



LOS ANGELES COUNTY COMMISSION ON HIV



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Approved
1/2/2019

STANDARDS AND BEST PRACTICES (SBP) COMMITTEE MEETING MINUTES

February 5, 2019

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Kevin Stalter, <i>Co-Chair</i>	Joseph Cadden, MD, <i>Co-Chair</i>	Noah Kaplan	Cheryl Barrit, MPIA
Wendy Garland, MPH	Erika Davies	Katja Nelson	Carolyn Echols-Watson, MPA
Felipe Gonzalez	Jazielle Newsome		Dawn McClendon
Bradley Land		DHSP STAFF	Emily Gantz McKay (<i>by phone</i>)
David Lee, MSW, LCSW, MPH		Lisa Klein	Jane Nachazel
			Doris Reed
			Julie Tolentino, MPH

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Standards and Best Practices (SBP) Committee Meeting Agenda, 2/5/2019
- 2) **Minutes:** Standards and Best Practices (SBP) Committee Meeting Minutes, 1/8/2019
- 3) **Table:** 2019 Work Plan, Standards & Best Practices, *Updated 1/22/2019*
- 4) **Summary:** Ryan White HIV/AIDS Program Parts, *Last Reviewed October 2016*
- 5) **Policy/Procedure:** No. 09.1007: Non-Commissioner Committee Appointments, *Revisions Approved 11/10/2016*
- 6) **Application:** Noah Kaplan, LCSW, MSW, 2/5/2019
- 7) **PowerPoint:** Service Standards, 2/5/2019
- 8) **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*
- 9) **Notice:** Clinical Quality Management Policy Clarification Notice, Policy Clarification Notice (PCN) #15-02, *Updated 11/30/2018*
- 10) **Summary:** Service Standards, Ryan White HIV/AIDS Programs
- 11) **List:** Standards & Best Practices Committee, Standards of Care, *Last Reviewed December 2015*
- 12) **Questions:** Standards of Care Review, Guiding Questions
- 13) **Questions:** Standards of Care Review, Guiding Questions, Service-Specific Questions, Broader Questions
- 14) **Standards:** Psychosocial Support Services
- 15) **Standards:** San Antonio Transitional Grant Area/Health Service Delivery Area, Standards of Care for HIV/AIDS Services, Ryan White Part A (Including Minority AIDS Initiative (MAI)), Part B, and State Services, *Revised 1/25/2018*
- 16) **Standards:** Ryan White Part A (RWPA) HIV/AIDS Program, Las Vegas Transitional Grant Area (TGA), Emergency Financial Assistance - Service Standards, *Approved May 2017*
- 17) **Standards:** Orlando EMA, HIV/AIDS Services, Standards of Care, 2017
- 18) **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 10:04 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 1/8/2019 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. NON-AGENDIZED:** There were no comments.

IV. REPORTS

5. EXECUTIVE DIRECTOR/STAFF REPORT:

- a. **2019 Committee Work Plan:** The Work Plan will be updated by staff, as pertinent, and provided for review monthly.
- b. **Ryan White Program (RWP) Parts:**
 - Ms. Barrit noted SBP requested summaries of the RWP Parts, included in the packet, at the last meeting. Summaries clarify why the Commission, as the Part A Planning Council (PC) for the Los Angeles Eligible Metropolitan Area (EMA), includes seats for Parts A, B, C, D, and F. The Commission is expected to work with all RWP Parts and other local health care systems to ensure a well coordinated prevention and care service delivery system countywide.
 - In addition to Part A funding, the Los Angeles EMA receives some Part B funding passed through from the state. It is ineligible to apply for funding under Parts C, D, or F which are targeted to specific HIV needs.
 - She recommended retaining the sheet as a reference on how the Parts work together. Staff will also keep it available.

6. CO-CHAIR REPORT:

- a. **2019 New Standards and Best Practices Committee Meeting Schedule: *Every First Tuesday of the Month*:** There was no additional discussion on this item.

