



# LOS ANGELES COUNTY COMMISSION ON HIV



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**Approved**  
**11/5/2019**

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

October 1, 2019

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Erika Davies, <i>Co-Chair</i>	Kevin Stalter, <i>Co-Chair</i>	Jason Brown	Cheryl Barrit, MPIA
Felipe Gonzalez	Miguel Alvarez ( <i>Alt.</i> )	Amy Croft, RN, BSN, CCM	Jane Nachazel
Katja Nelson, MPP	Wendy Garland, MPH	Pedro Guerrero	Julie Tolentino, MPH
Joshua Ray, RN ( <i>Full to Martinez</i> )	Thomas Green ( <i>Alt/On Leave</i> )		
Justin Valero	David Lee, MSW, LCSW, MPH		<b>DHSP STAFF</b>
Amiya Wilson	Eduardo Martinez ( <i>Alt. to Ray</i> )		None

### CONTENTS OF COMMITTEE PACKET

- Agenda:** Standards and Best Practices (SBP) Committee Meeting Agenda, 10/1/2019
- Minutes:** Standards and Best Practices (SBP) Committee Meeting Minutes, 9/10/2019
- Table:** 2019 Work Plan - Standards & Best Practices, *Updated 9/5/2019*
- List:** Utilizing Target HIV website as a resource for best practices & special populations, 10/1/2019
- Special Populations:** Guidelines/Recommendations, Transgender, 1/30/2007
- Special Populations:** Guidelines/Recommendations, Women, 1/23/2007
- Special Populations:** Guidelines/Recommendations, Youth, 1/30/2007
- Special Populations:** Guidelines/Recommendations, Mentally Ill, 2/22/2010
- Special Populations:** Guidelines/Recommendations, Substance Users, 2/22/2010
- Definition:** Standards & Best Practices Committee, Standards of Care, *December 2015*
- Standards:** Non-Medical Case Management Standards of Care, *Committee Only 10/1/2019*

**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 9/10/2019 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

##### a. Best Practices and Special Populations

- Ms. Barrit noted this was a continuation of the prior month's discussion on how to best address this topic as reflected in the minutes in the packet. SBP is the lead Commission Committee in developing service standards for both Ryan White service categories and prevention services such as testing and linkage to biomedical prevention.
- The preference of some Commission and community members for a separate set of guidelines to address special populations has ebbed and flowed over the years. Such guidelines are offered to give providers more in-depth information about special populations. On the other hand, service standards should address needs of all populations.
- Ms. Tolentino noted the previously developed set of Special Populations Guidelines in the packet had not been updated in some time. At other times, the focus has been on incorporating information into service standards.
- She was tasked last month with identifying other existing resources. The Health Resources and Services Administration (HRSA) <https://targethiv.org> website includes a Key Populations Section with resources for eight populations. She noted the list in the packet of those resources as well as resources under the website's Case Management Section.
- Ms. Barrit felt the SBP approach to service standards already follows best practices that elevate key issues for highly impacted populations. She noted HRSA's charge to Planning Councils (PCs) such as the Commission is to create service standards for the 26 categories rather than guidelines for particular populations.
- It might be worthwhile to develop a best practices compendium of evidence-based interventions and what has been funded by various federal agencies that might be replicable in Los Angeles County (LAC). There is also an opportunity to address larger issues such as peer programs, workforce capacity, and systems linkages.
- Special Populations Guidelines were initially developed by the prior Prevention Planning Committee to help reach high risk populations. Each Guideline's development panel was composed of providers and consumers from that population. Guidelines were updated in 2007 and 2010, as noted, by the Commission to provide an additional provider resource.
- Ms. Davies found the information interesting, but was concerned about limiting populations in any new effort. Today, other populations could be the homeless, aging, and possible distinctions, e.g., between transgender women and men.
- Ms. Croft hoped Guidelines could elevate need for support, e.g., the Women's Task Force was struggling. Ms. Davies added the Black/African American Community (BAAC) Task Force would propose recommendations at the 10/10/2019 Commission meeting. Ms. Barrit felt SBP should attend to the recommendations, some of which pertain to AA women.
- Mr. Valero expressed interest in performance metrics, e.g., of medication adherence and Viral Suppression. Ms. Barrit noted the DHSP website provides HIV care continuum metrics on how many people diagnosed were: linked to care, retained in care, and virally suppressed. The Los Angeles County HIV/AIDS Strategy (LACHAS) website has tables per Service Planning Area (SPA) and demographics. DHSP also presented a number of tables at the 7/23/2019 Special Priorities, Planning and Allocations (PPA) Committee meeting which are available on the Commission's website.
- DHSP draws data from the HIV Surveillance system, reflecting all PLWH in LAC; and Case Watch, the data platform for Ryan White-contracted agencies serving 15,000 PLWH in the Ryan White system and achieving superior outcomes.
- DHSP also participates in federal surveys, e.g., Medical Monitoring Project and National HIV Behavioral Surveillance.
- Ms. Barrit noted this was an informational presentation. Staff will flag pertinent best practices as SBP addresses development of additional service standards. Beyond subject matter experts, SBP may convene panels if it wishes.
- Mr. Valero asked about Southern California regional discussions, especially as they pertain to transient PLWH. Ms. Barrit said there was no formal process, but service standards are generally public information. If not on a jurisdiction's website, staff may request a copy. The Ryan White Conference every other year has been the major interaction time, but there will likely be more regional interaction as a consequence of the Federal Ending the HIV Epidemic (EtHE) effort.

