LOS ANGELES COUNTY
COMMISSION ON HIV

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STANDARDS AND BEST PRACTICES COMMITTEE MEETING

TUESDAY JANUARY 6, 2025
10:00 AM -- 12:00 PM (PST)

510 S. Vermont Avenue, 9th Floor, LA 90020
Validated Parking @ 523 Shatto Place, LA 90020

As a building security protocol, attendees entering form the 1st floor lobby must notify security personnel that they are attending the Commission on HIV meeting to access the Terrace Conference Room (9th Floor) where our meetings are held.

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

Register Here to Join Virtually

https://lacountyboardofsupervisors.webex.com/weblink/register/rc7b7c8fc338a92771cd361f19a03551f

Notice of Teleconferencing Sites

Public Comments

You may provide public comment in person, or alternatively, you may provide written public comment by:

- Emailing hivcomm@lachiv.org
- Submitting electronically at https://www.surveymonkey.com/r/PUBLIC_COMMENTS

** Please indicate your name, the corresponding agenda item, and whether you would like to state your public comment during the meeting. All public comments will be made part of the official record.*

Accommodations

Requests for a translator, reasonable modification, or accommodation from individuals with disabilities, consistent with the Americans with Disabilities Act, are available free of charge with at least 72 hours' notice before the meeting date by contacting the Commission office at hivcomm@lachiv.org or 213.738.2816.

Scan QR code to download an electronic copy of the meeting packet. Hard copies of materials will not be available in alignment with the County's green initiative to recycle and reduce waste. If meeting packet is not yet available, check back prior to meeting; meeting packet subject to change. Agendas will be posted 72 hours prior to meeting per Brown Act.

together.

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LOS ANGELES COUNTY
COMMISSION ON HIV

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

AGENDA FOR THE REGULAR MEETING OF THE LOS ANGELES COUNTY COMMISSION ON HIV

STANDARDS AND BEST PRACTICES COMMITTEE

TUESDAY, JANUARY 6, 2026 | 10:00AM – 12:00PM

510 S. Vermont Ave
Vermont Corridor 9th Floor TK02 Conference Room
Los Angeles, CA 90020
Validated Parking: 523 Shatto Place, Los Angeles, CA 90020

For those attending in person, as a building security protocol, attendees entering the first-floor lobby must notify security personnel that they are attending the Commission on HIV meeting.

MEMBERS OF THE PUBLIC WHO WISH TO JOIN VIRTUALLY, REGISTER HERE:
https://lacountyboardofsupervisors.webex.com/weblink/register/rc7b7c8fc338a92771cd361f19a03551f
To Join by Telephone: 1-213-306-3065
Password: STANDARDS Access Code: 2531 985 9098

Standards and Best Practices Committee (SBP) Members:			
Erika Davies *Co-Chair*	Arlene Frames *Co-Chair*	Dahlia Ale-Ferlito	Mikhaela Cielo, MD
Sandra Cuevas	Caitlin Dolan *(Committee-only)*	Lauren Gersh, LCSW *(Committee-only)*	David Hardy, MD
Mark Mintline, DDS *(Committee-only)*	Byron Patel, RN	Sabel Samone-Loreca *LOA (Alt. to Arlene Frames)*	
QUORUM: 6			
*LOA: Leave of Absence			

AGENDA POSTED: December 31, 2025.

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

PUBLIC COMMENT: Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission's consideration of the item, that is within the subject matter jurisdiction of the Commission. To submit Public Comment, you may join the virtual meeting via your smart device and post your Public Comment in the Chat box -or- email your Public Comment to hivcomm@lachiv.org -or- submit your Public Comment electronically here. All Public Comments will be made part of the official record.

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

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

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

I. ADMINISTRATIVE MATTERS

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

II. PUBLIC COMMENT — 10:10 AM – 10:15 AM

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

III. COMMITTEE NEW BUSINESS ITEMS

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

IV. REPORTS

7. COH Staff Report — 10:15 AM – 10:30 AM
   a. Operational and Commission—Updates
8. Co-Chair Report — 10:30 AM – 10:45 AM
   a. Draft 2026 Committee Meeting Calendar—Updates
   b. Service Standards Revision Tracker—Updates
9. Division on HIV and STD Programs (DHSP) Report — 10:45 AM—11:00 AM

V. DISCUSSION ITEMS

10. Mental Health Service Standards Updates — 11:00 AM—11:30 AM
    MOTION #3: Approve the Mental Health service standards, as presented or revised, and elevate to the Executive Committee for review and approval.
11. Women-Centered HIV Care and Prevention Recommendations — 11:30 AM—11:45 AM

VI. NEXT STEPS 11:45 AM – 11:55 AM

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

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

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

VIII. ADJOURNMENT 12:00 PM

15. Adjournment for the meeting of January 6, 2026.

PROPOSED MOTIONS	
MOTION #1	Approve the Agenda Order as presented or revised.
MOTION #2	Approve the Standards and Best Practices Committee minutes, as presented or revised.
MOTION #3	Approve the Mental Health service standards, as presented or revised, and elevate to the Executive Committee for review and approval.

LOS ANGELES COUNTY
COMMISSION ON HIV

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Approved by COH 6/8/23

CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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

LOS ANGELES COUNTY
COMMISSION ON HIV

HYBRID MEETING GUIDELINES, ETTIQUETTE & REMINDERS

(Updated 7.15.24)

☐ This meeting is a **Brown-Act meeting** and is being recorded.
- Turn off your ringers/notifications on your smart devices so as not to disrupt the meeting.
- Your voice is important and we want to ensure that it is captured accurately on the record. Please be respectful of one another and minimize crosstalk.

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

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

☐ **Public Comment** for members of the public can be submitted in person, electronically @ https://www.surveymonkey.com/r/public_comments or via email at hivcomm@lachiv.org. *Please indicate your name, the corresponding agenda item, and whether you would like to state your public comment during the meeting; if so, staff will call upon you appropriately. Public comments are limited to two minutes per agenda item. All public comments will be made part of the official record.*

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

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

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

If you experience challenges in logging into the virtual meeting, please refer to the WebEx tutorial HERE or contact Commission staff at hivcomm@lachiv.org.

