LOS ANGELES COUNTY
COMMISSION ON HIV

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# Standards and Best Practices Committee Meeting

## Tuesday, November 7, 2023
## 10:00am-12:00pm (PST)

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

Agenda and meeting materials will be posted on our website at
https://hiv.lacounty.gov/standards-and-best-practices-committee/

*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.*

**NOTICE OF TELECONFERENCING SITES:**
None

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To Join by Telephone: 1-213-306-3065
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LOS ANGELES COUNTY
COMMISSION ON HIV

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, NOV. 7, 2023 | 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.*

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Password: STANDARDS Access Code: 2531 393 8622

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

**AGENDA POSTED:** November 1, 2023.

**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 for 10/03/2 | **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. By-Laws Review Taskforce—Updates
   b. Commission Training Calendar—Updates
   c. Commission Annual Conference—Updates
8. Co-Chair Report — 10:25 AM – 10:35 AM

a. Getting to Know you Activity
b. 2023 Workplan and Meeting Schedule Review
c. Co-Chair Nominations

9. Division on HIV and STD Programs (DHSP) Report 10:35 AM—10:45 AM

## V. DISCUSSION ITEMS

10. Prevention Services Standards Review 10:45 AM—11:15 AM
    - Presentation from the Prevention Planning Workgroup (PPW)
11. Universal Service Standards Review 11:15 AM-- 11:50 AM
    - **MOTION #3** Approve the Universal Standards and Patient Bill of Rights and Responsibilities, as presented or revised, and elevate to the Executive Committee.

## VI. NEXT STEPS 11:50 AM – 11:55 AM

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

## VII. ANNOUNCEMENTS 11:55 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 November 7, 2023

| 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 Universal Standards and Patient Bill of Rights and Responsibilities, as presented or revised and elevate to the Executive Committee. |

# HYBRID MEETING GUIDELINES, ETTIQUETTE & REMINDERS

**(Updated 6.12.23)**

☐ 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. Public comment is limited to 2 minutes per person. 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.

LOS ANGELES COUNTY
COMMISSION ON HIV

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**Approved by COH 6/8/23**

# 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.)

# 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

County of Los Angeles Public Health
Division of HIV and STD Programs

# 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 electronico:**
dhspsupport@ph.lacounty.gov

**En el sitio web:**
http://publichealth.lacounty.gov/dhsp/QuestionServices.htm

County of Los Angeles
Public Health
Division of HIV and STD Programs

DRAFT

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*Approved meeting minutes are available on the Commission's website; meeting recordings are available upon request.*

# STANDARDS AND BEST PRACTICES (SBP)
# COMMITTEE MEETING MINUTES
October 3, 2023

| COMMITTEE MEMBERS<br>P = Present \| A = Absent | | | | | |
|---|---|---|---|---|---|
| Erika Davies, *Co-Chair* | P | Wendy Garland, MPH | P | Mallery Robinson | A |
| Kevin Stalter, *Co-Chair* | A | Mark Mintline, DDS | A | Harold Glenn San Agustin, MD | A |
| Mikhaela Cielo, MD | A | Andre Molette | A | Martin Sattah, MD | P |
| Arlene Frames | P | Byron Patel | P | Juan Solis | EA |
| **COMMISSION STAFF AND CONSULTANTS** | | | | | |
| Cheryl Barrit, Lizette Martinez, Jose Rangel-Garibay | | | | | |
| **DHSP STAFF** | | | | | |
| | | | | | |

**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 10:10 am. Erika Davies led introductions.

## 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 June 6, 2023, July 11, 2023, and August 1, 2023 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, Executive Director, shared that they By-Law Review Taskforce (BRT) met on August 16, 2023 and continued their work on marking up the bylaws document. The BRT is decided on when to have their next meeting and are hoping to complete the review by the end of the year. C. Barrit assured attendees that once the BRT has completed their review, there will be a long public comment period for Commissioners, HIV care and prevention stakeholders, and community members to provide comments.
- **Commission Training Calendar**
  C. Barrit reminded attendees that the "Health Literacy and Self-Advocacy" training will take place on October 24pm from 3:00pm to 4:30pm via WebEx. Additionally, the "Co-chai Roles and Responsibilities" training has been rescheduled to February 2024.
- **Commission Annual Conference**
  C. Barrit shared that the Commission's Annual Conference will take place on November 9, 2023 starting at 9am at the Vermont Corridor. She added that the meeting is an opportunity to have a community dialogue for the next steps for the Commission. She noted that the speakers have been confirmed and that a reception will follow the conference. The event will also be livestreamed via the Commission's Facebook account.
  - **Request for Public Comment from the Public Policy Committee (PPC)**
    C. Barrit share that the PPC has requested that Commissioners and any HIV/STD stakeholders to provide public comment at the October 17, 2023 Board of Supervisors (BOS) meeting. The request is in light of a motion introduced to the BOS October 3, 2023 meeting agenda by Supervisors Horvath and Barger. The motion instructs the "Director of Public Health to present at the October 17, 2023 Board meeting on current investments and programs that address the Sexually Transmitted Infection (STI) crisis, including strategies that address STI health disparities and inequities among disproportionately impacted communities, a review of the planned investment of new resources, and new strategies to reduce rates of infection." She added that STIs are part of the charge of the Commission because of the intersections with HIV and prevention effort. She noted that typically the agenda for the BOS meeting is posted to the public on the Friday the week before. Commission staff will email the agenda to Commissioners once it becomes available. She emphasized that Commissioners could submit public comments in advance along with talking points and also requested that any Commissioner providing public comment in person should identify themselves as a Commissioner.

6. **CO-CHAIR REPORT**

- **"Getting to know you" activity**
  Dr. David Hardy introduced themselves and shared about their background in HIV healthcare and interest in becoming more involved in the local movements regarding HIV. Joseph Green also introduced themselves and noted he is currently serving as the Co-Chair Pro Tem for the Commission.
- **2023 Workplan Development and Meeting Schedule Review**
  E. Davies provided an overview of the 2023 Meeting schedule and workplan.
- **Renewal Committee-Only application for Mark Mintline, DDS**
  **MOTION #3** Approve the Renewal Committee-Only application for Mark Mintline, DDS and elevate to the

Operations Committee ***(✓Passed; Yes: Cielo, Frames, Hardy, Mintline, Patel, Sattah, Davies, Green; No: 0; Abstain: 0).***

**7. DIVISION ON HIV AND STD PROGRAMS (DHSP) REPORT**
There was no DHSP report.

## V. DISCUSSION ITEMS

**8. Nutrition Support Service Standards Review**
Jose Rangel-Garibay shared that the Nutrition Support service standards were approved by the Commission at their August meeting and the document has been transmitted to DHSP.

**9. Universal Service Standards Review**
J. Rangel-Garibay shared that the Prevention Planning Workgroup (PPW) is working on an addendum to the Universal Standards that describes the Status Neutral approach framework. The SBP Committee will hold off on voting to approve the document until the PPW has completed their addendum. E. Davies added that the SBP Committee co-chairs have decided to not review the Universal Standards document in 2024 and suggested for the Committee to consider a bi-annual review of the document given the length of the current review process.
**MOTION #4** Approve the Universal Standards and Patient Bill of Rights and Responsibilities, as presented or revised and elevate to the Executive Committee ***(Committee decided to postpone motion; no vote held).***

**10. Medical Care Coordination (MCC) Service Standards Review**
E. Davies provided an overview of the public comments received. A compilation of submitted comments and the actions the Committee has taken based on those recommendations can be found in the meeting packet.

J. Green asked about opportunities for having the MCC program be a gold standard for other Medical Care Coordination programs in the country. C. Barrit shared that other jurisdictions have their own versions of MCC and Ambulatory Outpatient Medical (AOM) services and noted New York City as an example.

E. Davies reminded the Committee that the standards the Committee develops are the floor for service providers contracted by DHSP. She added that the Committee has developed a best practices document for different populations and suggested that the Committee consider exploring service-based best practices.

Martin Sattah asked if there was any language in the MCC standards stating that clients doe not need a referral to request an appointment for MCC services. Lauren Gersh noted that there has to be some criteria or more staff members added to the MCC team; currently, MCC teams are small and are barely making it work.

L. Gersh also asked if the Commission had heard from DHSP regarding the use of Medi-Cal to address eligibility verification barriers. E. Davies noted that standard for "Patient Eligibility" reads "Eligibility is determined by provider," and recommended adding the following language, "Clients that want to access MCC services should be able to access the service." The intent is increase the threshold of verification and reduce barriers to client eligibility.

