

STRATEGIES AND STANDARDS COMMITTEE



Tuesday, July 7, 2026, 3:00 PM – 4:30 PM
County Operations Center
5530 Overland Ave, San Diego, CA 92123
(Meeting Room 124)

The Charge of the Strategies & Standards Committee: To oversee the Integrated Plan and make recommendations to adjust objectives, strategies, and activities to promote the Getting to Zero (GTZ).

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Meeting Location & Directions:

Strategies and Standards Committee

Tuesday, July 7, 2026

3:00 PM – 4:30 PM

County Operations Center

5530 Overland Ave

San Diego, CA 92123

(Training Room 124)



FROM I-163 SOUTH:

1. Take I-163 North to Exit 8 for Kearny Villa Road.
2. Keep right, follow signs for Kearny Villa Road.
3. Turn right onto Chesapeake Dr.
4. County Operations Center will be on your right.

FROM I-15 SOUTH:

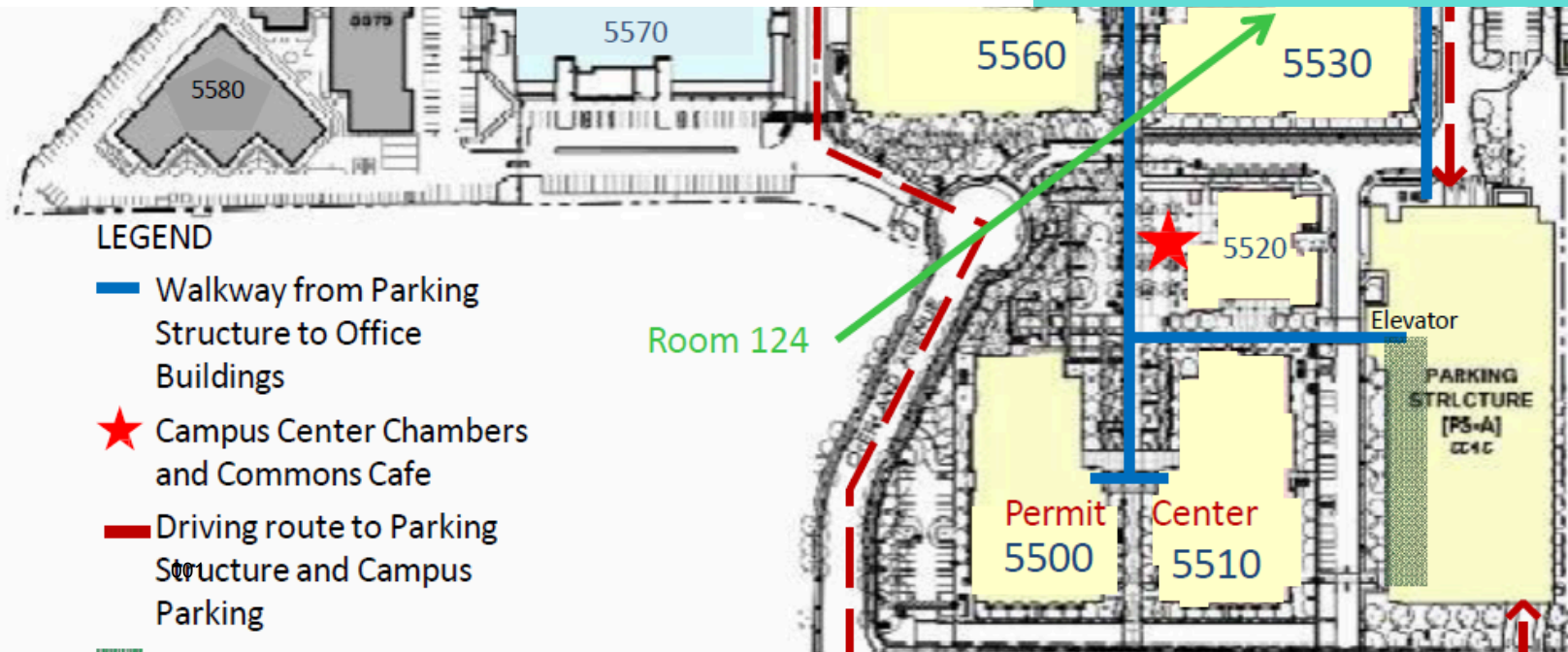
1. Take I-15 North to Exit 10 for Clairemont Mesa Blvd.
2. Turn left onto Clairemont Mesa Blvd.
3. Turn right onto Overland Ave.
4. Continue straight to stay on Overland Ave.



PUBLIC TRANSPORTATION

MTS Bus Routes:

25, 235, 928



Training Room 124



FROM TROLLEY & BUS:

1. Take the Blue Trolley Line to the Balboa Avenue Transit Center.
2. Walk to Balboa Ave & Moraga Ave bus stop (about 7-minute walk, 0.3 miles).
3. Take Route 27 bus from Balboa Ave & Moraga Ave to Complex Dr & Clairemont Mesa Blvd.
4. Head north on Complex Dr.
5. Cross the street and turn right on Clairemont Mesa Blvd (after U.S. Bank Branch on the right).
6. Cross the street and turn left onto Overland Ave. and head north.
7. Enter east through County Operations Center entrance/black gate. **Building 5530** will be on your left.

