



LOS ANGELES COUNTY  
COMMISSION ON HIV



**APPROVED**  
**04/05/22**

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HIVCOMM@LACHIV.ORG • <http://hiv.lacounty.gov> • VIRTUAL WEBEX MEETING

Presence at virtual meetings is recorded based on the attendance roll call. Only members of the Commission on HIV are accorded voting privileges and must verbally acknowledge their attendance in order to vote. Approved meeting minutes are available on the Commission's website; meeting recordings are available upon request.

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

February 1, 2022

COMMITTEE MEMBERS					
P = Present   A = Absent					
Erika Davies, <i>Co-Chair</i>	P	Thomas Green	P	Harold Glenn San Agustin, MD	P
Kevin Stalter, <i>Co-Chair</i>	p	Eduardo Martinez ( <i>Alt. to Joshua Ray</i> )	A	Reba Stevens ( <i>Alt. to Pamela Coffey</i> )	P
Miguel Alvarez	P	Mark Mintline, DDS	P	Justin Valero, MA	A
Mikhaela Cielo, MD	P	Paul Nash, PhD, CPsychol, AFBPsS, FHEA	p	Rene Vega, MSW, MPH	A
Pamela Coffey	A	Katja Nelson, MPP	P	Ernest Walker, MPH	P
Wendy Garland, MPH	P	Joshua Ray, RN ( <i>LoA</i> )	EA		
Grissel Granados, MSW	P	Mallery Robinson	P	Bridget Gordon ( <i>Ex Officio</i> )	A
COMMISSION STAFF AND CONSULTANTS					
Cheryl Barrit, Jose Rangel-Garibay, AJ King					
DHSP STAFF					
Lisa Klein					

\*Some participants may not have been captured electronically. Attendance can be corrected by emailing the Commission.

\*Members of the public may confirm their attendance by contacting Commission staff at [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org).

\*Meeting minutes may be corrected up to one year from the date of Commission approval.

\*\*LOA: Leave of absence

Meeting agenda and materials can be found on the Commission's website at

<https://hiv.lacounty.gov/standards-and-best-practices-committee/>

**CALL TO ORDER-INTRODUCTIONS-CONFLICT OF INTEREST STATEMENTS:** The meeting was called to order at 10:03 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 01/04/2022 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 public comments made.

**III. COMMITTEE NEW BUSINESS ITEMS:** There were no new Committee business items.

- 4. OPPORTUNITY FOR COMMISSIONERS TO RECOMMEND ITEMS FOR FUTURE AGENDAS, OR ITEMS REQUIRING IMMEDIATE ACTION DUE TO AN EMERGENCY, OR IF NEED FOR ACTION AROSE AFTER POSTING AGENDA:** There were no new committee business items.

**IV. REPORTS**

**5. EXECUTIVE DIRECTOR/STAFF REPORT**

- a. Cheryl Barrit, Executive Director (ED) yielded the floor to AJ King, Consultant to discuss the Comprehensive HIV Plan:

• Comprehensive HIV Plan (CHP) 2022-2026

AJ King shared that he has been attending different Commission on HIV (COH) groups and subgroups will continue engaging as many groups as possible to gather feedback and answer questions regarding the CHP. The plan will utilize elements of existing plans by building and focusing on the four pillars described in the Ending the HIV Epidemic (EHE) plan: Diagnose, Treat, Prevent, and Respond. He also noted that he plans to learn more about the upcoming changes to Medi-Cal under the California Advancing and Innovating Medi-Cal (CalAIM) proposal.

AJ King prompted the group to share their thoughts on ways to determine if the existing standards best practices incorporate a status neutral approach. K. Stalter noted that the way documents reviewed by the SBP committee are being written to be more attuned to non-stigmatizing language. Dr. Glenn San Agustin asked if having a status neutral approach imply that there will be a section specific to prevention services in the CHP. AJ King responded that the HRSA, CDC, and other federal partners are requesting that jurisdictions incorporate a status neutral approach in their CHP. He loosely defined having a status neutral approach as a client being treated with dignity, respect, and not stigmatize regardless of their HIV status.

AJ King shared that other COH groups/sub-groups identified the workforce issues such as burnout of HIV workforce, lack of HIV clinicians, and the aging out of HIV clinicians at various levels of the workforce. He also discussed systems issues such as the lack of subspecialties for people living with HIV (PLWHIV), identifying ways to improving Medi-Cal, and assisting PLWHIV access services not directly connected to HIV. K. Stalter added that pay and retention of case workers is another workforce issue to consider addressing. He noted that the CHP covers HIV prevention and care services for all of Los Angeles County (LAC), but the COH is responsible of a small portion of the system of care. He suggested engaging HIV clinicians in LAC—Ryan White providers and Non-Ryan White providers--training them on the standards, the different services available to PLWHIV throughout LAC to increase the ways providers can help their patients.

AJ King noted he is preparing a survey to collect information on workforce and systems issues to assess the needs and additional issues. He requested the help of SBP committee members to develop the assessment tool. Dr. Paul Nash stated he has background experience as a survey methodologist and offered to help with developing the assessment tool. Wendy Garland also offered to review the survey.

