



LOS ANGELES COUNTY COMMISSION ON HIV

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Approved
9/6/2012

STANDARDS OF CARE (SOC) COMMITTEE MEETING MINUTES June 7, 2012

MEMBERS PRESENT	MEMBERS ABSENT	DHSP STAFF	COMM STAFF/ CONSULTANTS
Angélica Palmeros, <i>Co-Chair</i>	Mark Davis	None	Jane Nachazel
Fariba Younai, <i>Co-Chair</i>	Terry Goddard		Craig Vincent-Jones
Vivian Branchick	Jocelyn Woodard/Robert Sotomayor		
Lilia Espinoza		PUBLIC	
David Giugni		Brett Morana	
James Jones		Jason Wise	
Carlos Vega-Matos			

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Standards of Care (SOC) Committee Agenda, 4/5/2012
- 2) **Minutes:** Standards of Care (SOC) Committee Meeting Minutes, 3/1/2012
- 3) **Minutes:** Standards of Care (SOC) Committee Meeting Minutes, 4/5/2012
- 4) **Work Plan:** Los Angeles County Commission on HIV, V. Standards of Care (SOC) Committee, FY 2012 Work Plan, 6/7/2012
- 5) **Special Populations:** Los Angeles Commission on HIV, Standards of Care, Special Populations Guidelines/Recommendations, Mentally Ill, 2/22/2010
- 6) **Standards of Care:** Mental Health Services, Draft #4, 4/12/2012

1. **CALL TO ORDER:** Dr. Younai called the meeting to order at 9:55 am.
2. **APPROVAL OF AGENDA:**
MOTION #1: Approve the Agenda Order (*Passed by Consensus*).
3. **APPROVAL OF MEETING MINUTES:**
MOTION #2: Approve the 3/1/2012 and 4/5/2012 Standards of Care (SOC) Committee meeting minutes (*Passed by Consensus*).
4. **PUBLIC COMMENT, NON-AGENDIZED:** There were no comments.
5. **COMMISSION COMMENT, NON-AGENDIZED OR FOLLOW-UP:** There were no comments.
6. **CO-CHAIRS' REPORT:**
 - A. **Co-Chair Elections:** This item was removed as Ms. Palmeros and Dr. Younai were elected at the 4/5/2012 meeting.
 - B. **FY 2012 Work Plan:**
 - Mr. Vincent-Jones noted work plans were originally initiated in 2010. Despite being identified as one-year plans, it was generally considered that work would continue for two to three-years. SOC completed an exceptionally large percentage of that work. The new plan is shorter with a closer focus on annual goals. He reviewed the plan as follows:
 - A. Committee Operations is standard work for all committees such as committee meetings.
 - B. Committee Work is distinctive for each committee with five areas pertinent to SOC work:

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B.1. Continuum of Care:

- a. Dissemination pertains to the chief goal of integrating the continuum of care with prevention which is essentially done, but requires refinement and dissemination;
- b. Priority- and Allocation-Setting Recommendations pertain to SOC review of Substance Abuse (SA) standard consistency with HRSA definitions and to SOC review of standards' cost impact/feasibility;
- c. Policies and Procedures is an ongoing activity for all committees.

B.2. Standards of Care:

- a. Policies and Procedures is an ongoing activity for all committees.
- b. Standards of Care Development:
 1. Policies and Procedures is an ongoing activity for all committees.
 2. New Standards of Care:
 - a. Linkage To Care (LTC) will merge several existing standards from testing through incorporation into care while adding new elements and, as it is key to future development, will be addressed in August starting with two Expert Review Panels (ERPs) to reflect the range of experts needed;
 - b. Vision Services will be a new standard envisioned at this point to combine ophthalmology (now within Medical Specialty) and optometry (not previously covered) and will also be addressed in August as funds are likely to be allocated to optometry for the first time this year;
 - c. Retention In Care will also merge existing standards while adding new elements with work expected to begin in September.
 3. Standards of Care Revisions refers to any revisions needed subsequent to B.1.b.
- c. Standards of Care Dissemination pertains to editing targeted for June completion, design targeted for July and publishing in various forms targeted for August.

B.3. Special Population Guidelines:

- a. Policies and Procedures is an ongoing activity for all committees.
- b. Special Population Guidelines Development:
 1. Finalize Pending Guidelines in September (three are final and five pending finalization);
 2. Develop Remaining Special Population Guidelines with eight, including one being developed by the Latino Caucus, to be completed by December.

B.4. Evaluation of Service Effectiveness (ESE) has been delayed due to problems with the County survey tool, but will be completed in time to provide a baseline of Medical Outpatient aggregate data that can be used to assess changes due to implementation of the Low-Income Health Program (LIHP) in July.

B.5. Quality Management Review pertains to the semi-annual DHSP presentation of aggregate grievance data.

