



# County of San Diego

**NICK MACCHIONE, FACHE**

AGENCY DIRECTOR

**HEALTH AND HUMAN SERVICES AGENCY**

PUBLIC HEALTH SERVICES

3851 ROSECRANS STREET, MAIL STOP P-578

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

PUBLIC HEALTH OFFICER

## HIV PLANNING GROUP STRATEGIES & STANDARDS COMMITTEE MEETING PACKET

**Tuesday, September 06, 2022 11:30 AM**

**NOTE:** This meeting is audio and video recorded.

### Online meeting

**The Charge of the Strategies & Standards Committee** (updated June 4, 2019): To oversee the Getting to Zero (GTZ) Plan to direct objectives, strategies, and activities to get to zero new infections and continue to support those living with and vulnerable to HIV in living well in San Diego.

A quorum for this committee is 8

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**Effective October 1, 2021**, a new law, AB 361, amends Government Code section 54953 to add subsection (e) (“Special Teleconferencing Rule”) which, under specific circumstances, will allow continued suspension of the General Teleconferencing Rule. A recent modification to the Brown Act (the rules regarding open meetings in California) allows the HPG and Committees to continue to meet virtually while a state of emergency is in effect. In - person meetings will return when the state of emergency is over.

## **Continuation of Remote Meetings for Brown Act Boards and Commissions**

State law requires local agency legislative bodies (which includes the HPG) to comply with the state's open meeting law referred to as the Ralph M. Brown Act (also called the "Brown Act"). Since March 2020, most legislative bodies have been operating under Executive Orders which suspended certain Brown Act provisions on teleconferencing allowing members to participate remotely. That Executive Order ended on September 30, 2021.

As of October 1, 2021, AB 361 allows for a continuation of teleconference meetings in certain circumstances. Following is a summary of AB 361 and its impact on public meetings and the steps required to utilize the teleconferencing option offered in AB 361.

At the next meeting, the HPG or Committee will need to take the actions detailed below if the members desire to continue meeting remotely.

### **I. Ordinary Brown Act Rules for Teleconferencing ("General Teleconferencing Rule")**

Under the ordinary operation of the Brown Act (Gov. Code §54953(b)) a legislative body may use teleconferencing under the following circumstances:

- a. Post agendas at all teleconference locations;
- b. All teleconferenced locations are listed in the notice and agenda of the meeting;
- c. At least a quorum of members are located within the jurisdiction of the legislative body; and
- d. Members of the public are allowed to speak at each teleconferenced location.

### **II. Governor's Executive Orders Authorized Simplified Teleconferencing Rules, But These Ended on Sept. 30, 2021.**

The County and other legislative bodies throughout the state have been using a simplified teleconferencing method, authorized by the Governor's Executive Orders related to the COVID-19 pandemic. This allowed members of legislative bodies attend meetings remotely without following the General Teleconferencing Rule set forth above.

### **III. New Teleconferencing Method Available Effective October 1, 2021, and Actions HPG and Committees Can Take ("Special Teleconferencing Rule")**

Effective October 1, 2021, AB 361 amends Government Code section 54953 to add subsection (e) which allows suspension of the General Teleconferencing Rule listed above if any of the following circumstances exist (underlining added):

- a. There is a proclaimed state of emergency and state or local officials have imposed or recommended measures to promote social distancing; or
- b. Legislative body, during a proclaimed state of emergency, holds a meeting for the purposes of determining by majority vote, that as a result of the emergency meeting in person would present imminent risks to the health or safety of attendees; or

- c. Legislative body, during a proclaimed state of emergency, has previously determined (by majority vote) that as a result of the emergency meeting in person would present imminent risks to the health or safety of attendees.

After the first meeting, to continue to suspend the General Teleconferencing Rule and use the Special Teleconferencing Rule, the legislative body must make findings, at least every 30 days after that first meeting. The specific findings required are: 1) that legislative body has reconsidered the circumstances of the state of emergency; and 2) i. the state of emergency continues to directly impact the ability of members to meet safely in person; or ii. state or local officials continue to impose or recommend measures to promote social distancing.

#### **IV. Operation of the Special Teleconferencing Rule**

If a Brown Act body suspends the General Teleconferencing Rule as allowed under subsection (e), then the legislative body must (underlining added):

- a. Notice the meeting as otherwise required by the Brown Act;
- b. Agenda must identify and include an opportunity for all persons to attend via a call-in option or an internet based service option;
- c. Allow members of the public to access meetings and an opportunity to address the legislative body directly as provided in the notice (call in or internet);
- d. Conduct teleconferenced meetings in a manner that protects the statutory and constitutional rights of the parties;
- e. In the event of a disruption that prevents broadcasting or call-in or internet based service; actions cannot be taken. Any action taken during a disruption may be challenged pursuant to 54960.1;
- f. If a legislative body provides a timed public comment period for each agenda item, it cannot close the public comment period for the agenda or the ability to register on that item until the timed public comment period has elapsed (not likely applicable);
- g. If a legislative body provides a general public comment period, public comment must remain open until public comment period closes; and
- h. If a legislative body provides public comment on each agenda item, it must allow a reasonable time to register and speak (so likely until the matter is voted on).

