

Jamal Refuge: Hello, everyone. Welcome to Setting The Standard: A Comprehensive Overview of Service Standards for Part A Planning Councils and Planning Bodies. My name is Jamal Refuge, and I am the Webinar Lead for Planning CHATT. Welcome.

Jamal Refuge: So before we get started to get started today, I have some technical details. First, attendees are in listen-only mode, but we encourage you to communicate with each other in that class of questions using the chat box. You can send me your questions at any time during the call, or during the question and answer period at the end. Our presenters, at the end of today's session, will answer as many questions as we possibly can. And if you think of a question after the webinar, that's fine too. You can always email us questions at planningCHATT@jsi.com. So the easiest way to listen to our webinar is through your computer. If you can't hear very well, check to make sure your computer audio is turned on. If you still can't hear us, or if you're experiencing the sound delay at any point, try refreshing your screen. And finally, if needed, you can mute your computer audio, and call in using your telephone at the number you see on your screen. You'll need to use the passcode which is also listed on the screen. We have also put this information in the chat box.

Jamal Refuge: So I'm going to take a second for you guys who like to write, to write then call the number down, as well as the webinar ID and the passcode. Awesome. So first, we're going to start with welcome and introductions. We're going to do a brief overview of service standards. We're also going to talk about service standards in COVID-19. We're also going to talk a little bit about developing, reviewing, and updating service standards. We'll provide you guys with some resources, as well as I have questions and answers period at the end of the presentation.

Jamal Refuge: So today we have Renee November from the St. Louis Regional HIV health services Planning Council. She is our webinar presenter. Renee is the program manager the Planning Council support office for the Metro St. Louis HIV health services Planning Council located in St. Louis, Missouri. Renee has been involved with the Planning Council support office for the St. Louis TGA, since moving to St. Louis in 2013. I would also like to welcome Cheryl Barrit. Cheryl is Executive Director of the Los Angeles County Commission on HIV, a 51-member, federally-mandated planning body for Los Angeles County, responsible for the planning, priority, and resource allocation of federal funds to reduce the burden of HIV and STIs at Los Angeles County. So welcome, Renee, and welcome Cheryl.

Jamal Refuge: Again, my name is Jamal refuge. And I'm the webinar lead for Planning CHATT. I'm happy to have you guys here with me today. So our objectives. So first, we're going to define service standards in the context of the Ryan White HIV/AIDS program. We're going to identify at least three key components of service standards categories. We're going to help you guys understand the utility of service standards, ensuring quality care for people with HIV. We're going to help you locate at least two resources to support the development of certain standards. We're also going to encourage you guys to understand the

utility, I'm sorry, understand the relationship between COVID-19 and service standards.

Jamal Refuge: So let's transition and talk a little bit about service standards and what they are. Service standards are really guidelines that outline for subrecipients, the elements and expectations, but implementing a service category in the EMA or TDA. So service centers are designed to ensure that all subrecipients provide the same basic service components across all service managers and across all levels of care. So the previous term used to refer to service standards was standards of care. But that language has been used as our Ryan White HIV/AIDS programs to mean medical care and treatment, and Ryan White service standards covered both medical and support services. So that's your case management, your peer support, so on and so forth. So it's important to note that there are national standards for service standards.

Jamal Refuge: You may be asking yourself, well, why is that? Well, there are differences in state and local requirements and the needs for the need of tele services, to meet the needs of jurisdiction. That is completely different. So we don't have national service standards. So that's why we rely on you guys to develop those certain standards for your jurisdictions. So it's important to know that the responsibility for developing service standards is shared between the Planning Council and the recipient. And it's typically led by the Planning Council. The recipient is responsible for ensuring the use of service standards. So I'm going to get into that a little bit later. So as my grandma always say, for your meal, so I want to keep that in the back of your brain.

Jamal Refuge: So service standards is a tool for many users. So let's talk about consumers first. So when developing service standards, they have to be easy to understand, easy for folks to understand, and readily available. Just as a quick bonus tip, about 30% of US adults struggle with limited health literacy. So when you're developing service standards, that's something you may want to keep in the back of your brain. Service standards also used to request for proposals for subrecipient contracts and monitoring. So we'll talk about monitoring, we're talking about site visits and chart review. They're also used as a teaching tool for Planning Council in their planning bodies. So to learn more about services provided and to troubleshoot and identify changes and improvements that needs to be made. So service standards are also used for subrecipients and service providers that helps kind of defining those core components of a service category in the model of service delivery. So for our quality managers that keep them both. So this kind of service is a framework guidebook for how services should go and outcomes measured.

Jamal Refuge: So we asked our panelists, how does having service standards improve care for people living with HIV in your jurisdiction? So I'm going to turn to our first presenter, Cheryl, to kind of give us an answer to that question. So how does having service standards improve care for people living with HIV in your jurisdiction? So Cheryl, you want to tell us a little bit about that?

Cheryl Barrit: Sure. Absolutely. Thank you for the opportunity to share what we're doing in Los Angeles, and also to do this with my partner in crime today, Renee November. We're delighted to be as part of this shared learning space with all of you. I'd like to highlight, in terms of how we improve the care for people living with HIV by use of service standards, is really the ability of people who are using Ryan White services, people living with HIV, to have direct input into shaping and developing the standards. That's how we strive to center our conversations here in Los Angeles. And I think for me, that would be the key takeaway, is to center the conversation on the needs and the experience of the people living with HIV when it comes to their medical care as well as their supportive care.

