LOS ANGELES COUNTY COMMISSION ON HIV

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STANDARDS AND BEST PRACTICES (SBP) COMMITTEE MEETING MINUTES

February 1, 2018

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Joseph Cadden, MD, *Co-Chair*	Angélica Palmeros, MSW	Jason Brown	Cheryl Barrit, MPIA
Wendy Garland, MPH		Kevin Donnelly	AJ King, MPH
Grissel Granados, MSW		Tyler Evans, MD, MS, MPH, AAHIVS, DTM+H	Jane Nachazel
Bradley Land			Julie Tolentino, MPH
Thomas Puckett, Jr.		Dahlia Ferlito	
Ace Robinson, MPH		Louis Guitron	
Kevin Stalter		Noah Kaplan	**DHSP STAFF**
		Bernard May	Angela Boger
		Katja Nelson	Sona Aleswayam

CONTENTS OF COMMITTEE PACKET

1) **Agenda**: Standards and Best Practices (SBP) Committee Meeting Agenda, *2/1/2018*
2) **Minutes**: Standards and Best Practices (SBP) Committee Meeting Minutes, *12/7/2017*
3) **PowerPoint**: Los Angeles HIV/AIDS Strategy and Health District Overview, Los Angeles County, Commission on HIV, *February 2018*
4) **Standards**: Los Angeles County, Commission on HIV, HIV Prevention Services Standards, *Final Draft to SBP 2/1/2018*
5) **Standards**: Los Angeles County, Commission on HIV, Housing Service Standards, Temporary Housing Services, *Final Draft to SBP 2/1/2018*
6) **Standards**: Los Angeles County, Commission on HIV, Housing Service Standards, Permanent Supportive Housing Services, *Final Draft to SBP 2/1/2018*
7) **Table**: Los Angeles County Commission on HIV, Standards and Best Practices Committee, Legal Services Standards, *Reviewer Comments as of 1/30/2018*
8) **Report**: The Legal Needs of People Living with HIV, Evaluating Access to Justice in Los Angeles, *April 2015*
9) **Report**: Meeting the Legal Needs of People Living with HIV, Effort, Impact, and Emerging Trends, *April 2016*
10) **Table**: Medical Care Coordination Contractor's Staff Contact List, *Revised 1/29/2018*

CALL TO ORDER: Dr. Cadden called the meeting to order at 10:10 am.

I. ADMINISTRATIVE MATTERS

1. **APPROVAL OF AGENDA**:
   MOTION #1: Approve the Agenda Order, as presented ***(Passed by Consensus)***.

2. **APPROVAL OF MEETING MINUTES**:
   MOTION #2: Approve the 12/7/2017 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 COMMENT

4. **NON-AGENDIZED OR FOLLOW-UP**: Mr. Robinson attended a Long Beach listening session for the new Los Angeles County (LAC) Center for Health Equity. Needs noted were language support and more integrated HIV/STI prevention/treatment messaging.

IV. REPORTS

5. **EXECUTIVE DIRECTOR'S REPORT**: Ms. Barrit will work with Lisa Klein, Manager, Clinical Quality Improvement, DHSP, starting in March 2018 on how best to integrate the Commission into quality improvement work, initially by brainstorming questions for SBP, traditionally the place for initial conversations on service effectiveness evaluation and quality improvement.
   A. **Los Angeles County HIV/AIDS Strategy (LACHAS)**: Ms. Tolentino presented on the LACHAS PowerPoint in the packet. Key community talking points are being developed. Commissioners are on the contact list for Supervisorial Districts and Service Planning Areas (SPAs) and are being added to the contact list for Health Districts (HDs). Mr. Guitron suggested collaborating with the Community Clinics Association of Los Angeles County to share data. Ms. Barrit said DHSP collaborates with key partners, but pertinent referrals are welcome, e.g., to date, she has talked with Kaiser Permanente Community Benefits, Research and Development, and Public Affairs to identify partners to help on the Commission and work with DHSP.

6. **CO-CHAIRS' REPORT**:
   A. **Co-Chair Nominations**: Ms. Barrit noted Mr. Robinson was nominated at the last meeting. Policy states Co-Chairs should have served on their Committee for 12 months to ensure familiarity with the work. Mr. Robinson has served on SBP since March 2017, 11 months, which is considered sufficient. He and Dr. Cadden are the only eligible SBP members.
   MOTION #2A: Elect Joseph Cadden, MD and Ace Robinson, MPH as Standards and Best Practices (SBP) Committee Co-Chairs, as voted ***(Passed by Consensus)***.

