



LOS ANGELES COUNTY
COMMISSION ON HIV



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STANDARDS AND BEST PRACTICES COMMITTEE MEETING

Tuesday, March 5, 2024
10:00Am-12:00pm (PST)

Vermont Corridor

510 S. Vermont Ave. Terrace Conference Room TK08

****Valet Parking: 523 Shatto Place, LA 90020****

Agenda and meeting materials will be posted on our website
at <http://hiv.lacounty.gov/Meetings>

As a building security protocol, attendees entering the building must notify the parking attendant and security personnel that they are attending a Commission on HIV meeting to access the Terrace Conference Room (9th Floor) where our meetings are held.

Members of the Public May Join in Person or Virtually.

For Members of the Public Who Wish to Join Virtually, Register Here:

<https://lacountyboardofsupervisors.webex.com/weblink/register/ra055f688c81ff20c5b744681710c45cc>

To Join by Telephone: +1-213-306-3056 United States Toll (Los Angeles)

Password: STANDARDS Access Code: 2539 848 5837



Scan QR code to download an electronic copy of the meeting agenda and packet on your smart device. Please note that hard copies of materials will not be made available during meetings unless otherwise determined by staff in alignment with the County's green initiative to recycle and reduce waste. **If meeting packet is not yet available, check back 2-3 days prior to meeting; meeting packet subject to change. Agendas will be posted 72 hours prior to meeting per Brown Act.*

Notice of Teleconferencing Sites:

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Apply to become a Commission member at:

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For application assistance, call (213) 738-2816 or email hivcomm@lachiv.org



510 S. Vermont Ave., 14th Floor, Los Angeles CA 90020
MAIN: 213.738.2816 EML: hivcomm@lachiv.org WEBSITE: <https://hiv.lacounty.gov>

AGENDA FOR THE **REGULAR** MEETING OF THE LOS ANGELES COUNTY COMMISSION ON HIV STANDARDS AND BEST PRACTICES COMMITTEE

TUESDAY, MARCH 5, 2024 | 10:00 AM – 12:00 PM

510 S. Vermont Ave
Terrace Level Conference Room TK08
Los Angeles, CA 90020
Validated Parking: 523 Shatto Place, Los Angeles, CA 90020

For those attending in person, as a building security protocol, attendees entering the first-floor lobby must notify security personnel that they are attending the Commission on HIV meeting to access the Terrace Conference Room (9th floor) where our meetings are held.

MEMBERS OF THE PUBLIC WHO WISH TO JOIN VIRTUALLY, REGISTER HERE:

<https://lacountyboardofsupervisors.webex.com/weblink/register/ra055f688c81ff20c5b744681710c45cc>

To Join by Telephone: 1-213-306-3065

Password: STANDARDS Access Code: 2539 848 5837

Standards and Best Practices Committee (SBP) Members:			
Erika Davies <i>Co-Chair</i>	Kevin Stalter <i>Co-Chair</i>	Mikhaela Cielo, MD	Arlene Frames
Wendy Garland, MPH <i>(DHSP Representative)</i>	Lauren Gersh, LCSW <i>(Committee-only)</i>	David Hardy, MD <i>(Alternate)</i>	Mark Mintline, DDS <i>(Committee-only)</i>
Andre Molette	Byron Patel, RN	Martin Sattah, MD	Juan Solis <i>(Alternate)</i>
Russell Ybarra			
QUORUM: 7			

AGENDA POSTED: February 29, 2024.

SUPPORTING DOCUMENTATION: Supporting documentation can be obtained via the Commission on HIV Website at: <http://hiv.lacounty.gov> or in person. The Commission Offices are located at 510 S. Vermont Ave., 14th Floor Los Angeles, 90020. **Validated parking is available at 523 Shatto Place, Los Angeles 90020. *Hard copies of materials will not be made available during meetings unless otherwise determined by staff in alignment with the County’s green initiative to recycle and reduce waste.**

PUBLIC COMMENT: Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission’s consideration of the

item, that is within the subject matter jurisdiction of the Commission. To submit Public Comment, you may join the virtual meeting via your smart device and post your Public Comment in the Chat box -or- email your Public Comment to hivcomm@lachiv.org -or- submit your Public Comment electronically [here](#). All Public Comments will be made part of the official record.

ATTENTION: Any person who seeks support or endorsement from the Commission on any official action may be subject to the provisions of Los Angeles County Code, Chapter 2.160 relating to lobbyists. Violation of the lobbyist ordinance may result in a fine and other penalties. For information, call (213) 974-1093.

ACCOMMODATIONS: Interpretation services for the hearing impaired and translation services for languages other than English are available free of charge with at least 72 hours’ notice before the meeting date. To arrange for these services, please contact the Commission Office at (213) 738-2816 or via email at HIVComm@lachiv.org.

Los servicios de interpretación para personas con impedimento auditivo y traducción para personas que no hablan Inglés están disponibles sin costo. Para pedir estos servicios, póngase en contacto con Oficina de la Comisión al (213) 738-2816 (teléfono), o por correo electrónico á HIVComm@lachiv.org, por lo menos setenta y dos horas antes de la junta.

I. ADMINISTRATIVE MATTERS

- | | | |
|--|------------------|---------------------|
| 1. Call to Order & Meeting Guidelines/Reminders | | 10:00 AM – 10:03 AM |
| 2. Introductions, Roll Call, & Conflict of Interest Statements | | 10:03 AM – 10:05 AM |
| 3. Approval of Agenda | MOTION #1 | 10:05 AM – 10:07 AM |
| 4. Approval of Meeting Minutes | MOTION #2 | 10:07 AM – 10:10 AM |

II. PUBLIC COMMENT

10:10 AM – 10:15 AM

- 5. Opportunity for members of the public to address the Committee of items of interest that are within the jurisdiction of the Committee. For those who wish to provide public comment may do so in person, electronically by clicking [here](#), or by emailing hivcomm@lachiv.org.

III. COMMITTEE NEW BUSINESS ITEMS

- 6. Opportunity for Committee members to recommend new business items for the full body or a committee level discussion on non-agendized Matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting, or matters requiring immediate action because of an emergency situation, or where the need to take action arose subsequent to the posting of the agenda.

IV. REPORTS

- | | | |
|--|--|---------------------|
| 7. Executive Director/Staff Report | | 10:15 AM – 10:25 AM |
| a. Operations and Programmatic Updates | | |
| 8. Co-Chair Report | | 10:25 AM – 11:05 AM |
| a. “Commissioner Commitments” | | |
| • How are you fulfilling your role/responsibilities as a commissioner? | | |

- b. Draft 2024 Workplan and Meeting Schedule—Review and Adopt
- c. DHSP Solicitation Priorities 2024—Review
- 9. Division on HIV and STD Programs (DHSP) Report 11:05 AM—11:15 AM

V. DISCUSSION ITEMS

- 10. Prevention Services Standards Review 11:15 AM—11:45 AM
MOTION #3: Approve the Prevention Services standards, as presented or revised and elevate to the Executive Committee.

VI. NEXT STEPS

11:45 AM – 11:50 AM

- 12. Task/Assignments Recap
- 13. Agenda development for the next meeting

VII. ANNOUNCEMENTS

11:05 AM – 12:00 PM

- 14. Opportunity for members of the public and the committee to make announcements

VIII. ADJOURNMENT

12:00 PM

- 15. Adjournment for the meeting of March 5, 2024.

PROPOSED MOTIONS	
MOTION #1	Approve the Agenda Order as presented or revised.
MOTION #2	Approve the Standards and Best Practices Committee minutes, as presented or revised.
MOTION #3	Approve the Prevention Services standards, as presented or revised and elevate to the Executive Committee.