Cheryl Barrit: We do use an HIV continuum framework to help guide the discussion of our standards and best practices committee. That's the lead group in developing the standards. And the continuum pretty much follows the doctor gardener model, but with some modification. One of those is acknowledging that social determinants of health or what we also referred to as the bar before the bar, will affect the access point as well as the quality of life and care for people along the continuum. But I want to reiterate that as far as the development of standards is concerned, one of the key values and principles that we strive to ensure direct feedback from people living with HIV, is the fact that we agree to agree that our endpoint is not just simply viral suppression, but that we are seeking to use the standards of care to reach the optimal level of care and quality of life for people living with HIV. So it's kind of overarching and aspirational in nature. But in terms of providing that direct feedback from people living with HIV, we find that that continuum, and that value has helped significantly.

Cheryl Barrit: One of the ways that we also try to use the standards as a way of improving care for people living with HIV in LA, is to continue to think about redefining and modernizing how we write our service standards. So I'd like to use our emergency financial assistance as an example, because that is more recent and more timely. When COVID hit, we knew that many members of our community were going to be hit with deep financial stressors and challengers. And EFA, the local standards that we have used, Emergency Financial Assistance, we had finished it in June 2020. But also made sure to include that, it had areas in there that spoke to the various needs of people living with HIV. Our previous version did not have a specific amount of dollars as to how much funding for emergency financial assistance, people living with HIV would be qualified for. And that was a deep concern from our consumers and they wanted a specific amount that at least took into consideration the high cost of living in Los Angeles County.

Cheryl Barrit: So with their pushback, and a great push back, we were able to successfully put in the standards \$5000 per client over a 12-month period as a cap for emergency financial assistance, and also added information on other long-standing Ryan White service categories that people can use outside and have emergency setting. The consumers wanted that. So that conversation was really centered around their patient experience, and what they wanted to see in a particular service standard. I also would like to use the example of leveraging

the COVID CARES Act dollars for additional funding, much like our emergency financial assistance. Because of the COVID CARES Act funding, our recipient was actually able to allocate more percentage of funding to emergency financials above and beyond the approved allocations from our group.

Cheryl Barrit: In addition to that, with the feedback of the consumers, we were able to also secure PPEs, or Personal Protective Equipment kits for our consumers that were made available. And the consumers on our Planning Council were able to provide input on what they expected from that kit. They wanted sanitizers, they wanted gloves, they wanted cleaning supplies. And so we were able to really take into consideration, and honor the direct feedback from our community members, consumers of Ryan White services, and integrate that into that effort. So I'd like to just offer those up as some initial examples of how we strive to use the standards to improve our care and quality of life for our consumers here in our area. And look forward to also hearing from Rene, how we can learn from our colleagues in St. Louis.

Renee November: Right. Thank you, Cheryl. First, I want to thank everyone for being on this webinar today. I hope you all are safe, and that your friends and families are safe as well. I know there's a lot going on in the world right now, especially today. So we really appreciate you being able to be here with us. And hopefully, we're able to provide some helpful information to you. I also want to quickly thank Jamal and Cheryl for their work and bringing this presentation to you today. And also, it's been a pleasure for me to work with them. So I really appreciate that.

Renee November: So in the St. Louis TGA, the way that we use service standards to improve care for people living with HIV is that fundamentally we use the service standards as a teaching tool. And so what I mean by this is that we use the service standards to train our Planning Council consumers, members, subrecipients, and other community members who are either PLWH or just associated with the Ryan White program in general, on what the service is, what's required to get the service, the minimal requirements to provide the service. And then making sure that we ensure that our consumers, regardless of what sub recipient they visit, that they're going to get the same level of care, those same basic service components that Jamal mentioned earlier.

Renee November: And the way we do this, is that we include all of this information in our service standards. And so we include the HRSA definition and program requirements for the funded service. We use policy clarification known as 1602, to make sure our service standards are current, and ensure that the standards don't include any unallowable cost. One of the things that we focus on, like Cheryl mentioned, is making sure that our service standards are consumer focused. And so what this means is making sure that we're using plain language, making sure that any acronyms are defined, our consumers who participate in this process really make sure that around the table. If everyone doesn't understand what something is, we talk it through until everyone understands and we make sure that that language is reflected in the service standard too. Also included in our

service standard that helps with this education piece as well, is that we include federal poverty level requirements, service charges if there are any, any type of service caps, like Cheryl mentioned as well, this is extremely important. So for any consumer who is looking to get the service that they know, like where they stand.

Renee November: And also, Ryan White isn't expected to cover every service costs for a client. So sometimes for Planning Councils to be good stewards of the funds that they're given, service cap sometimes has to be implemented to make sure that as many people as possible can get the service. And then including any unallowable costs and any eligibility requirements that are not included in our universal service standards. And so the way we keep that consumer engagement, and keep it consumer driven is that we have it as a standing monthly agenda item on our consumer advocacy committee agenda. Some of the service standards, and when we first started doing this, we didn't have active participation from our consumers in the service standards process. It was more of an update. This is where we are things, yes or no if you have any issues. But since we've really started redeveloping our service standards, and using standard templates, and making sure that we have that consumer engagement while we're developing the service standards, the more that we take these service standards to our CAC, our Consumer Advocacy Committee, the more they look and get familiar with the format and the template for the service standards, they're able to understand what needs to go in them, what things are missing. And so this wasn't something that happened overnight. It's something that we're continually doing starting at in 2019, even before getting these things so that they become more familiar.

Renee November: And as our Planning Council and CAC members become more familiar, they're able to share that information with people who may not be engaged in the system. And so that's helping our Planning Council consumers and CAC members do is learn about the system of care, how it works, and share that information with others.

Renee November: I do briefly want to share just a brief story, an anecdotal story about the importance of consumer engagement in this process, and how it does help improve the system of care. Like Cheryl was saying, I don't know, emergency financial assistance always seems to be a hot topic for us. But we were working through that service standard. And we had taken it to the various committees for them to review. And we had a Planning Council consumer come to us after the meeting, and say that they were unable to get a service because of what was written in the service standard. And so all of us we were like, "Wait, what? What's going on with barriers? The point of the service standard is so there isn't any." And so what we had to do is we invited her to the meeting. And we really talk through what the concern and what the issues were. And what we found out was some of those eligibility requirements in our emergency financial assistance service standards were a barrier.

