

## STRATEGIES AND STANDARDS COMMITTEE



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

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

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# Meeting Location & Directions:

## Strategies and Standards Committee

Tuesday, June 3, 2025

3:00 PM - 4:30 PM

## **Southeastern Live Well Center**

5101 Market Street

San Diego, CA 92114

Tubman Chavez Room A



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

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

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

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

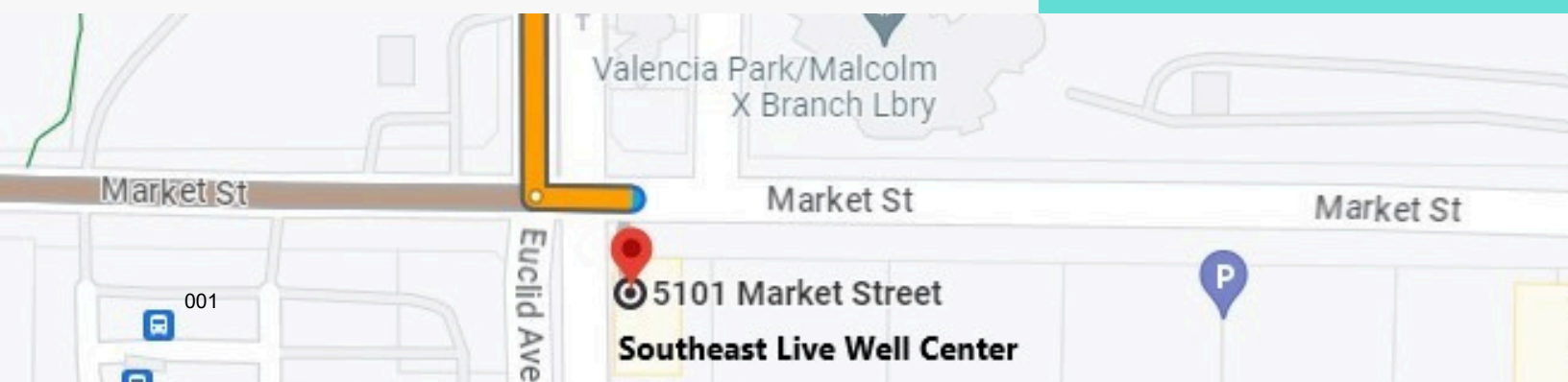
1. Head southeast on I-805 South.
2. Take exit 13A for CA-94-E/M L King Jr. Fwy.
3. Merge onto CA-94 E.
4. Take exit 4A for Euclid Ave.
5. Turn left onto Euclid Ave.
6. Use the left 2 lanes to turn left onto Market St.
7. The destination will be on your right.



## **PUBLIC TRANSPORTATION**

**MTS Trolley:**  
Orange Line

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



## STRATEGIES & STANDARDS COMMITTEE



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

### To participate remotely via Zoom:

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

Call in: +1 (669) 444-9171

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

**Password:** 630634

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

### A quorum for this meeting is seven (7)

**Committee Members:** Nicole Aguilar | Amy Applebaum | Juan Conant | Beth Davenport | Michael King | Skyler Miles | Joseph Mora | Veronica Nava | Ivy Rooney | Dr. Winston Tilghman | Jeffery Weber | Michael Wimpie (Chair)

## ORDER OF BUSINESS

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

## STRATEGIES AND STANDARDS COMMITTEE



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

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

**Committee Members:** Nicole Aguilar | Amy Applebaum | Joseph Mora | Ivy Rooney | Jeffery Weber | Michael Wimpie (Chair)

