



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 (HPG) STRATEGIES & STANDARDS COMMITTEE MEETING PACKET

Tuesday, December 06, 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

TABLE OF CONTENTS

Document	Page Number(s)
Continuation of Remote Meetings for Brown Act Boards and Commissions	002 – 004
Letter from Dr. Wooten – Health Officer Teleconferencing Recommendation	005
12/06/2022 Strategies and Standards Agenda	006 – 007
11/01/2022 Strategies and Standards Meeting Minutes	008 – 011
Key Findings Summary Transportation Services	012 – 013
Draft: Competency in Service Design and Delivery	014 – 017
Draft: Trauma Informed Systems of Care Standards	018
Memo: Psychosocial Support Group Service Recommendations	019 – 020
Appendix (Provided for Informational Purposes)	
Psychosocial Support Services	022 – 023

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.



County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES

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



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



County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES
3851 ROSECRANS STREET, MAIL STOP P-578
SAN DIEGO, CA 92110-3134
(619) 531-5800 • FAX (619) 542-4186

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

HIV PLANNING GROUP (HPG) STRATEGIES & STANDARDS COMMITTEE Tuesday, December 06, 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, Jeffery 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 December 6, 2022
- 5) Review and approve minutes from November 1, 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 to include competency standards for disability and trauma informed care
- e) Recommendation from Priority Setting and Resource Allocation Committee (PSRAC) to review service guidelines related to Psychosocial Services (regions, populations)
- 8) New Business
 - a) Conflict of Interest update
- 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 **January 3, 2023 11:30 AM**
 - b) Location: **ZOOM**
- 14) Adjournment



County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES
3851 ROSECRANS STREET, MAIL STOP P-578
SAN DIEGO, CA 92110-3134
(619) 531-5800 • FAX (619) 542-4186

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

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

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

DRAFT MINUTES
Quorum = Seven (7)

Members Present: Allan Acevedo (Co-Chair) Amy Applebaum, Beth Davenport, Moira Mar-Tang, Joseph Mora, Venice Price, Shannon Ransom (Chair), Dr. Winston Tilghman, Jeffery Weber, Michael Wimpie

Members Absent: Lucia Franco, Liz Johnson

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.	
2. ACTION ITEM: Continuance of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e)	<p>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).</p> <p>Motion/Second/Count (M/S/C): Applebaum/Acevedo 8/0</p> <p>Abstention(s): Ransom (abstaining from this and all following votes for remainder of meeting unless there is a tie)</p> <p>Motion carries</p>	
3. Public Comment/Sharing our Concerns	A member of the public expressed concern on the ambiguity of messaging between Getting to Zero and End the Epidemic. The goals of the HIV Planning Group are mostly aligned with Getting to Zero. There was a suggestion to summarize Getting to Zero program and	

Agenda Item	Action	Follow-up
	move on to focus on goals and terminology from End the Epidemic.	
4. Review and approve the agenda for November 1, 2022	<p>Motion: Approve the agenda for the November 1, 2022 meeting as presented.</p> <p>M/S/C: Davenport/Applebaum 8/0</p> <p>Abstention(s): Ransom</p> <p>Motion carries</p>	
5. Review and approve the Minutes for October 4, 2022	<p>Motion: Approve the minutes for the October 4, 2022 meeting as presented.</p> <p>M/S/C: Applebaum/Davenport 7/0</p> <p>Abstentions: Ransom, Mar-Tang</p> <p>Motion carries</p>	
6. Review follow up items from the last meeting	Changes to Universal Standards have been approved.	
7. Old Business		
<p>a) Getting to Zero Community Engagement Plan</p> <p>i. JEDI Principles Implementation</p>	<p>Discussion led by Dr. Delores Jacobs on Getting to Zero Community Engagement Plan updates.</p> <p>Next step is to look at how to best support and select what mechanism to use for the Justice, Equity, Diversity, and Inclusion (JEDI) Principles that were adopted. The committee recommended putting together a new taskforce for support and to act further on those principles. The composition of the taskforce would include at least two (2) Consumers and two (2) Committee Vice-Chairs. The Taskforce would report out at the HPG Retreat in March 2023. A consultant would assist the taskforce with trainings on work force diversity and cultural competency as well as committee dialogue. Taskforce would also begin work with choosing how JEDI Principles are displayed for HPG and other committees.</p> <p>A Work Group will be convened to work on the second part of this charge and will return recommendations to the committee.</p> <p>The following members were interested in joining the taskforce: Liz Johnson, Amy Applebaum, Jeffery Weber, Joe Mora, Michael Wimpie, and Allan Acevedo.</p>	<p>HIV Planning Group (HPG) support staff will ask for year of birth and home district to report member representativeness</p>

