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STANDARDS AND BEST PRACTICES (SBP) COMMITTEE MEETING MINUTES

July 2, 2019

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Kevin Stalter, <i>Co-Chair</i>	Joseph Cadden, MD, <i>Co-Chair</i>	Jason Brown	Cheryl Barrit, MPIA
Erika Davies	David Lee, MSW, LCSW, MPH	Amy Croft, RN, BSN, CCM	Jane Nachazel
Wendy Garland, MPH	Katja Nelson, MPP	Noah Kaplan, LCSW	Julie Tolentino, MPH
Felipe Gonzalez	Jazielle Newsome (<i>On Leave</i>)/ Miguel Alvarez		
Thomas Green (<i>Alt.</i>)		DHSP STAFF	
Bradley Land	Joshua Ray, RN/Eduardo Martinez	Lisa Klein, RN, MSN, CPHQ	
Justin Valero			

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Standards and Best Practices (SBP) Committee Meeting Agenda, 7/2/2019
- 2) **Minutes:** Standards and Best Practices (SBP) Committee Meeting Minutes, 6/4/2019
- 3) **Definitions:** Ryan White HIV/AIDS Program Parts, *October 2016*
- 4) **Definition:** Standards & Best Practices Committee, Standards of Care, *December 2015*
- 5) **Table:** 2019 Work Plan - Standards & Best Practices, *Updated 6/28/2019*
- 6) **Questions:** Standards of Care Review, Guiding Questions
- 7) **Standards:** Ryan White Program, Universal Standards of Care, 7/2/2019
- 8) **Comments:** Universal Standards Public Comment, 7/2/2019
- 9) **Comments:** Standards and Best Practices Committee, Medical Care Coordination (MCC) Services Standards, Reviewer/Public Comments, 6/28/2019
- 10) **Standards:** Non-Medical Case Management, *Approved 4/27/2019*
- 11) **Standards:** Non-Medical Case Management Service Standard
- 12) **Standards:** ~~Psychosocial~~ Non-Medical Case Management, 7/2/2019

CALL TO ORDER-INTRODUCTIONS-CONFLICT OF INTEREST STATEMENTS: Ms. Barrit called the meeting to order at 10:12 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 6/4/2019 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:**

- Mr. Land noted Ms. Barrit raised a question in a recent email on addressing issues highlighted by the Aging Task Force in the Universal Standards of Care (SOC). He believed addressing special populations in the Universal SOC would overwhelm it.
- Mr. Stalter said reaching beyond the Ryan White system is key to achieving Los Angeles County HIV/AIDS Strategy (LACHAS) goals. Mario Pérez, MPH, Director, DHSP has said 30 to 40 private physicians are known to serve PLWH because they submit Viral Load (VL) tests. Mr. Stalter felt it was within SBP's purview to convene those physicians and perhaps others like Kaiser physicians for education on Ryan White services available to their patients and cultural competency. He anticipated that greater awareness of services could bring more people into care and help retain them as well as better maximize funding.
- Ms. Garland added DHSP has also prioritized leveraging surveillance data to improve countywide monitoring.
- ➡ Agendize discussion on how to best address population specific needs, e.g., within SOCs or in another manner.
- ➡ Agendize discussion of cross-systems collaboration and partnership. Staff will draft proposed goals and data needed.

IV. REPORTS

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

- Ms. Barrit reported new Commissioners are receiving their Committee assignments and staff are trying to schedule introductory orientations before their first Committee meetings. Staff are also meeting with Alternates to ensure they are attending their full member's Committee. In addition, Alternates are being assigned to secondary Committee assignments to provide them with a fuller perspective of the work and support fuller engagement, as has been suggested.
 - New SBP members are: Jazielle Newsome's (*On Leave*) new Alternate, Miguel Alvarez; Joshua Ray, RN and his Alternate Eduardo Martinez; as well as Thomas Green (*Alt.*); Justin Valero; and new as SBP member Katja Nelson, MPP (*On Vacation*).
 - The required annual member Orientation will be 10/10/2019 following the Commission meeting.
- a. **Committee Work Plan 2019:** There was no additional discussion.

