



County of San Diego

NICK MACCHIONE, FACHE

AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY

PUBLIC HEALTH SERVICES

3851 ROSECRANS STREET, MAIL STOP P-578

WILMA J. WOOTEN, M.D., M.P.H.

PUBLIC HEALTH OFFICER

HIV PLANNING GROUP STRATEGIES & STANDARDS COMMITTEE MEETING PACKET

Tuesday, October 04, 2022 11:30 AM

NOTE: This meeting is audio and video recorded.

Online meeting

The Charge of the Strategies & Standards Committee (updated June 4, 2019): 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.

A quorum for this committee is 7

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None	

Effective October 1, 2021, a new law, AB 361, amends Government Code section 54953 to add subsection (e) (“Special Teleconferencing Rule”) which, under specific circumstances, will allow continued suspension of the General Teleconferencing Rule. A recent modification to the Brown Act (the rules regarding open meetings in California) allows the HPG and Committees to continue to meet virtually while a state of emergency is in effect. In - person meetings will return when the state of emergency is over.

Continuation of Remote Meetings for Brown Act Boards and Commissions

State law requires local agency legislative bodies (which includes the HPG) to comply with the state's open meeting law referred to as the Ralph M. Brown Act (also called the "Brown Act"). Since March 2020, most legislative bodies have been operating under Executive Orders which suspended certain Brown Act provisions on teleconferencing allowing members to participate remotely. That Executive Order ended on September 30, 2021.

As of October 1, 2021, AB 361 allows for a continuation of teleconference meetings in certain circumstances. Following is a summary of AB 361 and its impact on public meetings and the steps required to utilize the teleconferencing option offered in AB 361.

At the next meeting, the HPG or Committee will need to take the actions detailed below if the members desire to continue meeting remotely.

I. Ordinary Brown Act Rules for Teleconferencing ("General Teleconferencing Rule")

Under the ordinary operation of the Brown Act (Gov. Code §54953(b)) a legislative body may use teleconferencing under the following circumstances:

- a. Post agendas at all teleconference locations;
- b. All teleconferenced locations are listed in the notice and agenda of the meeting;
- c. At least a quorum of members are located within the jurisdiction of the legislative body; and
- d. Members of the public are allowed to speak at each teleconferenced location.

II. Governor's Executive Orders Authorized Simplified Teleconferencing Rules, But These Ended on Sept. 30, 2021.

The County and other legislative bodies throughout the state have been using a simplified teleconferencing method, authorized by the Governor's Executive Orders related to the COVID-19 pandemic. This allowed members of legislative bodies attend meetings remotely without following the General Teleconferencing Rule set forth above.

III. New Teleconferencing Method Available Effective October 1, 2021, and Actions HPG and Committees Can Take ("Special Teleconferencing Rule")

Effective October 1, 2021, AB 361 amends Government Code section 54953 to add subsection (e) which allows suspension of the General Teleconferencing Rule listed above if any of the following circumstances exist (underlining added):

- a. There is a proclaimed state of emergency and state or local officials have imposed or recommended measures to promote social distancing; or
- b. Legislative body, during a proclaimed state of emergency, holds a meeting for the purposes of determining by majority vote, that as a result of the emergency meeting in person would present imminent risks to the health or safety of attendees; or

- c. Legislative body, during a proclaimed state of emergency, has previously determined (by majority vote) that as a result of the emergency meeting in person would present imminent risks to the health or safety of attendees.

After the first meeting, to continue to suspend the General Teleconferencing Rule and use the Special Teleconferencing Rule, the legislative body must make findings, at least every 30 days after that first meeting. The specific findings required are: 1) that legislative body has reconsidered the circumstances of the state of emergency; **and** 2) i. the state of emergency continues to directly impact the ability of members to meet safely in person; **or** ii. state or local officials continue to impose or recommend measures to promote social distancing.

IV. Operation of the Special Teleconferencing Rule

If a Brown Act body suspends the General Teleconferencing Rule as allowed under subsection (e), then the legislative body must (underlining added):

- a. Notice the meeting as otherwise required by the Brown Act;
- b. Agenda must identify and include an opportunity for all persons to attend via a call-in option or an internet based service option;
- c. Allow members of the public to access meetings and an opportunity to address the legislative body directly as provided in the notice (call in or internet);
- d. Conduct teleconferenced meetings in a manner that protects the statutory and constitutional rights of the parties;
- e. In the event of a disruption that prevents broadcasting or call-in or internet based service; actions cannot be taken. Any action taken during a disruption may be challenged pursuant to 54960.1;
- f. If a legislative body provides a timed public comment period for each agenda item, it cannot close the public comment period for the agenda or the ability to register on that item until the timed public comment period has elapsed (not likely applicable);
- g. If a legislative body provides a general public comment period, public comment must remain open until public comment period closes; and
- h. If a legislative body provides public comment on each agenda item, it must allow a reasonable time to register and speak (so likely until the matter is voted on).