**Members Absent:** Beth Davenport | Venice Price | Winston Tilghman

### MEETING MINUTES

Agenda Item	Discussion/Action	Follow-Up
1. Call to order, introductions, comments from the chair, and a moment of silence	Michael Wimpie called the meeting to order at 3:07 PM. Introductions were had.	
2. Public comment (for members of the public)	None	
3. Sharing our concerns (for committee members)	None	
4. <b>ACTION:</b> Approve the Strategies and Standards Committee agenda for February 4, 2025	<b>Motion:</b> Approve the Strategies and Standards Committee agenda for February 4, 2025 <b>Motion/Second/Count (M/S/C):</b> Applebaum/Weber/5-0 <b>Abstentions:</b> none <b>Motion carries</b>	
5. <b>ACTION:</b> Approve the Strategies and Standards Committee meeting minutes from December 3, 2024	<b>Motion:</b> Approve meeting minutes for December 3, 2024 <b>M/S/C:</b> Weber/Applebaum/4-0 <b>Abstentions:</b> Aguilar, Mora <b>Motion carries</b>	
6. Review follow-up items from last meeting	<ul style="list-style-type: none"><li>• HPG Support Staff (HPG SS) will send the updated Transportation Standards draft to the committee and will include it in the February 2025 meeting for review – <b>completed</b></li><li>• HPG SS will obtain input from the committee members and bring the updated Universal Standards draft with tracked changes to the February 2025 meeting for review and approval – <b>completed</b></li><li>• HPG SS will add all suggestions to the Work Plan – <b>completed</b></li></ul>	

## STRATEGIES AND STANDARDS COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
7. Old Business		
<p>a. <b>ACTION:</b> Approve Transportation Service Standards</p>	<p><b>Motion:</b> Approve the Transportation Service Standards as presented with the following new dot point addition:  “Ride sharing for safety or other reasons is at the discretion of the case manager”  <b>M/S/C:</b> Aguilar/Mora/6-0  <b>Discussion:</b> There have been concerns about clients using public transportation due to deportation risk. Language needs to be incorporated to address safety. Another barrier may be Humana canceling transportation coverage.  Recommendations:</p> <ul style="list-style-type: none"> <li>- Add a new dot point about safe transportation under unassisted transportation within key service components section. Ride sharing is allowable due to other concerns (i.e., safety, family members) in consultation with the case manager. HSHB office will inform providers about these changes to the Transportation service standards and allowable services.</li> </ul> <p>The committee proposed to include ridesharing and taxi services as alternative modes due to safety concerns, particularly affecting young people and women. Transportation is provided through insurance for clients, particularly curb-to-curb ride-sharing services like Uber and Lyft. These rides are billed to insurance rather than tapping into other service budgets.</p> <p>The discussion raised the following important key points:</p> <ol style="list-style-type: none"> <li>1. Awareness &amp; Accountability: All providers and clients must be fully informed about the transportation options through managed care plans. These plans already include door-to-door transportation, which can significantly reduce reliance on public</li> </ol>	<p>Forward to the HPG for approval.</p>

## STRATEGIES AND STANDARDS COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<p>transit, thereby enhancing our collective responsibility.</p> <p>2. Limitations &amp; Case-by-Case Decisions: Insurance-based transportation often requires advance scheduling, sometimes 24-hour notice. In cases of urgent needs, alternative options may be necessary.</p> <p>3. Safety Considerations: Safety concerns are a priority, especially in cases such as domestic violence. It is suggested that language be incorporated into policies to allow case managers discretion in approving ride-sharing services when safety concerns exist.</p> <p>4. Balancing Cost &amp; Accessibility: While ridesharing is an option, budget constraints must be considered. The County team monitors contracts and spending to ensure funds are used appropriately and within the intended guidelines.</p> <p>5. Policy Language Refinement: The best phrase for policies regarding transportation funding, focusing on achieving a balance between specificity and flexibility.</p> <p>6. Contract Monitoring &amp; Compliance: Given that the County is responsible for contracting with providers, there will be continuous oversight to ensure that funds are used as intended and that providers adhere to the established guidelines and ongoing monitoring</p> <p><b>Abstentions:</b> none</p> <p><b>Motion carries</b></p>	
<p>b. <b>ACTION:</b> Approve the Universal Service Standards</p>	<p><b>Motion:</b> Approve the Universal Service Standards as presented with the changes noted below.</p> <p><b>M/S/C:</b> None</p> <p><b>Discussion:</b> The committee recommended the following changes:</p> <ul style="list-style-type: none"> <li>- Incorporate trauma-informed care as a step before disciplinary action (page 6).</li> <li>- Consistent training and embracing of practices among all clinic staff are important. Under Termination of</li> </ul>	<p>HPG SS will send the word document to the committee for additional input and return the Universal Service Standards to the committee for review and approval at its next meeting.</p>