HYBRID MEETING GUIDELINES, ETIQUETTE & REMINDERS (Updated 3.22.23)

- This meeting is a **Brown-Act meeting** and is being recorded.
 - The conference room speakers are *extremely* sensitive and will pick up even the slightest of sounds, i.e., whispers. If you prefer that your private or side conversations, not be included in the meeting recording which, is accessible to the public, we respectfully request that you step outside of the room to engage in these conversations.
 - Turn off your ringers/notifications on your smart devices so as not to disrupt the meeting.
 - Your voice is important, and we want to ensure that it is captured accurately on the record. Please be respectful of one another and minimize crosstalk.

- The **meeting packet** can be found on the Commission's website at <https://hiv.lacounty.gov/meetings/> or accessed via the QR code provided. Hard copies of materials will not be provided in compliance with the County's green initiative to recycle and reduce waste.

- Please comply with the **Commission's Code of Conduct** located in the meeting packet

- Public Comment** for members of the public can be submitted in person, electronically @ https://www.surveymonkey.com/r/public_comments or via email at hivcomm@lachiv.org. *For members of the public attending virtually, you may also submit your public comment via the Chat box. Should you wish to speak on the record, please use the "Raised Hand" feature or indicate your request in the Chat Box and staff will call upon and unmute you at the appropriate time. Please note that all attendees are muted unless otherwise unmuted by staff.*

- For individuals joining in person, to mitigate any potential streaming interference for those joining virtually, we respectfully ask that you **not simultaneously log into the virtual option of this meeting via WebEx.**

- Committee members invoking **AB 2449 for "Just Cause" or "Emergency Circumstances"** must communicate their intentions to staff and/or co-chairs no later than the start of the meeting. Members requesting to join pursuant to AB 2449 must have their audio and video on, at all times, and disclose whether there is a person over the age of 18 in the room in order to be counted toward quorum and have voting privileges. For members joining virtually due to "Emergency Circumstances", a vote will be conducted by the Committee/COH for approval.

- Members will be required to explicitly state their agency's **Ryan White Program Part A and/or CDC prevention conflicts of interest** on the record (versus referring to list in the packet). A list of conflicts can be found in the meeting packet and are recorded on the back of members' name plates, courtesy of staff.



CODE OF CONDUCT

The Commission on HIV welcomes commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. In this space, we challenge ourselves to be self-reflective and committed to an ongoing understanding of each other and the complex intersectionality of the lives we live. We create a safe environment where we celebrate differences while striving for consensus in the fights against our common enemies: HIV and STDs. We build trust in each other by having honest, respectful, and productive conversations. As a result, the Commission has adopted and is consistently committed to implementing the following guidelines for Commission, committee, and associated meetings.

All participants and stakeholders should adhere to the following:

- 1) We approach all our interactions with compassion, respect, and transparency.**
- 2) We respect others' time by starting and ending meetings on time, being punctual, and staying present.**
- 3) We listen with intent, avoid interrupting others, and elevate each other's voices.**
- 4) We encourage all to bring forth ideas for discussion, community planning, and consensus.**
- 5) We focus on the issue, not the person raising the issue.**
- 6) Be flexible, open-minded, and solution-focused.**
- 7) We give and accept respectful and constructive feedback.**
- 8) We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations.**
- 9) We have no place in our deliberations for racist, sexist, homophobic, transphobic, and other discriminatory statements, and "-isms" including misogyny, ableism, and ageism.**
- 10) We give ourselves permission to learn from our mistakes.**

In response to violation of the Code of Conduct which results in meeting disruption, Include provisions of SB 1100 which states in part, ". . . authorize the presiding member of the legislative body conducting a meeting or their designee to remove, or cause the removal of, an individual for disrupting the meeting Removal to be preceded by a warning to the individual by the presiding member of the legislative body or their designee that the individual's behavior is disrupting the meeting and that the individual's failure to cease their behavior may result in their removal." Complaints related to internal Commission matters such as alleged violation of the Code of Conduct or other disputes among members are addressed and resolved in adherence to Policy/Procedure #08.3302." (Commission Bylaws, Article VII, Section 4.)



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 2/21/24

In accordance with the Ryan White Program (RWP), conflict of interest is defined as any financial interest in, board membership, current or past employment, or contractual agreement with an organization, partnership, or any other entity, whether public or private, that receives funds from the Ryan White Part A program. These provisions also extend to direct ascendants and descendants, siblings, spouses, and domestic partners of Commission members and non-Commission Committee-only members. Based on the RWP legislation, HRSA guidance, and Commission policy, it is mandatory for Commission members to state all conflicts of interest regarding their RWP Part A/B and/or CDC HIV prevention-funded service contracts prior to discussions involving priority-setting, allocation, and other fiscal matters related to the local HIV continuum. Furthermore, Commission members must recuse themselves from voting on any specific RWP Part A service category(ies) for which their organization hold contracts. ***An asterisk next to member's name denotes affiliation with a County subcontracted agency listed on the addendum.**

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALVAREZ	Miguel	No Affiliation	No Ryan White or prevention contracts
ARRINGTON	Jayda	Unaffiliated consumer	No Ryan White or prevention contracts
BALLESTEROS	AI	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis, and Treatment
			Health Education/Risk Reduction (HERR)
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
BURTON	Alasdair	No Affiliation	No Ryan White or prevention contracts
CAMPBELL *	Danielle	T.H.E. Clinic, Inc.	See attached subcontractor's list
CIELO	Mikhaela	LAC & USC MCA Clinic	Biomedical HIV Prevention
CUEVAS	Sandra	Pacific AIDS Education and Training - Los Angeles	No Ryan White or prevention contracts
CUMMINGS	Mary	Bartz-Altadonna Community Health Center	No Ryan White or prevention contracts
DAVIES	Erika	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
FINDLEY	Felipe	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
FRAMES	Arlene	Unaffiliated consumer	No Ryan White or prevention contracts
FULLER	Luckie	Invisible Men	No Ryan White or prevention contracts
GONZALEZ	Felipe	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	Bridget	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Joseph	Unaffiliated consumer	No Ryan White or prevention contracts
HALFMAN	Karl	California Department of Public Health, Office of AIDS	Part B Grantee
HARDY	David	LAC-USC Rand Schrader Clinic	No Ryan White or prevention contracts
HERRERA	Ismael "Ish"	Unaffiliated consumer	No Ryan White or prevention contracts
KOCHEMS	Lee	Unaffiliated consumer	No Ryan White or prevention contracts
KING	William	W. King Health Care Group	No Ryan White or prevention contracts
MAGANA	Jose	The Wall Las Memorias, Inc.	HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MARTINEZ (PP&A Member)	Miguel	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
			Promoting Healthcare Engagement Among Vulnerable Populations
MAULTSBY	Leon	Charles R. Drew University	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MINTLINE (SBP Member)	Mark	Western University of Health Sciences (No Affiliation)	No Ryan White or prevention contracts
MURRAY	Derek	City of West Hollywood	No Ryan White or prevention contracts
NASH	Paul	University of Southern California	Biomedical HIV Prevention

