



LOS ANGELES COUNTY
COMMISSION ON HIV



AGENDA FOR THE **VIRTUAL MEETING OF THE
STANDARDS AND BEST PRACTICES COMMITTEE**

TUESDAY, July 6, 2021, 10:00 AM – 12:00 PM

*****WebEx Information for Non-Committee Members and Members of the Public Only*****

<https://tinyurl.com/3meudwfh>

or Dial

1-415-655-0001

Event Number/Access code: 145-713-1026

(213) 738-2816 / Fax (213) 637-4748

HIVComm@lachiv.org <http://hiv.lacounty.gov>

Standards and Best Practices (SBP) Committee Members

Erika Davies <i>Co-Chair</i>	Kevin Stalter <i>Co-Chair</i>	Miguel Alvarez	Mikhaela Cielo, MD
Pamela Coffey (Reba Stevens, <i>Alternate</i>)	Wendy Garland, MPH	Grissel Granados, MSW	Thomas Green
Paul Nash, PhD, CPsychol AFBPsS FHEA	Katja Nelson, MPP	Joshua Ray (Eduardo Martinez, <i>Alternate</i>)	Mallery Robinson
Harold Glenn San Agustin, MD	Justin Valero, MA	Rene Vega	Ernest Walker, MPH
Ernest Walker, MPH	Amiya Wilson (LOA)*		
QUORUM: 9			
*LOA: Leave of Absence			

AGENDA POSTED: June 30, 2021

ATTENTION: Any person who seeks support or endorsement from the Commission on any official action may be subject to the provisions of Los Angeles County Code, Chapter 2.160 relating to lobbyists. Violation of the lobbyist ordinance may result in a fine and other penalties. For information, call (213) 974-1093.

ACCOMMODATIONS: Interpretation services for the hearing impaired and translation services for languages other than English are available free of charge with at least 72 hours notice before the meeting date. To arrange for these services, please contact the Commission Office at (213) 738-2816 or via email at HIVComm@lachiv.org.

Servicios de interpretación para personas con impedimento auditivo y traducción para personas que no hablan Inglés están disponibles sin costo. Para pedir estos servicios, póngase en contacto con Oficina de la Comisión al (213) 738-2816 (teléfono), o por correo electrónico á HIVComm@lachiv.org, por lo menos setenta y dos horas antes de la junta.

SUPPORTING DOCUMENTATION can be obtained at the Commission on HIV Website at: <http://hiv.lacounty.gov>. The Commission Offices are located in Metroplex Wilshire, one building west of the southwest corner of Wilshire and Normandie. Validated parking is available in the parking lot behind Metroplex,

just south of Wilshire, on the west side of Normandie.

NOTES on AGENDA SCHEDULING, TIMING, POSTED and ACTUAL TIMES, TIME ALLOTMENTS, and AGENDA ORDER: Because time allotments for discussions and decision-making regarding business before the Commission's standing committees cannot always be predicted precisely, posted times for items on the meeting agenda may vary significantly from either the actual time devoted to the item or the actual, ultimate order in which it was addressed on the agenda. Likewise, stakeholders may propose adjusting the order of various items at the commencement of the committee meeting (Approval of the Agenda), or times may be adjusted and/or modified, at the co-chairs' discretion, during the course of the meeting.

If a stakeholder is interested in joining the meeting to keep abreast of or participate in consideration of a specific agenda item, the Commission suggests that the stakeholder plan on attending the full meeting in case the agenda order is modified or timing of the items is altered. All Commission committees make every effort to place items that they are aware involve external stakeholders at the top of the agenda in order to address and resolve those issues more quickly and release visiting participants from the obligation of staying for the full meeting. External stakeholders who would like to participate in the deliberation of discussion of an a posted agenda item, but who may only be able to attend for a short time during a limited window of opportunity, may call the Commission's Executive Director in advance of the meeting to see if the scheduled agenda order can be adjusted accordingly. Commission leadership and staff will make every effort to accommodate reasonable scheduling and timing requests - from members or other stakeholders - within the limitations and requirements of other possible constraints.

