

## STRATEGIES AND STANDARDS COMMITTEE



*Tuesday, February 4, 2025, 3:00 PM – 4:30 PM*  
*Southeastern Live Well Center*  
*5101 Market St, San Diego, CA 92114*  
*(Tubman Chavez Room A)*

**The Charge of the Strategies & Standards Committee:** To oversee the Getting to Zero (GTZ) Plan to direct objectives, strategies, and activities to get to zero new infections and continue to support those living with and vulnerable to HIV in living well in San Diego.

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# Meeting Location & Directions:

## Strategies & Standards Committee

Tuesday, February 4, 2025

3:00 PM - 4:30 PM

## **Southeastern Live Well Center**

5101 Market Street

San Diego, CA 92114

Tubman Chavez Room A



Visitor/Employee parking available in parking structure. Main entrance can be accessed by exiting the parking structure on the 2nd floor and walking down the sidewalk to the left.

### **FROM I-805 SOUTH:**

1. Head northwest on I-805 North.
2. Take exit 12B for Market St.
3. Turn right onto Market St.
4. The destination will be on your right.

### **FROM I-805 NORTH:**

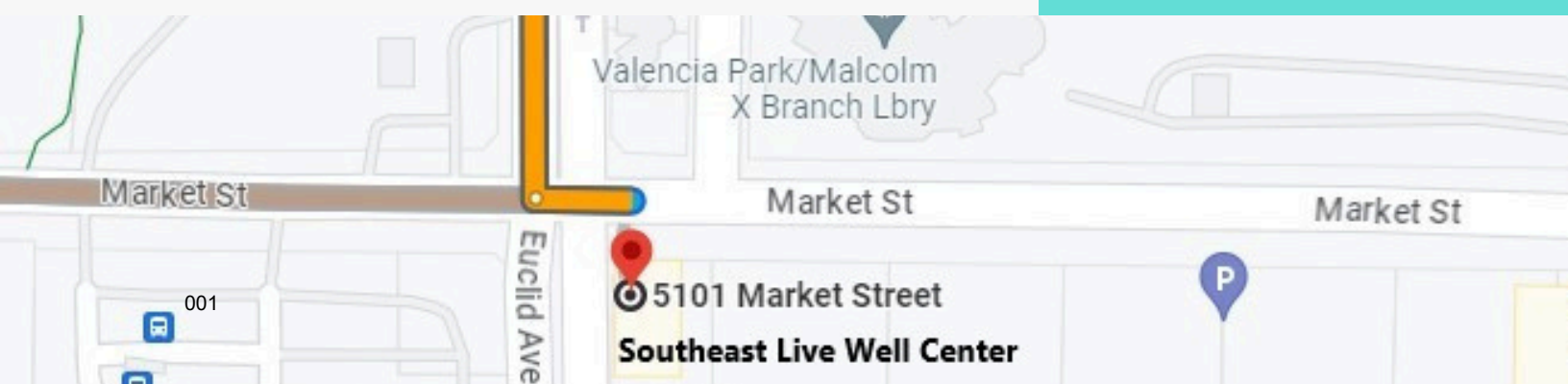
1. Head southeast on I-805 South.
2. Take exit 13A for CA-94-E/M L King Jr. Fwy.
3. Merge onto CA-94 E.
4. Take exit 4A for Euclid Ave.
5. Turn left onto Euclid Ave.
6. Use the left 2 lanes to turn left onto Market St.
7. The destination will be on your right.



## **PUBLIC TRANSPORTATION**

**MTS Trolley:**  
Orange Line

**MTS Bus Routes:**  
3, 4, 5, 13, 60, 916,  
917 and 955



## STRATEGIES & STANDARDS COMMITTEE



Tuesday, February 4, 2025, 3:00 PM – 4:30 PM  
Southeastern Live Well Center  
5101 Market St, San Diego, CA 92114  
(Tubman Chavez Room A)

### To participate remotely via Zoom:

<https://us06web.zoom.us/j/85772860296?pwd=Ym1jWit6cWhnL05BOTlyR25LbWhqQT09>

Call in: +1 (669) 444-9171

**Meeting ID (access code):** 857 7286 0296

**Password:** 630634

Language translation services are available upon request at least 96 hours prior to the meeting.  
Please contact HPG Support Staff via e-mail at [hpg.hhsa@sdcounty.ca.gov](mailto:hpg.hhsa@sdcounty.ca.gov).

### A quorum for this meeting is five (5).

**Committee Members:** Nicole Aguilar | Amy Applebaum | Beth Davenport | Joseph Mora | Venice Price | Ivy Rooney | Dr. Winston Tilghman | Jeffery Weber | Michael Wimpie (Chair)

## ORDER OF BUSINESS

1. Call to order, introductions, comments from the chair, and a moment of silence
2. Public comment (for members of the public)
3. Sharing our concerns (for committee members)
4. **ACTION:** Approve the Strategies & Standards Committee agenda for February 4, 2025
5. **ACTION:** Approve the Strategies & Standards minutes for December 3, 2024
6. Review follow-up items from last meeting
7. Old Business:
  - a. **ACTION:** Approve Transportation Standards
  - b. **ACTION:** Approve Universal Standards
  - c. **ACTION:** Approve Trauma-Informed Care
8. New Business:
  - a. **ACTION:** Review and approve the Anti-Racism Statement
  - b. Review: Emergency Financial Assistance and Housing Standards
9. Routine Business:
  - a. Discussion: Recommendations from Priority Setting & Resource Allocation Committee
  - b. Review: Committee Attendance
  - c. Recommendations to the HIV Planning Group, HIV Planning Group committees, and requests of recipient
  - d. Suggested items for the future committee agenda
10. Announcements
11. Next meeting date: **April 1, 2025 at 3:00 PM – 4:30 PM**  
Location: **Southeastern Live Well Center; 5101 Market St, San Diego, CA 92114 (Tubman Chavez Room A)** AND online via Zoom.
12. Adjournment