#### **V. Dr. Wooten has Issued a Social Distancing Recommendation, So Findings Have Been Met In Order to Use the Special Teleconferencing Rule**

As of October 1, 2021, the elements to meet under the Special Teleconferencing Rule have been met. There is currently a State of Emergency and Dr. Wooten, the County's Public Health Officer, released a health recommendation on September 23, 202, which stated that utilizing teleconferencing options for public meetings is an effective and recommended social distancing measure to facilitate participation in public affairs and encourage participants to protect themselves and others from the COVID-19 disease.

#### **VI. Next Steps**

Under AB 361, on or after October 1, 2021, the first meeting of a legislative body under AB 361 can occur under the Special Teleconferencing Rule without anything

in particular on the agenda. In this case, Staff should note to the board that it is meeting pursuant to the Special Teleconferencing Rule and staff will bring back any future findings the board may need to take to continue to operate under the Special Teleconferencing Rule (i.e. within 30 days).

Alternatively, if time allows and the Chair approves, when the HPG or Committee first meets, an item will be placed on the agenda to determine whether the board wants to utilize the Special Teleconference Rule and if so, to adopt the initial Resolution.



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## HEALTH OFFICER TELECONFERENCING RECOMMENDATION

COVID-19 disease prevention measures, endorsed by the Centers for Disease Control and Prevention, include vaccinations, facial coverings, increased indoor ventilation, handwashing, and physical distancing (particularly indoors).

Since March 2020, local legislative bodies—such as commissions, committees, boards, and councils—have successfully held public meetings with teleconferencing as authorized by Executive Orders issued by the Governor. Using technology to allow for virtual participation in public meetings is a social distancing measure that may help control transmission of the SARS-CoV-2 virus. Public meetings bring together many individuals (both vaccinated and potentially unvaccinated), from multiple households, in a single indoor space for an extended time. For those at increased risk for infection, or subject to an isolation or quarantine order, teleconferencing allows for full participation in public meetings, while protecting themselves and others from the COVID-19 virus.

Utilizing teleconferencing options for public meetings is an effective and recommended social distancing measure to facilitate participation in public affairs and encourage participants to protect themselves and others from the COVID-19 disease. This recommendation is further intended to satisfy the requirement of the Brown Act (specifically Gov't Code Section 54953(e)(1)(A)), which allows local legislative bodies in the County of San Diego to use certain available teleconferencing options set forth in the Brown Act.

September 23, 2021

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



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

## **HIV PLANNING GROUP STRATEGIES & STANDARDS COMMITTEE Tuesday, September 06, 2022 11:30 AM**

**NOTE:** This meeting is audio and video recorded.

### **Online meeting**

**The Charge of the Strategies & Standards Committee** (updated June 4, 2019): To oversee the Getting to Zero (GTZ) Plan to direct objectives, strategies, and activities to get to zero new infections and continue to support those living with and vulnerable to HIV in living well in San Diego.

**Committee Members (14):** Allan Acevedo (Co-Chair), Amy Applebaum, Kimberly Brouwer, Beth Davenport, Lucia Franco, Liz Johnson, Moira Mar-Tang, Joseph Mora, Venice Price, **Shannon Ransom (Chair)**, Dr. Winston Tilghman, Rhea Van Brocklin, Jeff Weber, Michael Wimpie

**Participants Requesting Spanish Translation:** *(Must notify support staff 96 hours in advance). They will receive an email with the number to call in.*

A quorum for this committee is 8

### **AGENDA**

1. Call to Order, Roll Call, Comments from the Chairs
2. **ACTION:** Continuance of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e):
  - a. Find that the Council has reconsidered the circumstances of the State of Emergency
  - b. Find that State and local officials continue to recommend measures to promote social distancing
3. Public comment/Sharing Our Concerns
4. Review and approve agenda for September 6, 2022
5. Review and approve minutes from July 5, 2022
6. Old Business
  - a. Discussion: Getting to Zero 3-Yr Action Plan next steps – Dr. Delores Jacobs
    - i. Update: HPG service directive that Universal Standards be modified to ensure that all clients are assessed regarding their interest in participating in remote services and that those who are interested are assessed for capacity (phone, data service, pad, etc.) and provided with options to obtain what is needed.