D. Hardy asked how clients find out about MCC services, in particular in situations where the client does not already know about MCC services. L. Gersh noted that all clients that are positive are screened for MCC services. M. Sattah added that most clients know that they have access to services however there might be patients have competing priorities that may limit their access and/or use of the services.

Andre Molette shared that their agency is currently experiencing issues with recruiting staff for the social work position which has led to the agency not accepting any new MCC intakes at this time. L Gersh asked what else can the Committee and the Commission do to address eligibility issues.

C. Barrit reminded the Committee that the Commission's service standards set the minimum service delivery expectations and it is up to DHSP to operationalize the standards via contracts to service providers. It is not within the scope of the Committee to set standards related to service/program operations. However, she added that the Committee can summarize the comments received and submit them along with the transmittal letter to DHSP after the MCC standards are voted on and approved by the full Commission body. The transmittal letter outlines the review process the Committee went through and can highlight suggestions that were not included in the standard but would improve service delivery. J. Green and E. Davies noted that the goal is reduce the burden on the client to access services.

L. Gersh addressed a public comment regarding "Patient Assessment and Reassessment" by stating that the MCC Feedback Committee survey responses called for re-evaluation of the MCC program on a regular basis with input from providers and consumers that would require DHSP to review their operational impact. J. Green asked if there is a timeline for DHSP to implement service standards. He also asked if it were possible to add a "Feedback mechanism section" to the Universal Standards to have a way of knowing how the standards are operationalized. C. Barrit reminded the Committee that DHSP staff provide service utilization reports to both the SBP and the Planning Priorities and Allocations (PP&A) Committees on a periodic basis which detail the amount of clients utilizing a particular service and a variety of demographic and population descriptors. These reports serve as one feedback mechanism for the Commission to understand service utilization and by extension service operations. Additionally, clients can provide their feedback on service operations via DHSP's Customer Support Program.

E. Davies went over the public comments submitted by the Consumer Caucus. These comments are also found in the compilation list document. Below are the Committee's responses to the comments. See the meeting packet for more information.

- Comment 1: The comment recommended to consider the PORT model as a model for MCC. E. Davies provided a brief overview of the PORT program in which a field-based team responds to non-911 (emergency) calls regarding people experiencing homelessness. The team is composed of a social worker/case manager, a firefighter, a peer workers (housing navigator) and a part-time nurse. Since 2018, the program reaches unhouse people and brings them into care to help reduce Emergency Room (ER) visits.
- Comment 2: The comment notes that MCC is not as accessible as it was before the COVID-19 pandemic. E. Davies noted that this could be a staffing issue. D. Hardy added that a lot of the issues listed in the comments may be COVID-related service interruptions.
- Comment 3: The comment notes that MCC is only for Ryan White Program (RWP) clients. The Committee noted that there might issues with client's understanding of the eligibility criteria for the MCC program. J. Green added that DHSP is launching a website with information on RWP services which may help mitigate this issue.
- Comment 4: The comment notes a delay in response after the client requested an appointment for an MCC initial assessment. The standards do not have a timeframe for when a provider conducts initial contact. L. Gersh added that the delay may be due to an agency's capacity issues to handle referrals. Individuals living with HIV who are long-term survivors may be screened-out unless their provider requests a referral. M. Sattah added that the client should contact DHSP's Customer Support Program to address this issue; the standard should reference the DHSP Customer Support Program.
- Comment 5: The comment suggests including support services to the menu of services provided via the MCC

program. The Committee noted that MCC already includes support services; however these may vary by agency depending on the agency's capacity. Increased awareness of the program may help reduce confusion.

- Comment 6: The comment asked if it were possible to train providers to help stabilize People Living With HIV (PLWH) rather than waiting for them to fall out of care. The Committee recommended to consider adding an additional layer of care to the Primary Care components so that a client's needs are being addressed.
- Comment 7-12: These comments noted that clients had never heard of the MCC program and called for expanded promotion of the MCC program and other RWP services. The Committee is aware that there is a need for increased promotion of MCC services so that clients are aware of the services and detailed descriptions of what each service offers.

D. Hardy added that the crux of the RWP is wrap-around services, and that staffing is a critical issue to providing services. Many agencies need more people to do the work. A. Molette added that at their agency, there is a shortage of people with the appropriate degree to fulfill the roles. DHSP has a vetting process for when agencies are looking to hire a candidate that does not the degree requirements for a particular position. He noted that having a master's degree requirement for the Patience Care Manager (PCM) role has made hiring difficult. M. Sattah asked if agencies have had issues keeping social workers. Byron Patel shared that their agency has an internal process to move people into other roles after some time because Licensed Clinical Social Workers (LCSW) eventually become more interested in talk therapy and less interested in case management.

L. Gersh noted that DHSP is in conversation with providers in allowing agencies hire non-Registered Nurses (RN) for the Medical Care Manager (MCM) role. B. Patel expressed concern for this decision noting that the difference in scope of practice between RN and Licensed Vocational Nurse (LVN) is vast and may not be successful without an RN in the MCC team.

E. Davies added that agencies can work in tandem with their program managers to address staffing capacity issues. She also expressed concern for increased promotion of MCC services given the current limited capacity for agencies to accept new intakes for the MCC program. She noted that these concerns will included in the transmittal letter to DHSP as well as a recommendations to develop a continuous improvement process.

**MOTION #5** Approve the Medical Care Coordination service standards, as presented or revised and elevate to the Executive Committee ***(✓Passed; Yes: Cielo, Frames, Mintline, Patel, Sattah, Davies; No: 0; Abstain: Molette, Green).***

**11. Prevention Service Standards Review**

J. Rangel-Garibay noted that the Prevention Planning Workgroup (PPW) will meet on October 25, 2023 to discuss their proposed changes to the Prevention Standards. He advised the Committee to delay further review of the Prevention Standards until the PPW has completed their review and provides their edits to the SBP Committee. In the meantime, he will send the current version of the Prevention Standards to Committee members for review in preparation for the November SBP Committee meeting.

## VI. NEXT STEPS

**12. TASK/ASSIGNMENTS RECAP**:

- Motion #4 will be deferred to the November 2023 SBP Committee meeting.
- COH staff will elevate the MCC standards to the Executive Committee for review and approval.
- COH staff will send the revised Prevention Standards to the SBP Committee members for review in preparation for the November SBP Committee meeting.

**10. AGENDA DEVELOPMENT FOR NEXT MEETING**:

- Complete review of the Universal standards.
- Continue review of the Prevention Services standards.

## VII. ANNOUNCEMENTS

**11. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS**:

- E. Davies announced that the Pasadena Department of Public Health will host their annual "National Coming Out Day" celebration on October 11 outside of the Pasadena City Hall starting at 5:30pm. There will be a resource fair comprised of community organizations.
- A. Molette announced that the SoCal Club will host their annual Fish Fry event on October 21; the event is open to the community.
- J. Green announced that he has been attended other community advisory groups and recruiting members for the Commission on HIV.
- A. Frames announced that on October 13 there will be a women's empowerment dinner with "Marcelle Webb" Brown Williams; the event is co-coordinated with Shelly Jones.
- K. Nelson reminded attendees of the STD Board of Supervisors Motion on October 17; she encouraged everyone to submit public comments.

## VIII. ADJOURNMENT

**12. ADJOURNMENT**: The meeting adjourned at 11:38pm.

LOS ANGELES COUNTY
COMMISSION ON HIV

# COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 10/23/23

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** | **Al** | 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 |
| **DANIELS** | **Shonte** | Unaffiliated consumer | No Ryan White or prevention contracts |
| **DAVIES** | **Erika** | City of Pasadena | HIV Testing Storefront |
| | | | HIV Testing & Sexual Networks |
| **DOAN** | **Pearl** | No Affiliation | No Ryan White or prevention contracts |
| **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** | No Affiliation | 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** | **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 |
| **MILLS** | **Anthony** | Southern CA Men's Medical Group | Biomedical HIV Prevention |
| | | | Ambulatory Outpatient Medical (AOM) |
| | | | Medical Care Coordination (MCC) |
| | | | Promoting Healthcare Engagement Among Vulnerable Populations |
| | | | Sexual Health Express Clinics (SHEx-C) |
| | | | Transportation Services |

| COMMISSION MEMBERS | | ORGANIZATION | SERVICE CATEGORIES |
|---|---|---|---|
| **MINTLINE (SBP Member)** | **Mark** | Western University of Health Sciences (No Affiliation) | No Ryan White or prevention contracts |
| **MOLLETTE** | **Andre** | Southern CA Men's Medical Group | Biomedical HIV Prevention |
| | | | Ambulatory Outpatient Medical (AOM) |
| | | | Medical Care Coordination (MCC) |
| | | | Promoting Healthcare Engagement Among Vulnerable Populations |
| | | | Sexual Health Express Clinics (SHEx-C) |
| | | | Transportation Services |
| **MURRAY** | **Derek** | City of West Hollywood | No Ryan White or prevention contracts |
| **NASH** | **Paul** | University of Southern California | Biomedical HIV Prevention |
| **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 |
| **OROZCO** | **Jesus ("Chuy")** | HOPWA-City of Los Angeles | No Ryan White or prevention contracts |
| **OSORIO** | **Ronnie** | Center For Health Justice (CHJ) | Transitional Case Management - Jails |