6. **CO-CHAIR REPORT:**

- Mr. Stalter noted the Operations Committee revised the Policy/Procedure limiting Commission membership to two representatives per agency to also address those directly appointed as voting members of a specific Committee. The revised iteration allows up to two representatives per agency per Committee. Consequently, Mr. Kaplan is now eligible.
 - ➡ Agendize approval of Noah Kaplan, LCSW as Non-Commissioner Committee Member for August 2019 meeting.
- a. **Co-Chair Open Seat:**
- Ms. Barrit reported staff works to ensure the membership renewal process is followed and applied consistently for all who express an interest in renewing, i.e., that Commissioners submit an application and sit for a renewal interview.
 - Two Commissioners did not complete the renewal process and are not on the renewal slate, including Dr. Cadden. Ms. Barrit has reached out to him by email and phone, but has not been successful to date.
 - Mr. Stalter noted it was not necessary to open nominations this month, but he would like to do so, especially as he was comparatively new to SBP. Only Ms. Davies and Mr. Land meet the requirement for one year Committee membership, but he was aware Mr. Land planned to maintain reduced leadership activities for a while after long-term service.
 - ➡ Mr. Stalter opened nominations for the Co-Chair seat being vacated by Dr. Cadden and nominated Erika Davies. She accepted the nomination. Elections will be held at the August 2019 meeting.

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

- Ms. Garland noted DHSP does two supplemental HIV surveillance studies. National HIV Behavioral Surveillance (NHBS) rotates populations annually, traditionally among Men who have Sex with Men (MSM), Intravenous Drug Users (IDU), and high-risk heterosexuals. This year the Centers for Disease Control and Prevention (CDC) are adding transgender individuals. The CDC notified DHSP that it would receive funding two years ago so preparatory work was already done.
- Recruiting started two weeks ago. To date, 55 people have been recruited. DHSP recruits for NHBS by identifying a few people in the target population and asking them to refer others so as to leverage their networks. The CDC requested

sample size is usually about 200. While small for analysis purposes, CDC analysis benefits by data from all 23 jurisdictions in NHBS. DHSP leverages other funding to double its sample size to 400 to provide a rich and informative data set.

- The CDC target is 200 transgender women so DHSP will report on only that data to them, but will include transgender men in cases funded with other resources. Los Angeles County (LAC), with one of the largest US transgender populations, expects this study will enhance sparse data on how people self-identify. NHBS is an anonymous in-person survey with HIV and Hepatitis C testing. Many people are testing HIV+. Social networks may draw those who do not commonly test.
- The Medical Monitoring Project (MMP) focuses on PLWH. The CDC randomly samples 500 cases from LAC HIV surveillance data. DHSP identifies 186 of the 500 for an interview survey and medical record abstraction. Seven were recruited to date.
- Goals include better understanding of contextual issues and review of the quality of care, e.g., whether PLWH are receiving prevention services, wrap-around services, and needed referrals. MMP data can help assess unmet need.
- MMP recruitment is slower than NHBS because it is most effective to identify and work through the person's provider. If that is not feasible, DHSP contacts people by letter followed by a phone call.
- Mr. Stalter suggested calling and then texting a reference to the call which includes information on the incentive. Regarding the letter, Mr. Valero stressed that the Department of Public Health (DPH) logo at the top of the letter is triggering for a PLWH. He recommended incorporating it into the text or moving it to the bottom. The incentive should be at the top.