Call to Order, Introductions, Conflict of Interest Statements 10:00 AM – 10:03 AM

I. ADMINISTRATIVE MATTERS 10:03 AM – 10:07 AM

1. Approval of Agenda **MOTION #1**

2. Approval of Meeting Minutes **MOTION #2**

II. PUBLIC COMMENT 10:07 AM – 10:10 AM

3. Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission

III. COMMITTEE NEW BUSINESS ITEMS 10:10 AM – 10:15 AM

4. Opportunity for Commission members to recommend new business items for the full body or a committee level discussion on non-agendized Matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting, or matters requiring immediate action because of an emergency situation, or where the need to take action arose subsequent to the posting of the agenda.

IV. REPORTS

5. Executive Director/Staff Report 10:15 AM – 10:25 AM

6. Co-Chair Report 10:25 AM – 10:30 AM

V. DISCUSSION ITEMS

- 7. Service Standards Development Training 10:30- AM – 11:55 AM
 HRSA Planning CHATT
(Community HIV/AIDS Technical Assistance and Training)

VI. ANNOUNCEMENTS

11:55 AM – 12:00 PM

- 8. Opportunity for members of the public and the committee to make announcements

VII. ADJOURNMENT

12:00 PM

- 9. Adjournment for the virtual meeting of July 6, 2021

PROPOSED MOTIONS	
MOTION #1	Approve the Agenda Order, as presented or revised.
MOTION #2	Approve the Standards and Best Practices Committee minutes, as presented or revised.



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 4/27/21

The following list identifies "conflicts-of-interest" for Commission members who represent agencies with Part A/B –and/or CDC HIV Prevention-funded service contracts with the County of Los Angeles. According to Ryan White legislation, HRSA guidance and Commission policy, Commission members are required to state their "conflicts-of-interest" prior to priority- and allocation-setting and other fiscal matters concerning the local HIV continuum of care, and to recuse themselves from discussions involving specific service categories for which their organizations have service contracts.

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALVAREZ	Miguel	No Affiliation	No Ryan White or prevention contracts
ALVIZO	Everardo	Long Beach Health & Human Services	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			HIV and STD Prevention
			HIV Testing Social & Sexual Networks
BALLESTEROS	AI	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis, and Treatment
			Health Education/Risk Reduction (HERR)
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
BURTON	Alasdair	No Affiliation	No Ryan White or prevention contracts
CAMPBELL	Danielle	UCLA/MLKCH	Oral Health Care Services
			Medical Care Coordination (MCC)
			Ambulatory Outpatient Medical (AOM)
			Transportation Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CATALDO	Raquel	Tarzana Treatment Center	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Case Management, Home-Based
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Mental Health
			Substance Abuse, Transitional Housing (meth)
			Transitional Case Management-Jails
			Transportation Services
COFFEY	Pamela	Unaffiliated consumer	No Ryan White or prevention contracts
DANIELS	Michele	Unaffiliated consumer	No Ryan White or prevention contracts
DARLING-PALACIOS	Frankie	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
Transportation Services			
DAVIES	Erika	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
FINDLEY	Felipe	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
STD Screening, Diagnosis and Treatment			

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
FULLER	Luckie	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testng Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
GARTH	Gerald	AMAAD Institute	No Ryan White or Prevention Contracts
GATES	Jerry	AETC	Part F Grantee
GONZALEZ	Felipe	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	Bridget	Unaffiliated consumer	No Ryan White or prevention contracts
GRANADOS	Grissel	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management-Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
GREEN	Joseph	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Thomas	APAIT (aka Special Services for Groups)	HIV Testing Storefront
			Mental Health
			Transportation Services
HACK	Damontae	Unaffiliated consumer	No Ryan White or prevention contracts
HALFMAN	Karl	California Department of Public Health, Office of AIDS	Part B Grantee
KAMURIGI	Nestor	No Affiliation	No Ryan White or prevention contracts
KOCHEMS	Lee	Unaffiliated consumer	No Ryan White or prevention contracts
KING	William	W. King Health Care Group	No Ryan White or prevention contracts
LEE	David	Charles R. Drew University of Medicine and Science	HIV Testing Storefront
			HIV Testing Social & Sexual Networks