- ii. Review Transportation Standards to add ride sharing standard and requirement that consumers be assessed for need for transportation. Universal Standards should also be updated.
  - iii. Review Universal Standards for sensitivity to and language regarding accessibility /disability needs of RW consumers.
- b. Discussion: Implementation of JEDI Principles (Status of Consultant, Status of Trainer Meredith Lee (or other)
- c. Update: Integrated Statewide Strategic Plan process
- 7. New Business
  - a. None
- 8. Routine Business
  - a. None
- 9. Update Committee Work Plan
  - a. Upcoming Trainings
- 10. Recommendations to HPG, HPG committees and requests of recipient
- 11. Suggested items for the future committee agenda
- 12. Announcements
- 13. Confirm next meeting: - Scheduled **October 4, 2022 11:30 a.m.** location: **ZOOM**
- 14. Adjournment



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**WILMA J. WOOTEN, M.D., M.P.H.**  
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## **SAN DIEGO HIV PLANNING GROUP STRATEGIES AND STANDARDS COMMITTEE**

Tuesday July 5, 2022  
11:30 AM – 1:00 PM  
Meeting by ZOOM

**DRAFT MINUTES**  
Quorum = Eight (8)

**Present:** Allan Acevedo (Co-Chair), Amy Applebaum, Samantha Bowen, Kimberly Brouwer, Beth Davenport, Liz Johnson, Shannon Ransom (Chair), Rhea Van Brocklin,

**Absent:** Lucia Franco, Moira Mar-Tang, Joseph Mora, Venice Price, Dr. Winston Tilghman, Michael Wimpie

<b>Agenda Item</b>	<b>Action</b>	<b>Follow-up</b>
1. Call to order	Shannon Ransom established that a quorum was present at 11:31 AM and called the meeting to order.	
2. <b>ACTION ITEM:</b> Continuance of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e)	<b>Motion:</b> Recognize that there is a continued proclaimed state of emergency and State and local officials have imposed or recommended measures to promote social distancing authorizing teleconferenced meetings pursuant to Government Code section 54953(e). <b>Motion/Second/Count (M/S/C):</b> Johnson/Van Brocklin (7/0) <b>Abstention(s)</b> Ransom <b>Motion carries.</b>	
3. Public Comment/Sharing our Concerns	A member of the community commented that they liked that the meeting began with a roll call. They stated that they wished that all committees had the same agenda.	
4. Review and approve the agenda for July 5, 2022	<b>Motion:</b> Approve the agenda for the July 5, 2022 meeting as presented. <b>M/S/C:</b> Acevedo/Johnson (7/0) <b>Abstention(s):</b> Ransom <b>Motion carries.</b>	
5. Review and approve the Minutes for June 7, 2022	<b>Motion:</b> Approve the minutes for the June 7, 2022 meeting as presented. <b>M/S/C:</b> Acevedo/Van Brocklin (5/0) <b>Abstentions:</b> Applebaum, Davenport, Ransom	



Agenda Item	Action	Follow-up
	<b>Motion carries.</b>	
<b>6. Old Business</b>		
a) <b>Discussion:</b> Additional Townhall Meetings to further discuss the Integrated Plan	<p>HSHB is in the process of hiring a consultant. The committee noted that the list of priority populations on the agenda for this item is not final or definitive and should be reviewed. L. Brookshire confirmed that developing a list of priority populations will be part of the scope of work and that actual plan will be developed and submitted for approval.</p> <p>Support staff informed the Committee that Jeffery Weber had been added to the committee on May 26, 2022. Today's meeting agenda did not include his name when posted so he will not vote today but will be added to committee role.</p>	
b) <b>Discussion:</b> Implementation of the JEDI Principles	The Committee discussed and agreed that it will consider recommending a poll of HPG and committee members. This poll could be used to determine training priorities. Poll and training could potentially be facilitated by the GTZ consultant being hired by HSHB. The committee would also like to consider list of potential training resources. Myleen Abuan Paragas will contact Meredith Lee, who may be able to do training regarding JEDI Principles. Other trainers may be needed to supplement this training. Committee Members would also like to review a paired down slide with land acknowledgment to consider a recommendation that it be included for all committee meetings.	<p>Myleen Abuan Paragas to work with support staff to contact Meredith Lee.</p> <p>Support staff to develop a simplified version of the land acknowledgment slide.</p>
<b>7. New Business</b>		
a) Consider Cancellation of August Meeting due to Weekly HPG Meetings	<p><b>Motion:</b> Cancel the scheduled meeting on August 2, 2022.</p> <p><b>M/S/C:</b> Johnson/Davenport (7/0)</p> <p><b>Abstentions:</b> Ransom</p> <p><b>Motion carries.</b></p>	
b) <b>Update:</b> Planned Changes to RW Annual Enrollment – Impact on Enrollment Throughout the Part A System	HSHB is developing a memo detailing the change and the Aug 1 <sup>st</sup> start date to be distributed to Ryan White providers by July 11, 2022. HSHB website will also be updated by July 11 <sup>th</sup> . This information will be presented to Case Managers during their monthly meeting with HSHB on July 14 <sup>th</sup> . This information will be reviewed at Steering (July 21), Consumer Group (July 23) and at HPG (July 27). Consumers will only be required to present eligibility paperwork on enrollment but may need to provide information for re-certification annually on their birthday. Consumers will only need to enroll in Ryan White at one location but may need to	Add to committee and HPG agendas

