



# LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748  
HIVCOMM@LACHIV.ORG • <http://hiv.lacounty.gov>

Approved  
5/3/2018

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

April 5, 2018

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Joseph Cadden, MD, <i>Co-Chair</i>	Wendy Garland, MPH	Jason Brown	Cheryl Barrit, MPIA
Ace Robinson, MPH, <i>Co-Chair</i>	Kevin Stalter	Erika Davies	Jane Nachazel
Bradley Land		Joseph Green	Doris Reed
		Louis Guitron	Julie Tolentino, MPH
	<b>DHSP STAFF</b>	Andre Mirasson-Molette	
	Lisa Klein	Katja Nelson	
	Paulina Zamudio		

### CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Standards and Best Practices (SBP) Committee Meeting Agenda, 4/5/2018
- 2) **Minutes:** Standards and Best Practices (SBP) Committee Meeting Minutes, 3/1/2018
- 3) **Flyer:** Los Angeles County HIV/AIDS Strategy for 2020 and Beyond, Continuing the Community Dialogue in San Fernando Valley, March 2018
- 4) **Report:** Estimated HIV Incidence and Prevalence in the United States, 2010-2015, March 2018
- 5) **Table:** Standards and Best Practices Committee, Legal Services Standards, Reviewer Comments, 3/29/2018
- 6) **Guiding Questions:** Los Angeles County Commission on HIV, Standards and Best Practices Committee, Standards Review Guiding Questions, 1/2/2017
- 7) **Timeline:** Standards and Best Practices Committee, Legal Assistance Service Standards, 2018 Proposed Revision Timeline, 4/5/2018
- 8) **Standards:** Los Angeles County Commission on HIV, Legal Services Standards of Care, 4/5/2018
- 9) **Standards:** Los Angeles County Commission on HIV, Prevention Services Standards, 4/5/2018
- 10) **Table:** Planning Council, Recipient, and CEO Roles and Responsibilities, 2018
- 11) **List:** Clinical Quality Management (CQM), Commission on HIV Activities: Ideas, 4/5/2018

**CALL TO ORDER:** Mr. Robinson called the meeting to order at 1:07 pm.

### 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 3/1/2018 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 COMMENT**

#### **4. NON-AGENDIZED OR FOLLOW-UP:**

- Mr. Brown said he, Ms. Barrit, Ms. Reed, and Mr. Land attended Thomas Puckett, Jr.'s memorial service on 4/3/2018. The Board of Supervisors (BOS) also adjourned in his memory. Mr. Brown played back a recording of the BOS tribute.
- Mr. Robinson acknowledged Mr. Puckett as one of the more vocal and authentic Commissioners. He was clear and direct in representing communities of which he was a part and went out of his way to better understand communities of which he was not a part. His voice will be missed elevating so many different experiences especially ones necessary for this work such as experiences of youth and the transitionally housed. Personally, he was warm and raised the spirits of those around him.
- Our remembrance should also be a reminder to support each other and ourselves. There have been several articles recently on the increased risk of suicide in frontline staff such as physicians who are often from the same communities they serve.

### **IV. REPORTS**

#### **5. EXECUTIVE DIRECTOR/STAFF REPORT:**

- Ms. Barrit highlighted the first Los Angeles County HIV/AIDS Strategy (LACHAS) Health District (HD) community convening on 4/12/2018, 10:00 am to 12:00 noon, at the Van Nuys City Hall in the San Fernando Valley. Registration begins at 9:30 am. The nearby Northeast Valley Health Corporation (NEVHC) will host a reception and tour following the event.
- All Commissioners are urged to attend, but especially those who represent the San Fernando Valley/Northeast Valley areas. Flyers in English and Spanish are being distributed by email and were available in hard copy.
- More HD convenings are being planned to alternate with Commission business meetings at St. Anne's Maternity Home.
- Ms. Barrit welcomed Erika Davies, the new City of Pasadena representative. During her interview, she was asked to attend and consider sitting in this Committee. She is expected to join the Committee next month.
- Ms. Barrit noted one of last month's action items was a request by Noah Kaplan to contact the Columbus, Ohio Transitional Grant Area (TGA) regarding its housing standards. Mr. Kaplan believed the TGA had identified language that allowed Ryan White to fund "move-in assistance" versus the disallowed "security deposits." TGA HIV epidemics are smaller in size and scope than those of Eligible Metropolitan Areas (EMAs) such as Los Angeles County (LAC), but requirements are the same.
- She spoke with Stacy Herman, LSW, Program Manager, Columbus Public Health, and staff with other jurisdictions. None are able to fund security deposits with Ryan White as there is no mechanism for a check to go to an agency that could not be refunded to the tenant. The Columbus TGA does cover movers, similar to LAC help with utilities and linkage to services. She participates in a network of Planning Council support staff and no one has determined a means to address this issue as yet.
- She has raised the issue with LAC's Project Officer and expressed the hope that the 2018 National Ryan White Conference on HIV Care and Treatment in December will offer a bigger presence for housing in break-out sessions.
- Mr. Robinson noted US Senator Kamala Harris was holding a community forum at the Long Beach Convention Center on 4/6/2018, 1:30 to 3:30 pm. He suggested raising the housing issue at the forum.