LOS ANGELES COUNTY COMMISSION ON HIV

2025 MEMBERSHIP ROSTER| UPDATED 12.8.25

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			***Vacant***		July 1, 2023	June 30, 2025	
2	City of Pasadena representative	1	EXC|SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2024	June 30, 2026	
3	City of Long Beach representative	1	PP&A	Ismael Salamanca	Long Beach Health & Human Services	July 1, 2023	June 30, 2025	
4	City of Los Angeles representative	1	SBP	Dahlia Ale-Ferlito	AIDS Coordinator's Office, City of Los Angeles	July 1, 2024	June 30, 2026	
5	City of West Hollywood representative	1	PP&A	Dee Saunders	City of West Hollywood	July 1, 2023	June 30, 2025	
6	Director, DHSP **Non Voting*	1	EXC	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2024	June 30, 2026	
7	Part B representative	1		Leroy Blea	California Department of Public Health, Office of AIDS	July 1, 2024	June 30, 2026	
8	Part C representative			***Vacant***		July 1, 2024	June 30, 2026	
9	Part D representative	1	SBP	Mikhaela Cielo, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2023	June 30, 2025	
10	Part F representative	1	SBP	Sandra Cuevas	Pacific AIDS Education and Training - Los Angeles Area	July 1, 2024	June 30, 2026	
11	Provider representative #1	1	OPS	Leon Maultsby, DBH, MHA	In The Meantime Men's Group, Inc	July 1, 2023	June 30, 2025	
12	Provider representative #2			***Vacant***		July 1, 2024	June 30, 2026	
13	Provider representative #3	1	PP&A	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2023	June 30, 2025	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2024	June 30, 2026	
15	Provider representative #5	1	SBP	Byron Patel, RN	Los Angeles LGBT Center	July 1, 2023	June 30, 2025	
16	Provider representative #6			***Vacant***		July 1, 2024	June 30, 2026	
17	Provider representative #7	1	SBP	David Hardy ,MD	University of Southern California	July 1, 2023	June 30, 2025	
18	Provider representative #8	1	SBP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2024	June 30, 2026	
19	Unaffiliated representative, SPA 1			***Vacant***		July 1, 2023	June 30, 2025	
20	Unaffiliated representative, SPA 2			***Vacant***		July 1, 2024	June 30, 2026	
21	Unaffiliated representative, SPA 3	1	OPS	Ish Herrera	*Unaffiliated representative*	July 1, 2023	June 30, 2025	Joaquin Gutierrez (OPS)
22	Unaffiliated representative, SPA 4	1	PP	Jeremy Mitchell (aka Jet Finley) ***(LOA)***	*Unaffiliated representative*	July 1, 2024	June 30, 2026	Lambert Talley (PP&A)
23	Unaffiliated representative, SPA 5			***Vacant***	*Unaffiliated representative*	July 1, 2023	June 30, 2025	
24	Unaffiliated representative, SPA 6	1	OPS	Jayda Arrington	*Unaffiliated representative*	July 1, 2024	June 30, 2026	
25	Unaffiliated representative, SPA 7	1	EXC|OPS	Vilma Mendoza	*Unaffiliated representative*	July 1, 2023	June 30, 2025	
26	Unaffiliated representative, SPA 8	1	EXC|PP&A	Kevin Donnelly	*Unaffiliated representative*	July 1, 2024	June 30, 2026	Carlos Vega-Matos (PP&A)
27	Unaffiliated representative, Supervisorial District 1	1	PP	Leonardo Martinez-Real	*Unaffiliated representative*	July 1, 2023	June 30, 2025	
28	Unaffiliated representative, Supervisorial District 2			***Vacant***	*Unaffiliated representative*	July 1, 2024	June 30, 2026	
29	Unaffiliated representative, Supervisorial District 3	1	SBP	Arlene Frames	*Unaffiliated representative*	July 1, 2023	June 30, 2025	Sabel Samone-Loreca (SBP)
30	Unaffiliated representative, Supervisorial District 4			***Vacant***		July 1, 2024	June 30, 2026	
31	Unaffiliated representative, Supervisorial District 5	1	PP&A	Felipe Gonzalez	*Unaffiliated representative*	July 1, 2023	June 30, 2025	
32	Unaffiliated representative, at-large #1			***Vacant***	*Unaffiliated representative*	July 1, 2024	June 30, 2026	everend Gerald Green (PP&A) ***(LOA)***
33	Unaffiliated representative, at-large #2	1	PPC	Terrance Jones	*Unaffiliated representative*	July 1, 2023	June 30, 2025	
34	Unaffiliated representative, at-large #3	1	EXC|PP&A	Daryl Russell, M.Ed	*Unaffiliated representative*	July 1, 2024	June 30, 2026	
35	Unaffiliated representative, at-large #4	1	EXC	Joseph Green	*Unaffiliated representative*	July 1, 2023	June 30, 2025	
36	Representative, Board Office 1	1	PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2024	June 30, 2026	
37	Representative, Board Office 2	1	EXC	Danielle Campbell, PhDC, MPH	T.H.E Clinic, Inc. (THE)	July 1, 2023	June 30, 2025	
38	Representative, Board Office 3	1	EXC|PP	Katja Nelson, MPP	APLA	July 1, 2024	June 30, 2026	
39	Representative, Board Office 4			***Vacant***		July 1, 2023	June 30, 2025	
40	Representative, Board Office 5	1	PP&A	Jonathan Weedman	ViaCare Community Health	July 1, 2024	June 30, 2026	
41	Representative, HOPWA			***Vacant***		July 1, 2023	June 30, 2025	
42	Behavioral/social scientist	1	EXC|PP	Lee Kochems, MA	*Unaffiliated representative*	July 1, 2024	June 30, 2026	
43	Local health/hospital planning agency representative			***Vacant***		July 1, 2023	June 30, 2025	
44	HIV stakeholder representative #1	1	EXC|OPS	Alasdair Burton	No affiliation	July 1, 2024	June 30, 2026	
45	HIV stakeholder representative #2	1	PP	Paul Nash, CPsychol AFBPsS FHEA	University of Southern California	July 1, 2023	June 30, 2025	
46	HIV stakeholder representative #3			***Vacant***		July 1, 2024	June 30, 2026	
47	HIV stakeholder representative #4	1	PP	Arburtha Franklin	Translatin@ Coalition	July 1, 2023	June 30, 2025	
48	HIV stakeholder representative #5	1	PP	Mary Cummings ***(LOA)***	Bartz-Altadonna Community Health Center	July 1, 2024	June 30, 2026	
49	HIV stakeholder representative #6	1	EXC|OPS	Dechelle Richardson ***(LOA)***	No affiliation	July 1, 2023	June 30, 2025	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS ***(LOA)***	W. King Health Care Group	July 1, 2024	June 30, 2026	
51	HIV stakeholder representative #8	1	EXC|OPS	Miguel Alvarez	No affiliation	July 1, 2024	June 30, 2026	
	TOTAL:	**37**						

LEGEND: EXC=EXECUTIVE COMM | OPS=OPERATIONS COMM | PP&A=PLANNING, PRIORITIES & ALLOCATIONS COMM | PPC=PUBLIC POLICY COMM | SBP=STANDARDS & BEST PRACTICES COMM

LOA: Leave of Absence

Overall total: 42

DRAFT

LOS ANGELES COUNTY
COMMISSION ON HIV

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

STANDARDS AND BEST PRACTICES (SBP) COMMITTEE MEETING MINUTES

November 4, 2025

COMMITTEE MEMBERS P = Present | A = Absent EA = Excused Absence			
Erika Davies, *Co-Chair*	P	Lauren Gersh	P
Arlene Frames, *Co-Chair*	EA	David Hardy	P
Dahlia Ale-Ferlito	EA	Mark Mintline	P
Mikhaela Cielo, MD	A	Byron Patel	P
Sandra Cuevas	P	Sabel Samone-Loreca	LOA
Caitlin Dolan	P	Martin Sattah	P
COMMISSION STAFF AND CONSULTANTS			
Jose Rangel-Garibay, Dawn Mc Clendon, Lizette Martinez			
DHSP STAFF			
John Mones			

**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.*

Meeting agenda and materials can be found on the Commission's website at
https://hiv.lacounty.gov/standards-and-best-practices-committee/

***LOA: Leave of absence*

CALL TO ORDER-INTRODUCTIONS-CONFLICT OF INTEREST STATEMENTS

Arlene Frames, SBP committee co-chair, called the meeting to order at 10:10am and led introductions. A. Frames noted the unfortunate passing of follow commissioners Russell Ybarra and encouraged attendees to express their sentiments in their introductions and statement of conflicts of interest.

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 SBP Committee meeting minutes, as presented ***(✓Passed by consensus).***

II. PUBLIC COMMENT

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

III. COMMITTEE NEW BUSINESS ITEMS

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

IV. REPORTS

5. **COH STAFF REPORT**
   - **Operational and Programmatic Updates**
     Jose Rangel-Garibay, COH staff member, reported the COH Annual Conference will be on November 13, 2025, from 9am to 2pm at the St. Anne's conference and event center. Registration is open and all attendees, including commissioners, are required to registered. There will also be a listen-only livestream of the conference via WebEx. Dawn McClendon, COH Assistant Director, developed a Frequently Asked Questions (FAQ) document that provides an overview of the COH restructuring project. The document also includes a list of the proposed changes to the bylaws. The COH will hold a vote on December 11, 2025, to approve the proposed changes to the bylaws. If the Once the COH approves the bylaws, COH staff will submit a revised ordinance to the Board of Supervisors (BOS). After the BOS approves the revised ordinance, the updated bylaws will come into effect. J. Rangel-Garibay added the membership applications for the 2026-2028 Commissioner cohort will launch on December 17, 2025, and will close on January 9, 2026. All current commissioners interested in serving on the restructured COH must re-apply. The goal is for the next cohort of the COH be seated by March 12, 2026. See Page 17 of the meeting packet for a copy of the FAQ document.

6. **CO-CHAIR REPORT**
   - **Review 2025 Committee Meeting Calendar**
     E. Davies led the committee through a review of the 2025 meeting calendar; the committee decided to cancel the December 2, 2025, committee. The next SBP committee will be on January 6, 2026.
   - **Service Standards Revision Tracker—Updates**
     E. Davies reported that there is motion to approve the Patient Support Services (PSS) service standards on the agenda for the November 13, 2025, COH meeting. The SBP committee will vote to post the Mental Health service standards for a public comment period.

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

V. DISCUSSION ITEMS

7. **Mental Health Service Standards Review**
   J. Rangel-Garibay provided an overview of the revisions to the Mental Health service standards document as discussed at the October 7, 2025, SBP Committee meeting. See the meeting packet for a copy of the

October 7, 2025, SBP Committee meeting minutes for a summary of the revisions.