Agenda Item	Action	Follow-up
	complete any provider-specific enrollment for each provider.	
<b>8. Routine Business</b>		
a) Getting to Zero 3-Yr Action Plan: Next Priority	This item to added to the September. At that time, the committee will consider whether this decision will be made in a work group or in the committee. A member expressed their preference to begin with items 4d and 4 g because Housing is an important issue and the training would align with the work that the committee has been doing.	Add this to the September agenda. Coordinate with consultant if available
<b>9. Update Committee Work Plan</b>		
a) Upcoming Trainings	At the next meeting in September, the committee will work on developing a work plan that includes a schedule for the rest of the year. This will include an outline of when the committee plans to complete tasks throughout the year in order to ensure that recommendations can be provided to other committees in a timely manner.	This item to be added to the September agenda
<b>10.</b> Recommendations to HPG, HPG committees and requests of recipient	None	
<b>11.</b> Suggested items for the future committee agenda	None.	
<b>12.</b> Announcements	County Public Health is doing a Meningococcal Vaccination event on Sunday, July 10 at the San Diego LGBT Community Center from 9:00 AM – 2:00 PM	
<b>13.</b> Confirm next meeting date and time	<b>Tuesday, September 6, 2022 at 11:30 AM</b> <b>Location:</b> Zoom	
<b>14.</b> Adjournment	Meeting adjourned at 12:37PM.	

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

Memo Materials For your meeting Tuesday 9/6 e  
 Enclosed please find:

1. Listing of the 4 Items/objectives suggested by the Medical Standards workgroup for consideration by the Medical Standards Committee at their next meeting. Listed in red are the corresponding consumer/GTZ recommendations. This is FYI and any of your feedback and comments are most welcome. Your committee may or may not wish to join the workgroup in making these recommendations to the medical standards committee.

Additionally provided for your convenience and use are:

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

Thank you for all of your work and dedication! I look forward to our work to operationalize and implement these consumer recommendations!

Delores Jacobs, PhD

#### Tuesday 9/06/22 4 Discussion Items

- ⇒ **Objective 1: Update Primary Care standards** to ensure that clients, if interested, can participate in virtual medical visits, including intake assessment and provision of necessary equipment and Internet access. This is intended to provide the service, if desired, rather than burdening the client with information seeking. Resources are obtained either through Emergency Financial Services or Medical/Non-medical Case management services.
- ⇒ [GTZ Consumer Recommendation 3: Ensure HIV services (Primary Care, Mental Health, Case management) assess client capacity to access to telehealth appointments]

Universal Standard, **Current language:** *"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".*

**Proposed language addition in bold:** 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. **To the degree that telehealth appointments are appropriate for, continue to be allowable by third party payors and are provided to clients; information regarding the potential availability of telehealth services as well as the availability of assistance with the provision of necessary equipment**

**and Internet access will be provided.** Additionally, providers are required to review client rights and responsibilities, complaint and grievance policies and confidentiality and sharing of protected health information.

- ⇒ **Objective 2: Update Universal Standards/Intake Requirements** to include specific service information and assessments of food security, housing stability, transportation needs and emergency financial assistance
- ⇒ *[GTZ Consumer Recommendation 5: Provide service information and rapid access to basic support services]*

**Universal Standard, Current language:** “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”.

**Proposed additional language:** 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. **To the degree that telehealth appointments are appropriate for, continue to be allowable by third party payors and provided to clients; information regarding the potential availability of telehealth services as well as the availability of assistance with the provision of necessary equipment and Internet access will be provided.**

**Within 90 days of intake,** providers also assess client access issues, including linguistic, literacy and cultural needs, physical accessibility, and service locations. **Service information and assessment is also provided regarding temporary housing services, food services, emergency financial assistance, mental health services and substance abuse treatments and transportation services. Such information will be provided to clients and documented in ARIES at least once a year thereafter.**

**[Measure: ARIES note indicating date service information/referrals were provided.]**

Additionally, providers are required to review client rights and responsibilities, complaint and grievance policies and confidentiality and sharing of protected health information.

- ⇒ **Objective 3: Update Client Rights and Responsibilities** to support inclusion of family and/or other identified support persons for clients in supporting their care.

**Current language: Client Rights and Responsibilities**

**Proposed language in bold.**

Clients have the right to receive services that address their needs, as well as refuse services. Clients may actively engage in decision making. **Clients also have the right to involve their family members and/or**

**other identified support persons in support of their care, if they wish. Consent will be required in order for any information to be shared directly by providers with such persons.** 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.

- ⇒ **Objective Four: Update Primary Care standards** to include requirements for serving transgender clients, including whole-person care, hormone therapy and STD testing and treatment.

**Suggestion: Utilize recent HRSA language regarding this standard**

[GTZ Consumer Recommendation 8: Increase the number of HIV service sites that have the capacity for whole person-whole health services including PrEP, mental health services, substance abuse treatment services, hormone treatment, case management, and housing resources.]

