



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, November 01, 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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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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WILMA J. WOOTEN, M.D.
PUBLIC HEALTH OFFICER

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

A handwritten signature in blue ink that reads "Wilma J. Wooten, MD".

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 (HPG) STRATEGIES & STANDARDS COMMITTEE Tuesday, November 01, 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 (12): 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, 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 November 1, 2022
- 5) Review and approve minutes from October 4, 2022
- 6) Review follow up items from last meeting
- 7) Old Business
 - a) Getting to Zero Community Engagement Plan
 - i) JEDI Principles Implementation
 - ii) Follow up – representative RW HIV workforce and future item
 - b) Update: Integrated Statewide Strategic Plan
 - c) Consider changes to Transportation Standards
 - i) Review key findings from Clinical Quality Management (CQM) Committee

- d) Review Universal Standards for sensitivity to and language regarding accessibility/disability needs of RW consumers.
- 8) New Business
 - a) Recommendation from Priority Setting and Resource Allocation Committee (PSRAC) to review service guidelines related to Psychosocial Services (regions, populations)
 - b) Brief Conflict of Interest training
- 9) Update Committee Work Plan
 - a) Upcoming Trainings
- 10) Recommendations to HPG, HPG committees and requests of recipient
- 11) Suggested items for the future committee agenda
- 12) Announcements
- 13) Confirm next meeting:
 - a) Scheduled **December 6, 2022 11:30 AM**
 - b) Location: **ZOOM**
- 14) Adjournment



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

SAN DIEGO HIV PLANNING GROUP (HPG) STRATEGIES AND STANDARDS COMMITTEE

Tuesday, October 4, 2022
11:30 AM – 1:00 PM
Meeting by ZOOM

DRAFT MINUTES
Quorum = Seven (7)

Present: Amy Applebaum, Beth Davenport, Lucia Franco, Liz Johnson, Joseph Mora, Venice Price, Shannon Ransom (Chair), Dr. Winston Tilghman, Jeff Weber, Michael Wimpie

Absent: Allan Acevedo (Co-Chair), Moira Mar-Tang, Rhea Van Brocklin (Resigned prior to meeting)

Agenda Item	Action	Follow-up
1. Call to order	Shannon Ransom established that a quorum was present and called the meeting to order at 11:31 AM. Jeffery Weber was introduced as a recent addition to the committee, and Joyce Ann Eclarino was introduced as a new HIV Planning Group support staff member.	
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): Applebaum/Wimpie 9/0 Abstention(s): Ransom (abstaining from this and all following votes for remainder of meeting unless there is a tie) Motion carries	
3. Public Comment/Sharing our Concerns	A member of the community stated that many other meetings were being held in-person and questioned why the committee continues to	

Agenda Item	Action	Follow-up
	meet virtually. They also stated that they would like to see a new service category added for housing between Emergency Housing and Partial Assistance Rental Subsidy (PARS).	
4. Review and approve the agenda for October 4, 2022	<p>Motion: Approve the agenda for the October 4, 2022 meeting as presented.</p> <p>M/S/C: Johnson/Wimpie 9/0</p> <p>Abstention(s): Ransom</p> <p>Motion carries</p>	
5. Review and approve the Minutes for September 6, 2022	<p>Motion: Approve the minutes for the September 6, 2022 meeting as presented.</p> <p>M/S/C: Johnson/Mora 8/0</p> <p>Abstentions: Ransom/Weber</p> <p>Motion carries</p>	
6. Review follow up items from the last meeting	<p>The Committee work plan and consumer internet access will be discussed during today's meeting.</p> <p>Lauren Brookshire reported that the annual Ryan White Enrollment paperwork reduction process has taken longer than anticipated but should be completed soon.</p>	
7. Old Business		
<p>a) Discussion: Getting to Zero 3-Yr Action Plan - Consider recommendations from MSEC regarding changes to standards</p>	<p>i. ACTION: Update Universal Standards to ensure that clients, if interested, can participate in virtual medical visits.</p> <p>Dr. Jacobs presented updates to the Universal Standards developed with the Medical Standards and Evaluations Committee (MSEC) for the members to consider.</p> <p>Motion: Approve update to Universal Standards as described in the "Memo Materials for your meeting Tuesday 10/4" by Dr. Jacobs included in the meeting packet.</p> <p>Discussion: During the COVID-19 State of Emergency, Ryan White (RW) funds can be used to pay for equipment and service up to a set limit. This is paid out of Emergency Assistance or reallocation of funds at the Provider level. However, RW is a payor of</p>	<p>Forward to the HPG for review and approval at the October 26, 2022 meeting.</p>