The committee reviewed the MH service standards and proposed the following revisions:

- **Service description:** Mental Health services are the provision of outpatient psychological and psychiatric screening, assessments, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers. Mental health services are allowed only for people living with HIV who are eligible to receive HRSA RWHAP services.
- **Mental Health Service Components:** See Appendix A for a description of mental health professionals. Mental Health services include: Individual, Family, and group counseling/psychotherapy; Psychiatric medication assessments, prescription, and monitoring; drop-in psychotherapy groups; crisis intervention.
- **Mental Health Screening and Assessment:** Agencies contracted to provide mental health services will screen clients and conduct an assessment as appropriate.
- **Treatment Plans:** Agencies should develop plans for clients receiving mental health services with the exception of clients receiving drop-in psychotherapy groups and crisis interventions. Treatment plans outline the course of treatment and are developed in collaboration with the client and their mental health service provider. Mental health assessments and treatment plans should be developed concurrently. Treatment plans must be finalized within two weeks of the completion of the mental health assessment. Treatment plans must be developed by the same mental health provider that conducts the mental health assessments. Treatment plans will be reviewed and revised at a minimum of every 12 months.
- **Informed Medication Consent:** Providers will comply with state laws and licensing board policies related to Informed Medication Consent for psychotropic medications. An informed medication consent will be completed for all patients receiving psychotropic medications. Whenever a new psychotropic medication is prescribed, the client will received counseling on medication benefits, risks, common side effects, side effect management, and timetable for expected benefit.
- **Crisis Intervention:** Crisis intervention services will be offered to clients experiencing psychological distress. Client safety will be continuously assessed and addressed.
- **Triage/Referral/Coordination:** Clients requiring a higher level of mental health intervention than a given agency is able to provide must be referred to another agency capable of providing the service. These services may include neuropsychological testing, day treatment programs, and in-patient hospitalization. Referrals to other services including case management, treatment advocacy, peer support, medical treatment, and dental treatment will be made as appropriate. Agencies will maintain regular contact with the client's primary care provider as clinically indicated.
- **Staffing Requirements and Qualifications:** Added Physician Assistant to the list of mental health providers; Mental health service providers are advised to seek legal advice when they are unsure about issues and the level/ethical ramifications of their actions.

The Committee held a vote on **MOTION #3.**

MOTION #3: Announce a public comment period for the Mental Health service standards. ***(✓Passed; Yes: M. Cielo, S. Cuevas, C. Dolan, L. Gersh, D. Hardy, M. Mintline, B. Patel, M. Sattah, E. Davies).***

8. **Women-Centered HIV Care and Prevention Recommendations**
   J. Rangel-Garibay reported that the Planning, Priorities, and Allocations (PP&A) Committee shared a copy of the "Women-Centered HIV Care and Prevention Recommendations" document prepared by the COH's Women's Caucus for the SBP Committee to review and identify ways to incorporate the recommendations into existing service standards or to inform the development of best practices for women-centered HIV prevention and care services. The Committee decided to add this item to the 2026 workplan along with any other recommendations from the COH's caucuses.

VI. NEXT STEPS

9. **TASK/ASSIGNMENTS RECAP**:
   - COH staff will post the Mental Health service standards for public comment period starting November 15, 2025, and ending on January 6, 2026.

11. **AGENDA DEVELOPMENT FOR NEXT MEETING**:
    - Review public comments received for the Mental Health service standards
    - Discuss next steps for the Women-Centered HIV Care and Prevention Recommendations.
    - Review draft 2026 meeting calendar and Service Standard Revision Tracker.

VII. ANNOUNCEMENTS

12. **OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS**:
    - No announcements.

VIII. ADJOURNMENT

13. **ADJOURNMENT**: The meeting adjourned at 11:50 am.

LOS ANGELES COUNTY
COMMISSION ON HIV

STANDARDS AND BEST PRACTICES COMMITTEE 2026 MEETING CALENDAR *(Last updated 1/06/26)*

DRAFT

DATE	KEY AGENDA ITEMS/TOPICS (subject to change; for planning purposes)
Jan. 6, 2026 1pm to 3pm VC 9th Floor	• Review 2026 COH workplan and 2026 meeting calendar • Continue review of Mental Health service standards
Feb. 3, 2026 10am to 12pm VC 9th Floor	
Mar. 3, 2026 10am-12pm VC 9th Floor	
Apr. 7, 2026 10am-12pm VC 9th Floor	
May 5, 2026 10am-12pm TBD	
Jun. 2, 2026 10am-12pm TBD	
Jul. 7, 2026 10am-12pm TBD	
Aug. 4, 2026 10am-12pm TBD	
Sep. 1, 2026 10am-12pm TBD	
Oct. 6, 2026 10am-12pm TBD	
Nov. 3, 2026 10am-12pm TBD	
Dec. 1, 2025 10am-12pm TBD	**Consider rescheduling/cancelling due to conflicts with World AIDS Day events.**

SERVICE STANDARDS REVISION DATE TRACKER FOR PLANNING PURPOSES

Last updated: 1/02/26

KEYWORDS AND ACRONYMS				
HRSA: Health Resources and Services Administration			**COH:** Commission on HIV	
RWHAP: Ryan White HIV/AIDS Program			**DHSP:** Division on HIV and STD Programs	
HAB PCN 16-02: HIV/AIDS Bureau Policy Clarification Notice 16-02 RWHAP: Eligible Individuals & Allowable Uses of Funds			**SBP Committee:** Standards and Best Practices Committee	
			PLWH: People Living With HIV	
HRSA Service Category	**COH Standard Title**	**DHSP Service**	**Description**	**Notes**
N/A	AIDS Drug Assistance Program (ADAP) Enrollment	N/A	State program that provides medications that prolong quality of life and delay health deterioration to people living with HIV who cannot afford them.	ADAP contracts directly with agencies. Administered by the California Department of Public Health, Office of AIDS.
Child Care Services	Child Care Services	Child Care Services	Childcare services for the children of clients living with HIV, provided intermittently, only while the client attends in person, telehealth, or other appointments and/or RWHAP related meetings, groups, or training sessions.	**Last approved by COH: 7/8/2021**
Early Intervention Services	Early Intervention Program (EIS) Services	Testing Services	Targeted testing to identify HIV+ individuals.	**Last approved by COH: 5/2/2017**
Emergency Financial Assistance	Emergency Financial Assistance (EFA)	Emergency Rental Assistance	Pay assistance for rent, utilities, and food and transportation for PLWH experiencing emergency circumstances.	**Last approved by COH: 2/13/2025** **Updates from DHSP:** Clients must be facing eviction to qualify, the limit is $5,000 per year, per client, and applications are through Benefits Specialists.
Food Bank/Home Delivered Meals	Nutrition Support Services	Nutrition Support Services	Home-delivered meals and food bank/pantry services programs.	**Last approved by COH: 8/10/2023**
N/A	HIV/STI Prevention Services	Prevention Services	Services used alone or in combination to prevent the transmission of HIV and STIs.	**Last approved by COH: 4/11/2024** *Not a program- Standards apply to prevention services.*

Home and Community-Based Health Services	Home-Based Case Management	Home-Based Case Management	Specialized home care for homebound clients.	**Last approved by COH: 9/9/2022**
Hospice	Hospice Services	Hospice Services	Helping terminally ill clients approach death with dignity and comfort.	**Last approved by COH: 5/2/2017**
Housing	Housing Services: Permanent Supportive	Housing For Health	Supportive housing rental subsidy program of LA County Department of Health Services.	**Last approved by COH: 4/10/2025**
Housing	Housing Services: Residential Care Facility for Chronically Ill (RCFCI) and Transitional Residential Care Facility (TRCF)	Housing Services RCFCI/TRCF	RCFCI: Home-like housing that provides 24-hour care. TRCF: Short-term housing that provides 24-hour assistance to clients with independent living skills.	**Last approved by COH: 4/10/2025**
Legal Services	Legal Services	Legal Services	Legal information, representation, advice, and services.	**Last approved by COH: 7/12/2018**
Linguistic Services	Language Interpretation Services	Language Services	Interpretation (oral and written) and translation assistance to assist communication between clients and their healthcare providers.	**Last approved by COH: 5/2/2017**
Medical Case Management	Medical Care Coordination (MCC)	Medical Care Coordination	HIV care coordination through a team of health providers to improve quality of life.	**Last approved by COH: 1/11/2024**
	Treatment Education Services	Treatment Education Services	Provide ongoing education and support to ensure compliance with a client's prescribed treatment regimen and help identify and overcome barriers to adherence.	**Last approved by COH: 5/2/2017**
Medical Nutrition Therapy	Medical Nutrition Therapy Services	Medical Nutrition Therapy	Nutrition assessment and screening, and appropriate inventions and treatments to maintain and optimize nutrition status and self-management skills to help treat HIV disease.	**Last approved by COH: 5/2/2017**