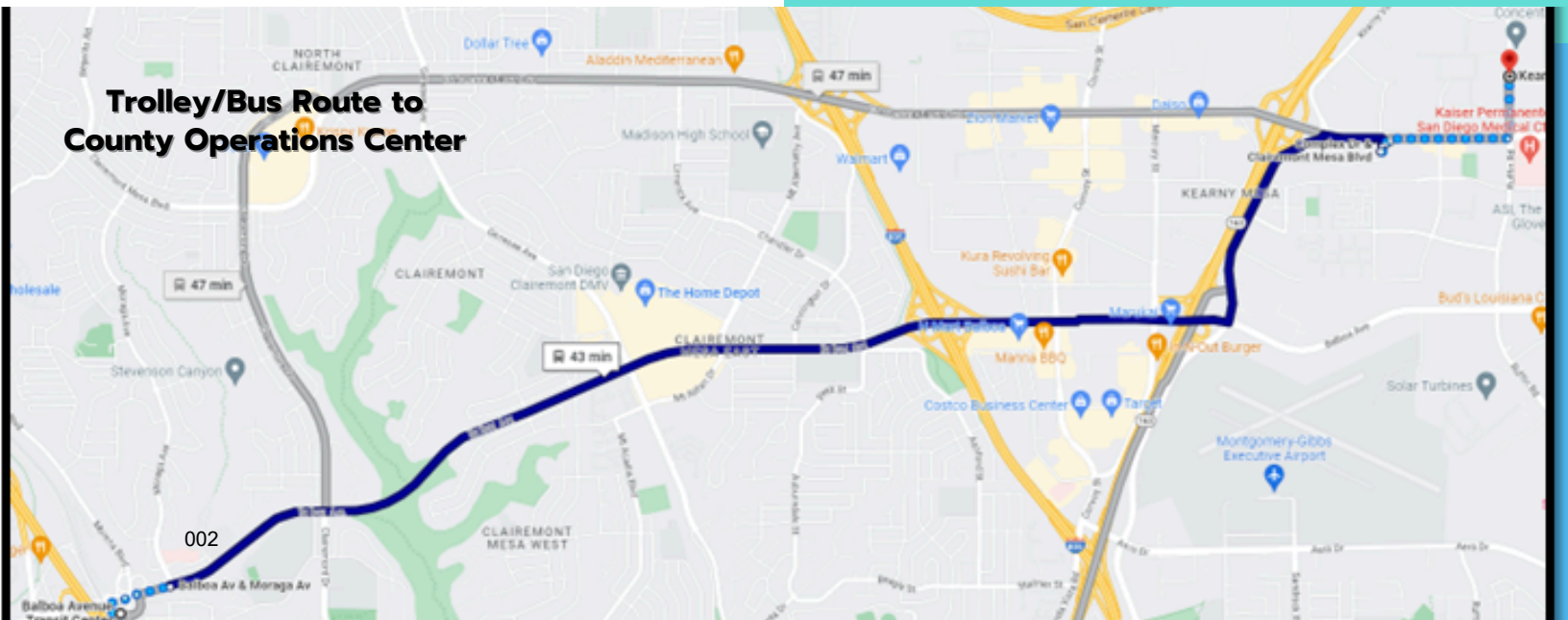
FROM BUS:

From Ruffin Road:

1. Walk north towards Ruffin Road.
2. Turn left on Hazard Way.
3. Enter through County Operations Center entrance/black gate and head further west. Access to County Operations Center buildings will be on your **left**.

From Overland Ave.:

1. Walk north on Overland Ave.
2. Enter east through County Operations Center entrance/black gate.
3. Turn left on pedestrian walkway. **Building 5530** will be on your **left**.



STRATEGIES & STANDARDS COMMITTEE



Tuesday, July 7, 2026, 3:00 PM – 4:30 PM
County Operations Center
5530 Overland Ave, San Diego, CA 92123
(Meeting Room 124)

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.

A quorum for this meeting is six (6)

Committee Members: Nicole Aguilar | Roger Al-Chaikh | Amy Applebaum | Juan Conant | Beth Davenport | Michael King | Skyler Miles | Joseph Mora | Ivy Rooney | Dr. Winston Tilghman | Jeffery Weber (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 July 7, 2026
5. **ACTION:** Approve the Strategies & Standards minutes for April 7, 2026
6. Review follow-up items from last meeting
7. Old Business:
 - a. **ACTION:** Approve a new Strategies and Standards Committee co-chair
 - b. **ACTION:** Additional clarification on the extension requirements for the PARS enrollment (*per 5/27/26 HPG meeting recommendation*)
 - c. **ACTION:** Revise and approve additional language in Food Bank/Home Delivered Meals Service Standards (*per 5/27/26 HPG meeting recommendation*)
8. New Business:
 - a. **ACTION:** Revise and approve Outreach Service Standards
 - b. **ACTION:** Revise and approve Psychosocial Support Services Standards
 - c. **ACTION:** Revise and approve Health Education and Risk Reduction Standards
 - d. **ACTION:** Revise and approve Referral for Healthcare and Support Services Standards
9. Routine Business:
 - a. Review: Committee work plan
 - b. Review: Committee attendance
 - c. Recommendations from Priority Setting & Resource Allocation Committee
 - d. Recommendations for Recipient, HIV Planning Group (HPG), and HPG committees
 - e. Suggested items for the future committee agenda
10. Announcements
11. Next meeting date: August 4, 2026 at 3:00 PM – 4:30 PM
Location: County Operations Center, 5530 Overland Ave, San Diego, CA 92123 (Training Room 124) and online via Zoom
12. Adjournment

STRATEGIES AND STANDARDS COMMITTEE



Tuesday, April 7, 2026, 3:00 PM – 4:30 PM
 County Operations Center
 5560 Overland Ave, San Diego, CA 92123
 Training Room 172

A quorum for this meeting is six (6)

Committee Members Present: Nicole Aguilar | Roger Al-Chaikh | Amy Applebaum | Beth Davenport | Skyler Miles | Ivy Rooney | Dr. Winston Tilghman | Jeffery Weber (Chair)

