LOS ANGELES COUNTY
COMMISSION ON HIV

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HIV PREVENTION PLANNING WORKGROUP Virtual Meeting

Agenda and meeting packet will be available prior to the meeting at http://hiv.lacounty.gov/Planning-Priorities-and-Allocations-Committee

Wednesday, October 25, 2023

4:00PM-5:30PM (PST)

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LOS ANGELES COUNTY
COMMISSION ON HIV

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PREVENTION PLANNING WORKGROUP
Virtual Meeting Agenda
Wednesday, October 25, 2023 @ 4:00 – 5:30pm

To Join by Computer:
https://tinyurl.com/eusbkpf7

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AGENDA

1. **Welcome and Introductions (4:00-4:05 pm)**

2. **COH Executive Director/Staff Report (4:05-4:10 pm)**
   a. COH Annual Conference

3. **Co-Chairs' Report (4:10-4:15 pm)**
   a. Planning, Priorities and Allocations Committee October 17 Meeting
   b. City Partners Harm Reduction Reports
   c. Workgroup Deliverables Recap

4. **Review Status Neutral Framework (4:15-4:30 pm)**

5. **Universal Standards Review – Status Neutral Recommendations (4:30-4:45 pm)**

6. **Review of Prevention Standards (5:00-5:20 pm)**

7. **Next Steps (5:20-5:25 pm)**

8. **Public Comment + Announcements (5:25-5:30 pm)**

9. **Adjournment (5:30 pm)**

VIRTUAL MEETING—PREVENTION PLANNING WORKGROUP (PPW)
Wednesday, September 27, 2023 | 4:00-5:30PM
MEETING SUMMARY

Attendees:

Dr. William King (Co-Chair)	Kevin Donnelly	Katja Nelson
Melissa Papp-Green	Terry Smith	Joseph Green
Robert Aguayo	Philip	
Commission on HIV (COH) Staff: Cheryl Barrit, Jose Rangel-Garibay, Lizette Martinez		
Division of HIV and STD Programs (DHSP) Staff: Paulina Zamudio, Pamela Ogata, Oscar Ortiz, Julie Tolentino		

1. **Welcome and Introductions**
   Dr. King, Co-Chair, welcomed attendees and led introductions.

2. **Executive Director/Staff Report**
   L. Martinez, Commission staff, reminded the workgroup of the upcoming Commission on HIV Annual Conference on Nov. 9th at the Vermont Corridor. See meeting packet for more details.

3. **Co-Chairs' Report**
   a. **Meeting Schedule**
      - L. Martinez began by reminding the workgroup that their next bimonthly meeting is scheduled for Nov. 22nd, the Wednesday before Thanksgiving. Dr. King opened the discussion on whether to cancelled or reschedule the meeting to the following week.
      - The workgroup decided to meet in October and will revisit the option to cancel or reschedule the November meeting. The next virtual PPW meeting will be Wednesday, Oct. 25th at 4:00pm-5:30pm.

   b. **Planning, Priorities, and Allocations Committee Sept. 19th Meeting – Status Neutral Presentation**
      - Dr. King reported that Prevention Planning Workgroup (PPW) co-chairs presented status neutral recommendations and announced the sunset of the PPW at the September Planning, Priorities, and Allocations (PP&A). Dr. King noted that prevention would be restructured to incorporate prevention within the PP&A committee and requested feedback from the workgroup on

the plan to sunset the workgroup. See meeting packet for more details on the status neutral presentation.