Medical Transportation	Transportation Services	Medical Transportation	Ride services to medical and social services appointments.	**Last approved by COH: 2/13/2025**
Mental Health Services	Mental Health Services	Mental Health Services	Psychiatry, psychotherapy, and counseling services.	**Last approved by COH: 5/2/2017** *Committee will continue review on 1/6/26.*
Non-Medical Case Management	Benefits Specialty Services (BSS)	Benefits Specialty Services	Assistance navigating public and/or private benefits and programs.	**Last approved by COH: 9/8/2022**
	Patient Support Services (PSS)	Patient Support Services	Provide interventions that target behavioral, emotional, social, or environmental factors that negatively affect health outcomes with the aim of improving an individual's health functioning and overall well-being.	**Last approved by COH: 12/11/25**
	Transitional Case Management: Justice-Involved Individuals	Transitional Case Management- Jails	Support for post-release linkage and engagement in HIV care.	**Last approved by COH: 10/9/2025**
	Transitional Case Management: Youth	Transitional Case Management- Youth	Coordinates services designed to promote access to and utilization of HIV care by identifying and linking youth living with HIV/AIDS to HIV medical and supportive services.	**Last approved by COH: 10/9/2025**
	Transitional Case Management: Older Adults 50+	N/A	Coordinate transition between systems of care for older adults 50+ living with HIV/AIDS.	**Last approved by COH: 10/9/2025**
Oral Health Care	Oral Health Care Services	Oral Health Services	General and specialty dental care services.	**Last approved by COH: 4/13/2023**
Outpatient/Ambulatory Health Services	Ambulatory Outpatient Medical (AOM)	Ambulatory Outpatient Medical	HIV medical care accessed through a medical provider.	**Last approved by COH: 2/13/2025**
Outreach Services	Outreach Services	Linkage and Retention Program	Promote access to and engagement in appropriate services for people newly diagnosed or identified as living with HIV and those lost or returning to treatment.	**Last approved by COH: 5/2/2017**
Permanency Planning	Permanency Planning	Permanency Planning	Provision of legal counsel and assistance regarding the preparation of custody options for	**Last approved by COH: 5/2/2017**

			legal dependents or minor children or PLWH including guardianship, joint custody, joint guardianship and adoption.	
Psychosocial Support Services	Psychosocial Support Services	Psychosocial Support Services	Help PLWH cope with their diagnosis and any other psychosocial stressors they may be experiencing through counseling services and mental health support.	**Last approved by COH: 9/10/2020**
Referral for Health Care and Support Services	Referral Services	Referral	Developing referral directories and coordinating public awareness about referral directories and available referral services.	**Last approved by COH: 5/2/2017**
Substance Abuse Services (residential) Substance Abuse Outpatient Care	Substance Use Disorder and Residential Treatment Services	Substance Use Disorder Transitional Housing	Temporary residential housing that includes screening, assessment, diagnosis, and treatment of drug or alcohol use disorders.	**Last approved by COH: 1/13/2022**
N/A	Universal Standards and Client Bill of Rights and Responsibilities	N/A	Establishes the minimum standards of care necessary to achieve optimal health among PLWH, regardless of where services are received in the County. These standards apply to all services.	**Last approved by COH: 1/11/2024** *Not a program—SBP committee will review this document on a bi-annual basis or as necessary per community stakeholder, contracted agency, or COH request.*

From:	Garibay, Jose
To:	Katja Nelson
Cc:	Davies, Erika; Arlene Frames (via Google Docs); McClendon, Dawn; Martinez, Lizette
Subject:	RE: MH Standards Public Comment
Date:	Tuesday, January 6, 2026 12:44:00 PM

Hi Katja,

Thank you for sharing these public comments for the Mental Health Standards. Here are the responses and follow-up questions (in-red) from the Standards and Best Practices Committee:

- Requiring supervisory signatures on every progress note may be difficult to sustain in high-volume programs. Allowing agencies to meet this expectation through structured clinical supervision and targeted co-signatures would preserve quality while maintaining capacity.
  The Committee requested clarification on this recommendation. Namely, how is "structured clinical supervision" and "targeted co-signatures" defined and how would these approaches address the concern for requiring supervisory signatures on progress notes. The current language in the service standards states "Progress notes completed by unlicensed providers will be cosigned by licensed clinical supervisor".
- Clarifying that case conferences occur as clinically indicated for higher-acuity or complex clients would also help ensure the standard is achievable across different program sizes.
  The Committee agreed with the recommendation and will change the language in the Case Conference section to: "Interdisciplinary case conferences will be held as clinically indicated for higher-acuity or complex clients, as needed."
- Explicitly noting that assessments and psychotherapy services may be provided via telehealth when appropriate would help support client access, moving forward.
  The Committee agreed with the recommendation and decided to add the following language in the Mental Health Screening and Assessments section to: "Agencies contracted to provide mental health services will screen clients and conduct an assessment as appropriate. A mental health assessment is completed during a collaborative interview in which the client's biopsychosocial history and current presentation are evaluated to determine diagnosis and treatment plan. Reassessments are indicated when there is significant change in the client's status, or when the client reenters treatment. Screening and assessments/re-assessments may be conducted face-to-face or via telehealth as appropriate."
- A brief reference to trauma-informed and culturally responsive care could strengthen the standards and reflect the needs of PLWH in Los Angeles, even if we're playing "taboo" with certain words in the current political environment (keeping it broad).
  The Committee noted that all service standards developed by the COH must meet the Universal Standards of Care and Client Bill of Rights and Responsibilities; Appendix B, Section A: Respectful Treatment and Preventive Services states: Receive considerate, respectful, professional, confidential, and timely care and preventive services (such as screenings and vaccinations) in a safe, client-centered, trauma-informed environment without bias". The Committee will add language referencing the Universal Standards.

Best regards,
Jose Rangel-Garibay, MPH *(he/him/his)*

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From: Katja Nelson <knelson@aplahealth.org>
Sent: Tuesday, December 30, 2025 3:58 PM
To: HIV Comm <HIVComm@lachiv.org>
Subject: MH Standards Public Comment

Hi All,

Sharing a few small notes from APLA Health for the Mental Health Standards of Care:

Requiring supervisory signatures on every progress note may be difficult to sustain in high-volume programs. Allowing agencies to meet this expectation through structured clinical supervision and targeted co-signatures would preserve quality while maintaining capacity.

Clarifying that case conferences occur as clinically indicated for higher-acuity or complex clients would also help ensure the standard is achievable across different program sizes.

Explicitly noting that assessments and psychotherapy services may be provided via telehealth when appropriate would help support client access, moving forward.

A brief reference to trauma-informed and culturally responsive care could strengthen the standards and reflect the needs of PLWH in Los Angeles, even if we're playing "taboo" with certain words in the current political environment (keeping it broad).

Thanks,

Katja

Katja Nelson, MPP | Local Affairs Specialist, Government Affairs
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LOS ANGELES COUNTY COMMISSION ON HIV

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MENTAL HEALTH SERVICES

(Draft as of 1/02/26)

IMPORTANT: The service standards for Mental Health Services 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:

Human Resource Services Administration (HRSA) HIV/AIDS Bureau (HAB) Policy Clarification Notice (PCN) # 16-02 (Revised 10/22/18): Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds

HRSA HAB, 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

Table of Contents

Introduction

Service standards outline the elements and expectations a Ryan White HIV/AIDS Program (RWHAP) provider follows when implementing a specific service category. The purpose of service standards is to ensure that all RWHAP providers offer the same fundamental components of the given service category across a service area. Service standards establish the minimal level of service or care that a RWHAP-funded agency or provider may offer in Los Angeles County.

~~Service Description~~

~~Mental health treatment for PLWH attempts to improve and sustain a client's quality of life. Counseling and psychotherapy have been shown to be helpful in alleviating or decreasing psychological symptoms that can accompany a diagnosis of HIV. Psychiatric treatment for PLWH attempts to stabilize mental health conditions while improving and sustaining quality of life. Evidence based psychiatric treatment approaches and psychotherapeutic medications have proven effective in alleviating or decreasing psychological symptoms and illnesses that may accompany a diagnosis of HIV. Often, PLWH have psychological illnesses that pre-date their infection, but have been exacerbated by the stress of living with a chronic illness.~~

~~Mental health services include:~~

- ~~Mental health assessment~~
- ~~Treatment planning~~
- ~~Treatment provision~~
    - ~~Individual counseling/psychotherapy~~
    - ~~Family counseling/psychotherapy~~
    - ~~Group counseling/psychotherapy~~
    - ~~Psychiatric medication assessment, prescription and monitoring~~
    - ~~Drop-in psychotherapy groups~~
    - ~~Crisis intervention~~

General Eligibility Requirements for Ryan White Services

- Be diagnosed with HIV or AIDS with verifiable documentation.
- Be a resident of Los Angeles County
- Have an income at or below 500% of Federal Poverty Level.
- ~~Provide documentation to verify eligibility, including HIV diagnosis, income level, and residency.~~

Clients must provide documentation to verify eligibility, including HIV diagnosis, income level, and residency. Given the barriers with attaining documentation, contractors are expected to follow the Los Angeles County, Department of Public Health, Division of HIV and STD Programs (DHSP) guidance for using self-attestation forms for documentation eligibility for Ryan White services.

Service Description

Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessments, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are

based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professional typically include psychiatrists, psychologists, and licensed clinical social workers. Mental Health Services are allowed only for People Living with HIV (PLWH) who are eligible to receive HRSA RWHAP services.

Mental Health Service Components

~~HIV/AIDS~~ Mental Health Services are short-term or sustained therapeutic interventions provided by mental health professionals who specialize in HIV ~~(see Appendix B for a description of mental health professionals)~~ for clients experiencing acute and/or ongoing psychological distress. ~~This document describes the following service components for Mental Health Services: Mental health Assessment, Treatment Plans, Treatment Provision, Documentation, Informed Medication Consent, Crisis Intervention,~~ See Appendix A for a description of mental health professionals.