### **STRATEGIES AND STANDARDS COMMITTEE: Additional objectives in next year**

1. Support for JEDI principles and mechanism for evaluating representative workforce.
2. Update Cultural Competency standards to include specific requirements regarding training

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

3. Develop Trauma-Informed Service Delivery standards, including specific requirements for training

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

4. Update standards for emergency financial assistance to identify circumstances where same-day response is warranted

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

5. Strategies and Standards Committee to review models and resource requirements that would support **drop-in services** for primary care, mental health, and substance use treatment

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

6. Strategies and Standards Committee to explore the potential effectiveness and feasibility of funding **mobile health clinics**

7. Strategies and Standards Committee to explore the feasibility and effectiveness of expanding HIV testing into nontraditional testing sites
8. Strategies and Standards Committee to identify any additional data needs to support planning and implementation of services to reduce disparities in health outcomes
9. Strategies and Standards Committee to incorporate strategies for dismantling HIV-related stigma among Black, Hispanic and transgender persons living with or vulnerable to HIV

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

10. Strategies and Standards Committee to review and re- evaluate eligibility criteria for basic needs support

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

**GTZ Consumer Recommendations:** Results of 160 consumers participating February 2020 – June 2021 in formal large group setting, small groups settings and individual interviews.  
 Interview demographics: ¾ living with HIV, ¼ at higher risk for HIV; 77% of color; 15% Transgender; ages 20-71; Equal # of recently diagnosed and long-term survivors.  
 Results yielded 12 broad HIV community recommendations, some with multiple parts.  
 Recommendations are listed below.

### BRIEF GTZ RECOMMENDATION SUMMARY LISTING

<b>Recommendation 1: Acknowledge and address medical system mistrust</b>
<b>REPRESENTATION WORKFORCE</b>
1a. Ensure ongoing recruitment, support and retention of a representative workforce
1b. Acknowledge systemic racism, missteps, mistakes and harms of the past and ensure plans are created and implemented to ensure this past is not repeated.
1c. <b>WORKFORCE TRAINING CULTURAL HUMILITY, TRAUMA INFORMED CARE</b> Provide enhanced, skill-based trainings to HIV service-delivery staff to improve the ability to consistently communicate cultural respect, knowledge and humility, as well as the skills required for trauma-informed care.
<b>Recommendation 2: Improve communications and outreach strategies for those living with and at higher risk for HIV who live, work or participate in historically-underserved, Low Information communities.</b>
2a. Better provide HIV services information to HIV community members and historically-underserved communities impacted in San Diego County. <b>This recommendation is intended to proactively provide the information to the community rather than having the burden of information seeking fall to the consumers.</b>
2b. Provide increased and readily available <b>basic health information</b> to low information, historically-underserved community members and communities.
<b>Recommendation 3: Ensure each HIV service assesses client capacity to access to telehealth appointments to ensure that all HIV community members have equitable access to tele-health appointments</b>
3a. <b>Updating Primary Care standards</b> to ensure that clients, if interested, can participate in virtual medical visits, including intake assessment and provision of necessary equipment and Internet access. This is intended to provide the service, if desired, rather than burdening the client with information seeking.
3b. Resources are obtained either through Emergency Financial Services or Medical/Non-medical Case management services.
<b>Recommendation 4: Provide increased mental health and alcohol/substance misuse treatment opportunities for those living with or at higher risk for HIV. Additionally, more widely communicate information about these opportunities to HIV community members.</b>
4a. <b>Coordinating</b> with the existing harm reduction task force, provide <b>guidance</b> to contracted HIV service providers designed to <b>increase the availability of harm reduction services</b> for substance misuse treatment.
4b. Expand and augment the current syringe exchange program(s) in San Diego County to allow services to be provided for an increased number of community members (including HIV community members) and to include more opportunities for connection to additional needed services (i.e., wound care, MAT, Case management, vaccinations, etc.)
4c. <b>Coordinating</b> with County drug and alcohol services personnel, ensure the design and implementation of a <b>coordinated system for rapid response</b> for HIV community members who desire to enter substance misuse residential or out-patient treatment.