**STRATEGIES AND STANDARDS COMMITTEE**



Tuesday, December 3, 2024, 3:00 PM – 4:30 PM  
 Southeastern Live Well center  
 5101 Market St, San Diego, CA 92114  
 Tubman Chavez Room A

**A quorum for this meeting is five (5)**

**Committee Members:** Amy Applebaum | Beth Davenport | Ivy Rooney | Dr. Winston Tilghman | Jeffery Weber | Michael Wimpie (Chair)

**Members Absent:** Joseph Mora | Venice Price

**ORDER OF BUSINESS**

Agenda Item	Discussion/Action	Follow-Up
1. Call to order, introductions, comments from the chair, and a moment of silence	Michael Wimpie called the meeting to order at 3:01 PM. Introductions were held. A moment of silence was observed.	
2. Public comment (for members of the public)	None	
3. Sharing our concerns (for committee members)	None	
4. <b>ACTION:</b> Approve the Strategies and Standards Committee agenda for December 3, 2024	<b>Motion:</b> Approve the Strategies and Standards Committee agenda for December 3, 2024 <b>Motion/Second/Count (M/S/C):</b> Tilghman/Davenport/5-0 <b>Abstentions:</b> Wimpie <b>Motion carries</b>	
5. <b>ACTION:</b> Approve the Strategies and Standards Committee meeting minutes from October 1, 2024	<b>Motion:</b> Approve meeting minutes for October 1, 2024 <b>M/S/C:</b> Weber/Applebaum/5-0 <b>Discussion:</b> none <b>Abstentions:</b> Wimpie <b>Motion carries</b>	
6. Review follow-up items from last meeting	<ul style="list-style-type: none"> <li>• HPG Support Staff (HPG SS) will follow up with Maritza Herrera regarding the timeframe for the Transportation Standards update – <b>completed</b></li> <li>• HPG SS will request input on Mental Health Service Standards from committee members - <b>in progress</b></li> <li>• HPG SS will bring forward standard trauma informed care</li> </ul>	

## STRATEGIES AND STANDARDS COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	language for consideration and inclusion into the service standards – <b>in progress</b>	
7. Old Business		
a. Transportation Standards Draft – update from Recipients’ Office/Felipe Ruiz	The following discussion was held: <ul style="list-style-type: none"> <li>- Maritza Herrera went through the document and reviewed the updated information, primarily around unassisted transportation (i.e., day passes). The updated draft is not available in the packet, but it will be sent out to all for additional input and discussion at the February 2025 committee meeting.</li> </ul>	HPG Support Staff (HPG SS) will send the updated draft to the committee and will include it in the February 2025 meeting for review.
b. Mental Health Services Standards – review and update	The document was updated to include input received. An action item to approve this document is on the agenda as a new business item.	
c. Universal Standards – review and update	The following discussion was held: <ul style="list-style-type: none"> <li>- The standards were approved several years ago.</li> <li>- A consulting firm that’s working on the Whole Person Approach to Care initiative provided input on the Standards, and their input was included in the packet.</li> <li>- The language provided by the consulting firm is more clarifying in nature.</li> <li>- The original standards from 2020 were provider-focused, and the current language is more consumer-focused.</li> <li>- A concern whether the document protects consumers or is provider driven.</li> </ul>	HPG SS will obtain input from the committee members and bring the updated draft with tracked changes to the February 2025 meeting for review and vote.
i. Trauma-Informed Care – review and update	The trauma-informed services are a standalone document, adopted by the Health and Human Services Agency (HHSA). The language is seen in all public-facing documents. The box with the measures is additional language to further ensure that services are sensitive and trauma-informed.	

**STRATEGIES AND STANDARDS COMMITTEE**

Agenda Item	Discussion/Action	Follow-Up
	<p>The following revisions were recommended:</p> <ul style="list-style-type: none"> <li>- Replace the word “trigger” with “activated” or “trauma response”, where appropriate.</li> <li>- Replace the word “control” in the last dot point with “agency”.</li> <li>- Change “servicers” to “services” in the table.</li> <li>- In the box, no resources are listed, and it needs to be made available for staff and people who are re-experiencing trauma.</li> <li>- How do providers know the difference between a client experiencing trauma versus misbehavior? Staff and providers can use de-escalation training and receive annual training to refamiliarize themselves.</li> <li>- How does a client on substance know they are experiencing trauma?</li> <li>- The document is a starting point that provides guidance to the providers on training options to the staff to ensure they know how to recognize trauma and respond with de-escalation techniques.</li> <li>- A suggestion to include language clarifying that we all experience life in different ways and that an individualized approach is necessary to decrease re-traumatization.</li> <li>- Trauma-informed care needs to be interwoven through the system and not be limited to an annual training requirement.</li> </ul>	
8. New Business		
a. <b>ACTION:</b> Approve the Mental Health Services Standards	<p><b>Motion:</b> Approve the Mental Health Services Standards  <b>M/S/C:</b> Weber/Applebaum/6-0  <b>Discussion:</b> Replace his/her with “client/clients”</p>	