Mental Health Services include:

- Individual, Family, and Group counseling/psychotherapy
- Psychiatric medication assessment, prescription and monitoring
- Drop-in psychotherapy groups
- Crisis intervention

~~MENTAL HEALTH~~ SCREENING AND ASSESSMENT

Agencies contracted to provide mental health services will screen clients and conduct an assessment as appropriate. A mental health assessment is completed during a collaborative interview in which the client's biopsychosocial history and current presentation are evaluated to determine diagnosis and treatment plan. Reassessments are indicated when there is significant change in the client's status, or when the client re-enters treatment. To reduce client assessment burden, ~~mental health providers~~ agencies should utilize existing assessments such as those performed by Medical Care Coordination (MCC) teams, as a tool to inform treatment plan development. ~~Persons~~ Clients receiving crisis intervention or drop-in psychotherapy groups require a brief assessment of the presenting issues that supports the mental health treatment modality chosen.

~~MENTAL HEALTH SERVICES: MENTAL HEALTH ASSESSMENT~~ SCREENING AND ASSESSMENT	
STANDARD	DOCUMENTATION
Mental health assessments will be completed by mental health provider within two visits, but in no longer than 30 days.	Completed assessment in client file to include: • Detailed mental health presenting problem • Psychiatric or mental health treatment history • Mental status exam • Complete DSM five axis diagnosis
Reassessment conducted as needed or at a minimum of once every 12 months.	Progress notes or new assessment demonstrating reassessment in client file.
For closed group/drop-in group therapy, providers will pre-screen clients to determine if the client is	Completed pre-screen assessment in client file to include documentation of Informed Consent,

good fit for the group and if the group would provide a service that meets the client's need(s).	explanation of the limits of confidentiality of participating in group therapy, and description of client mental health needs.
Assessments and reassessments completed by unlicensed providers will be cosigned by licensed clinical supervisors.	Co-signature of licensed provider on file in client chart.

TREATMENT PLANS

Agencies should develop treatment plans for clients receiving mental health services with the exception of clients receiving drop-in psychotherapy groups and crisis interventions. Treatment plans outline the course of treatment and are developed in collaboration with the client and their mental health service provider. Mental health assessments and treatment plans should be developed concurrently. Treatment plans must be finalized within two weeks of the completion of the mental health assessment. Treatment plans must be developed by the same mental health provider that conducts the mental health assessments. Treatment plans will be reviewed and revised at a minimum of every 12 months.

~~Treatment plans are developed in collaboration with the client and outline the course of treatment and are required for clients receiving all mental health services, excluding drop-in psychotherapy groups and crisis intervention services. A treatment plan begins with a statement of problems to be addressed in treatment and follows with goals, objectives, timeframes, interventions to meet these goals, and referrals. Mental health assessment and treatment plans should be developed concurrently; however, treatment plans must be finalized within two weeks of the completion of the mental health assessment. Treatment plans must be developed by the same mental health provider that conducts the mental health assessment. Treatment plans will be reviewed and revised at a minimum of every 12 months.~~

~~MENTAL HEALTH SERVICES:~~ TREATMENT PLANS	
STANDARD	DOCUMENTATION
Mental health assessments and treatment plans are developed concurrently and collaboratively with the client. Treatment plans must be finalized within two weeks of the completion of the mental health assessment and developed by the same mental health provider that conducts the mental health assessment.	Completed, signed treatment plan on file in client chart to include: • Statement of problem(s), symptom(s) or behavior(s) to be addressed in treatment • Goals and objectives • Interventions and modalities proposed • Frequency and expected duration of services • Referrals (e.g. day treatment programs, substance use treatment, etc.)
Client treatment plans are reviewed and/or revised at a minimum of every 12 months. ~~Review and revise treatment plan not less than once every twelve months.~~	Documentation of treatment plan revision in client chart.
~~Assessments and reassessments~~ Treatment plans completed by unlicensed providers will be cosigned by licensed clinical supervisor.	Co-signature of licensed provider on file in client record.

TREATMENT PROVISION

Treatment provision consists of ongoing contact and clinical interventions with (or on behalf) of the client necessary to achieve treatment plan goals. All modalities and interventions in mental health treatment will be guided by the needs expressed in the treatment plan. ~~Practitioners shall be knowledgeable about outcome research and utilize clinically proven treatment for their client's presenting problems.~~ ~~Treatment provision should be documented through progress notes and include the date and signature of the mental health provider. Progress notes completed by unlicensed providers will be cosigned by licensed clinical supervisor.~~ See **Appendix B** for Descriptions of Treatment Modalities.

~~MENTAL HEALTH SERVICES:~~ TREATMENT PROVISION	
STANDARD	DOCUMENTATION
Interventions and modalities will be determined by treatment plan.	Treatment plan signed and dated by mental health provider and client in client file.
~~Mental health providers will use outcome research and published standards of care, as appropriate and available, to guide their treatment.~~	~~Progress note signed and dated by mental health provider detailing interventions in client file.~~
Treatment, as appropriate, ~~will~~ may include counseling about: • Sexual health including prevention and HIV transmission risk behaviors • Stigma • Substance use • Treatment adherence • Development of social support systems • Community resources • Maximizing social and adaptive functioning • The role of spirituality and religion in a client's life • Disability, death, and dying • Exploration of future goals	Progress note, signed and dated by mental health provider detailing counseling sessions in client file.
Progress notes for all mental health treatment provided will document progress through treatment provision.	Signed, dated progress note in client chart to include: • Date, type of contact, time spent • Interventions/referrals provided • Progress toward Treatment Plan goals • Newly identified issues • Client response
Progress notes completed by unlicensed providers will be cosigned by licensed clinical supervisor.	Co-signature of licensed provider on file in client record.

INFORMED MEDICATION CONSENT

Informed Medication consent is required of every patient receiving psychotropic medications. Providers will comply with state laws and licensing board policies related to Informed Medication Consent for psychotropic medications.

~~MENTAL HEALTH SERVICES:~~ INFORMED MEDICATION CONSENT

STANDARD	DOCUMENTATION
An informed Medication Consent will be completed for all patients receiving psychotropic medications. Whenever a new psychotropic medication is prescribed, the client will receive counseling on medication benefits, risks, common side effects, side effect management, and timetable for expected benefit.	Completed, signed, and dated Informed Medication Consent on file in client chart indicating the patient has been counseled on: • Medication benefits • Risks • Common side effects • Side effect management • Timetable for expected benefit
Informed Medication Consents completed by unlicensed providers will be cosigned by medical doctor board-eligible in psychiatry.	Co-signature of licensed provider on file in client record.

CRISIS INTERVENTION

Crisis intervention is an unplanned service provided to an individual, couple or family experiencing ~~bio~~psychosocial distress. These services focus on reversing and stabilizing crisis-related deterioration of functioning. Crisis intervention can be provided face-to-face or ~~by telephone.~~ via telehealth as appropriate. ~~It is imperative that~~ client safety ~~is~~ must be assessed and addressed under ~~these~~ crisis situations. Crisis intervention services may occur as often as necessary to ensure client safety and maintenance of baseline functioning.

~~MENTAL HEALTH SERVICES:~~ CRISIS INTERVENTION	
STANDARD	MEASURE
Crisis intervention services will be offered to clients experiencing psychological distress. Client safety will be continuously assessed and addressed.	Signed, dated progress notes in client chart to include: • Date, time of day, and time spent with or on behalf of the client • Summary of crisis event • Interventions and referrals provided • Results of interventions and referrals • Follow-up plan
Progress notes completed by unlicensed providers will be cosigned by licensed clinical supervisor	Co-signature of licensed provider on file in client record.

TRIAGE/REFERRAL/COORDINATION

Clients requiring a higher level of mental health intervention than a given agency is able to provide must be referred to another agency capable of providing the service. These services may include neuropsychological testing, day treatment programs, and in-patient hospitalization. Referrals to other services including case management, treatment advocacy, peer support, medical treatment, and dental treatment will be made as appropriate. Agencies will maintain regular contact with the client's primary care provider as clinically indicated.

~~In certain cases, clients will require a higher level of mental health intervention than a given agency is able to provide. Mental health providers are responsible for referring these clients to additional mental health~~

~~services including neuropsychological testing, day treatment programs and in-patient hospitalization. Referrals to other services including case management, treatment advocacy, peer support, medical treatment and dental treatment will also be made as indicated. Regular contact with client's primary care clinic and other providers will ensure integration of services and better client care.~~

~~MENTAL HEALTH SERVICES:~~ TRIAGE/REFERRAL/COORDINATION	
STANDARD	DOCUMENTATION
As needed, providers will refer clients to full range of mental health services including: • Neuropsychological testing • Day treatment programs • In-patient hospitalization	Signed, dated progress notes to document referrals in client chart.
As needed, providers will refer to other services including case management, treatment advocacy, peer support, medical treatment, and dental treatment.	Signed, dated progress notes to document referrals in client chart.
~~Providers will attempt to make contact with a client's primary care clinic at minimum once a year, or as clinically indicated, to coordinate and integrate care. Contact with other providers will occur as clinically indicated.~~ Providers will maintain regular contact with a client's primary care provider as clinically indicated.	Documentation of contact with primary medical ~~clinics and~~ providers ~~to be placed~~ in progress notes.