| COMMISSION MEMBERS | | ORGANIZATION | SERVICE CATEGORIES |
|---|---|---|---|
| **OSORIO** | **Ronnie** | Center For Health Justice (CHJ) | 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 |
| **ROBINSON** | **Redeem** | All Souls Movement (No Affiliation) | No Ryan White or prevention contracts |
| **ROSALES** | **Ricky** | City of Los Angeles AIDS Coordinator | No Ryan White or prevention contracts |
| **SATTAH** | **Martin** | Rand Schrader Clinic<br>LA County Department of Health Services | No Ryan White or prevention contracts |
| **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 |
| | | | Biomedical HIV Prevention |

| COMMISSION MEMBERS | | ORGANIZATION | SERVICE CATEGORIES |
|---|---|---|---|
| **SPENCER** | **LaShonda** | Oasis Clinic (Charles R. Drew University/Drew CARES) | 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

# REVISED 2023 Training Schedule

- All trainings are open to the public.
- Click on the training topic to register.
- Recordings will be available on our website for those unable to join live trainings.
- Certifications of Completion will be provided.
- All trainings are virtual.

| Topic | Date |
|---|---|
| General Orientation and Commission on HIV Overview * | March 29<br>3:00 - 4:30 PM |
| Priority Setting and Resource Allocation Process & Service Standards Development * | April 12<br>3:00 - 4:30 PM |
| Tips for Making Effective Written and Oral Public Comments | May 24<br>3:00 - 4:00 PM |
| Ryan White Care Act Legislative Overview<br>Membership Structure and Responsibilities * | July 19<br>3:00 - 4:30 PM |
| Public Health 101 | August 16<br>3:00 - 4:30 PM |
| Sexual Health and Wellness | September 20<br>3:00 - 5:00 PM |
| Health Literacy and Self-Advocacy **Changed from Oct. 18 to 24th** | October ~~18~~ 24<br>3:00 - 4:30 PM |
| Policy Priorities and Legislative Docket Development Process * | November 15<br>3:00 - 4:30 PM |
| Co-Chair Roles and Responsibilities **Changed from Dec. 6 to Feb. 13, 2024** | FEB. 13, 2024<br>~~December~~ 6<br>4:00 - 5:00 PM |

***Mandatory core trainings for all commissioners.***

# Annual Conference

# together.

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL

LOS ANGELES COUNTY COMMISSION ON HIV

## KEY TOPICS:

- Division of HIV and STD Programs Highlights
- The County's Response to the Intersection of HIV and Substance Use | Harm Reduction
- PrEP, Long-acting PrEP, Doxy PEP | Increasing Access and Utilization among Priority Populations
- Housing and People Living with HIV (PLWH)
- Community Discussion on Intergenerational Perspectives on Community Building and Resilience
- Enhancing Access to Mental Health Services for PLWH
- Raffles, prizes, post-event reception

**SCAN QR CODE FOR LISTEN ONLY LIVE STREAM OPTION:**

**IN PERSON OPTION:**

Vermont Corridor @ 510 S. Vermont Ave, Los Angeles, CA 90020
Free Validated Parking | 523 Shatto Pl

**NOV | 9th | 2023**

**Check-in 8:30am | Program 9am-4pm**
**Reception 4-5pm**

*Details will be posted at https://hiv.lacounty.gov/

**Submit Public Comments Electronically at:**
https://www.surveymonkey.com/r/PUBLIC_COMMENTS

LOS ANGELES COUNTY COMMISSION ON HIV

# LOS ANGELES COUNTY COMMISSION ON HIV 2023
# STANDARDS AND BEST PRACTICES WORKPLAN (Updates in RED)

**Co-Chairs: Erika Davies, Kevin Stalter**

**Adopted on: 03/07/23**

**Purpose of Work Plan**: To focus and prioritize key activities for SBP Committee for 2023.

| # | TASK/ACTIVITY | DESCRIPTION | TARGET COMPLETION DATE | STATUS/NOTES/OTHER COMMITTEES INVOLVED |
|---|---|---|---|---|
| 1 | Review and refine 2023 workplan | COH staff to review and update 2023 workplan monthly | Ongoing, as needed | Workplan revised/updated on: 01/03/23, 02/02/23, 02/28/23, 03/21/23, 5/1/23, 7/28/23, 9/29/23, 10/19/23 |
| 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 the Oral Health Care service standards | Continue review initiated in 2022. | Apr 2023<br><br>Complete | Committee announced public comment period from 01/04/23-02/05/23. Committee approved and elevated document to Executive Committee. EC approved document on 03/23/23. COH approved the document on 4/13/23. |
| 4 | Update Universal service standards and Consumer Bill of Rights | Annual review of the standards. Revise/update document as needed. | Jun 2023 | Committee announced public comment period starting on 5/2/23. COH staff collected feedback from Consumer Caucus on 7/23/23. The Committee will review comments received at their 11/07/23 meeting. |
| 5 | Update Nutrition Support Service Standards | Review and revise/update document as needed | Aug 2023 | Committee announced public comment period from 06/09/23-07/10/23. Committee approved and elevated document to Executive Committee. EC approved document on 07/27/23. The COH approved the Nutrition Support Services standards at the 08/10/23 meeting. |
| 6 | Update the Medical Care Coordination (MCC) service standards | Committee received a public comment requesting for a review and update of the MCC services standards. | Oct 2023 | Wendy Garland from DHSP delivered a presentation on the MCC program overview at the March meeting. Members that helped develop the MCC Workforce Survey will present key findings at May meeting. Committee approved the MCC standards and elevated to the Executive Committee. The EC approved the standards on 10/26. |
| 7 | Update Prevention Service standards | Review and revise/update document as needed | Nov 2023 | Committee forwarded the document to the Prevention Planning Workgroup for review at their 07/26/23 meeting. Committee will have presentation led by the PPW co-chairs at 11/7/23 meeting. |

| | | | | |
|---|---|---|---|---|
| 8 | Update the Transitional Case Management: Youth service standards | | ~~Late 2023~~ 2024 | The Committee will review their meeting calendar in June to determine next steps for this item. |
| 9 | Develop Transitional Case Management: 50+ service standards | Collaborate with the Aging Caucus to 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+ | ~~Late 2023~~ 2024 | The Committee will review their meeting calendar in June to determine next steps for this item. |

LOS ANGELES COUNTY
COMMISSION ON HIV

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HIVCOMM@LACHIV.ORG • https://hiv.lacounty.gov

# STANDARDS AND BEST PRACTICES COMMITTEE 2023 MEETING SCHEDULE

**(updated 10.25.23)**

| DATE | KEY AGENDA ITEMS/TOPICS (subject to change; for planning purposes) |
|---|---|
| **January 24**<br>10am to 12pm | Elect Co-chairs for 2023 |
| **February 7**<br>1pm to 3pm | Draft 2023 Committee workplan |
| **March 7**<br>10am to 12pm | Adopt 2023 Committee workplan<br>Approve Oral Health Care Services standards—SBP and Executive<br>MCC program overview presentation--DHSP |
| **April 4**<br>10am to 12pm | Approve Oral Health Care Services standards—COH<br>Continue review of Universal standards + Patient Bill Rights<br>Initiate review of Nutrition Support service standards |
| **May 2**<br>10am to 12pm | Presentation: MCC Workforce Survey Results<br>Announce public comment period for Universal Service standards<br>Continue review of Nutrition Support service standards |
| **June 6**<br>10am to 12pm | Announce public comment period for Nutrition Support service standards |
| **July 11**<br>10am to 12pm | Review public comments for Universal standards and Nutrition Support standards<br>Initiate review of Prevention Services<br>Continue review of MCC service standards |
| **August 1**<br>10am to 12pm | Approve Nutrition Support standards— EC on 07/27/23 and COH on 08/10/23<br>Discuss timeline for Prevention Standards review<br>Review public comments for Universal standards<br>Continue review of MCC service standards |
| ~~**September 5**~~<br>~~10am to 12pm~~ | Cancelled due to Labor Day Holiday 9/4/23<br>*Note: The United States Conference on HIV/AIDS (USCHA) 9/6/23-9/9/23* |
| **October 3**<br>10am to 12pm | Review public comments for the MCC Service Standards<br>Review comments for the Universal Standards<br>Review comments from the PPW for the Prevention Services standards |
| **November 7**<br>10am to 12pm | Review comments for the Universal Standards<br>Review comments form the PPW for the Prevention Services standards<br>Draft service standard review calendar for 2024 |
| **December 5**<br>10am to 12pm | Continue review of the Prevention Service standards<br>Announce Co-chair nominations |
| ~~**Jan. 2, 2024**~~ | Cancelled due to New Year's Day Holiday 1/1/23 |
| **Feb. 6, 2024**<br>10am to 12pm | First 2024 meeting of the SBP Committee<br>Elect Co-chairs for 2024<br>Draft 2024 Committee workplan |