V. DISCUSSION ITEMS

8. UNIVERSAL STANDARDS OF CARE (SOC) REVIEW:

- Ms. Tolentino reviewed comments submitted by Octavio Vallejo, MPH, MD pertaining to the Medical Care Coordination (MCC) Services Standards. While Dr. Vallejo called for prevention language, these Universal SOC pertain to Ryan White care services. Prevention services are addressed in a separate SOC.
- He also sought to add outcomes, but recent Health Resources and Services Administration (HRSA) Community HIV/AIDS Technical Assistance and Training for Planning (Planning CHATT) specifically directed Planning Councils (PCs) to cut them from SOCs. Ms. Barrit said recent Requests For Proposals (RFPs) do include assessment of services and referral, as needed.
- Dr. Vallejo's final comment called for adding education on Undetectable Equals Untransmittable (U=U) under *Client Rights and Responsibilities*. Ms. Barrit noted the initial *Patient Bill of Rights* was developed over ten years ago by Commissioners Wilbert Jordan, MD, MPH and Fariba Younai, DDS in association with the then Office of AIDS Programs and Policies (OAPP). The iteration DHSP now provides with contracts has gone through full legal vetting. SBP recently reviewed it.
- The first comment by George Gati, RN regarding vagueness of 1.6 pertaining to completion of *File Review Consent Form* prompted extensive discussion on the purpose of and need for the form. It might refer to an old, no longer used form.
- ➡ Add U=U to folder for periodic review of *Client Rights and Responsibilities*.
- ➡ Add education on U=U: Page 2, Bullet 2; and, Page 7, under Section 3.3.
- ➡ Delete Section 1.6 (page 4) and refer document to Terina Keresoma for review to ensure other indicated forms are current.
- ➡ Delete Section 1.8, Bullet 1 (page 4) since pertinent matter is covered under Universal Precaution Procedures (Section 1.9).
- ➡ Revise Section 5.2 (page 10) from "HIV status verified by physician or laboratory test" to "Verification of HIV+ status."
- ➡ Mr. Stalter will present a revised iteration to the 7/11/2019 Commission meeting and extend public comment through 7/26/2019. SBP will review any additional comments at its August 2019 meeting with plans to move the SOC to the August Commission for approval. Ms. Tolentino will work with Mr. Stalter on 7/11/2019 Commission presentation talking points.

MOTION #3: Approve the Universal Standards of Care (SOC), as presented or revised (**Postponed**).

9. NON-MEDICAL CASE MANAGEMENT SOC REVIEW:

- Ms. Tolentino reviewed examples in the packet from other jurisdictions used to inform her draft. The Commission's iteration was last updated in the early 2000s since, after that, portions were incorporated into the new MCC. The goal of Non-Medical Case Management services is to offer guidance to improve access versus MCC which is to improve outcomes.
- She tightened the SOC overall, as usual for the first pass, by deleting outdated references, definitions and descriptions, and how services relate to HIV. She noted redundancy in individual and family case management sections so deleted the latter.
- Ms. Garland suggested there should be some overlap with MCC, but this is primarily for agencies without medical services. Ms. Barrit added the Planning, Priorities and Allocations Committee asked SBP to review this SOC and Psychosocial Support Services to address areas not covered by MCC to develop appropriate RFPs. Mr. Land suggested bolstering safety net activities that have faltered since MCC launched and Non-Medical Case Management was unfunded, e.g., peer support.
- Regarding a question on who utilizes SOCs, Ms. Barrit stressed attending first to the core, federally mandated role to develop service SOCs used by the grantee (DHSP) to help develop contracts. If developed well, then the broader systems of care will be influenced, e.g., the Commission's Oral Health Care SOC is used by the American Dental Association.

- ➡ Ms. Tolentino will email a clean iteration for review prior to the next meeting.

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:** Ms. Garland noted DHSP is adding U=U and awareness components to their Get Protected LA social marketing campaign.

VIII. ADJOURNMENT

- 13. ADJOURNMENT:** The meeting adjourned at 11:54 am in honor of Andy Ngo, a young, gay, conservative journalist from Portland OR, targeted and beaten while covering an Antifa action.