- Dr. Younai noted it was important to include a dental provider in LTC ERPs.
- Mr. Giugni noted several testing programs have reported reduced funding. Mr. Vega-Matos said contracts now require confirmed linkage. A provider may earn less if it does not meet current contract requirements. Contracts now provide a basic budget with incentives for performance and linkage, such as follow-up on a clinic referral within 30 days to identify if a patient has made an appointment and seen a physician. This is consistent with new Federal CDC guidelines which will mitigate high numbers of positive tests for those already in care.
- Dr. Younai noted testing was discussed at a recent USC advisory meeting. The dental clinic said DHSP asked them to do three tests: oral, finger prick rapid blood and a second rapid test by a different manufacturer prior to confirmatory testing. That is expensive. Mr. Vega-Matos replied Sophia Rumanes would present soon on a rapid-rapid testing algorithm validated by the CDC that is less expensive than traditional protocols.
- Some physicians still advocate for a Western blot test even when not required. Dr. Espinoza reported Dr. Jenica Ryu, USC AETC, provided a year-long MedLine training on testing, including the algorithm, so information has been available.
- Mr. Vega-Matos noted ophthalmology services are provided through CHAIN, but no visits are required.
- ➡ Regarding B.1.b., Mr. Vega-Matos will follow-up on Substance Abuse Standards of Care with Juhua Wu and provide input for review at the August 2012 SOC meeting.
- ➡ ERP suggestions can be sent to Mr. Vincent-Jones. Dr. Espinoza suggested Dr. Ryu, Men's Central Jail, for the LTC ERP.
- ➡ Clarify designation for B.3.b.2.6. Men Having Sex with Men of Color to ensure it accurately reflects Special Population, i.e., current language could be read to mean non-Men of Color having sex with Men of Color.
- ➡ Mr. Vega-Matos will discuss the Quality Management presentation with Mary Orticke.
- ➡ The Work Plan was approved.

7. MENTAL HEALTH STANDARD OF CARE:

- Mr. Vincent-Jones reported only one additional Mental Health Standards of Care comment was received and incorporated.
- Special Population Guidelines are meant to accompany the Standards of Care to assist DHSP and providers to adapt service models as needed for various special populations.
- Guidelines for each special population are developed by an Expert Panel (EP) of between 5 - 10 people. Their recommendations are brought back to SOC for review. The EP then has an opportunity to review that final version.
- In this case, the Mentally Ill Guidelines never returned to the EP. That is no longer feasible as Guidelines were completed 2/22/2010. Nevertheless, there are sufficient mental health experts on the current SOC to review the Guidelines.
- The group discussed the issue of how to reflect and address difficult cases while still maintaining non-stigmatizing language. Mr. Vega-Matos noted DHSP has had to handle situations in which a clinic could no longer safely serve a client. It is important to offer guidelines on safely transferring such a client to a clinic that can offer safe and effective service.
- Mr. Vega-Matos noted multiple references to the Department of Mental Health (DMH), but not to Substance Abuse Prevention and Control (SAPC). Those with a primary substance abuse diagnosis are referred to SAPC services.
- Healthy Way LA refers those with a Tier 1 diagnosis to DMH or their legal entities. Tier 2 is handled in the context of a medical home with medication prescribed by the attending physician and psychotherapy provided by licensed professionals that are part of that team. Tier 3 funds psychiatry medication consultation to the provider.
- Mr. Giugni noted there are special problems in serving those with Axis II personality disorders as they often have co-occurring disorders such as substance abuse and are nonconformist. Dr. Morana added providers often put such a person on a wait list, but they then drop out of care. He felt that should also be addressed in the Mental Health Standards of Care.
- Dr. Jones reported participating in many panels that attempted to address the Axis II population without success. Mr. Vincent-Jones said Special Population Guidelines are designed to help identify issues even if remedies are not known.
- Mr. Vega-Matos noted DHSP is working with the jails to narrow the PLWH release window. The jails are seeking County Counsel input on the need for a consent form to delay release for service coordination. Only men are released at night.
- ➡ Approve Mental Health Standards of Care to go forward to the Commission for approval.
- ➡ Dr. Espinoza will provide suggestions on Substance Abuse for the Mentally Ill Guidelines, Removal of Barriers section.
- ➡ Review population acronym for consistency. Most are PLMIHIV, but PLWMIHIV is used on pages 2, 4, 5 and 7.
- ➡ Review language to assure it reflects issues, but also sensitivity concerns, e.g., “notoriously hard to engage,” page 2.
- ➡ Add appropriate references to SAPC. Only DMH is referenced currently.
- ➡ Regarding Standard Specific Suggestions, Mental Health, Psychotherapy in the Mentally Ill Guidelines: Move the first paragraph under Housing and the second paragraph under Substance Abuse.
- ➡ Regarding Barriers, Housing in the Mentally Ill Guidelines: Clarify that places other than jails may also discharge people after midnight, such as court ordered housing environments.
- ➡ SOC will review the Mentally Ill Guidelines prior to the July meeting.
- ➡ Mr. Vega-Matos will ensure appropriate DHSP representation for the July meeting.
- ➡ Mr. Vincent-Jones will attempt to secure Phil Meyer, writing consultant, for the July meeting.

8. EVALUATION OF SERVICE EFFECTIVENESS (ESE): There was no additional discussion.

9. STANDARDS OF CARE: There was no additional discussion.

10. NEXT STEPS:

- ➡ Reschedule the July meeting from 7/5/2012 to 7/9/2012, 10:00 am to 12:00 noon.

11. ANNOUNCEMENTS: There were no announcements.

12. ADJOURNMENT: The meeting adjourned at 11:05 am.