#### **6. CO-CHAIR REPORT:**

- Mr. Robinson noted Jeffrey Gunzenhauser, MD, MPH, Bureau Director, Communicable Disease, and Interim Health Officer, and Victor Cortez, Chief Financial Officer, Department of Public Health (DPH) provided a presentation at the last Executive Committee on internal restructuring to a single budget code for all funds under DPH in the County and its expense reports.
- Ms. Barrit acknowledged concerns on how that restructuring might impact the overall relationship with the Commission, e.g., Dave Young, Chief, Financial Services, DHSP, regularly updates the Commission, and the Executive, and Planning, Priorities and Allocations Committees on expenditures to help inform planning and re-allocation of resources. Dr. Gunzenhauser said the goal was to standardize routine budget work within DPH, but DHSP would retain its ability to manage and report on its contracts. The discussion is ongoing and the PowerPoint is available for review.
- She advised Dr. Gunzenhauser and Mr. Cortez that one of the Commission's responsibilities as a Planning Council is to conduct an annual Assessment of the Administrative Mechanism (AAM) on the efficiency of allocating, contracting, and implementing dollars to provide needed services. The AAM will reveal any impact of restructuring on the Commission.
- Mr. Robinson reported AIDS Watch occurred a few weeks ago in Washington, DC. About five people from LAC participated in educating elected officials about needs of PLWH, current trends, the impact of the situation on legislation, and possible responses. Many younger legislators, in particular, are uneducated about the HIV epidemic.



- The Centers for Disease Control and Prevention (CDC) released its updated surveillance report included in the packet. While new infections are declining overall, some populations continue to experience disproportionate incidence and prevalence with infections actually increasing among those aged 25-34. LAC is similar to the nation so the report can help identify gaps.
- For example, infections decreased from 2010 to 2015 for blacks/African Americans and persons of multiple races, but their rates remained the highest at 49.5 and 25.2 respectively. Infections increased among black/African American males aged 25-34, most attributed to male-to-male sexual contact; and increased in Hispanic/Latino males also attributed to male-to-male sexual contact. Southern California is better suited politically to address the Hispanic/Latino epidemic compared to other high incidence areas such as Texas, Georgia, and Alabama. Best practices are also indicated to address opioid use.
- It is important to look at global, national, and local best practices to address issues such as opioid use and how transmission works within HIV, hepatitis, and other blood born illnesses. Reports referenced on the last page by Drs. Gray K. Mahle on using the HIV surveillance system to monitor the National HIV/AIDS Strategy (NHAS) and Johnson A. Satcher on estimated HIV incidence, prevalence, and undiagnosed infections are especially helpful in addressing the application of best practices.
- Mr. Land recommended review of Comprehensive HIV Plan strategies to determine if updates are appropriate.
- ➔ Mr. Robinson requested addition of Drs. Mahle's and Satcher's articles to the May 2018 meeting packet.

