



LOS ANGELES COUNTY COMMISSION ON HIV



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STANDARDS AND BEST PRACTICES (SBP) COMMITTEE MEETING MINUTES

January 7, 2020

Approved
2/4/2020

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Erika Davies, <i>Co-Chair</i>	Wendy Garland, MPH	Carolyn Belton, MSHS	Cheryl Barrit, MPiA
Kevin Stalter, <i>Co-Chair</i>	David Lee, MSW, LCSW, MPH	Andre Molette	Jane Nachazel
Miguel Alvarez (<i>Alt.</i>)	Eduardo Martinez (<i>Alt. to Ray</i>)		Julie Tolentino, MPH
Felipe Gonzalez	Katja Nelson, MPP		Sonja Wright, MS, Lac
Thomas Green (<i>Alt to Pénna</i>)			
Joshua Ray, RN (<i>Full to Martinez</i>)			DHSP STAFF
Justin Valero, MA			True Beck, MS, MPAP
Amiya Wilson			Lisa Klein

CONTENTS OF COMMITTEE PACKET

- Agenda:** Standards and Best Practices (SBP) Committee Meeting Agenda, 1/7/2020
- Minutes:** Standards and Best Practices (SBP) Committee Meeting Minutes, 12/3/2019
- Table:** 2019 Work Plan, Standards & Best Practices, *Updated 1/2/2020*
- Policy:** HIV/AIDS Bureau Policy 16-02, Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds, *Revised 10/22/2018*
- Definition:** Psychosocial Support, Defined Outside of Ryan White Funding
- Standards:** Standards of Care: Psychosocial Support Services, NYC HIV Health and Human Services Planning Council, 2018
- Standards:** Psychosocial Support Services - Service Standards, Las Vegas Transitional Grant Area (TGA), May 2017
- Standards:** Psychosocial Support Services Standards of Care, *Draft for SBP Committee Review Only (with revisions), 1/7/2020*
- Guidelines:** MHSA Innovation 2, Trauma Resilient Communities: Community Capacity Building, MHSA Innovation 2, Client Supportive Services Guidelines, 10/25/2018
- Table:** Living Wage Calculation for Los Angeles County, California, 2019 – Typical Expenses, 12/3/2019
- Standards:** Emergency Financial Assistance Standards of Care, *Draft for SBP Committee Review Only, 1/7/2020*

CALL TO ORDER-INTRODUCTIONS-CONFLICT OF INTEREST STATEMENTS: Ms. Davies called the meeting to order at 10:07 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 12/3/2019 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

- Ms. Barrit affirmed that the 1/9/2020 Commission Meeting at St. Anne's Conference Center will continue to feature End the HIV Epidemic (EtHE) as a standing item, continuing follow-up from the 11/14/2019 Annual Meeting. In December, Ms. Barrit reviewed key deliverables and Centers for Disease Control and Prevention (CDC) deadlines including a draft local plan by the end of December. It was acknowledged that community engagement would need to be ongoing.
- This month, Ms. Barrit will review community engagement strategies proposed in the Los Angeles County (LAC) draft local plan. She drafted this section since community engagement is a core Commission responsibility. The section describes a range of Commission activities including Los Angeles County HIV/AIDS Strategy (LACHAS) mobilization efforts, work at the 11/14/2019 Annual Meeting, work of the Black/African American Community (BAAC) Task Force and similar stakeholder efforts. Small group discussions are planned for input on presentations and a potential Community Advisory Board (CAB).
- To further bolster community engagement, some Commission meetings will likely be scheduled outside of regular business hours, e.g., in the evening, to better accommodate working stakeholders. The Planning, Priorities and Allocations (PP&A) and Public Policy Committees will likely have fewer meetings in 2020 to better support other community engagement efforts. SBP may consider that option, but has a full schedule with review and update of all the Standards of Care (SOCs).