Agenda Item	Action	Follow-up
	<p>last resort, and other options should be used whenever available. For example, the County Library has Chromebooks available, but Consumer would still have to have access to the internet. Once the State of Emergency ends, this accommodation will no longer be in effect and will need to be revisited.</p> <p>M/S/C: Johnson/Tilghman 9/0 Abstention(s): Ransom Motion carries</p>	
	<p>ii. ACTION: Update Universal Standards/Intake Requirements to include specific service information and assessments</p> <p>Dr. Jacobs presented updates to the Universal Standards that were developed with the Medical Standards and Evaluations Committee for the members to consider.</p> <p>M/S/C: Johnson/Tilghman 9/0 Abstention(s): Ransom Motion carries</p>	<p>Forward to the HPG for review and approval at the October 26, 2022 meeting.</p>
	<p>iii. ACTION: Update Client Rights and Responsibilities to support inclusion of family and/or other identified support.</p> <p>Dr. Jacobs presented updates to the Universal Standards that were developed with the Medical Standards and Evaluations committee for the members to consider.</p> <p>M/S/C: Johnson/Wimpie 9/0 Abstention(s): Ransom Motion carries</p>	<p>Forward to the HPG for review and approval at the October 26, 2022 meeting.</p>
	<p>iv. ACTION: Update Universal Standards to include requirements for serving transgender clients</p> <p>Dr. Jacobs presented updates to the Universal Standards that were developed with the Medical Standards and Evaluations committee for the members to consider.</p> <p>M/S/C: Johnson/Applebaum 9/0</p>	<p>Forward to the HPG for review and approval at the October 26, 2022 meeting.</p>

Agenda Item	Action	Follow-up
	Abstention(s): Ransom Motion carries	
<p>b) Discussion: Implementation of the Justice, Equity, Diversity, and Inclusion (JEDI) Principles</p>	<p>Discussion led by Dr. Jacobs. Review priorities discussed at last meeting. Committee discusses mechanisms and activities and agreed to form a new JEDI Work Group to work on implementing the JEDI principles. This group should include new members of the committee and HPG to ensure that new voices are included in the process. The group would ideally include the HPG Vice-Chair and members from other committees. Dr. Jacobs suggested Raniyah Copeland as a consultant to organize training and discussion for HPG. Need to coordinate with the Recipient's office regarding contracting. HPG Leadership who are not in this workgroup can help to ensure inclusion and participation from all committees.</p> <p>The work group may begin by working on land acknowledgement while working to bring in other members. The committee agreed to form a work group.</p>	Form a work group for implementing the JEDI principles.
<p>c) Consider changes to Transportation Standards and/or Universal Standards to add a requirement that Consumers be assessed for transportation needs</p>	Tabled, keep on the agenda for next month.	
<p>d) Review Universal Standards for sensitivity to and language regarding accessibility/ disability needs of RW consumers.</p>	Tabled, keep on the agenda for next month.	
8. New Business		
<p>a) None</p>		
9. Routine Business		
<p>a) None</p>		

Agenda Item	Action	Follow-up
10. Update Committee Work Plan		
a) Upcoming Trainings	<p>Include presentations related to developing strategies so that committee can be proactive in reviewing information and developing recommendations for the Priority Setting and Resource Allocation Committee (PSRAC) of the HPG.</p> <p>The work plan will start with gap analysis and HIV prevention services, hopefully in January 2023. Need to work with Dr. Tweeten to include Epidemiology when setting the timeline for training. Also include data on PrEP program and Hepatitis C elimination efforts.</p>	
11. Recommendations to HPG, HPG committees, and requests of recipient	None.	
12. Suggested items for the future committee agenda	None.	
13. Announcements	<p>HPG Orientation on Oct 20, 2022 from 2:00 PM – 4:00 PM. The flyer is in the packet.</p> <p>Truax Award Nominations are due by Oct 15, 2022.</p>	
14. Confirm next meeting date and time	<p>Tuesday, November 1, 2022 at 11:30 AM Location: Zoom</p>	
15. Adjournment	Meeting adjourned at 1:00 PM.	

From: Delores Jacobs, PhD, Project Consultant
 To: Strategies and Standards Committee Members

Memo Materials For your meeting Tuesday 11/01
 Enclosed please find:

1. Listing of the 10 additional items for your Strategies and Standards committee the work across the next year to implement the consumer recommendations (information).
2. Summary listing of the listing of GTZ consumer recommendations (information).

Thank you for all of your time, work and dedication!!