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
NELSON	Katja	APLA Health & Wellness	Case Management, Home-Based Benefits Specialty Nutrition Support HIV Testing Social & Sexual Networks STD Screening, Diagnosis and Treatment Sexual Health Express Clinics (SHEX-C) Health Education/Risk Reduction Biomedical HIV Prevention Oral Healthcare Services Ambulatory Outpatient Medical (AOM) Medical Care Coordination (MCC) HIV and STD Prevention Services in Long Beach Transportation Services Nutrition Support
OSORIO	Ronnie	Center For Health Justice (CHJ)	Transitional Case Management - Jails Promoting Healthcare Engagement Among Vulnerable Populations
PATEL	Byron	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM) HIV Testing Storefront HIV Testing Social & Sexual Networks STD Screening, Diagnosis and Treatment Health Education/Risk Reduction Biomedical HIV Prevention Medical Care Coordination (MCC) Promoting Healthcare Engagement Among Vulnerable Populations Transportation Services
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
RICHARDSON	Dechelle	AMAAD Institute	Community Engagement/EHE
ROBINSON	Erica	Health Matters Clinic	No Ryan White or prevention contracts
ROBINSON	Mallery	No Affiliation	No Ryan White or prevention contracts
ROSALES	Ricky	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
RUSSEL	Daryl	Unaffiliated consumer	No Ryan White or prevention contracts
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SAN AGUSTIN	Harold	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
SOLIS *	Juan	UCLA Labor Center	See attached subcontractor's list
SPENCER	LaShonda	Oasis Clinic (Charles R. Drew University/Drew CARES)	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
STALTER	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
TALLEY	Lambert	Grace Center for Health & Healing (No Affiliation)	No Ryan White or prevention contracts
VALERO	Justin	No Affiliation	No Ryan White or prevention contracts
WEEDMAN	Jonathan	ViaCare Community Health	Biomedical HIV Prevention
YBARRA	Russell	Capitol Drugs	No Ryan White or prevention contracts



LOS ANGELES COUNTY
COMMISSION ON HIV



DRAFT

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

Presence at 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**

December 5, 2023

COMMITTEE MEMBERS					
P = Present A = Absent					
Erika Davies, <i>Co-Chair</i>	P	Wendy Garland, MPH	P	Andre Molette	A
Kevin Stalter, <i>Co-Chair</i>	P	Lauren Gersh, LCSW	EA	Byron Patel, RN	P
Mikhaela Cielo, MD	P	David Hardy, MD	P	Martin Sattah, MD	EA
Arlene Frames	P	Mark Mintline, DDS	P	Juan Solis	A
Russell Ybarra	P				
COMMISSION STAFF AND CONSULTANTS					
Cheryl Barrit; Lizette Martinez; Jose Rangel-Garibay					
DHSP STAFF					
COMMUNITY MEMBERS					

**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.
*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 10:09am.

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 11/07/23 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.

III. COMMITTEE NEW 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:** Kevin
There were no committee new business items.

IV. REPORTS

5. EXECUTIVE DIRECTOR/STAFF REPORT

- **By-Laws Review Taskforce—Updates**

Cheryl Barrit reported that the By-Laws Review Taskforce (BRT) completed their review of the By-Laws document in October 2023. The BRT co-chairs will present a summary of proposed revisions to the By-Laws to the Operations Committee and the Executive Committee at their December 2023 and January 2024 meetings. The primary revisions are to address the findings from the HRSA site visit that took place earlier this year; these revisions are also part of the corrective action plan the COH submitted to HRSA. Once the Operations and Executive Committee approve the revisions, the document will be elevated to the full COH. Once the COH approves the document, COH staff will work with County counsel and the Executive Office of the Board of Supervisors (BOS) to determine the next steps regarding potential ordinance changes that may take place to implement the by-laws revisions. The expected date of completion will be 2025.

- **Commission Training Calendar-- Updates**

C. Barrit reported that all the trainings for the 2023 COH training calendar have been completed; recordings for the training sessions are available on the COH website. Additionally, she reminded attendees that the next COH training will take place in February 2024.

- **Commission Annual Conference—Recap**

C. Barrit reported that she will present an evaluation report at the December 12, 2023 Operations Committee and Executive Committee meetings. The report will include a compilation of the suggestions and call to action items conference attendees submitted during the event. She noted that one item that stood out was housing and shared that the COH will focus the first quarter of 2024 on housing-related activities and presentations for Commissioners to gain a better understanding of the landscape of housing services available to People Living with HIV in Los Angeles County.

6. CO-CHAIR REPORT

- **“Getting to know you” Activity—Holiday Traditions**

Attendees shared about their holiday traditions.

- **2023 Reflections**

The Committee reflected on their accomplishments in 2023.

- **Draft 2024 Workplan Development and Meeting Schedule**

Erika Davies, co-chair, provided an overview of the draft 2024 workplan and meeting schedule. She noted that the Universal Standards of Care will move to the Executive Committee for review at their December 12, 2023 meeting. She added that the Committee will review the Universal Standards again in 2025 given that the Committee decided on moving the document to a bi-annual review schedule or as needed/requested. E. Davies added that the Medical Care Coordination (MCC) standards will be up for approval by the COH at the January 8, 2024 meeting and that the Prevention Services standards will not be voted on today. Instead, the Committee will post the Prevention Services standards for a public comment period. E. Davis reminded attendees that the next SBP Committee meeting will take place on February 6, 2024. There will be no SBP Committee meeting in January 2024.

- **Co-Chair Elections**

The committee held their co-chair elections. Erika Davies and Kevin Stalter were elected for 2024 SBP Committee co-chairs.

7. DIVISION ON HIV AND STD PROGRAMS (DHSP) REPORT

Wendy Garland, DHSP staff, reported that the DHSP Clinical Quality Management team is now being reconstituted. She noted that the SBP Committee has done a great job at revising and updating standards in the past couple years; she recommends having the Committee explore developing best practices for services.

V. DISCUSSION ITEMS**8. Prevention Service Standards Review**

The Committee decided to postpone the approval of the Prevention Services standards. The document will be posted for a public comment period starting in December 2023 and ending on January 31, 2024.

MOTION #3: Approve the Prevention Services standards, as presented or revised and elevate to the Executive Committee. *(No vote held.)*

VI. NEXT STEPS**9. TASK/ASSIGNMENTS RECAP:**

- ➡ COH staff will request a solicitation schedule from DHSP to help the Committee develop their 2024 standard review/development schedule.
- ➡ COH staff will post the Prevention Services standards document for a public comment period starting in December 2013 and ending on January 31, 2024.

11. AGENDA DEVELOPMENT FOR NEXT MEETING:

- Review and adopt draft workplan and meeting calendar for 2024.
- Review standards review/development schedule for 2024.
- Review public comments and approve the Prevention Services standards.

VII. ANNOUNCEMENTS

12. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS: There were no announcements.

VIII. ADJOURNMENT

13. ADJOURNMENT: The meeting adjourned at



LOS ANGELES COUNTY COMMISSION ON HIV

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www.hivcommission-la.info

DUTY STATEMENT, COMMISSIONER (subject to change)

POLICY:

- 1) Candidates for membership on the Commission on HIV must complete a membership application and are evaluated/scored by the Commission's Operations Committee, consistent with Policy/ Procedure #09.4205 (*Commission Membership Evaluation and Nomination Process*). The Operations Committee recommends candidates for membership to the Commission, which, in turn nominates them to the Board of Supervisors by a majority vote. The Board of Supervisors is responsible for appointing members to the Commission.

DUTIES AND RESPONSIBILITIES: In order to be an effective, active member of the Commission on HIV, an individual must meet the following demands of Commission membership:

1. Representation/Accountability:

- Possess a thorough knowledge of HIV/AIDS/STI issues and affected communities, and the organization or constituency the member represents;
- Continually and consistently convey two-way information and communication between the organization/constituency the member represents and the Commission;
- Provide the perspective of the organization/constituency the member represents and the Commission to other, relevant organizations regardless of the member's personal viewpoint;
- Participate and cast votes in a manner that is best for the entire County, regardless of the personal opinions of the member personal or the interests/opinions of the organization/constituency the member represents.