V. Dr. Wooten has Issued a Social Distancing Recommendation, So Findings Have Been Met In Order to Use the Special Teleconferencing Rule

As of October 1, 2021, the elements to meet under the Special Teleconferencing Rule have been met. There is currently a State of Emergency and Dr. Wooten, the County's Public Health Officer, released a health recommendation on September 23, 202, which stated that utilizing teleconferencing options for public meetings is an effective and recommended social distancing measure to facilitate participation in public affairs and encourage participants to protect themselves and others from the COVID-19 disease.

VI. Next Steps

Under AB 361, on or after October 1, 2021, the first meeting of a legislative body under AB 361 can occur under the Special Teleconferencing Rule without anything

in particular on the agenda. In this case, Staff should note to the board that it is meeting pursuant to the Special Teleconferencing Rule and staff will bring back any future findings the board may need to take to continue to operate under the Special Teleconferencing Rule (i.e. within 30 days).

Alternatively, if time allows and the Chair approves, when the HPG or Committee first meets, an item will be placed on the agenda to determine whether the board wants to utilize the Special Teleconference Rule and if so, to adopt the initial Resolution.



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HEALTH OFFICER TELECONFERENCING RECOMMENDATION

COVID-19 disease prevention measures, endorsed by the Centers for Disease Control and Prevention, include vaccinations, facial coverings, increased indoor ventilation, handwashing, and physical distancing (particularly indoors).

Since March 2020, local legislative bodies—such as commissions, committees, boards, and councils—have successfully held public meetings with teleconferencing as authorized by Executive Orders issued by the Governor. Using technology to allow for virtual participation in public meetings is a social distancing measure that may help control transmission of the SARS-CoV-2 virus. Public meetings bring together many individuals (both vaccinated and potentially unvaccinated), from multiple households, in a single indoor space for an extended time. For those at increased risk for infection, or subject to an isolation or quarantine order, teleconferencing allows for full participation in public meetings, while protecting themselves and others from the COVID-19 virus.

Utilizing teleconferencing options for public meetings is an effective and recommended social distancing measure to facilitate participation in public affairs and encourage participants to protect themselves and others from the COVID-19 disease. This recommendation is further intended to satisfy the requirement of the Brown Act (specifically Gov't Code Section 54953(e)(1)(A)), which allows local legislative bodies in the County of San Diego to use certain available teleconferencing options set forth in the Brown Act.

September 23, 2021

Wilma J. Wooten, M.D., M.P.H.
Public Health Officer
County of San Diego



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WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

HIV PLANNING GROUP STRATEGIES & STANDARDS COMMITTEE Tuesday, October 04, 2022 11:30 AM

NOTE: This meeting is audio and video recorded.

Online meeting

The Charge of the Strategies & Standards Committee (updated June 4, 2019): 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.

Committee Members (13): Allan Acevedo (Co-Chair), Amy Applebaum, Beth Davenport, Lucia Franco, Liz Johnson, Moira Mar-Tang, Joseph Mora, Venice Price, **Shannon Ransom (Chair)**, Dr. Winston Tilghman, Rhea Van Brocklin, Jeff Weber, Michael Wimpie

Participants Requesting Spanish Translation: *(Must notify support staff 96 hours in advance). They will receive an email with the number to call in.*

A quorum for this committee is 7

AGENDA

- 1) Call to Order, Roll Call, Comments from the Chairs
- 2) **ACTION:** Continuance of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e):
 - a) Find that the Council has reconsidered the circumstances of the State of Emergency
 - b) Find that State and local officials continue to recommend measures to promote social distancing
- 3) Public comment/Sharing Our Concerns
- 4) Review and approve agenda for October 4, 2022
- 5) Review and approve minutes from September 6, 2022
- 6) Review follow up items from last meeting
- 7) Old Business
 - a) Getting to Zero 3-Yr Action Plan - Consider recommendations from MSEC regarding changes to standards
 - i) **ACTION:** Update Universal Standards to ensure that clients, if interested, can participate in virtual medical visits
 - ii) **ACTION:** Update Universal Standards/Intake Requirements to include specific service information and assessments

- iii) ACTION: Update Client Rights and Responsibilities to support inclusion of family and/or other identified support
- iv) ACTION: Update Universal Standards to include requirements for serving transgender clients
- b) Discussion: Implementation of JEDI Principles
- c) Consider changes to Transportation Standards and/or Universal Standards to add a requirement that Consumers be assessed for transportation needs
- d) Review Universal Standards for sensitivity to and language regarding accessibility/disability needs of RW consumers.
- 8) New Business
 - a) None
- 9) Routine Business
 - a) None
- 10) Update Committee Work Plan
 - a) Upcoming Trainings
- 11) Recommendations to HPG, HPG committees and requests of recipient
- 12) Suggested items for the future committee agenda
- 13) Announcements
- 14) Confirm next meeting: - Scheduled **November 1, 2022 11:30 a.m.** location: **ZOOM**
- 15) Adjournment