Members Absent: Juan Conant | Joseph Mora

Members Joining Virtually: Michael King

ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order, introductions, comments from the chair, and a moment of silence	Jeffery Weber called the meeting to order at 3:03 PM. A moment of silence was observed.	
2. Public comment (for members of the public)	None	
3. Sharing our concerns (for committee members)	None	
4. ACTION: Approve the Strategies and Standards Committee agenda for April 7, 2026	Motion: Approve the Strategies and Standards Committee agenda for April 7, 2026 Motion/Second/Count (M/S/C): Miles/Applebaum/8-0 Abstentions: Weber Motion carries	
5. ACTION: Approve the Strategies and Standards Committee meeting minutes from February 3, 2026	Motion: Approve meeting minutes for February 3, 2026 M/S/C: Tilghman/Applebaum/7-0 Discussion: Abstentions: Al-Chaikh, Weber Motion carries	
6. Review follow-up items from last meeting	- HPG Support Staff (HPG SS) will bring the updated Emergency Financial Assistance and Housing Service Standard with the revised extension requirements for the PARS enrollment to the April meeting for review and approval: Completed	

STRATEGIES AND STANDARDS COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<ul style="list-style-type: none"> - HPG SS will bring the revised Food Bank/Home Delivered Meals Standard to the April meeting for review and approval: Completed - HPG SS will work with Patrick Loose to bring the revised Service Standards Introduction to the April meeting for review and approval: Completed 	
7. Old Business		
a. ACTION: Approve criteria on the extension requirements for the PARS enrollment	<p>Motion: Approve criteria on the extension requirements for the PARS enrollment M/S/C: Miles/Al-Chaikh/8-0 Discussion:</p> <ul style="list-style-type: none"> - Patrick Loose clarified that the housing plan is a federal requirement to transition a client into permanent housing. - Recommendation to add no more than 3 consecutively missed appointments without extenuating circumstances in the last 12 months. The clients would be required to meet with the case managers monthly. <p>Abstentions: Weber Motion carries</p>	HPG SS to work with Patrick Loose to add the recommended language to the approved Emergency Housing Service Standards document and forward to HPG for approval
b. ACTION: Approve Food Bank/Home Delivered Meals Service Standard	<p>Motion: Approve Food Bank/Home Delivered Meals Service Standard M/S/C: Rooney/Miles/8-0 Discussion:</p> <ul style="list-style-type: none"> - Member of the public expressed concerns about increasing cost of living, including rent, groceries, and gas. <p>Abstentions: Weber Motion carries</p>	
8. New Business		
a. ACTION: Approve additional Service	Motion: Approve additional Service Standards Introduction updates	

STRATEGIES AND STANDARDS COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
Standards Introduction updates	M/S/C: Rooney/Tilghman/8-0 Discussion: none Abstentions: Weber Motion carries	
b. ACTION: Approve a new Strategies and Standards Committee co-chair	Tabled	
c. Discussion: Develop Medical Advocacy Service Standard	The following discussion took place: <ul style="list-style-type: none"> - A medical advocate may meet with a client to understand concerns ahead of their scheduled primary care visit, which may include general support. Clients may feel intimidated or that they don't have a voice. - Managing phone calls for neurodivergent individuals may be a challenge, and medical advocates help. - Similar to a role of a peer support specialist. - A document may exist in the prior approved Service Standards. HPG SS will work with Patrick Loose to locate and bring to the next meeting. 	HPG SS will bring the Medical Advocacy Service Standard draft to the June meeting
9. Routine Business		
a. Review: Committee Work Plan	The committee reviewed the work plan. <ul style="list-style-type: none"> - A suggestion to rename Prevention-Outreach Standards to just Outreach Standards. - Psychosocial Support Service Standard may have components of outreach. - A recommendation to move Medical Advocacy Service Standard to June meeting. 	HPG SS will relabel Prevention-Outreach Standard as Outreach Standard and will work with Patrick Loose to develop a draft
b. Review: Committee Attendance	The committee reviewed attendance.	
c. Discussion: Recommendations from Priority Setting &	None	

STRATEGIES AND STANDARDS COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
Resource Allocation Committee (PSRAC)		
d. Recommendations to the HIV Planning Group (HPG), HPG committees, and requests of recipient	None	
e. Suggested items for future committee agenda	None	
10. Announcements	<ul style="list-style-type: none"> - HPG Retreat on April 22 at 2:00 PM – 5:00 PM. - Community Engagement Group meeting on April 15 at 3:00 PM. - Diversionary Theatre will host a production of Rent with themed nights at the end of May. More information will be available in the newsletter and the HPG website. - POZabilities will be starting a group for young adults and adults. - Stepping Stone will host a Gala on April 17 at the Manchester Grand Hyatt. Deadline to purchase tickets is April 10. 	
11. Next meeting date	<p>Date: Tuesday, June 2, 2026 Time: 3:00 PM – 4:30 PM Location: Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room C) and online via Zoom</p>	
12. Adjournment	Meeting adjourned at 3:57 PM.	

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 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 resulting from emergency financial and housing difficulties. This is done through providing financially stable living situations and environments which enable 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 is responsible for determining client's need and eligibility for emergency financial and/or housing assistance. Clients must provide valid proof of the qualifying financial and/or housing emergency. Case managers shall 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), capped at \$1,000 per year.
- Food Vouchers, which use the same criteria as described in Food Bank/Home-Delivered Meals, capped at 12 weeks per calendar year
- Grocery bags, which provide up to 12 weeks per year of shelf-stable pantry staples for the eligible Ryan White client and any legally dependent minors or adults
- Medications (on the ADAP formulary), capped at \$1,000 per year.

Emergencies are defined as facing potential loss of basic utilities, food or housing or temporary inability to access to needed medications. Funds provided are intended to help eligible clients through a temporary, unplanned crisis.

All other sources of funding in the community for emergency financial assistance must be used and any payment made by this service must be as the payer of last resort.