2 Commitment/Participation:

- a) Commitment to fill a full two-year Commission term.
- b) A pledge to:
 - respect the views of other members and stakeholders, regardless of race, ethnicity, sexual orientation, HIV status or other factors;
 - comply with "Robert's Rules of Order, Newly Revised", the Ralph M. Brown Act, the Commission's Code of Conduct and applicable HIPAA rules and requirements;
 - consider the views of others with an open mind;
 - actively and regularly participate in the ongoing decision-making processes; and
 - support and promote decisions resolved and made by the Commission when representing the Commission.
- c) A commitment to devote a minimum of ten hours per month to Commission/committee attendance, preparation and other work as required by your Commission membership.
- d) Each year of the two-year term, the Commissioner is expected to attend* and participate in, at a minimum, these activities:
 - Two all-day Commission orientation meetings (*first year only*) and assorted orientations and trainings of shorter length throughout the year;
 - One to two half-day County commission orientations (*alternate years*);
 - One half- to full-day Commission meeting monthly;
 - One two- to three-hour committee meeting once a month;
 - All relevant priority- and allocation-setting meetings;
 - One all-day Commission Annual Meeting in the Fall;
 - Assorted voluntary workgroups, task forces and special meetings as required due to committee assignment and for other Commission business.

**Stipulation: Failure to attend the required meetings may result in a Commissioner's removal from the body.*

3 Knowledge/Skills:

- a) A commitment to constantly develop, build, enhance and expand knowledge about the following topics:
 - general information about HIV/STIs and its impact on the local community;
 - a comprehensive HIV/STI continuum of care/prevention services, low-income support services, and health and human service delivery;
 - the Commission's annual HIV service priorities, allocations and plans;
 - the Ryan White Program, County health service and Medicaid information and other information related to funding and service support.



**LOS ANGELES COUNTY COMMISSION ON HIV 2024
STANDARDS AND BEST PRACTICES WORKPLAN (Updates in RED)**

Co-Chairs: Erika Davies, Kevin Stalter				
Adopted on: TBD				
Purpose of Work Plan: To focus and prioritize key activities for SBP Committee for 2024.				
#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	Review and refine 2024 workplan.	COH staff to update 2024 workplan monthly.	Ongoing, as needed	Workplan revised/updated on: 12/05/23, <i>02/29/24</i>
2	Provide feedback on implementation of the Comprehensive HIV Plan (CHP).	Collaborate with the PP&A Committee to support the implementation of the CHP.	Ongoing, as needed	
3	Update Universal service standards and Consumer Bill of Rights	Annual review of the standards. Revise/update document as needed.	<i>COMPLETE</i>	<i>The COH approved the document on 01/08/24. The Committee decided to move the document to a bi-annual review or as needed/requested.</i>
4	Update the Medical Care Coordination (MCC) service standards	Committee received a public comment requesting for a review and update of the MCC services standards.	<i>COMPLETE</i>	<i>The COH approved the document on 01/08/24.</i>
5	Update Prevention Service standards	Review and revise/update document as needed.	<i>Mar. 2024</i>	Committee forwarded the document to the Prevention Planning Workgroup for review at their 07/26/23 meeting. The PPW co-chairs presented the proposed revisions to the Prevention standards on 11/7/23. <i>The Committee posted the document for a public comment period starting on 12/15/23 and ending on 01/31/24. The Committee will review received comments at their 3/5/24 meeting.</i>
6	Update the Transitional Case Management: Youth service standards	Schedule and conduct review of the standard.	<i>TBD</i>	<i>The Committee will review meeting calendar on 3/5/24 and determine when to schedule the review.</i>



**LOS ANGELES COUNTY COMMISSION ON HIV 2024
STANDARDS AND BEST PRACTICES WORKPLAN (Updates in RED)**

7	Develop Transitional Case Management: 50+ service standards	Develop a TCM service standard that focused on healthcare navigation between the Ryan White Care System, Medi-Cal, and Medi-Care for people living with HIV 50+.	<i>TBD</i>	<i>The Committee will review meeting calendar on 3/5/24 and determine when to schedule the review.</i>
8	<i>Update the Emergency Financial Assistance service standards</i>	<i>Committee received a request to consider reviewing the EFA service standards.</i>	<i>TBD</i>	<i>The Committee will review meeting calendar on 3/5/24 and determine when to schedule the review.</i>
9	<i>Update Ambulatory Outpatient Medical Services standards</i>	<i>Upcoming solicitation to release in Nov. 2024</i>	<i>TBD</i>	<i>The Committee will review meeting calendar on 3/5/24 and determine when to schedule the review.</i>
10	<i>Update Transportation Services standards</i>	<i>Upcoming solicitation to release in Oct. 2024.</i>	<i>TBD</i>	<i>The Committee will review meeting calendar on 3/5/24 and determine when to schedule the review.</i>
11	<i>Update Temporary and Permanent Housing Services standards</i>	<i>Upcoming solicitation to release in Nov. 2024.</i>	<i>TBD</i>	<i>The Committee will review meeting calendar on 3/5/24 and determine when to schedule the review.</i>



LOS ANGELES COUNTY
COMMISSION ON HIV



STANDARDS AND BEST PRACTICES COMMITTEE 2024 MEETING CALENDAR | (updated 02.29.24)

DATE	KEY AGENDA ITEMS/TOPICS (subject to change; for planning purposes)
Feb. 6, 2024	Meeting Cancelled due to significant weather event.
Mar. 5, 2024 10am to 12pm <i>Room TK08</i>	Review and Adopt 2024 Committee workplan and meeting calendar Deliberate and establish standards review schedule for 2024 Review and approve HIV/STI Prevention Services standards HIV/STI Prevention Services standards on Executive Committee agenda
Apr. 2, 2024 10am to 12pm <i>Room TK05</i>	HIV/STI Prevention Services standards on COH agenda
May 7, 2024 10am to 12pm <i>Room TK08</i>	
Jun. 4, 2024 10am to 12pm <i>Pending</i>	
Jul. 2, 2024 10am to 12pm <i>Pending</i>	
Aug. 6, 2024 10am to 12pm <i>Pending</i>	
Sep. 3, 2024 10am to 12pm <i>Pending</i>	Labor Day Holiday 9/2/24
Oct. 1, 2024 10am to 12pm <i>Pending</i>	
Nov. 5, 2024 10am to 12pm <i>Pending</i>	Commission on HIV Annual Conference 11/14/2024
Dec. 3, 2024 10am to 12pm <i>Pending</i>	Elect Co-chairs for 2024 Reflect on 2024 accomplishments Draft workplan and meeting calendar for 2025

DHSP Solicitations Priorities 2024

I. Active solicitations:

- 1. Case Management - Home-Based Services WOS**
- 2. Community Engagement – Clinical Provider Trainings & Health Fairs Services WOS**

II. Upcoming Solicitations (List by Priority, estimated release dates)

- 1. Administrative Auditing Services** – release Feb. 24
- 2. Prevention Services** – release Aug/Sep. 2024
 - Category #1 - HIV Testing Services
 - Category #2 – Biomedical Services
 - a. PrEP Services
 - b. PEP Services
 - c. Navigation Services
 - Category #3 - Vulnerable Populations Services
 - Category #4 - STD Screening, Diagnosis and Treatment Services
- 3. Nutrition Support Services** – release Oct. 2024
- 4. Transportation Services** – release Oct. 2024
- 5. Ambulatory Outpatient Medical Services (AOM)** – release Nov. 2024
 - Category #1 – AOM Services
 - Category #2 – MAX Clinic Services
- 6. Medical Care Coordination Services (MCC)** – release Nov. 2024

- 7. Residential Care Services** – release Nov. 2024
 - Category #1 - Residential Care Facilities for Chronically Ill
 - Category #2 - Transitional Residential Care Facilities
 - Category #3 - SUD Transitional Housing

