



# LOS ANGELES COUNTY COMMISSION ON HIV



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

December 3, 2019

**Approved  
1/7/2020**

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

### CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Standards and Best Practices (SBP) Committee Meeting Agenda, 12/3/2019
- 2) **Minutes:** Standards and Best Practices (SBP) Committee Meeting Minutes, 11/5/2019
- 3) **Table:** Standards & Best Practices Committee, Non-Medical Case Management Standards, Reviewer/Public Comments, 11/18/2019
- 4) **Standards:** Non-Medical Case Management Standards of Care, *Draft for SBP Review & Approval, Motion #3, 12/3/2019*
- 5) **Table:** Emergency Financial Assistance Examples, 12/3/2019
- 6) **Standards:** Standards of Care: Emergency Financial Assistance, NYC HIV Health and Human Services Planning Council, 2018
- 7) **Standards:** Ryan White Part A (RWPA) HIV/AIDS Program, Las Vegas Transitional Grant Area (TGA), Emergency Financial Assistance – Service Standards, May 2017
- 8) **Table:** 2019 Federal Poverty Guidelines – Living Wage Calculation for Los Angeles County, California, 2019 – Typical Expenses, 12/3/2019
- 9) **Standards:** Emergency Financial Assistance Standards of Care, *Draft for SBP Committee Review Only, 12/3/2019*
- 10) **Standards:** Standards of Care: Psychosocial Support Services, NYC HIV Health and Human Services Planning Council, 2018
- 11) **Standards:** Psychosocial Support Services Standards of Care, *Draft for SBP Committee Review Only – With Revisions, 12/3/2019*
- 12) **Standards:** Psychosocial Support Services Standards of Care, *Draft for SBP Committee Review Only – Without? Revisions, 12/3/2019*

**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 11/5/2019 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:**

- Ms. Croft said Mario Pérez, MPH, Director, DHSP, spoke about replacing Casewatch at a prior meeting. She asked about the timeframe to inform planning for the first Medical Care Coordination (MCC) team assembly. If soon, Casewatch issues could be skipped. Ms. Garland replied DHSP was addressing two other data systems updates which require staff's full attention. It was also still in the process of identifying a vendor so the earliest Casewatch would be replaced would likely be 2022.
- She also asked if the MCC assembly can be counted towards training hours. Ms. Garland referred to the program manager.

**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 items.

**IV. REPORTS**

**5. EXECUTIVE DIRECTOR/STAFF REPORT**

- Ms. Barrit thanked all who attended the Commission's Annual Meeting on 11/14/2019. It was intended to initiate a series of discussions on Ending the HIV Epidemic (EtHE). Evaluations and key suggestions from the meeting, e.g., on community engagement, will be reviewed at the year-end Operations and Executive Committees meetings on 11/5/2019.
- More strategic use of Commissioner and staff time and resources will also be considered, e.g., addressing some topics at consumer meetings, perhaps in the evening, rather than at Commission meetings.
- The first key deliverable for the Centers for Disease Control and Prevention (CDC) EtHE planning grant is due 12/31/2019. Ms. Barrit provided a narrative for the application to Michael Green, PhD, MHSA and Pamela Ogata, MPH of DHSP. It addresses the Annual Meeting and efforts prior to EtHE over the past two years on community engagement.
- The CDC application has four sections on: community engagement - the process and documentation; situational analysis; epidemiological profile; and EtHE planning - interventions for prevention, treatment, and care.
- Everything is in draft form. The CDC and other federal partners require ongoing community review.
- Mr. Stalter noted the Los Angeles County HIV/AIDS Strategy (LACHAS) was approximately two years into a five-year plan. He sought a deliverables update. Ms. Barrit replied those metrics are among information planned for review in 2020 as part of synchronizing the EtHE and LACHAS. That timing is consistent with the original plan to review updated LACHAS metrics.
- On a related matter, Mr. Stalter felt it essential to engage private and Medi-Cal physicians to achieve goals because the proportion of PLWH receiving care through the Ryan White Program (RWP) has shrunk since initiation of the Affordable Care Act (ACA). Mr. Pérez noted at a prior meeting that, per Viral Load (VL) surveillance data, some 40 private physicians provide ongoing care to PLWH. Practices may be too small to engage in the Los Angeles County (LAC) contracting process, but the Commission could facilitate seminars for them on services available for their patients via referral.
- He felt the 90% of PLWH in treatment goal was most critical in reducing new infections and should be supported with new approaches, e.g., an option for private physicians to partner with RWP providers, and greater authority from the federal government to shape standards across the HIV community. LAC serves 17%-18% of PLWH, not enough to meet goals without broader provider participation. This may be the optimal time to take advantage of greater federal interest.

**6. CO-CHAIR REPORT**

**a. Committee Co-Chair Nominations and Election**

- Ms. Davies thanked all, especially Mr. Stalter, for their help. It has been an amazing year with many accomplishments. They both thanked Ms. Tolentino for all her work, in particular on the Standards of Care (SOCs).
- Ms. Barrit noted the following were eligible to be elected Co-Chair: Ms. Davies, Ms. Garland, Mr. Gonzalez, Mr. Lee, and Mr. Stalter. To date, Ms. Davies and Mr. Stalter had been nominated. There were no other nominees.

**MOTION #2-A:** Elect Erika Davies and Kevin Stalter as Co-Chairs, 2020 term, for the Standards and Best Practices (SBP) Committee, as nominated (*Passed by Consensus*).