- K. Donnelly noted that the recommendation to include prevention as part of the focus of the PP&A Committee was welcomed and supported by PP&A committee members.
- Dr. King asked if PPW were available to attend PP&A Committee meetings which typically occur on the third Tuesday of the month from 1:00-3:00pm at the Vermont Corridor. Some members expressed interest in continuing to meet and recommended quarterly or ad hoc meetings, as needed.
- C. Barrit noted that if the workgroup would like to continue beyond the planned sunset of December 2023, they would be required to follow Brown Act requirements, including quorum, and be formally reorganized as a committee. The workgroup would also need to go before the Executive Committee for approval to continue as a committee. She reminded the group that their scope of work that was outlined during the formation of PPW has been fulfilled.
- The PP&A Committee made suggestions to include community/community engagement within the graphic as well as inclusion of a medical home. See meeting packet for suggested recommendations.
- L. Martinez offered an option to include medical home in a new graphic that highlights medical and supportive services to support the health and wellbeing of both people diagnosed with HIV and/or STI and those at risk of acquiring HIV or an STI.
- Consensus was not reached on suggested edits. The workgroup will revisit the recommendations at the next PPW meeting.

4. Review Commission on HIV Harm Reduction Reports

- Dr. King noted each city report was extensive and requested workgroup members review reports ahead of October's PPW meeting. Review will assist with recommended revisions to the Prevention Service Standards as well as any additional status neutral best practices recommendations.
- Commission staff will send out a reminder to workgroup members along with a link to the reports. See meeting packet for more details.

5. Universal Standards Review – Status Neutral Recommendations

- L. Martinez recommended incorporating some of the suggested status neutral language to the Prevention Standards into the Universal Service Standards.
- The workgroup will review suggested edits in the October meeting.

6. Continue Review of Prevention Standards

- L. Martinez provided an overview of progress on Prevention Service Standards recommendations. During the September meeting, the workgroup suggested dividing the standards into three separate documents focusing on: assessment and testing; biomedical prevention; and non-biomedical/behavioral prevention. It was noted that comments submitted by workgroup members, along with discussions during PPW meetings, have been used to guide revisions. See meeting packet for more details.
- Commission staff reminded the group that revisions to the Prevention Service Standards would not be completed by the time the workgroup sunsets in December 2023, but noted there continue to be opportunities to provide feedback via public comment and by attending Standards and Best Practices (SBP) Committee meetings and ensured the group all existing suggestions would be included in the recommendations that will be sent to the SBP Committee.
- PPW co-chairs and staff will meet ahead of the next PPW meeting to continue to work on recommendations. Recommendations will be reviewed during the October PPW meeting.

7. **Next Steps and Agenda Development for Next Meeting**
    - Staff will coordinate a meeting with PPW co-chairs to continue progress on Prevention Service Standards.
    - Workgroup members will review the Harm Reduction reports in preparation for discussion in the next meeting.
    - Review and finalize status neutral recommendations to the Universal Standards.
    - Review and finalize status neutral graphic.
    - The next virtual PPW meeting will be Wednesday, October 25th at 4:00-5:30pm.

8. **Public Comment + Announcements –** Dr. King announced that the Black/African American Taskforce will be participating in the upcoming Taste of Soul event on October 21st. He noted the taskforce will have a booth with information and resources on HIV testing, care, and prevention. Additionally, he noted the event is free and encouraged workgroup members to attend.

9. **Adjournment –** The meeting was adjourned by Dr. King.

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

Vermont Corridor @ 510 S. Vermont Ave,
Los Angeles, CA 90020

NOV | 9th | 2023

Free Validated Parking | 523 Shatto Pl
Details will be posted at
https://hiv.lacounty.gov/

Pasadena

- Narcan distribution
- Fentanyl test strip distribution
- Mental Health First Aid training
- Linkage to SUD and mental health treatment
- Access to showers, laundry, meals, clothing for people experiencing homelessness
- Pasadena Outreach Response Team (PORT)
    - Intensive wrap around services with peer navigators, case managers, fire department
    - Navigation and transportation to essential appointments (housing, court-related needs, substance use, medical/dental, etc.)
    - Continued assistance/support until client reaches self sufficiency