## STRATEGIES AND STANDARDS COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<b>Abstentions:</b> none <b>Motion carries</b>	
9. Routine Business		
a. Discussion: Recommendations from Priority Setting & Resource Allocation Committee (PSRAC)	None	
10. Recommendations to the HIV Planning Group (HPG), HPG committees, and requests of recipient	<p>HPG SS will provide the 2024 Needs Assessment results once they become available.</p> <p>Committee members can request specific data and can review any data being presented to the Priority Setting and Resource Allocation Committee (PSRAC) from the Recipients' Office.</p>	
11. Suggested items for future committee agenda	<p>The following items were suggested:</p> <ul style="list-style-type: none"> <li>- Standards for Medical Advocacy</li> <li>- More data on the specific categories that are being newly funded in FY25.</li> </ul>	HPG SS to add all suggestions to the Work Plan.
12. Announcements	The annual Dr. A. Brad Truax Award Ceremony and Reception will be held on Friday, December 6, 2024 at 3:00 PM – 5:00 PM at The Center.	
13. Next meeting date	<p><b>Date:</b> Tuesday, February 4, 2025</p> <p><b>Time:</b> 3:00 PM – 4:30 PM</p> <p><b>Location:</b> Southeastern Live Well Center; 5101 Market St, San Diego, CA 92114 (Tubman Chavez Room A)</p>	
14. Adjournment	Meeting adjourned at 3:56 PM.	

# Medical Transportation

## Service Category Definition

Medical transportation is the provision of nonemergency transportation services that enables an eligible client to access or be retained in core medical and support services.

## Purpose and Goals

The goal of medical transportation is to provide assistance to people with HIV in accessing non-emergency, assisted or non-assisted transportation services to improve access to appointments and ensure linkage to and retention in care.

## Intake

Case managers will assess the need for transportation services to determine if clients do not have access to transportation that meets their needs.

## Key Service Components and Activities

Two key types of transportation services are provided:

- **Unassisted Transportation:** Reserved for individuals who are unable to access or stay in HIV medical care as determined by medical case managers.
  - Transportation is provided in the form of bus and train passes. Day passes may be issued for individuals who do not qualify for the disabled monthly passes.
    - Individuals who receive day passes can be issued two extra day passes to cover unexpected or emergency medical visits. Clients are limited to two unused emergency day passes at a time.
  - Disabled monthly passes may be issued by MTS for individuals who qualify for the disabled monthly pass and have more than three medical or support service visits in a one-month period.
  - Ride sharing and taxi services for clients for whom a mass transit trip to or from an appointment would require more than one hour of travel.
- **Assisted Transportation:** Only used for transportation to core medical services (e.g., Medical, dental, mental, medical case management and substance abuse counseling appointments). ADA Para-Transit passes, and certified medical transport **may** be used if a client is unable to access unassisted transportation **and** does not already qualify from another program or funding source.
- Transportation provided in an agency or personally owned vehicle.

Medical Transportation and staff costs related to arranging Medical Transportation services for Ryan White-eligible clients can be charged as a direct expense to any service category for which the service is being provided, including:

- Outpatient/Ambulatory Health Services (Primary Care, Medical Specialty)
- Oral Health (including Dental Specialty)
- Psychiatric Services
- Medical Case Management
- Non-Medical Case Management
- Early Intervention Services
- Peer Navigation
- Mental Health Services
- Outpatient Substance Use Treatment
- Food Bank
- Medical Nutrition Therapy
- Home and Community-Based Care Coordination

In addition, transportation can be used for any services included in [PCN 16-02](#).

## Personnel

Only the staff time spent on arranging for Medical Transportation is allowable as a direct cost. Staff costs



related to administration, accounting, reconciliation and invoicing the County for reimbursement must be changed to administration.

Unallowable services include:

- Direct cash payments or cash reimbursements to clients
- Direct maintenance expenses (tires, repairs, etc.) of a personally owned vehicle
- Payment of any other costs associated with a personally owned vehicle such as lease, loan, insurance, license, or registration fees

Standard	Measure
Staff maintains records of eligibility, intake, and assessments	Documentation of eligibility and need
	Maintain a single record for each client
Staff ensures clients are connected to the appropriate transportation services when needed	Documentation (on a standard transportation services form) of all services provided/offered to clients with justification based on need

## Universal Standards

### Intake Requirements

To receive Ryan White services, clients must establish eligibility by providing:

- Documentation of HIV infection (only required one time at initial enrollment)
- Documentation of residency in San Diego County
- Documentation that their income does not exceed 500% of the federal poverty level
- Documentation of insurance status and any other third-party payers.

Once a client has established eligibility, they will be enrolled in the Ryan White program. Clients maintain their enrollment by completing an annual re-enrollment at 12 months. Documentation of residency, income and insurance status is required for all annual re-enrollments.

Beginning in March 2021, once a client has established eligibility, they will appear on a secure eligibility list, updated weekly, at which time they can receive services from any Ryan White Part A or B provider in San Diego County without having to provide any additional documentation to establish eligibility for Ryan White services.

For all service categories except Emergency Financial Assistance and Housing, clients can receive services for up to 30 days before providing all documentation required to complete enrollment.

