LOS ANGELES COUNTY
COMMISSION ON HIV

Visit us online: http://hiv.lacounty.gov
Get in touch: hivcomm@lachiv.org
Get connected to services: https://hivconnect.org/

STANDARDS AND BEST PRACTICES COMMITTEE

Virtual Meeting

Tuesday, March 1, 2022

10:00AM-12:00PM (PST)

Agenda + Meeting Packet will be available on the Commission's website at:

http://hiv.lacounty.gov/Standards-and-Best-Practices-Committee

REGISTER VIA WEBEX ON YOUR COMPUTER OR SMART PHONE:
https://tinyurl.com/4kndure4
JOIN VIA WEBEX ON YOUR PHONE:
1-415-655-0001
Event #/Meeting Info/Access Code: 2598 275 7125
*Link is for members of the public only. Commission members, please contact staff for specific log-in information if not already received.

PUBLIC COMMENTS

Public Comments will open at the time referenced on the meeting agenda. For those who wish to provide live public comment, you may do so by joining the WebEx meeting through your computer or smartphone and typing PUBLIC COMMENT in the Chat box. You may also provide written public comments or materials by email to hivcomm@lachiv.org. Please include the agenda item and meeting date in your correspondence. All correspondence and materials received shall become part of the official record.

For a tutorial on joining WebEx events, please check out:
https://www.youtube.com/watch?v=iQSSJYcrgIk

Join the Commission on HIV Email Listserv, Click Here
Follow the Commission on HIV at
Interested in becoming a Commissioner? Click here for a Member Application.

LOS ANGELES COUNTY
COMMISSION ON HIV

AGENDA FOR THE VIRTUAL MEETING OF THE
LOS ANGELES COUNTY COMMISSION ON HIV (COH)

STANDARDS AND BEST PRACTICES COMMITTEE

TUESDAY, March 1st, 2022, 10:00 AM – 12:00 PM

******WebEx Information for Non-Committee Members and Members of the Public Only******

https://tinyurl.com/4kndure4

or Dial

1-415-655-0001

Event Number/Access code: 2598 275 7125

(213) 738-2816 / Fax (213) 637-4748
HIVComm@lachiv.org http://hiv.lacounty.gov

Standards and Best Practices (SBP) Committee Members			
Erika Davies *Co-Chair*	Kevin Stalter *Co-Chair*	Miguel Alvarez	Mikhaela Cielo, MD
Wendy Garland, MPH	Thomas Green	Mark Mintline, DDS	Paul Nash, PhD, CPsychol, AFBPsS, FHEA,
Katja Nelson, MPP	Mallery Robinson	Harold Glenn San Agustin, MD	Rene Vega, MSW, MPH
Ernest Walker, MPH			
QUORUM: 7			

AGENDA POSTED: February 25, 2022

VIRTUAL MEETINGS: Assembly Bill (AB) 361 amends California's Ralph M. Brown Act Section 54953 to allow virtual board meetings during a state of emergency. Until further notice, all Commission meetings will continue to be held virtually via WebEx. For a schedule of Commission meetings, please click Replace with the 2022 link http://hiv.lacounty.gov/Portals/HIV/Calendar%202022_Ongoing01-19-22.pdf?ver=i2ZO2MskAnfWfRaMOKQiuA%3d%3d

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.

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.

SUPPORTING DOCUMENTATION can be obtained at the Commission on HIV Website at: http://hiv.lacounty.gov. The Commission Offices are at 510 S. Vermont Ave. 14th Floor, one block North of Wilshire Blvd on the eastside of Vermont just past 6th Street. Free parking is available.

NOTES on AGENDA SCHEDULING, TIMING, POSTED and ACTUAL TIMES, TIME ALLOTMENTS, and AGENDA ORDER: Because time allotments for discussions and decision-making regarding business before the Commission's standing committees cannot always be predicted precisely, posted times for items on the meeting agenda may vary significantly from either the actual time devoted to the item or the actual, ultimate order in which it was addressed on the agenda. Likewise, stakeholders may propose adjusting the order of various items at the commencement of the committee meeting (Approval of the Agenda), or times may be adjusted and/or modified, at the co-chairs' discretion, during the course of the meeting.

If a stakeholder is interested in joining the meeting to keep abreast of or participate in consideration of a specific agenda item, the Commission suggests that the stakeholder plan on attending the full meeting in case the agenda order is modified or timing of the items is altered. All Commission committees make every effort to place items that they are aware involve external stakeholders at the top of the agenda in order to address and resolve those issues more quickly and release visiting participants from the obligation of staying for the full meeting. External stakeholders who would like to participate in the deliberation of discussion of an a posted agenda item, but who may only be able to attend for a short time during a limited window of opportunity, may call the Commission's Executive Director in advance of the meeting to see if the scheduled agenda order can be adjusted accordingly. Commission leadership and staff will make every effort to accommodate reasonable scheduling and timing requests - from members or other stakeholders - within the limitations and requirements of other possible constraints.