CASE CONFERENCES

Programs will conduct monthly interdisciplinary discussions of selected ~~patients~~ clients to assist in problem-solving related to a ~~patient's~~ client's progress toward mental health treatment plan goals and to ensure that professional guidance and high-quality mental health treatment services are being provided. All members of the treatment team available, including case managers, treatment advocates, medical personnel, etc., are encouraged to attend. Documentation of case conferences shall be maintained within each client record in a case conference log.

~~MENTAL HEALTH SERVICES:~~ CASE CONFERENCES	
STANDARD	DOCUMENTATION
Interdisciplinary case conferences will be held for each active client based on acuity and need.	Case conference documentation, signed by the supervisor, on file in client chart to include: • Date, name of participants, and name of client • Issues and concerns • Follow-up plan • Clinical guidance provided • Verification that guidance has been implemented

CLIENT RETENTION AND CASE CLOSURE

~~Provider~~ Agencies will strive to retain clients in mental health treatment. A broken appointment policy and procedure to ensure continuity of service and retention of clients is required. Follow-up can include telephone calls, written correspondence and/or direct contact, and efforts to maintain a client's participation in care.

Case closure is a systematic process for discharging clients from mental health services. The process includes the completion of a Case Closure Summary (CCS) to be maintained in the client record. Case closure will be initiated if the patient does not receive mental health services or is unable to be contacted within a one-year period.

~~MENTAL HEALTH SERVICES:~~ CLIENT RETENTION AND CASE CLOSURE	
STANDARD	DOCUMENTATION
~~Programs~~ Agencies will develop a broken appointment policy to ensure continuity of service and retention of clients.	Written policy on file at provider agency.
~~Programs~~ Agencies will provide regular follow-up procedures to encourage and help maintain a client in mental health treatment.	Documentation of attempts to contact in progress notes. Follow-up may include: • Telephone calls • Written correspondence • Electronic Medical Record • Direct contact
~~Programs~~ Agencies will develop case closure criteria and procedures.	Case closure criteria and procedures on file at provider agency. Cases may be closed when the patient: • Successfully attains psychiatric treatment goals • Relocates out of the service area • Becomes eligible for benefits or other third-party payer (e.g. Medi-Cal, private medical insurance, etc.) • Has had no direct program contact in a one-year period • Is ineligible for the service • No longer needs the service • Discontinues the service • Is incarcerated long term • Utilizes the service improperly or has not complied with the client services agreement • Had died
Regular follow-up will be provided to clients who have dropped out of treatment without notice.	Documentation of attempts to contact in progress notes.
A Case Closure Summary will be completed for each client who has terminated treatment.	Signed, and dated Case Closure Summary on file in client chart to include: • Course of treatment

	• Discharge diagnosis • Referrals made • Reason for termination
Case Closure Summaries completed by unlicensed providers will be cosigned by licensed clinical supervisor.	Co-signature of licensed provider on file in client chart.

STAFFING REQUIREMENTS AND QUALIFICATIONS

Providers of mental health services will be master's or doctoral level graduate students in counseling, marriage and family therapy, nursing (with specialized mental health training), psychiatry, psychology, or social work.

Psychiatric treatment services are provided by medical doctors' board-eligible in psychiatry or a Physician Assistant. A psychiatrist may work in collaboration with a psychiatric resident, or RN/NP. While state law governs prescription of medication, it is recommended that physicians licensed as such by the state of California shall prescribe all prescriptions for psychotropic medications. If an NP is utilized to provide medications, they must do so according to standardized protocol and under the supervision of a psychiatrist.

All staff ~~hired by provider agencies~~ will possess the ability to provide developmentally and culturally appropriate care to clients living with and affected by HIV. All clinical staff will have previous experience or training utilizing appropriate treatment modalities in practice.

All ~~hired~~ staff will participate in orientation and training before beginning treatment provision~~. Licensed providers are encouraged to seek consultation to address clinical, psychosocial, developmental, and programmatic issues, as needed.~~ If providers are unlicensed, they must be clinically supervised in accordance with the requirements of the licensing board of their respective professions. Graduate-level interns must be supervised according to the requirement of their respective programs and to the degree that ensures appropriate practice.

~~Practitioners~~ Mental health providers should have training and experience with HIV/AIDS related issues and concerns. Providers will participate in continuing education or Continuing Medical Education (CME) on the topics of HIV and mental health issues every two years.

Practitioners providing mental health services to people living with HIV should possess knowledge about the following:

- HIV disease and current medical treatments
- Medication interactions (for psychiatrists)
- Psychosocial issues related to HIV/AIDS
- Cultural issues related to communities affected by HIV/AIDS
- Mental disorders related to HIV and other medical conditions
- Mental disorders that can be induced by prescription drug use
- Adherence to medication regimens
- ~~Diagnosis and assessment of HIV-related mental health issues~~
- HIV/AIDS legal and ethical issues

- Sexuality, gender, and sexual orientation issues
- Substance use theory, treatment, and practice

Finally, practitioners and staff must be aware of and able to practice under the legal and ethical obligations as set forth by California state law and their respective professional organizations. Mental health services providers are advised to seek legal advice when they are unsure about issues and the level/ethical ramifications of their actions.

~~Psychiatrists shall comply with existing laws regarding confidentiality, informed consent and client's rights, and shall conform to the standards and guidelines of the American medical Association and the American Psychiatric Association regarding ethical conduct, including:~~

- ~~**Duty to treat:** Practitioners have an ethical obligation not to refuse treatment because of fear or lack of knowledge about HIV~~
- ~~**Confidentiality:** Maintenance of confidentiality is a primary legal and ethical responsibility of the psychiatric practitioner.~~
- ~~**Duty to warn:** Serious threats of violence against a reasonability identifiable victim must be reported. However, at present, in California, a person living with HIV engaging in behaviors that may put others at risk for HIV infection is not a circumstance that warrants breaking of confidentiality. Physicians, however, may notify identified partners who may have been infected, while other mental health providers are not permitted to do so.~~

~~Mental health services providers are advised to seek legal advice when they are unsure about issues and the level/ethical ramifications of their actions.~~

~~**MENTAL HEALTH SERVICES:**~~ **STAFFING REQUIREMENTS AND QUALIFICATIONS**	
STANDARD	MEASURE
~~Provider~~ Agencies will ensure that all staff providing psychiatric treatment services will be licensed, supervised by a medical doctor board-eligible in psychiatry, accruing hours toward licensure or a registered graduate student enrolled in counseling, social work, psychology or marriage and family therapy program.	Documentation of licensure/professional/student status on file.
~~It is recommended that physicians licensed as such by the state of California shall prescribe psychotropic medications.~~	~~Documentation of licensure on file.~~
~~New staff will completed orientation/training prior to providing services.~~	~~Documentation of training file.~~
~~Mental health staff are training and knowledgeable regarding HIV/AIDS and the affected community.~~	~~Training documentation on file maintained in each personnel record which includes:~~ ~~• Date, time, and location of the function~~ ~~• Function type~~ ~~• Name of the agency and staff members attending the function~~ ~~• Name of the sponsor or provider~~ ~~• Training outline, meeting agenda and/or minutes~~

~~Programs will provide and/or allow access to ongoing staff training and development of staff including medical, psychiatric and mental health HIV-related issues.~~	~~Training documentation on file maintained in each personnel record which includes:~~ ~~• Date, time, and location of the function~~ ~~• Function type~~ ~~• Name of the agency and staff members attending the function~~ ~~• Name of sponsor or provider~~ ~~• Training outline, meeting agenda, and/or minutes~~
Mental health providers are trained and knowledgeable in HIV/AIDS. Agencies will provide orientation prior to providing services.	Documentation of training on file.
~~Licensed staff are encouraged to seek consultation as needed.~~	~~Documentation of consultation on file.~~
Treatment providers will practice according to California state law and the ethical codes of their respective professional organizations.	Chart review will ensure legally and ethically appropriate practice.
Psychiatric treatment providers will possess skill, experience and licensing qualifications appropriate to provision of psychiatric treatment services.	Resume and current license on file.
Unlicensed ~~professional~~ psychiatric and mental health professionals will receive supervision in accordance with state licensing requirements. The Division on HIV and STD Programs (DHSP) will be notified immediately in writing if a clinical supervisor is not available.	Documentation of supervision on file.
Mental health service staff will complete documentation required by program.	Administrative supervisor will review documentation periodically.

ADMINSTRATIVE SUPERVISION

Programs will conduct client record reviews to assess that all required mental health documentation is completed properly in a timely manner and secured within the client records.