- 8. Non-Medical Case Management – Benefits Specialty Services** – Nov. 2024

- 9. Psychosocial Support/Peer Support Services** – release TBD

- 10. Clinical Quality Management Services** – release TBD



Service Standards Revision Date Tracker as of 02/01/24 FOR PLANNING PURPOSES

	COH Standard Title	DHSP Service	Description	Date of last Standard Revision	Notes
	AIDS Drug Assistance Program (ADAP) Enrollment	AIDS Drug Assistance Program (ADAP) Enrollment	State program that provides medications that prolong quality of life and delay health deterioration to people living with HIV who cannot afford them.	n/a	ADAP contacts directly with agencies. Administered by the California Department of Public Health, Office of AIDS (CDPH/OA).
	Benefits Specialty Services	Benefits Specialty Services (BSS)	Assistance navigating public and/or private benefits and programs (health, disability, etc.)	Last approved by COH on Sep. 8, 2022.	Upcoming solicitation—release Nov. 2024.
	Emergency Financial Assistance	Emergency Financial Assistance (EFA)	Pay for rent, utilities (including cell phone and Wi-Fi), and food and transportation.	Last approved by COH on Jun. 11, 2020.	Consider for review in 2024.
	HIV/STI Prevention Services	Prevention Services	Services used alone or in combination to prevent the transmission of HIV and STIs.	<i>Review in-progress</i>	Not a program—standards apply to prevention services. Upcoming solicitation—release Aug./Sep. 2024



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	COH Standard Title	DHSP Service	Description	Date of last Standard Revision	Notes
	Home-Based Case Management	Home-Based Case Management	Specialized home care for homebound clients.	Last approved by COH on Sep. 9, 2022.	Active solicitation
	Language Interpretation Services	Language Services	Translation and interpretation services for non-English speakers and deaf and.org hard of hearing individuals.	Last approved by COH in 2017.	
	Legal Services	Legal Services	Legal information, representation, advice, and services.	Last approved by COH on Jul. 12, 2018.	
	Medical Care Coordination	Medical Care Coordination (MCC)	HIV care coordination through a team of health providers to improve quality of life.	Completed	Upcoming solicitation—release Nov. 2024
	Medical Outpatient Services	Ambulatory Outpatient medical (AOM) Services	HIV medical care accessed through a medical provider.	Last approved by COH on Jan. 13, 2006.	Consider for review in 2024. Upcoming solicitation—release Nov. 2024
	Medical Specialty	Medical Specialty Services	Medical care referrals for complex and specialized cases.		



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	COH Standard Title	DHSP Service	Description	Date of last Standard Revision	Notes
	Mental Health Services	Mental health Services	Psychiatry, psychotherapy, and counseling services.	Last approved by COH in 2017.	
	Nutrition Support	Nutrition Support Services	Home-delivered meals, food banks, and pantry services.	Last approved by COH on Aug. 10, 2023.	Upcoming solicitation—release Oct. 2024
	Oral Health Care	Oral Health Services (General and Specialty)	General and specialty dental care services.	Last approved by COH on Apr. 13, 2023.	
	Psychosocial Support	Psychosocial Support/Peer Support Services	Help people living with HIV cope with their diagnosis and any other psychosocial stressors they may be experiencing through counseling services and mental health support.	Last approved by COH on Sep. 10, 2020.	Upcoming solicitation—Release TBD
	Substance Use Residential and Treatment Services	Substance Use Disorder Transitional Housing (SUDTH)	Housing services for clients in recovery from drug or alcohol use disorders.	Last approved by COH on Jan. 13, 2022.	
	Temporary Housing Services	Residential Care Facility for the Chronically Ill (RCFCI)	Home-like housing that provides 24-hour care.	Last approved by COH on Feb. 8, 2018.	Upcoming solicitation—release Nov. 2024



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	COH Standard Title	DHSP Service	Description	Date of last Standard Revision	Notes
	Temporary Housing Services	Transitional Residential Care Facility (TRCF)	Short-term housing that provides 24-hour assistance to clients with independent living skills.	Last approved by COH on Feb. 8, 2018	Upcoming solicitation—release Nov. 2024
	Transitional Case Management Services, Youth	Transitional Case Management—Youth	Client-centered, comprehensive services designed to promote access to and utilization of HIV care by identifying and linking youth living with HIV/AIDS to HIV medical and support services.	Last approved by COH on Apr. 13, 2017.	Consider for review in 2024.
	Transitional Case Management Services—Justice-Involved Individuals	Transitional Case Management	Support for incarcerated individuals transitioning from County Jails back to the community.	Last approved by COH on Dec. 8, 2022.	
	Transitional Case Management—Older Adults	n/a	To be developed.	n/a	Consider for review in 2024.
	Transportation	Transportation Services	Ride services to medical and social	Last approved by COH in 2017.	Consider for review in 2024.



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	COH Standard Title	DHSP Service	Description	Date of last Standard Revision	Notes
			services appointments.		Upcoming solicitation—Release Oct. 2024
	Universal Standards and Client Rights and Responsibilities	n/a	Establish the minimum standards of care necessary to achieve optimal health among people living with HIV, regardless of where services are received in the County. These standards apply to all services.	Last approved by COH on Jan. 8, 2024.	Not a program—standards apply to all services. The Committee will review this document on a bi-annual basis or as necessary per community stakeholder, partner agency, or Commission request.



Standards & Best Practices Committee

HIV/STI Prevention Services Standards | Reviewer/Public Comments as of 2/01/24

Name/Source	Comments	Proposed Revision(s)
<p>Public Comment submitted by Cheryl Barrit on 01/12/24</p>	<ul style="list-style-type: none"> I don't think "HIV Testing" fits under the category of "Screening and Assessments." Same thing for "Testing and Treatment of STIs." Maybe have a separate category for "Testing and Treatment" Maybe put [Treatment as Prevention (for PLWH)] under "Testing and Treatment" category? Not sure if "Partner Services" fits under "Biomedical Prevention" Revise acronym for MAT under the "Harm Reduction" category 	<ul style="list-style-type: none"> Medication Assisted Treatment (MAT) Standard: Provide MAT for clients identified with substance use disorder, as appropriate per provider assessments.
<p>Public comment submitted by Rebecca Cohen on 01/17/24</p>	<ul style="list-style-type: none"> Include pronouns to the list of information collected from clients during intake Consider specifying between medication prescriptions and dispensing of medications. Gold standard is ensure program can dispense not just send RX. [Biomedical Prevention] Also, recommend addition of vaccines, HPV, Hepatitis, MPOX, meningitis Recommend adding "gender-affirming care services" 	<ul style="list-style-type: none"> Client name, pronouns, home address, mailing address, and telephone number Add the following service component under the Biomedical Prevention section: Service Component: Vaccines Standard: Provide vaccines for HPV, Hepatitis, MPOX, and Meningitis to clients, as appropriate per provider assessment. Documentation: Documentation of vaccines provided. Add the following service under the Non-Biomedical/Behavioral Prevention section: Service Component: Supportive Services Standard: Provide Referrals and assist with linkage to supportive services. Services may include: <ul style="list-style-type: none"> Syringe exchange Housing services Mental health services



Name/Source	Comments	Proposed Revision(s)
		<ul style="list-style-type: none">○ Substance use services○ Foot and nutrition support○ Employment services○ Unemployment financial assistance○ Drug assistance programs○ Health insurance navigation○ Childcare○ Legal assistance○ Health literacy education○ Peer support○ Gender-affirming care services○ Other services, as identified and needed <p>Referrals should be to local facilities, clinics, and services providers in the area of the client minimizing transportation barriers.</p>



HIV/STI PREVENTION SERVICE STANDARDS



LOS ANGELES COUNTY
COMMISSION ON HIV



INTRODUCTION

Service standards outline the elements and expectations a service provider follows when implementing a specific service category. Service standards set the minimum level of care agencies should offer to clients. The Standards are intended to help agencies meet the needs of their clients. Providers are encouraged to exceed these standards. The Los Angeles County Commission on HIV developed the Prevention Service Standards to reflect current guidelines from federal and national agencies on HIV and STI prevention, and to establish the minimum standards of service delivery necessary to achieve optimal health among people with increased risk of HIV and STIs, regardless of where services are received in the County. Because there are many different types of organizations that may provide prevention services, not every category of prevention standards described herein will be applicable to all agencies. For example, an agency that provides HIV/STI testing only, will not necessarily be expected to provide adherence services for clients who are accessing pre-exposure prophylaxis (PrEP).