Housing:

Emergency Housing Assistance offers temporary assistance with housing needs, including:

- Short-term hotel/single room occupancy (SRO) stays of up to 30 days at establishments identified and approved by the Emergency Assistance provider, with extensions possible with prior approval from the County. Payment must be made directly to the hotel/SRO by the Emergency Assistance provider, or with prior approval, the referring case management agency, who shall be reimbursed by the Emergency Assistance provider
- Eviction Prevention, which provides payment to a landlord to prevent loss of housing for a Ryan White eligible client, capped at \$2,300 per year.
- Up to two months’ rental assistance for individuals establishing new housing. Assistance amount is based upon fair market value for the zip code the housing is located in.
- Partial Assistance Rent Subsidy (PARS) is a short-term, 24-month maximum, partial rental assistance program designed to transition clients to more stable housing arrangements. It provides up to 40% of the Fair Market Rate for rental housing in the client’s zip code, as published by HUD.

All clients utilizing PARS are required to meet at least monthly with their case managers to develop and implement a housing plan to promote stable housing, as PARS is a temporary, short-term program. Individuals on PARS can continue past the 24-month enrollment cap, in six-month increments for up to 24 additional months, provided they are enrolled in case management, have a housing plan, attend at least 90% of scheduled appointments, and have shown progress in meeting the objectives of their housing plan.

Standard	Measure
Staff verifies 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 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.

Assessment and Service Plan

Case managers shall work with clients, in-person or virtually, to determine the need for financial and/or housing assistance. 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.

Case managers shall develop individualized housing plans for clients covering how each client

will receive short-term, transitional and emergency housing services. Each plan shall include a strategy to assist the client in obtaining stable housing. Case managers will meet with clients monthly. Clients shall be allowed to miss no more than three (3) consecutive appointments without extenuating circumstances over a period of 12 months.

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 payment to verify that:</p> <ul style="list-style-type: none"> • 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 • Assistance is provided only for the following essential services: utilities, housing, food (including groceries, food vouchers, and food stamps), or medications • Payments are made either through a voucher program or short-term payments to the service entity, with no direct payments to clients • Emergency funds are allocated, tracked, and reported by type of assistance • Ryan White is the payer of last resort • 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 • Type of housing-related services provided including housing assessment, search, placement, advocacy, and the fees associated with them • Mechanisms are in place to allow newly identified clients access to housing services

Food Bank/Home Delivered Meals

Service Category Definition

Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food.

Purpose and Goals

The goal of this service category is to improve and promote better health in clients living with HIV by ensuring they can obtain food items, personal hygiene products (toilet paper, tampons/pads, incontinence products), and household cleaning supplies through the use of food vouchers. For clients who are unable to prepare their own food due to documented medical reasons, this program will provide three pre-prepared meals per day, seven days per week.

Intake

Clients who meet eligibility for Ryan White Part A services can access Food Bank/Home Delivered meals through case management.

The need for food vouchers will be based upon the following:

- Client income at or below the minimum living wage for an individual living in San Diego County, adjusted for the number of people living in the household, including dependent minors, as described by the [MIT Living Wage Calculator](#).
- Assessment of eligibility for programs and services available to client to obtain food, including SNAP and Medi-Cal. Clients who are eligible for SNAP and/or Medi-Cal can only receive Ryan White benefits for a maximum of 90 days per calendar year to provide coverage during the enrollment process. must enroll in those programs within 90 days of entering into Food Bank/Home-Delivered Meals.

Clients will be deemed eligible for food vouchers if they meet income requirements. Clients who are eligible for food benefits under any program (for example, SNAP or Medi-Cal) must enroll and use those benefits. Ryan White Food Vouchers can only supplement but not replace other benefits available to clients. Further, any monetary benefit received from other programs will be deducted from the weekly or monthly Food Voucher amount provided to clients under Ryan White.

The need for home-delivered meals will be made based upon diagnosed medical conditions that interfere with grocery shopping and preparation of food items.

Key Service Components and Activities

This service provides food items to clients, including hot meals or a voucher program to

purchase food. The service also includes the provision of essential non-food items that are limited to the following:

- Personal hygiene products
- Household cleaning supplies

Unallowable costs include:

- Permanent water filtration systems for water entering a home
- Household appliances
- Pet foods
- Other non-essential products

The dollar value of food vouchers will be based upon published guidelines regarding cost of food for residents of San Diego County and will be adjusted annually in March. As of April 2026, the current weekly value of a food voucher is \$100 per week for eligible Ryan White clients. For minors who are legal dependents of the Ryan White client, the weekly food voucher value as of April 2026 is \$50 for minors under the age of 12 and \$100 weekly for minors who are aged 12-17. The weekly food voucher limit will be offset by other food benefits (SNAP, Medi-Cal) received by the client.

Personnel Qualifications

For food vouchers, personnel qualifications are covered by Case Management standards. For Food Banks and providers of Home-Delivered Meals, staff will possess the appropriate licensure/certification in accordance with California regulations.

Assessment and Service Plan

Case managers will assess each client's need for services, and they will repeat that assessment at least every 12 months or when there are changes in client's income or health status. For clients enrolled in home-delivered meals, meal plans will be approved by a registered dietitian. Each client's food distribution plan will be determined at the time of the initial intake/assessment.

**COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY
HIV PLANNING GROUP**

**OUTREACH SERVICES
SERVICE STANDARDS
FOR RYAN WHITE CARE AND TREATMENT**

March 2017

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Revised 3/14/17



Outreach Services

Service Category Definition

Outreach services are specifically designed to identify individuals who do not know their HIV status and/or individuals who know their status and are not in care and help them to learn their status and enter care.

Purpose and Goals

The goal of outreach services is to identify individuals living with HIV, to make them aware of their status and link them to care or, for those that know their status, reengage them in care.