Renee November: In the St. Louis TGA, we fund utility assistance with that funding through that service. And so what we have found is that we had said in the service standards that for a person be eligible for the service, they needed to have a utility bill in their name. Well, not everyone gets a utility bill on their name. Sometimes it goes to their landlord, it just depends on the rental agreement and what that lease is. And so through, that we were able to come up with, where there may be some type of exemptions, and including that in the service standards so that if a consumer is looking at the service standard and they don't feel like they meet their eligibility requirements, they can see that however, in this situation, you still will be eligible. And so we wouldn't have known that without that consumer feedback to be able to remove that barrier.

Renee November: So it's nuances like those that are important, and can only be provided by consumers with those experiences, and support to make sure that you have that insight to make your service standard a living and breathing document. So something that's flexible, and able to meet the need. And just letting people know that just because it's written there doesn't mean it's set in stone, things can be updated. And making sure that you can address as many consumer needs as possible with adding some of those exemption clauses, and then what the process is for that exemption. So I think with all these things that we're developing, and starting to do, we'll be seeing some improvement, hopefully, in providing services to our consumers.

Jamal Refuge: Thank you so much, Cheryl and Renee for giving us that feedback. And those anecdotal stories, those are definitely important when it comes to developing service standards. So I'm going to talk about a little bit about, HRSA-recommended topics to address service standards. So one of the things that you want to think about addressing includes, what's your service category definition? What's the intake and eligibility process look like? Key service components and activities, personnel and qualification. So is the person providing a particular service has to be a licensed medical provider? Do you have to be a licensed clinical social worker? So on and so forth. How about assessment and service plan, so that's applicable, that may or may not be applicable to some folks? What's your transition and discharge process look like? Case closure protocol.

Jamal Refuge: These are just a couple of recommended topics. There are a few others. You want to think about your clients rights and responsibilities, grievance process. So we know that clients living with HIV definitely don't have a problem letting us know when they are having an experience that is less than ideal. So you'll want to think about maybe creating this as a topic to address in your service statement. Privacy and confidentiality is important to people living with HIV. So what is your process look like when it comes to securing your records? What about recertification requirements? So these are just a couple of topics that you can address in your service standards, in developing your service standards. So a little bit about HRSA/HAB guidance for performance and health outcome measures. So jurisdiction should not include performance measures or health outcomes in their service standards. This is because the use of these measures

is the responsibility of the Ryan White Part A recipient I mentioned a little earlier. So you want to make sure that you include performance standards in RWHAPs, in applications, in contracts. So those performance and health outcome measures, those are the more appropriate place for those. As I mentioned earlier, the Ryan White Part A recipient monitors for compliance. That's an administrative function of the Ryan White Part A recipient.

Jamal Refuge: So let's talk a little bit about developing, reviewing, and updating service standards. So, I want to know from our presenters, and I'll start with Renee first, what is your process for developing service standards at your particular jurisdiction?

Renee November: So in the St. Louis TGA, we actually have a service standards workgroup that is part of our prevention and care strategy committee. And so what we do is we keep a service standards tracker, and try to update them on a two-year schedule. However, since we are in the process of moving to a new template, we're actually updating all of our service standards. So it's become more of a monthly process for us, as opposed to every couple months or every six months or something like that. I know, that's not the same for everyone. It's just in our jurisdiction that's kind of where we are. If there are any service standards that the recipient needs for any RWHAPs or contracts, we do bump them up on the timeline, just to make sure that we are addressing those as quickly as possible. And the same. So anytime Planning Council approves a service delivery change, or if they make an allocation to a service that's not already funded, we have to have a service standard update for that. So again, we bump that up, and make sure that we revise our timeline to address that need.

Renee November: And so our service standards workgroup is comprised Planning Council consumers, and Planning Council members, recipient staff, support staff, subrecipients and community members. And so it sounds like a lot of people, but really, it's like a core group of five or six, and then as we work through with service standard, we'll specifically ask for some of those experts to come to the meeting, and talk through that with us. And so St. Louis is a by state region. We work closely with our Illinois partners and stakeholders. So if you're familiar with like the Part B map of Illinois, we work with region four. And they're represented on the workgroup and provide input. For services that are funded in both Missouri and Illinois, we do try to adhere to any statewide or TGA wide policies and procedures. So again, we rely on the recipient for some of those TGA White policies and procedures that we would put into our service standards.

Renee November: And so what we do, again, depending on what the service standard is, the recipient or sometimes Planning Council support staff, just depending on who it is, will invite an expert to come to the meeting, and walk everyone through on how a service is delivered to a client. And so the reason we do this is that the workgroup can focus on what in that process involves the consumer, what happens to the consumer, what are the direct service issues and things that would affect consumer rights, safety, and privacy. And we develop standards

and measures around those important parts in the process. We also ask for CAC members, so our community, or sorry, our consumer advocacy committee members to participate. And if they know anyone, anyone who's familiar with that service, anyone that's received that service, we ask them to invite them to come, because that is really important for us to make sure that they're involved. And so we use policy clarification notice 1602, our Part A programmatic national monitoring standards. Any recipient, TGA wide policy and procedures. We look at other EMA and TGA service standards. So anything that's posted on a Planning Council website, we're pulling that down to see to make sure our service standards and best practices align with what else is being done out there.

