



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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

August 2, 2018

**Approved**  
**9/6/2018**

| MEMBERS PRESENT                    | MEMBERS ABSENT     | PUBLIC           | COMM STAFF/<br>CONSULTANTS |
|------------------------------------|--------------------|------------------|----------------------------|
| Joseph Cadden, MD, <i>Co-Chair</i> | Erika Davies       | Jason Brown      | Cheryl Barrit, MPIA        |
| Ace Robinson, MPH, <i>Co-Chair</i> | Wendy Garland, MPH | Andre Molette    | Doris Reed                 |
| Grissel Granados, MSW              |                    | Craig Pulsipher  | Julie Tolentino, MPH       |
| Bradley Land                       | <b>DHSP STAFF</b>  | Mariella Sanchez |                            |
| Kevin Stalter                      | Terina Kerosoma    |                  |                            |
|                                    | Lisa Klein         |                  |                            |

**CONTENTS OF COMMITTEE PACKET**

- 1) **Agenda:** Standards and Best Practices (SBP) Committee Meeting Agenda, 8/02/18
- 2) **Minutes:** Standards and Best Practices (SBP) Committee Meeting Minutes, 6/7/18
- 3) **Handout:** Standards of Care Review Guiding Questions
- 4) **Handout:** Draft Medical Care Coordination Services Standards of Care, With Comments

**CALL TO ORDER:** Ace Robinson called the meeting to order at 10:08 am.

**I. ADMINISTRATIVE MATTERS**

**1. APPROVAL OF AGENDA:**

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

**2. APPROVAL OF MEETING MINUTES:**

**MOTION #2:** Approve the 6/7/18 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:** There were no comments.



#### **IV. REPORTS**

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

- Ms. Barrit announced that the new membership slate was approved at the 7/12/18 commission meeting. Jazielle Newsome (HIV Stakeholder's seat), from St. John's Wellness Program will be assigned to the SBP Committee along with David Lee, from Charles Drew University, who moved from being an alternate into a Service Provider seat.
- The next LACHAS community will be 8/9/18 at Bateman Hall in Lynwood, CA. The meeting will be from 9:30am-11:30am. After a brief lunch break, there will be a short COH Business meeting; nominations will open for Commission Co-Chair and the Executive Committee at large seat, vacated by Kevin Donnelly, will also be addressed. In addition, standing reports will be done. The meeting should last no longer than 45 minutes. After the COH meeting, there will be an optional tour at the MLK campus, facilitated by Mr. Lee. The meeting place for said tour will be Building M.

##### **6. CO-CHAIR REPORT:**

- Mr. Robinson discussed the highlights of the 22<sup>nd</sup> HIV/AIDS Conference in Amsterdam that he attended. There was a lot of conversation about certain communities not being served around the world and in the United States, more succinctly, Los Angeles where it was noted that in some areas there is a high concentration of providers while in areas hardest hit by HIV, providers are virtually non-existent.
  - Mr. Robinson stated that one planetary speaker, Dr. David Malebranche, a professor from Morehouse College School of Medicine, spoke on how to better engage the black gay population as well as other disenfranchised communities ( Mr. Robinson attempted to share Dr. Malebranche's speech with the committee but due to technical difficulties, it couldn't happen).
  - The conference was well attended and broached many subjects. Several studies were discussed inclusive of a study that is focusing on viral suppression in women during pregnancy to prevent mother to child transmission of the HIV virus. Another study that sparked a lot of interest was one that dealt with PrEP on Demand which is specifically for those practicing anal sex only. Popularly called "2+1+1," the regiment is that you take 2 pills 2-24 hours prior to sex; 1 pill within 24 hours after sex; and 1 pill 48 hours after sex. One year of the three year study has been completed and thus far has shown "0" transmission. Based on its success rate so far, the study could possibly be stopped before coming to full term in order to be made accessible to the general population on a faster track.
- ➡ Staff will email the link of Dr. Malebranche's speech to Committee members.