Call to Order, Introductions, Conflict of Interest Statements 10:00 AM – 10:03 AM

I. ADMINISTRATIVE MATTERS 10:03 AM – 10:07 AM

1. Approval of Agenda **MOTION #1**

2. Approval of Meeting Minutes **MOTION #2**

II. PUBLIC COMMENT 10:07 AM – 10:10 AM

3. Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission

III. COMMITTEE NEW BUSINESS ITEMS 10:10 AM – 10:15 AM

4. Opportunity for Commission 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

5. Executive Director/Staff Report 10:15 AM – 10:30 AM
- a. Comprehensive HIV Plan 2022-2026
- b. Oral Healthcare Subject Matter Expert Panel Updates
- c. Special Populations Best Practices Project Updates
- d. AB 361 and Virtual and In-Person Meeting Updates
- e. Mini Training Series: Social Media Engagement Strategies

6. Co-Chair Report 10:30 AM – 11:00 AM
- a. 2022 SBP Committee Workplan

7. Division of HIV & STD Programs (DHSP) Report 11:00 AM – 11:05 AM

V. DISCUSSION ITEMS

8. Service Standards Development 11:05 AM – 11:45 AM
- a. Substance Use Disorder and Residential Treatment Stand
  - Transmittal Letter to DHSP submitted
- b. Benefits Specialty Services Standard
  - Share resources from webinar
- c. Transitional Case Management- Incarcerated/Post-Release
  - Initiate committee review process

VI. NEXT STEPS 11:45 AM – 11:55 AM

9. Tasks/Assignments Recap

10. Agenda development for the next meeting

VII. ANNOUNCEMENTS 11:55 AM – 12:00 PM

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

VIII. ADJOURNMENT 12:00 PM

12. Adjournment for the virtual meeting of March 1, 2022.

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.**

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 2/4/22

The following list identifies "conflicts-of-interest" for Commission members who represent agencies with Part A/B –and/or CDC HIV Prevention-funded service contracts with the County of Los Angeles. According to Ryan White legislation, HRSA guidance and Commission policy, Commission members are required to state their "conflicts-of-interest" prior to priority- and allocation-setting and other fiscal matters concerning the local HIV continuum of care, and to recuse themselves from discussions involving specific service categories for which their organizations have service contracts.

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALVAREZ	**Miguel**	No Affiliation	No Ryan White or prevention contracts
ALVIZO	**Everardo**	Long Beach Health & Human Services	Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			HIV and STD Prevention
			HIV Testing Social & Sexual Networks
			HIV Testing Storefront
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**	UCLA/MLKCH	Oral Health Care Services
			Medical Care Coordination (MCC)
			Ambulatory Outpatient Medical (AOM)
			Transportation Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CIELO	**Mikhaela**	LAC & USC MCA Clinic	Ambulatory Outpatient Medical (AOM)
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
DANIELS	**Michele**	Unaffiliated consumer	No Ryan White or prevention contracts
DARLING-PALACIOS	**Frankie**	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
DAVIES	**Erika**	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	**Kevin**	Unaffiliated consumer	No Ryan White or prevention contracts
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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
FULLER	**Luckie**	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEx-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			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
GARTH	**Gerald**	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
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
GATES	**Jerry**	AETC	Part F Grantee
GONZALEZ	**Felipe**	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	**Bridget**	Unaffiliated consumer	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
GRANADOS	**Grissel**	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management-Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
GREEN	**Joseph**	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	**Thomas**	APAIT (aka Special Services for Groups)	HIV Testing Storefront
			Mental Health
			Transportation Services
HALFMAN	**Karl**	California Department of Public Health, Office of AIDS	Part B Grantee
KOCHEMS	**Lee**	Unaffiliated consumer	No Ryan White or prevention contracts
KING	**William**	W. King Health Care Group	No Ryan White or prevention contracts
MARTINEZ	**Eduardo**	AIDS Healthcare Foundation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Mental Health
			Oral Healthcare Services
			STD Screening, Diagnosis and Treatment
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
			Medical Subspecialty
			HIV and STD Prevention Services in Long Beach
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)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
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
MINTLINE (SBP Member)	**Mark**	Western University of Health Sciences	No Ryan White or prevention contracts
MORENO	**Carlos**	Children's Hospital, Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
MURRAY	**Derek**	City of West Hollywood	No Ryan White or prevention contracts
NASH	**Paul**	University of Southern California	Biomedical HIV Prevention
			Oral Healthcare Services
NELSON	**Katja**	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEx-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
PERÉZ	**Mario**	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
PRECIADO	**Juan**	Northeast Valley Health Corporation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Oral Healthcare Services
			Mental Health
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
			Transportation Services
RAY	**Joshua**	Unaffiliated consumer	No Ryan White or prevention contracts
ROBINSON	**Mallery**	We Can Stop STDs LA	No Ryan White or prevention contracts
RODRIGUEZ	**Isabella**	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 LA County Department of Health Services	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SPENCER	**LaShonda**	Oasis Clinic (Charles R. Drew University/Drew CARES)	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Medical Care Coordination (MCC)
STALTER	**Kevin**	Unaffiliated consumer	No Ryan White or prevention contracts
STEVENS	**Reba**	No Affiliation	No Ryan White or prevention contracts
THOMAS	**Damone**	Unaffiliated consumer	No Ryan White or prevention contracts
VALERO	**Justin**	Unaffiliated consumer	No Ryan White or prevention contracts
VEGA	**Rene**	Unaffiliated consumer	No Ryan White or prevention contracts
VELAZQUEZ	**Guadalupe**	Unaffiliated consumer	No Ryan White or prevention contracts
WALKER	**Ernest**	Men's Health Foundation	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

DRAFT

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave. 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov • *VIRTUAL WEBEX MEETING*

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

STANDARDS AND BEST PRACTICES (SBP)
COMMITTEE MEETING MINUTES

February 1, 2022

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

**Some participants may not have been captured electronically. Attendance can be corrected by emailing the Commission.*
**Members of the public may confirm their attendance by contacting Commission staff at hivcomm@lachiv.org.*
**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
http://hiv.lacounty.gov/LinkClick.aspx?fileticket=sXmedx0nmro%3d&portalid=22

CALL TO ORDER-INTRODUCTIONS-CONFLICT OF INTEREST STATEMENTS: The meeting was called to order at 10:03 am.