## **V. DISCUSSION ITEMS**

### **7. LEGAL ASSISTANCE SERVICES STANDARDS:**

- Ms. Tolentino noted the only new comments submitted were from Ayako Miyashita Ochoa, JD, Adjunct Professor, Luskin School of Public Affairs, Department of Social Welfare; and Associate Director, UCLA California HIV/AIDS Policy Research Center. They were added to the comments table and incorporated into the latest standards iteration, both in the packet.
- Development of the standards also included review of: legal standards by other Planning Councils, e.g., Orange County and New York; recommended reports, e.g., from The Williams Institute; most recent DHSP Requests For Proposals (RFPs); alignment with Housing Opportunities for People With AIDS (HOPWA) legal services; and Committee comments.
- These standards are more condensed than the 1990s version and more focused on services in care rather than processes, e.g., for broken appointment policies and program records. They open with the Introduction for all new standards, followed by a Legal Services Overview, and then Service Components.
- She highlighted two comments by Ms. Ochoa for consideration on reducing barriers on page 3 by mitigating: 1. Eligibility Documentation with verification of HIV diagnosis, income, and LAC residency; and, 2. Release of Information Form, annual.
- Ms. Zamudio confirmed Eligibility Documentation is required by Health Resources and Services Administration (HRSA) so is included in all contracts. Income eligibility for all Ryan White Program (RWP) services is now 500% of the Federal Poverty Level (FPL) or about \$56,000. Ms. Barrit added Eligibility Documentation is also in all standards because, while the goal is to reduce barriers where possible, DHSP must be able to demonstrate eligibility since Ryan White is the payer of last resort.
- Ms. Zamudio said the annual Release of Information Form ensures information for the provider and also advises clients that their information will be entered in CaseWatch, but most often client legal services do not exceed a year. Ms. Barrit noted highlighting the topic may spark a creative way to reduce the barrier while meeting provider needs and client disclosure.
- Ms. Tolentino noted the table in the back was also condensed and its documentation column was now slightly more specific. New language was incorporated on housing, immigration, gender rights, and discrimination; as well as language on Undetectable = Untransmittable (U=U); and outreach to the 26 HDs to align with LACHAS.
- Ms. Barrit added there was also an effort to align language with that from the proposed Measure H funding pertaining to legal services. Breaking down silos separating systems is the long-term hope. Meanwhile, aligning language with as many systems as possible facilitates entry into services from a variety of avenues.
- Public comment will open at the 5/10/2018 Commission meeting.
- Mr. Land urged more outreach to increase community awareness of the service. Mr. Robinson hosted a 2017 legal forum in Long Beach. The room was full, but no one was aware legal services were available. Mr. Brown suggested partnering with, e.g., the Departments of Mental Health (DMH) and Public Social Services (DPSS), to disseminate flyers.
- Ms. Zamudio said just one agency applied to provide legal services. Its contract requires Commission attendance and participation in community forums such as a recent one in West Hollywood. DHSP facilitates collaboration among providers so they should be aware and refer clients as pertinent, but not all do. It is a systemic issue, e.g., clients are not always referred to Oral Health to the extent that some providers cannot maximize their contracts.
- Mr. Guitron said the Los Angeles LGBT Center protocol for Medical Care Coordination (MCC) includes legal referral as needed. Its Transgender Wellness Program has a medical-legal partnership with an attorney as part of the multidisciplinary



team. The Center also tried to partner on other efforts, but a wills clinic had a poor consumer response. Other topics might be better received, e.g., immigration, gender rights, employment discrimination, and housing.

- ➡ Forward comments to Ms. Barrit or Ms. Tolentino by 4/30/2018 for final review at the May 2018 meeting.
- ➡ Review Benefits Specialty Standards of Care to coordinate as pertinent with Legal Assistance and MCC Standards of Care.