DRAFT

LOS ANGELES COUNTY
COMMISSION ON HIV

# RYAN WHITE PROGRAM UNIVERSAL STANDARDS

**Approved by COH on 2/11/21**

**Draft as of 10/26/23 for SBP Committee Review.**

LOS ANGELES COUNTY
COMMISSION ON HIV

# TABLE OF CONTENTS

IMPORTANT: Service standards must adhere to requirements and restrictions from the federal agency, Health Resources and Services Administration (HRSA). The key documents used in developing standards are as follows:

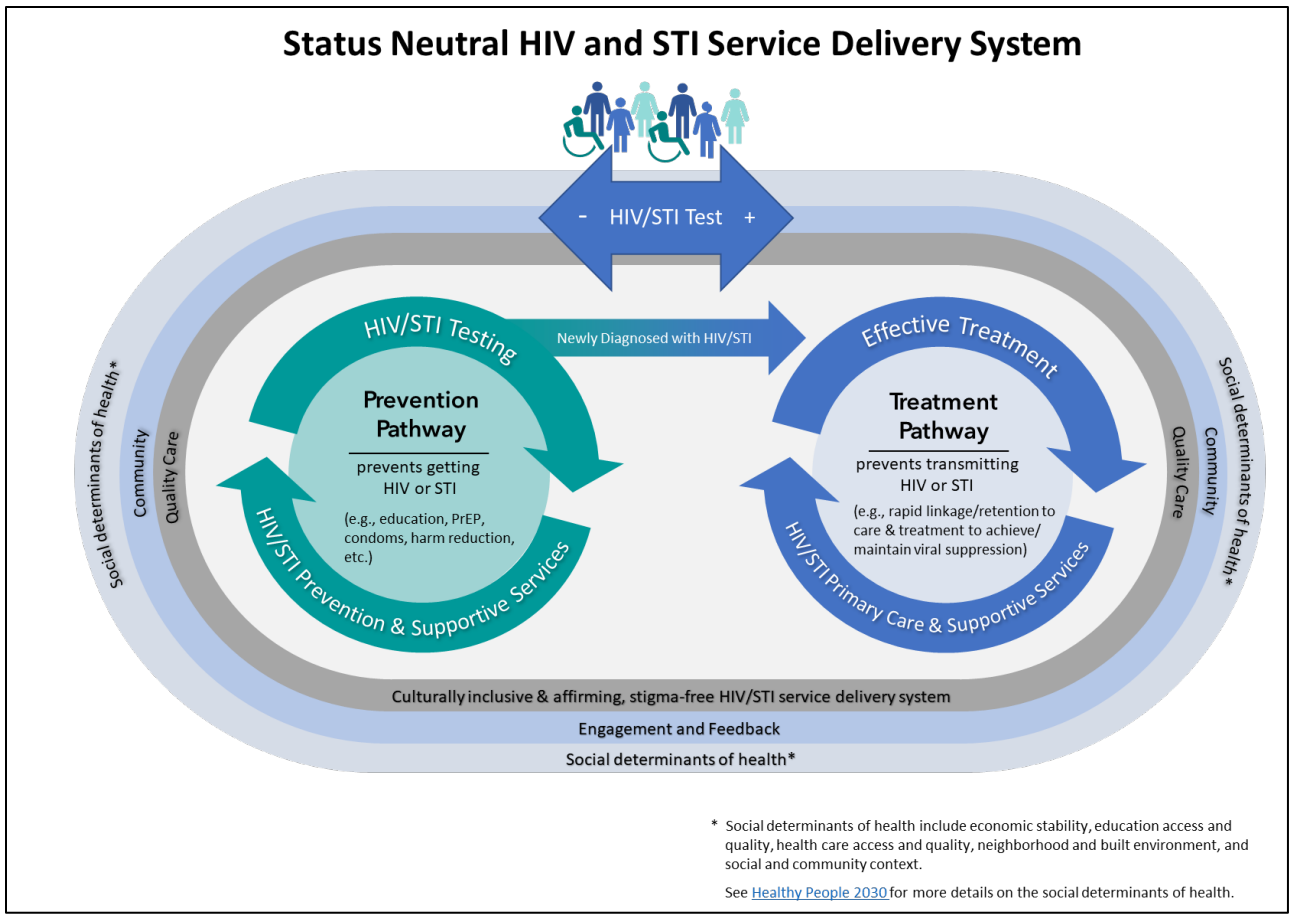
- Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18)
- HIV/AIDS Bureau, Division of Metropolitan HIV/AIDS Programs National Monitoring Standards for Ryan White Part A Grantees: Program – Part A
- Service Standards: Ryan White HIV/AIDS Programs

**INTRODUCTION**

Standards of Care outline the elements and expectations a Ryan White service provider follows when implementing a specific service category. Standards of Care are available for each service category to set the minimum level of care Ryan White funded agencies should offer to clients. The Standards are intended to help Ryan White Part A funded agencies meet the needs of their clients. Providers are encouraged to exceed these standards.

The Los Angeles County Commission on HIV developed the Universal Standards of Care to reflect current guidelines from federal and national agencies on HIV care and treatment, and to establish the minimum standards of care necessary to achieve optimal health among people living with HIV (PLWH), regardless of where services are received in the County. The development of the Standards includes guidance from service providers, consumers and members of the Los Angeles County Commission on HIV, Standards and Best Practices Committee.

Providers are encouraged to adopt the *Status Neutral HIV and STI Service Delivery System* that addresses both HIV care and prevention and that is responsive to the unique needs of their clients. The *Status Neutral HIV and STI Service Delivery System Framework, pictured below,* functions to provide comprehensive support and care to address the social determinants of health that create HIV and STI disparities. The status-neutral approach means that all people are treated in the same way and linked to preventive care, medical care, and supportive services, regardless of HIV or STI status. When done effectively, rapidly linking newly diagnosed people to HIV treatment and those who test negative to ongoing prevention services will decrease new HIV infections, support positive people to thrive with and beyond HIV, and works to reduce health disparities.




Further information on the *Status Neutral HIV and STI Service Delivery System Framework* and standards related to prevention can be found at: (insert link when available).

## UNIVERSAL STANDARDS OVERVIEW

The objectives of the Universal Standards are to ensure agencies:

- Provide services that are accessible and non-discriminatory to all PLWH in Los Angeles County
- Educate staff and clients on the importance of receiving care, treatment as prevention, and how maintaining an undetectable viral load results in no risk of HIV transmission
- Protect client rights and ensure quality of care
- Provide client-centered, age appropriate, culturally, and linguistically competent care
- 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, protect client autonomy, and ensure a fair process of addressing grievances
- Prevent information technology security risks and protect patient information and records
- Inform clients of services, establish eligibility, 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.