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SAN DIEGO HIV PLANNING GROUP STRATEGIES AND STANDARDS COMMITTEE

Tuesday September 6, 2022
11:30 AM – 1:00 PM
Meeting by ZOOM

DRAFT MINUTES
Quorum = Eight (8)

Present: Allan Acevedo (Co-Chair), Amy Applebaum, Dr. Kimberly Brouwer, Beth Davenport, Lucia Franco, Liz Johnson, Moira Mar-Tang, Joseph Mora, Venice Price, Shannon Ransom (Chair), Dr. Winston Tilghman, Rhea Van Brocklin, Michael Wimpie

Absent: Jeff Weber

Agenda Item	Action	Follow-up
1. Call to order	Shannon Ransom established that a quorum was present at 11:31 PM and called the meeting to order.	
2. ACTION ITEM: Continuance of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e)	Motion: Recognize that there is a continued proclaimed state of emergency and State and local officials have imposed or recommended measures to promote social distancing authorizing teleconferenced meetings pursuant to Government Code section 54953(e). Motion/Second/Count (M/S/C): Van Brocklin/Davenport 10/0 Abstention(s): Ransom Motion carries	
3. Public Comment/Sharing our Concerns	A member of the public stated that they had been told by their dental service provider that the provider had not received notification from the Recipient regarding change to Universal Standards that eliminated the requirement for recertification every 6 months.	
4. Review and approve the agenda for September 6, 2022	Motion: Approve the agenda for the September 6, 2022 meeting as presented. M/S/C: Johnson/Acevedo 11/0 Abstention(s): Ransom Motion carries	

Agenda Item	Action	Follow-up
<p>5. Review and approve the Minutes for July 5, 2022</p>	<p>Motion: Approve the July 5, 2022 meeting minutes as presented. Discussion: M Wimpie stated that he attended the July 5, 2022 meeting. M/S/C: Johnson/Acevedo 6/0 Abstentions: Franco, Mar-Tang, Mora, Price, Ransom, Tilghman Motion carries</p>	<p>Staff will review the attendance of M. Wimpie for July 5, 2022.</p>
<p>6. Old Business</p>		
<p>a) Discussion: Getting to Zero (GTZ) 3-Yr Action Plan next steps</p>	<p>i. Update: HPG service directive that Universal Standards be modified to ensure that all clients are assessed regarding their interest in participating in remote services and that those who are interested are assessed for capacity (phone, data service, pad, etc.) and provided with options to obtain what is needed.</p> <p>Dr. Delores Jacobs provided the update and facilitated the discussion in her role as a County contractor hired to assist committees in reviewing and responding to GTZ Community Engagement Action Plan. She reported that a Medical Standards and Evaluation Committee (MSEC) Work Group is in the process of developing recommendations regarding this service category. She reviewed the text being considered and informed this committee that MSEC will consider the service directive at its meeting this month. The committee discussed the value of staying informed about this work and making either joint or simultaneous recommendations. The Committee discussed types of assistance are allowed by the Health Resources and Services Administration (HRSA). Ongoing payment to an internet service provider may be prohibited. Prepaid cards may be an option. The committee asked the Recipient's Office to consult HRSA to clarify what is allowable. The Committee asked for an update regarding the HIV, STD, and Hepatitis Branch (HSHB) work group on paperwork redundancy and reduction at a future meeting.</p>	<p>Follow up with Recipients office regarding types of assistance for internet access that are allowed by HRSA.</p> <p>Follow up with HIV, STD, and Hepatitis Branch (HSHB) regarding work group on paperwork redundancy and reduction and request an update at a future meeting</p>
	<p>ii. Review Transportation Standards to add ride sharing standard and requirement that consumers be assessed for need for transportation. Universal Standards should also be updated</p> <p>The committee discussed MSEC Work Group recommendation regarding annual assessment of clients for spectrum of Ryan White (RW) services including transportation and the possibility of</p>	