The development of the Standards includes guidance from service providers, the Los Angeles County Department of Public Health, Division of HIV and STD Programs (DHSP), and members of the Los Angeles County Commission on HIV (COH), Standards and Best Practices Committee and the COH Prevention Planning Workgroup (2022-2023).

SERVICE DESCRIPTION

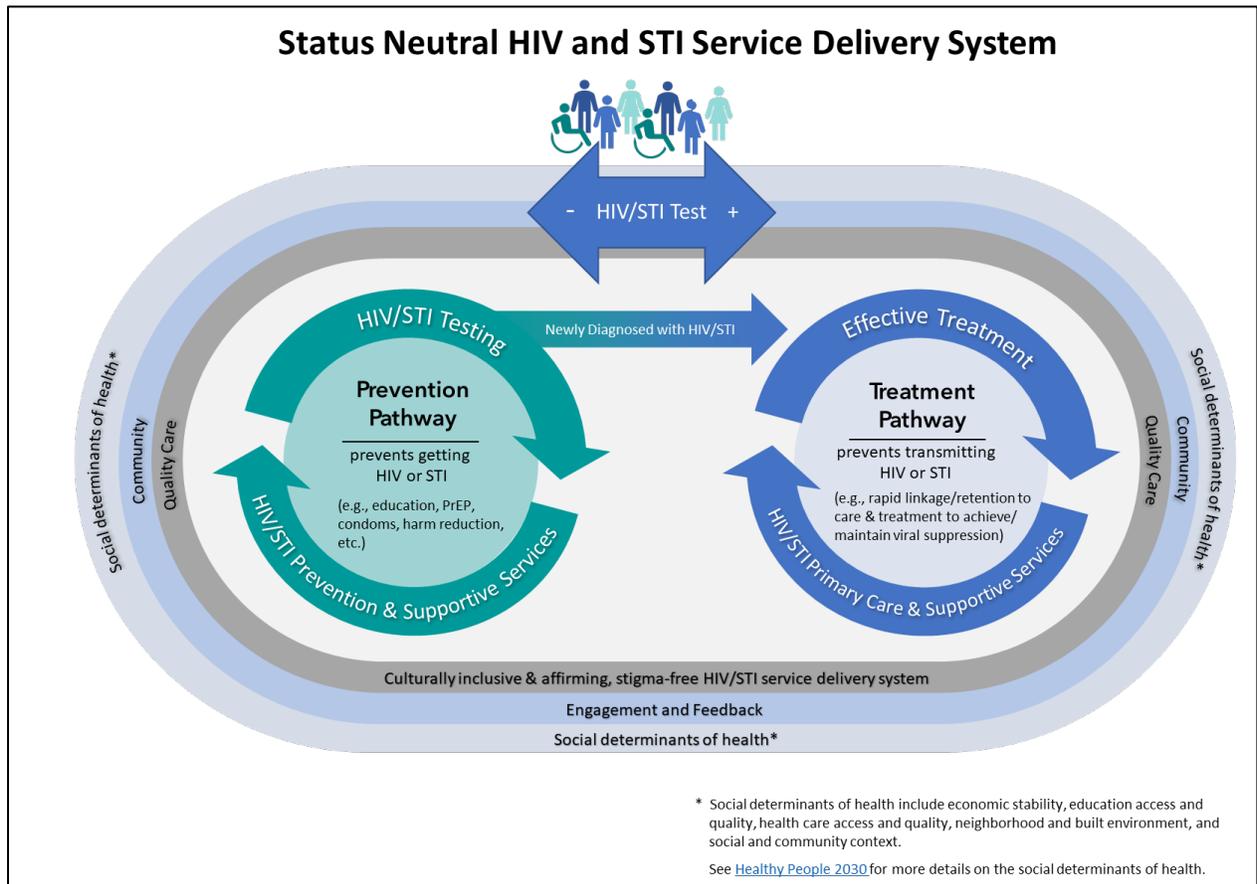
Prevention Services are those services used alone or in combination to prevent the transmission of HIV and STIs. The early diagnosis and treatment of STIs is vital to interrupting of transmission of STIs as well as HIV. Prevention Services include HIV and STI screening, biomedical interventions, non-biomedical/behavioral interventions, social services, harm reduction, and medical interventions.

The Los Angeles County Commission on HIV's *Status Neutral HIV and STI Service Delivery System Framework*, depicted in Figure 1 below, was used to guide the development of the Prevention Service Standards. The *Status Neutral HIV and STI Service Delivery System Framework* was developed in 2023 and adapted from the Centers for Disease Control and Prevention Status Neutral HIV Prevention and Care framework. This framework functions to provide an overview of the comprehensive support and care critical to addressing the social determinants of health that create disparities, especially as they relate to HIV and STIs. Continuous preventive, medical care and supportive services are highlighted as part of an ongoing effort by patient and provider to maintain engagement in clinical preventive care or treatment. A status-neutral approach to HIV care and prevention means that all people, regardless of HIV status, are treated in the same way. Engagement in the status neutral HIV and STI service delivery system starts with an HIV and/or STI test. Any result, positive or negative, initiates further engagement with the service delivery system, leading to a common goal, where HIV and STIs are neither acquired nor transmitted. The result is a dynamic trajectory into and through the continuum depending on test results. The figure emphasizes the continuous return of HIV negative persons to HIV/STI testing and linkage and engagement in care of persons diagnosed with HIV or STIs. When done effectively, rapidly linking newly diagnosed people to HIV/STI treatment

and those who test negative to ongoing prevention services will result in the decrease of new HIV and STI infections and support for people with diagnosed HIV (PLWH) to thrive with and beyond HIV and for those with diagnosed STIs to receive treatment and access to prevention strategies.

Figure 1 - Status Neutral HIV and STI Service Delivery System Framework

(Framework adapted from the [Centers for Disease Control and Prevention Status Neutral HIV Prevention and Care framework](#))



The status neutral framework reaches beyond established HIV and STI prevention & care systems and works to create pathways to vital medical and supportive services that meet the needs of individuals regardless of their HIV or STI status and is not centered solely around meeting disease specific needs. The benefits of a status neutral approach include: a reduction in institutionalized stigma for people with HIV (PWH), a reduction in stigma associated with STIs, increased efficiencies that improves resource utilization, and gained knowledge/insight from various service deliveries.

BACKGROUND

PURPOSE: Prevention Service Standards outline the essential elements of service delivery a provider agency must adhere to when implementing HIV and STI prevention services. The purpose of the service standards is to ensure consistent high-quality service delivery throughout Los Angeles County. Service standards establish the minimal level of service delivery. Providers are encouraged to exceed this minimal level if able to, given their capacity and scope.