6. CO-CHAIR REPORT

- Mr. Stalter asked all to express their 2020 hopes and goals. He was approaching 2020 with enthusiastic frustration. He is frustrated because the Commission is responsible for this plan yet only touches a small proportion of people affected by HIV in LAC. Further, there is a focus by the federal government and funders on PrEP even though the fastest way to achieve goals is to find PLWH out of care and help them become virally suppressed. He urged thinking outside the box to reach those out of care and to inform private physicians of the range of services that can assist their patients to achieve success.
- Two years into the five-year LACHAS plan, he hopes for a vision by the end of 2020 to spearhead palpable progress.
- Ms. Klein urged increasing communication on and collaboration with DHSP's Quality Management (QM) program in 2020. Her role has never been clarified so can be crafted in such a way as to best assist the Commission in meeting goals.
- Mr. Green prioritized outreach to inform both the public and medical personnel about available services.
- Mr. Valero hopes in 2020 to give more than he receives. As a new Commissioner, he is learning a great deal.
- Ms. Wilson's goal for 2020 is banishing stigma associated with HIV. She is an activist with a University of California Los Angeles (UCLA) program that uses art to educate people and banish stigma. She is also on the UCLA Consumer Advisory Board (CAB) and uses Undetectable Equals Untransmittable (U=U) materials to educate people.
- Mr. Gonzalez said he has lived with HIV since 2003 and been on the Commission for one year. He did not think about HIV often in the past, but has learned he knows more than he expected. His 2020 goal is to bring more PLWH to the table to share opinions, experiences, and possible solutions. We need those voices to identify what works and what does not work.
- Mr. Alvarez will continue advocacy for those under 30 by bringing Commission information to them and their insights back.
- Ms. Tolentino said her goal as staff is to provide support and be receptive to the input people bring to the table so that it is captured in the SOC. Beyond SBP, all staff try to stay informed and provide any support that people need.
- Ms. Davies noted a past emphasis on growing SBP membership. For 2020, she would like to see how SOC revised in the last year or so were working in the field, the annual Universal SOC review, and review of cultural competency language.
- Ms. Barrit upheld overall the staff role noted earlier to support members. For 2020, she suggested fleshing out the idea to host a community convening with DHSP of providers and consumers to educate people about the SOC.
- Regarding the 2019 Work Plan, SOC development for Emergency Financial Assistance (EFA) and Psychosocial Support Services were on the day's agenda. SBP membership development is ongoing and all items on page 2 have been completed.

- SOC development for Childcare Services and STD Services were not yet scheduled pending final Directives and priorities guidance from the PP&A Committee. Mr. Stalter asked about Transportation Services. Ms. Barrit replied the service has been discussed, especially in regards to ridesharing, but the issue is not so much related to an SOC service definition as it is to ensure LAC is not held liable. Consequently, services would likely contract with agencies.
- ➡ Consider development of brochure to list SOC's and provide brief overview of services for each category. Brochures could be distributed to HIV providers and clinics, whether Ryan White funded or not, to educate patients including youth on services.

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

- Ms. Beck introduced herself and said she planned to attend SBP meetings more often because of the intersection of SBP work and her work as Solicitations Manager under Michael Green, PhD, MHSA in releasing Requests For Proposals (RFP).
- Often she needs to wait for SBP to complete an SOC update to release an RFP. In the case of Transportation Services, she will need to release the RFP before the SOC is updated. She can provide input on what LAC needs, e.g., to meet regulations; and what DHSP can realistically monitor. She can also help bridge the gap between program managers and services on the street, e.g., input today on Psychosocial Support Services from a program manager for the service for many years.
- Ms. Beck felt SBP could also help her rethink solicitations though LAC regulations may bar or restrict some suggestions.
- Mr. Stalter asked if Ms. Beck would be a permanent addition to SBP. She said her attendance grew out of DHSP discussion on how SBP prioritization of SOC work impacts her development and release of RFPs. Dr. Green suggested she attend that day, but there has as yet been no formal assignment. She felt participating would help her stay current on mutual needs.
- Ms. Barrit said DHSP's solicitation schedule would facilitate SBP's work. It was shared a couple of years ago and helped SBP develop its Work Plan, but is not provided regularly. Combined with PP&A recommendations, that would inform the SOC development/revision schedule. A key reason PP&A shifted to a three-year planning cycle was that DHSP often advised the Commission it could not implement proposed priorities because there were no SOC's to guide RFPs for new services.
- ➡ Ms. Beck will start regularly sharing her RFP schedule. It is mainly based on contract expiration. First and second priorities generally remain stable, but later priorities may change, e.g., because contracts were extended for one or another reason.