I. ADMINISTRATIVE MATTERS

1. **APPROVAL OF AGENDA**
   MOTION #1: Approve the agenda order, as presented ***(Passed by Consensus)***.

2. **APPROVAL OF MEETING MINUTES**
   MOTION #2: Approve the 11/02/2021 Standards and Best Practices (SBP) Committee meeting minutes, as presented ***(Passed by Consensus)***.

II. PUBLIC COMMENT

3. **OPPORTUNITY FOR PUBLIC TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION**: There were no public comments made.

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

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

IV. REPORTS

5. EXECUTIVE DIRECTOR/STAFF REPORT

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

- Comprehensive HIV Plan (CHP) 2022-2026

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

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

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

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

- Oral Health Service Standards Targeted Review Project Updates

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

- Special Populations Best Practices Project Updates

  J. Rangel-Garibay shared he presented a list of best practice resources with the Aging Task Force (ATF) and requested their feedback. He will review the comments received and share an updated list with the ATF. He also met with the Transgender Caucus and noted he will focus on identifying best practice resources for that

group next.

6. CO-CHAIR REPORT

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

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

  Reba Stevens asked about implementation timeline for the Substance Use Disorder and Residential Treatment Services (SUD) service standards. C. Barrit responded that COH staff submitted the SUD service standards to DHSP and will work with DHSP to determine next steps. COH still will follow-up with W. Garland for any changes DHSP foresees with SUD.
  MOTION #3: Approve the 2022 Workplan as presented or revised. ***(Passed by Roll call vote).***

b. Committee Member "Getting to Know You" Activity

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

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

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

V. DISCUSSION ITEMS

8. Service Standards Development

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

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

For comment 2, which stated the need to have less required paperwork during intake, E. Davies noted that paperwork is something that the SBP committee do not have a lot of control over. She added that most BSS program paperwork is agency specific and dependent on helping clients enroll into the various programs and benefits they are eligible for, and each benefit program will have its own packet and/or forms associated with it. She emphasized the

need for BSS staff to reduce the burden on the client as much as possible. C. Barrit asked if DHSP can provide more information on the requirements for contracted agencies related to paperwork for documenting services provided to help the SBP committee identify ways to make the service standards more flexible.

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

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

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

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

b. Home-based Case Management Services Standard Review

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

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

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

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

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

VI. NEXT STEPS

a. **TASK/ASSIGNMENTS RECAP**:

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

12. AGENDA DEVELOPMENT FOR NEXT MEETING:

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

VII. ANNOUNCEMENTS

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

VIII. ADJOURNMENT

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

Mini-Training Series: Social Media Engagement

LOS ANGELES COUNTY
COMMISSION ON HIV

PURPOSE

To increase the Commission's social media presence on Facebook, Instagram, and Twitter

Participants will learn about the Commission's social media engagement strategies:

- HIV Awareness and Education
- Commissioner Testimonials

- Social media accounts:

  Facebook: @HIVCommissionLA

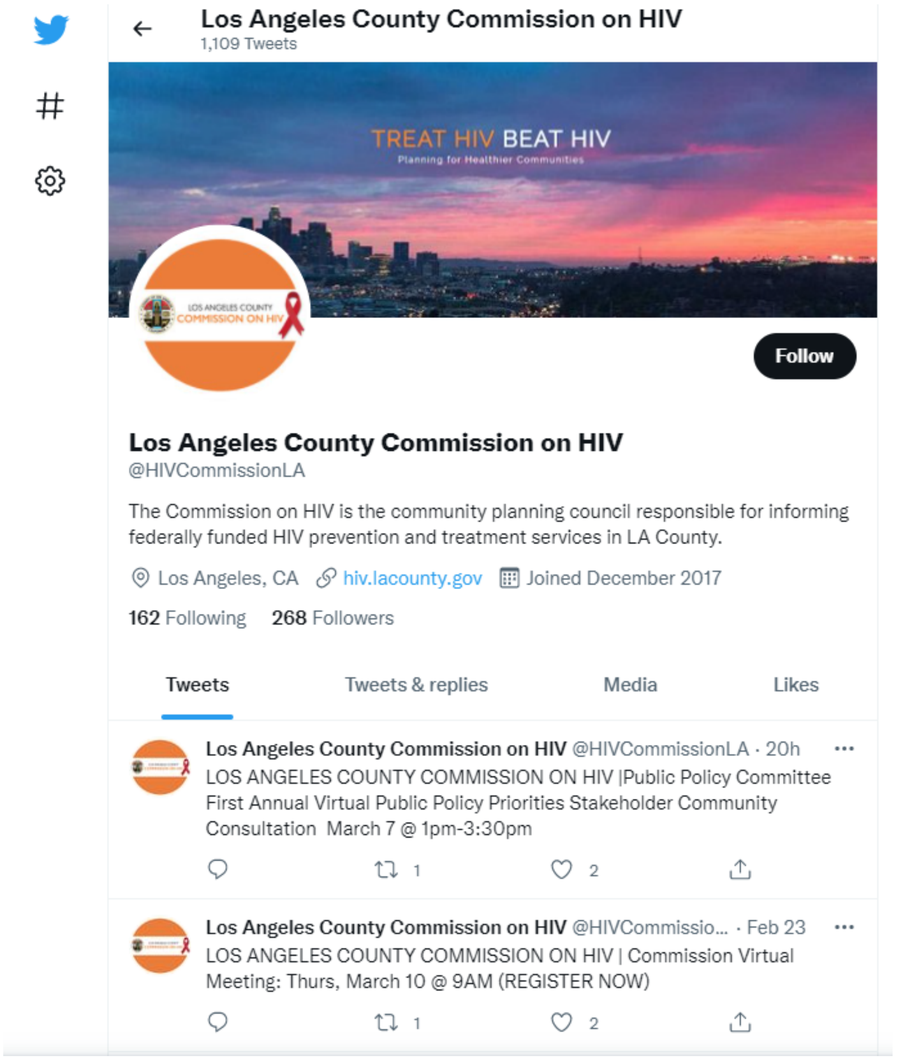
  Twitter: @HIVCommissionLA

  Instagram: @HIVCommLA

FACEBOOK

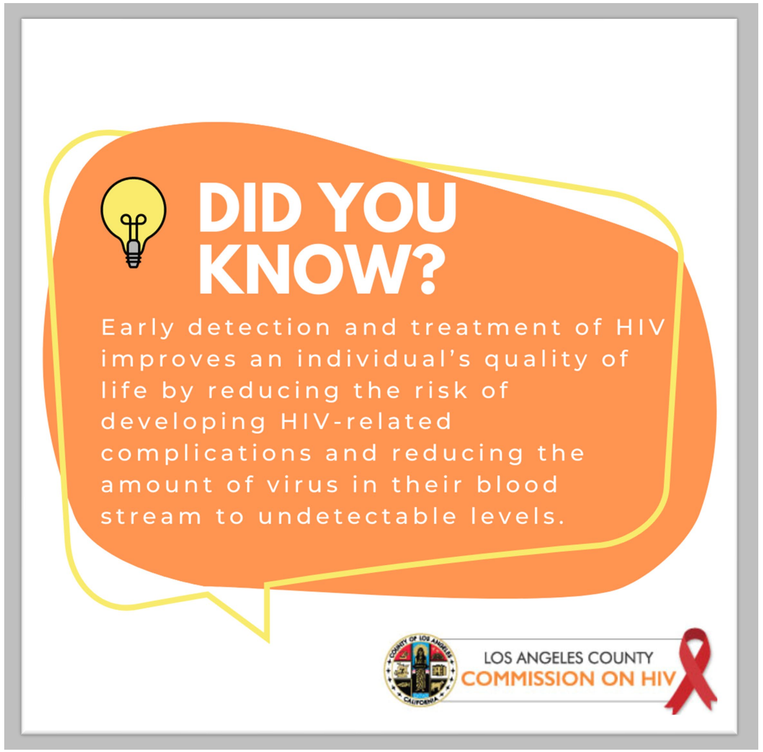
- Use photos, strong visual content is important
- Keep posts short (approx. 100 characters)
- Create dialogue by asking questions based on the content
- Be a resource; “share” links and articles

TWITTER



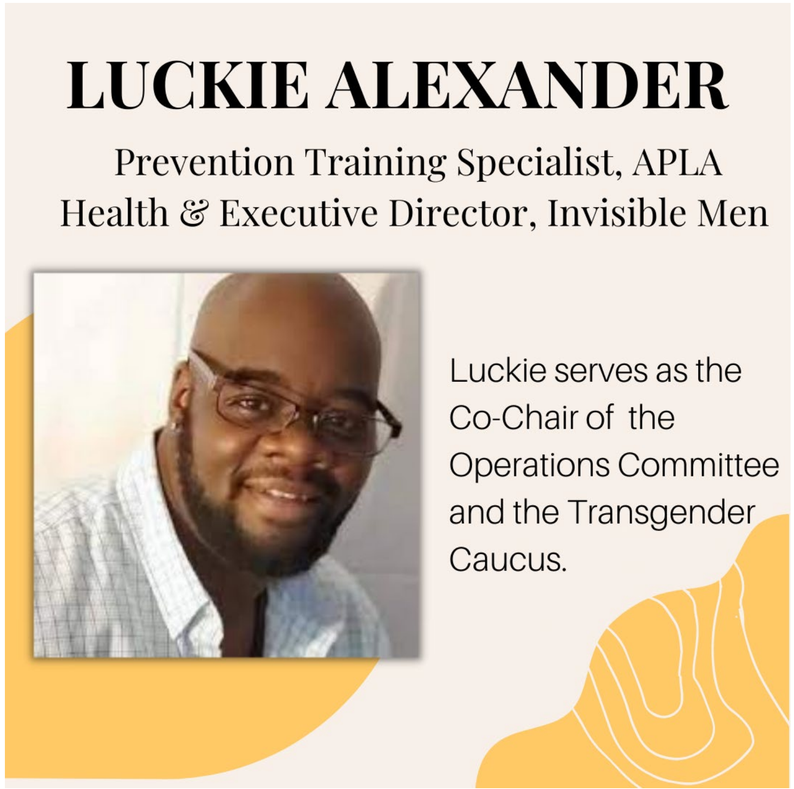
- Massive audience base -> builds exposure
- Visuals are key
- Measures of engagement: Likes, Retweets, Replies, Follower count, Hashtag use

HIV AWARENESS AND EDUCATION



- "Did you know? Posts
- Opportunity to spread valuable information from reputable sources
- Weekly posts to highlight an important HIV-related fact or service offered in LA County

COMMISSIONER TESTIMONIALS



- Highlight individual commissioners and their work
- Help the public understand more about what the Commission does and who is behind the work
- Voluntary and open to all Commissioners
- Posted on the Commission's social media account pages

COMMISSIONER TESTIMONIALS

WHY DID YOU JOIN THE COMMISSION ON HIV?