Intake

Outreach services are for:

- Individuals who do not know their HIV status and need to be referred to counseling and testing
- Individuals who know their status and are not in care and need assistance to enter or re-enter HIV-related medical care

Key Service Components and Activities

Outreach Services include the provision of the following three activities:

- Identification of people who do not know their HIV status and linkage into Outpatient/Ambulatory Health Services
- Provision of additional information and education on health care coverage options
- Reengagement of people who know their status into Outpatient/Ambulatory Health Services

Outreach services are:

- Conducted at times and in places where there is a high probability that individuals with HIV infection and/or exhibiting high-risk behavior
- Designed to provide quantified program reporting of activities and outcomes to accommodate local evaluation of effectiveness
- Planned and delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort
- Targeted to populations known, through local epidemiologic data or review of service utilization data or strategic planning processes, to be at disproportionate risk for HIV infection

Outreach programs cannot pay for HIV counseling or testing services.

Standard	Measure
<p>Staff will target the appropriate population for services and ensure services are effective and applicable</p>	<p>Documentation that outreach services:</p> <ul style="list-style-type: none"> • Are planned and delivered in coordination with local HIV prevention outreach programs and avoid duplication of effort • Target populations known to be at disproportionate risk for HIV infection • Target communities whose residents have disproportionate risk or establishments frequented by individuals exhibiting high-risk behaviors • Are designed so that activities and results can be quantified for program reporting and evaluation of effectiveness
	<p>Documentation that shows that all outreach:</p> <ul style="list-style-type: none"> • Does not support broad-scope awareness activities that target the general public rather than specific populations and/or communities with high rates of HIV infection • Do not pay for counseling and testing activities

Assessment and Service Plan

Outreach workers will determine each individual’s knowledge of their HIV status and direct the individual to the appropriate service or resources.

- For individuals who do not know their HIV status, refer them to counseling and testing
- For individuals who know their status, are positive, are not in care and need assistance help them enter or re-enter HIV-related medical care through the appropriate service (as determined by the circumstances)
- For individuals who know their status and are negative, refer them to the appropriate prevention resources and services.

Standard	Measure
<p>Staff will direct individuals to the appropriate services and resources</p>	<p>Documentation that all individuals were directed to the appropriate services based on the HIV status and need</p>

Client Rights and Responsibilities

All providers will have written policies and procedures for a complaint process. The policy will identify staff responsible, an appeal process, tracking system, follow-up procedures, and a timeline. Outreach services providers will use relevant Federal, State and County regulations for investigating and resolving complaints. A copy of the complaint policy will be conspicuously displayed. Complaints and investigation results will be forwarded to the County within 24 hours of both the receipt and resolution of the complaint.

Standard	Measure
Providers have policies regarding the rights and responsibilities of outreach services clients	Documentation of policies and procedures for a complaint process

Grievance Process

All outreach services providers will maintain written grievance policies. The grievance policy will be posted in a prominent location with information on how clients may also contact the County of San Diego's HIV, STD and Hepatitis Branch (HSHB) as an alternative to completing the form. Forms inadvertently collected by providers will immediately be forwarded to the address on the form.

Outreach services providers will also post a copy of the HSHB Client Service Evaluation form ("goldenrod") in a prominent place. Copies of the form will be available for clients upon request with a mechanism for the clients to mail the form to HSHB for review.

Standard	Measure
Clients' rights are protected and clients have access to a grievance/complaint resolution process and are made aware	Documentation of a grievance policy
Clients have the ability to file a grievance or complaint	Verification of visible goldenrod (English and Spanish) placement in client sites

Cultural and Linguistic Competency

Cultural competency as defined by the HIV Planning Group is: "Recognizing the differences in physical and emotional life challenges, including disabilities of all kinds, culture and ethnicity, religion and spirituality, and in histories, traditions and languages. More specifically, all providers must have the ability to provide appropriate and acceptable services to all potential and current clients, including people of color, gay men, lesbians, transsexuals, transgender individuals, former and active substance abusers, 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 include a requirement in their policies that all staff, board members and volunteers possess knowledge of the Ryan White Part A program and the Americans with Disabilities Act. Program policies and procedures regarding cultural competency will address cultural sensitivity, diversity, and inclusiveness. Policies on cultural competency are given to clients at admission and posted in a prominent place. Provider's admission procedures will assess client access issues, including cultural needs, physical accessibility, and service location.

Providers must assess and ensure the training and competency of individuals who deliver language services to assure accurate and effective communication between clients, staff and volunteers transcend language barriers and avoid misunderstanding and omission of vital information. Staff and volunteers working directly with clients must receive a minimum of four hours of cultural sensitivity training each year.

Providers will also identify staff and volunteers who can provide bilingual/bicultural services to individuals who need or prefer to communicate in Spanish. 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.

Standard	Measure
Agency policies will address cultural and linguistic competency	Documentation on policies on cultural competency
Staff will comply with American Disabilities Act (ADA)	Completed form/certification on file

Standard	Measure
Staff and volunteers will receive annual training on cultural competency	Documentation of all staff/volunteer 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 people on staff, a plan is in place to ensure language needs are met	Copy of written plan to address
Provider will have written and posted materials in the appropriate languages for the communities being served are available and visible to clients	Posted documentation inspected and noted during routine site visits

Privacy and Confidentiality

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

- All physical case files are stored in a locked cabinet or room and electronic files are secured.
- All activities that relate to client data will have appropriate safeguards and controls in place to ensure information security.
- Case files not left unattended.
- Case files and records are not removed from the service site without the case management supervisor's written agreement.
- Case files and records are locked at night and not left on desks or in unlocked desk drawers.
- When a case file is removed from the central filing area, it will be booked out via a clear administrative procedure that can be traced to its temporary location.