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MARTINEZ	Eduardo	AIDS Healthcare Foundation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Mental Health
			Oral Healthcare Services
			STD Screening, Diagnosis and Treatment
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Sexual Health Express Clinics (SHEX-C)
			Transportation Services
			Medical Subspecialty
			HIV and STD Prevention Services in Long Beach
MILLS	Anthony	Southern CA Men's Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEX-C)
			Transportation Services
MORENO	Carlos	Children's Hospital, Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
MURRAY	Derek	City of West Hollywood	No Ryan White or prevention contracts
NASH	Paul	University of Southern California	Biomedical HIV Prevention
			Oral Healthcare Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
NELSON	Katja	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
Nutrition Support			
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
PRECIADO	Juan	Northeast Valley Health Corporation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Oral Healthcare Services
			Mental Health
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
			Transportation Services
RAY	Joshua	Unaffiliated consumer	No Ryan White or prevention contracts
RODRIGUEZ	Isabella	No Affiliation	No Ryan White or prevention contracts
ROSALES	Ricky	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SAN AGUSTIN	Harold	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
SPENCER	LaShonda	Oasis Clinic (Charles R. Drew University/Drew CARES)	HIV Testing Storefront
			HIV Testing Social & Sexual Networks
SPEARS	Tony	Capitol Drugs	No Ryan White or prevention contracts
STALTER	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
STEVENS	Reba	No Affiliation	No Ryan White or prevention contracts
ULLOA	Maribel	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
VALERO	Justin	California State University, San Bernardino	No Ryan White or prevention contracts
VELAZQUEZ	Guadalupe	Unaffiliated consumer	No Ryan White or prevention contracts
WALKER	Kayla	No Affiliation	No Ryan White or prevention contracts
WALKER	Ernest	Men's Health Foundation	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEX-C)
WILSON	Amiya	Unique Women's Coalition	No Ryan White or prevention contracts



LOS ANGELES COUNTY
COMMISSION ON HIV



DRAFT

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

Presence at virtual meetings is recorded based on the attendance roll call. Only members of the Commission on HIV are accorded voting privileges and must verbally acknowledge their attendance in order to vote. Approved meeting minutes are available on the Commission’s website; meeting recordings are available upon request.

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

June 1, 2021

COMMITTEE MEMBERS					
P = Present A = Absent					
Erika Davies, <i>Co-Chair</i>	P	Thomas Green	P	Reba Stevens (<i>Alt. to P. Coffey</i>)	P
Kevin Stalter, <i>Co-Chair</i>	P	Paul Nash, PhD, CPsychol	P	Justin Valero	P
Miguel Alvarez	P	Katja Nelson, MPP	P	Ernest Walker, MPH	P
Pamela Coffey	P	Joshua Ray, RN	A	Amiya Wilson (LOA**)	EA
Wendy Garland	P	Eduardo Martinez (<i>Alt. to J. Ray</i>)	P	Bridget Gordon (<i>Ex Officio</i>)	P
Grissel Granados, MSW	P	Harold Glenn San Agustin, MD	P		
COMMISSION STAFF AND CONSULTANTS					
Cheryl Barrit, Jose Rangel-Garibay					
DHSP STAFF					
Lisa Klein					

*Some participants may not have been captured electronically. Attendance can be corrected by emailing the Commission.

*Members of the public may confirm their attendance by contacting Commission staff at hivcomm@lachiv.org.

*Meeting minutes may be corrected up to one year from the date of Commission approval.

**LOA: Leave of absence

Meeting agenda and materials can be found on the Commission’s website at <http://hiv.lacounty.gov/LinkClick.aspx?fileticket=O6Dr8OWmnkl%3d&portalid=22>

CALL TO ORDER-INTRODUCTIONS-CONFLICT OF INTEREST STATEMENTS: The meeting to order at 10:03 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 05/03/2021 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: There were no new Committee 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 new business items.

IV. REPORTS

5. **EXECUTIVE DIRECTOR/STAFF REPORT**

Cheryl Barrit, Executive Director (ED) reported the following.

- C. Barrit highlighted the Executive Committee's discussion regarding appointing liaisons for Division of HIV and STD Programs (DHSP) the Ending the HIV Epidemic (EHE) Steering Committee. Bridget Gordon is the lead liaison to the DHSP EHE Steering Committee with the support of Katja Nelson, Felipe Findley and Kevin Stalter. K. Stalter will communicate progress based on reports and timeline requirements. The purpose of the steering committee is to understand local response to the EHE and identify changes in strategy to align with community needs. Next meeting for the steering committee will be on 6/25/2021.
- C. Barrit introduced new COH staff member, Jose Rangel-Garibay and stated he will take on the lead role in communicating with the SBP committee.

a. Ending the HIV Epidemic Activities and Feedback

- Bridget Gordon, Commission Co-Chair, will be the lead liaison between the Commission and the DHSP EHE steering Committee. In addition, Commission members Katja Nelson, Kevin Stalter and Felipe Finley will serve as liaison to support B. Gordon. Liaisons will provide feedback and monitor steering committee activities. EHE Liaisons will attend Committee meetings to facilitate ongoing feedback and develop specific activities that can be integrated within the planning charge of the Commission.