## 1. GENERAL AGENCY POLICIES

All agencies offering Ryan White services must have written policies that address client confidentiality, release of information, client grievance procedures, and eligibility. Agency policies and procedures facilitate service delivery as well as ensure safety and well-being of clients and staff. Agencies are encouraged to build their telehealth technology infrastructure and capacity to include videoconferencing to facilitate patient-provider connectivity and relationships.

| 1.0 GENERAL AGENCY POLICIES | |
|---|---|
| **Standard** | **Documentation** |
| 1.1 Agency develops or utilizes an existing client confidentiality policy in accordance with state and federal laws to assure protection of client HIV status, behavioral risk factors, and/or use of services. | 1.1 Written client confidentiality policy on file with specific information technology safeguards for confidentiality and patient information if using telehealth service modality. |
| 1.2 Agency is responsible for informing the patient that they have the right to obtain copies of their medical and other health records maintained by the agency. | 1.2 Written policy for informing the patient of their rights to receive a copy of their medical records. The policy should contain a description of the process for obtaining records, such as a verbal or written request and a reasonable timeframe for patients to receive the information. |
| 1.3 Client determines what information of theirs can be released and with whom it can be shared. Services using telehealth modality are subject to consent by the patient. | 1.3 Completed *Release of Information Form* on file including:<br>• Name of agency/individual with whom information will be shared<br>• Information to be shared<br>• Duration of the release consent<br>• Client signature<br>For agencies and information covered by the Health Insurance Portability and Accountability Act (HIPAA), form must be HIPAA disclosure authorization compliant. The form must also be compliant with the CA Medi-Cal telehealth policy.[1] |
| 1.4 Agency develops or utilizes an existing grievance procedure to ensure clients have recourse if they feel they are being treated in an unfair manner or feel they are not receiving quality services. | 1.4 Written grievance procedure on file that includes, at minimum:<br>• Client process to file a grievance<br>• Information on the Los Angeles County Department of Public Health, Division of HIV & STD Programs (DHSP) Customer Support Program[2] 1-800-260-8787.<br><br>DHSP Customer Support Program information is posted in a visible location on site or provided to the patient at the beginning of a telehealth encounter. |

[1] California Department of Health Care Services Telehealth Provider Manual can be accessed here https://files.medi-cal.ca.gov/pubsdoco/Publications/masters-MTP/Part2/mednetele.pdf

[2] More information on the Customer Support Program can be found here: DHSP_CSP_CustomerSupportForm_Website-ENG-Final_12.2022.pdf (lacounty.gov)

| | |
|---|---|
| 1.5 Agency provides eligibility requirements for services available upon request. Eligibility requirements must follow guidance from Division of HIV & STD Programs (DHSP) and HRSA under Policy Clarification Notice #16- 02[3] | 1.5 Written eligibility requirements on file. |
| 1.6 All client files are stored in a secure and confidential location, and electronic client files are protected from unauthorized use. Protection of client files and information must cover use of electronic medical records, phones, text messages, email, and telehealth modalities. | 1.6 Client files must be locked and/or password protected with access provided only to appropriate personnel. Agencies must establish written procedures and IT policies for message encryption and restrictions on staff access to protect client information. |
| 1.7 Agency maintains progress notes of all communication between provider and client. | 1.7 Legible progress notes maintained in individual client files that include, at minimum:<br>• Date of communication or service<br>• Service(s) provided<br>Recommended referrals linking clients to needed services (See Section 6: Referrals and Case Closure) |
| 1.8 Agency develops or utilizes an existing crisis management policy. | 1.8 Written crisis management policy on file that includes, at minimum:<br>• Mental health crises<br>• Dangerous behavior by clients or staff |
| 1.9 Agency develops a policy on utilization of Universal Precaution Procedures[4,5]. Staff members are trained in universal precautions. | 1.10 Written policy or procedure on file. Documentation of staff training in personnel file. |
| 1.10 Agency ensures compliance with Americans with Disabilities Act[6] (ADA) criteria for programmatic accessibility (e.g. building and design accessibility, parking, etc.). For agencies with multiple sites, all sites must comply with the ADA requirements. | 1.10 ADA criteria on file at all sites. |
| 1.11 Agency complies with all applicable state and federal workplace and safety laws and regulations, including fire safety. | 1.11 Signed confirmation of compliance with applicable regulations on file. |

[3] PCN 16-02 RWHAP Services Eligible Individuals and Allowables Uses of Funds (hrsa.gov)
[4] Bloodborne Infectious Diseases | NIOSH | CDC
[5] Bloodborne Pathogens - Worker protections against occupational exposure to infectious diseases | Occupational Safety and Health Administration (osha.gov)
[6] Laws, Regulations & Standards | ADA.gov

## 2. CLIENT RIGHTS AND RESPONSIBILITIES

A key component of HIV/AIDS service delivery is the historic and continued involvement of people living with HIV in the design and evaluation of services. The quality of care and quality of life for people living with HIV/AIDS is maximized when people living with HIV are active participants in their own health care decisions with their providers. This can be facilitated by ensuring that clients are aware of and understand the importance of their input in the development of HIV programming.

| **2.0 CLIENT RIGHTS AND RESPONSIBILITIES** | |
|---|---|
| **Standard** | **Documentation** |
| 2.1 Agency ensures services are available to any individual who meets the eligibility requirements for the specific service category. | 2.1 Written eligibility requirements on file. Client utilization data made available to funder. |
| 2.2 Agency includes input from people living with HIV/AIDS in the design and evaluation of services to ensure care is client centered. | 2.2 Written documentation of how inputwas received to inform service planning and evaluation in regular reports. Lists may include:<br>• Consumer Advisory Boardmeetings<br>• Participation of people living with HIV in HIV program committees or other planning bodies<br>• Needs assessments<br>• Anonymous patient satisfaction surveys. Discreet drop off boxes should be available in various sites throughout the agency and/or anonymous electronic follow-up surveys emailed to patients after their appointment.<br>• Focus groups |
| 2.3 Agency ensures that clients receive information technology support and training on how to use telehealth services. | 2.3 Written checklists and/or “how to” guides are provided to patients prior to their telehealth appointment. Materials may be emailed to patient and/or posted on the agency website.<br>The document should contain at least the following information:<br>• Instructions on how to use telehealth tools (i.e., phone, laptop, tablets, etc.) in plain language and available in the patient’s preferred language.<br>• Telephone number for technical support or trouble shooting available before, during and after the telehealth appointment. |

| | |
|---|---|
| 2.4 Agency ensures that clients retain the right to accept or decline a telehealth visit. The ultimate decision on the mode of service delivery, whether in-person or telehealth, must be determined by the client first before an appointment is made. | 2.4 Written procedures and telehealth acceptance or denial form completed by patients prior to the appointment. |
| 2.5 Agency provides each client a copy of the *Patient & Client Bill of Rights & Responsibilities (Appendix B)* document that informs them of the following:<br>• Confidentiality policy<br>• Expectations and responsibilities of the client when seeking services<br>• Client right to file a grievance<br>• Client right to receive no-cost interpreter services<br>• Client right to access their file (if psychotherapy notes cannot be released per clinician guidance, agency should provide a summary to client within 30 days)<br>• Reasons for which a client may be removed from services and the process that occurs during involuntary removal | 2.5 *Patient and Client Bill of Rights* document is signed by client and kept on file. |

## 3. STAFF REQUIREMENTS AND QUALIFICATIONS

Staff must be well qualified and, if necessary, hold all required licenses, registration, and/or degrees in accordance with applicable State and federal regulations as well as requirements of the Los Angeles County Department of Public Health, Division of HIV & STD Programs. At minimum, all staff will be able to provide timely, linguistically, and culturally competent care to people living with HIV. Staff will complete orientation through their respective hiring agency, including a review of established programmatic guidelines, and supplemental trainings as required by the Los Angeles County Department of Public Health, Division of HIV and STD Programs. The AIDS Education Training Center (AETC)[7] offers a variety of training for the HIV workforce.

| **3.0 STAFF REQUIREMENTS AND QUALIFICATIONS** | |
|---|---|
| **Standard** | **Documentation** |
| 3.1 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. Employment is an essential part of leading an independent, self-directed life for all people, including those living with HIV/AIDS. Agencies should develop policies that strive to hire PLWH in all facets of service delivery, whenever appropriate. | 3.1 Hiring policy and staff resumes on file. |

[7] Welcome | AIDS Education and Training Centers National Coordinating Resource Center (AETC NCRC) (aidsetc.org)

| | |
|---|---|
| 3.2 If a position requires licensed staff, staff must be licensed to provide services. | 3.2 Copy of current license on file. |
| 3.3 Staff will participate in trainings appropriate to their job description and program<br>a. Required education on how a client achieving and maintaining an undetectable viral load for a minimum of six months will not sexually transmit HIV. Continuing to take HIV medications as directed is imperative to stay undetectable.<br>b. Staff should have experience in or participate in trainings on:<br>• LGBTQ+/Transgender community and HIV Navigation Services (HNS)[8] provided by Centers for Disease Control and Prevention (CDC).<br>• Trauma informed care<br>• Providing care for older adults<br>• Mental Health First Aid | 3.3 Documentation of completed trainings on file |
| 3.4 New staff will participate in trainings to increase capacity for fulfilling the responsibilities of their position.<br>a. Required completion of an agency-level orientation within 6 weeks of hire<br>b. Training within 3 months of being hired appropriate to the job description.<br>c. Additional trainings appropriate to the job description and Ryan White service category. | 3.4 Documentation of completed trainings on file |
| 3.5 Staff are required to coordinate across Ryan White funded and non-funded programs to ensure clients' needs are met. | 3.5 Documentation of staff efforts of coordinating across systems for the client on file (e.g. housing case management services, etc.). |

## 4. CULTURAL AND LINGUISTIC COMPETENCE

Ryan White funded agencies must provide services that are culturally and linguistically competent based on the National Standards for Culturally and Linguistically Appropriate Services[9] (CLAS) in Health and Health Care. As noted in the CLAS Standards[10], ensuring culturally and linguistically appropriate services advances health equity, improves quality, and helps eliminate health care disparities by establishing a blueprint for health and health care organizations. For the purpose of these standards, culture is defined as the integrated pattern of thoughts, communications, actions, customs, beliefs, values, and institutions associated, wholly or partially, with racial,

[8] HIV Navigation Services | Treat | Effective Interventions | HIV/AIDS | CDC
[9] Culturally and Linguistically Appropriate Services - Think Cultural Health (hhs.gov)
[10] CLAS Standards - Think Cultural Health (hhs.gov)

ethnic, or linguistic groups, as well as with religious, spiritual, biological, geographical, or sociological characteristics. The standards below are adapted directly from the National CLAS Standards.