City of Los Angeles

- Syringe exchange programs – 9 providers throughout the city and includes fixed locations, mobile sites and backpack exchange in encampments
- Agreements with law enforcement to ensure uninterrupted operation
    - MOU
    - Training
    - Notification
- Referral to pro-bono legal services
- Drug test strips
- Technology to test drugs (not strips)
- Future – safer consumption sites

Long Beach

- Syringe disposal kiosks – safe disposal of syringes/sharps
- Free fentanyl and xylazine test strip distribution to community partners & at community events
- Narcan and naloxone distribution; potential for vending machine (naloxone)
- Education in partnership with CBOs
    - Opioids 101
    - Narcan/Naloxone demo and training
    - Fentanyl test strip training
    - Education on opioid misuse/prevention for high school students
- Community collaboration – SSP workgroup and harm reduction task force with community input; align with federal, state and county measures, establish metrics and data sharing

West Hollywood

- Free fentanyl test strip distribution (providers, CBOs, events, nightlife)
- Weekly syringe services program
    - Needle exchange
    - Safe disposal
    - Nasal spray Narcan
    - Injectable Naloxone
    - Condoms
    - Wound care kit
    - Safer smoking supplies (pipes, mouthpieces, cleaning supplies)
- Monthly street medicine (wound care, STI testing and treatment, other medical interventions both acute and long-term)
- Free Narcan training and distribution for orgs, businesses, community groups including local bars
- Recovery support groups
- GHB and Ketamine test strips with providers and businesses
- Mobile crisis response 24/7/365 (SUD referrals, welfare checks, suicide prevention, supportive counseling, crisis intervention, safety planning)

Los Angeles County Commission on HIV Subgroup Descriptions

Type	Description	
Caucus(es):	The Commission establishes caucuses, as needed, to provide a forum for Commission members of designated "special populations" to discuss their Commission-related experiences and to strengthen that population's voice in Commission deliberations. Caucuses are not, by definition, Brown Act-covered bodies, and are not required to comply with open meeting, public participation and other, related "sunshine" requirements. With Commission consent, caucuses determine their membership, meeting conduct and timelines, work plans, and activities.	• Not Brown Act covered • Requires a motion at Executive Committee and full body for approval • Long-term; recurring meetings
Ad-Hoc Committee(s):	The Commission, its Co-Chairs and/or the Executive Committee can create ad-hoc committees to address longer-term Commission special projects or initiatives that require more than one standing committee's input, involvement and/or representation. Once the project has been completed, the ad-hoc committee automatically sunsets. The Commission Co-Chairs are responsible for assigning Commission members to the ad-hoc committees, and during their tenure, ad-hoc committees maintain the same stature and reporting expectations as other standing committees. Ad-hoc committees are required to comply with all of the same Brown Act and other transparency requirements as the Commission and its standing committees.	• Must comply with the Brown Act • Project-based; the Ad-Hoc Committee sunsets once the project is completed. • Requires a motion at Executive Committee and full body for approval
Task Forces(s):	Task Forces can be created by the Commission, its Co-Chairs and/or the Executive Committee, and are intended to address a significant Commission priority that may entail multiple levels of work or activity and are envisioned as longer-term in nature. Task forces are similar to ad-hoc committees, except	• Task forces do not have to comply with Brown Act and other transparency requirements but it is encouraged that they do so in the spirit of the law. • Requires a motion at Executive

	that their membership is expected to include at least as many non-Commission members as Commission members. Task force decisions, work activities and plans must be reported to and approved by the Executive Committee. While, technically, task forces do not have to comply with Brown Act and other transparency requirements, it is encouraged that they do so in the spirit of the law. Various community task forces are **not** formal Commission working units, unless recognized as such by the Commission; however, they are invited to report and recommend actions to the Commission.	Committee and full body for approval
Work Group(s):	Work groups are primarily created by the committees for work on a single, short-term project that the committee cannot as thoroughly address during its regular meetings. By definition, work groups—which can come in many different forms—are only operational for short, time-limited periods. Commission and non-Commission members may participate in a work group, but no more Commission members than the originating committee's quorum. Work groups are not covered by the Brown Act and other transparency laws, and the final decisions/recommendations/work serve as a record of the work group's deliberations and must be forwarded to the originating committee for review, consideration and modification/approval.	• Not Brown Act covered • Intended for short-term projects