#### **V. DISCUSSION ITEMS**

##### **7. MEDICAL CARE COORDINATION (MCC) STANDARDS:**

- Ms. Barrit noted that the MCC Standard in the packet included comments from DHSP and SBP Committee members.
- Ms. Tolentino discussed the changes made to the MCC document based on comments received by 7/30/18, inclusive of DHSP feedback many of which clarified language and/or reduced redundancies. The changes basically updated those parts of the document that were outdated such as changing the name Patient Retention Specialists (PRS) to Retention Outreach Specialists (ROS). Additionally, Definitions and Descriptions were added to the back of the document.
- Dr. Cadden stated that one issue his clinic is having is around staffing: entry level social work staff don't stay (they get their hours and move on). Ms. Barrit replied that the language under staffing qualifications could be reviewed but that some of the staffing requirements are contractual.
- Page 2, updated language concerning maintaining an undetectable viral load.
- On page 5 and throughout the document reference to "self-managed" patients removed the focus being on those with acuity levels.
- Page 8 of the document reflected that "patient acuity" is no longer a stand-alone assessment but part of the intake process.
- A question was brought up about what if the assessment cannot be done simultaneously; sometimes the social worker and the RN cannot do their intake at the same time. Casewatch will not accept until entire assessment is done. Dr. Cadden asked if that process could be modified to which Ms. Kerosoma replied that the full assessment has to be included on Case-watch because that is how the acuity level is obtained. Another question was asked if another individual of the team, other than the RN, could do the assessment to which Ms. Kerosoma stated yes as long as the medical portion of the assessment were covered.
- Page 10, "Mental" health vs. "Behavioral" health generated discussion. Mr. Robinson brought up the fact that the term "mental" seemed to be more of a stigmatizing term than "behavioral." Dr. Cadden brought up the fact that public



interpretation of medical lingo is becoming problematic. Ms. Barrit suggested that the language be reviewed to determine which term is best suited to relay the intent of this section (Integrated Care Plan).

- On Page 14, under Case Conferences, at present no number for how many case conferences should be done during a certain timeframe. According to DHSP staff present at the meeting, perhaps there should be a number that is directly tied to the acuity level; the higher the acuity, the more case conferences.
- Page 15, reflects that the Appeals Counseling and Facilitation section was eliminated because it is handled by Benefits Specialty. Mr. Land expressed concern that language should be included to reflect that patients must be referred to Benefits Specialty services when needed.
- The group felt that Patient Retention Services on Page 17 should be expanded to show that retention services could also include calling and/ or going out to check on a patient, etc.
- Mr. Molette stated that as a former Retention Specialist, one of the biggest barriers to care was insurance enrollment and that he case-conferenced every 6 months to discuss whatever barriers were present. When asked what the top three barriers to care were, Mr. Molette stated that they were housing, linkage to care and employment.
- In reference to Case Closure on Page 17, Ms. Sanchez stated that Casewatch will automatically close out a case unless the person is rescreened and docs updated within a 6 month period.
- MCC training is done twice a year by DHSP and is mandatory for providers. However, training does not have to occur prior to MCC services being initiated by a provider.
- Ms. Barrit asked if viral suppression written in the Scope of Work as a Performance Measure. Ms. Kerosoma responded that it is not included at this time. However, there is some language involving viral suppression in the current AOM RFP.
- ➡ MCC SOC will be emailed to Committee members for additional comments by 8/10/18, and posted on the COH website for a 28 day review by the public ending 8/30/18.
- A barrier to mental health services noted was that if a client is receiving Med-Cal than Ryan White) RW is unable to provide mental health services. The problem with that scenario is that just because a person has been referred to Medi-Cal does not mean that needed services have begun. Thus, there is a lapse when needed services, i.e., mental health, are not being given. The group felt that there should be some way for RW services to be extended until it can be verified that Medi-Cal services have kicked in.
- DHSP staff was asked if some requirements of the Federal government could be modified to address that issue as well as look at if a (BA/BS) degree is as important as someone having experience in the HIV Field. Or at the very least, put a waiver in place exchanging expertise in lieu of a degree. DHSP staff stated that a staff qualification waiver is in place for contractors.

#### **VI. NEXT STEPS**

8. **TASK/ASSIGNMENTS RECAP:** Committee will be emailed the link to Dr. David Malebranche's speech given at the 22<sup>nd</sup> HIVAIDS Conference in Amsterdam. Committee members will be emailed MCC SOC to make additional comments by 8/10/18; MCC SOC will also be posted on the COH Website for a 28 day review ending 8/30/18.
9. **AGENDA DEVELOPMENT FOR NEXT MEETING:**
  - ➡ Discuss additional comments by Committee members and the public at the 9/6/18 Committee meeting. Also visit the need for Expert Review Panels to address this specific SOC.

#### **VII. ANNOUNCEMENTS**

10. **OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:** There were no comments.

#### **VIII. ADJOURNMENT**

11. **ADJOURNMENT:** The meeting adjourned at 12:13pm.