• Oral Health Service Standards Targeted Review Project Updates

Jose Rangel-Garibay shared that the oral health service standards targeted review group met on 1/11/22 and discussed the details for a subject matter expert (SME) panel to address specialty dental provider use of exclusion criteria for dental implants not explicitly mentioned in the oral health service standards. He noted that the group identified a facilitator for the SME panel and plan to schedule the event for late February 2022. A copy of the oral health project workplan is included in the packet.

• Special Populations Best Practices Project Updates

J. Rangel-Garibay shared he presented a list of best practice resources with the Aging Task Force (ATF) and requested their feedback. He will review the comments received and share an updated list with the ATF. He

also met with the Transgender Caucus and noted he will focus on identifying best practice resources for that group next.

**6. CO-CHAIR REPORT**

**a. 2021 Workplan Review & Opportunities to Support Task Forces and Caucuses**

- K. Stalter provided an overview of the 2022 SBP Committee workplan and shared details of the progress and timelines for the different items. C. Barrit shared that upon recommendation from the Division on HIV and STD Programs (DHSP), the SBP committee will put a hold on the Home-based Case Management (HBCM) service standards. She added that the committee will not remove the HBCM item from the workplan and will update the target completion date to "To be determined". She noted that the committee and DHSP will need more time to review data on service utilization and upcoming changes to service components covered by the State's plan. COH staff will change the target completion date for the HBCM item to "TBD".

Reba Stevens asked about implementation timeline for the Substance Use Disorder and Residential Treatment Services (SUD) service standards. C. Barrit responded that COH staff submitted the SUD service standards to DHSP and will work with DHSP to determine next steps. COH still will follow-up with W. Garland for any changes DHSP foresees with SUD.

**MOTION #3:** Approve the 2022 Workplan as presented or revised. *(Passed by Roll call vote).*

**b. Committee Member "Getting to Know You" Activity**

- K. Stalter asked for committee members to share their favorite genre of music during the introductions and statement of conflicts portion of the meeting.

**7. Division of HIV & STD Programs (DHSP) Report**

- W. Garland reported that DHSP continues to have staff deployed to the COVID-19 response. K. Stalter asked what the current number of case worker openings is, the number of MCC openings, and the case worker turnover rate at DHSP contracted agencies. W. Garland noted that would be a discussion to have with Paulina Zamudio and will follow-up with her. She suggested being broader in the approach to requesting this data. C. Barrit added that having a clear idea of the scope for the data of interest will yield better results. AJ King echoed the request for data for the workforce in general. W. Garland noted that some agency vacancies can be agency specific and DHSP has no control over how agencies are hiring and retaining staff.

**V. DISCUSSION ITEMS**

**8. Service Standards Development**

**a. Benefits Specialty Services Standards: Review comments from Public Comment period**

Erika Davies reviewed the public comments received from JWCH Institute Inc. For comment 1, she noted that providing training about the various county benefit programs available to clients would be out of control and scope for the SBP committee. She referenced the staff development and enhancement section (page 6 in the standard and page 28 in the packet) in the service components and suggested revisiting the language. Lisa Klein, echoed support for encouraging Benefits Specialist to engage in continual learning and training on the changes to various benefit programs. She suggested having an ongoing internal training on the important benefit programs and providing annual and quarterly updates as applicable. E. Davies added that expanding on the training benefits specialty staff will complete and maintaining up to date on program offerings is important. G. San Agustin agreed and asked if there was a centralized location for learning about different benefit programs, services available, and contact information. He added there needs to be way to centralize all the programs that are available such as a monthly newsletter. L. Klein noted that if left to the agency, then there would be a range of services for each agency and suggested the COH or DHSP work on centralizing the list. E. Davies recommended to enhance the service component to include language directing benefit specialty staff to seek formal trainings, in-services, and opportunities to stay up to date with benefit specialty services.

For comment 2, which stated the need to have less required paperwork during intake, E. Davies noted that paperwork is something that the SBP committee do not have a lot of control over. She added that most BSS program paperwork is agency specific and dependent on helping clients enroll into the various programs and benefits they are

eligible for, and each benefit program will have its own packet and/or forms associated with it. She emphasized the need for BSS staff to reduce the burden on the client as much as possible. C. Barrit asked if DHSP can provide more information on the requirements for contracted agencies related to paperwork for documenting services provided to help the SBP committee identify ways to make the service standards more flexible.

Erika noted that comments 1 and 2 focus on encouraging benefits specialty staff to stay on top of the most recent benefits information and services available. She added that comments 3, 4, and 5 should be considered as feedback for working with these agencies and providing technical assistance. A copy of the comments is included in the packet.

L. Klein noted that there needs to be a distinction between what can be address by service standards and what is required by the contracts. She added that much of the information collected for benefits specialty is not reported to CaseWatch and DHSP does not know what those requirements are. She will follow up with Paulina Zamudio.