Agenda Item	Action	Follow-up
ii. Follow up – Representative RW HIV workforce and future item	A consultant is currently preparing a proposal that will go to the Recipient's office.	
b) Update: Integrated Statewide Strategic Plan	Discussion led by Lauren Brookshire. The California Department of Public Health (CDPH) has provided a draft of the Integrated Plan and is looking for feedback. Document will go to members for feedback. Recipient's office to coordinate with HPG Chair before sending document out for any feedback.	HPG Support Staff will send integrated plan or links to committee members.
c) Consider changes to Transportation Standards and/or Universal Standards to add a requirement that Consumers be assessed for transportation needs	<p>A summary of transportation services was reviewed. Recipient has contacted Health Resources and Services Administration (HRSA) Project Officer for additional information regarding direct and indirect expenses and ride length.</p> <p>Recipient is working on steps that have been identified to streamline eligibility and intake, especially when a Consumer needs transportation as a standalone service. System may do a better job providing reoccurring needs but may be especially problematic for one time: emergency or non-reoccurring need.</p>	Retain on the agenda for future meetings.
d) Review Universal Standards for sensitivity to and language regarding accessibility/ disability needs of RW consumers.	Recipient's office working to develop draft/language. Staff will request an update for the December meeting.	Staff will follow-up with the Recipient's office on the draft language.
8. New Business		
a) Recommendation from Priority Setting and Resource Allocation Committee (PSRAC) to review service guidelines related to Psychosocial Services (regions, populations)	Dr. Jacobs reviewed the recommendations from PSRAC, which asks the Committee to consider if a minimum standard for psychosocial support services should be established for regions and special populations. Ideally this will involve input from Community Engagement (Consumer) Group. Strategies & Standards Committee to review standards as an Action Item. The decision should be made using any available national and regional data.	Keep on agenda for December 6, 2022 meeting.

Agenda Item	Action	Follow-up
b) Brief Conflict of Interest (COI) Training	Conflict of interest presentation by Rodney von Jaeger. Members will receive an HPG COI form to complete and return within the next two weeks.	
9. Update Committee Work Plan		
a) Upcoming Trainings	Committee Work Plan is being drafted and will be reviewed at future meetings.	
10. Recommendations to HPG, HPG committees, and requests of recipient	None.	
11. Suggested items for the future committee agenda	None.	
12. Announcements	<p>Truax Award Nominations are due by 11:59 PM on November 1, 2022.</p> <p>The 4th Annual University of California San Diego Transgender Healthcare Symposium is on December 17, 2022. https://medschool.ucsd.edu/education/cme/learners/education/Pages/transgender-healthcare-symposium.aspx</p>	
13. Confirm next meeting date and time	Tuesday, December 6, 2022 at 11:30 AM Location: Zoom	
14. Adjournment	Meeting adjourned at 1:04 PM.	



**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

Competency in Service Design and Delivery

Local epidemiology in San Diego County indicates that HIV disproportionately impacts some of the County's communities, including gay, bisexual and other men who have sex with men, Black/African American persons, Hispanic/Latinx persons, Transgender persons, persons who inject drugs, and persons who are age 50 or older. These disproportionalities and disparities result largely from marginalization, oppression, discrimination and stigma, along with historical and current structural racism, homophobia, transphobia/gender non-binary phobia, and ableism. These disproportionalities also show up in socio-economic status, poverty, educational attainment, stable employment, stable housing, involvement with carceral systems, and access to systems that support whole-person well-being. Finally, other San Diego communities experience disparities in access to services due to their low proportion of the overall epidemiology, such as women and youth living with or vulnerable to HIV.

In 2020 and 2021, the HIV Planning Group conducted a community engagement project, resulting in several recommendations to ensure the HIV service delivery system funded by the County of San Diego can better serve its residents. These recommendations include developing, implementing and evaluating the effectiveness of systems that:

1. Ensure staff who interact with clients or who have control over systems that clients interact with receive education about the realities of lived experiences of clients served, including discussions of inequitable access, inequitable outcomes, and how both personal interactions and systemic barriers can lead to disparate outcomes.
2. Ensure clients receive education and support to advocate for what they need, speak out when their needs are not being adequately addressed, and receive timely and adequate responses and supports to address their needs.
3. Ensure that clients can communicate in ways they are most comfortable (*e.g.*, Spanish, American Sign Language, Adaptive and Assistive Communication.)
4. Ensure that all entry points can assess whole-person and whole-family wellness, and when requested can provide support in accessing additional services and supports.
5. Ensure that client support needs are assessed and reasonable accommodations are available to allow clients to participate in and receive benefit from services.
6. Recruit staff members with lived experience at all levels of the organization and provide appropriate supports to ensure their success.