In addition, providers will also ensure that:

- All employees and volunteers working under this agreement 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.
- All training logs and personnel files demonstrate that staff and volunteers have received adequate training on privacy and confidentiality, upon initial hire and annually thereafter. Training will address HIPAA, security measures and other topics related to client confidentiality.

All providers must ensure that written policies regarding confidentiality are presented to and signed by clients and maintained in clients' case files. A release of Information form will also be signed by clients as needed. Prior to releasing any client information, providers must obtain written consent which includes:

- The name of the program or person permitted to make the disclosure;
- The name of the client;
- The purpose and content (kind of information to be disclosed) of the disclosure;
- Client's signature or legal representative's signature.

All providers will make available a private, confidential environment for clients to discuss their cases, especially when addressing fear and concern about their diagnosis and disclosure of their HIV status. Providers will inform clients that they will maintain confidentiality of other persons with HIV infection.

Standard	Measure
Staff will develop written policies and procedures that address security, confidentiality, access and operations	Copies of policies and procedures
All files are secured	Inspected and noted during routine site visits
All staff and volunteers have undergone a thorough background check	Documentation of background checks
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)

**COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY
HIV PLANNING GROUP**

**HIV PREVENTION
SERVICE STANDARDS**

Outreach

Condom Distribution

Social Media

Linkages

Partner Services

Testing

**FOR SERVICES FUNDED BY ADMINISTERED BY THE CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH, OFFICE OF AIDS (OA)
INCLUDING BUT NOT LIMITED TO THOSE ORIGINATING FROM THE
CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)**

Originally Drafted July 2018; resume June 2020

**(original expected completion January 2019; put on hold due to prevention
procurement; resumed after execution of prevention contracts, June 5, 2020; HIV
counseling and testing standards on hold due to active procurement)**

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Service Category Definition	

Purpose and Goals
Intake.....
Key Service Components and Activities
Assessment and Service Plan

Universal Standards **Determine location or refer to them**

Client Rights and Responsibilities.....
Grievance Process.....
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HIV Prevention Overview

HIV Prevention Services reduce the transmission of HIV by reaching and serving populations of focus vulnerable to HIV, including both people living with HIV (PLWH) and HIV negative individuals. The specific service categories are defined by those providing funding to the County of San Diego, Public Health Department – HIV, STD & Hepatitis Branch, including the Centers for Disease Control and Prevention and the State of California Department of Public Health. Currently funded services include, but are subject to change based upon guidance from funders:

- Outreach
- Condom Distribution
- Social Media
- Linkage/Navigation
- Partner Services
- HIV Testing

In addition to adhering to all guidance from funders, service providers shall involve PLWH and HIV negative individuals who are disproportionately impacted by HIV, in planning, design, and implementation of HIV prevention activities. Providers are expected to maintain the priority population's ongoing involvement in an advisory capacity.

Outreach

Service Category Definition

Outreach services promote access to and engagement in appropriate services for people vulnerable to HIV infection, people newly diagnosed or identified as living with HIV and those lost or returning to HIV medical care. Services include identification and providing information/education and referral. When appropriate, staff conducting outreach may accompany clients to initial visits to medical care, case management or navigation services. These services must align with all funder requirements.

Purpose and Goals

Outreach services identify persons who might benefit from a range of HIV services, educate prospective clients about the benefits of the services and provide linkage to services for clients who agree to participate. For those unaware of their status to make them aware of their status and link them to care or, for those that know their status, to engage or reengage them in prevention and care as appropriate. Outreach activities are focused on individuals in priority populations. Outreach contacts may be conducted one-on-one in person and online (depending on the funding source).

Initial Contact

Outreach contacts are for:

- Individuals who do not know their HIV status and need referral to HIV testing
- Individuals who are vulnerable to HIV that would benefit from Pre-Exposure Prophylaxis (PrEP) education and/or navigation services
- Individuals living with HIV that are not in care and need assistance to engage or re-engage in HIV primary medical care

Exclusions

- Outreach conducted under Ryan White Part A funds may not include online outreach activities

- Outreach conducted under Centers of Disease Control and Prevention (CDC) funds may include online outreach activities
- Outreach programs cannot pay for HIV counseling or testing services.

Standard	Measure
Individuals that are vulnerable to acquiring or transmitting HIV are contacted through outreach	Document all in person and online outreach activities with location of contact

Key Service Components and Activities

Outreach services include the provision of the following three activities:

- Identification of people who do not know their HIV status and if eligible linkage into Ryan White Outpatient/ Ambulatory Health Services or other HIV prevention, care and treatment services
- Provision of additional information and education on health care coverage options
- Reengagement of people who know their status if eligible into Ryan White Outpatient/Ambulatory Health Services or other HIV prevention, care and treatment services

Outreach services are:

- Conducted at times and in places where there is a high probability that individuals vulnerable to or living with HIV infection congregate
- Designed to provide quantified program reporting of activities and outcomes to inform local evaluation of effectiveness
- Planned and delivered in coordination with local HIV continuum of prevention and care and treatment outreach programs to avoid duplication of effort and to address any gaps in services
- Focused on populations known, through local epidemiologic data or review of service utilization data or strategic planning process, to be disproportionately vulnerable to HIV infection

Standard	Measure
Contact appropriate priority and vulnerable populations for services and ensure services are effective and applicable	Document outreach services: <ul style="list-style-type: none"> • Are planned and delivered in coordination with all local HIV outreach programs to avoid duplication of effort and address any service gaps • Are conducted with priority populations known to be at disproportionately vulnerable to HIV infection • Are conducted with priority communities whose residents have disproportionate risk or establishments frequented by individuals vulnerable to HIV infection • Are designed so that activities and results can be quantified for program reporting and evaluation of effectiveness

Assessment and Service Plan

Outreach workers will determine each individual’s knowledge of their HIV status, vulnerability to acquire or transmit HIV and direct the individual to the appropriate service or resources.