A multitude of factors at the structural-, environmental-, interpersonal-, and individual-level impact the risk of HIV and STI infection. Therefore, a multitude of strategies (e.g., housing, employment, social marketing, counseling, condom distribution, etc.) may also serve to prevent the acquisition of HIV and STIs. Since it is not feasible to create standards for every potential prevention service, the HIV and STI Prevention Service Standards described in this document focus on ensuring that every individual at risk of acquiring or transmitting HIV infection and/or STIs is successfully connected to and retained in the prevention service(s) that are appropriate for them at any given point in time. Additionally, because there are many different types of organizations that may provide prevention services, not every category of prevention standards described herein will be applicable to all agencies. For example, an agency that provides HIV/STI testing only, will not necessarily be expected to provide adherence services for clients who are accessing PrEP or Doxy PEP.

DEFINITION OF HIV AND STI PREVENTION SERVICES: HIV and STI Prevention Services are those services used alone or in combination to prevent the transmission of HIV and STIs. Prevention services may include:

- **Biomedical** HIV prevention refers to HIV prevention methods that use antiretroviral treatment (ART) to decrease the risk of HIV transmission by reducing the viral load of people living with HIV (PLWH) and/or by reducing the susceptibility of HIV infection among HIV-negative individuals (via PrEP and PEP). Additionally, biomedical STI prevention refers to prevention methods that use antibiotics (DoxyPEP) and vaccination to decrease the risk of STIs.
- **Non-biomedical** HIV and STI prevention refers to strategies that aim to alter behaviors that make individuals more vulnerable to HIV and/or STI acquisition.
- **Harm Reduction** refers to a set of strategies that reduce the harms associated with substance use. These strategies can reduce behaviors resulting in elevated risk of HIV infection among injecting and non-injecting drug users.

SUMMARY OF CORE PREVENTION SERVICE COMPONENTS: The HIV and STI Prevention Service Standards seek to ensure the provision of a core set of integrated HIV and STI prevention services aimed at preventing the acquisition and transmission of HIV and STIs. The Core Prevention Service Components are Screening and Assessments, Biomedical Prevention, Harm Reduction (drugs, alcohol use and sexual activity), and Non-biomedical/Behavioral Prevention. These Core Prevention Service Components are complementary and should be used collectively to maximize prevention efforts.

UNIVERSAL STANDARDS FOR HIV AND STI PREVENTION SERVICES

UNIVERSAL STANDARDS FOR HIV AND STI PREVENTION SERVICES: In order to achieve the goal of reducing new HIV and STI infections, prevention services in Los Angeles County must include the following universal standards:

- Staff members meet the minimum qualifications for their job position and have the knowledge, skills, and ability to effectively fulfill their role and the communities served. If a position requires licensed staff, staff must maintain licensure to provide services.
- Staff participation in trainings appropriate to their job description and program including, but not limited to partnering with LGBTQ+/Transgender community, HIV Navigation Services (HNS), STI transmission and treatment, trauma-informed care, Narcan/naloxone use, fentanyl testing, cultural competence, and implicit bias.
- Provide services that are accessible and non-discriminatory to all people with a focus on highly impacted populations.
- Educate staff and clients on the importance of screening, biomedical prevention, non-biomedical prevention, and harm reduction to reduce the risk of HIV and STI transmission.
- Protect client rights and ensure quality of services.
- Provide client-centered, age appropriate, culturally, and linguistically competent service delivery.
- Provide high quality services through experienced and trained staff.
- Meet federal, state, and county requirements regarding safety, sanitation, access, and public health.
- Guarantee client confidentiality and protect the right of client autonomy.
- Prevent information technology security risks and protect patient information and records.
- Inform clients of services and collect information through an intake process.
- Effectively assess client needs and encourage informed and active participation.
- Address client needs through coordination of care and referrals to needed services.
- Ensure that the quality of service and materials given to patients during telehealth encounter is similar with in-person visits.
- Attend to clients' overall physical health, mental health, and spiritual health, as guided by each individual client.
- Address the social determinants of health such as economic and social conditions that influence the health of individuals and communities.
- Use a strength-based approach to service design and seek to understand and develop clients' strengths and capabilities that can lead to improved health and quality of life.
- Ensure a sex positive environment and interaction with clients.
- Adopt trauma-informed approaches to interacting with patients.

Screening and Assessments

SERVICE COMPONENT	STANDARD	DOCUMENTATION
Intake	Initiate a client record at first clinic visit or client interaction.	Intake tool in client file to include (at minimum): <ul style="list-style-type: none"> • Documentation of HIV/STI status (if applicable) • Proof of LA County residency or Affidavit of Homelessness • Verification of program and financial eligibility (if applicable) • Date of intake • Client name, home address, mailing address and telephone number • Emergency and/or next of kin contact name, home address and telephone number • Signed and dated Release of Information, Limits of Confidentiality, Consent, Client Rights and Responsibilities
Assessment	Comprehensive assessments are completed in a cooperative process between staff and the client during first visit/appointment. Alternatively, clients may complete online assessments prior to their first visit. Comprehensive assessment is conducted to determine the: <ul style="list-style-type: none"> • Client’s needs for prevention and medical services, and support services including housing and food needs • Client’s current capacity to meet those needs/identify barriers that address needs 	Comprehensive assessment on file in client chart to include: <ul style="list-style-type: none"> • Date of assessment • Signature and title of staff person conducting assessment • Completed assessment form Client strengths, needs and available resources in the following areas: <ul style="list-style-type: none"> • Medical/physical healthcare • Medications and Adherence issues • Mental health

	<ul style="list-style-type: none"> • Client’s medical home • Ability of the client’s social support network to help meet client needs • Extent to which other agencies are involved in client’s care 	<ul style="list-style-type: none"> • Substance use and/or substance use • HCV/HIV dual diagnosis, if applicable • Nutrition/food • Housing and living situation • Family and dependent care issues • Gender Affirming Care including access to hormone replacement therapy, gender affirming surgical procedures, name change/gender change clinics and other related services. • Transportation • Language/literacy skills • Religious/spiritual support • Social support system • Relationship history • Domestic violence/Intimate Partner Violence (DV/IPV) • History of physical or emotional trauma • Financial resources • Employment and Education • Legal issues/incarceration history • Knowledge/beliefs about HIV/STIs/Hepatitis • Agencies that serve the client and/or household
	<p>Staff will conduct reassessments with the client as needed.</p>	<ul style="list-style-type: none"> • Date of reassessment • Signature and title of staff person conducting reassessment • Completed reassessment form

HIV Testing	Staff will conduct appropriate HIV and/or STI tests based on sexual health history or client request.	Documentation of HIV/STI testing in client files and data management system.
	HIV/STI testing must be voluntary and free from coercion. Patients/ clients must not be tested without their knowledge/ written consent.	Documentation of patient consent as required or appropriate.
	Provide immediate and, if necessary, repeated, linkage services to persons with a preliminary positive HIV test result or a confirmed HIV diagnosis.	Documentation of linkage to care.
Testing and Treatment of STIs	Assess patients risk for STI acquisition.	STI risk assessments on file.
	Provide or partner with agencies that provide treatment for patients to test positive for an STI	Documentation of STI treatment plan and medication prescriptions. If referring to other agency, Memorandum of Understanding (MOU) on file.
	Ensure client is linked to services that cover the cost of treatment.	Documentation of linkage to services.
	Conduct follow up testing 3 months after positive test to ensure STI has been treated appropriately.	Documentation of follow-up.
	Provide or partner with agencies that provide vaccination for HPV and Hepatitis B, as recommended.	Vaccination record.