Agenda Item	Action	Follow-up
	training for case managers or other staff completing the assessment.	
	<p>iii. Review the Universal Standards for sensitivity to and language regarding accessibility /disability needs of RW consumers.</p> <p>The committee reviewed the additional objectives of the other GTZ recommendations and agreed that 1&2, 3, 5 and 9 were priority work plan.</p>	
<p>b) Discussion: Implementation of the Justice, Equity, Diversity, Inclusiveness (JEDI) Principles</p>	<p>(Status of Consultant, Status of Trainer Meredith Lee (or other) Staff has reached out to Meredith Lee and will continue to attempt to contact. The Committee discussed possible recommendation regarding implementation including a Facilitated discussion to assess the current level of understanding on the HPG regarding these topics and a Listening session that put people with lived experience at the center. The committee discussed the importance of having subject matter experts to assist. The Pacific AIDS Education & Training Center and Christie's Place (Project PEARL) are working on these topics and may be able to help.</p>	
<p>c) Update: Integrated Statewide Strategic Plan process</p>	<p>Plan to hire consultant and conduct local focus groups on hold due to COVID and Monkeypox (MPX). San Diego will remain part of Statewide plan. HPG will still be able to set local goals in the future if data indicates San Diego region is experiencing issues not fully addressed in Statewide plan.</p>	
7. New Business		
<p>a) None</p>		
8. Routine Business		
<p>a) None</p>		
9. Update Committee Work Plan		
<p>a) Upcoming Trainings</p>	<p>Committee will focus on items 1&2, 3, 5 and 9 of the GTZ action plan. The items to be worked into 2023 Work Plan.</p>	<p>Committee requests support staff to develop a draft work plan based on prioritized GTZ recommendations.</p>
<p>10. Recommendations to HPG, HPG committees and requests of recipient</p>	<p>None</p>	
<p>11. Suggested items for the future committee agenda</p>	<p>None</p>	

Agenda Item	Action	Follow-up
12. Announcements	HPG Orientation Oct 20, 2022. More information to follow. Project PEARL initial training underway.	
13. Confirm next meeting date and time	Tuesday, October 4, 2022 at 11:30 AM Location: Zoom	
14. Adjournment	Meeting adjourned at 12:58 PM.	

From: Delores Jacobs, PhD, Consultant
To: Strategies & Standards Committee Members
R/E Memo Materials For your meeting Tuesday 10/4

The MSEC Work Group has met twice to address the four areas of consumer concerns/recommendations for Universal Standards clarifications. The Medical Standards Committee met 9/13 and reviewed and approved these recommendations, returning them now to you for final committee approval, which will send them next to Steering Committee for HPG agenda.

Enclosed please find:

1. A listing of the 4 Items/objectives suggested first by the Medical Standards Working group, then by the Medical Standards committee for your consideration. Additionally, the specific GTZ action plan/consumer recommendation is provided for your reference in red. Each item contains the existing language, followed by the clarification language now recommended. The change is provided in bold.
2. For your convenience the summary of the GTZ recommendations are provided at the end of this document.

Thank you for all of your work and dedication!

Delores Jacobs, PhD

Tuesday 10/4/22 4 Items for Standards discussion/approval

- ⇒ **Objective 1: Update Universal Standards** to ensure that clients, if interested, can participate in virtual medical visits, if appropriate and generally offered to clients. This change is intended to offer an opportunity for more equitable access vis-à-vis the provision of necessary equipment and some limited internet support. Resources are obtained either through Emergency Financial Services or Medical/Non-medical Case management services.
- ⇒ [GTZ Consumer Recommendation 3: Ensure HIV services (Primary Care, Mental Health, Case management) assess client capacity to access to telehealth appointments]

Universal Standard, **Current language:** *“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”.*

Proposed language addition in bold: 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. **To the degree that telehealth appointments are appropriate for, continue to be allowable by**

third party payors and are provided to clients, information regarding the potential availability of telehealth services as well as the availability of assistance with the provision of necessary equipment and some limited internet access will be provided. Additionally, providers are required to review client rights and responsibilities, complaint and grievance policies and confidentiality and sharing of protected health information.

- ⇒ **Objective 2: Update Universal Standards/Intake Requirements** to include specific service information and assessments of food security, housing stability, transportation needs and emergency financial assistance
- ⇒ *[GTZ Consumer Recommendation 5: Provide service information and rapid access to basic support services]*

Universal Standard, Current language: “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”.

Proposed language addition in bold: 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. **To the degree that telehealth appointments are appropriate for, continue to be allowable by third party payors and provided to clients; information regarding the potential availability of telehealth services as well as the availability of assistance with the provision of necessary equipment and Internet access will be provided.**

Within 90 days of intake or recertification, providers also assess client access issues, including linguistic, literacy and cultural needs, physical accessibility, and service locations. **Service information and assessment is also provided regarding temporary housing services, food services, emergency financial assistance, mental health services and substance use treatments** and transportation services. **Such information will be provided to clients and documented in ARIES at least once a year thereafter.**

[Measure: ARIES note indicating date service information/referrals were provided.]

Additionally, providers are required to review client rights and responsibilities, complaint and grievance policies and confidentiality and sharing of protected health information.

- ⇒ **Objective 3: Update Client Rights and Responsibilities** to support inclusion of family and/or other identified support persons for clients in supporting their care.

Current language: Client Rights and Responsibilities

Proposed language addition in bold:

Clients have the right to receive services that address their needs, as well as refuse services. Clients may actively engage in decision making. **Clients also have the right to involve their family members and/or other identified support persons in support of their care, if they wish. Consent will be required in order for any information to be shared directly by providers with such persons.** 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.