Prevention Planning Workgroup (PPW)

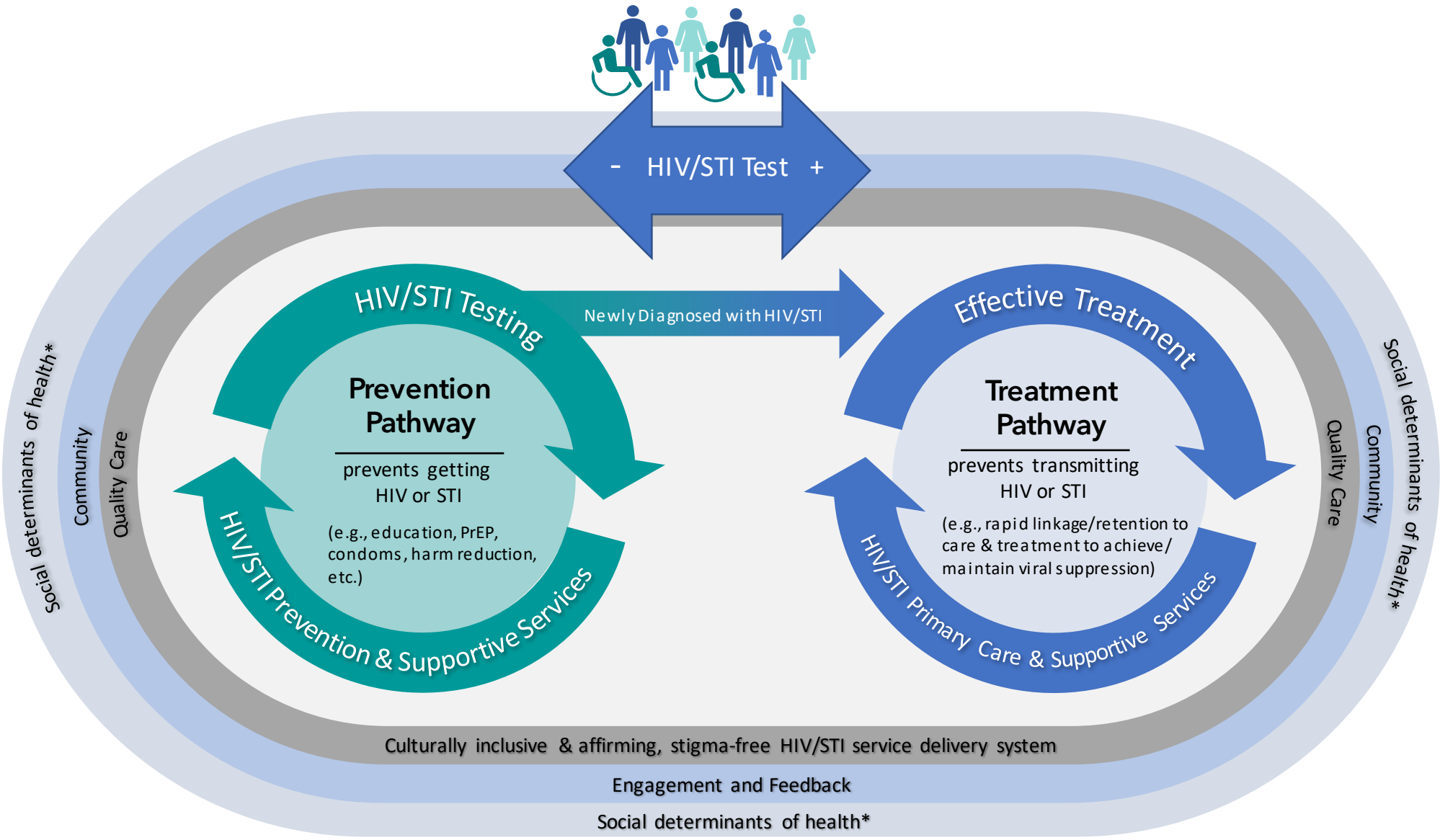
Formed October 2020

Goal: improve and integrate prevention in the planning, priority setting and resource allocation process