Agencies should also strive towards acknowledging implicit bias, how it plays a role in service delivery, and how it can be addressed and countered. Agencies must provide services that align with strategies to reduce implicit bias by the Institute for Healthcare Improvement. For the purpose of the standards, implicit bias refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual's awareness or intentional control. Residing deep in the subconscious, these biases are different from known biases that individuals may choose to conceal for the purposes of social and/or political correctness.

Cultural competence and acknowledging implicit bias rely on behaviors, attitudes, and policies that come together in a system, agency, or among individuals that reduces stigma and enables effective delivery of services. Linguistic competence is the ability to communicate effectively with clients, including those whose preferred language is not the same as the provider's, those who have low literacy skills, and/or those with disabilities. Cultural and linguistic competence is a goal toward which all service providers must aspire, but one that may never be completely achieved given the diversity of languages and cultures throughout our communities, and understanding that culture is dynamic in nature, and individuals may identify with multiple cultures over the course of their lifetime. However, agencies should ensure staff are involved in a continual process of learning, personal growth, and training that increases cultural and linguistic competence, addresses implicit bias, decreases stigma, and enhances the ability to provide appropriate services to all individuals living with HIV/AIDS.

Federal and State language access laws require health care facilities that receive federal or state funding to provide competent interpretation services to limited English proficiency patients at no cost, to ensure equal and meaningful access to health care services. Interpretation refers to verbal communication where speech is translated from a speaker to a receiver in a language that the receiver can understand. Translation refers to the conversion of written material from one language to another.

| **4.0 CULTURAL AND LINGUISTIC COMPETENCE** | |
|---|---|
| **Standard** | **Documentation** |
| 4.1 Recruit, promote, and support a culturally and linguistically diverse workforce that are responsive to the population served. | 4.1 Documentation of how staff demographics reflect the demographics of clients served on file (e.g. race, gender identity, age, sexual orientation, lived experience etc.) |
| 4.2 Agency develops or utilizes existing culturally and linguistically appropriate policies and practices. Agency educates and trains workforce on culturally and linguistically appropriate practices on an ongoing basis. | 4.2 Written policy and practices on file<br>Documentation of completed trainings on file. |
| 4.3 Provide resources onsite to facilitate communication for individuals who experience impairment due to a challenging medical condition or status (e.g. augmentative and alternative communication resources or auxiliary aids and services) | 4.3 Resources on file<br>a. Checklist of resources onsite that are available for client use.<br>b. Type of accommodations provided documented in client file. |

| | |
|---|---|
| 4.4 Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing. | 4.4 *Signed Patient & Client Bill of Rights and Responsibilities* document on file that includes notice of right to obtain no-cost interpreter services. |
| 4.5 Ensure the competence of individuals providing language assistance<br>a. Use of untrained individuals and/or minors as interpreters should be avoided<br>Ensure quality of language skills of self-reported bilingual staff who use their non-English language skills during client encounters | 4.5 Staff resumes and language certifications, if available, on file. |
| 4.6 Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area in clinic points of entry (e.g. registration desks, front desks, reception, waiting rooms, etc.) and areas where work with client is performed (e.g. clinic rooms, meeting rooms, etc.) | 4.6 Materials and signage in a visible location and/or on file for reference. |

## 5. INTAKE AND ELIGIBILITY

All clients who request or are referred to HIV services will participate in an intake process conducted by appropriately trained staff. The intake worker will review client rights and responsibilities, explain available services, the confidentiality and grievance policy, assess immediate service needs, and secure permission to release information

| **5.0 INTAKE AND ELIGIBILITY** | |
|---|---|
| **Standard** | **Documentation** |
| 5.1 Intake process begins within 5 days of initial contact and is completed within 30 days of initial contact with client. | 5.1 Completed intake on file that includes, at minimum:<br>• Client's legal name, name if different than legal name, and pronouns<br>• Address, phone, and email (if available). A signed affidavit declaring homelessness should be kept on file for clients without an address.<br>• Preferred method of communication (e.g., phone, email, or mail)<br>• Emergency contact information<br>• Preferred language of communication<br>• Enrollment in other HIV/AIDS services.<br>• Primary reason and need for seeking services at agency<br>If client chooses not to complete the intake within 30 days of initial contact, document attempts to contact client and mode of communication in client file. |
| 5.2 Agency determines client eligibility | 5.2 Documentation includes:<br>• Los Angeles County resident<br>• Income equal to or below the required Federal Poverty Level (FPL) as determined by Division of HIV & STD Programs<br>• Verification of HIV diagnosis |

## 6. REFERRALS AND CASE CLOSURE

A client case may be closed through a systematic process that includes case closure justification and a transition plan to other services or other provider agencies, if applicable. Agencies should maintain a list of resources available for the client for referral purposes. If the client does not agree with the reason for case closure, they should follow the grievance policy at the provider agency and/or be referred to the Department of Public Health, Division of HIV and STD Programs Customer Support Program[11].

| **6.0 REFERRALS AND CASE CLOSURE** | |
|---|---|
| **Standard** | **Documentation** |
| 6.1. Agency will maintain a comprehensive list of providers for full spectrum HIV-related and other service referrals<br>a. Staff will provide referrals to link clients to services based on assessments and reassessments | 6.1 Identified resources for referrals at provider agency (e.g. lists on file, access to websites)<br>a. Written documentation of recommended referrals in client file |
| 6.2 If needed, staff will engage additional providers for specific support services (e.g. behavioral health, substance use, housing) | 6.2 Agency establishes partnerships with agencies for referrals as needed. Memoranda of Understanding (MOU) on file. |
| 6.3 For clients with missed appointments or pending case closure, staff will attempt to contact client.<br>a. Cases may be closed if the client:<br>• Relocates out of the service area<br>• Is no longer eligible for the service<br>• Discontinues the service<br>• No longer needs the service<br>• Puts the agency, serviceprovider, or other clients at risk<br>• Uses the service improperly or has not complied with the services agreement<br>• Is deceased<br>• Has had no direct agency contact, after repeated attempts, for a period of 12 months. | 6.3 Attempts to contact client and mode of communication documented in file.<br>a. Justification for case closure documented in client file |
| 6.4 Agency has a transition procedure in place that is implemented for clients leaving services to ensure a smooth transition. | 6.4 Completed transition summary in file, signed by client and supervisor (if possible). Summary should include reason for case closure; and a plan for transition to other services, if applicable, with confirmation of communication between referring and referral agencies, or between client and agency. |

[11] DHSP_CSP_CustomerSupportForm_Website-ENG-Final_12.2022.pdf (lacounty.gov)

| | |
|---|---|
| 6.5 Agency develops or utilizes existing due process policy for involuntary removal of clients from services; policy includes a series of verbal and written warnings before final notice and case closure. | 6.5 Due process policy on file as part of transition, and case closure policy described in the *Patient & Client Bill of Rights and Responsibilities* document. (Refer to Appendix B). |

**APPENDIX A: RYAN WHITE PART A SERVICE CATEGORIES**

The Ryan White HIV/AIDS Program Part A provides assistance to communities that are most severely impacted by the HIV epidemic. Part A funds must be used to provide core medical and support services for people living with HIV.