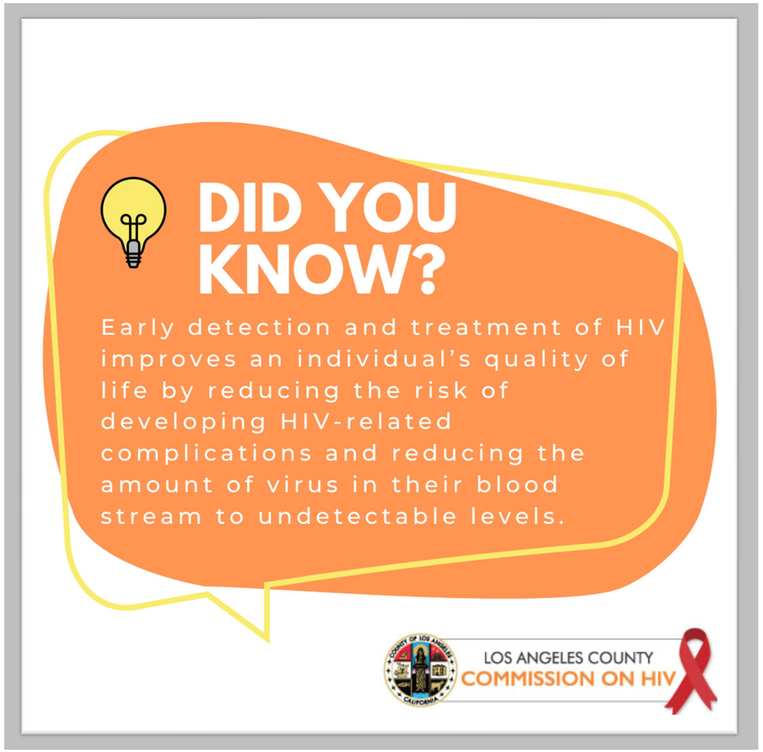
My reason for joining the Commission is two fold, first I wanted to be a representation of a community that is very under represented in the realm of HIV, the transmasculine community, and I want to find a way to keep one of my childhood best friends as healthy as possible. He was diagnosed when we were 18 and I have been in the work ever since.

IS THERE ANYTHING ELSE YOU WOULD LIKE TO SHARE?

I want people to know that transmasculine individuals are often left out of the conversation around HIV and are one of the populations the most at risk. More research needs to be done to ensure the transmasculine population is not the next wave of the epidemic.

- Testimonial Components:
  -Photo of the Commissioner
  -Occupation
  -Role in the Commission
  -Reason for joining the Commission
  -Any additional information they would like to share

FUTURE IDEAS: COMMISSION ON HIV 101



- Describe the functions of the Commission -Showcase examples of ways the public can participate in Commission meetings/HIV planning process
- Post meeting announcements and registration links/QR codes
- Describe the Commissioner application process

LOS ANGELES COUNTY
COMMISSION ON HIV

To learn more contact:

Catherine Lapointe

clapointe@lachiv.org

LOS ANGELES COUNTY
COMMISSION ON HIV

LOS ANGELES COUNTY COMMISSION ON HIV

LOS ANGELES COUNTY COMMISSION ON HIV 2022
STANDARDS AND BEST PRACTICES WORKPLAN (Updates in RED)

Co-Chairs: Erika Davies, Kevin Stalter

Approval Date: 2/1/22

Purpose of Work Plan: To focus and prioritize key activities for COH Committees and subgroups for 2022.

#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	Review and refine 2022 workplan	COH staff to review and update 2021 workplan monthly	Ongoing	Workplan revised/updated on: 12/22/21, 1/6/2022, 1/19/22, 1/26/22; 2/1/22; 2/24/22
2	Update Substance Use Outpatient and Residential Treatment service standards	Continuation of SUD service standards review from 2021.	Jan 2022 COMPLETED	During the November meeting, the committee placed a temporary hold on approving the SUD service standards pending further review of the implications of CalAIM. COH staff will provide CalAIM updates and allow the committee to determine to approve or extend the hold on approving the SUD service standards. At the December 7th meeting, the committee approved the SUD service standards and moved them to the Executive Committee for approval. Approved by the Executive Committee on 12/9/21 and on the Commission agenda for approval on 1/13/22 Approved by Commission on 1/13/22. COH staff sent transmittal letter to DHSP on 1/26/22.
3	Update Benefits Specialty service standards	Continuation of BSS service standards review from 2021.	Early 2022	Committee extended the public comment period and now ends on January 21, 2022. The Committee reviewed public comments received at the February 2022 meeting. Committee placed a temporary hold on additional review of the BSS standards pending further instruction from DHSP.