At the time of intake, providers are required to verify that any client seeking Ryan White Services has been enrolled in the AIDS Regional Information and Evaluation System (ARIES). For clients who are new to the Ryan White system of care, providers must obtain a signed ARIES consent form from the client and enter new client into ARIES. All service utilization data will then be reported in the ARIES system. Clients who do not sign an ARIES consent form are not eligible to receive Ryan White Part A and B funded services.

Also, at the time of intake, providers are required to assess needs of client and their ability to meet these needs through Ryan White services or offer appropriate referrals. Additionally, providers are required to review client rights and responsibilities, complaint and grievance policies and confidentiality and sharing of protected health information. At intake, providers also assess client access issues, including linguistic, literacy and cultural needs, physical accessibility, and service location and available transportation.

Providers of prevention services must integrate the Local Evaluation Online (LEO) Privacy Notice into intake processes. Clients need to be presented with a privacy notice and are not required to consent to having their personal information entered into LEO in order to receive services.

Standard	Measure
Clients must meet local and federal program requirements to be eligible to receive Ryan White Part A/B services	Documentation of annual enrollment and mid-year recertification retained in client file OR documentation in client file that the client appears on the Ryan White eligibility list.
Clients seeking Ryan White funded services are enrolled in ARIES and sign a consent form	Documentation of consent form is required and retained in client file
Clients seeking prevention services are presented with a privacy notice	Documentation of provision of privacy notice are retained in client file

Service providers must be mindful of the amount of paperwork required and seek to consolidate as feasible. Clients are encouraged to communicate if they do not understand any part of the intake process.

### Client Rights and Responsibilities

Clients have the right to receive services that address their needs, as well as refuse services. Clients may actively engage in decision making. All providers must have written policies and procedures regarding client rights and responsibilities. Clients are informed of these rights and responsibilities during intake and a written copy is made available.

Clients are informed of expectations when accessing services. If a client does not meet these expectations, the provider is responsible for informing the client of needed changes and a contract may be implemented in order for client to continue receiving services. Failure to comply with a contract may require additional corrective action. Clients will not be denied service due to knowledge of current or prior substance use.

Clients shall not be denied services from a provider based on client’s unwillingness to participate in other services.

Standard	Measure
Clients are informed of their rights and responsibilities	Documentation of client rights and responsibilities during intake

**Complaint and Grievance Process**

In the event clients feel that they are not being heard or services are not being delivered in a way that addresses their needs after providing input, they have the right to make a formal complaint. Clients are to be actively engaged in the services they receive, during assessment, planning and delivery phases. This includes regular feedback to providers regarding their needs and when the services are not meeting their needs.

All providers are required to have written policies and procedures for an internal client complaint process. The policy will identify staff responsible, an appeal process, tracking system, follow-up procedures, and a timeline. Service providers will use relevant federal, state and county regulations for investigating and resolving complaints. A copy of the complaint policy will be displayed in an observable location where services are provided. Complaints and investigation results will be forwarded by the provider to the County within 24 hours of both the receipt and resolution of the complaint.

In addition to the internal complaint process, all providers are required to have written grievance policy and procedure for escalation of unresolved complaints. In addition to the internal complaint process, information on how clients may contact the County of San Diego’s HIV, STD and Hepatitis Branch will be provided.

Grievance procedures must specifically note that there will be no retaliation against clients for filling a verbal or written grievance. They also must clarify that clients will not be suspended or terminated from services based on filing a complaint or grievance.

Clients will be informed of the complaint and grievance policies during intake. Providers will also post a copy of the Client Service Evaluation form (“Goldenrod”) in an observable place. Copies of the form must be easily accessible to clients, along with a stamped self-addressed envelope to the County for review. The form may also be accessed, completed and submitted on the HIV Planning Group website at [www.sdplanning.org](http://www.sdplanning.org). Providers shall not require a client to give a form directly to them.

The following is the Goldenrod process:

1. Staff at the HIV, STD and Hepatitis Branch will process this service evaluation. If the client wishes to be contacted, staff will reach out to them within three (3) business days of receiving the form. The client will be asked for additional information (if needed) and asked if the client is comfortable sharing their name with the agency.
2. County staff will contact the agency to report the issue. The agency will be asked to respond to the client either directly or through County staff, and to follow-up in writing to staff within thirty (30) days describing the resolution.
3. Notify the Ryan White Program Manager if there are concerns.

Standard	Measure
Clients’ rights are protected, and clients have access to complaint and grievance processes and are made aware of such processes and the outcomes	Documentation of a complaint and grievance policies and client orientation of processes
Clients can file a complaint and grievance without being subject to retaliation	Verification of confidential Client Service Evaluation “Goldenrod” (available in English and Spanish) and mechanism to mail form in an observable location at sites where services are provided

**Case Closure**

Case closure is a systematic process for removing clients from an active caseload. A case can be reopened in the event the clients’ situation and reasons for closure change.