6. **CO-CHAIR REPORT**

a. Ending the HIV Epidemic

- B. Gordon, EHE lead liaison, reported that during a group call they reviewed and gained clarification on the differences between the EHE and the LA County plan to end HIV. Also noted there must be more infusion of the COH perspective on how to deal with issues within the Medi-Cal and Medicare environment.

b. 2021 Workplan Review & Opportunities to Support Task Forces and Caucuses

- Need to determine a date to complete items.
- Paul Nash, PhD noted the Aging Task Force (ATF) may have a completion date, however, this will never be a completed task since it will depend on the needs of the overall population at the time.
- C. Barrit noted that ATF will work with the SBP Committee to develop special guidelines for People Living with HIV (PLHW) who are 50+.

c. Committee Member Introductions/Getting to Know You

- SBP Committee members Ernest Walker, Reba Stevens, and Eduardo Martinez introduced themselves to the group.
- E. Walker started working with People of Color (POC) Against AIDS Network focusing on programmatic outreach and POC committees around HIV/AIDS. He has spent a large portion of his time working in Washington D.C. in the field of prevention, education, the HIV Prevention Council, and the Ryan White Council. He is interested in figuring out solutions and defining strategies for combating the local HIV epidemic in Los Angeles. He earned a degree in Civil Engineering from the University of Washington but has since worked in Public Health and earned a Master of Public Health (MPH). He is excited to be in the West Coast and close to family.
- R. Stevens shared she has experienced many years of homelessness, alcohol, and substance abuse. Interested in the intersections of her personal experience around homelessness, substance abuse, risky sexual behavior, and utilizing mental health services. She considers herself a systems changer who likes to pinch the system and to hear from others. She became involved with youth work at the LGBT center in South Los Angeles where she found that youth were dealing with stigma around mental health. She had an epiphany after seeing many children in Service Planning area (SPA) 6 with immense unmet need for mental health services. She is eager to learn, to be part of the

solution, to educate, to inform, to embrace, and to hold someone's hand understanding that she knows that it feels like to not have someone hold her hand. She has two Boston Terriers, a 21-year old son, and is part of a book club where she is reading *The Sum of Us* by Heather McGhee.

- E. Martinez has been a part of the COH for 3 years. Excited for the celebrations commemorating the 40 years of HIV Care in the U.S. and is eager to learn from everyone in the group.
- Next month, Jose Rangel-Garibay will share his story as part of the Getting to Know You activity.
- d. **"So, You Want to Talk about Race" by I. Oluo Reading Activity**
- Justin Valero volunteered to read an excerpt from either Chapter 6 or 7 of the *So, You Want to Talk About Race* book this week; however, J. Valero was not able to stay for the meeting. This activity was deferred to the July meeting.

7. New Committee Membership Application

a. Mark Mintline, DDS

- Dr. Mintline is an Assistant Professor at Western University of Health Sciences and is interested in joining the SBP Committee because he believes Western University of Health Sciences can do a better job of working with patients living with HIV and, if approved, provide dental service through the Ryan White reimbursement program.
- **MOTION #3:** Approve Committee Membership Application for Mark Mintline, DDS and move to Operations Committee for approval. Thomas Green seconded the motion. **(Passed by consensus).**
- ➡ Staff to work with Dr. Mintline on the next steps on moving the application to the Operations Committee and completing trainings on COH website.

8. Division of HIV & STD Programs (DHSP) Report

- Wendy Garland reported there were no updates for this month.
- Lisa Klein reported there were no updates for this month.