## STRATEGIES AND STANDARDS COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	Services, to what does the second dot point refer? <b>Motion not made</b>	
c. <b>ACTION:</b> Approve the Trauma-Informed Care document	<b>Motion:</b> Approve the Trauma-Informed Care document as presented <b>M/S/C:</b> None <b>Discussion:</b> <ul style="list-style-type: none"> <li>- Is this a complementary document that gets incorporated into the Service Standards or a separate document?</li> </ul> <b>Motion not made</b>	
8. New Business		
a. <b>ACTION:</b> Review and approve the Anti-Racism Statement	<b>Motion:</b> Approve the Anti-Racism Statement as presented: "To create a supportive environment where all members can feel heard, valued, and respected with acknowledgement to the voice and differential treatment of all cultural backgrounds". <b>M/S/C:</b> Rooney/Weber/6-0 <b>Abstentions:</b> none <b>Motion carries</b>	HPG SS will forward the statement to the Steering Committee for approval.
b. <b>Review:</b> Emergency Financial Assistance and Housing Service Standards	The committee reviewed the service standard and noted the following: <ul style="list-style-type: none"> <li>- The length of the term for Partial Assistance Rental Subsidy (PARS) has been a topic of discussion for some time.</li> <li>- Change the amount of time one can be on the waiting list and allow new applicants receive priority over repeat applicants.</li> </ul> The committee will review the service standards further at its next meeting.	HPG SS will return the service standards to the committee for further review at its next meeting.
9. Routine Business		
a. <b>Discussion:</b> Recommendations from Priority Setting & Resource Allocation Committee (PSRAC)	None	
b. <b>Review:</b> Committee Attendance	Reviewed	

## STRATEGIES AND STANDARDS COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
c. Recommendations to the HIV Planning Group (HPG), HPG committees, and requests of recipient	None	
d. Suggested items for future committee agenda	None	
10. Announcements	None	
11. Next meeting date	<b>Date:</b> Tuesday, April 1, 2025 <b>Time:</b> 3:00 PM – 4:30 PM <b>Location:</b> Southeastern Live Well Center; 5101 Market St, San Diego, CA 92114 (Tubman Chavez Room A)	
12. Adjournment	Meeting adjourned at 4:31 PM.	



## Introduction

The purpose of The Ryan White HIV/AIDS Program (Ryan White) is to find people with Human Immunodeficiency Virus (HIV) who are not receiving primary care, link them to primary care and services, and keep them linked over time. Two primary benefits result. The first is the personal health benefit. Those adherent to ERT can achieve viral suppression, at which point the virus can no longer do additional damage to their immune system. The second is a public health benefit. Those who are virally suppressed cannot transmit HIV sexually to others.

The development and deployment of non-medical case management is designed to build important and transferrable experience in the care coordination needs of persons vulnerable to HIV acquisition, including partnerships with workforce development, permanent supportive housing, trauma-informed medical and behavioral health services, and information and resource referral systems. Ongoing augmentations to MediCal ensure the ability to transition many clients who require ongoing care coordination and service planning to other knowledgeable providers. This also allows transition of existing HIV prevention services funded by other sources to expand navigation efforts to include non-medical case management for clients who do not have access to those services through other means.

Despite the extensive HIV infrastructure available in San Diego County, a critical service gap remains for persons who are HIV-negative and vulnerable to acquisition. While navigation and linkage assistance are available to help them obtain PrEP, there is a need for ongoing care coordination, service planning and support in accessing additional medical and support services to increase their success in adhering to PrEP and remaining HIV-negative. Thus, the addition of non-medical case management for these residents is a core component of our approach.