7. **PREVENTION STANDARDS**:
   - Mr. King noted the Standards in the packet were opened for comment at the 1/11/2018 Commission on HIV meeting.
   - Some revisions were prompted by one set of comments. Mainly, Standards language previously stated a person who tests HIV+ should be linked to care within 14 days. Comments indicated that was not realistic. Language was changed to direct that a person who tests HIV+ should receive a medical appointment within 14 days and be technically linked within 30 days.
   - Ms. Barrit noted Paulina Zamudio, Manager, Prevention, DHSP, advised that many providers would find 14-day linkage challenging. The 14-day medical appointment presents a more measured challenge while still honoring the current Centers for Disease Control and Prevention (CDC) standard to ensure linkage within 30 days.
   - Barriers to connecting clients to care more quickly vary, e.g., they may not be ready to attend a treatment appointment, their contact information may change, they may have insurance issues, or laboratory results may be delayed.
   - Dr. Evans suggested baseline labs, putting in standing orders, and a warm hand-off. AIDS Healthcare Foundation will work to achieve a warm hand-off within 72 hours if there is an opportunity to do so.
   - Mr. King noted the original 14-day linkage goal was based on provider able to do that and the increasing availability of PrEP within 72 hours, but push back on feasibility was significant. He felt, however, people should be able to get medical care within 14 days and recommended identifying the specific barriers, e.g., patient issues, provider capacity, insurance.
   - Dr. Evans said it is changing, but getting timely resistance laboratory results is a barrier. Mr. Robinson stressed the need for collaboration between community centers and community clinics to achieve a "test and treat" model in which treatment starts immediately and is adjusted, as needed, after resistance laboratory results are available. Dr. Cadden found that more in line with the care model being developed, e.g., LAC+USC Medical Center ensures a person diagnosed in the Emergency Room is linked that day to their provider or care team and begins medication within hours, not days.
   - From a patient perspective, Mr. Puckett said patients' belief that they and their health care matter fades as time grows between diagnosis and treatment. Mr. Land agreed and felt it important to challenge the existing 30 day process.

- Mr. King stressed Ms. Zamudio's assessment of 14-day linkage as unrealistic was the key reason for the revision. However, as living documents, a goal might be added to investigate barriers and revisit linkage in six months or a year. Ms. Granados suggested a Quality Improvement project with providers to identify barriers and how to redress them. She expressed concern with promulgating a standard that providers could not meet due to external factors.
- Dr. Cadden agreed, but noted managed care system contracts require providers see a patient discharged from the hospital within 48 hours. Providers comply, e.g., by holding a time slot for a potential same-day appointment until the last minute.
- Ms. Garland noted DHSP also discussed the laboratory issue that week. As part of its 1802 CDC grant, DHSP is ramping up its capacity to do molecular epidemiology. Genotype testing facilitates identifying HIV clusters to help inform partner services by revealing how far apart infections are from each other so DHSP can address emerging risk networks.
- Ms. Barrit said feedback was that many providers find meeting the current 30 day goal challenging. As a Planning Council, the Commission is responsible to develop an expectations roadmap. DHSP is responsible for operationalizing that at the contractual level. For some time, Commission consensus has been for a shorter turnaround, even as short as 24 hours.
- The question is how boldly to push the envelope. Once a stand has been taken, it needs to be backed up with science.
- Dr. Cadden felt one barrier was a provider prospective that the initial encounter needed to be an all-day, labor intensive, history, examination, and physical. LAC+USC has focused that to, in some cases, a 15-minute interaction to ensure some secure information and laboratories. The patient can then leave with medications. Dr. Evans added linkage specialists or patient navigators can do most of the longer part of the intake needed for a patient new to the healthcare system.
- Ms. Granados said patients may not want to see a physician initially due to, e.g., housing issues, substance use, stigma. Children's Hospital Los Angeles is trying to redefine "linkage to care" as linkage to a social worker or linkage staff, if needed.
- Mr. Robinson noted two conversation trails. 1. Test and treat focuses on providing medications, or minimally a prescription, at the time of diagnosis. 2. Access to a clinician might remain at 30 days.

➲ COH staff will use the National Institutes of Health (NIH) article on the test and treat study to craft proposed language consistent with that study. SBP will review the proposed language at the next meeting.

➲ Ms. Barrit and AJ King will discuss barriers to a 72-hour turnaround with providers to inform language review at the next meeting.

MOTION #3: Approve the Prevention Standards as presented and forward to the Commission on HIV for approval ***(Postponed)***.

8. HOUSING STANDARDS:

- Ms. Barrit reviewed comments for the Temporary Housing Services Standards in the packet. Several were language preferences, e.g., residents rather than tenants. Those are noted as mark-ups throughout the document.
- Matching and clean up revisions include: page 21, strikethroughs cut requirements covered under the California Health and Safety Code; and, page 23, strike "monthly" from "24 months with monthly extensions" for clarity on extension frequency.
- Based on provider feedback, the top box on page 35 was revised to allow more flexibility in funding medical transportation.
- The main change to the Permanent Supportive Housing Services Standards, also in the packet, was again to offer providers more flexibility in providing options for intensive case management by including similar supportive plans.
- A question was raised on reimbursement for a person with a private home who wishes to take in a homeless PLWH. Ms. Barrit noted this is a recurring systems issue that may be pertinent in addressing Medical Care Coordination (MCC).