C. Barrit added that questions about contracts and agency requirements for documenting services is outside the scope of the SBP committee. Agencies will have additional paperwork required to meet the requirements of the different funding streams the agency accesses to pay for services they provide. It would be difficult to differentiate between Ryan White and non-Ryan White service documentation. C. Barrit also noted that DHSP released a memorandum to all contracted agencies stating the shift towards using an annual recertification process.

C. Barrit shared that COH staff will attend a webinar on 2/16 focused on aging adults living with HIV and benefits to learn if there are any information that can be integrated into the BSS standards. The webinar is titled: "California Statewide HIV & Aging Educational Initiative: Session 1 Review of 2022 Benefits for Adults with HIV in California" and is hosted by the APLA Health through the Pacific AIDS Education & Training Center. COH staff will make changes to BSS standard based on the feedback sharing during the meeting today and will attend the webinar to learn more. Katja Nelson added that she will share with the panel the question of identifying best practices to address the issue of keeping up to date with benefits.

**b. Home-based Case Management Services Standard Review**

C. Barrit reminded the group that review for the HBCM standard is on hold until further notice. This allows the SBP committee more time to read and review the document while COH staff learn and understand more about the changes in the background.

E. Davies led the group in a discussion on the HBCM standard and reviewed the document section by section. Below are the edits that resulted from the review:

- Add language regarding the Memorandum of Understanding that reads "BSS will collaborate with primary care, healthcare, and supportive services providers"
- Add a space between "every" and "60"
- Scott Blackburn noted that the timeframe for re-assessment is currently 90 days, not 60 days. DHSP enacted the change took place about 6 years ago. COH staff will changes the timeframe to 90 days.
- Add more information on the importance of getting client's input and buy-in for their treatment and have them become better advocates for themselves in the care and services they are receiving. S. Blackburn shared the wording suggestion, "Documentation that plan was created in collaboration with client and that the client feels the plan is appropriate," and emphasized that the service plan should be client centered.
- E. Davies suggested clarifying the definitions for HCO and HHA acronyms.
- L. Klein suggested including guidance or resources for agencies to determine when an attendant needs to reach out to a Registered Nurse (RN).
- S. Blackburn shared that the cost for using skilled nursing services is high and usually requires a daily service. APLA does not provide skilled nursing because it is cost prohibitive. When skilled nursing is required, that would indicate a higher level of care needed beyond HBCM. E. Davies suggested to review the HBCM standards at other municipalities/jurisdictions to expand on this section.
- S. Blackburn added that on the supervision piece, on the state waiver side, when [APLA] doing site review for contracted agencies, they are looking for RN supervision at least every 62 days for attendant care and every 6

months for homemaker services since they do not provide care and only expected to provide hygiene for the house. HBCM is not a service that will require a lot of RN supervision. E. Davie suggested reviewing the state waiver standards and try to align and updated the HBCM specific service components for consistency. C. Barrit noted that COH staff are doing background reviews of state initiatives and will dive deeper into understanding how to amend the standards.

- Change the language to read “subcontract with at least 3 HCOs or HHAs
- Add the language “HIV and STD prevention” to reinforce safer behaviors.
- Change all phrasings referencing case managers to “RN case managers” for consistency
- Remove duplicate language before “Referral and Coordination of Care” service component section
- Update the timeframe for “case conference” to 90 days
- E. Davies recommend ensuring removal of gender-specific pronouns to make the language more gender neutral by incorporating “they/their/them” pronouns.
- Regarding the “staffing requirements and qualifications” section, S. Blackburn added that the state waiver program is in the renewal process and one of the changes proposed is to change the MSW (master) requirements down to a Bachelors (BA/BS) in response to rural providers having difficulty finding qualified social workers with a MSW degree. Lowering the requirement will help with hiring. He noted that this does not seem like a problem affecting providers in metropolitan Los Angeles area and that the nature of the work would benefit from having a social worker with a master’s degree.

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

##### **a. TASK/ASSIGNMENTS RECAP:**

- ➡ COH staff will review documents and resources in the background as the SBP committee continues the review for the BSS and HBCM service standards
- ➡ Oral Health SME panel group will report back findings and recommendations during the March SBP committee meeting
- ➡ COH staff will make minor modifications to the HBCM service standards
- ➡ COH staff will follow up with DHSP for data inquires regarding workforce issues/questions identified during the meeting

#### **12. AGENDA DEVELOPMENT FOR NEXT MEETING:**

- Comprehensive HIV Plan 2022-2026
- Report back any updates on the Special Population Best Practices project
- Report back any updates on the Oral Health service standard Targeted Review project
- Continue review of the Benefits Specialty Services standards
- Continue review of the Home-based Case Management service standards

#### **VII. ANNOUNCEMENTS**

- 13. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:** J. Rangel-Garibay clarified that the next SBP meeting will be on 3/1/22. K. Stalter recognized and thanked Katja Nelson and Justin Valero for their service and contributions to the work of the SBP committee.

#### **VIII. ADJOURNMENT**

- 14. ADJOURNMENT:** The meeting adjourned at 11:50am.