The overall intent is to fully integrate testing, treatment and prevention activities into ongoing HIV planning and community engagement efforts by working with the HIV Planning Group to fully integrate service standards and service planning. The full integration of the HIV Planning Group allows structural changes that ensure the integration is a permanent, ongoing feature.

Populations of focus for these services are those most disproportionately impacted by HIV including Black/African American gay, bisexual or other men who have sex with men (MSM), Hispanic/Latino MSM, trans-persons, and persons who inject drugs.

## Non-Medical Case Management

### Service Category Definition

Non-medical case management services provide guidance and assistance in accessing medical, social, community, legal, financial and other services needed by people living with **or vulnerable to acquiring HIV**. Non-medical case management services may also include assisting eligible clients to obtain access to other public and private programs and resources for which they may be eligible, such as health insurance marketplace plans, Medi-Cal, Medi-Cal Part D, AIDS Drug Assistance Program (ADAP), Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services. This category does not include treatment adherence.

The objective of non-medical case management services is to provide guidance and assistance in improving access to needed services, whereas the objective of medical case management services is to improve health care outcomes.

### Purpose and Goals

The goal of non-medical case management services is to improve access to medical, social, community, legal, financial and other needed services for clients while increasing self-sufficiency.

### Intake

Case managers shall assess client need for the service based on a standardized assessment tool. Client must demonstrate that they are able to access or remain in HIV medical care to qualify for non-medical case management services.

### Exclusions

Clients who receive HIV non-medical case management from any other funding source are not eligible for this service. Clients with no need for the services based on their assessment may be referred to other services.

### Key Service Components and Activities

These services include several methods of communication, including face-to-face, phone contact and any other forms of communication deemed appropriate by the Ryan White Program recipient. Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every six months with adaptations as necessary
- Ongoing assessment of the client's needs and personal support systems
- Timely and coordinated access to appropriate levels of health and support services and continuity of care
- Client-specific advocacy and/or review of utilization of services

### Personnel Qualifications

Non-medical case management services are to be provided by individuals trained in or experienced with the local HIV service delivery system who have at least a high school diploma or GED equivalency, with a minimum of two years related professional or volunteer experience.

### Assessment and Service Plan

An individual care plan serves as the guiding document for case management activities and is based upon the results of the initial assessment. The individual care plan must be monitored regularly during client visits and should be updated at least every six months during client enrollment.

An individual care plan is based on the completed comprehensive assessment, and includes the following:

- Clear description of priority areas for needed services
- Measurable objectives and specific action steps to be taken by the client and the case manager, with timelines
- Expected outcomes and goals
- Regularly updated progress notes
- Documentation of phone or face-to-face contact with client at least once every 30 days to discuss changes and progress toward meeting goals of

client Individual Care Plan

- Updates after reassessment at least once every six months, more frequently as needed
- Documentation of all meetings with client via phone or in-person, to be held at least once every 30 days to discuss changes and progress toward meeting goals

The case manager is to provide regular follow-up procedures to encourage and help maintain a client in medical care. Documentation of all attempts to contact the client shall be in the progress notes. Follow-up may include telephone calls, written correspondence and direct contact.

Wherever possible, continuity of care shall be maintained by minimizing changes to the individual case manager assigned to work with the client. When a change of individual case manager is necessary, providers shall work to ensure the transition of care is as smooth as possible.

## Universal Standards

### Intake Requirements

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

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

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

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

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

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

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

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

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

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

### Client Rights and Responsibilities

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

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

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

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

### Complaint and Grievance Process

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

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

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

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

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

The following is the Goldenrod process:

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

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

### Case Closure

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

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

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

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

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

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

### Termination of Services

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

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

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

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

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

### Cultural and Linguistic Competency

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

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

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

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



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

### Privacy and Confidentiality

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

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

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

The form must contain:

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

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

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

## Trauma-Informed Services

The County of San Diego Health and Human Services Agency (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 everyone experiences trauma in different ways and a recognition that trauma can affect people's physical, mental, emotional, and spiritual well-being.
- Trauma-informed practices are interwoven through the system and are present in ongoing trainings, supervision, and daily operations.
- Understanding that wellness is possible for everyone.