~~MENTAL HEALTH SERVICES:~~ ADMINISTRATIVE SUPERVISION	
STANDARD	MEASURE
Programs shall conduct record reviews to ensure appropriate documentation.	Client record review, signed and dated by reviewed on file to include: • Checklist of required documentation • Written documentation identifying steps to be taken to rectify missing or incomplete documentation • Date of resolution for omissions

UTILIZING INTERNS, ASSOCIATES, AND TRAINEES

A significant portion of mental health services are provided by interns, associates and trained (IATs). While this process expands capacity by developing a well-trained workforce and provides increased access through cost effective services, extra care must be taken to ensure that high quality, ethical counseling and psychotherapy services are maintained. See **Appendix C** for additional information on Utilizing Interns, Associates, and Trainees (IATs).

~~MENTAL HEALTH SERVICES:~~ UTILIZING INTERNS, ASSOCIATES, AND TRAINEES	
STANDARD	MEASURE
Programs using IATs will provide an orientation and training program of no less than 24 hours to be completed before IATs begin providing services.	Documentation of training/orientation on file at provider agency.
IATs will be assigned cases appropriate to experience and scope of practice and that can likely be resolved over the course of the IAT's internship.	Record of case assignment on file at provider agency.
Programs will provide IATs with clinical supervision in accordance with all applicable rules and standards.	Record of clinical supervision on file at provider agency.
IATs will inform clients of their status as an intern and the name of the supervisor covering the case.	Internship notification form, signed by the client and the therapist on file in client chart.
Termination/transition/transfer will be addressed at the beginning of assessment, treatment inception and six weeks prior to termination.	Signed, dated progress notes confirming termination/transition/transfer on file in client chart.
At termination the IAT and client will discuss accomplishments, challenges, and treatment recommendations.	Signed, dated progress notes detailing this discussion on file in client chart.
Clients requiring services beyond the IAT's internship will be referred immediately to another clinician.	Singed, dated, Client Transfer Form (CTF) in client chart.
All clients place don a waiting list will be offered the following options: • Telephone contact • Transition group • Crisis counseling	Signed, dated CTF that details the transfer plan on file in client chart.

Appendix A: Mental Health Service Providers

Providers of mental health services include licensed practitioners and unlicensed practitioners who practice under the supervision of a licensed mental health professional and as mandated by their respective licensing bodies. ~~HIV/AIDS~~ Mental health psychiatric treatment services are provided by medical doctors (MDs) board-eligible in psychiatry. A psychiatrist may collaborate with a psychiatric resident or registered nurse/nurse practitioner (RN/NP) under the supervision of a medical doctor board-eligible in psychiatry. All prescriptions shall be prescribed solely by physician licensed by the state of California.

Licensed Practitioners:

- **Licensed Clinical Social Workers (LCSW):** LCSWs possess a master's degree in social work (MSW). LCSWs are required to accrue 3,000 hours of supervised professional experience to qualify

for licensing. The Board o Behavioral Science Examiners regulates the provision of mental health services by LCSWs.

- **Licensed Marriage and Family Therapists (LMFT):** LMFTs possess a master's degree in counseling. LMFTs are required to accrue 3,000 hours of supervised counseling or psychotherapy experience to qualify for licensing. The Board of Behavioral Science Examiners regulates the provision of mental health services by LMFTs.
- **Nurse Specialists and Practitioners:** Registered nurses (RNs) who hold a master's degree as a nurse practitioner (NP) in mental health or a psychiatric nurse specialist (PNS) are permitted to diagnose and treat mental disorders. NPs may prescribe medications in accordance with standardized procedures or protocols, developed and approved by the supervising psychiatrist, NP and facility administrator. Additionally, the NP must furnish and order medications under a psychiatrist's supervision.

  To qualify for prescribing medications, NPs must complete:
  - At least six months of psychiatrist-supervised experience in the ordering of medications or devices
  - A course in pharmacology covering the medications to be furnished or ordered

  RNs who hold a bachelor's degree are permitted to provide psychoeducational services but are not allowed to diagnose or treat mental disorders independently. Nurses and NPs are regulated by the California State Board of Nursing.

- **Psychiatrists:** Psychiatrists are physicians (medical doctors or MDs) who have completed an internship and psychiatric residency ~~(most are three years in length)~~. They are licensed by the state medical board, which regulates their provision of services, to practice independently. They are certified or eligible for certification by the American Board of Psychiatry. They have ultimate clinical authority but function collaboratively with multidisciplinary teams, which may include psychiatric residents or NPs. They initiate all orders for medications.

  They provide HIV/AIDS mental health treatment services as follows:
  - Examination and evaluation of individual patients
  - Diagnosis of psychiatric disorders
  - Medication treatment planning and management
  - Medical psychotherapy
  - Supervision of allied health professionals through a defined protocol
  - Participation and leadership in interdisciplinary case conferences including signing off on diagnoses and treatment plans
- **Psychologists:** Psychologists possess a doctoral degree in psychology or education (PhD, PsyD, EdD). Psychologists are required to accrue 3,000 hours of supervised professional experience to qualify for licensing. The Board of Psychology regulates the provision of mental health services by psychologists.

Unlicensed Practitioners:

- **Marriage family therapist (MFT) interns; psychological assistants, post-doctoral fellows and trainees; and social work associates:** Interns, assistants, fellows, and associates are

accumulating supervised experience as part of their preparation for licensing or certification. They have completed graduate work in counseling, psychology or social work. These providers required direct supervision by a licensed mental health practitioner as mandated by their respective licensing bodies.

Marriage family therapist (MFT) trainees and social work interns: Trainees and interns are in the process of obtaining their master's degrees and completing the necessary practicum or field work in a site approved by their academic institutions. Trainees and interns require direct supervision by a licensed mental health practitioner at the approved site as mandated by their respective licensing bodies.

Appendix B: Description of Treatment Modalities

Ongoing psychiatric sessions: Mental health treatment should include counseling regarding knowledge of modes of transmission, prevention, risk and harm reduction strategies (as well as root causes and underlying issues related to increased HIV transmission behaviors). Substance use, treatment adherence, development of social support systems and community resources as indicated by the client's circumstance are important areas to be explored. Focus should also be placed on maximizing social and adaptive functioning. The role of and –when present in a client's life—spirituality and religion should be understood and utilized as a strength when present. If clients begin to deteriorate physically, emotional distress can be relieved by helping them prepare for disability, even death. For the client whose health has improved, exploration of future goals including returning to school or work is indicated. When a signed release has been completed, sources of support and care can be recommended to significant others and family members.

The provision of specific types of psychotherapy (behavioral, cognitive, post-modern, psychodynamic) is guided by the individual client's need and based on published practice guidelines and research. For those clients on psychotropic medications, side effects of these agents should be assessed at each visit, along with the provision of education regarding such medications, within the scope of the provider's practice. As indicated, these clients will be referred to the prescribing physician for further information.

Individual counseling/psychotherapy: Individual counseling or psychotherapy may be either short- or long-term in duration, depending on the needs outlined in the treatment plan. Short-term or brief therapy lasts up to 12 sessions and can be most useful when client goals are specific and circumscribed. Longer-term therapy provides a means to explore more complex issues that may interfered with a client's quality of life. Even in the case of longer-term therapy, specific, short-term, mutually defined goals are recommended to focus treatment and measure progress.

Family counseling/psychotherapy: ~~A family may be defined as either the family of origin or a chosen family (Bor, Miller & Goldman, 1993~~). The impact of HIV on the family system can be enormous. The overall goal of family counseling/psychotherapy is to help families improve their functioning, given the complications of living with HIV. Interventions with the family system can be especially effective in helping children and caregivers with behavioral problems and symptoms.

Couples counseling/psychotherapy: This modality is most appropriate where the presenting problem is dissatisfaction or conflict within a relationship that impacts a person living with HIV. In cases of domestic violence, couples counseling should not begin until the provider determines the appropriateness of this modality based upon the progress both parties have made in individual or group treatment and the fact that

current violence is no longer a risk. If these criteria are not met, members of such couples should be referred for individual or group treatment.

Group psychotherapy treatment: Group treatment can provide opportunities for increased social support vital to those isolated by HIV.

While groups may be led by a single leader, significant benefits arise when utilizing two co-facilitators:

- Fewer group cancellations due to facilitator absence
- Increased change that important individual and group issues will be explored
- Members can witness different skills and styles of the therapists
- Increased opportunity to work through transference relationships

Group treatment can be provided in a variety of formats:

- **Closed psychotherapy groups** typically require a process for joining and terminating. Closed groups usually have a set number of group members (between six and ten). This format provides an opportunity to build group cohesion and for members to take part in active interpersonal learning. These groups can be time limited or ongoing, issue specific or more general in content.
- **Open psychotherapy groups** do not require ongoing participation from clients. The group membership shifts from session to sessions, often requiring group leaders to be more structured and active in their approach. These groups can be especially useful to clients requiring immediate support, but unsure about making a commitment to ongoing treatment.

Drop-in groups can also be offered as a mental health service, as long as at least one of the leaders of the group is a mental health provider as defined in this standard.