The process includes formal client notification regarding pending case closure and the completion of a case closure summary to be maintained in the client chart. Clients are considered active providing they receive services at the minimal interval as defined by the individual service standard. Case closure may be initiated by a provider and/or client and may occur for the following reasons:

- Case resolved and/or successful attainment of goals
- Client relocated outside San Diego County
- Client initiated case closure of services
- Client does not adhere to treatment plan
- An inability to contact client for 120 days
- Client exhibits inappropriate behavior
- Client’s health needs cannot be adequately addressed by the service
- Client’s care is transferred to another provider

A case closure summary will be completed for each client and provided to the client when possible for each occurrence of case closure for the following service categories:

- Medical / Dental
- Medical / Non-medical Case Management
- Mental Health / Psychiatry
- Outpatient / Residential Substance Use Disorder Treatment
- Legal
- PARS

Standard	Measure
Client’s case is closed based upon at least one of the approved criteria	<p>A case closure is noted in the client chart</p> <p>For specified service categories, a case closure summary including the following:</p> <ul style="list-style-type: none"> <li>• Most recent assessment and/or diagnosis</li> <li>• Care plan at time of closure</li> <li>• Referrals not yet completed</li> <li>• Reason for case closure</li> </ul> <p>For clients who drop out of care without notice, case closure summary including the above and the following:</p> <ul style="list-style-type: none"> <li>• Documentation of attempts to contact client, including written correspondence and results of these attempts</li> </ul>

**Termination of Services**

A provider may terminate a case (permanently close) when:

- Client is deceased
- Client demonstrates repeated non-adherence
- Client exhibits inappropriate behavior in violation of specific written policies of the provider
- Client violates confidentiality of other client(s)

The client shall be notified in writing with the reason for termination and provided a list of alternative sources of care and support services.

A termination of service summary will be completed for each client, included in the client’s record, and provided to the client upon request.

Standard	Measure
There is documentation with reason(s) for termination in the client record	A termination of service summary including the following documentation: <ul style="list-style-type: none"> <li>• Most recent assessment and/or diagnosis</li> <li>• Care plan at time of termination</li> <li>• Referrals not yet completed</li> <li>• Reason for termination</li> </ul>
Staff determine client eligibility for other programs and re-instatement in services	Documentation of “inactive status” and maintenance of records and contact information to facilitate rapid re-enrollment, as appropriate

**Cultural and Linguistic Competency**

All providers must have an understanding of cultural nuances of communication and the ability to provide appropriate and acceptable services to potential and current clients, including people of color, gay and men who have sex with men, men or women vulnerable to HIV, bisexual men and women, transgender individuals, gender non-binary individuals, persons who use substances, persons with mental health concerns, persons of differing abilities, and others. Providers who serve any of these groups will make reasonable accommodations in service provisions.

All providers must have policies and procedures that address cultural competency, diversity, and inclusiveness. Provider’s intake procedures will assess client access issues, including linguistic, literacy and cultural needs, physical accessibility, and service location. Staff working directly with clients must receive a minimum of four hours of cultural competency training each year.

Providers will identify staff and volunteers who can provide bilingual/bicultural services to individuals who need or prefer to communicate in other languages. If there are no staff members or volunteers who can perform this function, the provider will develop alternate methods to ensure language appropriate services are available. Providers will employ proactive strategies such as partnering with other local organizations to develop a diverse workforce.

Providers will assess and ensure the training and competency of individuals who deliver language services to assure accurate and effective communication between clients, staff, and volunteers to transcend language barriers and avoid misunderstanding and omission of vital information.

Standard	Measure
Agency policies address cultural and linguistic competency	Documentation in policies on cultural and linguistic competency
Staff receive annual training on cultural competency	Documentation of all staff trainings on cultural competency
	Copies of the curriculum and handouts etc. kept on file (If training is provided by the provider)
Staff and volunteers are bilingual and can address the language needs of the populations they serve. If there are no appropriate bilingual staff or volunteers, a plan is in place to ensure language needs are met	Copy of written plan to address language needs
Provider has available written materials in the appropriate languages for the communities being served	Materials available in appropriate languages

**Privacy and Confidentiality**

All providers must develop written policies and procedures that address security, confidentiality and access and operations.

- All physical case and electronic files are secured at all times
- All activities that relate to client data have appropriate safeguards and controls in place to ensure information security
- All employees and volunteers working have signed a confidentiality agreement
- All staff orientation materials include client confidentiality policies and procedures and indicate how they are communicated to staff and volunteers

Policies and protocols regarding confidentiality and sharing of protected health information are explained to clients and a confidentiality agreement is signed by clients and maintained in their case files. Except in the case of medical and dental referrals, a separate Release of Information form must be signed by clients in order for information to be shared.

The form must contain:

- Name of the program or person permitted to make the disclosure
- Name of the client
- Party with whom information will be shared
- Purpose and content (kind of information to be disclosed) of the disclosure; information related to mental health, substance use disorder and HIV status require specific consent to release information
- Effective date of Release of Information (when does the form no longer authorize the exchange of information)
- Client's signature or legal representative's signature

Provider must ensure a private, confidential environment for clients to discuss their case(s).

Standard	Measure
Providers develop written policies and procedures that address security, confidentiality, access, and operations	Documentation of policies and procedures
All files are secured	Files inspected and noted during site visits
Staff and volunteers will receive training on privacy and confidentiality	Documentation of all staff/volunteer trainings on privacy and confidentiality
	Copies of the curriculum and handouts etc. kept on file (if training is provided by the provider)

### Trauma-Informed Services

The County of San Diego Health and Human Services Agency (HHS) requires all funded and contracted programs be part of a Trauma-Informed System, which includes providing trauma-informed services and maintaining a trauma-informed workforce. It is an approach for engaging individuals – staff, clients, partners, and the community – and recognizing that trauma and chronic stress influence coping strategies and behavior. Trauma-informed systems and services minimize the risk of re-traumatizing individuals and/or families, and promote safety, self-care, and resiliency.