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

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

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

## Emergency Financial Assistance and Housing

### Service Category Definition

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

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

#### **Housing:**

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

### Purpose and Goals

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

### Intake

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

### Key Service Components and Activities

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

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

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

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

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

### Housing:

Housing assistance is provided in the form of:

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

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

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

### Exclusions

#### Housing services **may not**:

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

### Assessment and Service Plan

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

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

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

# STRATEGIES AND STANDARDS COMMITTEE

## 2025 TRAINING/WORK PLAN

MEETING DATE	OBJECTIVES
February 4, 2025	<ul style="list-style-type: none"> <li>Review and update: <ul style="list-style-type: none"> <li>Emergency Financial Assistance and Housing Standards</li> </ul> </li> <li>Continue to review and update: <ul style="list-style-type: none"> <li>Universal Standards</li> <li>Trauma-Informed Care</li> <li>Transportation Standards</li> </ul> </li> </ul>
April 1, 2025	No meeting
June 3, 2025	<ul style="list-style-type: none"> <li>Review and update: <ul style="list-style-type: none"> <li>Service Standards Introduction</li> <li>Non-Medical Case Management Standards</li> <li>Prevention-Outreach Standards</li> </ul> </li> <li>Continue to review and update: <ul style="list-style-type: none"> <li>Universal Standards</li> <li>Trauma-Informed Care</li> <li>Emergency Financial Assistance and Housing Standards</li> </ul> </li> </ul>
August 5, 2025	<ul style="list-style-type: none"> <li>Approve: <ul style="list-style-type: none"> <li>Service Standards Introduction</li> <li>Non-Medical Case Management Standards</li> <li>Prevention-Outreach Standards</li> </ul> </li> <li>Approve: <ul style="list-style-type: none"> <li>Universal Standards</li> <li>Trauma-Informed Care</li> <li>Emergency Financial Assistance and Housing Standards</li> </ul> </li> </ul>
October 7, 2025	<ul style="list-style-type: none"> <li>Review data on newly funded service categories</li> <li>Develop Standards for Medical Advocacy</li> </ul>
December 7, 2025	<ul style="list-style-type: none"> <li></li> </ul>

**HIV PLANNING GROUP**  
**6-MONTH COMMITTEE TRACKING**  
**May 2024 - April 2025**

<b>STRATEGIES</b>	<b>May</b>	<b>Jun</b>	<b>July</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>#</b>
<b>Total meetings</b>	0	1		1		1		1		1		0	5
<b>(10) Members</b>													
<b>Aguilar, Nicole</b>										*		NM	0
<b>Applebaum, Amy</b>	NQ	*		*		*		*		*		NM	0
<b>Conant, Juan</b>										*		NM	0
<b>Davenport, Beth</b>	NQ	*		*		*		*		1		NM	1
<b>Mora, Joseph</b>	NQ	*		*		1		1		*		NM	2
<b>Price, Venice</b>	NQ	EC		1		1		1		1		NM	4
<b>Rooney, Ivy</b>	NQ	*		*		*		*		*		NM	0
<b>Tilghman, Winston</b>	NQ	1		*		*		*		1		NM	2
<b>Weber, Jeffery</b>	NQ	*		*		*		*		*		NM	0
<b>Wimpie, Michael <sup>c</sup></b>	NQ	*		*		*		*		*		NM	0

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

\* = Present

1 = Absent for the month

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

JC = Just Cause

EC = Emergency Circumstance

NM = No Meeting

NQ = No Quorum



# San Diego HIV Planning Group INVITES YOU TO THE HAPPYVILLE EXERCISE

The San Diego HIV Planning Group (HPG) is hosting a fun and interactive priority setting and budget allocation exercise where you can learn all about the key parts of the HIV care and prevention planning processes! For questions, email [hpg.hhsa@sdcounty.ca.gov](mailto:hpg.hhsa@sdcounty.ca.gov), or visit [sdplanning.org](http://sdplanning.org).