Workgroup deliverables:

- Assess capacity building needs of the Commission on HIV
  - ✓ Identified needs via KAB survey and implemented trainings - Sexual Health/STIs, Health Literacy and Self-Advocacy, PrEP/PEP, Status Neutral (2024)
- Develop a framework to support integration of status neutral into the commission
  - ✓ LA County HIV and STI Status Neutral Service Delivery Framework
  - ✓ Planning, Priorities and Allocations Committee restructuring to include prevention
- Review Prevention Standards
  - ✓ Revised to align with other service standards
  - ✓ Included advances in HIV prevention including biomedical prevention, non-biomedical/behavioral prevention and harm reduction

Status Neutral HIV and STI Service Delivery System



LOS ANGELES COUNTY COMMISSION ON HIV

Revised 10/18/23

* Social determinants of health include economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context.

See Healthy People 2030 for more details on the social determinants of health.

DRAFT

LOS ANGELES COUNTY
COMMISSION ON HIV

RYAN WHITE PROGRAM UNIVERSAL STANDARDS

Approved by COH on 2/11/21

Draft as of 08/01/23 for

Executive 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.

(insert final graphic here)

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: • Name of agency/individual with whom information will be shared • Information to be shared • Duration of the release consent • Client signature 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: • Client process to file a grievance • Information on the Los Angeles County Department of Public Health, Division of HIV & STD Programs (DHSP) Customer Support Program[2] 1-800-260-8787. 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: • Date of communication or service • Service(s) provided 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: • Mental health crises • 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: • Consumer Advisory Boardmeetings • Participation of people living with HIV in HIV program committees or other planning bodies • Needs assessments • 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. • 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. The document should contain at least the following information: • Instructions on how to use telehealth tools (i.e., phone, laptop, tablets, etc.) in plain language and available in the patient’s preferred language. • 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: • Confidentiality policy • Expectations and responsibilities of the client when seeking services • Client right to file a grievance • Client right to receive no-cost interpreter services • 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) • 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 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. b. Staff should have experience in or participate in trainings on: • LGBTQ+/Transgender community and HIV Navigation Services (HNS)[8] provided by Centers for Disease Control and Prevention (CDC). • Trauma informed care • Providing care for older adults • 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. a. Required completion of an agency-level orientation within 6 weeks of hire b. Training within 3 months of being hired appropriate to the job description. 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 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 a. Checklist of resources onsite that are available for client use. 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 a. Use of untrained individuals and/or minors as interpreters should be avoided 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: • Client's legal name, name if different than legal name, and pronouns • Address, phone, and email (if available). A signed affidavit declaring homelessness should be kept on file for clients without an address. • Preferred method of communication (e.g., phone, email, or mail) • Emergency contact information • Preferred language of communication • Enrollment in other HIV/AIDS services. • Primary reason and need for seeking services at agency 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: • Los Angeles County resident • Income equal to or below the required Federal Poverty Level (FPL) as determined by Division of HIV & STD Programs • 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 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) 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. a. Cases may be closed if the client: • Relocates out of the service area • Is no longer eligible for the service • Discontinues the service • No longer needs the service • Puts the agency, serviceprovider, or other clients at risk • Uses the service improperly or has not complied with the services agreement • Is deceased • 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. 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