6. **CO-CHAIR REPORT:** Ms. Davies reported Noah Kaplan, LCSW, MSW has rescinded his application to be an SBP Committee Only Member due to leaving the field. She complimented his many contributions.

7. **DIVISION OF HIV AND STD PROGRAMS (DHSP) REPORT:** There was no report.

#### V. DISCUSSION ITEMS



**8. NON-MEDICAL CASE MANAGEMENT (NMCM) STANDARDS OF CARE (SOC) REVIEW**

- Ms. Tolentino reviewed the latest SOC iteration based on last month's discussion and SBP revisions, as noted:
- Page 1: Added a general case management definition followed by the HRSA NMCM definition. Added several types of case management models with definitions in the appendix. Noted an agency may offer a specific type of case management model depending on its capacity and/or its contract with DHSP.
- Page 2: Added to last service component bullet (top of page) assessment of others in support network if appropriate. Referenced Universal SOC and other, historical, NMCM services. Based on discussion regarding barriers, language revised to provide more flexibility in the timeline for reassessments (Client Assessment & Reassessment, paragraph 2.)
- Page 3: Topics that may be covered under NMCM reformatted into bullet points. Minimum items to be documented in Individual Service Plan (ISP) are reflected in bullet points at the bottom of the page.
- Page 4: The Client Monitoring section addresses monitoring the client's progress and adjusting the ISP, as needed. Revised requirements to address concern about degrees limiting experientially pertinent hires by changing the Bachelor's degree for Case Managers and the Master's degree for Case Management Supervisors, both in a related field, to "preferred."
- Page 5: There was extensive discussion on timelines with a desire for flexibility balanced with a request from Wendy Garland, MPH for some timeline to facilitate DHSP contract monitoring. Assessment was revised to 30 days, reassessment as needed, ISP within two weeks of assessment/reassessment, and updated ISP minimally every six months.
- Mr. Brown expressed concern regarding six-month recertification of Viral Load (VL). His Kaiser physician is accommodating him now, but has advised that superiors plan eventually to reduce VL testing to annual for patients like him whose T-cells average 1,000 and who are undetectable. That will present a barrier for services that use six-month VL as part of eligibility.
- Ms. Barrit noted six-month VL certification pertains to Ryan White Medical Case Management, not NMCM. For NMCM, eligibility is diagnosis with HIV and income up to 500% of the Federal Poverty Level (FPL). DHSP will address VL issues for other services in contracts, normally leaning on clinical guidelines. Six-month recertification is normally by self-attestation.
- Some services may require more frequent VL testing, e.g., Medical Care Coordination (MCC) is designed to be an intensive, multi-disciplinary team helping those who score higher on the acuity scale and who, e.g., may not have been retained in care or may need more support with treatment adherence. NMCM is for those who may need help with non-medical issues. Its minimum key components are client assessment/reassessment, ISP, staff requirements, and client monitoring.
- Mr. Valero questioned ensuring a feedback component given that clients of effective NMCM services are unlikely to require continuing appointments as linkages to various services are made. Ms. Barrit replied DHSP contracts require agencies have a mechanism within DHSP guidance to acquire client feedback as part of DHSP's Quality Improvement Program. Agencies often are required to maintain a Consumer Advisory Board (CAB), and may use, e.g., surveys or a suggestion box. In addition, DHSP maintains and promotes a Grievance Line and requires distribution of the Patients' Bill of Rights.
- ➡ Page 3: Revise: 4th bullet on left from "Housing" to "Housing and/or housing-related expenses;" and, 1st bullet on right from "Family violence" to "Community or family violence."
- ➡ Page 5: Copy last sentence of Client Assessment section, page 2, paragraph 1: "Accommodations may be made for clients who are unable to attend an appointment within the 30-day timeframe due to health reasons." Add to ISP table section after "two weeks" reference.
- ➡ Page 6: Revise 3rd bullet to: "Maintain client contact as needed or at least one time per year."
- ➡ Staff will make revisions and 30-day public comment will then open at the 10/10/2019 Commission meeting. Ms. Barrit and Ms. Tolentino will also forward to subject matter experts for review. Additional expert suggestions were welcome.

**VI. NEXT STEPS****9. TASK/ASSIGNMENTS RECAP:**

- ➡ Staff will continue tracking the compendium of Best Practices to inform discussion on integrating ideas into upcoming SOC's.
- ➡ Review renaming the Emergency Financial Assistance SOC.

**10. AGENDA DEVELOPMENT FOR NEXT MEETING:**

- The next two major SOC's scheduled to be addressed by SBP will be Psychosocial Support Services and Emergency Financial Assistance. SBP will be addressing Child Care Services in the near future as well.
- Traditionally, Psychosocial Support Services in LAC was support groups, but the HRSA definition includes other options.
- ➡ Staff will email SBP the HRSA definition of service categories.

**VII. ANNOUNCEMENTS****11. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:**

- Ms. Wilson will be on a medical Leave of Absence until 10/11/2019. She will be recovering from surgery later this week.
- ➡ Staff will provide Ms. Wilson with mental health resources for clients she serves as well as information on molecular surveillance and feedback pertaining to it from the Transgender Caucus.

**VIII. ADJOURNMENT**

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