4d. In light of reported treatment disruptions which often occur for those without secure housing, design and deploy more rapid interventions for consumers, <b>particularly when insecure housing and either substance misuse or mental health symptoms are co-occurring.</b>
4e. Investigate the current opportunities for substance misuse treatment for methamphetamine and, if inadequate opportunities exist, expand those available.
4f. Continue to increase the opportunities for <b>same-site location of medical providers, mental health providers and alcohol/substance misuse counselors</b> for those living with or at higher risk for HIV.
4g. <b>In collaboration with UCSD and AETC</b> , provide links and resources for <b>skill-based training for HIV service personnel</b> regarding the stigmatizing behaviors faced by substance misusing HIV community members and ways to reduce those stigmatizing behaviors within the health care system itself.
<b>Recommendation 5:</b> More consistently provide rapid access to <b>basic support services</b> : housing, food, transportation, emergency financial assistance including shut-off & eviction prevention. Additionally, more widely communicate information about these opportunities and the processes to access them.
<b>Recommendation 6:</b> Continue to expand the opportunities to hire, support and utilize peer navigators, peer health educators, peer outreach specialists, benefits navigators, and housing specialists.
<b>Recommendation 7:</b> Design, integrate and deploy strategies to address the <b>stigmas</b> faced by HIV community members;
7a. Increase opportunities/programs for social support of those living with or at higher risk for HIV who may, as a function of family or community stigma, have fewer social supports.
<b>Recommendation 8:</b> Increase the number of HIV service sites that have the capacity for <b>whole person-whole health services</b> including PrEP, mental health services, substance misuse services, hormone treatment, case management, and housing resources.
<b>Recommendation 9:</b> Design, create and execute <b>improved community engagement and outreach strategies</b> that utilize community organizing and personal relationship building. Strategies should include: transportation and meal reimbursements as well as appropriate and respectful incentives, engaging, interesting meeting opportunities for planning participation and routine report-outs regarding what has been done with HIV community feedback.
<b>Recommendation 10:</b> Revise and refine the documentation processes that create a barrier to access services for persons living with or at increased risk for HIV.
10a. Reduce the duplication of forms and paperwork required to access HIV services.
<b>Recommendation 11:</b> Design and deploy a variety of brief, on-line trainings for those living with or at higher risk for HIV. Trainings include but are not be limited to: what is the HIV Planning Group and options for involvement; What is the HPG Consumer group and how to get involved; What are HPG committees and how to get involved; How to effectively advocate for the HIV community.



## 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)



# JUSTICE, EQUITY, DIVERSITY, AND INCLUSION INTENTION (JEDI) PRINCIPLES AND ACTIONS



The San Diego HIV Planning Group (HPG) is dedicated to creating and supporting an inclusive culture for members and others supporting HIV service contractors.

## COMMITMENT

- Giving all HPG members an equal voice in developing policy;
- Honoring diverse views;
- Including representatives from communities affected by HIV in San Diego County; and
- Ensuring our HPG membership and the HIV workforce of our supporting HIV service contractors are reflective of those living with and at higher risk for HIV in San Diego County.

## VISION AND INTENTION

We recognize the existence and impact of systemic racism, socioeconomic disparities, and inequities that affect the most vulnerable, especially Black and Hispanic/Latinx consumers, knowing that these conditions must be addressed.

**Vision:** To create a supportive environment where all members can feel heard, valued, and respected with acknowledgement to the voice and differential treatment of Black & Brown consumers.

**Mission:** To use the JEDI Principles as a framework for mindful practice among HPG members, contracted HIV Service providers, and stakeholders.

## JEDI PRINCIPLES

- **Affirm** the right to dignity & strive to keep mutual respect for each other
- **Value/celebrate** cultural diversity of the HPG
- **Adapt** responsibly to cultural differences
- **Acknowledge** historical & divisive biases on race, ethnicity, sex, gender identity, age, disability, sexual orientation, religion, & political beliefs & seek understanding among individuals and groups
- **Continue** commitment to achieving proportional demographic representation among the HPG & its HIV service contractor workforce
- **Commit** to promoting & supporting a community where all people can work and learn together in a safe & welcoming space
- **Reject** acts of any discrimination and will address/respond to such acts appropriately
- **Affirm** the right to freedom of expression at the HPG
- **Commit** to the development & enforcements of policies that promote the achievement of these principles

## RECOMMENDED ACTIONS

- **Submit** the JEDI Principles to the Strategies & Standards Committee for review & approval at the Steering Committee & HPG for adoption in 2022
- **Direct** HPG support staff to create, look over, & report out to HPG the total, demographic makeup of HPG members & request that the HPG ask for this information from HPG support staff
- **Request** that the Recipient look over & report out to HPG the demographic makeup of contracted HIV service providers' workforce. Request that the HPG request this information from the Recipient.
- **Request** that the Strategies & Standards Committee discuss the inclusion of Universal Standards language regarding contractor best efforts to ensure diverse and proportional representative HIV workforce

*Future work is needed to address other marginalized communities, including Asian Americans, Native Hawaiian & Pacific Islanders (AANHPI), Immigrants, and People with Disabilities.*

## LAND ACKNOWLEDGEMENT

The HPG holds great respect for the land and the original people of the area where we do our work. The County of San Diego Health and Human Services Agency was built on the unceded territory of the **Kumeyaay Nation**. Today, the **Kumeyaay** people continue to maintain their political sovereignty and cultural traditions as vital members of the San Diego Community.