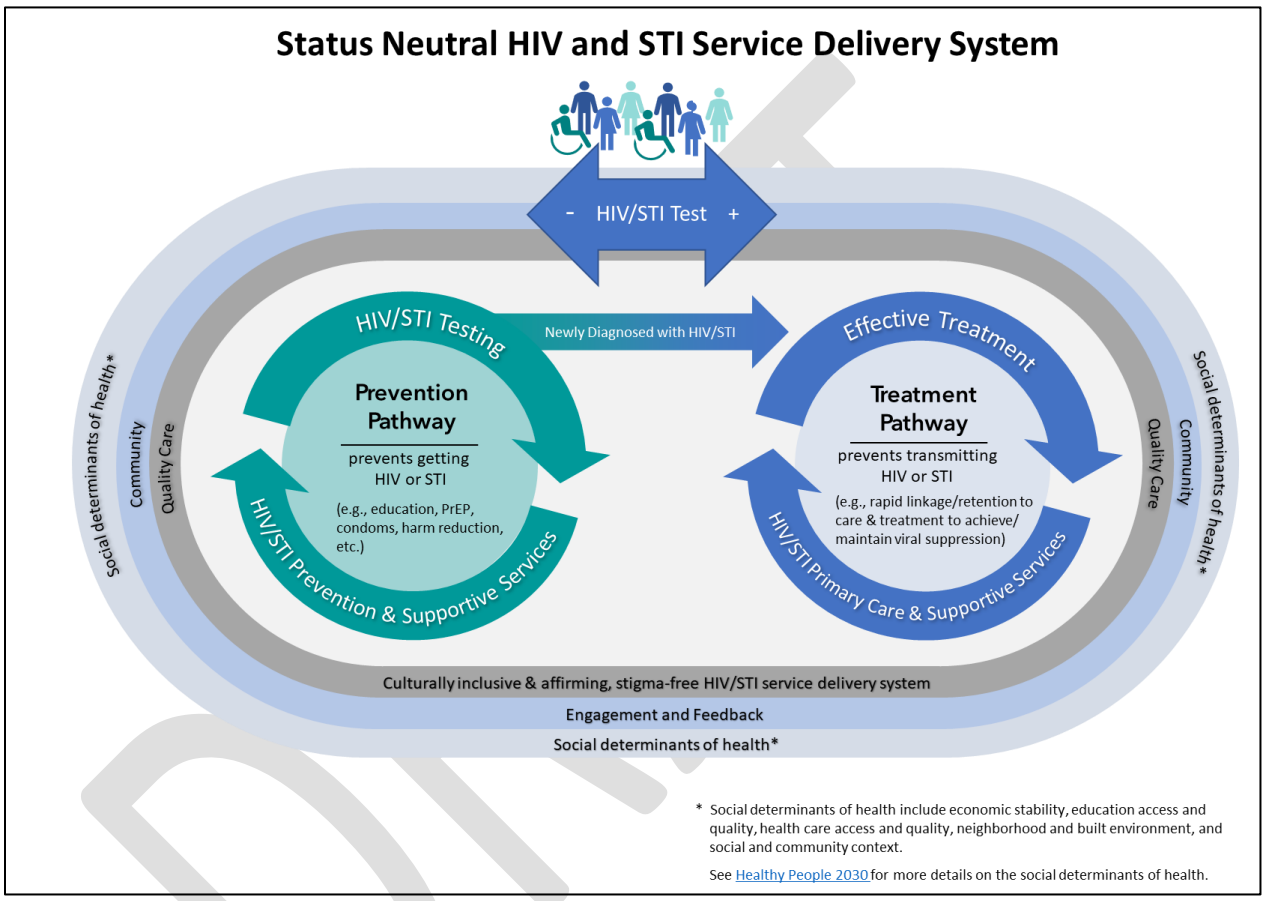
Prevention Services are those services used alone or in combination to prevent the transmission of HIV and STIs. The early diagnosis and treatment of STIs is vital to interrupting of transmission of STIs as well as HIV. Prevention Services include HIV and STI screening, biomedical interventions, non-biomedical/behavioral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