Delores Jacobs, PhD

Tuesday 11/01/22

- ⇒ **Completed 10/26: Update 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. Resources are obtained either through Emergency Financial Services or Medical/Non-medical Case management services.
- ⇒ **Completed 10/26: Update Universal Standards/Intake Requirements** to include specific service information and assessments of food security, housing stability, transportation needs and emergency financial assistance
- ⇒ **Completed 10/26: Update Client Rights and Responsibilities** to support inclusion of family and/or other identified support persons for clients in supporting their care.
- ⇒ **Completed 10/26: Update Primary Care standards** to include requirements for serving transgender clients, including whole-person care, hormone therapy and STD testing and treatment.

STRATEGIES AND STANDARDS COMMITTEE: Additional objectives in next year (2022/2023)

[GTZ Consumer Recommendations Crosswalk: R #1c: Provide access to enhanced training for HIV service-delivery staff]

1. Support for JEDI principles and mechanism for evaluating representative HPG and RW HIV workforce.
 - a. JEDI Task Force: new 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 new(er) voices (e.g. including at least two consumers, 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 leadership serving as inclusion/participation advocates following the guidance/lead of the Task Force

- b. Consultant for March retreat and other trainings/discussions
- c. Universal standard for HIV services to be provided by a **RW HIV service-delivery workforce representative of those living with and vulnerable to HIV in San Diego County**. [measured by annual workforce demographic representativeness data as compared to recent epidemiological data]
- 2. Update **Cultural Competency service delivery standards** to include specific requirements regarding training
- 3. Develop **Trauma-Informed Service Delivery standards**, including specific requirements for training

[GTZ Consumer Recommendations Crosswalk: R #5: Provide rapid access to basic support services]

- 4. Update standards for **emergency financial assistance** to identify circumstances where same-day response is warranted
- 5. Strategies and Standards Committee to **review and re-evaluate eligibility criteria** for basic needs support

[GTZ Consumer Recommendations Crosswalk: R #4f: Same-site location]

- 6. Strategies and Standards Committee to explore the potential effectiveness and feasibility of funding **mobile health clinics**
- 7. Strategies and Standards Committee to explore the feasibility and effectiveness of **expanding HIV testing into nontraditional testing sites**
- 8. Strategies and Standards Committee to review models and resource requirements that would support **drop-in services** for primary care, mental health, and substance use treatment
- 9. Strategies and Standards Committee to identify **any additional data needs** to support planning and implementation of services to reduce disparities in health outcomes

[GTZ Consumer Recommendations Crosswalk: R #7: Strategies to address stigma]

- 10. Strategies and Standards Committee to **incorporate strategies for dismantling HIV-related stigma** among Black, Hispanic and transgender persons living with or vulnerable to HIV

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 misuse 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 misuse 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 misuse 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 misuse or mental health symptoms are co-occurring.
4e. Investigate the current opportunities for substance misuse 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 misuse 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 misusing 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 misuse 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.



**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



Conflict of Interest (COI) Policy and Procedure Approved by Steering 7/26/2022

Purpose, Background,
Overview, and Procedure



- HPG is the legislatively required Part A planning body
 - Decides on service priorities,
 - Allocates Part A funds to specific service categories,
 - Develops directives on how to best meet service needs,
 - Makes other decisions that greatly influence the system of HIV care. Its decisions determine the use of millions of dollars in federal funds.



- HPG is prohibited from having direct involvement in the administration of Part A/Part B funds [Section 2602(b)(5)(A)].
- Neither the HPG [Section 2602(b)(5)(A) nor its individual members [Section 2602(b)(5)(B)] are permitted to participate in procurement for selection of service providers to provide HIV care and treatment.



Conflict of Interest: “an actual or perceived interest in an action that will result – or has the appearance of resulting – in personal, organizational, or professional gain” for the HPG member or an immediate family member.

Immediate family member: the member’s spouse, committed domestic partner, father, mother, son, daughter, brother, sister, brother-in-law, sister-in-law, father in-law, and mother-in-law.

Conflict of Interest generally **does not apply to persons living with HIV “whose sole relationship to a Part A-funded provider is that of a client receiving services or an uncompensated volunteer”** [Part A Manual, p 148].

Purpose of the COI Policy and Procedure



- HPG is required to manage Conflict of Interest (COI) within the HPG
 - To minimize potential for COI to influence HPG's deliberations or decisions
 - To minimize potential for COI to influence public confidence in HPG decisions



HIV Planning Group and its individual members and members-elect shall comply with all federal, state, and local laws, regulations, and guidance regarding Conflict of Interest. This includes the following:

1. An HIV Planning Group member must state their conflict if one exists and may not vote on any issue addressed by the HPG on which the member or an immediate family member has a real or perceived conflict of interest. The member is considered to have a conflict of interest if the member or an immediate family member serves as a **Board member, employee, or paid consultant of a Part A-funded subrecipient** (service provider). If an action involves all service categories (for example an across-the-board reduction), members with a conflict in one or more of the affected categories may vote.