We also acknowledge the traditional territory of the **Luiseño/Payómkawichum** people. North County San Diego is still home to the six federally recognized bands of the **La Jolla, Pala, Pauma, Pechanga, Rincon, Soboba Luiseño/Payómkawichum** people. It is also important to acknowledge that this land remains the shared space among the **Kuupangaxwichem/Cupeño** and **Kumeyaay** and **Ipai** peoples. We acknowledge their tremendous contributions to our region and thank them for their stewardship.

## SAN DIEGO HIV PLANNING GROUP

### JUSTICE, EQUITY, DIVERSITY, AND INCLUSION INTENTION (JEDI) PRINCIPLES AND ACTIONS

The San Diego HIV Planning Group (HPG) is dedicated to creating and supporting an inclusive culture for members and others supporting HIV service contractors. We are committed to:

- Giving all HPG members an equal voice in developing policy;
- Honoring diverse views;
- Including representatives from communities affected by HIV in San Diego County; and
- Ensuring our HPG membership and the HIV workforce of our supporting HIV service contractors are reflective<sup>1</sup> of those living with and at higher risk for HIV in San Diego County.

#### HPG Vision and Intention

In a focused effort to acknowledge and address the medical and system-based hesitancy and mistrust experienced by significant numbers of HIV stakeholders; we are intentionally, and imperfectly, working toward justice, equity, diversity and inclusion (JEDI)<sup>2</sup>. We recognize the existence and impact of systemic racism, socioeconomic disparities, and inequities that affect the most vulnerable, especially Black and Hispanic/Latinx consumers, knowing that these conditions must be addressed. We know these conditions must be addressed to create a supportive environment where all members can feel heard, valued, and respected, and are encouraged to contribute. We take collective responsibility for working toward an environment where everyone feels included, respected, and comfortable in bringing their whole self to the HPG. We embrace people of all backgrounds, cultures, and life experiences and hold space for truly hearing and understanding each other.

Our JEDI principles provide a framework for mindful practices among HPG members, contracted HIV service providers and with our stakeholders. We represent diverse races, ethnicities, creeds, cultures, ages, genders and gender identities, sexual orientations, and social affiliations; all coming together for the benefit of the San Diego HIV community. HPG members, staff, and volunteers are encouraged to routinely practice the following principles.

#### Justice, Equity, Diversity, and Inclusion Principles

- **Affirm** the right to dignity & strive to keep mutual respect for each other
- **Value/celebrate** cultural diversity of HPG
- **Adapt** responsibly to cultural differences (*Cultural differences are commonly defined as the various beliefs, behaviors, languages, practices and expressions considered unique to members of a specific ethnicity, race or national origin.*)
- **Acknowledge** historical & divisive biases based on race, ethnicity, sex, gender identity, age, disability, sexual orientation, religion, and political beliefs & seek understanding among individuals and groups
- **Continue** commitment to achieving proportional demographic representation among the HPG and its HIV service contractor workforce
- **Commit** to promoting & supporting a community where all people can work and learn together in a safe & welcoming place
- **Reject** acts of any discrimination and will address/respond to such acts appropriately
- **Affirm** the right to freedom of expression at the HPG
- **Commit** to the development & enforcement of policies that promote the fulfillment of these principles

## Recommended Actions in Support of JEDI Principles

1. **Submit** the JEDI statement of principles to Strategies & Standards Committee for review & approval to the Steering Committee & HPG for adoption in 2022
2. **Direct** HPG support staff to create, look over, & report out to HPG the total, demographic makeup of HPG members & request that the HPG ask for this information from HPG Support staff
3. **Request** that the Recipient look over & report out to HPG the demographic makeup of contracted HIV service providers' workforce  
**Request** that the Strategies & Standards Committee discuss the inclusion of Universal Standards language regarding contractor best efforts to ensure diverse and proportional representative HIV workforce

*Future work is needed to address other marginalized communities, including Asian American, Native Hawaiian & Pacific Islanders (AANHPI), Immigrants, and People with Disabilities.*

## Land Acknowledgement<sup>3</sup>

The HPG holds great respect for the land and the original people of the area where we conduct our work. The County of San Diego Health and Human Services Agency was built on the unceded territory of the Kumeyaay Nation. Today, the **Kumeyaay** people continue to maintain their political sovereignty and cultural traditions as vital members of the San Diego Community.

We also acknowledge the traditional territory of the **Luiseño/Payómkawichum people**. North County San Diego is still home to the six federally recognized bands of the **La Jolla, Pala, Pauma, Pechanga, Rincon, Soboba Luiseño/Payómkawichum** people. It is also important to acknowledge that this land remains the shared space among the **Kuupangaxwichem/Cupeño** and **Kumeyaay** and **Ipai** peoples. We acknowledge their tremendous contributions to our region and thank them for their stewardship.

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### <sup>1</sup> Proportional Representation

Proportional representation and/or reflectiveness is defined as having a diversity profile that reflects the demographics of the local HIV community. Demographics include race/ethnicity, age, mode of transmission, gender, and region at diagnosis. As a result of the data changes between all people living with HIV and the subset of recent (last five years) diagnoses, proportional representation is defined herein using the County of San Diego epidemiology data for recent cases.