Renee November: Before approval of the service standards, we actually go through quite a few revision and review processes. So before Planning Council approves it, once the service standards workgroup is done with the service standard, or they feel comfortable with where things are, they send it to our prevention and care strategy committee. They review it, make sure there are no issues, and then send it forward to our executive committee who does a review. And then it goes to our Planning Council. And it's open for 30-day Review. So in that 30-day Review, we take it to our CAC, and make sure that they've had time to look over it make sure that they understand. If there are any updates in that 30-day Review, depending on the severity of update, if it's just kind of a word needs to change or something's not clear, we would take that to the executive committee for them to look over again, and then takes a Planning Council. Where it's a big change, we take it back to the service team workgroup for them to work through and go through that process again.

Renee November: And so once we bring it back to Planning Council, it's in its final form, and everyone's provided input. Planning Council, hopefully at that point will approve the service standard. And so after that, we post the approved service standard on our Planning Council website. And the recipient uses the service standards and RWHAPs, contracts, and their basis for programmatic monitoring. We do divide the responsibilities of who's responsible for which parts of the service standards in our policy and procedure. The workgroup really relies on the recipient for again, any of those TGA wide policies and procedures, and also their knowledge of providing the service to help the workgroup identify any important parts along the service delivery spectrum where there needs to be standards or measures.

Renee November: So that's kind of how we do it here. And I know everyone does it differently. And you'll get to hear from Cheryl on how she does their process for service needed.

Cheryl Barrit: Great, thank you for sharing that, Renee. And there's some a lot of similarities actually with the way that you describe your process. So I'll add to that. Just like here in Los Angeles, we have a specific committee that leads the whole process of service standards development. That's our standards and best practices committee. And it is composed currently of 14 members, with two co-chairs and one of the co-chair is an unaffiliated consumer, the other one is a provider. We

always strive to have one of our committee co-chairs as a consumer to ensure that we elevate the voices of people living with HIV in leadership positions and in our deliberations. Within that group, we have four unaffiliated consumers who are current clients of our local Ryan White care system, and two prevention-unaffiliated consumers, meaning they seek within the county prevention services, testing, you name it, within Los Angeles County, and also a locally funded, not affiliated with a locally funded agency that's under the contractual relationship with our recipient.

Cheryl Barrit: And that perspective is key. We highlight that perspective, in particular with the standards committee to ensure that we have a healthy number of unaffiliated consumers in our committee. That's an essential part of our development process and our vetting process. It could take a while with the deliberation of similar to Renee's description. It starts at the committee level. Several iterations and debate occur at the committee level. We also have a representative from our recipient, who is a voting member of that committee, who is our primary liaison in making sure that our recipient also conducts their thorough review at every iteration in every version of any documents that we create or update.

Cheryl Barrit: The other thing that also occurs in our process is that we invite subject matter experts, some of those are locally within the county. Sometimes we might reach out to people outside of Los Angeles. Some of those subject matter experts are recommended by consumers and providers alike. And we welcome their input and value their input in making sure that we get their perspectives. We have an open Brown Act meeting open to the public. So the robust nature of the discussion for providers and stakeholders and other community partners, have led to a very rich and well-informed debate in our service standards delivery. We keep track of all the comments that we receive, whether that is coming from the committee during public comment periods or subject matter experts.

Cheryl Barrit: And the intent is that we document everything so that ideas or suggestions that may not necessarily be fit for the development of the standards might be referred back to the recipient. It might be contractual in nature. As Planning Councils, we don't deal with contracts. But it is formally submitted to them as a list of ideas for their consideration when they develop scopes that works for their contract. We also track all of the comments for the possibility of offering those suggestions to other committees within the Planning Council. That's the beauty of a robust process, is that we might get ideas that may not necessarily be around service standards, but could in essence, be around planning and resource allocation or membership recruitment.

Cheryl Barrit: So we don't want to lose any of the ideas or questions that are asked during the public comment period. And we do our best to make sure that everything is tracked and responded to in some way, shape, or form. The other activity that we rely on when developing our standards is of course, working with our project officer, getting their consultation, making sure that we are reading the HRSA program classification notices properly. Sometimes it's an art to read

government materials, and we want to make sure that our reading is in line with the interpretation of our federal partners.

Cheryl Barrit: And depending on the service category, we might even seek the advice of county lawyers, county council. Childcare is a very good example of that. We are currently updating our childcare standards. We have not funded that before. So we're creating one essentially from scratch. And we want to make sure that we get the feedback of our county lawyers to ensure that we hear from them with regards to questions around liability issues. So we don't always involve the lawyers. But there are times when we do. And that relationship have been very, very helpful in making sure that we address all of the issues that might arise before we finalize our service standards.

Cheryl Barrit: We do a lot of chopping. So I'll add that. Our consumers want our documents to be short, sweet and succinct. And whenever we can I call it pruning, we do a yearly pruning of our documents, and we try to review most of them at least annually. And how we go about the cycle of reviewing our standards is based on a couple of things. One, that is aligned with the priority setting or resource allocation process, to make sure that those standards are available for all of the services that's been ranked high, and also in consultation with our recipient to make sure that they are getting ready to release any RWHAPs that the standards are current. So those two together would work hand in hand to determine which standards we would look at.

Jamal Refuge: Thanks, Cheryl. And so I just want to switch to Renee for a second. Also, given that developing service standards are a shared responsibility, how to navigate the sharing of duties between the recipient and the Planning Council or planning body.

Renee November: So we worked with technical assistance to develop a set of standards policy and procedure. And what's included in that policy and procedure, is that it outlines the responsibilities of the recipient, also the responsibilities of the workgroup and what their role is. And so we've really tried to adhere to that policy and procedure. Because it can get confusing as to who's doing what or who's bringing what to what meeting. Also we always follow up prior to the meeting, support staff reaches out to the recipient, and making sure we have that constant communication about what's needed for the meeting, who's inviting the subject matter expert, who's reached out to who, to make sure we have all that information. And so the basis is in our policy and procedure. And then beyond that, we just make sure that we stay in constant communication.