V. DISCUSSION ITEMS

9. Substance Use and Residential Treatment

a. Background and Allocations Review

C. Barrit went over the approved multi-year Ryan White allocations table for Program Years 30, 31, and 32 (2020, 2021, 2022) and explained that the table shows zero allocations for substance use outpatient and residential treatment services because DHSP uses State Part B dollars to support these services, not Part A or Minority AIDS Initiative funds.

b. Standards Review

E. Davies went over the draft Substance Use and Residential Treatment service standards document, last updated and approved 2017 to align with the expansion of Medi-Cal to include drug services (Drug Medi-Cal). The Committee discussed the following changes to the document:

- Fix formatting; the current format and numbering layout is confusing. Remove capitalized "U" under "Use" throughout the document. Add page numbers.
- For staff qualifications, add similar language from recently approved standards that include "people living with HIV and/or lived experience preferred."
- Under competencies, add a list of training topics; pull training topics from recently approved standards.
- Add and explicit highlight trauma informed care as a staff competency.
- Re-assess if section on "Key Systems Level Changes..." is still necessary.
- Define "collateral" services and other terms in the document. Define acronyms such as ASAM, SAPC, SAMHSA.
- Address gender identity to be inclusive and use non-binary language.
- Patient medical evaluation should be mindful of concerns about confidentiality.

Standards and Best Practices Committee Meeting Minutes

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- C. Barrit noted that standards for cultural and linguistic competencies, staff qualifications and patient privacy are in the Universal Standards of Care (recent updated and approved on 2/11/21).

VI. NEXT STEPS

a. TASK/ASSIGNMENTS RECAP:

- ➡ Move Dr. Mark Mintline's Committee member application to Operations Committee for approval.
- ➡ Identify subject matter experts (SME) to review the Substance Use and Residential Treatment Standards of Care document prior to moving the document for full Commission review.
- ➡ Send the Substance Use and Residential Treatment Standards of Care to SBP Committee members requesting feedback.
- ➡ Continue Getting to Know You activity with Jose Rangel-Garibay.
- ➡ Justin Valero volunteered to read an excerpt from either Chapter 6 or 7 of the *So, You Want to Talk About Race* book.
- ➡ Staff to invite Commission, Task Force, and Workgroup members to July SBP Committee meeting for "Service Standards" training led by Emily Gantz McKay.

12. AGENDA DEVELOPMENT FOR NEXT MEETING:

- E. Gantz McKay will present next meeting to share their expertise on developing Standards and Best Practices for Ryan White funding.

VII. ANNOUNCEMENTS

- 13. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:** K.Stalter reminded the group that the next SBP meeting will be on 7/6.

VIII. ADJOURNMENT

- 14. ADJOURNMENT:** The meeting adjourned at 11:17 am.

Service Standards

**Standards and Best Practices Committee
Los Angeles County Commission on HIV
July 6, 2021, 10 am – 12 noon**

**Emily Gantz McKay
Through the JSI Planning CHATT Project**

HRSA HAB Guidance on Service Standards

- **Purpose:**

- Ensure that all subrecipients provide the **same basic service components**
- Establish a **minimal level of service or care** for consumers throughout the jurisdiction

- **For the recipient:** *“Set a benchmark by which services are monitored, and sub-grantee contracts are developed”**

- **For CQM:** *“Set the foundation for the clinical quality management program, and provide the framework and service provision from which processes and outcomes are measured”**

* *Source:* “Service Standards: Guidance for Ryan White HIV/AIDS Program Grantees/Planning Bodies,” 2014

Guidance, cont.

- 2014 Guidance* says:
 - Recipient is *“responsible for the development, distribution, & use of service standards”*
 - For Part A programs, *“developing service standards is a shared responsibility, typically led by the Planning Council*
- **Medical care standards** must be consistent with HHS/Public Health Service (PHS) *“care and treatment guidelines and other clinical and professional standards”*
- **Non-clinical/support services** may use *“evidence-based best practices, National Monitoring Standards, and/or guidelines developed by state or local government”*

Guidance, cont.

- Not directly addressed in the legislation or in the *Part A Manual*
- Because “*national service standards are not feasible due to differences in state and local requirements,*” they must be developed at the state and/or local level
- Required for every funded service category
- Service standards should:
 - Reflect “*the programmatic and fiscal management requirements outlined in the Part A and B National Monitoring Standards*”
 - Include “*input from providers, consumers and experts*”
 - Be “*publicly accessible*”

Recent Guidance from HRSA HAB

- Jurisdictions should not include HRSA HAB performance measures or health outcomes in their service standards
 - Recipients include service standards in their RFPs
 - Potential subrecipients indicate in the application their ability to meet the standards
 - Selected subrecipients have performance measures in their contracts
 - Recipient monitoring addresses whether these measures, which are based on the service standards, are being met
- Outcomes are essential to measure the impact of services delivered
- If completely compliant subrecipients are not meeting client outcome measures such as adherence or viral suppression, this suggests that service standards may need review and refinement

