LOS ANGELES COUNTY
COMMISSION ON HIV

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Approved 12/6/2018

STANDARDS AND BEST PRACTICES (SBP) COMMITTEE MEETING MINUTES

November 1, 2018

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

CONTENTS OF COMMITTEE PACKET

1) **Agenda**: Standards and Best Practices (SBP) Committee Meeting Agenda, *11/1/2018*
2) **Minutes**: Standards and Best Practices (SBP) Committee Meeting Minutes, *10/9/2018*
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) **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*
5) **List**: Standards & Best Practices Committee, Standards of Care, *October 2018*
6) **Standards**: Direct Emergency Financial Assistance (DEFA) Services
7) **Standards**: Arizona State, Part B Standards, Emergency Financial Assistance Standards of Care, *Effective Date 4/1/2018*
8) **Standards**: New Haven/Fairfield Counties Ryan White Part A Program, Emergency Financial Assistance Standards of Care, *Updated March 2013*
9) **Standards**: Psychosocial Case Management Services
10) **Standards**: Austin TGA Ryan White HIV/AIDS Program, Psychosocial Support Services Standards of Care, *Approved 10/27/2015*

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

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 10/9/2018 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 COMMENT

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

IV. REPORTS

5. **EXECUTIVE DIRECTOR/STAFF REPORT**:
   - Ms. Barrit reported Ace Robinson, MPH stepped down from his Co-Chair seat and officially separated from the Commission as of 10/31/2018. As requested, Commission staff forwarded his thank you note to Commissioners.
   - General Commission policy on Co-Chairs expects candidates to have served for 12 months on a Committee to ensure familiarity with its work. Mr. Land has chaired SBP in the past and may be the only person, apart from Dr. Cadden, who is eligible at this time. Members interested in future candidacy are still encouraged to advise staff in order to take advantage of coaching support, information on general Co-Chair responsibilities, and specific SBP Co-Chair responsibilities.
   - ➲ Nominations for Committee Co-Chairs open in January 2019 with elections in February 2019.

   a. **Committee Work Plan 2019**:
      - Ms. Barrit reported SBP comments were integrated into the Work Plan. Ms. Tolentino also populated the document with standards anticipated for review in 2019 though those may change based on the work of other Committees.
      - As noted, SBP had identified updating the Comprehensive HIV Continuum Framework annually in April. This review of the Continuum of Care for PLWH and of Prevention and Care for those at high risk of HIV is planned to precede the Planning, Priorities and Allocation (PP&A) Committee annual Priority Setting and Resources Allocation (PSRA) process.
      - Target completion dates for the Direct Emergency Financial Assistance (DEFA) and Psychosocial Case Management Services Standards of Care (SOCs) have not been identified pending additional SBP input.
      - Ideally, work on SOCs is aligned with DHSP's solicitation schedule, but that schedule was still being vetted internally. Ms. Barrit invited Ms. Klein to advise her if time was needed for any Quality Improvement program projects.

   b. **Medical Care Coordination (MCC) Standards of Care (SOC)**:
      - Ms. Barrit noted the suggestion at the last Committee meeting to identify a Work Group for a final MCC SOC review. It was, however, hard to form a Work Group especially with so small a Committee that can more easily reach quorum.
      - Instead, she and Ms. Tolentino carefully reviewed all comments and provided an updated draft for DHSP review prior to a hopefully final SBP review at the December meeting and forwarding to the Commission in January 2019.
      - The draft does not reflect major changes, but refocuses some language to align with updated guidelines and keep some flexible language on staffing in response to comments. Contractual details are the purview of DHSP.
      - The process has helped develop an ability to separate what comments and perspectives are within the purview of service SOCs versus program guidance and contractual requirements from DHSP. Meanwhile, all comments were memorialized and will be addressed as pertinent, e.g., via SOCs, Request for Proposals (RFPs), or contract monitoring.
      - ➲ Review final draft at December meeting and, if agreed, forward to January 2019 full Commission meeting.