HHS has adopted the following Trauma-Informed Principles:

- Understanding trauma and its impact to individuals.
- Promoting safety.
- Awareness of cultural, historical, disability, and gender issues, and ensuring competence and responsiveness.
- Supporting consumer empowerment, control, choice, and independence.
- Sharing power and governance (e.g. including clients and staff at all levels in the development and review of policies and procedures).
- Demonstrating trustworthiness and transparency.
- Integrating services along the continuum of care.
- Believing that establishing safe, authentic, and positive relationships can be healing.
- Understanding that everyone experiences trauma in different ways and a recognition that trauma can affect people’s physical, mental, emotional, and spiritual well-being.
- Trauma-informed practices are interwoven through the system and are present in ongoing trainings, supervision, and daily operations.
- Understanding that wellness is possible for everyone.

All providers will ensure that all staff shall receive at least annual training regarding trauma-informed systems of care. This training shall include some or all of the following:

- Principles of trauma-informed care
- Working with clients who have or might have a history of trauma, particularly trauma experienced within medical and service delivery systems, with a focus on developing trusting and caring relationships
- Identifying and intervening when clients or staff might be ~~triggered-activated~~
- Tools to de-escalate encounters with clients who are experiencing trauma ~~triggers-response~~
- Developing policies and process that support consumer choice, ~~control-agency~~ and empowerment

Standard	Measure
Agency policies address trauma-informed care	Documentation in policies regarding trauma-informed principles
Staff receive annual training on trauma-informed services	Documentation of all staff trainings on trauma-informed care
	Copies of the curriculum, handouts, etc. kept on file

## Trauma-Informed Services

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- Identifying and intervening when clients or staff might be activated
- Tools to de-escalate encounters with clients who are experiencing trauma response
- Developing policies and process that support consumer choice, agency and empowerment

Standard	Measure
Agency policies address trauma-informed care	Documentation in policies regarding trauma-informed principles
Staff receive annual training on trauma-informed services	Documentation of all staff trainings on trauma-informed care
	Copies of the curriculum, handouts, etc. kept on file





## **HPG Anti-racism Statement**

To create a supportive environment where all members can feel heard, valued, and respected with acknowledgement to the voice and differential treatment of all cultural backgrounds.

## Emergency Financial Assistance and Housing

### Service Category Definition

#### **Emergency financial assistance:**

Emergency financial assistance provides limited one-time or short-term payments to assist the Ryan White HIV/AIDS Program client with an emergent need for paying for essential utilities, limited supplemental rental assistance, food (including groceries, and food vouchers), transportation, and medication. Emergency financial assistance can occur as a direct payment to an agency or through a voucher program.

#### **Housing:**

Housing services provide limited short-term assistance to support emergency, temporary or transitional housing to enable clients or families to gain or maintain outpatient/ambulatory health services. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with these services.

### Purpose and Goals

Housing and emergency financial services are essential for an individual or family to gain or maintain access and compliance with HIV-related medical care and treatment. The goal of these services is to prevent negative client outcomes as a result of emergency financial and housing difficulties by providing financially stable living situations and environments which enables clients to access or maintain medical and other necessary care and treatment services and improve compliance with medical regimens that improve health outcomes.

### Intake

Any Case management program may refer and are responsible for determining clients' need and eligibility for emergency financial assistance and housing assistance. Clients must provide valid proof of the qualifying financial and/or housing emergency. Case managers will coordinate client application intake and initiation of financial assistance services. Case managers may also provide information on other relevant services during the intake process. A new application must be completed for each subsequent emergency. For housing emergencies clients must access other subsidized housing, either tenant or project based prior to accessing Ryan White services.

### Key Service Components and Activities

#### **Emergency financial assistance:**

Emergency financial assistance provides fiscal support for essential services through either one-time or short-term payments to agencies or the establishment of voucher programs. Services include payments for:

- Utilities (water, electricity, and gas)
- Food (including groceries and food vouchers)
- Medications (on the ADAP formulary)

Emergencies are defined as facing potential loss of basic utilities resulting from past due payments, access to needed medications, food, or housing. Funds provided are intended to help client through a temporary, unplanned crisis.

It is expected that all other sources of funding in the community for emergency financial assistance will be effectively used and that any payment made by this service will be as the payer of last resort

**Housing:**

Housing assistance is provided in the form of:

- **Emergency housing assistance** offers temporary assistance with housing needs, including:
- Short-term hotel/single room occupancy (SRO) stays of up to 2 weeks at establishments identified and approved of by the Emergency Assistance provider, with extensions possible with prior approval from the County. Payment for stay must be made directly to the hotel/SRO by the Emergency Assistance provider, or with prior approval, the referring case management agency who will be reimbursed by the Emergency Assistance provider; and/or
- Up to 2 months’ rent assistance for individuals establishing new housing or facing eviction from current housing. Assistance amount is based upon Fair Market Value for the zip code the housing is located in.
- **Partial Assistance Rent Subsidy (PARS) program** is a short-term, forty-eight (48) month maximum partial rental assistance program designed to transition clients to more stable housing arrangements.

All clients are required to work with their case managers to develop a care plan with the goal of eventual self-sufficiency. Individuals on PARS can continue past the 48-month enrollment cap providing adherence to their individual care plan can be demonstrated. There is no lifetime cap per client.