Value of Flexible Service Standards

- Permit staff to adjust service delivery to meet the needs of individual clients
- Allow adaptations needed for culturally and linguistically appropriate services – since “one size does not fit all” clients
- Encourage continuing service refinements by providers
- Support innovative approaches and pilot projects to improve services and outcomes – without delays for revising standards
- Avoid excluding qualified service providers
- Reduce the need for frequent revisions to Service Standards

Developing Service Standards

- No specified process
- No required format – but structure can improve clarity
- Broad guidance on required content
- Differing views/approaches on:
 - Level of detail – and how “prescriptive” standards should be
- HRSA concern with avoiding confusion between:
 - Quality Assurance – done through recipient monitoring, based partly on service standards, and
 - Clinical Quality Management (CQM) – activities aimed at improving patient care, health outcomes, and patient satisfaction

HRSA Guidance on Developing or Updating Service Standards

- Agree annually on service categories to review/update based on:
 - Including all service categories that are currently funded or have been allocated funds for the next program year
 - Prioritizing reviews based on a service category's allocation level or local priority or the recipient's RFP schedule
- Agree on an outline to be used for all service category-specific service standards
- Review each set of standards at least every 3 years
- Obtain technical input from providers, consumers, and other experts, including RWHAP-funded and other providers
- Be prepared to review/revise service standards to respond to environmental or continuum of care changes [like those due to COVID-19]

Commission Approach to Developing, Reviewing, and Refining Service Standards (2010 Procedures)

- 1. Develop:** For all services in the continuum of care
 - **Questions:** Is priority given to funded service categories? What other factors are considered?
- 2. Review:** Every 4 years
 - **Question:** Is this still your schedule (6 funded categories have Service Standards last updated in 2009)?
 - **Question:** Should reviews include categories that are not funded and are unlikely to be funded?
- 3. Update:** Before regularly scheduled review, due to:
 - Changes in the continuum of care
 - Changes to the service category nationally, statewide, or locally
 - Problems with service implementation requiring action
 - Incorporation of best practices