### <sup>2</sup> Working definition of JEDI (as defined by The Avarna Group and JEDI Collaborative):

- **Justice**: Dismantling barriers to resources and opportunities in society so that all individuals and communities can live a full and dignified life. These barriers are essentially the “isms” in society: racism, classism, sexism, etc.
- **Equity**: Allocating resources to ensure everyone has access to the same opportunities. Equity recognizes that advantages and barriers —the ‘isms’—exist.
- **Diversity**: All the differences between us based on which we experience advantages or encounter barriers to opportunities. Diversity isn’t just about racial differences.
- **Inclusion**: Fostering a sense of belonging by centering, valuing, and amplifying the voices, perspectives and styles of those who experience more barriers based on their identities.

### <sup>3</sup> What is a Land Acknowledgement?

A Land Acknowledgement is a formal statement that recognizes and respects the Indigenous peoples as traditional stewards of this land, the enduring relationship that exists between Indigenous peoples and their traditional lands. This is an act of conciliation that makes a statement recognizing the traditional land of the Indigenous people who have called and still call the land home before and after the arrival of settlers. Acknowledging the land is a transformative act that works to undo the intentional erasure of Indigenous peoples is the first step in decolonizing land relations.



## Strategies Committee 2023 Work Plan

January 2022	July 2022
•	•
February 2022	August 2022
•	•
March 2022	September 2022
•	•
April 2022	October 2022
•	•
May 2022	November 2022
•	•
June 2022	December 2022
•	•



## County of San Diego

**NICK MACCHIONE, FACHE**

AGENCY DIRECTOR

**HEALTH AND HUMAN SERVICES AGENCY**

PUBLIC HEALTH SERVICES

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

PUBLIC HEALTH OFFICER

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# APPENDIX

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**Effective October 1, 2021**, a new law, AB 361, amends Government Code section 54953 to add subsection (e) ("Special Teleconferencing Rule") which, under specific circumstances, will allow continued suspension of the General Teleconferencing Rule. A recent modification to the Brown Act (the rules regarding open meetings in California) allows the HPG and Committees to continue to meet virtually while a state of emergency is in effect. In - person meetings will return when the state of emergency is over.

### Strategies Committee 2020 Work Plan

<b><u>January 2020</u></b> <ul style="list-style-type: none"> <li>Develop 2020 Work Plan</li> </ul>	<b><u>July 2020</u></b> <ul style="list-style-type: none"> <li>Review and approve Outpatient /Ambulatory Health Services</li> <li>Review and approve Oral Health Service Standards</li> <li>Review and approve Dental Practice Guidelines</li> <li>Ending the Epidemic Plan</li> </ul>
<b><u>February 2020</u></b> <ul style="list-style-type: none"> <li><b>Presentation:</b> on integration of Ending the Epidemic and Getting to Zero Plan</li> <li><b>Presentation:</b> the local/CDPH response to CDC 19-1906</li> <li>Discussion topic: Fast Track Cities</li> </ul>	<b><u>August 2020</u></b> <ul style="list-style-type: none"> <li>Community Engagement</li> <li>Presentation: Review of county funded prevention and treatment programs</li> </ul>
<b><u>March 2020</u></b> <ul style="list-style-type: none"> <li><b>Presentation:</b> Susan &amp; Patrick present plan on the HRSA Grant (20-078)</li> <li>Measuring Incidence - Public Letter</li> </ul>	<b><u>September 2020</u></b> <b>NO Meeting</b>
<b><u>April 2020</u></b> <ul style="list-style-type: none"> <li><b>Presentation:</b> Harder and Co.</li> <li>Measuring Incidence - Public Letter</li> </ul>	<b><u>October 2020</u></b> <ul style="list-style-type: none"> <li>PACE</li> <li>Samantha Tweeten - review characteristics of persons without virologic suppression in San Diego County</li> </ul>
<b><u>May 2020</u></b> <b>NO Meeting</b>	<b><u>November 2020</u></b> <ul style="list-style-type: none"> <li><b>Presentation:</b> PWID Report - Lisa Asmus</li> </ul>
<b><u>June 2020</u></b> <ul style="list-style-type: none"> <li>Request to the Priority Setting and Resource Allocation Committee</li> <li>Accelerated plan for Ending HIV Epidemic (EHE)</li> <li>Presentation: Overview and interaction of HIV and STI's</li> </ul>	<b><u>December 2020</u></b> <ul style="list-style-type: none"> <li>Samantha Tweeten - review characteristics of persons without virologic suppression in last 5 years, with or without a lab.</li> <li><b>January 2021:</b> Overview of public health databases (HIV/STI/Testing)</li> </ul>

**Topics for future workplan:**

- Presentation on Ending the Epidemic Summit
- Access and services for people who inject drugs
- Viral suppression among marginally housed and persons with mental health disorders