V. DISCUSSION ITEMS

7. COMMITTEE APPLICATION REVIEW: *APPLICANT: NOAH KAPLAN, LCSW, MSW*:

- Mr. Stalter noted there is a limit of two Commissioners per agency so that no one agency has undue influence. Additional staff from an agency may, however, be directly appointed to a Committee. Mr. Kaplan cannot apply as a Commissioner since there are already two staff from the LGBT Center, but can serve as a voting member of SBP.
- Mr. Land appreciated Mr. Kaplan's regular attendance and input. Mr. Stalter especially appreciated the front line staff input and suggested Mr. Kaplan encourage his peers at other agencies to attend, offer their insights, and perhaps apply as well.

MOTION #3: Approve Noah Kaplan, LCSW, MSW, as applicant for Standards and Best Practices Committee membership, as presented, and forward to Operations Committee for review and approval (*Passed by Consensus*).

8. SERVICE STANDARDS DEVELOPMENT: *COMMUNITY HIV/AIDS TECHNICAL ASSISTANCE AND TRAINING (CHATT)*:

- Ms. Barrit noted SBP will review and update multiple service standards this year. Significant feedback is generated both from within SBP and from the community during that process, but not all falls within the purpose of service standards.
- The day's Technical Assistance (TA) will clarify the definition of service standards so everyone has the same understanding. That will facilitate categorizing and documenting feedback in order to address what is pertinent to service standards while referring other feedback to DHSP or other Committees, e.g., Planning, Priorities and Allocations, or Public Policy.
- Emily Gantz McKay, EGM Consulting, LLC, presented on the PowerPoint in the packet. The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) has not always provided clear service standards expectations and she

sought more clarity over the prior couple of weeks. HRSA/HAB is using the Community HIV/AIDS Technical Assistance and Training for Planning project (Planning CHATT) cooperative agreement to update its 2001 Part A Training Guide.