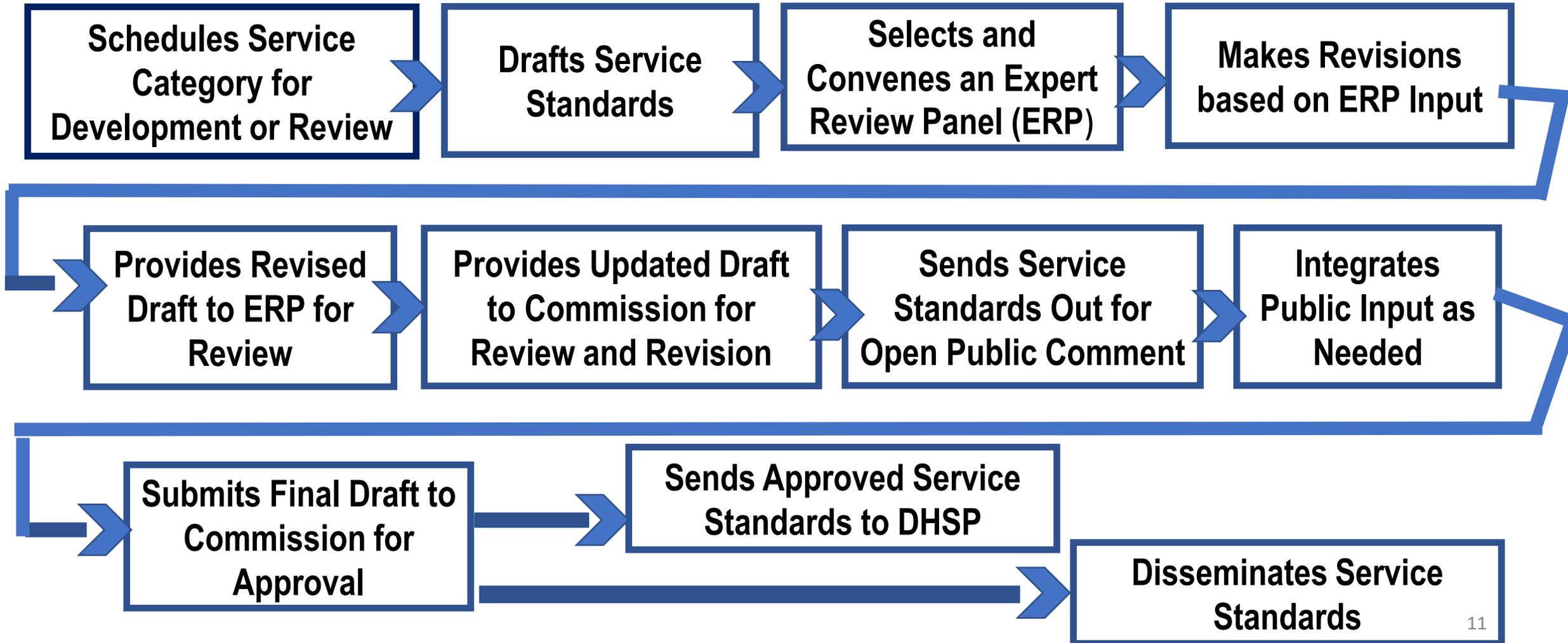
Discussion

The committee is updating its schedule for Service Standards review and updating, since you will have time to deal with 3 additional service categories this program year. Here are your options:

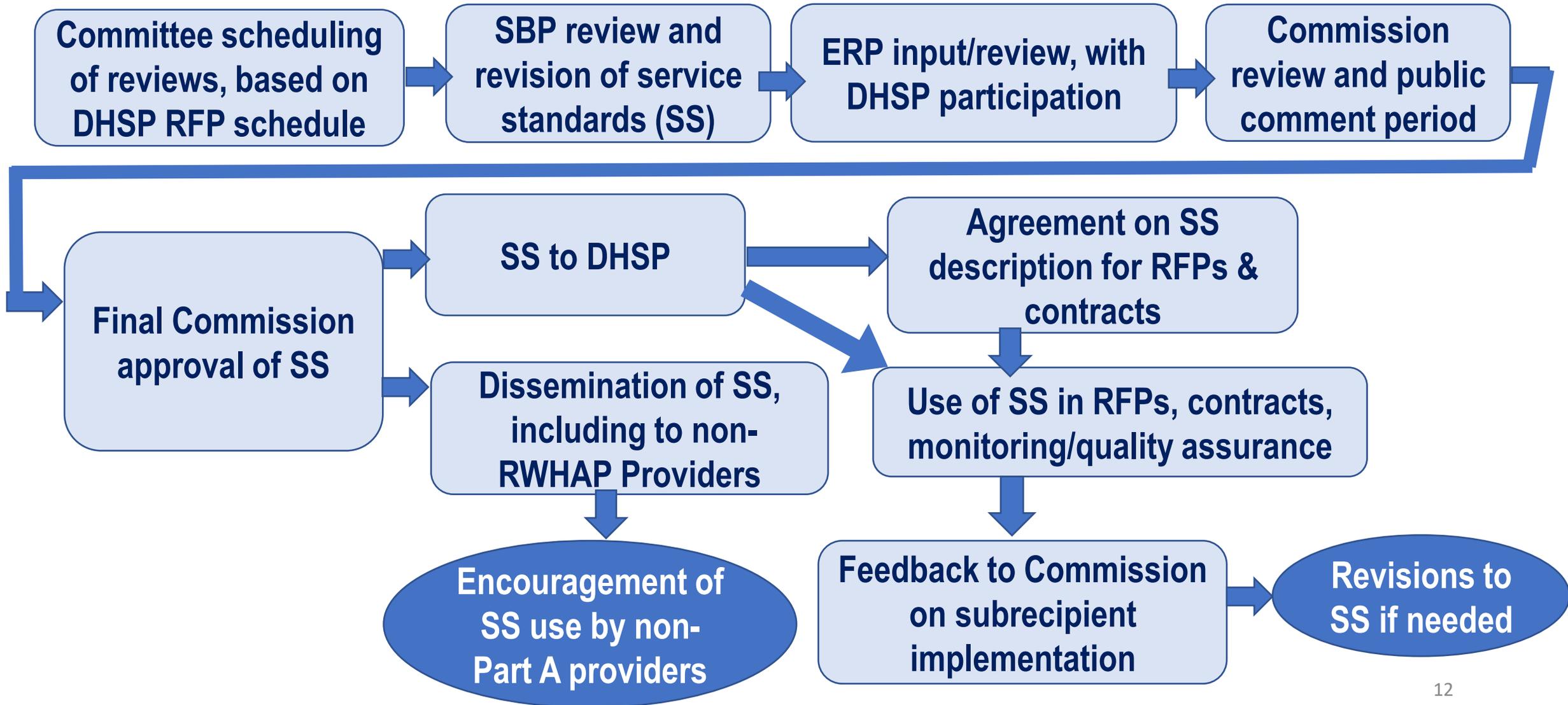
- The PC recently approved a directive and substantially increased the allocation for one service category that had its Service Standards updated 5 years ago, because the EMA will be supporting a new service model to improve retention and viral suppression for young Latino MSM; the new model is not really permissible under the current Service Standards.
- DHSP plans to recompetete two service categories this year that both DHSP and the Commission feel need Service Standards reviews based on needs assessment and quality assurance data.
- You have 4 funded service categories that have not been updated for 10 years or more, though 2 of them have very small allocations.