Jamal Refuge: Thank you so much. Cheryl. I want to turn to you same question. So given that developing service standards are a shared responsibility, how do you navigate the sharing of duties between the recipient and the planning console or the planning body?

Cheryl Barrit: That's a great question. And I would echo what Renee indicated. Constant communication is key. That is why it is deliberate in nature that we have a

dedicated senior staff member who is a representative of our recipient in our standards committee. That's important. But beyond just that representative, we have, I want to say, at least five different senior members at the programmatic level of our recipient that are involved in the review of the service standards as we are developing them. The last thing we want to do is that we're getting ready to approve and then there are concerns. So we want to make sure to avoid that and work that out early on in the conversation, and make sure that we are hearing concerns from the recipient.

Cheryl Barrit:

At times we might actually put a soft hold or a delay in our timeline. We might be on the Planning Councils side, be eager to have it done within three months. But if that's not possible, because of other extenuating circumstances that we may not know about, but the recipient might be more aware because of contractual issues or programmatic issues, they will give us that information. So it's a back and forth. And I really think that this is where staff, like Renee and I, can really facilitate that conversation with the Planning Council, and ensure that that's front and center for discussion. We do know that it can be a frustrating process. But it's a necessary frustrating process to make sure that we avoid any problems as we finalize the document.

Jamal Refuge:

Thank you so much. So I want to talk a little bit about developing service areas. As we've learned and as we've heard, every jurisdiction has its own process for developing service standards. It's a joint process. Roles and responsibilities should be clearly defined before the process is undertaken. So this will help to avoid any misunderstandings. So when you're developing service standards, you want to think about current and future funding. But what consumers need most, so that's part of that priority setting and resource allocation process. You want to lean on data and research as well as the express needs of people living with HIV. You want to be timely with your process, they try to agree on an outline to be used for future planning. So these are just some practical steps that you can take to develop your service standards in addition to what we share with our presenters today.

Jamal Refuge:

So there are a couple of service standards that apply to certain categories. One of the resources that we want to share with you was the Ryan White HIV/AIDS Program, Part A national monitoring standards. So you can use this as the guide for developing service standards across some of these topics that are listed here. So access to services, clients rights and responsibilities, grievance process, so on and so forth. So this is a good resource, a good tool. And you can find this resource on TargetHiv.org, to look it up and to give more information. So you want to establish a process for drafting service standards, which includes reviewing federal guidelines. So we know that federal guidelines change all the time. So it's something that you definitely want to keep an eye on. So it's important to get input from various stakeholders, including the recipient. That's essential, because we want everyone's voice to be represented, so no one person or one entity should be dominating the process. It should be a collaborative process. We have folks who are very outspoken and they're very passionate, just we have to be able to kind of corral those people in, and try to

manage those conflicts of interest as much as possible, so that everyone is being represented in the way that is meaningful.

Jamal Refuge: And once you have that process going, stick with it. Allow adequate time for your Planning Council, planning bodies, and the recipient to review the drafts of the service standards. You want to make those necessary decisions based on that feedback that you get. And what's great about having these reviews is folks may bring up ideas or services that you may not have thought about. So having that kind of review process in place is important. Finally, you want to finalize your service standards by a vote. So that folks vote on what the service standards to look like, and set that in stone.

Jamal Refuge: So let's talk a little bit about service standards and COVID-19. So we asked our presenters, how has COVID-19 impacted the way you develop and maintain service standards? So I'm going to start with Cheryl.

Cheryl Barrit: Thank you, Jamal. I'll offer some examples how COVID-19 has impacted our process for standards development. We really had to pass quickly on the universal service standards, as your universal standards serve as your base for all of the other service categories. And our committee wanted to make sure that when COVID hit, that we picked that standards up quickly. Wasn't necessarily on schedule to be reviewed, but it was expedited and pulled out in terms of prioritizing that standard. To ensure that one, we include an update language, to include expectations on minimal service around telehealth, all of us around the country had to move very quickly and using telehealth as the mode of service modality. So our committee had to really think about telehealth. And I'll give you a couple of examples of specific language that they've had added to the universal standards with regards to telehealth. One is that, it might sound simple, but it's important for our consumers, whatever people work items that people received when they were seeing people in person or their providers in person, they want assurances that is also provided to them if they're getting the service telephonically.

Cheryl Barrit: For instance, the grievance line, the patient bill of rights and responsibilities, that those were also provided to consumers, whether they are getting their visits by phone or through video conferencing. Another important example of how we had had to review our universal standards is a specific language on giving the patient the right, and being empowered to choose to accept or deny the telehealth service, meaning if they want to see a provider in person and they're more comfortable seeing a person, that they would work with a provider to identify an opportunity to do that in a safe manner. Some folks may not want telehealth. So we included that language. And that is a best practice that was shared by one of our providers here locally, that they have it in their policies and procedures to make sure that patients have the right to accept or refuse or deny a telehealth service if they want to see a provider in person. Again, granted that it needs to be done in a safe way as we're dealing with shelter in place or social distancing.

Cheryl Barrit: We also had to make sure that our language around protection of people's private information and confidentiality was strong, when we're talking about technology. So there were added language there about information technology, message encryption. And most importantly, the added language also includes training and support for consumers in navigating telehealth, whether that means they get a checklist before the telehealth appointment, a number that they can call for technical assistance that they have trouble getting on to call, the video call during or after, and also an assessment as to what works for them and what didn't work. And I think those are all important ways to ensure that we're listening to the community. Working with technology, and care is certainly new for many of our consumers. And we want to respect that those concerns are addressed in our universal standards.