4	Update Home-based Case Management service standards	SBP prioritized HBCM for 2022 based on recommendations from ATF and DHSP. 84% of HBCM clients are ages 50+	TBD	DHSP presented a HBCM service utilization summary document at the January 2022 SBP Committee meeting Committee will continue review at April 2022 meeting.
5	Conduct a targeted review of the oral health service standards and developing guidance for specialty dental providers related to dental implants.	Mario Perez (DHSP) recommended that the SBP committee conduct this specific addendum to the oral health standards for 2022	June 2022	COH staff scheduled a planning meeting to elaborate details for an expert panel. The meeting is scheduled January 11, 2022. COH staff to identified Jeff Daniels as facilitator for Subject Matter Expert (SME) panel. COH staff requested service utilization summary document for Oral Health service standards from Wendy Garland [DHSP]. Dr. Younai provided literature review materials and COH staff will prepare an annotated bibliography. Paulina Zamudio provided list of dental providers contracted with DHSP. COH staff will draft SME panel invite letter. SME panel to convene in late February 2022. The COH convened an oral healthcare subject matter expert panel to support Commission staff in drafting a dental implant addendum to the current Ryan White Part A oral healthcare service standard. The addendum will provide clarification and guidance to the Commission's current oral healthcare service standard regarding to dental implants Commission staff will work with the panel facilitator Jeff Daniel, to compile a meeting summary to share with the panelists and will

				begin drafting an outline for the addendum. The plan is to have a draft addendum ready for the SBP committee to review for the April SBP meeting.
6	Update Transitional Case Management service standards	Recommendation from DHSP	Mid 2022	Committee will begin the review process at the March 2022 meeting.
7	Provide feedback on and monitor implementation of the local Ending the HIV Epidemic (EHE) plan	Develop strategies on how to engage with private health plans and providers in collaboration with DHSP	Ongoing, as needed	
8	Collaborate with the Planning, Priorities and Allocations Committee and AJ King (consultant) to shape the Comprehensive HIV Plan (CHP)	Contribute to the development of the CHP and advance the goals of the Comprehensive HIV Plan and Los Angeles County HIV/AIDS Strategy	Ongoing/ Late 2022	Added "CHP discussion" item for all SBP Committee meetings in 2022. COH staff and AJ King to provide updates on CHP progress and submit requests for information for the SBP Committee to address.
9	Engage private health plans in using service standards and RW services		TBD	

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave, 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • https://hiv.lacounty.gov

January 26, 2022

To: Mario J. Perez, Director of HIV and STD Programs (DHSP), Department of Public Health

From: Erika Davies and Kevin Stalter, Standards and Best Practices Co-Chairs

Re: Approved Substance Use Disorder and Outpatient Care and Residential Service Standards

On behalf of the Commission on HIV, we are submitting the Substance Use Disorder Outpatient Care and Residential Treatment (SUD) service standards approved by the Commission on January 13, 2022. The Standards and Best Practices (SBP) Committee harnessed extensive input from providers, consumers, subject matter experts, and DHSP staff to develop the SUD standards. As with all approved standards, we hope that the Division of HIV and STD Programs (DHSP) will now take the steps to put in place the contractual mechanisms to expedite the release of these funds to the community.

The SBP Committee deliberated the potential impact of the Medi-Cal expansion known as California Advancing and Innovating Medi-Cal (CalAIM) forthcoming in early 2022 and determined that having updated service standards in place for Ryan White clients dual-enrolled in Medi-Cal would prevent interruption of care and allow more time to understand the implications of CalAIM on Ryan White SUD services. The SBP Committee will continue to monitor the implementation of CalAIM and other Medi-Cal expansions and collaborate with DHSP to update the SUD service standards accordingly.

The SBP Committee is committed to working with DHSP to ensure that standards for service categories prioritized by the Commission are completed in a timely manner to give DHSP time to prepare for the procurement of services. In addition, we look forward to receiving feedback on implemented standards to ensure that the SBP Committee is developing service standards that move the needle towards ending HIV. Thank you, we appreciate the ongoing partnership and support from you and your staff.

cc: Bridget Gordon
Danielle Campbell
Wendy Garland
Michael Green, PhD
Pamela Ogata

Standards of Care Review
Guiding Questions

1. Are the standards up-to-date and consistent with national standards of high quality HIV and STD prevention services?

2. Are the standards reasonable and achievable for providers?

3. Will the services meet consumer needs? Are the proposed standards client-centered?

4. What are the important outcomes we expect for people receiving this service? How can we measure whether or not the service is working for them?

5. Is there anything missing from the standards related to HIV prevention and care?

6. Is there anything missing in regard to other topics such as reducing stigma, social determinants of health, immigration issues, support around insurance and housing, etc.?

7. Are the references still relevant?

LOS ANGELES COUNTY
COMMISSION ON HIV

Standards & Best Practices Committee
Standards of Care

- Service standards are written for service providers to follow
- Service standards establish the minimal level of service or care that a Ryan White funded agency or provider may offer
- Service standards are essential in defining and ensuring consistent quality care is offered to all clients
- Service standards serve as a benchmark by which services are monitored and contracts are developed
- Service standards define the main components/activities of a service category
- Service standards do not include guidance on clinical or agency operations

Retrieved from https://targethiv.org/library/service-standards-guidance-ryan-white-hivaids-program-granteesplanning-bodies.
December 2015.

STANDARDS OF CARE FOR INCARCERATED/POST-RELEASE TRANSITIONAL CASE MANAGEMENT SERVICES

Approved by the Commission on HIV on 4/13/2017

~~TABLE OF CONTENTS~~

Transitional Case Management (TCM) Definition
HIV transitional case management is a client-centered activity that coordinates care for special transitional populations and those living with HIV. TCM includes:

- Intake and assessment of available resources and needs
- Development and implementation of individual release plans or transitional independent living plans
- Coordination of services
- Interventions on behalf of the client or family
- Linked referral
- Active, ongoing monitoring and follow-up
- Periodic reassessment of status and needs
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Access to HIV and STI information, education, partner services, and behavioral and biomedical interventions (such as pre-exposure prophylaxis (PrEP)) to prevent acquisition and transmission of HIV/STIs

Incarcerated and Post-Release Transitional Case Management (IPRTCM) provides services to incarcerated individuals who are living with HIV and are transitioning back to the community. These services include complete psychosocial assessment; individual care plan development; appropriate referrals to housing, community case management, medical, mental health, and drug treatment.

