



LOS ANGELES COUNTY COMMISSION ON HIV

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STANDARDS AND BEST PRACTICES (SBP) COMMITTEE MEETING MINUTES

April 6, 2017

Approved
6/1/2017

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Joseph Cadden, MD, <i>Co-Chair</i>	Mathew Emons, MD, MBA	Louis Guitron	Cheryl Barrit, MPIA
Grissel Granados, MSW, <i>Co-Chair</i>	Terry Smith, MPA	Bernard Moy	Jane Nachazel
Wendy Garland, MPH		Thomas Schucker	Doris Reed
Bradley Land		Kevin Stalter	
Angélica Palmeros, MSW			
Thomas Puckett, Jr.			DHSP STAFF
Ace Robinson, MPH			None
Octavio Vallejo, MD, MPH			

CONTENTS OF COMMITTEE PACKET:

- 1) **Agenda:** Standards and Best Practices (SBP) Committee Meeting Agenda, 4/6/2017
- 2) **Minutes:** Standards and Best Practices (SBP) Committee Meeting Minutes, 3/2/2017
- 3) **Minutes:** Joint Planning, Priorities and Allocations (PP&A) and Standards and Best Practices (SBP) Committees Meeting Minutes, 3/21/2017
- 4) **Standards of Care:** Los Angeles County Commission on HIV, HIV Prevention Standards, Version 9.0, *Draft, April 2017*
- 5) **Standards of Care:** Los Angeles County Commission on HIV, Proposed Standards of Ryan White Housing Services, *Draft, 04/04/2017*
- 6) **Table:** Income Limits, Los Angeles County Median Income, 2016

1. **CALL TO ORDER:** Ms. Granados called the meeting to order at 10:10 am.
2. **APPROVAL OF AGENDA:**
MOTION #1: Approve the Agenda Order, as presented (***Passed by Consensus***).
3. **APPROVAL OF MEETING MINUTES:**
Motion 2: Approve the 3/2/2017 Standards and Best Practices (SBP) Committee and the 3/21/2017 Joint Planning, Priorities and Allocations (PP&A) and Standards and Best Practices (SBP) Committees meeting minutes, as presented (***Passed by Consensus***).
4. **PUBLIC COMMENT, (Non-Agendized or Follow-Up):** There were no comments.
5. **COMMITTEE COMMENT, (Non-Agendized or Follow-Up):**
 - Ms. Granados reported the Presidential Advisory Council on HIV/AIDS (PACHA) meeting had a full agenda including a presentation on Hepatitis and covering medications. The meeting was also just before the vote on the replacement bill for the Affordable Care Act (ACA) so there was little time for general dialogue. The Acting Assistant Secretary of the Department of Health and Human Services attended as the Office of National AIDS Policy (ONAP) has been disbanded. The

House did not vote on the bill. She is advocating for the administration to state to PACHA on the record its approach to this work.

6. EXECUTIVE DIRECTOR'S REPORT:

- Ms. Barrit reported DHSP sent out a letter on 3/31/2017 regarding management of the Health Education/Risk Reduction prevention portfolio of contracts. The letter will be in the April 2017 Commission packet.
- She noted Mr. Robinson has joined SBP as the new Commissioner representative for Board Office District 4, Supervisor Janice Hahn. He is Executive Director, St. Mary Care Program in Long Beach.
- Mr. Schucker, Collaborative Research, is one of the consultants working on developing the prevention Standards of Care (SOC). He has worked in the HIV field for 10 years as a clinical manager with an AIDS Service Organizations (ASO), a Planning Council (PC) Chair and now with a consulting firm working with jurisdictions across the country. Different prevention approaches work in different areas, but he noted the Commission is developing its plan more quickly than others have.

7. PREVENTION STANDARDS UPDATE:

- Ms. Barrit presented the Version 9 draft in the packet for SBP final review prior to its distribution to the Expert Review Panels (ERPs) scheduled for 4/27-28/2017. The draft was developed based on SBP feedback and feedback from the recent updates to other standards. Input from Collaborative Research was valuable for its experience in other jurisdictions and AJ King's experience in Los Angeles County and as Co-Chair, Comprehensive HIV Plan (CHP) Task Force Co-Chair.
- Version 9 sets minimum expectations, defines prevention services and highlights the CHP, its highly impacted/priority populations and relevant National HIV/AIDS Strategy (NHAS) goals. The Comprehensive HIV Continuum Framework (CHCF) remains the guiding document for standards development. At the same time, the SOC is designed to be flexible because the Centers for Disease Control and Prevention (CDC) has not yet released its guidance for the Prevention Flagship grant. The CDC has indicated it will release its Funding Opportunities Announcement (FOA) in May, but that may be delayed.
- The CDC's 2014 guidelines addressed prevention services in isolation. Version 9 views them more broadly as part of a core set of integrated HIV services consistent with the Commission's role as an integrated body. Providers are broadly defined to include those not publicly funded and are expected to either offer all clients core services directly or via a Memorandum of Understanding (MOU). Providers that are not publicly funded cannot be forced to follow the SOCs, but the NHAS, State Office of AIDS (OA) and Commission all stress the need for collaboration and local drivers also support integrated services.
- The Health Resources and Services Administration (HRSA) requires SOCs and sets clinical measures. The CDC does not require SOCs and is less prescriptive overall so the Commission is leading this effort on the national stage.
- DHSP translates an SOC's minimum expectations into specific activities based on review of best practices and feasibility.
- Proposed core prevention services are: Risk and Needs Assessment, HIV/STI Testing and Retesting, Linkage to Prevention Supportive Services, Retention and Adherence to Prevention Services. Risk and Needs Assessment includes a discussion of health promotion and addresses social and medical factors. The CDC addresses the topics separately, but this approach takes advantage of what is often a client's first touch of the system. "Risk" entails risks, needs and strengths.
- Biomedical PrEP/PEP interventions are incorporated in all four core services. A few data indicators and documentation of SOCs were provided to facilitate panel member responses. Recommendations were, however, purposely omitted for highly impacted populations so that panelists could bring a fresh approach to them.
- Suggestions included fully utilizing the outreach expertise of Community Based Organizations (CBOs) and ensuring PrEP linkage and retention navigation especially for those with a payer source that lacks those services. LACPEN, a PrEP navigators subcommittee of the Los Angeles PrEP Work Group, is working on and advocating for a PrEP navigation SOC.
- ⇒ Ms. Barrit will review recommendations with Collaborative Research regarding: add outreach and recruitment strategies to Risk and Needs Assessment while retaining it under HIV/STI Testing and Retesting; revise "transmission" references to "transmission and acquisition;" consider incorporating language such as "Undetectable = Untransmissible" ("U =U") while ensuring clients understand the meaning of undetectable and that remaining undetectable requires an ongoing effort; include functionality, not just acuity, in risk assessment.
- ⇒ Ms. Barrit will follow-up on planning for community forums to facilitate additional SOC feedback.
- ⇒ Ms. Barrit will distribute a Word document of the SOC for SBP to review and mark up.
- ⇒ Ms. Barrit will follow-up on possible Technical Assistance (TA) from the CDC's Capacity Building Assistance Program (CEBA), which primarily emphasizes PrEP and viral suppression; and from, e.g., Tim Vincent on other areas such as stigma.