To eliminate disparities, all providers must have the ability to provide appropriate and acceptable services to potential and current clients, including persons of color; gay men and other men who have sex with men; men or women vulnerable to HIV; bisexual men and women; transgender individuals; gender non-binary and gender non-conforming individuals; persons who use substances; persons with mental health concerns; and disabled persons. Providers who serve any of these groups must make reasonable accommodations in service provisions to ensure all clients can participate fully in services and achieve the same outcomes.

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

Providers will identify staff and volunteers who can provide bilingual/bicultural services to individuals who need or prefer to communicate in other languages. If there are no staff members or volunteers who can perform this function, the provider will develop alternate methods to ensure language appropriate services are available.

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

Standard	Measure
Agency policies address cultural competency, diversity, inclusiveness.	Documentation in policies of cultural competency, diversity and inclusion requirements.
Intake procedures assess client access issues, including linguistic, literacy and cultural needs, physical accessibility, adaptations and accommodations for disabilities, and service location needs.	Intake documents, policies and/or procedures that demonstrate assessment of required components.
Staff receive a minimum of four hours of annual training on cultural competency	Documentation of all staff trainings on cultural competency

	Copies of curricula, handouts, and any other documentation kept on file that indicate discussions related to inequitable outcomes and interpersonal and systemic sources of disparate outcomes
Staff and volunteers are bilingual and can address the language needs of the populations they serve. If there are no appropriate bilingual staff or volunteers, a plan is in place to ensure language needs are met	Copies of staff credentialing or other indicators that staff are bilingual and can address language needs of client populations served. Copy of written plan to address language needs
Provider has available written materials in languages appropriate for communities being served	Materials available in appropriate languages
Clients receive education and support to advocate for what they need, speak out when their needs are not being adequately addressed, and receive timely and adequate responses and supports to address their needs.	Documentation that clients received support and education to advocate for what they need. Documentation that client concerns were documented and addressed timely and adequately.
All entry points assess whole-person and whole-family wellness, and when requested can provide support in accessing additional services and supports.	Documentation that all entry points assess whole-person and whole-family wellness and linkage to needed services and supports.
Client support needs are assessed and reasonable accommodations are available to allow clients to participate in and receive benefit from services.	Documentation of assessment of client needs

Recruit staff members with lived experience at all levels of the organization and provide appropriate supports to ensure their success.	

Trauma-Informed Services

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

HHSA has adopted the following Trauma-Informed Principles:

- Understanding trauma and its impact to individuals;
- Promoting safety;
- Awareness of cultural, historical, disability, and gender issues, and ensuring competence and responsiveness;
- Supporting consumer empowerment, control, choice, and independence;
- Sharing power and governance (e.g. including clients and staff at all levels in the development and review of policies and procedures);
- Demonstrating trustworthiness and transparency;
- Integrating services along the continuum of care;
- Believing that establishing safe, authentic, and positive relationships can be healing;
- Understanding that wellness is possible for everyone.

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

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

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

Background

The Recipient has requested guidance and information regarding where psychosocial support group services should be deployed (regions) and for whom (priority populations). This request was initially made to the Priority Setting and Resource Allocation Committee who referred the request to the Strategies and Standards Committee. The Strategies and Standards Committee discussed this item in the October meeting.

Below listed are recommendations for the Recipient for committee discussion and approval prior to sending to Steering Committee for concurrence.

1. **Psychosocial support groups service category should include, at minimum, at least one support group in each region: Central, South, East, North, Southeast. Additionally, at least two psychosocial support groups should be available and led in Spanish.**
2. **Additional psychosocial support groups should also be available (upon consumer(s) request and subject to funding availability) focused upon priority populations, e.g., women, youth, transgender populations, long-term survivors and/or groups over age 50, racial/ethnic groups, drug using groups, and other historically overlooked groups living with HIV in San Diego County.**

****Key Standards Information below***

Service Category Definition

Psychosocial Support Services are group services provided to offer support regarding the emotional and psychological issues related to living with HIV. They differ from Mental Health services as they are provided by non-mental health professionals, including trained peers.

Purpose and Goals

The objective of Psychosocial Support Services is to increase client self-efficacy and create a broad-based support system, by promoting problem solving, increased service access and development of selfcare steps towards diseases self-management. In addition, to provide a central and dedicated support contact in order to address and minimize crisis situations and stabilize clients' psychological health status to maintain their participation in the care system.