Unique Needs of the Incarcerated/Post-Release Individuals Assuring and maintaining access to medical care and social support services for incarcerated/post-release individuals facilitate retention in care, viral suppression, and overall health. However, the needs of the incarcerated and post-incarcerated individuals are unique and complex.

The following are resources to assist agencies the health and social needs of this community:
https://careacttarget.org/sites/default/files/JailsLinkageIHIPPocketCard.pdf
https://www.cdc.gov/correctionalhealth/rec-guide.html
http://www.enhancelink.org/

IPRTCM service providers are expected to comply with the Universal Standards of Care, as well as these additional standards.

A. OUTREACH

Programs providing Incarcerated and Post-Release Transitional Case Management services will conduct outreach to educate potential clients, HIV and STI services providers and other supportive service organizations about the availability and benefits of transitional management services for incarcerated and post-released persons with HIV within the Los Angeles County Jail system. Promotion and outreach will include the provision of information sessions to HIV-positive inmates that facilitate enrollment into incarcerated TCM programs. Programs will collaborate with HIV primary health care and support services providers, as well as HIV and STI testing sites.

B. COMPREHENSIVE ASSESSMENT AND REASSESSMENT

Comprehensive assessment/reassessment is completed in a cooperative, interactive, face-to-face

interview process. Assessment/reassessment identifies and evaluates a client's medical, physical, psychosocial, environmental, and financial strengths, needs and resources.
Comprehensive assessment is conducted to determine the:

a. Client's needs for treatment and support services
b. Client's current capacity to meet those needs
c. Ability of the client's social support network to help meet client need
d. Extent to which other agencies are involved in client's care
e. Areas in which the client requires assistance in securing services
f. Readiness for transition to adult/mainstream case management services (Youth will remain in transitional case management services at least until age 29. Appropriateness of continued transitional case management services will be assessed annually through age 29. Planning will be made for eventual transition to adult/mainstream case management at least by the client's 29th birthday.)

C. INDIVIDUAL RELEASE PLAN (IRP)

In conjunction with the client, an IRP is developed that determines the case management goals to be reached. IRPs will be completed for each client within two weeks of the conclusion of the comprehensive assessment or reassessment. IRPs will be updated on an ongoing basis. At a minimum, IRPs should be updated when clients are re-assessed for their needs.
Programs will ensure that IRP goals include transportation, housing/shelter, food, primary health care, substance use treatment and community-based case management.

D. IMPLEMENTATION OF IRP, MONITORING AND FOLLOW-UP

Implementation, monitoring, and follow-up involve ongoing contact and interventions with (or on behalf of) the client to ensure that IRP goals are addressed and that the client is linked to and appropriately accesses and maintains primary health care and community- based supportive services identified on the IRP. These activities ensure that referrals are completed, and services are obtained in a timely, coordinated fashion.

E. CASE CONFERENCES

a. Programs will ensure that each case manager participates in group and/or multidisciplinary team case conferences. Case conferences can be conducted in accordance with client care-related supervision or independently from client care-related supervision. Those case conferences conducted independently from client care-related supervision will be discussions of selected clients to assist in problem-solving related to clients' IRP goal progress.

F. STAFFING REQUIREMENTS AND QUALIFICATIONS

At minimum, all transitional case management staff will be able to provide linguistically and culturally appropriate care to people living with HIV and complete documentation as required by their positions. Case management staff will complete an agency-based orientation before providing services. Staff will also be trained and oriented regarding client confidentiality and HIPAA regulations. See Personnel and Cultural Linguistic Competence Universal Standards.

All contractors must meet the Universal Standards of Care in addition to the following Benefits Specialty Services service standards. Universal Standards of Care can be access at: http://hiv.lacounty.gov/Projects

SERVICE COMPONENT	STANDARD	DOCUMENTATION
Outreach	Transitional case management programs will outreach to potential clients and providers.	Outreach plan on file at provider agency.
	Transitional case management programs will provide information sessions to HIV-positive inmates.	Record of information sessions at the provider agency. Copies of flyers and materials used. Record of referrals provided to clients.
	Transitional case management programs establish appointments (whenever possible) prior to release date.	Record of appointment made with the client prior to release date.
Comprehensive Assessment	Complete and enter comprehensive assessments into DHSP's data management system within 30 days of the initiation of services. Perform reassessments at least once per year or when a client's needs change or he or she has re-entered a case management program.	Comprehensive assessment or reassessment on file in client chart to include: o Date o Signature and title of staff person o Client strengths, needs and available resources in: o Medical/health care o Medications o Adherence issues o Physical health o Mental health o Substance use, history, and treatment o Nutrition/food o Housing and living situation o Family and dependent care issues o Access to hormone replacement therapy, gender reassignment procedures, name change/gender change clinics and other transition-related services. o Transportation o Language/literacy skills o Cultural factors o Religious/spiritual support o Social support system o Relationship history o Domestic violence/Intimate Partner Violence (IPV) o Financial resources o Employment o Education o Legal issues/incarceration history