- For individuals who do not know their HIV status, refer them to HIV testing
- For individuals who know their status and are negative, refer them to the appropriate prevention resources and services

- For individuals who know their status, are positive, are not in care and need assistance help them engage or re-engage in HIV primary medical care through the appropriate service, as determined by the circumstances

Standard	Measure
Direct individuals to the appropriate services and resources	Document all individuals are directed to the appropriate services based on the HIV status and need

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.

Health Education / Risk Reduction

Service Category Definition

Health Education/Risk Reduction (HE/RR) is the provision of education and information to clients living with HIV and how to reduce the risk of HIV transmission. It includes education, referral and related service navigation to clients living with HIV to improve their health and their partners to prevent HIV transmission. Topics covered may include:

- Education and information on the importance of achieving viral suppression including having an undetectable viral load which results not transmitting HIV (Undetectable = Untransmittable, U=U)
- Treatment adherence education and information
- Education and information on risk reduction strategies to reduce transmission such as pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) for clients' partners and treatment as prevention (TasP)

Services are intended to compliment and not replace other funded HIV prevention activities.

Purpose and Goals

Health Education/Risk Reduction services are intended to provide education and information to clients living with HIV and their partners about risk reduction, health care literacy, and treatment adherence.

Intake

Health Education/Risk Reduction services are delivered only to clients who are eligible to receive Ryan White funded care and/or support services and their partners. If the Health Education/Risk Reduction Services provider is the client's first contact with HIV Care Program, the client is screened for eligibility as described in the Universal Standards.

Exclusions

- Affected individuals (partners and family members not living with HIV) are only eligible if receiving services concurrently with the client.
- Health Education/Risk Reduction may not be delivered anonymously.

Key Service Components and Activities

Health Education/Risk Reduction services educate clients living with HIV on how to improve their health and how that reduces the risk of HIV transmission to others. And concurrent HIV negative partners may be included in service delivery. Services may include:

- Provision of information about available medical and psychosocial support services
- Education and information on HIV transmission and how to reduce the risk of transmission including being virally suppressed (U=U)

Approved 01/21/2021

- Optional individualized plans that support and sustain health behaviors to reduce, limit, and ultimately eliminate HIV related health risks. A plan is not required, but may be a subcomponent of the client's Care Plan.
- Navigation support to access PrEP and PEP services for the individual's HIV negative sex and needles sharing partners. These services are documented in the Ryan White client's chart, as the HIV negative partners are not eligible to receive services separately.

Health Education/Risk Reduction may be provided in individual and group settings and must be offered in a way that addresses barriers to accessing medical care and uses resources to support positive health outcomes for clients.

Standard	Measure
Staff ensure clients living with HIV are provided information about available medical and psychosocial support services.	Descriptions of information and referrals provided to client are noted with date in client's file.
Staff ensure clients living with HIV receive education on how to improve their health and reduce the risk of HIV transmission to others including U=U.	Descriptions of the education delivered to clients are noted with date in client's file.
Staff provide referrals to PrEP and PEP services for client's HIV negative partners and provide navigation assistance as needed.	Referrals to PrEP, PEP and navigation are documented with date in client's file.
Staff ensure clients are referred for medical and support services as appropriate.	Referrals to medical and support services are documented with date in client's file.

Personnel Qualifications

Staff providing Health Education/Risk Reduction Services are health and peer educators that are trained and knowledgeable about HIV and familiar with available HIV resources in the area.

Standard	Measure
Staff will meet minimum qualifications	Documentation of appropriate completion of training
Staff will have clear understanding of job responsibilities	Documentation of current job descriptions on file that are signed by staff and appropriate supervisors
Staff receive training to deliver services competently	Documentation of a training plan that includes specific topics, identification of the trainer, and a timeline for all newly employed staff

Assessment and Service Plan

Individual plans are not required for this service category, although they may be a useful tool and are recommended for high-acuity clients. When relevant, these services should be coordinated with a client's Care Plan.

Standard	Measure
Staff develop a Health Education/Risk Reduction individualized plan as appropriate. Provider may	Documentation of Health Education/Risk Reduction plan when applicable, signed and

Approved 01/21/2021

Standard	Measure
assist clients in developing a long-term plan that includes: <ul style="list-style-type: none"> - Goal - Expected outcomes - Actions taken to achieve goal - Persons responsible for offering such action - Target date for completion of each action - Results of each actions 	dated by the client and health educator and placed in client's file.

Referral for Health Care and Support Services, including Peer Navigation Programs

Service Category Definition

Referral for health care and support services directs a client to needed core medical or support services in person or through telephone, written, or other type of communication.

Purpose and Goals

The goal of referrals for health care and support services is to provide culturally and linguistically appropriate referrals throughout San Diego County to direct and link persons living with HIV to medical or support services.

Intake

Referral services are for clients who are currently receiving case management, non-case management, mental health, substance abuse or outreach services.

Key Service Components and Activities

This service may include referrals to assist eligible clients to obtain access to other public and private programs for clients may be eligible such as:

- Medi-Cal
- Medi-Cal Part D
- AIDS Drug Assistance Program (ADAP)
- Pharmaceutical Manufacturer’s Patient Assistance Programs
- Covered California or other state or local health care and supportive services
- Core medical and support services
- Office of AIDS Health Insurance Premium Payment (OA-HIPP)

Standard	Measure
<p>Staff will assess client needs and eligibility for services and programs and provide appropriate referrals and follow-up</p>	<p>Documentation that clients were:</p> <ul style="list-style-type: none"> • Directed to a service in person or through other types of communication • Provided benefits/entitlements counseling and referral consistent with federal requirements • Directed to services that are not part of outpatient ambulatory health services or case management

Standard	Measure
	Documentation of : <ul style="list-style-type: none"> • All methods of client contact, the frequency and when contact occurred • All methods of providing referrals (including within the non-medical case management system, informally or as part of an outreach program) • All referrals and follow-up provided

Assessment and Service Plan

Staff will determine each client’s needs and eligibility for services and programs and direct the client to the appropriate service or resources. Staff will also follow-up with the client and assess their progress in addressing their needs. Staff will also provide referrals to any additional services needed as determined during the follow-up sessions.