Standard	Measure
Staff verifies clients’ eligibility clients’ eligibility and needs based upon applications submitted by case manager.	Retention of the Emergency Assistance Request Form and EARP Budget Worksheet in clients’ chart as verification of eligibility.
Staff monitors utilization of services and release funds.	Documentation of services provided/offered to clients with the dates of the services and proof of payment.

**Exclusions**

**Housing services may not:**

- Be used for mortgage payments
- Be in the form of direct cash payments to clients
- Be used for rental or security deposits. Such deposits are typically returned to clients as cash which would violate the prohibition on providing cash payments to clients.

**Assessment and Service Plan**

Case managers will determine the need for financial and housing assistance. Clients will need to submit proof of the need (i.e., past due electrical bill, shut-off notice, eviction warning notices). Emergency financial assistance and housing assistance funds can only be used as a last resort for payment of services and items, and complete or partial assistance with housing payments.

**Housing plan:** Case managers will develop individualized housing plans for clients covering how each client will receive short term, transitional and emergency housing services. Each plan will include a strategy to assist the client in obtaining stable housing.

Standard	Measure
<p>Staff will ensure that all services provided are accessed appropriately and for a period of time defined by each financial or housing assistance type.</p>	<p>Documentation of services and payments to verify that:</p> <ul style="list-style-type: none"> <li>• All services provided to individual clients is provided with limited frequency and for limited periods of time, with frequency and duration of assistance specified by the grantee</li> <li>• Assistance is provided only for the following essential services: utilities, housing, food (including groceries, food vouchers, and food stamps), or medications</li> <li>• Payments are made either through a voucher program or short-term payments to the service entity, with no direct payments to clients</li> <li>• Emergency funds are allocated, tracked, and reported by type of assistance</li> <li>• Ryan White is the payer of last resort</li> <li>• All service providers are for short-term assistance to support emergency, temporary, or transitional housing to enable an individual or family to gain or maintain medical care</li> <li>• Type of housing-related services provided including housing assessment, search, placement, advocacy, and the fees associated with them</li> <li>• Mechanisms are in place to allow newly identified clients access to housing services</li> </ul>

# STRATEGIES AND STANDARDS COMMITTEE

## 2025 TRAINING/WORK PLAN

MEETING DATE	OBJECTIVES
<b>February 4, 2025</b>	<ul style="list-style-type: none"><li>• Review and update:<ul style="list-style-type: none"><li>○ Emergency Financial Assistance and Housing Standards</li></ul></li><li>• Continue to review and update:<ul style="list-style-type: none"><li>○ Universal Standards</li><li>○ Trauma-Informed Care</li><li>○ Transportation Standards</li></ul></li></ul>
<b>April 1, 2025</b>	<ul style="list-style-type: none"><li>• Continue to review and update:<ul style="list-style-type: none"><li>○ Emergency Financial Assistance and Housing Standards</li></ul></li><li>• Develop Standards for Medical Advocacy</li></ul>
<b>June 3, 2025</b>	<ul style="list-style-type: none"><li>• Review data on newly funded service categories</li></ul>
<b>August 5, 2025</b>	<ul style="list-style-type: none"><li>•</li></ul>
<b>October 7, 2025</b>	<ul style="list-style-type: none"><li>•</li></ul>
<b>December 7, 2025</b>	<ul style="list-style-type: none"><li>•</li></ul>

**HIV PLANNING GROUP  
6-MONTH COMMITTEE TRACKING  
February 2024 - January 2025**

<b>STRATEGIES</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>July</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>#</b>
<b>Total meetings</b>	0		0	0	1		1		1	0	1	0	4
<b>(8) Members</b>													
<b>Applebaum, Amy</b>	NM		NM	NQ	*		*		*	NM	*	NM	0
<b>Davenport, Beth</b>	NM		NM	NQ	*		*		*	NM	*	NM	0
<b>Mora, Joseph</b>	NM		NM	NQ	*		*		1	NM	1	NM	2
<b>Price, Venice</b>	NM		NM	NQ	EC		1		1	NM	1	NM	3
<b>Rooney, Ivy</b>	NM		NM	NQ	*		*		*	NM	*	NM	0
<b>Tilghman, Winston</b>	NM		NM	NQ	1		*		*	NM	*	NM	1
<b>Weber, Jeffery</b>	NM		NM	NQ	*		*		*	NM	*	NM	0
<b>Wimpie, Michael <sup>c</sup></b>	NM		NM	NQ	*		*		*	NM	*	NM	0

To remain in good standing and eligible to vote, the committee member may not miss 3 consecutive meetings or 6 meetings within 12 months.

\* = Present

1 = Absent for the month

1 = Absence when there are multiple meetings that month. Member needs to attend at least one (1) meeting for attendance to count for that month.

JC = Just Cause

EC = Emergency Circumstance

NM = No Meeting

NQ = No Quorum

**ASSEMBLY BILL (AB) 2449: JUST CAUSE AND EMERGENCY CIRCUMSTANCES (2023)**

If the physical attendance quorum requirement is met, AB 2449 permits a member who is not physically present to request virtual attendance at the local legislative body’s meeting under two circumstances: (1) for “just cause” and (2) due to “emergency circumstances”.