- ⇒ **Objective Four: Update Universal Standards** to include requirements for serving transgender clients, including whole-person care, hormone therapy and STD testing and treatment.
- ⇒ While the approach taken below (use of HRSA memo to frame the language) was approved by the Medical Standards Task Force, the exact 2 sentences have not yet been seen/approved by them, until the Medical Standards meeting 9/13.

Existing Standard: current language

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.

Recommended clarification in bold (*Edited and summarized from HRSA memo on gender-affirming care, dated 12/16/21:*)

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.

This competency includes ensuring that eligible, RW-certified transgender people with HIV have access to care, treatment and support services that improve their health and decrease risk of morbidity and mortality related to HIV. All providers will help to ensure eligible, RW certified transgender clients living with HIV are provided with access to *gender-affirming services* including but not limited to: hormone therapy, gender-affirming mental health services and STD testing and treatment.

[GTZ Consumer Recommendation 8: Increase the number of HIV service sites that have the capacity for whole person-whole health services including PrEP, mental health services,

substance use treatment services, hormone treatment, case management, and housing resources.]

GTZ Consumer Recommendations: Results of 160 consumers participating February 2020 – June 2021 in formal large group setting, small groups settings and individual interviews.
 Interview demographics: ¾ living with HIV, ¼ at higher risk for HIV; 77% of color; 15% Transgender; ages 20-71; Equal # of recently diagnosed and long-term survivors.
 Results yielded 12 broad HIV community recommendations, some with multiple parts.
 Recommendations are listed below.

BRIEF GTZ RECOMMENDATION SUMMARY LISTING

Recommendation 1: Acknowledge and address medical system mistrust
REPRESENTATION WORKFORCE
1a. Ensure ongoing recruitment, support and retention of a representative workforce
1b. Acknowledge systemic racism, missteps, mistakes and harms of the past and ensure plans are created and implemented to ensure this past is not repeated.
1c. WORKFORCE TRAINING CULTURAL HUMILITY, TRAUMA INFORMED CARE Provide enhanced, skill-based trainings to HIV service-delivery staff to improve the ability to consistently communicate cultural respect, knowledge and humility, as well as the skills required for trauma-informed care.
Recommendation 2: Improve communications and outreach strategies for those living with and at higher risk for HIV who live, work or participate in historically-underserved, Low Information communities.
2a. Better provide HIV services information to HIV community members and historically-underserved communities impacted in San Diego County. This recommendation is intended to proactively provide the information to the community rather than having the burden of information seeking fall to the consumers.
2b. Provide increased and readily available basic health information to low information, historically-underserved community members and communities.
Recommendation 3: Ensure each HIV service assesses client capacity to access to telehealth appointments to ensure that all HIV community members have equitable access to tele-health appointments
3a. Updating Primary Care standards to ensure that clients, if interested, can participate in virtual medical visits, including intake assessment and provision of necessary equipment and Internet access. This is intended to provide the service, if desired, rather than burdening the client with information seeking.
3b. Resources are obtained either through Emergency Financial Services or Medical/Non-medical Case management services.
Recommendation 4: Provide increased mental health and alcohol/substance use treatment opportunities for those living with or at higher risk for HIV. Additionally, more widely communicate information about these opportunities to HIV community members.
4a. Coordinating with the existing harm reduction task force, provide guidance to contracted HIV service providers designed to increase the availability of harm reduction services for substance use treatment.
4b. Expand and augment the current syringe exchange program(s) in San Diego County to allow services to be provided for an increased number of community members (including HIV community members) and to include more opportunities for connection to additional needed services (i.e., wound care, MAT, Case management, vaccinations, etc.)