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): • Documentation of HIV/STI status (if applicable) • Proof of LA County residency or Affidavit of Homelessness • Verification of program and financial eligibility (if applicable) • Date of intake • Client name, home address, mailing address and telephone number • Emergency and/or next of kin contact name, home address and telephone number • Signed and dated Release of Information, Limits of Confidentiality, Consent, Client Rights and Responsibilities
Assessment	Comprehensive assessments are completed in a cooperative process between staff and the client during	Comprehensive assessment on file in client chart to include: • Date of assessment

	first visit/appointment. Alternatively, clients may complete online assessments prior to their first visit. Comprehensive assessment is conducted to determine the: • Client's needs for prevention and medical services, and support services including housing and food needs • Client's current capacity to meet those needs/identify barriers that address needs • Client's Medical Home • Ability of the client's social support network to help meet client needs • Extent to which other agencies are involved in client's care	• Signature and title of staff person conducting assessment • Completed assessment form Client strengths, needs and available resources in the following areas: • Medical/physical healthcare • Medications and Adherence issues • Mental health • Substance use and/or substance use • HCV/HIV dual diagnosis, if applicable • Nutrition/food • Housing and living situation • Family and dependent care issues • Gender Affirming Care including access to hormone replacement therapy, gender affirming surgical procedures, name change/gender change clinics and other related services. • Transportation • Language/literacy skills • Religious/spiritual support • Social support system • Relationship history • Domestic violence/Intimate Partner Violence (IPV)

		• History of physical or emotional trauma • Financial resources • Employment and Education • Legal issues/incarceration history • Knowledge/beliefs about HIV/STIs/Hepatitis • Agencies that serve the client and/or household
	Staff will conduct reassessments with the client as needed.	• Date of reassessment • Signature and title of staff person conducting reassessment • Completed reassessment form
HIV Testing	Staff will conduct appropriate HIV and/or STI tests based on sexual health history or client request.	Documentation of HIV/STI testing in client files and data management system.
	HIV/STI testing must be voluntary and free from coercion. Patients/ clients must not be tested without their knowledge/ written consent.	Documentation of patient consent.
	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 patient 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.
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: • Needle exchange • Safe disposal • Nasal spray Narcan • Injectable Naloxone • Condoms	Documentation of items collected and/or distributed.

	• Wound care kit • Safer smoking supplies (pipes, mouthpieces, cleaning supplies)	
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. Sessions can be provided on a one-to-one basis or group setting depending on the client's preference, need and/or environment. Sessions can be conducted on an ongoing basis, depending on need, and can be from 1 to 3 weekly or semi-monthly sessions.	Documentation of program manuals and curricula.
	Provide PrEP/PEP education and counseling for clients at risk of HIV acquisition.	Documentation of program manuals and curricula.
	Provide DoxyPEP education and counseling for clients at risk of STI acquisition.	Documentation of program manuals and curricula.
	Provide education for PLWDH on the	Documentation of program

	importance of maintaining an undetectable viral load, the importance of adhering to care, and increase their capacity to engage their own care.	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: • syringe exchange • housing services • mental health services • substance abuse services • food and nutrition support • employment services • unemployment financial assistance • drug assistance programs • health insurance navigation • childcare • legal assistance • other services, as identified and needed • health literacy education • peer support Referrals should be to local facilities, clinics, and service providers in the area of the client minimizing transportation barriers.	Documentation of referrals.
Social Marketing and Outreach	Outreach to potential clients/families and providers.	Outreach plan on file.
	Collaborate with community partners and health care providers to promote services.	Documentation of partnerships.
Navigation Services	Provide navigation assistance for linkage to supportive services.	Documentation of services offered.
	Health Navigators will canvas the target areas to identify and document all available service providers that can	Activity logs on file.

	be used as referral sources for clients.	
	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.