#### 8. PREVENTION STANDARDS:

- Ms. Barrit noted the robust discussion at the 3/8/2018 Commission, especially on the definition and time to Linkage to Care (L2C), i.e., CDC guideline of one month, 14 days, or 72 hours. The consumer perspective very strongly supports 72 hours.
- The prior two tier L2C approach with a timeline of 30 days for nonmedical testing agencies and 14 for medical agencies that include testing has been replaced by LTC within 72 hours for all testing providers as reflected on pages 11-14 and 25-26.
- An asterisked statement recognizes providers must be supported and trained to build their capacity to reach the standard. That may be especially challenging for smaller agencies that are not one-stop clinics, but there is also an emphasis on developing Memorandums of Understanding (MOUs) that allow smaller agencies to leverage other RWP resources.
- Ms. Zamudio agreed 72 hours was the gold standard, but felt it should be across Ambulatory Outpatient Medical (AOM) since testing agencies cannot force an AOM clinic to accept a referral within 72 hours. She suggested revising the asterisked statement to support building the system, not just prevention providers, and to identify a timeline to reach the standard.
- Dr. Cadden suggested using a Zocdoc-like online platform for testing providers to identify open DHSP-funded appointments in real time. Given LAC's size, the first appointment may be just for L2C and arranging for more convenient long-term care.
- Mr. Land added SBP can also develop an overarching directive to DHSP to ensure appropriate connections system-wide.
- Ms. Zamudio noted typically the first appointment for a person newly diagnosed with HIV is not with a physician. Rather, paperwork is filled out, there may be a blood draw, and a physician appointment is scheduled. She suggested initiating "red carpet" physician appointments with a follow-up appointment on paperwork, but physicians expect paperwork to be done.
- Mr. Guitron said his agency provides MCC, labs and, if the PLWH is willing, rapid start. He suggested simplifying the intake process to facilitate people starting and staying at a convenient clinic rather than having to transfer all the administrative and laboratory work, e.g., requiring a provider to be HIV certified is a huge barrier to convenient care.
- Dr. Cadden said, in his experience, speed is the most important factor in transferring a patient from the LAC+USC Emergency Room to the Rand Shrader Clinic. Usually they receive a same or next day physician appointment, but they are also often shown where the Clinic is and meet an intake coordinate to get past the fear of the first visit.
- Mr. Brown felt some newly diagnosed PLWH may need mental health services before they are ready for medical services.
- Ms. Zamudio was concerned the L2C Standard (Service Expectation), Page 25, for a newly-diagnosed PLWH to receive ART within 72 hours of diagnosis did not distinguish between the tester prevention role and the medical care role. Ms. Barrit noted the Standard is consistent with the CDC PS 18 RFP, incorporating Treatment as Prevention, and Table 1, Summary of Core Prevention Service Components, pages 11-17, identifies documentation, but clarification can be added.
- Cultural humility language was added on page 9 to acknowledge multiple cultural identities beyond, e.g., race or language.
- ➡ Revise asterisked statement, page 25, to reference enhancing capacity of the system.
- ➡ Staff will research Zocdoc as a possible model for identifying available medical appointments in real time.
- ➡ Use system capacity data from DHSP and other sources to inform a timeframe recommendation to reach 72 hour L2C.
- ➡ Revise L2C definition, page 25, from "an HIV medical provider" to "an HIV medical service provider" to clarify that providers who are not necessarily HIV certified specialists may be utilized, as appropriate.
- ➡ Revise L2C Standard (Service Expectation), page 25, to clarify the distinction between the L2C responsibility of testers to refer to medical care and medical providers to initiate ART.
- ➡ Approved by consensus to move forward to the May Commission meeting for adoption. Any additional comments may be forwarded to Ms. Barrit or Ms. Tolentino by 4/30/2018.

#### 9. QUALITY IMPROVEMENT OVERVIEW AND ROLES:

- Ms. Barrit noted the table released earlier that week by HRSA's TARGET Center, "Planning Council, Recipient, and CEO Roles and Responsibilities." Clinical Quality Management (CQM) is mainly a DHSP responsibility, but some level of Planning Council participation is highly encouraged by law and was a key opportunity for improvement noted in the HRSA site visit.
- An initial list of suggested Commission activities was also in the packet including: training; providing input on DHSP's CQM plan; using CQM data, e.g., on the grievance line, to help inform planning, priority setting, and standards development; and reviewing regular reports from DHSP on its use of CQM to improve service quality and performance.

- Ms. Klein reported her Quality Management (QM) team had its second meeting 4/4/2018. DHSP QM activities are ongoing, but overall infrastructure and regular documentation was still under development.
- DHSP has an internal QM work group, but was also considering an EMA-wide larger committee with Commission members, providers, and consumers; and/or service specific Community Advisory Boards (CABs) to help inform the program.
- Ms. Barrit clarified that the Assessment of the Administrative Mechanism (AAM) addresses contract and procurement issues, not service effectiveness. The latter is driven by data collection done collaboratively with the grantee and, today, must also go beyond RWP to address, e.g., Medi-Cal and Kaiser, further underlining the need for collaboration.
- Mr. Land recommended engaging the Public Policy Committee to craft policy that supports QM work.
- ➡ Agreed to initiate scheduling QM training for SBP.

#### **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. Land announced that HIV Is Not a Crime 3 will be 6/3-6/2018 at Purdue University in Indianapolis. Mr. Robinson added it is important to modernize laws because prosecutors can still assert use of a deadly weapon if references are just taken off the books. PLWH awareness has significantly improved from a 55-54 awareness rate in a survey five years ago to 80-20 in the most recent survey.

#### **VIII. ADJOURNMENT**

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