4c. Coordinating with County drug and alcohol services personnel, ensure the design and implementation of a coordinated system for rapid response for HIV community members who desire to enter substance use residential or out-patient treatment.
4d. In light of reported treatment disruptions which often occur for those without secure housing, design and deploy more rapid interventions for consumers, particularly when insecure housing and either substance use or mental health symptoms are co-occurring.
4e. Investigate the current opportunities for substance use treatment for methamphetamine and, if inadequate opportunities exist, expand those available.
4f. Continue to increase the opportunities for same-site location of medical providers, mental health providers and alcohol/substance use counselors for those living with or at higher risk for HIV.
4g. In collaboration with UCSD and AETC , provide links and resources for skill-based training for HIV service personnel regarding the stigmatizing behaviors faced by substance using HIV community members and ways to reduce those stigmatizing behaviors within the health care system itself.
Recommendation 5: More consistently provide rapid access to basic support services: housing, food, transportation, emergency financial assistance including shut-off & eviction prevention. Additionally, more widely communicate information about these opportunities and the processes to access them.
Recommendation 6: Continue to expand the opportunities to hire, support and utilize peer navigators, peer health educators, peer outreach specialists, benefits navigators, and housing specialists.
Recommendation 7: Design, integrate and deploy strategies to address the stigmas faced by HIV community members;
7a. Increase opportunities/programs for social support of those living with or at higher risk for HIV who may, as a function of family or community stigma, have fewer social supports.
Recommendation 8: Increase the number of HIV service sites that have the capacity for whole person-whole health services including PrEP, mental health services, substance use services, hormone treatment, case management, and housing resources.
Recommendation 9: Design, create and execute improved community engagement and outreach strategies that utilize community organizing and personal relationship building. Strategies should include: transportation and meal reimbursements as well as appropriate and respectful incentives, engaging, interesting meeting opportunities for planning participation and routine report-outs regarding what has been done with HIV community feedback.
Recommendation 10: Revise and refine the documentation processes that create a barrier to access services for persons living with or at increased risk for HIV.
10a. Reduce the duplication of forms and paperwork required to access HIV services.
Recommendation 11: Design and deploy a variety of brief, on-line trainings for those living with or at higher risk for HIV. Trainings include but are not be limited to: what is the HIV Planning Group and options for involvement; What is the HPG Consumer group and how to get involved; What are HPG committees and how to get involved; How to effectively advocate for the HIV community.



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WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

March 17, 2021

TO: Contracted Providers of Services Funded by Ryan White

FROM: Patrick Loose, Chief, HIV, STD & Hepatitis Branch

UPDATED: USE OF RYAN WHITE PART A FUNDS TO SUPPORT VIRTUAL PROGRAM PARTICIPATION OF ELIGIBLE CLIENTS

At the October 28, 2020, meeting, the HIV Planning Group adopted a set of recommendations for use of Ryan White Part A funds to support virtual program participation of eligible Ryan White clients. This memo provides information about the types and limits of costs that are allowable to ensure that Ryan White clients can access services, in person or through use of virtual platforms, for the duration of the COVID-19 pandemic.

The Ryan White HIV/AIDS legislation permits the service category of Emergency Financial Assistance, which provides “limited one-time or short-term payments” to assist clients with an urgent need for essential items or services necessary to improve health outcomes.” The Health Resources and Services Administration (HRSA) further restricts urgent needs to the following: “utilities, housing, food, transportation, medication not covered by an AIDS Drug Assistance Program, or another allowable cost needed to improve health outcomes.” There are three important components to this definition: any assistance must be one-time or of limited duration, all expenses must be allowable under the existing legislation, and any activity must be connected to HIV-related health outcomes, specifically accessing and retaining HIV primary care and achieving viral suppression. Emergency Financial Assistance cannot be paid directly to the client; all payments must be made on behalf of the client.

Due to the COVID-19 pandemic, persons living with HIV, as well as the staff of organizations providing HIV services, have shifted rapidly from physical, in-person encounters to “virtual” encounters, which refers to the use of online platforms for health and social service encounters. While many clients and providers navigated this transition, not all clients have been successful. Longstanding issues of poverty, access to relevant health information, stigma, medical and provider mistrust, and mistrust or lack of facility with telehealth formats have led to a digital divide. Clients who cannot afford broadband Internet connections, or the computer equipment required to utilize telehealth platforms, have found their options for services to be far more limited, and these limitations create multiple opportunities for adverse health outcomes.

To address the digital divide, the HIV Planning Group has adopted the following modifications to Ryan White-funded Emergency Financial Assistance in the County of San Diego. All of these modifications, with one exception, are permanent.

Purchase of Equipment for Clients Enrolled in Ryan White Services

All providers of services funded by Ryan White Part A can purchase equipment to support clients who would otherwise not be able to utilize virtual platforms. Equipment is limited to wireless hotspots, computer video cameras, and low-cost smart phones or tablets; the total allowable cost for these items is \$200, and no single item should cost more than \$125, although exceptions can be granted on a case-by-case basis with advance approval of the Contracting Officer's Representative (COR). Providers are encouraged to purchase tablets or smart phones that allow for pre-paid SIM cards, described below. Clients can have lost, stolen, or malfunctioning equipment replaced once per contract year.

Pre-Paid Internet Access

All providers of Ryan White Part A services can pay for Internet access for clients without access and without the financial means to obtain access. Under this authority, providers can purchase:

- Pre-paid SIM cards (or equivalent) that provide Internet access, not to exceed \$50 per month
- Pre-paid broadband Internet service, not to exceed \$50 per month

Exceptions to this policy can be granted on a case-by-case basis with advance approval of the COR.

Ongoing Internet Service Subscriptions

While San Diego County's case rate and positivity rate places the County at orange tier or higher, as designated by the state of California, clients who cannot afford to maintain broadband Internet services are able to have their monthly bill paid or subsidized up to \$50 per month. Clients requiring assistance should be referred to Non-Medical Case Management or Peer Navigation for assistance in accessing Emergency Financial Assistance through NAMI.