		○ Risk behaviors ○ HIV and STI prevention issues ○ Environmental factors Resources and referrals
Individual Release Plan (IRP)	IRPs will be developed in conjunction with the client within two weeks of completing the assessment or reassessment	IRP on file in client chart to includes: • Name of client and case manager • Date and signature of case manager and client • Date and description of client goals and desired outcomes • Action steps to be taken by client, case manager and others • Customized services offered to client to facilitate success in meeting goals, such as referrals to peer navigators and other social or health services. • Goal timeframes Disposition of each goal as it is met, changed, or determined to be unattainable
Implementation of IRP, Monitoring and Follow-up	Case managers will: • Provide referrals, advocacy and interventions based on the intake, assessment, and IRP • Monitor changes in the client's condition • Update/revise the IRP • Provide interventions and linked referrals • Ensure coordination of care • Help clients obtain health benefits and care • Conduct monitoring and follow-up to confirm completion of referrals and service utilization • Advocate on behalf of clients with other service providers • Empower clients to use independent living strategies • Help clients resolve barriers • Follow up on IRP goals	Signed, dated progress notes on file that detail (at minimum): • Description of client contacts and actions taken • Date and type of contact • Description of what occurred • Changes in the client's condition or circumstances • Progress made toward IRP goals • Barriers to IRPs and actions taken to resolve them • Linked referrals and interventions and current status/results of same • Barriers to referrals and interventions/actions taken • Time spent with, or on behalf of, client Case manager's signature and title

	• Maintain/attempt contact at a minimum of once every two weeks and at least one face-to-face contact monthly • Follow up missed appointments by the end of the next business day • Collaborate with the client's community-based case manager for coordination and follow-up when appropriate Transition clients out of incarcerated transitional case management at six month's post-release.	
Case Conferences	All case managers will participate in case conferences either in client care-related supervision or independently. Independent case conferences will be documented.	Documentation on file in client chart to include: • Date of case conference • Notation that conference is independent of supervision • Names and titles of participants • Issues and concerns identified • Guidance and/or follow-up plan • Results of implementing guidance/follow-up
Staffing Requirements and Qualifications	Case managers will have: • Knowledge of HIV/AIDS/STIs and related issues • Knowledge of and sensitivity to incarceration and correctional settings and populations • Knowledge of and sensitivity to lesbian, gay, bisexual, and transgender persons • Effective motivational interviewing and assessment skills • Ability to appropriately interact and collaborate with others • Effective written/verbal	Resume, training certificates, interview assessment notes, reference checks, and annual performance reviews on file.

	communication skills • Ability to work independently • Effective problem-solving skills • Ability to respond appropriately in crisis situations Effective organizational skills	
	Case managers will hold a bachelor's degree in an area of human services; high school diploma (or GED equivalent) and at least one year's experience working as an HIV case manager or at least two years' experience working within a related health services field. Prior experience providing services to incarcerated individuals is preferred. Personal life experience with relevant issues is highly valued and should be considered when making hiring decisions	Resumes on file at provider agency documenting experience. Copies of diplomas on file.
	All staff will be given orientation prior to providing services.	Record of orientation in employee file at provider agency.
	Case management staff will complete DHSP's required case management certifications/training within three months of being hired. Case management supervisors will complete DHSP's required supervisor's certification/training within six months of being hired.	Documentation of certification completion maintained in employee file.
	Case managers will participate in recertification as required by DHSP and in at least 20 hours of continuing education annually. Management, clerical, and support staff must attend a minimum of eight hours of HIV/ AIDS/STIs training each year.	Documentation of training maintained in employee files to include: • Date, time, and location of function • Function type • Staff members attending • Sponsor or provider of function • Training outline, handouts, or materials Meeting agenda and/or minutes
	Case management staff will receive a minimum of four hours of client care-related supervision per month from a master's degree-level mental health	All client care-related supervision will be documented as follows (at minimum): • Date of client care-related supervision • Supervision format • Name and title of participants

	professional.	• Issues and concerns identified • Guidance provided and follow-up plan • Verification that guidance and plan have been implemented Client care supervisor's name, title, and signature.
	Client care-related supervision will provide general clinical guidance and follow-up plans for case management staff.	Documentation of client care-related supervision for individual clients will be maintained in the client's individual file.

Recommended training topics for IPRTCM staff:

- Integrated HIV/STI prevention and care services
- Substance use harm reduction models and strategies
- The role of substances in HIV and STI prevention and progression
- Sexual identification, gender issues, and provision of trans-friendly services
- Cultural competence
- Correctional issues
- Risk reduction and partner notification
- Current medical treatment and updates
- Mental health issues for people living with HIV
- Confidentiality and disclosure
- Behavior change strategies
- Stigma and discrimination
- Community resources including public/private benefits
- Grief and loss

~~**ACKNOWLEDGEMENTS** (**SBP Committee Members)*~~

~~This document was under the guidance of the Los Angeles County Commission on HIV, Standards and Best Practices (SBP) Committee and critique from subject matter experts. We thank them for their leadership and dedication to ensuring that high quality HIV services are accessible to PLWHA.~~

- ~~Grissel Granados, MSW*~~
- ~~Joseph Cadden, MD*~~
- ~~Angelica Palmeros, MSW*~~
- ~~Thomas Puckett, Jr.*~~
- ~~Terry Smith, MPA*~~
- ~~Octavio Vallejo, MD, MPH*~~
- ~~Wendy Garland, MPH*~~
- ~~Susan Forrest~~
- ~~Martha Tadesse, MSN, MPH, MPA, CCHP-RN~~
- ~~Natalie Valdez, MSSW~~
  ~~Martin Sattah, MD~~
- ~~John Thompson, MSW~~
- ~~Terina Keresoma~~