- **Drop-in groups** do not have an ongoing membership. Instead of a psychotherapeutic focus, these groups focus on such functions as providing topic-specific education, social support and emotional encouragement. As such, they do not require inclusion in a client's treatment plan, nor is a full mental health assessment required to access this service.

Psychiatric evaluations, medication monitoring and follow-up: Psychiatrists shall use clinical presentation, evidence-based practice guidelines and specific treatment goals to guide the evaluation, prescription and monitoring of appropriate medication.

For medication monitoring and follow-up, visit frequency should be at a minimum:

- Once every two weeks in the acute phase
- Once every month in the sub-acute phase
- Once every three months in the maintenance phase

For those patients on psychotropic medication, side effects of these agents shall be assessed at each visit, along with the provision of education regarding their medications. In addition, these patients should regularly be counseled about the importance of adherence to psychotropic medications.

~~The American Psychiatric Association (2001) suggests the following general pharmacologic treatment guidelines, especially for those patients with symptomatic HIV disease:~~

- ~~Use lower starting doses and titrate more slowly~~
- ~~Provide the least complicated dosing schedules possible~~

- ~~Concentrate on drug side effect profiles to avoid unnecessary adverse effects~~
- ~~Be aware of drug metabolism/clearance pathways to minimize drug-drug interactions and possible organ damage~~

~~In general, refills shall not be written beyond three months of the last psychiatric visit. However, exception can be made in special circumstances or when the stability of the client warrants less frequent monitoring. Such exceptions shall be documented in client progress notes.~~

~~Psychiatrists must coordinate the provision of psychiatric care with primary care medical clinics and other related providers. Regular contact with a patient's primary care clinic and related providers will ensure integration of services and maintain care continuity.~~

Appendix C: Utilizing Interns, Associates, and Trainees (IATs)

Programs utilizing IATs will give thoughtful attention to:

- **Training:** Programs utilizing IATs will provide an orientation and training program of no less than 24 hours of instruction focusing on the specifics of providing HIV mental health services. This orientation/training will be completed before IATs begin providing services.
- **Case assignment:** IATs will only be assigned cases that are appropriate to their experience and scope of practice. Additionally, IAT should not be assigned cases that require an intervention that is longer term than the IAT's internship. Such cases should be referred to staff clinicians or referred out.
- **Supervision:** Programs will provide IATs with clinical supervision in accordance with all applicable rules and standards. Supervisors, or other appropriate mental health staff will always be available to IAT that they are providing direct services to clients.

IATs will explicitly inform their clients of their intern status at the beginning of treatment. A document that acknowledges IAT status and details the case supervisor's name will be signed by the client and IAT and placed in the client record. The issue of termination/transition/transfer (due to a therapist's IAT status) will be addressed at the beginning of the assessment, at treatment inception and revisited six weeks prior to IAT termination.

IATs will consult with the clinical supervisor prior to the termination/transition intervention with a client. As part of the termination process, the IAT and client will discuss the client's treatment accomplishments, challenges, preference for future treatment and treatment recommendation. As is true throughout the treatment process, the clinical supervisor will provide oversight for the termination/transition process and cosign the IAT documentation.

While every effort should be made to ensure that IATs will not provider services for clients whose Treatment Plans extend past the internship term, it is recognized that in some cases, clients require unanticipated additional and/or ongoing treatment to meet the stated goals of their treatment plans. In such cases, special care must be given to the transfer of these clients.

Programs will endeavor to transfer IAT clients immediately to another clinician or outside program.

If a client must be placed on a waiting list for transfer to another clinician or IAT, programs will provide the following options for ongoing monitoring and crisis care:

- **Telephone contact:** Existing mental health staff or IAT will attempt contact at least twice a month to every client on the transfer waiting list to monitor current mental status and asses for emergent crises.
- **Transition group:** All clients on a transfer waiting list will be offered the opportunity to attend a transition group or another existing support group to monitor current mental status and assess for emergent crises.
- **Crisis counseling:** Utilizing both monitoring mechanisms noted above, all clients on a transfer waiting list will be informed of the availability of crisis counseling designated for them on an as needed basis.

Program will complete a Client Transfer Form (CTF) detailing the transfer plan for each IAT transfer.

LOS ANGELES COUNTY
COMMISSION ON HIV

Women's Caucus

Strengthening HIV Programs for Women in Los Angeles County: Women-Centered HIV Care and Prevention Recommendations

Background

Women living with HIV in Los Angeles County face unique challenges shaped by stigma, trauma, systemic inequities, and gaps in supportive services. Listening sessions with Spanish-speaking women, South LA women, and transgender women revealed common themes of resilience and advocacy alongside unmet needs in healthcare access, mental health, and social support. These insights underscore the importance of developing programming that is inclusive, culturally competent, trauma-informed, and responsive to the realities of women's lives.

Key Findings

- **Mental Health Gaps**: Women experience depression, trauma, and stigma, yet lack access to consistent, culturally and linguistically appropriate mental health providers. Provider turnover also disrupts continuity of care.
- **Healthcare Inconsistencies**: Access to Pap smears, mammograms, STI testing, contraception, and maternal health is inconsistent across providers.
- **Stigma and Discrimination**: Stigma within families, communities, and healthcare settings discourages disclosure and limits trust. Transgender women face compounded stigma, misgendering, and outright denial of care.
- **Need for Women-Centered and Trans-Affirming Spaces**: Participants across sessions emphasized the value of women-only and trans-led spaces for safety, healing, and empowerment.
- **Structural Barriers**: Transportation, housing instability, employment challenges, and immigration-related fears limit access to consistent care.
- **Lack of Inclusive Sexual Health Education**: Heterosexual women often do not see themselves reflected in HIV prevention campaigns, and transgender women face gaps in care that integrates HIV services with gender-affirming treatment.

Recommendations

1. **Expand Mental Health Services**
    - Increase trauma-informed, culturally competent, and language-specific mental health providers.
    - Integrate mental health within HIV care.

2. **Develop Women-Centered Clinics and Programs**
    - Create dedicated women's clinics, where feasible.
    - Fund women-only (cis and trans) support groups.
3. **Strengthen Peer and Community Support**
    - Expand women's (cis and trans) peer navigation and support groups.
    - Partner with community and faith-based organizations to reduce stigma.
    - Support trans-led and peer-led safe spaces.
4. **Improve Comprehensive Sexual and Reproductive Health Access**
    - Provide consistent access to Pap smears, mammograms, STI testing, and contraception.
    - Train providers to ask comprehensive and respectful sexual health questions.
    - Expand free or low-cost sexual health supplies (condoms, Plan B, menstrual products).
5. **Address Stigma Through Education and Outreach**
    - Provide stigma-reduction and cultural humility training for providers, including front-line staff.
    - Develop inclusive HIV and PrEP education campaigns for heterosexual women, Spanish-speaking communities, and transgender women.
    - Use social media and lived-experience storytelling to normalize HIV care.
6. **Increase Accessibility and Wraparound Services**
    - Integrate housing, transportation, childcare, legal aid, and domestic violence support with HIV services, where feasible.
    - Provide reminders to consumers for preventive screenings.
    - Simplify navigation through coordinated case management.
7. **Advance Structural Supports**
    - Address immigration-related fears to ensure all women can access services safely.
8. **Ensure Gender-Affirming and Inclusive Care**
    - Train providers on integrating HIV and gender-affirming care, including front-line staff where appropriate.
    - Hire and support transgender staff and leaders across healthcare and community-based organizations.

Los Angeles County can strengthen outcomes for all women living with HIV by adopting these recommendations across healthcare, community-based, and policy systems. Immediate priorities should include expanding trauma-informed mental health services, creating women-centered and trans-affirming spaces, and integrating wraparound supports that reduce structural barriers. With investment and commitment, the County can ensure women living with HIV are supported, respected, and empowered to thrive.

HAVE A SEAT AT THE TABLE.

Your voice, perspective, and experience matter here.

LOS ANGELES COUNTY COMMISSION ON HIV

Commission Membership

The **Los Angeles County Commission on HIV** is seeking engaged individuals with **lived experience, community knowledge, or professional expertise** who are prepared to have a **seat at the table** and **actively participate** in shaping **HIV planning, policy, and funding decisions** across **Los Angeles County.**

Open Seats Include:

- 15 HRSA Required Categories
- 11 Unaffiliated Consumer Members
- 5 Board of Supervisors Representatives
- 1 HIV Researcher / Scientist

Support for Unaffiliated Consumer Members

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Why should I call?

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

Will I be denied services for reporting a problem?

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

Can I call anonymously?

Yes.

Can I contact you through other ways?

Yes.

By Email:
dhspsupport@ph.lacounty.gov

On the web:
http://publichealth.lacounty.gov/dhsp/QuestionServices.htm

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

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Línea de Atención al Cliente

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

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

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

¿Puedo llamar de forma anónima?

Si.

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

Si.

Por correo electronico:
dhspsupport@ph.lacounty.gov

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

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