Cheryl Barrit: I also want to note that we all had to learn all video conferencing platforms very quickly. In the county, we're only authorized to use WebEx. So maybe other government agencies are in the same way. We're not allowed to use Zoom. And we've heard from our community members that they like Zoom better, because it is more user friendly. So in situations like that what we have done is work with agencies who are willing to share and host conversations on service standards update or delivery conversations using their Zoom platform, and then as staff, we would join in and participate in that discussion. So in some cases that has worked really well. We're sharing more best practices, even if it's not necessarily going to be included in the standards, but just sharing that in general with our providers and consumers. We've had to do more bilingual focus groups, specifically in English and Spanish to get consumer feedback. And I'm using specifically the example of creating our childcare standards. We've had to do at least five. I think we've done five last week of focus groups to hear from consumers and what would work for them for childcare in the context of COVID. How do you get childcare when most daycare services have either closed or they're not available? So we've had to integrate those type of questions in our conversations with our consumers, with women and family as well.

Cheryl Barrit: And I think one of the key things that we've had to really reflect upon with COVID and our service delivery, is an even more coordinated efforts with our grantee, more communication, and really tightening that up in terms of sharing concerns. A lot of these focus groups that I mentioned earlier around childcare was actually held by our recipient. And they used the initial feedback that we received from our service standards development to help shape the focus group question. So we can dive deeper into some of the service concerns, and delivery concerns and ideas from our providers as well. So that's been a critical partnership on how we do business. And I think, overall, at least what I feel from our consumers and our provider community is that we've had to move quicker in updating our standards, I feel like there's been a greater sense of urgency to really address to make sure that the standards speak true to the needs, and many of the crises that our consumers and patients are facing. I'll stop there.

Jamal Refuge: Thank you so much, Cheryl. So I'm going to turn to Renee to give us a little bit about what's happening with COVID-19 in her particular jurisdiction.

Renee November: Yes. So like Cheryl was saying, we had to move very quickly to a virtual meeting format. Lucky for us, the actual logistical process of doing a service interview didn't change too much. Because prior to COVID, we would have people participate in-person or by phone. And we were used to having our documents projected on a screen and working through it together. So as far as the logistics of actually like working through a service standard, we didn't have to change too much. And we had already been sending out documents electronically. And so the actual format didn't change too much for us. But what we did run into is that prior to COVID, in our stay-at-home orders that happened in Missouri, Illinois, around March and April, we didn't actually have a grants manager in the recipient office. And so that person actually started after we had begun our stay-at-home orders. And for us, our PSR process starts in March. And so we were quickly trying to adapt to doing everything virtually, getting everyone set up, making sure that we knew the technology needs of our Planning Council members, as well as on the recipient staff, and they were trying to get out contracts and do all these things as well.

Renee November: And so normally the time we would have spent catching everyone up on where we were things, we just didn't have the same amount of time to do that. And so for us, the service standards almost served as that training tool. Because it was an historical record of what Planning Council wanted these services to look like. They didn't have to necessarily go through all the minutes when they were trying to do provider contracts and sub recipient contracts. They were able to look at the service standards, especially the ones in newer template and be like, "Okay, this is what Planning Council really wanted when they were putting this together. So that has been helpful." What I will say is, that opposite of Cheryl, it has taken us a lot longer to get through a service standard. I don't know if it's because of, I know for sure, COVID environment. And then also what part of that is just the more you know, the more you like find different problems and things. And so as our consumers are learning more, as our members are learning more about what they use the service standards for, it has taken a little bit longer.

Renee November: So for us, I don't know if anyone else had been in that pre COVID now and COVID environment of updating a service standard where you're trying to figure out you update it for what it looks like now, like how the services being delivered now, or do you update it for what you think it may look like in the future, and just trying to keep those two things clear in your head. And so for us, one of the most radical service delivery changes didn't happen with our food bank home delivered meals. Of course things like medical case management and our outpatient ambulatory, those things move to telehealth pretty quickly. But for our full back home delivered meals, we went from a two-week delivery program every two weeks, to only doing a monthly delivery. At the beginning of COVID, things weren't in stock. The things for our toiletry kits and hygiene kits and household cleaning supplies. As we know, those things weren't on the shelves anywhere, and the subrecipient wasn't able to get some of those supplies. And so what we find out was that our consumers weren't always able to use the things that were provided in their food box, they didn't know how to

cook certain things that were included, just because that was the only thing that was available.

Renee November: And so as we're getting into the service standard, what we're learning is what we thought we knew about how the service is delivered, isn't how it's actually always delivered on the ground, on the front lines when there are emergencies. And so what we've been doing, and we've been working on this particular service standard since May, and I think we have one more meeting, to try to get it to where everyone feels comfortable with moving that along in our process. And so it's really about reevaluating how clients feel about certain services during COVID, how are those funds being used, who's eligible for what things, especially with all the different funding sources that are coming in. St. Louis, it's a small network. A lot of the subrecipients provide multiple Ryan White Part services, as well as CDC services, getting CARES Act not only in funding from the state, but also from the city itself. And so sometimes it gets confusing who's eligible for what. And so we're really trying to hone in on making sure that our service standards are clear, and that they're kind of addressing what's going on in the moment.

Renee November: And sometimes when you're with a document for so long, it's hard to let it go. And so what we're trying to work through is, what are our consumers and our service standards workgroup comfortable with letting go right now, while continuing to think about those things that need to be updated. Kind of like Cheryl was saying, some of the things that come up in our service standards workgroup, go beyond that group of people. It has to go to the recipient. It has to go to the Planning Council at large to work through some of these issues. And so probably answer short, it's just taking us a really long time to get through some of the service standards. And I'm interested in more of what Cheryl has to share, and what everyone has to share about how they're able to manage and navigate this environment and the role that service standards plays in all of it. So thank you.