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

V. DISCUSSION ITEMS

7. **STANDARDS OF CARE (SOC) REVIEW**:
   - Ms. Barrit noted the Health Resources and Services Administration (HRSA) Policy Clarification Notice (PCN) on Eligible Individuals & Allowable Uses of Funds in the packet. PCNs are the main Ryan White HIV/AIDS Program (RWHAP) guidance, updated periodically, and on the HRSA website. Occasionally, Parts other than Part A may have PCNs specific to them.
   - RWHAP funding is the "payer of last resort." The Los Angeles County (LAC) Eligible Metropolitan Area (EMA) and California in general has what might be called a "blessed dilemma" because state and local governments tend to support public health efforts overall, e.g., Medi-Cal is the primary payer for eligible low-income LAC residents though Ryan White may pay for some supplemental services. PLWH living in many other states have fewer options so rely more heavily on RWHAP.

- Unallowable costs, a common question, are detailed in the PCN, pages 3 to 4. Jurisdictions may question HRSA on items not covered and, if a topic draws sufficient interest, HRSA may issue an updated PCN.
- SOCs for the two services noted below have been prioritized for review both because they have not been updated in some time and because PP&A has identified that investments in them can be quickly scaled up to maximize Part A. It will be important to strike a balance between thoroughness of review and the need to implement services promptly.
- Mr. Land asked if there was discussion on raising the Federal Poverty Level (FPL) cap. Ms. Barrit replied that there was. Some services, such as Housing Services, are already at 500% FPL while other services would add few new clients were the cap increased. DHSP will be providing more information pertinent to specific services.

a. Direct Emergency Financial Assistance (DEFA) Services:

- Emergency Financial Assistance (EFA) is a Support Service detailed on page 17 of the PCN. Allowable costs are fairly broad so long as they are one-time or short-term assistance with urgently needed essential items or services.
- HRSA prohibits, e.g., providing a client with funds to pay a utility bill. Most commonly, a Third Party Administrator (TPA) would cut a check to the utility company, but DHSP acknowledges difficulty in identifying a TPA. PP&A has suggested adding EFA to existing services, e.g., Medical Care Coordination (MCC), instead of using a TPA. Mr. Kaplan said the LAC Department of Mental Health (DMH) does that by adding Community Services and Supports (CSS) to its contracts.
- Ms. Barrit suggested specifying desired services even if not listed in the PCN. HRSA can always be asked for guidance.
- Ms. Tolentino said multiple references need to be updated. She also referenced other SOCs for comparison.
- The Arizona State, Part B SOC includes a section that links to Care and Quality Improvement Goals which might make a valuable addition. It also references national SOCs on culturally and linguistically appropriate services as well as on the Health Insurance Portability and Accountability Act (HIPAA) - substantially streamlined compared to the Commission's language. The New Haven/Fairfield Counties SOC is distinctive in quantifying outcomes, e.g., at three and six months. That SOC also sets timeframes for delivery of various services. Both approaches add specificity for consideration.
- ➲ Change SOC title from "Direct Emergency Financial Assistance" to "Emergency Financial Assistance" for consistency with HRSA title and to avert confusion since clients cannot directly receive cash.
- ➲ Request presentation on Housing Opportunities for People With AIDS (HOPWA) EFA services.

b. Psychosocial Case Management Services:

- Psychosocial Support Services are detailed in the PCN on page 23, but Ms. Barrit noted the HRSA definition is for Support Services while the closest relevant LAC SOC was developed for Case Management Services in the mid-1990s. This presents an opportunity for a fresh approach to a Psychosocial Support Services SOC. All case management services are now provided under Non-Medical Case Management, Transitional Case Management for Youth, and Transitional Case Management for the Post-Incarcerated updated last year. Nevertheless, elements may be useful.
- Psychosocial Support Services provides group or individual support and counseling services. Recent PP&A PSRA discussions have again highlighted support groups as an aid to overall health outcomes improvement regardless of a client's diagnosis under the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). The Austin TGA SOC is provided as a Psychosocial Support Services SOC example.
- Mr. Land suggested linking EFA with Psychosocial Support Services as a first access point versus more structured MCC.
- Ms. Keresoma suggested focusing on one or two aspects of Psychosocial Support Services as services are quite different. There were support groups around 1999. That was followed by peer support which ended around 2002.
- Dr. Cadden said it has been hard to maintain support groups, but he found them helpful, especially for those acutely affected psychosocially by the diagnosis. They benefit by connection with those who are healthy, in care, and who can offer their experience in navigating the system. Support groups also help address potentially paralyzing stigma.
- There are many different types of groups being offered now by Community Based Organization (CBOs). These include highly focused groups such as for young MSM of color at Children's Hospital Los Angeles, career counseling, life coaching, and Centers for Disease Control and Prevention (CDC) time-limited groups for the newly infected. The latter lack a next step. There is also a lack of groups for women and aging PLWH.
- There were several suggestions for web-based support groups, including an anonymous one supplemented by a conference once or twice a year for those willing to meet in person. It is critically important, especially for the newly diagnosed, to feel safe. Often even people with access to insurance are afraid to use it, e.g., if through work, they may fear being outed and losing their job. Mr. Land noted there used to be an anonymous phone information line.
- Dr. Cadden suggested the Commission help develop a navigation app to provide people at their first appointment.
- Ms. Davies reported the City of Pasadena partnered with Crisis Text Line. Signs posted on the Colorado Bridge (which sees many suicides) list an anonymous 24-hour text line for help. The system then guides the person through an automated set of questions and can link the person to a therapist who can arrange emergency care.

- Dr. Cadden felt a Zocdoc-like service could link people to the right service. Mr. Land suggested EFA could fund transportation to the appointment. On collaboration, e.g., with DMH, Ms. Barrit noted the SOC could designate that.
- Mr. Land said he and Robert Butler responded to a 1996 RFP with a proposal for paraprofessionals as navigators, treatment advocates, to help facilitate groups, and to link people back into services if needed. DHSP may still have it.
- Ms. Barrit asked if, though old, there was any data from the prior service. Ms. Keresoma and Mr. Land replied a lack of data was the key problem, e.g., hours of service were collected, but they were not linked to outcomes. He suggested adapting the New Haven/Fairfield Counties EFA SOC time limitations and outcomes monitoring.
- Mr. Kaplan appreciated data collection, but noted a cost in resources and staff time pulled from direct services. Restrictions on delivering services also stress populations that need to be served. He urged collecting data on the back end, e.g., checking Casewatch to determine whether Viral Load has declined after delivery of an EFA service.
- Dr. Cadden urged crafting as brief outcomes as possible to cut the resource drain. Naturally, Casewatch is a key drain.
- ➲ Agreed to recognize Psychosocial Support Services as integrated into the new Transitional Case Management SOCs.
- ➲ Staff will provide information on the Boston EMA, which has a well integrated system, and the New York City EMA.

VI. NEXT STEPS

8. **TASK/ASSIGNMENTS RECAP**: There were no additional items.

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

VII. ANNOUNCEMENTS

10. **OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS**:
    - Dr. Cadden announced his resignation last week from Medical Director, Rand Schrader Clinic, after nearly 15 years. He remains a physician in the clinic and University of Southern California (USC) faculty member. He felt his main reason was pertinent to SBP: LAC administration is not kind to work concerning this patient population and it continues to worsen.
    - He cannot morally walk away because he took an oath to two higher powers - neither being the administration of the Department of Health Services (DHS). We owe it to patients not to allow this administration to misunderstand and misrepresent the patient population. He urged the Commission to take a searchlight to DHS on every issue related to HIV.
    - This does provide an opportunity to build a similar structure and program on the Keck side. So far, while funding is available, it does not yet have the interconnected services of the Rand Schrader Clinic. Mr. Land felt, while picking its battles wisely, the Commission can play a role in identifying and supporting interconnectivity. Dr. Cadden added, after the past month or two, he felt it was time to speak up on behalf of shared goals and objectives.
    - A key overarching message is that HIV is not like every other disease. An individual at one of the highest levels of DHS told him that his HIV patients were no different than his cancer patients. That individual is neither an HIV specialist nor an oncologist, but runs the clinics now. That is why the message that HIV is unique must be upheld.

VIII. ADJOURNMENT

11. **ADJOURNMENT**: The meeting adjourned at 11:40 am.