| **Core Medical Services** | **Description** |
|---|---|
| Ambulatory Outpatient Medical (AOM) Services | HIV medical care access through a medical provider. |
| Home-based Case Management | Specialized home care for homebound clients. |
| Medical Care Coordination (MCC) | HIV care coordination through a team of health providers to improve quality of life. |
| Medical Specialty Services | Medical care referrals for complex and specialized cases. |
| Mental Health Services | Psychiatry, psychotherapy, and specialized cases. |
| Oral Health Services (General & Specialty) | General and specialty dental care services. |
| **Supportive Services** | **Description** |
| Benefits Specialty Services | Assistance navigating public and/or private benefits and programs (health, disability, etc.). |
| Language Translation Services | Translation services for non-English speakers and deaf and/or hard of hearing individuals. |
| Legal Services | Legal information, advice, and services. |
| Nutrition Support Services | Home-delivered meals, food banks, and pantry services. |
| Residential Care Facility for the Chronically Ill (RCFCI) | Home-like housing that provides 24-hour care. |
| Substance Use Disorder Transitional Housing (SUDTH) | Housing services for clients in recovery form drug or alcohol use disorders. |
| Transitional Case Management | Support for incarcerated individuals transitioning from County jails back to the community. |
| Transitional Residential Care Facility (TRCF) | Short-term housing that provides 24-hour assistance to clients with independent living skills. |
| Transportation Services | Ride services to medical and social services appointments. |

## APPENDIX B: PATIENT & CLIENT BILL OF RIGHTS AND RESPONSIBILITIES

It is the provider's responsibility to provide clients a copy of the Patient & Client Bill of Rights and Responsibilities in all service settings, including telehealth. The purpose of this Patient and Client Bill of Rights is to help enable clients to act on their own behalf and in partnership with their providers to obtain the best possible HIV/AIDS care and treatment. This Bill of Rights and Responsibilities comes from the hearts of people living with HIV/AIDS in the diverse communities of Los Angeles County. As someone newly entering or currently accessing care, treatment, or support services for HIV/AIDS, you have the right to:

**A. Respectful Treatment and Preventative Services**

1. Receive considerate, respectful, professional, confidential, and timely care and preventative services (such as screenings and vaccinations) in a safe client-centered, trauma-informed environment without bias.
2. Receive equal and unbiased care according to your age and needs in accordance with federal and State laws.
3. Receive information about the qualifications of your providers, particularly abouttheir experience managing and treating HIV/AIDS or related services.
4. Be informed of the names and work phone numbers of the physicians, nurses, and other staff members responsible for your care.
5. Receive safe accommodations for protection of personal property while receiving care services.
6. Receive services that are culturally and linguistically appropriate, including having a full explanation of all services and treatment options provided clearly in your ownlanguage and dialect.
7. Review your medical records and receive copies of them upon your request(reasonable agency policies including reasonable fee for photocopying may apply).

**B. Competent, High-Quality Care**

1. Have your care provided by competent, qualified professionals who follow HIV treatment standards as set forth by the U.S. Department of Health and Human Services[12] (HHS), the Centers for Disease Control and Prevention[13] (CDC), the California Department of Health Services[14], and the County of Los Angeles Department of Public Health[15].
2. Have access to these professionals at convenient times and locations.
3. Receive appropriate referrals to other medical, mental health or care services.
4. Have their phone calls and/or emails answered with 1-5 business days based on the urgency of the matter.

**C. Participate in the Decision-making Treatment Process**

1. Receive complete and up-to-date information in words you understand aboutyour diagnosis, treatment options, medications (including common side effects and complications) and prognosis that can reasonably be expected.
2. Participate actively with your provider(s) in discussions about choices and options available for your treatment.
3. Make the final decision about which treatment option is best for you after you have been given all relevant information about these choices and the clearrecommendation of your provider.
4. Have access to patient-specific education resources and reliable information and training about patient self-management.

[12] HIV Treatment Guidelines | NIH
[13] Guidelines and Recommendations | Clinicians | HIV | CDC
[14] HIV Care Program
[15] LA County Department of Public Health

5. Refuse any and all treatments recommended and be told of the effect that not taking the treatment may have on your health, be told of any other potential consequences of your refusal, and be assured that you have the right to change your mind later.
6. Be informed about and afforded the opportunity to participate in anyappropriate clinical research studies for which you are eligible.
7. Refuse to participate in research without prejudice or penalty of any sort.
8. Refuse any offered services or end participation in any program without bias or impact on your care.
9. Be informed of the procedures at the agency forresolving misunderstandings, making complaints, or filing grievances.
10. Receive a response to a complaint or grievance within 30-45 days of filing it.
11. Be informed of independent ombudsman or advocacy services outside the agency to help you resolve problems or grievances (see number at bottom of this form), including how to access a federal complaint center within the Center for Medicare and Medicaid Services[16] (CMS).

**D. Confidentiality and Privacy**

1. Receive a copy of your agency's Notice of Privacy Policies and Procedures. (Youragency will ask you to acknowledge receipt of this document.)
2. Keep your HIV status confidential. Have information explained to you about confidentiality policies and under what conditions, if any, information about HIV care services may bereleased.
3. Request restricted access to specific sections of your medical records.
4. Authorize or withdraw requests for your medical record from anyone else besidesyour health care providers and for billing purposes.
5. Question information in your medical chart and make a written request to change specific documented information. (Your physician has the right to accept or refuse your request with an explanation.)

**E. Billing Information and Assistance**

1. Receive complete information and explanation in advance of all charges that may be incurred for receiving care, treatment, and services as well as payment policies of your provider.
2. Receive information on any programs to help you pay and assistance in accessing such assistance and any other benefits for which you may be eligible.

**F. Patient/Client Responsibilities**

In order to help your provider give you the care to which you are entitled, you also have the responsibility to:

1. Participate in the development and implementation of your individual treatmentor service plan to the extent that you are able.
2. Provide your providers, to the best of your knowledge, accurate and complete information about your current and past health and illness, medications andother treatment and services you are receiving, since all of these may affect your care. Communicate promptly any changes or new developments.
3. Communicate to your provider whenever you do not understand information youare provided.
4. Follow the treatment plan you have agreed to and understand the consequencesof failing to adhere to the recommended course of treatment or of using alternative treatments.
5. Understand that cases may be closed if the client:
    i. Relocates out of the service area
    ii. Is no longer eligible for the service(s)
    iii. Discontinues the service(s)
    iv. No longer needs the service(s)

[16] Home - Division of Appeals Policy (lmi.org)

v. Puts the agency, service provider, or other clients at risk
vi. Uses the service(s) improperly or has not complied with the services agreement
vii. Is deceased
viii. Has had no direct agency contact, after repeated attempts, for a period of 12 months

6. Keep your appointments and commitments at this agency or inform theagency promptly if you cannot do so.
7. Keep your provider or main contact informed about how to reach you confidentiallyby phone, mail, or other means.
8. Follow the agency's rules and regulations concerning patient/client care and conduct.
9. Be considerate of your providers and fellow clients/patients and treat them withthe respect you yourself expect.
10. Refrain from the use of profanity or abusive or hostile language; threats, violence, or intimidations; carrying weapons of any sort; theft or vandalism; sexual harassment and misconduct.
11. If you are a person living with a Substance Use Disorder, please be open and honest with your provider about your substance use so that any issues can be properly addressed.

**For More Help or Information**

Your first step in getting more information involving any complaints or grievances is to speak with your provider or a designated client services representative or patient or treatment advocate at the agency. If this does not resolve the problem in a reasonable time span, or if serious concerns or issues arise and you would like to speak with someone outside the agency, you may call the number below for confidential, independent information and assistance.

**Division of HIV and STD Programs** | Customer Support Program
(800) 260-8787 | 8:00 am – 5:00 Monday – Friday

**APPENDIX C: TELEHEALTH RESOURCES**

- **Federal and National Resources:**
  - HRSA's Ryan White HIV/AIDS Program Expanding HIV Care Through Telehealth CARE Action Newsletter October 2019: https://hab.hrsa.gov/sites/default/files/hab/Publications/careactionnewsletter/telehealth.pdf
- **Telehealth Discretion During Coronavirus:**
  - AAFP Comprehensive Telehealth Toolkit: https://www.aafp.org/dam/AAFP/documents/practice_management/telehealth/2020-AAFP-Telehealth-Toolkit.pdf
  - ACP Telehealth Guidance & Resources: https://www.acponline.org/practice-resources/business-resources/telehealth
  - ACP Telemedicine Checklist: https://www.acponline.org/system/files/documents/practice-resources/health-information-technology/telehealth/video_visit_telemedicine_checklist_web.pdf
  - AMA Telehealth Quick Guide: https://www.ama-assn.org/practice-management/digital/ama-telehealth-quick-guide
  - CMS Flexibilities for Physicians: https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf - "Under the CARES Act, CMS is waiving the requirements of section 1834(m)(1) of the ACT and 42 CFR § 410.78(a)(3) for use of interactive telecommunications systems to furnish telehealth services, to the extent they require use of video technology, for certain services. This waiver allows the use of audio-only equipment to furnish services described by the codes for audio-only telephone evaluation and management services, and behavioral health counseling and educational services."
  - CMS Flexibilities for RHCs and FQHCs: https://www.cms.gov/files/document/covid-rural-health-clinics.pdf - "Medicare telehealth services generally require an interactive audio and video telecommunications system that permits real-time communication between the practitioner and the patient. (During the PHE, some telehealth services can be furnished using audio-only technology.)"
  - CMS Fact Sheet on Virtual Services: https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet
  - Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency
  - Using Telehealth to Expand Access to Essential Health Services during the COVID-19 Pandemic