Jamal Refuge: Thank you, Renee, and Cheryl. So I want to talk a little bit about reviewing and updating service standards. So there are a couple of reasons why you might review and update your service standards. So the need for change is to improve outcomes. So are we meeting our viral suppression goals? Are we meeting our adherence goals? Have there been legislative or administrative changes in service categories? As I mentioned earlier, federal guideline issued all the time. Are there new or revised state or local requirements? So these are just a couple of reasons why folks may review and update their service standards. Some folks do it every six months, once a year. Some folks even do it every three years. But you need to have a cycle in place that relates to when you are going to update your service standards. And also the folks that you engaged to develop those service standards, you want to re engage them, when it's time to review those service standards and update them as well.

Jamal Refuge: So as I mentioned earlier, I'm going to provide some resources to folks, to help you develop your service standards. So as I mentioned earlier, the National

Monitoring Standards are available. You can also go to the HRSA HIV/AIDS RA website, that's also available to you. You can also view the HHS clinical guidelines for the treatment of HIV/AIDS, that's also a resource that we will share with you guys when we follow up via email, you will have links to all these resources. So again, just a couple of things that you can do to help review and update develop your service standards. So now, I want to add two specific Planning CHATT resources. It's a Planning CHATT webinar, so I have to give some shameless plugs. So we have our Ryan White HIV/AIDS Clinic Council Primer. We also have a training guide for Ryan White HIV/AIDS Part A, Planning Council And Planning Bodies. So both of these resources will help to lay out the roles and responsibilities as it relates to service standards. They can also be serve as a bit of a refresher for folks who may not be as familiar with service standards. Sp it's been a while. As was mentioned earlier, folks are kind of dusting off their service standards, They're dusting off their plans. So go back and look at those service standards to see if any changes need to be made.

Jamal Refuge: So now we are going to transition to the question and answer period. So our first question. So some folks want to know when will the recording and the presentation be available, that was insert in the chat. So Cheryl, will they want to know, Los Angeles share their service standards?

Cheryl Barrit: Yes, absolutely. So I typed an updated link in the chat. Hopefully people get that. The first one I typed in, there was incorrect link. I think the second one is working right now. And hopefully, you can all take a look at that. And if you have any questions, I'm available to help support. Because we didn't create these standards without your help. We stole shamelessly from all of you in some way, shape, or form, and adopted and created something that will work for Los Angeles. So happy to do a lot of peer learning.

Jamal Refuge: We also had a question for you, Renee. So since service standards are living documents, how often do you sit down with the intention to review and rewrite?

Renee November: So what we do is, again, because we're updating all of them, we're looking at them every month. Prior to putting everything in a new template, we would just, again, kind of put it in... So we will put it in a spreadsheet. And then the day it was approved, we would mark two years from that date. And we would keep an eye on when that date was coming due, and making sure it gotten on a agenda. But now, because we're constantly looking at the service standards to update them, we just look at them all the time. And also, anytime we're having these conversations at Planning Council about funding a new service or how does this need to be updated, or as we're getting feedback from consumers about how services aren't working, we make note of that, and make sure that we bring it up at the service standards workgroup. So I hope that helps.

Jamal Refuge: So another question for you Renee. What process do you use encourage online robust recipient input, not just... So what process do you use to encourage ongoing, robust recipient input?

Renee November: So we don't have the problem with not allowing recipient input. But what we do sometimes run into is that sometimes those specific positions are vacant. And so the way that we make sure that we continue to have recipient involvement, is that we put it in our Memorandum of Understanding. Like, these are the things that we share as a Planning Council body and recipient. These are the activities you're solely responsible for as the recipient. And these are the ones that we're responsible for. And so we take what's in the MOU, we make a timeline every for the year, and make sure that the recipient knows what things they're supposed to bring to what Planning Council meeting. Also, this information about sharing reports with Planning Council, it's in our AAM as part of that review. And so no one wants to get dinged on things. So that's one way to kind of encourage working together. And it really should be a collaborative process just all the way through, and not just at times around needs assessment. We also have a monthly recipient report. So we do our fiscal narrative and our fiscal expenditures. But then we also ask for our grants manager to provide a programmatic report update at every meeting. So that keeps them involved as well.

Renee November: And we try to meet with the grants manager as part of our recipient staff. We meet with them. We try to do it monthly, we can't always do it monthly, with the co chair, support staff, and them, just to make sure we know what's coming up for the upcoming meetings and things like that. So that's how we, in our jurisdiction, make sure that we keep everyone on track.

Jamal Refuge: Awesome, thank you so much. If folks wanted to know, could you provide a copy of the template that you use? So feel free to drop it into the chat box, if you haven't already. Awesome. So some folks wanted to know, what is the difference between the service standards and the directives?

Jamal Refuge: So I know that we have the lovely Emily Gantz McKay on with us, and so she can probably answer that question for us.

Emily Gantz McK...: Okay. Happy to do so. Directives are part of the priority setting and resource allocation process. And they are guidance to the recipient on how best to meet identified service needs that come up, to say you need a particular service model to be tried, you need more services available in a particular geographic area, for a particular population. And they are the right of a Planning Council to do with how best to meet those needs. Service standards are different, because they are a set of requirements, written requirements in great specificity for funded subrecipients which they are required to follow when they are providing a particular service, one of the fundable service categories under Ryan White Barney. So it indicates the components of the service, how they should be provided, licensing requirements, all the things you've been hearing about today. There are usually universal standards, which apply to all services. And then there are a set of standards that apply to each individual service category that is funded by that Part A program. So they have very different purpose, and directives might be half-a-page or a few lines sometimes. Service standards are much more specific. And they are requirements to make sure that anyone who

gets a service gets at least minimum standards met and there's consistency, regardless of where they go for the service.

Jamal Refuge: Thank you so much, Emily. You always just knock it out of the park every time. Thank you so much. I believe we have another question coming in. So the question is folks wanted to know, are folks MOUs available for review online? Cheryl, I'll start you you. You guys have MOUs available online for review, or no?