- Four Part A Training Guide modules have been posted online so far, but not for service standards. Currently, there are three reference documents: Part A Manual, practically silent; 2014 Guidance on Service Standards; and the National Alliance of State and Territorial AIDS Directors (NASTAD) guide which offers many examples, but it is not fully consistent with HRSA advice as of that week. While not essentially changing what it has said in the past, HRSA was now elaborating on it.
- Service standards identify basic components and a minimal service level that set a benchmark for recipient monitoring. Clinical Quality Management (CQM) is required by recipients and includes consumer engagement, though consumers need not be Planning Council (PC) members. Service standards, however, set the foundation for CQM. For Part A jurisdictions, services standards are a shared responsibility, typically led by the PC.
- The notable new aspect of HRSA/HAB's service standards guidance is exclusion of performance measures or health outcomes. Service standards reflect what should happen with the individual client, e.g., case management treatment plans should be updated every six months. The recipient should set the measure, e.g., 95% of plans should be updated every six months. The recipient also monitors health outcomes such as adherence or viral suppression. If providers compliant with service standards are not meeting health outcomes, then the service standards may be outdated and need refinement.
- Ms. Gantz McKay noted legislation states it is optional for the PC to evaluate the cost effectiveness of services. She interprets that to mean the PC has the right to assess outcomes, but they cannot be included in service standards.
- There is no required service standards format or process, but structure can improve clarity. It is helpful to put key information in a chart, e.g., intake is completed and individual treatment plan is developed within 30 days. People are more attentive to information highlighted in a chart versus reading information in text so reducing text may be helpful.
- Highly prescriptive service standards reduce flexibility to serve individual and key population needs, can exclude qualified providers, and may preclude innovation including new models or pilot projects.
- HRSA's expectation for service standards is the minimum level of service, types of service, and activities people should expect to receive for a particular service. If the PC believes that is not sufficient for particular people, then it needs to identify under what conditions, or acuity level, it is not sufficient and what is the higher standard recommended.
- The body extensively discussed balancing expectations and the ability of providers to deliver services. Ms. Gantz McKay noted flexibility can address issues, e.g., one PC was seeking to initiate services within 72 hours of testing and addressed poor uptake by improving options to transfer to a preferred provider for ongoing care. The PC also requested the recipient expand services at a provider with expertise serving a particular population. Assessing outcomes can reflect option efficacy.
- Mr. Stalter noted bath house and sex club use was trending down in the EMA while large private parties coordinated by apps were trending up. He felt testing was unreasonably constrained since party organizers do not welcome mobile vans and requirements for a testing room were excessive. Ms. Gantz McKay replied guidelines were likely from the Centers of Disease Control and Prevention (CDC), but some places do use mobile vans.
- On another matter, Mr. Stalter felt Psychosocial Support guidance was outdated, e.g., offering Bereavement Counseling. Stigma around HIV and other areas such as substance abuse or mental health is a key factor in keeping people out of care. One way to combat stigma is to engage people in social/recreational activities, but Policy Clarification Notice (PCN) #16-02 prohibits that use. Ms. Gantz McKay noted other funding for such activities might complement approved services.
- HRSA was especially concerned with cultural competence, disparities, and serving different subpopulations appropriately since the Affordable Care Act (ACA) now meets many basic needs. Service standards have also significantly changed in the past ten years due to development of strong client level epidemiological data that has permitted accurate measurement for the first time. Flexible standards offer the opportunity to use data in exploring better ways to serve specific populations. Service guidelines and sound/best practices can be available without being part of the service standards themselves.
- Mr. Stalter asked about consumer input into HRSA guidelines. Ms. Gantz McKay replied they are done internally. Some PLWH are involved, but not to the extent of PC engagement. She has done Technical Assistance (TA) for the Ryan White Program (RWP) since 1994 and is very fond of HRSA, but most Project Officers (POs) have focused on ACA issues for the past ten years. While they like PCs, they have not been visiting them. Part of the Planning CHATT project will be to educate POs to improve PC understanding. HRSA used to host an annual consumer gathering and she hoped to re-institute those.
- Service standards are supposed to be comprehensible and useful for the consumer. They should tell consumers what to expect and what activities there will be. They should tell providers what to do, but cannot tell the recipient what to do.
- Regarding Part C, Ms. Gantz McKay said the PC had no role in Part C allocations. It is expected to collaborate with Part C for complementary, not duplicative or contradictory, services. Prior facilitated meetings among the Parts were quite useful.

- Mr. Land had heard an Aging Task Force was forming. He suggested SBP address funding extended physician visits for complicated patients. Ms. Barrit reported there had been no Executive Committee consensus nor decision on aging. Committees were forming and determining realistic asks for their work, including options pertaining to aging.
- SBP previously created Guidelines for Special Populations. In light of the current conversation, that information might also be in the form of a strong directive regarding what services should look like for those populations that may need additional targeted services whether they are: over 50; Young, Black Men Of Color; transgender people; cisgender women; or others.
- The body discussed Medical Care Coordination (MCC) as a means to support targeted groups. MCC six-month screenings identify those not virally suppressed, not adherent to care, contracting STDs, and/or having housing issues. Ms. Garland said, as a clinic-based program, MCC was designed to look at those who needed assistance from a clinical perspective.
- In reviewing data, the population enrolled by MCC reflects fairly complex, high-need patients. Even if screening does not identify a patient, physicians may refer at any time. On the other hand, prescriptively listing possibilities can be exclusive.
- Mr. Kaplan recommended addressing additional needs within the Universal Standards. Ms. Garland agreed because individual standards that are more flexible allow DHSP to operationalize standards for a patient-centered approach.
- Ms. Barrit continued that it is important to look at service utilization and service effectiveness data in a way that lifts up the entire community rather than looking at any one population in silo which may imbalance the system.
- She also noted Ms. Gantz McKay had added to the Guiding Questions, in the packet, increasing service-specific questions to seven. Service standards provide a good road map, but are not contractual definitions. They do need to conform to RWP services. At the same time, some Los Angeles County (LAC) services are unique, e.g., MCC.
- ➡ For next meeting review: Universal Service Standards, cross-walk of PCN #16-02 with LAC EMA services, guidance questions.

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 11:52 am.