- 2. Conflict of Interest rules also apply in committee meetings**, regardless of whether the HPG member is a member of the committee or attending as a member of the public.
3. As specified in the Ryan White legislation and the Part A Manual, the HPG as a planning council is not permitted to be involved in:
 - a. The administration of Part A grant funds or subrecipient contracts
 - b. The review or selection of particular entities for Part A/Part B funding – it may not name, recommend, or approve their funding



4. Because of their relationship to the planning council, individual HPG members may not serve on external review panel for the selection of RWHAP Part A/Part B providers.
5. An HPG member who has a financial interest in a public or private organization that receives or is seeking funding as a Part A/Part B subrecipient or contractor may not participate in the process of selecting entities to receive funding; this includes selection of contractors to provide services to the HPG



Conflicts of interest shall be managed as follows:

1. Each newly appointed member of the HIV Planning Group must file a **Statement of Economic Interest** and the within 30 days of appointment, annually by March 31 of each year, and upon termination or resignation so the form can be filed with the County Clerk of the Board. Any member who has not filed a Statement of Economic Interest by the deadline will not be permitted to vote.

Statement of Economic Interest (Form 700): The form used by the County of San Diego to meet the requirements of California's Political Reform Act, which requires most county officials, employees, and members of boards and commissions to publicly disclose their personal assets and income and disqualify themselves from participating in decisions that may affect their personal financial interests.

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Division, Board, Department, District, if applicable

Your Position

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- State
- Multi-County _____
- City of _____
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

3. Type of Statement (Check at least one box)

- Annual:** The period covered is January 1, 2020, through December 31, 2020.
- Leaving Office:** Date Left ____/____/_____
(Check one circle.)
- Assuming Office:** Date assumed ____/____/_____
-or- The period covered is ____/____/_____, through December 31, 2020.
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- The period covered is January 1, 2020, through the date of leaving office.
- or- The period covered is ____/____/_____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – schedule attached
- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income – Gifts** – schedule attached
- Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
()

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed _____
(month, day, year)

Signature _____
(File the originally signed paper statement with your filing official.)



2. Each HPG member and member-elect must complete and sign an **HIV Planning Group Conflict of Interest (COI) Disclosure Form** within 30 days following appointment and again annually by March 31 of each calendar year. If a member's affiliations change, the member must file an updated COI Disclosure Form before the member's next HPG or committee meeting. An updated Form is required anytime a member:
 - a. Has a new affiliation that may create a conflict of interest.
 - b. Loses a conflict of interest. However, the member shall continue to follow COI requirements for a period of six (6) months after the conflict of interest no longer exists.



Conflict of Interest Disclosure Form for Planning Group Members and Members-Elect

Conflict of Interest (COI) is an actual or perceived interest in an action that will result – or has the appearance of resulting – in personal, organizational, or professional gain for the HIV Planning Group member or an immediate family member. Conflict of Interest generally does not apply to persons living with HIV whose sole relationship to a Part A-funded provider is that of a client receiving services or an uncompensated volunteer.

Conflict of Interest Disclosure

By my signature below, I, _____ certify that:

[Print name]

1. I have read, understand, and support the San Diego HIV Planning Group Policy and Procedures regarding Conflict of Interest and understand the definition provided here.

AND

2. Please check one:

	I have no conflict(s) of interest.
	My immediate family member serves as a director, employee, or consultant for a service provider that currently receives or is a current applicant for Ryan White Part A funding, and therefore have an actual or perceived conflict of interest.
	I serve as a director, employee, or consultant for a service provider that currently receives or is a current applicant for Ryan White Part A funding, and therefore have an actual or perceived conflict of interest.