MOTION #4: Approve the Housing Standards as presented and forward to the Commission on HIV for approval ***(Passed by Consensus)***.

V. DISCUSSION ITEMS

9. UPCOMING STANDARD REVIEWS:

A. Standard Revision Timeline: There are no revisions since the last meeting when Legal Assistance and MCC were prioritized.

B. Legal Assistance Services:

- Ms. Tolentino noted these Standards were created several years ago and presented for review at the last SBP meeting. Committee feedback included the need for language on housing, gender rights, and insurance denials.
- Staff contacted SBP referrals for expert review. The table in the packet summarizes comments from the Transgender Law Center, Inner City Law Center, and Public Counsel. The Williams Institute, UCLA, requested an extension.

- In general, comments requested including guidance on gender identity, race, and sexual orientation. Comments also included: access to services in languages other than English and Spanish; inclusion of more recent data; and increasing the emphasis on housing, aging PLWH, and changing demographics of the HIV/AIDS epidemic.
- Comments also referenced 2015 and 2016 Williams Institute reports, included in the packet, on "The Legal Needs of People Living with HIV: Evaluating Access to Justice in Los Angeles"; and "Meeting the Legal Needs of People Living with HIV: Effort, Impact, and Emerging Trends" respectively. The 2015 report was based on a survey of 387 with top needs of: testamentary documents and directives, 85%; consumer law, 49%; health care access, 47%; and housing, 42%. The 2016 report was based on a survey of 14 agencies serving 22,682 cases from 2010 to 2012, mostly for people of color.
- ➲ Staff will provide a revised draft for review at the next meeting, possibly organized per Williams Institute categories.

C. **Medical Care Coordination Services**:
- Ms. Barrit noted DHSP's MCC contractor list in the packet. She encouraged considering who else should be contacted for the expert review panels.
- Ms. Garland said Mr. Pérez reviewed the new MCC evaluation report. It should be posted on the DHSP website soon. Ms. Garland emailed it to Ms. Barrit to distribute with guidelines and the assessment tool. DHSP has been streamlining the tool. Changes are minimal as DHSP worked with the UCLA Center for HIV Identification, Prevention and Treatment Services (CHIPTS) to validate the tool as helping to identify PLWH with unsuppressed viral loads who are out of care.
- The new report covers the first year of MCC and reflects changes in viral load suppression and retention in care for the 12 months before and after MCC initiation. The detailed report of some 100 pages provides data per a variety of factors including demographics and various characteristics such as mental health history and substance use.
- The Quality Management team is helping provide agency specific outcome data in a dashboard with: people assessed, people who received services, service hours by acuity level, patient characteristics, performance measures, viral load suppression, and retention in care. Another document shows viral load suppression and retention in care by agency.
- MCC is a very resource heavy program, but appears cost effective. DHSP plans MCC presentations at the Commission and at the Conference on Retroviruses and Opportunistic Infections (CROI), 3/4-7/2018, Boston MA. The California HIV/AIDS Research Program (CHRP) is also interested in funding MCC grants for other jurisdictions. Mr. Stalter suggested including a case worker to inform the Commission's presentation with a frontline perspective.
- Mr. Robinson said MCC teams often do not reflect community demographics, especially for Black gay men. He suggested a requirement for staff to reflect the demographics of a clinic's patient population similar to the requirement for Spanish-speaking staff, but Dr. Cadden noted maintaining MCC teams at all is a challenge as staff often promote or move.
- ➲ Ms. Garland expects final iterations of the assessment tool and outcome documents for review at the next meeting.
- ➲ Ms. Barrit will work with Ms. Garland to focus presentation data points to inform a baseline understanding of how MCC performs. That information can also help identify what questions SBP chooses to ask the Expert Review Panel.

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**:
- Mr. Robinson noted February is Black American History Month, starting with the birthday of African American writer Langston Hughes, 2/1/1902-5/22/1967. Mr. Robinson read one of Mr. Hughes' best known poems, "Harlem" ("What happens to a dream deferred?"), 1951, which was the basis for Lorraine Hansberry's play, "A Raisin in the Sun."
- Mr. Robinson added 2/5/2018 is the last day to apply for International AIDS Conference scholarships. Much of the work being done now in the United States such as Undetectable = Untransmittable (U=U) was being done in the Global South 10 to 15 years ago. It is important to close that gap and educate the next generation of leaders.

VIII. ADJOURNMENT

13. **ADJOURNMENT**: The meeting adjourned at 11:47 am.