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

- Ms. Garland noted Lisa Klein, RN, MSN, CPHQ could not attend today. There was no Quality Improvement (QI) update.
- Ms. Barrit added Rebecca Cohen, MD will offer a second QI training at the 12/12/2019 Consumer Caucus Meeting after the Commission. This is part of the Commission's commitment to QI training. While geared to consumers, all are welcome.

**V. DISCUSSION ITEMS**

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

**a. Public Comment Review**

- Ms. Tolentino noted Public Comment has closed. She reviewed the table reflecting final comments and responses.
- Ms. Garland asked about interest in video/telephone reassessment visits. Mr. Stalter supported this opportunity to reduce barriers like transportation and time off work. Kaiser has started. His physician reviewed his VL on the phone.
- In discussing housing case managers, the body noted all placements now go through the same Coordinated Entry System. Even so, experienced case managers will still attempt to provide the best match possible for a particular client.
- ➡ Casas Comment: Delete addition of LGBTQ/Transgender training, page 5. This is addressed under cultural competency in the Universal SOC which cuts redundant verbiage and allows DHSP to tailor requirements to provider.
- ➡ Guitron Comment: Revise addition to pages 3 and 4 to: "prevention, harm reduction, and other treatment services."
- ➡ Fernandez Comment: Lift added language from page 6 table and add to Universal SOC. Any case manager, minimally, should enquire about other case managers a client might have in order to coordinate services.
- ➡ Nelson Comment 1: Under Staffing Requirements, page 5, paragraph 1, last line, revise "linked to care" to "engaged in care;" and move paragraph 2 ("Given there are...") to the Universal SOC.
- ➡ Add annual review of Universal SOC to Work Plan and schedule for early in 2020. Add standardized list of trainings. Mr. Stalter will ensure the LGBTQ training language is sufficiently strong.

**MOTION #3:** Approve the Non-Medical Case Management Standards of Care (SOC), as amended, for Executive Committee review (*Passed by Consensus*).

**9. STANDARDS OF CARE (SOC) REVIEW**

**a. Emergency Financial Assistance (EFA)**

- Ms. Tolentino noted a request at the last meeting to provide SOC's from other jurisdictions for review. The New York City SOC was added to the previously provided Las Vegas SOC. A table also offered highlights from those two plus seven other jurisdictions. It reflects multiple approaches, e.g., some cap overall EFA amount while others cap each category of aid; some use a set time period, others cap how many times aid can be accessed during a period, while some use a combination of aid amount and time period; and, finally, time periods vary from ten days to five years.
- Mr. Brown noted the Las Vegas SOC included Vision Care under an EFA-Medication Assistance Program (MAP). The Commission has sought to launch that service in response to Needs Assessment data for years, but Mr. Pérez reported inability to do so. It could be helpful to explore how Las Vegas is able to provide the service.
- Mr. Ray pointed out most EFA-covered expenses are of no benefit to the 11-12% of PLWH experiencing homelessness. He suggested covering the cost of a United States Postal Service (USPS) Post Office (PO) Box, but Health Resources and Services Administration (HRSA) defines EFA as one-time or short-term urgent need in a limited number of categories. Ms. Nelson confirmed APLA Health previously offered to accept mail for clients experiencing homelessness, but the significant increase in the population made the service untenable so, like many other agencies, it dropped the service.
- Ms. Tolentino reviewed her revision of the SOC in the packet, as follows: page 1, mortgage assistance pending input from DHSP; page 2, monetary cap and time limit pending SBP input, deletion of outdated language and that covered by the Universal SOC; page 3, added language on staff responsibility to refer to medical care and/or a case manager/MCC team, as needed; page 4, highlighted caps, limits, and documentation for discussion.
- Under the Housing Assistance category, Mr. Stalter felt requiring a copy of the landlord's W-9 would create a barrier to accessing the service because the request will raise questions likely to result in the person's HIV status being disclosed.
- ➡ Staff will follow-up on whether Las Vegas Vision Care under EFA-MAP could be applicable to LAC.
- ➡ Refer provision of PO Boxes for those experiencing homelessness to Los Angeles Homeless Services Authority (LAHSA).
- ➡ Staff will clarify options to cover rent/utilities to retain housing while a PLWH seeks Substance Use Disease treatment.
- ➡ Page 2: SBP will consider options for a monetary cap and time limit as well as highlighted caps, limits, and documentation preparatory to review at the 1/7/2020 meeting.

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- ➡ Staff will strengthen allowable expense language similar to the Las Vegas SOC with less latitude for provider definition.
- ➡ Staff will follow-up to determine whether LAC still requires a landlord's W-9 rather than, e.g., an eviction notice copy.
- ➡ Staff will provide the Program Clarification Notice at the 1/7/2020 to clarify what services are eligible.

### **b. Psychosocial Support Services**

- Mr. Stalter reported speaking with Bradley Land and others about developing a peer support model that includes some compensation, e.g., so much for linking a PLWH with medical care and so much additional if the person remains engaged after six months. He felt many PLWH would work hard to help peers link and remain engaged in care if they received an incentive. Such a program also would reduce stigma and take advantage of peer networks.
- ➡ Mr. Molette will forward information for the 1/7/2020 meeting on the Individual Lead Intervention (ILI) peer program under the Vulnerable population contracts.

## **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. Alvarez was one of eleven recipients of the Paul Starke Warrior Award at the City of West Hollywood World AIDS Day event on 12/2/2019. The Award recognizes community members who work in the HIV care continuum or substance abuse.
- Ms. Croft announced AIDS Healthcare Foundation had a case worker position open at its west side office.

## **VIII. ADJOURNMENT**

**13. ADJOURNMENT:** The meeting adjourned at 11:58 am.