



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, February 07, 2023 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
02/07/2023 Strategies and Standards Agenda	006 – 007
FYI: 01/03/2023 Strategies and Standards Meeting Cancellation	008
12/06/2022 Strategies and Standards Meeting Minutes	009 – 012
Draft: Competency in Service Design and Delivery (Tracked Changes from 12.13.2022)	013 – 016
Draft: Trauma Informed Systems of Care Standards	017
Appendix (Provided for Informational Purposes)	
Key Findings Summary Transportation Services	019 – 020

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 (HPG) STRATEGIES & STANDARDS COMMITTEE **Tuesday, February 07, 2023 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 February 7, 2023
- 5) Review and approve minutes from December 6, 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 – consultant for HPG's JEDI workforce
 - b) **Update:** Integrated Statewide Strategic Plan
 - c) Consider changes to Transportation Standards
 - i) Review key findings from Clinical Quality Management (CQM) Committee
 - d) Review draft changes to Universal Standards

- i) **For Approval:** Competency in Service Design and Delivery
 - ii) **Discussion:** Review draft changes to Trauma-Informed Care
- 8) New Business
 - a) **Discussion:** Annual review of data requests to the Recipient
 - b) **Discussion:** Discuss committee location for in-person meetings
- 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 **March 7, 2023 11:30 AM**
 - b) Location: **TBD**
- 14) Adjournment



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

Tuesday, January 3, 2023
11:30 AM – 1:00 PM
Meeting by ZOOM

DRAFT MINUTES
Quorum = Seven (7)

Members Present: N/A

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

Agenda Item	Action	Follow-up
1. Welcome and moment of silence, comments from the Chair	At the direction of the Strategies & Standards Committee Chair, the meeting on Tuesday, January 3, 2023 was canceled .	



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

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

DRAFT MINUTES
Quorum = Seven (7)

Members Present: Amy Applebaum, Beth Davenport, Lucia Franco, Moira Mar-Tang, Joseph Mora, Venice Price, Shannon Ransom (Chair), Jeffery Weber, Michael Wimpie

Members Absent: Allan Acevedo (Co-Chair), Liz Johnson, Dr. Winston Tilghman

Agenda Item	Action	Follow-up
1. Call to order	Shannon Ransom established that a quorum was present and called the meeting to order at 11:34 AM.	
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/Davenport 8/0 Abstention(s): Ransom Motion carries	
3. Public Comment/Sharing our Concerns	Congratulations to Beth Davenport for earning her Ph.D.	
4. Review and approve the agenda for December 6, 2022	Motion: Approve the agenda for the December 6, 2022 meeting as presented. M/S/C: Davenport/Weber 8/0 Abstention(s): Ransom Motion carries	

Agenda Item	Action	Follow-up
5. Review and approve the Minutes for November 1, 2022	<p>Motion: Approve the minutes for the November 1, 2022 meeting as presented.</p> <p>M/S/C: Applebaum/Weber 8/0</p> <p>Abstentions: Ransom</p> <p>Motion carries</p>	
6. Review follow up items from the last meeting	<p>a) Getting to Zero Community Engagement Plan</p> <p>a. Pending: HIV Planning Group (HPG) support staff will ask for year of birth and home district to report member representativeness</p> <p>b) Integrated Statewide Strategic Plan</p> <p>a. Complete: HPG Support Staff will send an integrated plan or links to committee members.</p> <p>c) Review Universal Standards to include Competency Standards for Disability and Trauma Informed Care</p> <p>a. Complete: Staff will follow-up with the Recipient's office on the draft language.</p>	
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>Last meeting several members volunteered to be a part of the working taskforce. Task force will work on retreat goals. The retreat is tentatively scheduled for the end of March 2023.</p>	
<p>ii. Follow up – Representative RW HIV workforce and future item</p>	<p>A consultant is preparing a proposal that will go to the Recipient's office.</p> <p>Further discussion will take place at Agenda Item 7d).</p>	
<p>b) Update: Integrated Statewide Strategic Plan</p>	<p>Discussion led by Patrick Loose.</p> <p>The California Department of Public Health (CDPH) has provided a draft of the Integrated Plan and is looking for additional feedback. Feedback is open for Phase II implementation.</p> <p>The following link was provided for the draft Integrated Plan:</p> <p>https://assets.adobe.com/public/0ffc8d38-5cd7-4bf8-69b8-8cb2497f4ead</p>	