# LOS ANGELES COUNTY COMMISSION ON HIV PREVENTION SERVICES STANDARDS



LOS ANGELES COUNTY COMMISSION ON HIV

Revised 10/25/23

## 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

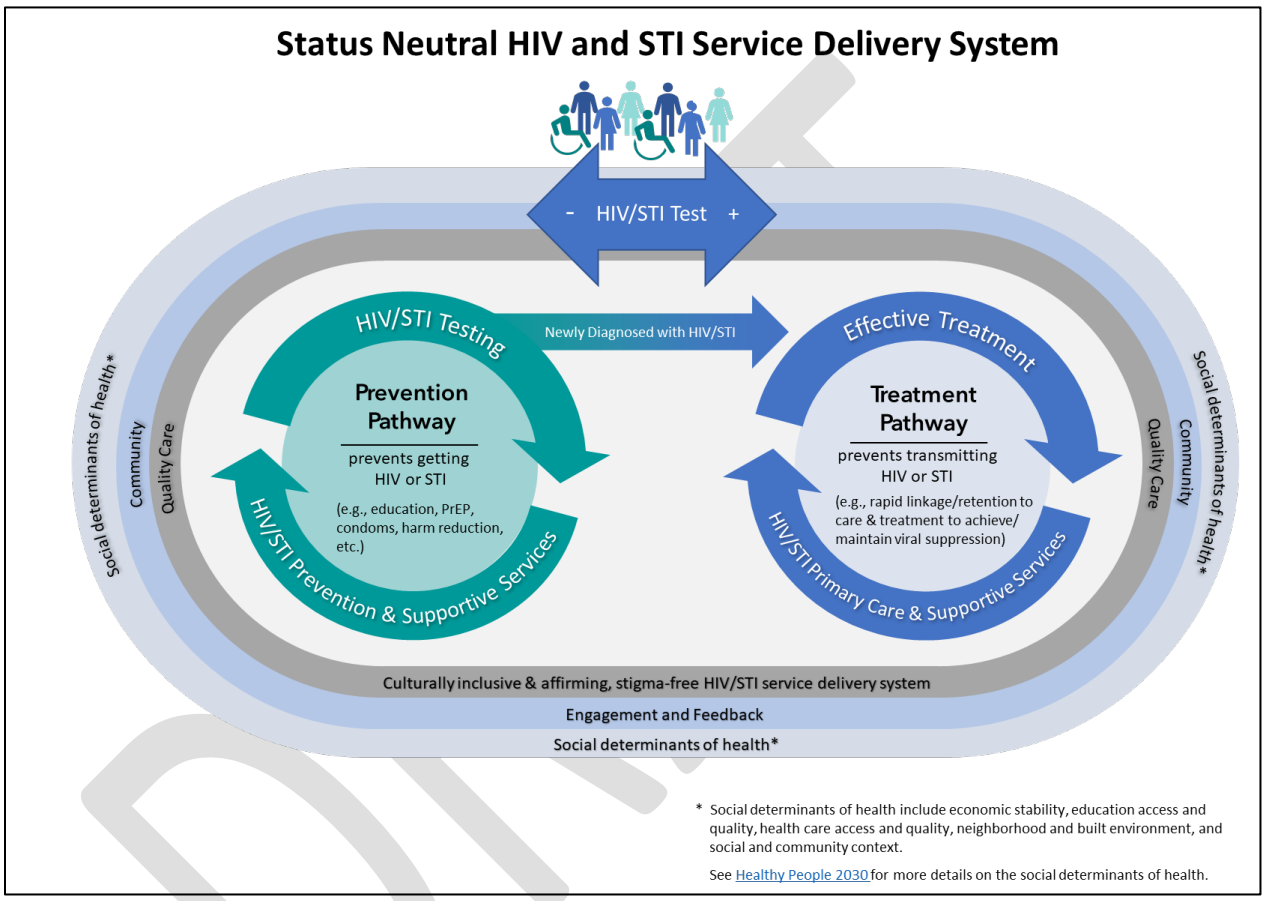
Prevention Services are those services used alone or in combination to prevent the transmission of HIV and STIs. The early diagnosis and treatment of STIs is vital to interrupting of transmission of STIs as well as HIV. Prevention Services include HIV and STI screening, biomedical interventions, non-biomedical/behavioral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

**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 Prevention, Non-biomedical/Behavioral Prevention, and Harm Reduction. *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.

## UNIVERSAL STANDARDS

**UNIVERSAL HIV AND STI PREVENTION SERVICE STANDARDS:** 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 seeks 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.

## CORE PREVENTION COMPONENTS

**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.

## 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):<br>• Documentation of HIV/STI status (if applicable)<br>• Proof of LA County residency or Affidavit of Homelessness<br>• Verification of program and financial eligibility (if applicable)<br>• Date of intake<br>• Client name, home address, mailing address and telephone number<br>• Emergency and/or next of kin contact name, home address and telephone number<br>• 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.<br><br>Comprehensive assessment is conducted to determine the:<br>• Client's needs for prevention and medical services, and support services including housing and food needs<br>• Client's current capacity to meet those needs/identify barriers that address needs | Comprehensive assessment on file in client chart to include:<br>• Date of assessment<br>• Signature and title of staff person conducting assessment<br>• Completed assessment form<br>Client strengths, needs and available resources in the following areas:<br>• Medical/physical healthcare<br>• Medications and Adherence issues<br>• Mental health |

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| | • Client's Medical Home<br>• Ability of the client's social support network to help meet client needs<br>• Extent to which other agencies are involved in client's care | • Substance use and/or substance use<br>• HCV/HIV dual diagnosis, if applicable<br>• Nutrition/food<br>• Housing and living situation<br>• Family and dependent care issues<br>• Gender Affirming Care including access to hormone replacement therapy, gender affirming surgical procedures, name change/gender change clinics and other related services.<br>• Transportation<br>• Language/literacy skills<br>• Religious/spiritual support<br>• Social support system<br>• Relationship history<br>• Domestic violence/Intimate Partner Violence (IPV)<br>• History of physical or emotional trauma<br>• Financial resources<br>• Employment and Education<br>• Legal issues/incarceration history<br>• Knowledge/beliefs about HIV/STIs/Hepatitis<br>• Agencies that serve the client and/or household |
| | Staff will conduct reassessments with the client as needed. | • Date of reassessment<br>• Signature and title of staff person conducting reassessment<br>• Completed reassessment form |

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| 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. |
| | 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. |

## 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. |
| | Help persons enroll 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. |
| Testing and Treatment of STIs | Assess patients risk for STI acquisition. | STI risk assessments on file. |
| | Provide treatment for patients to test positive for an STI. | Documentation of STI treatment plan and medication prescriptions. |
| | 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 vaccination for HPV and HCV, as recommended. | Vaccination record. |
| 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. |

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| 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. |

## 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 | Partner with agencies/ organizations to provide training to clients on how to use fentanyl test strips. | Documentation of training. |
| | Partner with agencies/ organizations to provide free or low-cost fentanyl test strips. | Documentation of test strips distributed. |
| Syringe Services Programs | Partner with agencies/ organizations to provide syringe services that include:<br>• Needle exchange<br>• Safe disposal<br>• Nasal spray Narcan<br>• Injectable Naloxone<br>• Condoms<br>• Wound care kit<br>• 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. |
| Mobile/Street Medicine | Provide mobile and/or street medicine to clients, where feasible. | Documentation of schedules, services provided/used, etc. |
| Medication for Addiction Therapy (MAT) | Provide medication for addiction therapy for clients identified with substance use disorder. | Documentation of treatment provided. |

## 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.<br><br>Sessions can be provided on a one-to-one basis or group setting depending on the client's preference, need and/or environment.<br><br>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 PLWDH 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. | Completed assessment on file. |
| | Provide referrals and assist with linkage to supportive services. Services may include:<br>• syringe exchange<br>• housing services<br>• mental health services<br>• substance abuse services | Documentation of referrals. |

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| | • food and nutrition support<br>• employment services<br>• unemployment financial assistance<br>• drug assistance programs<br>• health insurance navigation<br>• childcare<br>• legal assistance<br>• other services, as identified and needed<br>• health literacy education<br>• peer support<br><br>Referrals should be to local facilities, clinics, and service providers in the area of the client minimizing transportation barriers. | |
| 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. |