Payments to Prevent Shut-Off

Clients who have fallen behind in their payment for Internet services can have their past-due amounts paid to prevent shut-off of Internet services, up to \$150 annually. Please note Ryan White funds cannot be used for any deposit that might be required to re-establish services. Clients requiring assistance should be referred to Non-Medical Case Management or Peer Navigation for assistance in accessing Emergency Financial Assistance through NAMI.

Bulk Purchases

Many providers have inquired about the possibility of making bulk purchases to secure better pricing and to reduce the administrative burden created by purchase of equipment on behalf of clients. Generally, bulk purchases are allowable, but providers are encouraged not to purchase more equipment than what they reasonably estimate will be used by clients by February 28, 2021, the last day of the current grant period. Federal regulations prohibit making purchases for future grant periods with funding that has been allocated for the current grant period.

Also, if providers choose to purchase equipment in bulk, they will need to maintain an inventory of the equipment as well as documentation of distribution to clients.

Documentation Requirements

Providers must document distribution of equipment to clients, including an acknowledgement of receipt of the equipment that has been signed by both the client and the provider. In their acknowledgement of receipt, clients should also state that they are obtaining equipment to participate in virtual services and that they have not received similar assistance from any other Ryan White provider.

Eligibility

To be eligible, clients 1) must have a need to access a core medical or support service via a virtual platform, and 2) not have the means to participate without financial assistance.

For clients who do not already have Internet service or equipment, eligibility requirements include the following:

- Documentation of income and expenses demonstrating financial need
- An attestation signed by the client that they do not currently possess any of the equipment being purchased on their behalf and that they do not have the financial means of obtaining that equipment

For clients who have established Internet service, eligibility requirements include the following:

- Documentation of income and expenses demonstrating financial need
- Documentation of the change in financial circumstances leading to the request (i.e., loss of income or increase in ongoing, necessary expenses)

All other existing eligibility requirements (confirmed HIV diagnosis, residency in San Diego County, income at or below 500% of the federal poverty level) would still apply.

Assessment of Client Needs

All providers should screen clients for their interest and ability to participate in virtual sessions. This screening should include not only equipment and connectivity concerns but should also include an assessment of the client's comfort level with the technology and whether brief training and orientation to virtual platforms would be of benefit. Training and orientation sessions on how to use technology can be counted as a contact in all applicable services.

Budget Adjustments and Revision Requests

Providers should review their current contract budgets to identify whether any existing savings could adequately cover the costs associated with providing access to virtual service delivery platforms. In keeping with existing HSHB policy, providers can move up to 10% of their budgets within service categories using an Administrative Adjustment Request. Any request to move more than 10% of budget line items within a single service category will require a Budget Revision Request. In cases where providers assess that additional funding will be required to support client access or where there is a need to move funding between service categories, providers should reach out to their COR immediately to discuss. It is

expected that all providers will screen their clients for needed support and provide that support unless their budget cannot be modified with reducing services and supplemental Ryan White funding is not available.

Emergency Financial Assistance in ARIES

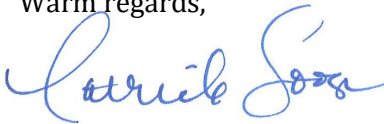
Providers will need to record all instances of support for virtual platforms (purchase of tablet/smart phone, mobile hot spots, SIM cards, etc.) as Emergency Financial Assistance. The ARIES team has created an Emergency Financial Assistance option for all providers. If you require technical assistance, please reach out to the ARIES team, HSHB_ARIES_TA.HHSA@sdcounty.ca.gov.

Conclusion

The response to COVID-19 for persons living with HIV has been a long and arduous road, and we appreciate the ongoing engagement of our contracted providers in ensuring that persons living with HIV in San Diego County can access the services they need to promote their health and well-being. As we have in the past, we encourage all of our providers to keep us apprised of any developments, any system barriers, and any potential ways of increasing access and streamlining processes to benefit our clients. We genuinely appreciate the input and feedback we have received thus far, so please keep it coming.

In the meantime, we hope that you, your staff, families, loved ones and clients remain safe and well.