Agenda Item	Action	Follow-up
<p>c) Consider changes to Transportation Standards and/or Universal Standards to add a requirement that Consumers be assessed for transportation needs</p>	<p>Dr. Jacobs led the discussion, and transportation services were reviewed.</p> <p>People served inside and outside the Ryan White system do not have easy access to transportation. Transportation, as it is currently deployed to various providers who create some internal infrastructures, does a great job of serving their clients, but consumers without case management have a challenging time accessing transportation. Potential barriers to access that were mentioned included redundant documentation, differences in types of transportation options and procedures required, the cost of gas, and childcare responsibilities.</p> <p>Patrick Loose from HSHB reported that they are working with Administrative Services on a universal eligibility process to eliminate the need for individual providers to request redundant documentation and hope for completion by March 2023.</p> <p>Members agreed to bring the topic of changes to the Transportation Standards for Clinical Quality Management (CQM) Committee rather than creating a separate work group. Regarding timing, it was stated that the projected work time and implementation process may take longer than two (2) months to complete.</p>	<p>HPG Support Staff will coordinate with Dr. Dustin Walker and CQM to get the announcement the about the next CQM meeting on December 20, 2022.</p>
<p>d) Review Universal Standards to include competency standards for disability and trauma informed care</p>	<p>Drafts of competency standards for disability and trauma informed care were presented at the meeting, Dr. Jacobs suggested that “Cultural Humility and Competency” be used in place of “Cultural competency”</p> <p>Dr. Jacobs will work on additional revisions to Trauma Informed Care.</p>	<p>HPG Support Staff to put together draft of competency standards with tracked changes to present at next meeting.</p>
<p>e) Recommendation from Priority Setting and Resource Allocation Committee (PSRAC) to review service directive related to</p>	<p>Motion: Recommendation of service directive related to Psychosocial Services as provided in meeting packet. M/S/C: Wimpie/Mora 8/0 Abstention(s): Ransom Motion carries</p>	<p>Forward the recommendation for approval of service directives related to Psychosocial Services to the Steering Committee for concurrence.</p>

Agenda Item	Action	Follow-up
Psychosocial Services (regions, populations)		
8. New Business		
a) Conflict of Interest (COI) Update	This will be done in the new year with Form 700, Ethics training, and other requirements.	
9. Update Committee Work Plan		
a) Upcoming Trainings	Presentation by UCSD Molecular Biology Group – Triumph Study a) No date solidified yet. Work with Dr. Susan Little to set up a training/presentation in January or February 2023 regarding the Triumph Study.	
10. Recommendations to HPG, HPG committees, and requests of recipient	None currently.	
11. Suggested items for the future committee agenda	None currently.	
12. Announcements	HPG Committee meeting is taking place on the third week of the month instead of the fourth week due to the holiday.	
13. Confirm next meeting date and time	Tuesday, January 3, 2023 at 11:30 AM Location: Zoom Reminders will be sent out earlier due to the County holiday closure on Monday, January 2 nd .	
14. Adjournment	Meeting adjourned at 12:56 PM.	

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~~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~~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~~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~~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~~cultural humility and 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~~cultural humility and 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 <u>cultural humility and competency</u> , diversity, inclusiveness.	Documentation in policies of cultural competency <u>cultural humility and competency</u> , diversity <u>diversity</u> , 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.

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<p>Staff receive a minimum of four hours of annual training on cultural competency <u>cultural humility and competency</u></p>	<p>Documentation of all staff trainings on cultural competency <u>cultural humility and competency</u></p> <p>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</p>
<p>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</p>	<p>Copies of staff credentialing or other indicators that staff are bilingual and can address language needs of client populations served.</p> <p>Copy of written plan to address language needs</p>
<p>Provider has available written materials in languages appropriate for communities being served</p>	<p>Materials available in appropriate languages</p>
<p>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.</p>	<p>Documentation that clients received support and education to advocate for what they need.</p> <p>Documentation that client concerns were documented and addressed timely and adequately.</p>
<p>All entry points assess whole-person and whole-family wellness, and when requested can provide support in accessing additional services and supports.</p>	<p>Documentation that all entry points assess whole-person and whole-family wellness and linkage to needed services and supports.</p>

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Client support needs are assessed <u>assessed</u> , 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.	

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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



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APPENDIX

(Page 018)

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.



**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