Intake

Services may be accessed through referral from another Ryan White HIV care and/or support service. Individuals may also self-refer, contingent upon verification of Ryan White eligibility. If the Psychosocial Support Services provider is the client's first contact with HIV Care Program, the client must be screened for eligibility as described in the Universal Standards of Care.

Key Service Components and Activities

Key activities of Psychosocial Support Services may include:
 HIV support groups

Services are provided by non-mental health professionals, or volunteers including trained peers. Funds can be used to cover the cost of both salaries and stipends to facilitators

Psychosocial Support Services must be offered in a way that addresses barriers to accessing health care and uses resources to support positive health outcomes for clients. When relevant, these services should be coordinated with a client's overarching Care Plan.

Exclusions

Funds under this service category may not be used to pay for food or transportation. Providers can identify alternative funding sources to allow for the provision of refreshments and meals during service delivery.

Funds under this service category may not be used to pay for professional mental health services.

Personnel Qualifications

Psychosocial Support Services providers are *not* required to be licensed or registered in the State of California. However, providers should be trained and knowledgeable in HIV-related issues such as available services, treatment, eligibility services, etc. Services may be provided by paid staff or volunteers. Individual supervision and guidance must be available to all staff as needed. All HCP-funded staff and volunteers providing Psychosocial Support Services must complete an initial training session related to their job description and serving those with HIV.



County of San Diego

NICK MACCHIONE, FACHE

AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY

PUBLIC HEALTH SERVICES

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

PUBLIC HEALTH OFFICER

3851 ROSECRANS STREET, MAIL STOP P-578

APPENDIX

(Page 021)

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.

Psychosocial Support Services

Service Category Definition

Psychosocial Support Services are group services provided to offer support regarding the emotional and psychological issues related to living with HIV. They differ from Mental Health services as they can be provided by non-mental health professionals, including trained peers.

Purpose and Goals

The objective of Psychosocial Support Services is to increase client self-efficacy and create a broad-based support system, by promoting problem solving, increased service access and development of selfcare steps towards diseases self-management. In addition, to provide a central and dedicated support contact in order to address and minimize crisis situations and stabilize clients' psychological health status to maintain their participation in the care system.

Intake

Services may be accessed through referral from another Ryan White HIV care and/or support service. Individuals may also self-refer, contingent upon verification of Ryan White eligibility. If the Psychosocial Support Services provider is the client's first contact with HIV Care Program, the client must be screened for eligibility as described in the Universal Standards of Care.

Key Service Components and Activities

Key activities of Psychosocial Support Services may include:

- HIV support groups
- Services may be provided by a trained staff or volunteer, including peers
- Funds can be used for cover the cost of both salaries and stipends to facilitators

Psychosocial Support Services must be offered in a way that addresses barriers to accessing health care and uses resources to support positive health outcomes for clients. When relevant, these services should be coordinated with a client's overarching Care Plan.

Exclusions

Funds under this service category may not be used to pay for food or transportation. Providers can identify alternative funding sources to allow for the provision of refreshments and meals during service delivery.

Funds under this service category may not be used to pay for professional mental health services.

Each group is one Unit of Service (UOS). When clients attend group-related services, sign-in sheets should be maintained and UOS should be allotted for each client (e.g., if five clients attend a one-hour support group, the service should be recorded for each client).

Standard	Measure
Staff ensures clients' eligibility and needs	Documentation that psychosocial services funds are used only to support eligible activities listed above.
Staff ensures clients are connected to the appropriate services when needed.	Documentation of all services provided/offered to clients.

Personnel Qualifications

Psychosocial Support Services providers are not required to be licensed or registered in the State of California. However, providers should be trained and knowledgeable in HIV-related issues such as available services, treatment, eligibility services, etc. Services may be provided by paid staff or volunteers. Individual supervision and guidance must be available to all staff as needed. All HCP-funded staff and volunteers providing Psychosocial Support Services must complete an initial training session related to their job description and serving those with HIV. Training, as well as ongoing annual training as appropriate for their position. Training must be clearly documented and tracked for monitoring purposes. Training topics must include:

- General HIV knowledge such as transmission, care, and prevention
- Privacy requirements and HIPAA regulations
- Navigation of the local system of HIV care

Standard	Measure
Staff will meet minimum qualifications	Documentation of completion training sessions and the ongoing annual training.
Staff will be trained in or have relevant experience in core competencies: <ul style="list-style-type: none"> - Active listening and other one-on-one support skills - Group facilitation (if applicable) - Conflict de-escalation/resolution - Roles and responsibilities of peer emotional support - Client assessment skills, including: Conducting an initial needs assessment (as appropriate to job function), identifying an individual at imminent risk who is in need of a higher level of support - Awareness of resources for appropriate referral 	Documentations in personnel/volunteer file.