BIOMEDICAL PREVENTION

SERVICE COMPONENT	STANDARD	DOCUMENTATION
Treatment as Prevention (for PLWH)	Provide antiretroviral treatment (ART) to persons with diagnosed HIV within 3 days of diagnosis.	Documentation of treatment and prescription orders on file.
	For patients who choose to postpone treatment, periodically reoffer ART after informing them of the benefits and risk of currently recommended regimens.	Documentation of care follow-up and timeline.
	Enroll patients in health insurance or medical assistance programs that provide HIV care or cover costs of care.	Documentation of referrals or appointments with benefits specialists.
	Offer navigation assistance and support to encourage active participation in care.	Documentation of navigation assistance and/or referral.
	Establish procedures to identify patients at risk for lapses in care or services that support their continued care.	Documentation of chart reviews and internal procedures for maintaining engagement in care.
PrEP/PEP	Assess a client's risk of HIV acquisition.	Risk assessments on file.
	Provide clients with a PrEP/PEP Navigator/ Navigation Services	Documentation of service in client files.
	Provide PrEP prescription that addresses the specific needs of the client.	Documentation of service in client files.
DoxyPEP	Assess a client's risk of STI acquisition.	STI risk assessments on file.
	Provide DoxyPEP prescription to clients at risk of STI acquisition.	Documentation of STI treatment plan and medication prescriptions.
Partner Services	Identify client's recent sexual and/or injection drug use partner(s).	Documentation of partner services offer.
	Notify partner(s) of potential exposure to HIV and/or STI.	Documentation of partner notification.
	Offer appropriate HIV and/or STI treatment and care plan to partner(s).	Documentation of treatment provided to partners.
	Conduct follow up to ensure partner(s) adherence to treatment/care.	Documentation of follow-up.

	Refer clients to expedited partner services, as needed.	Documentation of referral.
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HARM REDUCTION (drugs, alcohol use and sexual activity)

SERVICE COMPONENT	STANDARD	DOCUMENTATION
Narcan/Naloxone	Partner with agencies/ organizations to provide training to clients on how to use nasal Narcan and/or injectable naloxone.	Documentation of training.
	Partner with agencies/ organizations to provide free or low-cost Narcan and/or naloxone to clients.	Documentation of Narcan/naloxone distributed.
Fentanyl Test Strips and Other Substance Testing Kits	Partner with agencies/ organizations to provide training to clients on how to use fentanyl test strips, and other substance testing kits.	Documentation of training.
	Partner with agencies/ organizations to provide free or low-cost fentanyl test strips and other substance testing kits	Documentation of test strips distributed.
Syringe Services Programs	Partner with agencies/ organizations to provide syringe services that include: <ul style="list-style-type: none"> • Needle exchange • Safe disposal • Nasal spray Narcan • Injectable Naloxone • Condoms • Wound care kit • Safer smoking supplies (pipes, mouthpieces, cleaning supplies) 	Documentation of items collected and/or distributed.
Peer Support	Provide referrals and assist with linkage to peer support as related to substance use disorder.	Documentation of referral.
Contingency Management	Provide referrals and assist with linkage to Contingency Management programs for stimulant use disorder.	Documentation of referral.
Mobile/Street Medicine	Provide mobile and/or street medicine to clients, where feasible.	Documentation of schedules, services provided/used, etc.

Medication Assisted Treatment (MAT)	Provide MAT for clients identified with substance use disorder, as appropriate per provider assessments.	Documentation of treatment provided.
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NON-BIOMEDICAL/BEHAVIORAL PREVENTION

SERVICE COMPONENT	STANDARD	DOCUMENTATION
Education/Counseling	Provide HIV and STI education. Sessions will focus on Health Education/Risk Reduction Prevention, Behavior Change Skills Building and increasing knowledge of access to care services based on the client's risk assessment. Sessions can be provided on a one-to-one basis or group setting depending on the client's preference, need and/or environment. Sessions can be conducted on an ongoing basis, depending on need, and can be from 1 to 3 weekly or semi-monthly sessions.	Documentation of program manuals and curricula.
	Provide PrEP/PEP education and counseling for clients at risk of HIV acquisition.	Documentation of program manuals and curricula.
	Provide DoxyPEP education and counseling for clients at risk of STI acquisition.	Documentation of program manuals and curricula.
	Provide education for PLWH on the importance of maintaining an undetectable viral load, the importance of adhering to care, and increase their capacity to engage their own care.	Documentation of program manuals and curricula.
	Offer free or low cost internal and external condoms and dental dams.	Documentation of safer sex supplies provided client.
	Supportive Services	Assess the client's need for supportive services.

	<p>Provide referrals and assist with linkage to supportive services. Services may include:</p> <ul style="list-style-type: none"> • syringe exchange • housing services • mental health services • substance abuse services • food and nutrition support • employment services • unemployment financial assistance • drug assistance programs • health insurance navigation • childcare • legal assistance • other services, as identified and needed • health literacy education • peer support <p>Referrals should be to local facilities, clinics, and service providers in the area of the client minimizing transportation barriers.</p>	Documentation of referrals.
Social Marketing and Outreach	Outreach to potential clients/families and providers.	Outreach plan on file.
	Collaborate with community partners and health care providers to promote services.	Documentation of partnerships.
Navigation Services	Provide navigation assistance for linkage to supportive services.	Documentation of services offered.
	Health Navigators will canvas the target areas to identify and document all available service providers that can be used as referral sources for clients.	Activity logs on file.
	Health Navigators will become familiar with the access, referral, and intake process to educate clients of this process when providing referral for services.	Training or resources identified by staff on file.

	Follow up session should be conducted to re-access clients' current situation and, if needed, additional services.	Documentation of reassessment.
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2024 TRAINING SCHEDULE

SUBJECT TO CHANGE

- “*” Asterisk denotes mandatory training for all commissioners.
- All trainings are open to the public.
- Click on the training topic to register.
- Certifications of Completion will be provided.
- All trainings are virtual.

<u>Co-Chair Roles and Responsibilities</u>	February 13, 2024 4:00-5:00PM
<u>General Orientation and Commission on HIV Overview</u> *	March 26, 2024 3:00-4:30PM
<u>Priority Setting and Resource Allocation Process & Service Standards Development</u> *	April 23, 2024 3:00-4:30PM
<u>Ryan White Care Act Legislative Overview Membership Structure and Responsibilities</u> *	July 17, 2024 3:00-4:30PM
<u>Policy Priorities and Legislative Docket Development Process</u>	October 2, 2024 3:00-4:30PM



We're Listening

share your concerns with us.

**HIV + STD Services
Customer Support Line**

(800) 260-8787

Why should I call?

The Customer Support Line can assist you with accessing HIV or STD services and addressing concerns about the quality of services you have received.

Will I be denied services for reporting a problem?

No. You will not be denied services. Your name and personal information can be kept confidential.

Can I call anonymously?

Yes.

Can I contact you through other ways?

Yes.

By Email:

dhspsupport@ph.lacounty.gov

On the web:

<http://publichealth.lacounty.gov/dhsp/QuestionServices.htm>





Estamos Escuchando



Comparta sus inquietudes con nosotros.

**Servicios de VIH + ETS
Línea de Atención al Cliente**

(800) 260-8787

¿Por qué debería llamar?

La Línea de Atención al Cliente puede ayudarlo a acceder a los servicios de VIH o ETS y abordar las inquietudes sobre la calidad de los servicios que ha recibido.

¿Se me negarán los servicios por informar de un problema?

No. No se le negarán los servicios. Su nombre e información personal pueden mantenerse confidenciales.

¿Puedo llamar de forma anónima?

Si.

¿Puedo ponerme en contacto con usted a través de otras formas?

Si.

Por correo electrónico:
dhspsupport@ph.lacounty.gov

En el sitio web:
[http://publichealth.lacounty.gov/
dhsp/QuestionServices.htm](http://publichealth.lacounty.gov/dhsp/QuestionServices.htm)