8. HOUSING STANDARDS:

- Ms. Barrit reported the draft SOC in the packet was developed with assistance from Lois Starr, subject matter expert, in consideration of HRSA requirements, Community Development Commission requirements pertaining to supportive housing and input from the Joint Planning, Priorities and Allocations (PP&A) and SBP Committees meeting and other stakeholders,
- The eligibility requirement for low-income persons is defined as at or below 80% of the Area Median Income (AMI) which aligns with the Housing Opportunities for People With AIDS (HOPWA) requirement.
- Potential program objectives were evaluated with a view to the strong SBP and PP&A commitment to housing as a pathway to self-sustainability. Many similar requirements crossed supportive, transitional and recuperative care, but the most ambitious requirements pertained to permanent supportive housing so those were integrated to support the commitment.
- Staffing is also drawn from recent SOCs with recommended training topics for further discussion consistent with SOCs.
- Notable program requirement additions are: developmentally appropriate services (bullet 3); mechanisms for soliciting resident input (bullet 4); and customized housing transition plans to meet the unique social and health needs of each individual including extension beyond HRSA's 24 standard months of at least 6 months (bullet 5). An addition to policies and procedures addresses payment of rent during client hospitalization (bullet 7).
- Additions to service components include: inclusion of personal finance under life skills (bullet 10); expansion of legal assistance to a broad range of legal and advocacy issues (bullet 13); placement of community volunteer service under social, recreational activities to reflect input on community-building (bullet 16).
- A graphic reflects a possible housing pipeline with: Ryan White programs; Housing For Health (HFH) programs via the Department of Health Services (DHS); permanent supportive housing via Section 8 and HOPWA; and new developments.
- PP&A recommends leveraging Minority AIDS Initiative (MAI) funds to house high-risk PLWH and Net County Cost (NCC) funds to house high-risk HIV- persons via HFH. DHSP is working on an HFH Memorandum of Understanding with DHS.
- "New developments" reflects opportunities due to passage of City of Los Angeles Measure HHH to build new affordable housing and County Measure H which funds supportive services. Housing Task Force members are representing the Commission at meetings on the Measures. A request to the Board of Supervisors (BOS) to target funds, e.g., from NCC and Measures HHH and H, has helped in the past to ensure that PKWH were served.
- The Department of Housing and Urban Development (HUD) periodically reviews small area fair market housing costs to inform HOPWA voucher values. The most recent Los Angeles County small area data is from 2013. It would be valuable to advocate for HUD to update the County's data to 2016, or at least 2015, to better reflect quickly escalating area costs.
- It was noted that eligibility criteria should be precise to address the fact that some consumers in extremis may allow their Viral Loads (VLs) to rise if HIV+ or report high-risk behaviors in which they do not engage if they are HIV- to access services.
- DHSP recognizes housing as a critical Social Determinant of Health (SDH) and is discussing how to ensure that a virally suppressed homeless individual retained in care receives needed housing services. Medical Care Coordination (MCC) is a clinic-based medical and psychosocial case management program. The housing Coordinated Entry System (CES) can have intake delays of up to six months, but MCC is not designed to provide housing case management.
- Ms. Barrit added that, while SOCs define minimum expectations, the Commission is at a crossroads in integrating services beyond those solely under HRSA. That offers a unique opportunity to set minimum standards that are rising with the general trend to improve services for clients.
- Ms. Barrit will review Denver's model of coordinated care for PLWH who are homeless using Ryan White and HUD funds in order to identify options to bridge system gaps and barriers.
- Ms. Barrit will review the SOC with DHSP and distribute it in Word format for SBP and the Housing Task Force to review. She will also send links to sample risk assessment tools. SOC discussion will resume at the May SBP meeting.

9. NEXT STEPS: There were no additional items.

10. ANNOUNCEMENTS: There were no announcements.

11. ADJOURNMENT: The meeting adjourned at 12:00 noon.