V. DISCUSSION ITEMS

8. PSYCHOSOCIAL SUPPORT SERVICES REVIEW

- Mr. Stalter noted the main frustration to date has been the Health Resources and Services Administration (HRSA) emphasis on support groups and services such as bereavement counseling that are no longer as needed as they once were. His suggestion was to offer incentives for PLWH in care to engage in outreach to bring those out of care into care. There might be several levels of incentives, e.g., for bringing in an out of care PLWH, for retention at six months, for viral suppression. That updates the peer-to-peer experience by having those who are comfortable with their status mentoring others.
- Ms. Beck noted the aforementioned DHSP program manager was strongly opposed to relaunching this service, but that was based on a program largely of support groups. While some agencies may have done better outreach, attendance was poor.
- Outreach is complex as it becomes harder to find people as fewer become HIV+. DHSP just released its HIV/STD Testing RFP with a social and sexual network piece which seems to be more effective in finding people and helping them stay in care.
- At the same time, she suggested an online version of outreach. Most people, not only the young, access information online and those without personal internet access know it is available at a library. Online access is also available 24/7. It would still be possible to incentivize some forms of online outreach by offering a stipend, e.g., for bringing another person into a chat.
- Mr. Valero noted, however, it has proven difficult to persuade those living in outlying areas of LAC to come in for testing and services which can be at quite a distance. A lack of metrics to measure success is another key issue.
- Mr. Stalter has run a grass roots organization with four or five men active on Scruff and Grindr who moved conversations into sexual health. Over 1,000 people were brought into treatment in two years who were treatment naive or out of care. They also caught people on the verge of falling out of care, e.g., whose ADAP had lapsed. He was unsure, however, how to develop that as an SOC. Ms. Beck suggested an outline and invitation to agencies to develop operational concepts.
- Mr. Ray noted many people have friends or relatives working in healthcare. Often they seek services outside their home area to maintain their anonymity. He felt connecting online would feel like a safer space to discuss issues.
- Mr. Gonzalez suggested a focus group of consumers could identify the most effective approaches because they know what works best for them as well as challenges that might not occur to others. People Of Color (POC) are disproportionately impacted by HIV so should be similarly represented in the group. Mr. Stalter suggested the Consumer Caucus might serve as the basis for such a focus group. Greg Wilson, Black/African American Community (BAAC) Task Force might contribute.
- Ms. Belton called attention to high numbers of infections among Black and Latina women. Yet, they are rarely mentioned.

- Ms. Barrit said the PP&A priorities process for Program Year (PY) 29-30, carrying over through PY 32, resulted in elevating Psychosocial Support Services and Childcare as related services to assist women, especially women of color. It was noted online services may not work for many women, but they may need Childcare to attend Psychosocial Support Services.
- Ms. Beck added women may also use technology various ways, e.g., women in Lancaster and Hollywood may use it to keep in touch or a group member may participate via Skype when she cannot come in person. The body chose to remain flexible to consider different ways that women connect online, e.g., Snapchat, Instagram, and online medical appointments.
- PP&A requested information from DHSP on how this service had failed. DHSP reported no service utilization data, but that was expected as the service has not been offered for years. While DHSP has been resistant to restarting it, the Commission is looking at it as a range of counseling services from individual to group, in person, or online for greater anonymity.
- SOCs have significant flexibility to meet needs, but it is also true that some service components may already be, or may be better suited to, the Linkage and Retention Program (LRP) and/or Early Intervention Services (EIS). Ms. Barrit urged the body to better identify what service components it wanted to ensure that they belong in Psychosocial Support Services.
- Mr. Ray suggested events like movies might be helpful for outreach. He added that established groups generally have little trust in outside organizations so it is important that outreach is respectful. If trust is broken, it may not be reparable.
- Ms. Barrit asked DHSP to be clear whether or not it was willing to release an RFP. If not, DHSP needs to return to PP&A and report back. Ms. Beck noted Mario Pérez, MPH, Director, DHSP was seeking innovative ways to better reach disparate populations in this very large geographic area so was open to a potential Psychosocial Support Services SOC.
- ➡ Ms. Belton will ask the HIV+ women's group across from Oasis Clinic for needs and communication input and report back.
- ➡ Staff will provide minutes from the 7/23/2019 PP&A Special Meeting which included input from the Women's Caucus.
- ➡ Ms. Tolentino will follow-up to determine what New York City has operationalized.
- ➡ Staff will report back on what assessment, if any, is required for Psychosocial Support Services.
- ➡ Staff will work with Ms. Beck on providing any historical data available.
- ➡ Staff will draft an updated iteration including potential online service components.