Warm regards,



PATRICK LOOSE, Chief
HIV, STD & Hepatitis Branch

Strategies & Standards: Continued discussion for October 10/4 meeting.**Discussion Item: Continued discussion focused on 9/06 suggestions/recommendations (summarized below)**

- 1. Committee discussion 9/6/22 beginning with focus on suggested priorities:**
 - Support for JEDI principles, mechanisms and activities
 - Specific topics/themes for Cultural *Humility* & Competence training(s)
 - Specific topics and themes for Trauma-Informed Care (TIC) training(s)
 - Identifying and/or developing strategies for dismantling HIV-related stigma, particularly those multiple stigmas impacting Black, Latinx and transgender individuals living with HIV

- 2. Propose a potential new JEDI Task Force focused on supporting and acting to further implement the JEDI principles through changed HPG culture, policies and procedures (mechanisms).**
 - Comprised primarily, though not exclusively, of consultant, newer voices (e.g., including at least two consumers, one HPG vice-chair, at least two committee vice-chairs to cross-pollinate across committees, and potentially some other outside members)
 - Support for this new Task Force will be provided by existing HPG leadership serving as inclusion/participation advocates following the guidance/lead of the Task Force
 - Task Force will create a workplan to include, but is not limited to, a training plan and review of HPG operating procedures & policies through JEDI, Cultural Humility and TIC lens
 - Pursue consultant(s) who can offer trainings, facilitate small and large group listening sessions & discussions across the year

- 3. Returning to the history and initial strengths of the HIV Planning Group: the creation of a community of care, support and connection for people living with or at risk for HIV. Additionally, providing and expanding training opportunities for consumers to develop their leadership and advocacy skills for the HIV community.**
 - Creating and sustaining a **safe space** that supports people living with HIV. Safe spaces recognize people's
 - Differences, strengths and vulnerabilities
 - Support the respectful expression of differing opinions and perspectives and involves more **listening with curiosity and humility** than "talking at or to"
 - Ensuring all are treated with respect and dignity and have opportunities to participate
 - Planning for intentional recruitment/retention of **representative HPG and RW HIV workforce** with regard to lived experience, race/ethnicity, language and culture

- Recognition of the consumer need for formal and informal mentors, providing multiple training opportunities communicated across multiple platforms and involving **personal** invitations to join from “known inviters” (preferably peers)
- Recognition of the need for social supports during trainings and/or meetings to make engagement and participation less onerous, intimidating and more comfortable
- Recognition of the barriers to participation often created by limited resources (digital/internet limitations, transportation, childcare, food insecurity, lack of incentives to compensate for the real costs of their time and lost wages, etc.) as well as the busy lives and multiple demands on limited time.

4. Recognition that consumer engagement, participation in planning activities and leadership are processes that grow and develop over time, often in a non-linear fashion.

- The process begins with providing basic information about the system of care and participation/feedback opportunities **at the beginning** of consumers’ engagement in HPG.
- Participation across time needs to be flexible enough to respond to life challenges and changes.
- Trainings and presentations should provide a basic explanation of the Ryan White system of care and planning. These explanations/messages should be repeated often across time **in both English and Spanish** so that the unfamiliar processes and language become more familiar. Explanations should be clear and concise in language that is easy for all to understand.



San Diego HIV Planning Group
Key Findings Summary
Transportation Services: Barriers
Draft September 16, 2022



The Clinical Quality Management (CQM) Committee met on August 16, 2022 to discuss/review barriers in providing Ryan White Medical Transportation Services.

Nine service provider organizations participated as well as staff from the HIV, STD, and Hepatitis Branch (HSHB) of the Public Health Services of the County of San Diego.

Ryan White providers currently offer medical transportation via:

1. Ridesharing
2. Daily and monthly bus passes
3. Assisted transportation vouchers

Key points from the discussion:

Providing medical transportation is an administratively complex and time-consuming process. Reasons include:

1. HRSA/HSHB/HPG requirements
 - a. Service administration
 - i. Budget limitations
 - ii. Enrollment requirements
 - iii. All “new” clients
 - b. Staff time and resources
 - i. Interdepartmental work (including case managers, accounting, billing, admin, legal)
 1. Schedule, coordinate, and monitor rides
 2. Track rides and appointments in agency logs
 3. Collect and store receipts
 4. Solicit client signatures
 5. Identify and allocate additional monies (pay for MTS passes in advance)
 - ii. Consumers must “plan” for transportation, virtually disallowing emergency rides and approvals
2. MTS issues
 - a. Contracts required to offer passe
 - b. Time consuming and/or counterproductive customer service (blame providers)
 - c. Documentation required for disability pass

3. Ease/cost of transportation services
 - a. Ridesharing easier but costlier
 - b. Housing issues and tech access for unhoused individuals using ridesharing
 - c. Time-consuming to identify MTS bus routes for stretching/saving funds
 - d. Uncompensated labor
 - i. Call clients
 - ii. Purchase MTS rides
 - iii. Share data with IT
 - iv. Replace Pronto cards
 - v. Track ridesharing in real time
 - vi. Submit agency reimbursements
 - vii. Enter services into ARIES
 - viii. Invoice expenditures with accounting
4. Past and current reforms
 - a. Consistent messaging
 - b. Share with HPG committees
 - c. HSHB modifications when appropriate and possible

Strategies Committee 2023 Work Plan

January 2022	July 2022
•	•
February 2022	August 2022
•	•
March 2022	September 2022
•	•
April 2022	October 2022
•	•
May 2022	November 2022
•	•
June 2022	December 2022
•	•