What should be added to your “to do” list? How should you decide?

Established SBP Committee Process for Development or Review/Updating of Service Standards



Suggested Annual Service Standards Cycle



Roles for the Recipient

- Ultimate responsibility for ensuring service standards are developed, updated as needed, and used
- Use of service standards in:
 - Subrecipient RFPs
 - Subrecipient contracts
 - Monitoring/quality assurance
- Providing summary information to the Planning Council on the extent to which service standards are being met (based on monitoring)
- Identifying possible need for revisions to service standards, because:
 - Subrecipients are following them but medical outcomes are not good
 - Subrecipients are finding it very difficult to meet some standards
 - Service standards are discouraging flexibility needed for service innovations or appropriate care for diverse populations

Provider Familiarity with Service Standards

- Many clinicians/service staff have multiple roles:
 - Work full-time for a Part A provider, but services to some clients are paid for by MediCal or other third parties
 - Work part-time for a Part A provider, so used to meeting Part A service standards
 - Worked for a Part A provider in the past, so familiar with service standards
- Unknowns regarding non-Part A clients or roles:
 - Extent to which they apply these standards
 - Extent to which they teach colleagues to use these standards

Encouraging Non-Part A Providers to Adopt/Follow Service Standards

Incentives:

- Good preparation if provider may apply for Part A funding in the future
- Way to ensure service quality
- Help in providing services appropriate for people with HIV – especially if people with HIV are not a provider's only clients
- Awareness through invitation to serve on an expert panel that helps develop or update service standards

Disincentives:

- Takes effort to learn about these standards if not providing Part A services
- Requires staff training
- May cost more

Discussion

1. What actions might the Committee take to encourage non-RWHAP-funded providers to learn about and follow Part A Service Standards?
2. Who – within or outside the Commission -- might help to make this happen?
3. What other information might you need to develop a sound plan of action?

Trends/Approaches to Consider

1. Make standards as short and concise as possible

- Use charts where practical, to increase clarity
- Put common information into universal standards only, not both places
- Use plain language
- Develop standards that tell clients what the service is and what they can expect if they receive it
- Limit reference to HRSA HAB National Monitoring Standards, Guidances, and Policy Clarification Notices (PCNs) like PCN #16-02,

2. Limit sound/best practice content – have standards specify requirements

- Consider providing best/sound practices separately
- If used, clearly label such content as optional

Trends, cont.

3. Closely link Universal and category-specific service standards by putting into the category-specific standards:

- A statement that they must be used together with the Universal Standards
- A list of topics covered in Universal Standards
- An indication that the category-specific standards address these topics only where there are special or additional requirements

For example: If the service category has a different income limit from other services or additional eligibility requirements, include only that information – do not repeat other information from the universal standards

Trends, cont.

4. Put topics like the following into Universal Standards:

- Access to Services
- Client Rights & Responsibilities
- Grievance Process
- Training, Licensing, & Supervision [General Expectations]
- Cultural & Linguistic Competency
- Agency Policies & Procedures
- Privacy and Confidentiality (including securing records)
- Program Safety
- Intake and Eligibility
- Transition and Discharge

5. Put the following into service-specific standards:

- Service Category Definition
- Key Service Components and Activities
- Service-specific Personnel Qualifications (including licensure, education, training, and recertification)
- Assessment and Treatment/Service Plan [Where applicable]
- Case Closure Protocol [Specific to service category]

Questions/Discussion

- Questions?
- Discussion?
- What if any follow up to this training is needed?