For each entity, please provide the following information:

Name of Organization:
Type of Affiliation: <input type="checkbox"/> Board Member <input type="checkbox"/> Employee <input type="checkbox"/> Consultant
Explanation, if needed:
Status: <input type="checkbox"/> Affiliation is current <input type="checkbox"/> Affiliation ended less than six months ago on _____ Date

Name of Organization:
Type of Affiliation: <input type="checkbox"/> Board member <input type="checkbox"/> Employee <input type="checkbox"/> Consultant
Explanation, if needed:
Status: <input type="checkbox"/> Affiliation is current <input type="checkbox"/> Affiliation ended less than six months ago on _____ Date

Name of Organization:
Type of Affiliation: <input type="checkbox"/> Board member <input type="checkbox"/> Employee <input type="checkbox"/> Consultant
Explanation, if needed:
Status: <input type="checkbox"/> Affiliation is current <input type="checkbox"/> Affiliation ended less than six months ago on _____ Date

[Add pages as necessary]

Service Categories for Which the Member has a Conflict of Interest

If you indicated that you have a conflict of interest, please check the funded service categories (Part A or Part A MAI) for which you have a conflict of interest, considering all affiliations listed on the previous page:

Core Medical- Services	
<input type="checkbox"/>	Coordinated HIV Services for Women, Infants, Children
<input type="checkbox"/>	Early Intervention Services: HIV Counseling and Testing
<input type="checkbox"/>	Early Intervention Services: EIS Regional Services
<input type="checkbox"/>	Home-based Health Care Coordination
<input type="checkbox"/>	Hospice Services
<input type="checkbox"/>	Medical Case Management
<input type="checkbox"/>	Medical Nutrition Therapy
<input type="checkbox"/>	Mental Health: Counseling/Therapy & Support Group
<input type="checkbox"/>	Mental Health: Psychiatric Medication
<input type="checkbox"/>	Oral Health
<input type="checkbox"/>	Outpatient/Ambulatory Health Services: Medical Specialty
<input type="checkbox"/>	Outpatient/Ambulatory Health Services: Primary Care
<input type="checkbox"/>	Substance Abuse Services: Outpatient

Support Services	
<input type="checkbox"/>	Cost Sharing Assistance
<input type="checkbox"/>	Emergency Financial Assistance
<input type="checkbox"/>	Food Services: Food Bank/Home Delivered Meals
<input type="checkbox"/>	Health Education/Risk Reduction
<input type="checkbox"/>	Home Health Care
<input type="checkbox"/>	Housing: Emergency Housing
<input type="checkbox"/>	Housing: Location, Placement and Advocacy Services
<input type="checkbox"/>	Housing: Partial Assistance Rental Subsidy (PARS)
<input type="checkbox"/>	Legal Services
<input type="checkbox"/>	Non-Medical Case Management
<input type="checkbox"/>	Non-Medical Case Management for Housing
<input type="checkbox"/>	Peer Navigation (Referral for Health Care and Support Srvs)
<input type="checkbox"/>	Psycho/social Support Services
<input type="checkbox"/>	Substance Abuse Services (Residential)
<input type="checkbox"/>	Transportation: Assisted & Unassisted

By signing below, I attest that this information is complete and accurate to the best of my knowledge. I understand that if my affiliations change, I must provide a modified COI Disclosure Form to the HPG Support Manager before the next HPG or committee meeting I attend, or within ten (10) working days, whichever comes sooner.

Signature: _____

Date: _____



3. If any member is more than 90 days late in filing a Statement of Economic Interest and/or HIV Planning Group Conflict of Interest (COI) Disclosure Form, the HPG Membership Committee will work with the member on a plan to address the issue or recommend that the HPG send the Board of Supervisors a written recommendation that the individual be terminated from the HPG.
4. Members conflict of interest shall be posted or stated when conflicts exist.



5. During HPG and committee meetings, HPG members shall not refer by name to any service provider that has or is seeking Part A funds. Discussion will focus on service categories rather than individual subrecipients. Members will not use information about individual providers in meetings or decision making, even if the information is available to members through the Public Records and Freedom of Information Act or other sources.
6. When the HPG is developing of a Statement of Work or helping to select a contractor to assist in its work, no member who has an affiliation with an applicant or probable applicant for such a contract may participate in the service standards planning or selection process related to that contract.



7. During HPG or committee deliberations that involve decisions that may affect the funding of an entity where a member has a conflict of interest – such as priority setting, resource allocation, reallocations, development of directives, or authorization of a new service model – that **member may share subject matter expertise only in response to a direct question from another member along with a specific request from the Chair to respond.** If the recipient or another member without a conflict of interest cannot answer the question, the member may answer the question. If a member with a conflict of interest has expertise and considers it important to share relevant information, the member should consult first with the Chair, who will decide whether the member should speak on the issue. The member must always begin by stating the service category(ies) for which the member has a conflict of interest.



8. If the HPG discovers after a vote was taken that a member with a conflict of interest improperly spoke or voted, that vote shall be considered invalid and shall be retaken.
9. When the HPG or a committee is discussing the system of care or specific services but is not making decisions, input is welcome from members with subject matter expertise, regardless of their affiliation. **Such members should state their conflicts of interest before they first speak on the topic**