9. EMERGENCY FINANCIAL ASSISTANCE (EFA) REVIEW

- Ms. Davies reviewed Department of Mental Health (DMH) Client Supportive Services (CSS) Guidelines with a summary of allowable and non-allowable expenses on the last page. There were also living wage and LAC expense tables in the packet.
- Ms. Tolentino noted there was discussion, still not finalized, on whether to cap assistance per category or overall. For today's discussion starting point, a monthly total of \$2,140.00 was derived from the Typical Expenses table for one person. Other revisions included deletion of: mortgage assistance per HRSA guidance, page 1; and limits or documents that SBP considered unnecessary barriers, boxes on the bottom of page 3 and top of page 4.
- Mr. Beck said Dr. Green had already directed her to start work on this solicitation. She concurred in not capping individual categories of assistance in order to facilitate the greatest flexibility for agencies and their clients. It is also less complicated administratively to have one amount for allowable expenses per client per year. It is more dignified for the client as well.
- DHSP is recommending one agency manage funding for LAC. That would be simpler administratively and would avoid patients agency shopping for multiple services. The proposal would be similar to DHSP's current contract for Medical Subspecialty services. AIDS Healthcare Foundation (AHF), the Third Party Administrator (TPA), identifies specialists, as requested. DHSP recently held a mini-focus group of providers using this approach and they all felt it was working well.
- The body raised concerns, however, that using a TPA would be confusing to clients expressing an emergency need at their regular or local agency. Ms. Barrit noted the original concept was that a client could get same-day help at an agency. Ms. Beck said it may be possible to add a line item to each agency's budget to deal with issues as they arise.
- There was a general sentiment that \$2,140.00 per month was too low, especially considering housing costs, to stabilize a person while they work on getting their affairs in order, e.g., getting a job. The preference was for an annual cap.
- Ms. Klein asked if a person would be eligible for EFA under the Ryan White funder of last resort rule if the person is eligible for other programs such as Social Security Disability Income (SSDI). Ms. Barrit replied that should not be an issue. EFA is for emergencies. Case managers may link people to other services, e.g., a food bank, while the EFA tides the person over.
- ➡ Ms. Beck will talk with Dr. Green about how to provide EFA funds for each agency rather than using a TPA.
- ➡ Ms. Beck will check with Michael Jansen to verify that the EFA module of the system replacing Casewatch can detect and reject duplicate applications at separate agencies. The system should function in real time and be able to address the risk.
- ➡ Present at next SBP meeting an iteration ready for approval to release for public comment and referral for review to subject matter experts with revisions, as noted: page 3, paragraph 2, to read, "Staff is responsible for referring clients..." rather than limiting required referrals; and, raise cap to \$5,000.00 per client per year.

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- ➡ Additional suggestions: consider how a client might receive help, e.g., with utilities, if the service is in another person's name; consider requiring the client to sign an agreement to be responsible in following up, e.g., with referrals.

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:** There were no announcements.

VIII. ADJOURNMENT

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