government. HRSA can make programmatic changes, but cannot change use of funds.
- The Further Guidance section, page 2, elaborates on the core requirement that Ryan White (RW) be the payer of last resort. Following pages detail that individual eligibility may be tightened, but not broadened, and certain costs are not allowable. All allowable RW costs must relate to HIV, adhere to established HIV clinical standards, and comply with state/local regulations. Other costs may be absorbed by the state's General Fund or Net County Cost (NCC).
- HRSA requires expenditure of a minimum 75% of RW funds on core medical services, But a waiver may be requested.
- Mr. Stalter stressed that stigma recurs as a barrier to driving down Viral Load (VL) in a meaningful way. He felt the limitations, especially pertaining to social/recreational activities, on Psychosocial Support Services trapped the service in

the 1990s. He urged HRSA review the category in light of recent research to reformulate it to serve stigma reduction. In his experience, the most effective way to alleviate stigma is to facilitate PLWH associating with and socializing with PLWH. Isolation and loneliness feed stigma. Senior centers have been successful in addressing those issues with social activities.

- Mr. Land asserted the Commission's job was to assess what PLWH need to access and remain in care. The Commission can make an argument to HRSA to implement the category differently as it did with Medical Care Coordination (MCC). Some densely populated areas still have successful support groups, but the entire San Gabriel Valley has just one, once per week.
- In addition, there may be other funding sources that separately or in combination may support effective services.
- ➡ Agendize presentation by Dr. Rebecca Cohen on QI including types of input, e.g., consumer feedback versus audits.
- ➡ Ms. Barrit will discuss a Linkage and Re-engagement Program (LRP) presentation with Sophia Rumanes, DHSP, including data on linkage, where people are contacted, where they are linked to care, and staff cultural competence. Unlike some areas, Los Angeles County (LAC) County Council limits surveillance data access to Department of Public Health (DPH) staff.
- ➡ Staff will investigate what social/recreational activities are funded by the Centers for Disease Control and Prevention (CDC).

8. STANDARDS OF CARE REVIEW - GUIDING QUESTIONS:

- Ms. Barrit returned to Ms. McKay's track change iteration of Guiding Questions, introduced earlier, for review.
- Mr. Land felt engagement of unaffiliated consumers in community planning should be incorporated throughout all services, e.g., how does the service engage the consumer such as to participate on Community Advisory Boards (CABs). Mr. Gonzalez added, though he was in a support group, he did not know he had a voice until Mr. Land helped him become empowered.
- Mr. Stalter has been HIV+ since 1990 and had an HIV+ clinic medical home at Kaiser Permanente the entire time. Even so, he was unaware of many services for which he was eligible until he joined the Commission. To reach LACHAS goals, he felt it critical to reach private HIV specialists so they can advise clients of services and help maximize funds. Mario Pérez, MPH, Director, has said DHSP can identify the 30 to 40 HIV specialists from VL reporting. That being said, they could be educated.
- Mr. Land felt HIV Connect was a step in the right direction, but wanted a virtual system HIV specialists can use to help their clients. Mr. Stalter noted he had online live chat assistance installing a screen door. HIV specialists should have that, too.
- Mr. Gonzalez said it was also important to educate consumers about benefits available to them. Mr. Land said years ago many organizations had buddy programs that helped people engage, learn about benefits, and get to appointments and support groups. He had a buddy for 20 years who supported him and built his self-confidence when his family did not.
- ➡ Refer consumer engagement to Universal Service Standards for HIV Care discussion.
- ➡ Include consumer participation under Broader Questions, 5., as documented in chart.
- ➡ Add Broader Question: Alignment with Comprehensive HIV Plan (CHP) and Los Angeles County HIV/AIDS Strategy (LACHAS).
- ➡ Mr. Stalter will attend the PP&A to facilitate cross-pollination of service development, especially pertaining to supportive services addressing stigma and education about eligible services for both HIV specialists and consumers.
- ➡ Ms. Barrit will investigate options for stigma reduction under Psychosocial Support Services and/or other service categories including options to fund gym membership under categories other than Psychosocial Support Services or Respite Care.
- ➡ Ms. Barrit said staff will identify opportunities for collaboration with other Committees, but request permission to focus work on development of standards in order to move work forward in support of PP&A goals for 2019.

VI. NEXT STEPS

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

10. AGENDA DEVELOPMENT FOR NEXT MEETING:

- ➡ Resume Work Plan tasks with review of Emergency Financial Assistance and Universal Service Standards for HIV Care.

VII. ANNOUNCEMENTS

11. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS: Ms. Belton asked about a change to the MCC medical card assessment last week. Mr. Kaplan said the 2015 form is on DHSP's website. Case Watch just updated it now.

VIII. ADJOURNMENT

12. ADJOURNMENT: The meeting adjourned at 11:59 am.