Cheryl Barrit: That's a great question. We have a previously approved MOU with our recipient, which is not on our website. So happy to certainly share what we had last agreed upon with our recipient that sets some key expectations of the relationships, but it's not on our website. We're currently in the process of reviewing what we have right now. But I think I'm available to be able to send that to the individual that might be interested in taking a look at what we have.

Jamal Refuge: Awesome. I believe we have one more question coming in. You guys have a lot of great questions. So please, if you can think of a question right now, feel free to chat in. If you want to email it to us, you can, at planningCHATT@jsu.com. I'm going to put that into the chat box. I see a couple of questions in the chat box. I encourage you to put them into the Q&A, so that we can answer those questions for you. So we have one question from Melanie. How do you ensure standardization across services? So either Renee or Cheryl, you guys want to take that. So how do you ensure standardization across services?

Cheryl Barrit: I'll take a stab. And that's a really good question, Melanie. So in terms of minimal expectation across all standards, we really lean on the universal standards of care for that, regardless of whether we're talking about one of the core medical services or the support services, we lean on the universal standards at least cover that. And in our universal standards, the point of highest or most robust discussion has always been cultural competency, linguistic competency, and staff qualifications, and client rights and responsibilities. So as strong as we make those, we would refer to our standards to the universal standards, and then base or depending on the specific issues that we might be dealing with, with each of the service categories, that's when we might add something unique. That's when we might add something different.

Cheryl Barrit: Housing is a good example. As you know, in Los Angeles County, we divide our housing standards into temporary and more permanent type of housing. And that is where we provide a little bit more specificity in terms of what is expected for minimal service expectations for housing. But the overall core of what is to be delivered, still defaults, or mentions, or references are universal service standards. Before we actually review any specific service category, we have our committee do a refresher of the universal service standards to help ground them on what's already in place. We also use training materials that Emily Gantz actually helped put together for LA County, as part of that ongoing training, to make sure that we are re centering the conversation and not necessarily duplicating what's already covered in the universal standards. So this is why I

think, in large part why our committee would like us to review our universal service standards yearly. Because if there's anything that we feel that should be across the board, it should be reflected in their discussion and update of the universal service standards.

Jamal Refuge: Awesome. Thank you so much. We have another question that just came in. I like to do a question and answer, period. So in regards to... Here we go. So regards to the outcomes and performance measures not being included on the service standards, is there a reference that folks can refer back to? I ask that one more time. In regards to outcomes and performance measures not being included on the service standards, is there a reference that folks can refer back to?

Renee November: So we actually, we have on our PSR timeline, time for our Clinical Quality Manager to come and present to us some of those measures that she's keeping track of, because that's where some of that evaluation piece is. And we've added to our timeline, but haven't actually gotten to do is a report back, once our recipient is able to do programmatic site visits again, a report back on what they found was met and not met with our service standards. We don't have that just yet. So I can't speak to what that would look like in real time. But we've put it on our timeline. And it's something that we're hoping that we're able to get in the upcoming year, or how things develop with COVID. But we do put on our timeline annual update from our Clinical Quality Manager, just how things are performing in generally. So I don't know if that's something that you have in your TGA or EMA.

Cheryl Barrit: Yeah. I'll just add briefly Renee, we have the similar process, the quality CQI manager from our recipient will also attend periodically, our standards and best practices committee provide the update there, sometimes to the full committee and also specifically to our consumer caucus, so that they can get the training as well as ongoing communication on how we're doing with specific metrics and performance measures. They like to also, for the bigger services, medical care coordination or ambulatory outpatient care, those are all typically posted as far as performance measures are concerned on our recipient website. And what we hope to do is, at least is to have a specific discussion for our consumers. That stuff can get very, very technical. So we find that we have to have a dedicated space amongst our consumer caucus to really understand what the measures are about, what is seeking to measure, and how the information is used to help improve care and the overall process of care delivery.

Jamal Refuge: Awesome. So we have another question for either one of you guys, Cheryl, wondering if you got keep a glossary of service standards of definitions to help you at all? I think you're on mute. Yeah.

Renee November: I wouldn't call it a glossary. In our policy and procedure, we make sure that we clarify what a lot of the definitions are. On our consumer advocacy committee meetings, we do provide, again, a handout of acronyms and terms that are commonly used. But we don't have one specifically for our service team or

development. That's something definitely to keep in mind, and maybe start to add as part of our package of when we're reviewing service standards. So thank you.

Cheryl Barrit:

And then for Los Angeles, I'll just add, a while back, and this was before I came on board with the commission, our consumer caucus actually developed an acronym, whatever you call it, a glossary of all commonly-used jargon that we use in our HIV community planning. And recently, they had just asked to re-review that document to make sure that it still captures a lot of the new acronyms that we are learning. But within our service standards, just like what Renee indicated, we try to define acronyms or at least use description that people can understand in plain language. And if it doesn't make sense, that's when we lean on our consumers to tell us that they have absolutely no idea what we're talking about. Then we keep refining the document until it makes sense for them to be able to read and follow, and expect what to get when they seek their services out in the community.

Jamal Refuge:

Thank you. I believe we have one more question. No. Okay, I believe that is the last of the questions. So before we wrap up, I want to provide you guys with some additional resources. I always have some goodies for you, so don't ever stray too far away. So I encourage you guys to go to TargetHIV.org/planningchatt. We have a wealth of resources available for you guys to help develop those service standards, and get them completed as soon as possible. We also encourage you guys to complete the evaluation. So this lets us know what's working, what's not working. So we're going to put that into the chat box right now. So I encourage you to take about two or three minutes, knock that off for us. We will be eternally grateful.

Jamal Refuge:

Thank you so much for participating in this webinar today. As was mentioned, the webinar will be available on our website. So just give us a minute or two to get that up for you. Thank you so much, and enjoy your day.