**This exercise is open to the public, and  
food will be provided!**

**WEDNESDAY, JULY 16, 2025**

**3:00 PM - 5:00 PM**

**Southeastern Live Well Center**  
5101 Market St, San Diego, CA 92114  
(Tubman Chavez Room A)

**Join virtually at**

<https://bit.ly/Happyville2025>





**El Grupo de Planificación del VIH  
en San Diego**

# TE INVITA A LA EJERCICIO DE HAPPYVILLE

El Grupo de Planificación del VIH de San Diego (HPG) está organizando una actividad divertida e interactiva para establecer prioridades y asignar presupuesto, donde podrás aprender todo sobre los aspectos clave del proceso de planificación.

Si tienes preguntas, envía un correo electrónico a [hpg.hhsa@sdcounty.ca.gov](mailto:hpg.hhsa@sdcounty.ca.gov) o visita [sdplanning.org](http://sdplanning.org)

**¡Este ejercicio es para todos y habrá  
comida disponible!**

**MIÉRCOLES 16 DE JULIO DE 2025**

**15:00 - 17:00**

**Southeastern Live Well Center**  
5101 Market St, San Diego, CA 92114  
(Tubman Chávez Sala A)

**Únete virtualmente en**  
<https://bit.ly/Happyville2025>

# ASSEMBLY BILL (AB) 2302: THE USE OF JUST CAUSE AND EMERGENCY CIRCUMSTANCES (2025)

## (An Amendment to AB 2449)

If the physical attendance quorum requirement is met, AB 2302 permits a member who is not physically present to request virtual attendance at the local legislative body’s meeting under two circumstances: (1) for “just cause” and (2) due to “emergency circumstances”.

Qualifying Reason	Provisions to Attend Remotely	Requirements/Limitations
<p><b>“Just Cause”</b></p>	<ul style="list-style-type: none"> <li>There is a childcare or caregiving need (for a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner) that requires the member to participate remotely.</li> <li>A contagious illness prevents the member from attending the meeting in person.</li> <li>There is a need related to a defined physical or mental disability that is not otherwise accommodated for.</li> <li>Traveling while on official business of the legislative body or another state or local agency.</li> </ul>	<p>A member is limited to <u>two (2)</u> virtual attendances due to “just cause” per calendar year.</p>
<p><b>“Emergency Circumstances”</b></p>	<p><b><i>“A physical or family medical emergency that prevents a member from attending the meeting in person.”</i></b></p> <p>A member is <u>not</u> required to disclose any medical diagnosis or disability, or any personal medical information that is already exempt from existing law.</p>	<p><b>A member of the legislative body must:</b></p> <ol style="list-style-type: none"> <li>Make a request to the body to allow the member to meet remotely due to an emergency circumstance; and</li> <li>Provide a general description of no more than 20 words of the circumstance justifying such attendance.</li> </ol> <p>A request from a member to attend remotely requires that the legislative body take action and <u>approve</u> the remote attendance at the start of the meeting for the member to be allowed to participate remotely for that meeting<sup>1</sup>.</p>

<sup>1</sup>If the request does not allow sufficient time to be placed on the agenda as a proposed action item, then the legislative body may take action at the beginning of the meeting.

### Additional Requirements for a Member Participating Remotely

In addition to making a request either for “just cause” or due to an “emergency circumstance” for remote appearance, AB 2302 imposes the following three (3) additional requirements on legislative body members seeking to appear remotely at public meetings:

- The member:
  - Notifies the legislative body at the earliest opportunity possible, including at the start of a regular meeting, of their need to participate remotely for just cause, including a general description of the circumstances relating to their need to appear remotely at the given meeting. **OR**
  - Requests the legislative body to allow them to participate in the meeting remotely due to emergency circumstances and the legislative body takes action to approve the request. (See “requirements/limitations” for the use of emergency circumstances.)
- The member shall publicly disclose at the meeting before any action is taken, whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member’s relationship with any such individuals.
- The member shall participate through both audio and visual technology.