Standard	Measure
Staff will direct individuals to the appropriate services and resources	Documentation that all individuals were directed to the appropriate services based on the HIV status and need

STRATEGIES AND STANDARDS COMMITTEE

2026 WORK PLAN

MEETING DATE	OBJECTIVES
February 3, 2026	<ul style="list-style-type: none"> • Continue to review and update: <ul style="list-style-type: none"> ○ Service Standards Introduction ○ Case Management Standards • Discuss and further refine PARS enrollment criteria
April 7, 2026	<ul style="list-style-type: none"> • Approve: <ul style="list-style-type: none"> ○ Approve criteria for extension requirements for PARS enrollment ○ Food Bank/Home-Delivered Meals service category ○ Additional Service Standards Introduction updates • Develop Medical Advocacy Service Standard
June 2, 2026	Meeting cancelled
July 7, 2026	<ul style="list-style-type: none"> • Revise additional language in Food Bank/Home Delivered Meals Service Standards (<i>per 5/27/26 HPG meeting recommendation</i>) • Revise criteria for extension requirements for the PARS enrollment (<i>per 5/27/26 HPG meeting recommendation</i>) • Revise and approve: <ul style="list-style-type: none"> ○ Psychosocial Support Services Standards ○ Health Education and Risk Reduction Standards ○ Referral for Healthcare and Support Services Standards
August 4, 2026	<ul style="list-style-type: none"> • Revise and approve: <ul style="list-style-type: none"> ○ Psychosocial Support Services Standards ○ Health Education and Risk Reduction Standards ○ Referral for Healthcare and Support Services Standards
October 6, 2026	<ul style="list-style-type: none"> •
December 1, 2026	<i>To be determined. Meeting overlaps with the annual Truax event.</i>

**HIV PLANNING GROUP
12-MONTH COMMITTEE TRACKING
May 2025 - Apr 2026**

Strategies and Standards Committee									
	May	Jun	Aug	Oct	Dec	Feb	Apr	#	# of JC Starting Jan 2026
Total Meetings	0	1	1	1	0	1	1	5	
(11) Members									
Aguilar, Nicole	NM	*	1	*	NM	*	*	1	
Al-Chaikh, Roger							*	0	
Applebaum, Amy	NM	*	*	*	NM	*	*	0	
Conant, Juan	NM	1	1	1	NM	*	1	4	
Davenport, Beth	NM	*	1	*	NM	1	*	2	
King, Michael		*	*	*	NM	1	JC	1	1
Miles, Skyler		*	*	1	NM	*	*	1	
Mora, Joseph	NM	*	*	1	NM	*	1	2	
Rooney, Ivy	NM	1	*	*	NM	*	*	1	
Tilghman, Winston	NM	*	*	*	NM	*	*	0	
Weber, Jeffery^c	NM	*	*	*	NM	*	*	0	

Committee members are expected to attend all meetings. To remain in good standing and eligible to vote, the committee member may not miss more than two (2) meetings within the 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

NM = No Meeting

NQ = No Quorum

SENATE BILL (SB) 707: THE USE OF JUST CAUSE (2026)

(An Amendment to AB 2302)

If the physical attendance quorum requirement is met, SB 707 permits a member who is not physically present to request virtual attendance at the local legislative body's meeting under "just cause".

Qualifying Reason	Provisions to Attend Remotely	Requirements /Limitations
"Just Cause"	<ul style="list-style-type: none"> ▪ Childcare or caregiving need of a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner that requires them to participate remotely. ▪ A contagious illness prevents the member from attending the meeting in person. ▪ A need related to a physical or mental condition not otherwise accommodated by any reasonable accommodations provided. ▪ Travel while on official business of the legislative body or another state or local agency. ▪ An immunocompromised child, parent, grandparent, grandchild, sibling, spouse, or domestic partner of the member that requires the member to participate remotely. ▪ A physical or family medical emergency that prevents a member from attending in person. ▪ Military service obligations that result in a member being unable to attend in person because they are serving under official written orders for active duty, drill, annual training, or any other duty required as a member of the California National Guard or a United States Military Reserve organization that requires the member to be at least 50 miles outside the boundaries of the local agency. 	A member is limited to two (2) virtual attendances due to "just cause" per calendar year.

Note: The criteria for "emergency circumstance" from AB 2302 are now combined with "just cause" for remote participation.

Additional Information for Members Participating Remotely

In addition to making a request for "just cause" for remote attendance, SB 707 imposes the following three (3) additional requirements on legislative body members seeking to appear remotely at public meetings:

1. The member shall notify the support staff 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.
2. 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.
3. The member shall participate through both audio and visual technology.

Furthermore, a member of a legislative body may request reasonable accommodation, pursuant to the applicable law, to participate in meetings remotely. Remote participation due to reasonable accommodation shall be treated as in-person attendance (counting towards quorum) and shall adhere to the following requirements:

1. The member shall request reasonable accommodation to participate remotely at the time of quorum check prior to each meeting.
2. The member shall participate through both audio and visual technology. Any member with a disability, as defined in Section 12102 of Title 42 of the United States Code, may participate only through audio technology if a physical condition related to their disability results in a need to participate off camera.
3. The member shall 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.