Thank you!!!

Martin Alatorre
Robert Aguayo
Everardo Alvizo
Shary Alonzo
Jayshawnda Arrington
Menty Ayalew
Steven Bieneman
Beverly Burgess
Sierra Caraveo
Elvis Carrillo
Paul Chavez
Genevieve Clavreul
Valerie Coachman-Moore
Adriana Coronado
Johnny Cross
Mary Cummings
Dwayne Davis
Kiana Dobson
Kevin Donnelly
Lawrence Fernandez
Rashawn Flournoy
Arlene Frames
Marie Francois
Rigo Galvan
Thelma Garcia
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Andre Molette
Veronica Montenegro
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Thank you!!!

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Jose Ortiz
Elizabeth Pacheco
Frankie Darling Palacios
Alberto Pina
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Gabriel Previtera
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Next steps…

- Attend Standards and Best Practices Committee meeting on Nov. 7th from 10am – 12pm
  - Begin review of Prevention Standards
  - Virtual or in-person
- Attend Planning, Priorities and Allocations Committee meetings
  - Virtual or in-person
- Participate in other Commission on HIV meetings
  - Full body meetings or committees
  - Commissioner or member of the public
  - Caucus' (Aging, Black/African American, Consumer, Transgender & Women's)

LOS ANGELES COUNTY
COMMISSION ON HIV

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2023 COMMISSION ON HIV MEETING SCHEDULE
(Updated August 2023)

Ralph M. Brown Act standing Commission and Committee meetings will return to in-person effective March 1, 2023; excludes caucuses, workgroups, and taskforces. A virtual option for all meetings is available for members of the public and for Commission members invoking AB 2449 for "just cause" or "emergency circumstances". Refer to the meeting schedule below for meeting logistics. For meeting notices and information to include virtual log-in information, subscribe to the Commission's listserv here https://tinyurl.com/y83ynuzt .

All in-person meetings will be held at 510 S. Vermont Avenue, Terrace Conference Room, Los Angeles CA 90020, unless otherwise announced. Validated parking is available at 523 Shatto Place, Los Angeles CA 90020.

For public comments, you may submit electronically at https://www.surveymonkey.com/r/PUBLIC_COMMENTS, by emailing the Commission at hivcomm@lachiv.org or in person. For inquiries, please contact the Commission office at hivcomm@lachiv.org or at 213.738.2816.

MEETING *Brown Act meetings are held in person*	SCHEDULE	IN-PERSON OR VIRTUAL	TIME		
Commission on HIV (COH)*	2nd Thursday of Each Month	In-Person	9:00 AM	-	1:00 PM
Executive Committee*	4th Thursday of Each Month	In-Person	1:00 PM	-	3:00 PM
Operations Committee*	4th Thursday of Each Month	In-Person	10:00 AM	-	12:00 PM
Planning, Priorities & Allocations (PP&A) Committee*	3rd Tuesday of Each Month	In-Person	1:00 PM	-	3:00 PM
Public Policy Committee (PPC)*	1st Monday of Each Month	In-Person	1:00 PM	-	3:00 PM
Standards and Best Practices (SBP) Committee*	1st Tuesday of Each Month	In-Person	10:00 AM	-	12:00 PM
Aging Caucus	1st Tuesday of Bi-Monthly	Virtual	1:00 PM	-	3:00 PM
Black Caucus	3rd Thursday of Each Month	Virtual	4:00 PM	-	5:00 PM
Consumer Caucus	2nd Thursday of Each Month	Hybrid	1:30 PM	-	3:00 PM
Transgender Caucus	4th Tuesday Bi-Monthly	Virtual	10:00 AM	-	12:00 PM
Women's Caucus	3rd Monday Quarterly	Virtual	2:00 PM	-	4:00 PM
Prevention Planning Workgroup (PPW)	4th Wednesday Bi-Monthly	Virtual	4:00PM	-	5:30PM