Qualifying Reason	Provisions to attend remotely	Requirements/Limitations
<p><b>Just Cause</b></p>	<ul style="list-style-type: none"> <li>• There is a childcare or caregiving need (for a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner) that requires the member to participate remotely</li> <li>• A contagious illness prevents the member from attending the meeting in</li> <li>• There is a need related to a defined physical or mental disability that is not otherwise accommodated for</li> <li>• Traveling while on official business of the legislative body or another state or local agency</li> </ul>	<p>A member is limited to <b>two (2)</b> virtual attendances based on “just cause” per calendar year</p>
<p><b>Emergency Circumstances</b></p>	<p>“A physical or family medical emergency that prevents a member from attending the meeting in person.”</p> <p>A member is not required to disclose any medical diagnosis or disability, or any personal medical information that is already exempt from existing law.</p>	<p>A member of the legislative body must make a request to the body to allow the member to meet remotely due to an emergency circumstance, and further must provide a general description of the circumstance justifying such attendance.</p> <p>A request from a member to attend remotely due to an emergency circumstance requires that the legislative body take action and approve the remote attendance at the start of the meeting for the member to be allowed to participate remotely for that meeting*.</p>

*\*If the request does not allow sufficient time to be placed on the agenda as a proposed action item, then the legislative body may take action at the beginning of the meeting.*

**ADDITIONAL REQUIREMENTS FOR A MEMBER PARTICIPATING REMOTELY:**

In addition to making a request either for “just cause” or due to an “emergency circumstance” for remote appearance, AB 2449 imposes the following three (3) additional requirements on legislative body members seeking to appear remotely at public meetings:

1. Before any action is taken during the meeting, the member **must** publicly disclose whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member’s relationship with any such individuals.
2. A member of the legislative body participating from a remote location must participate through both audio **and** visual technology.
3. A member’s remote participation cannot be for more than three (3) consecutive months or 20 percent of the regular meetings for the local agency within a calendar year. And if the legislative body regularly meets fewer than ten (10) times per calendar year, a member’s participation from a remote location cannot be for more than two meetings.

## **AB 2449 Checklist**

(Applicable January 1, 2023 to December 31, 2025)

### Procedures for Public Participation

- Public must be able to remotely hear, visually observe, and address the legislative body either remotely or in person in real time
- Public must have the opportunity to participate via: 1) two-way audio or 2) a telephonic service with a webcasting service
- Public cannot be required to submit comments prior to the meeting

### Procedures for Member to Teleconference from a Remote Location

- Member must participate through both audio and visual technology
- Member must disclose adults who are present in the room at the remote location with the member and the general nature of the relationship with those individuals
- Member must submit a general description of the need to teleconference to the legislative body at the earliest opportunity (do not disclose any medical diagnosis or disability)
- Member may teleconference for just cause. Just cause is limited to 2 meetings per calendar year (see "Limits per Member" below). Just cause is defined as:
  - Child care or caregiving need of a child, parent, grandparent, grandchild, sibling, spouse or domestic partner
  - Contagious illness that prevents member from attending in person
  - A need related to a physical or mental disability
  - Travel on official business of the legislative body or another state or local agency
- Member may teleconference due to emergency circumstances, which requires approval of the legislative body and which is defined as a physical or family medical emergency that prevents a member from participating in person
- Limits per Member: Just cause and emergency circumstances cannot be invoked collectively for more than: 1) two meetings if the legislative body has fewer than 10 meetings per calendar year, or 2) three consecutive months or 20 percent of regular meetings per calendar year if the legislative body has 10 or more meetings per year. Just cause cannot be invoked more than twice per calendar year.

### Procedures for the Board/Commission/Committee/Group

- Include instructions on the agenda how the public can participate remotely
- A quorum of the members of the legislative body must participate in person at the noticed location that is open to the public
- A majority of the membership must approve a request by a member to teleconference due to emergency circumstances; include the request on the agenda if received in time
- All votes must be taken by roll call
- Meeting must be stopped and no action taken if the broadcast of the meeting or ability of the public to comment is disrupted



# TELECONFERENCING RULES UNDER THE BROWN ACT

	Default Rule	Declared Emergency (AB 361)	Just Cause (AB 2449)	Emergency Circumstance (AB 2449)
In person participation	Required	Not Required	Required	Required
Member participation via teleconferencing	Audio or Audio-visual	Audio or Audio-visual	Audio-visual	Audio-visual
Required (minimum) opportunities for public participation	In-Person	Call-In or internet-based	Call-in or internet-based <u>and</u> in person	Call-in or internet-based <u>and</u> in person
Disruption of broadcast or public's ability to comment	Meeting can proceed	No further action taken	No further action taken	No further action taken
Reason must be approved by legislative body	No	Yes (Initial findings and renewed findings every 30 days)	No, but general description to be provided by legislative body	Yes and general description to be provided to legislative body
Votes must be taken by roll call	Yes	Yes	Yes	Yes
Member's remote location included on agenda	Yes	No	No	No
Declared emergency and health official's recommendations for social distancing	No	Yes	No	No
Annual limits	None	None	Twice per calendar year (limits for emergency circumstances also apply for collective number of times AB 2449 can be used per year)	3 consecutive months/ 20% of regular meetings per calendar year; or 2 meetings per calendar year if body meets less than 10 times per year (collectively with just cause)
Effective Dates 024	Ongoing	Expires 12/31/2023	Expires 12/31/2025	Expires 12/31/2025