STRATEGIES AND STANDARDS COMMITTEE

Tuesday, October 7, 2025, 3:00 PM – 4:30 PM
County Operations Center
5530 Overland Ave, San Diego, CA 92123
(Training Room 124)

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

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Meeting Location & Directions:

Strategies and Standards Committee

Tuesday, October 7, 2025

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.

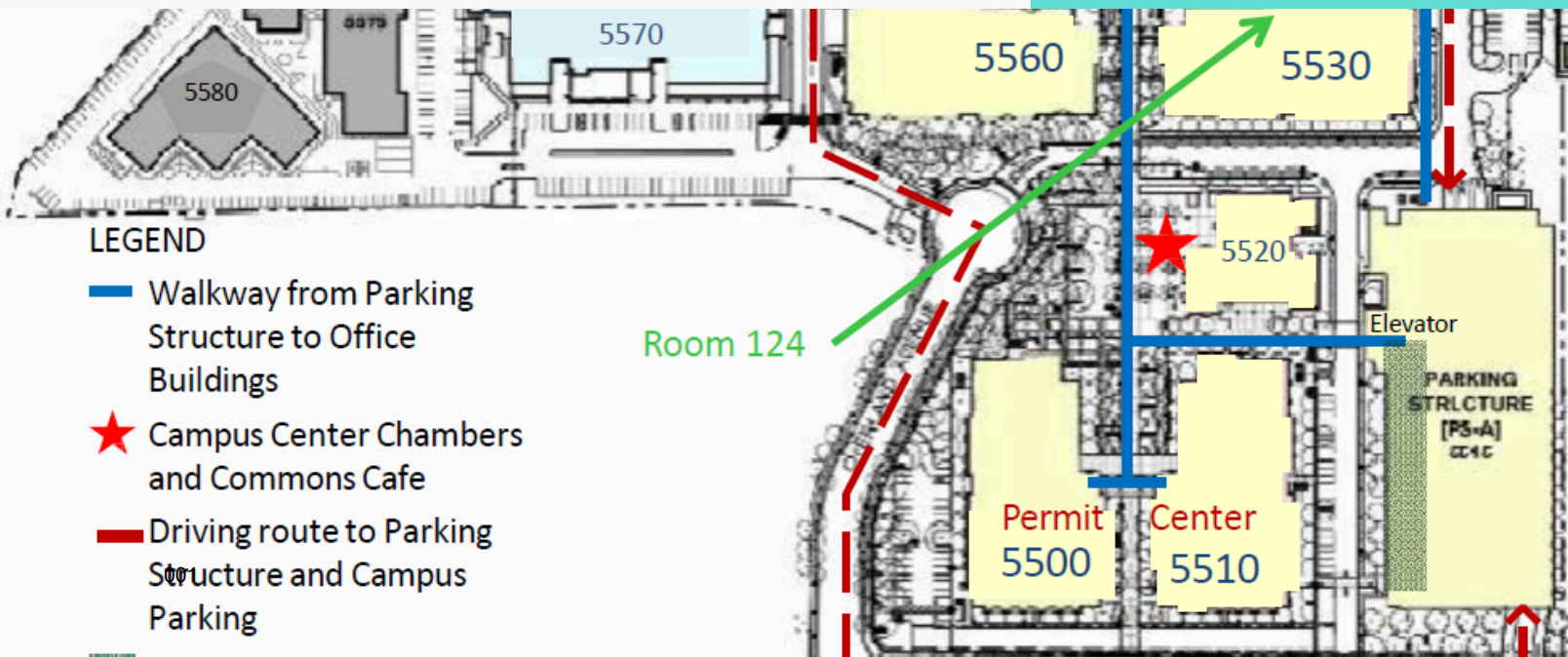
FROM I-15 SOUTH:

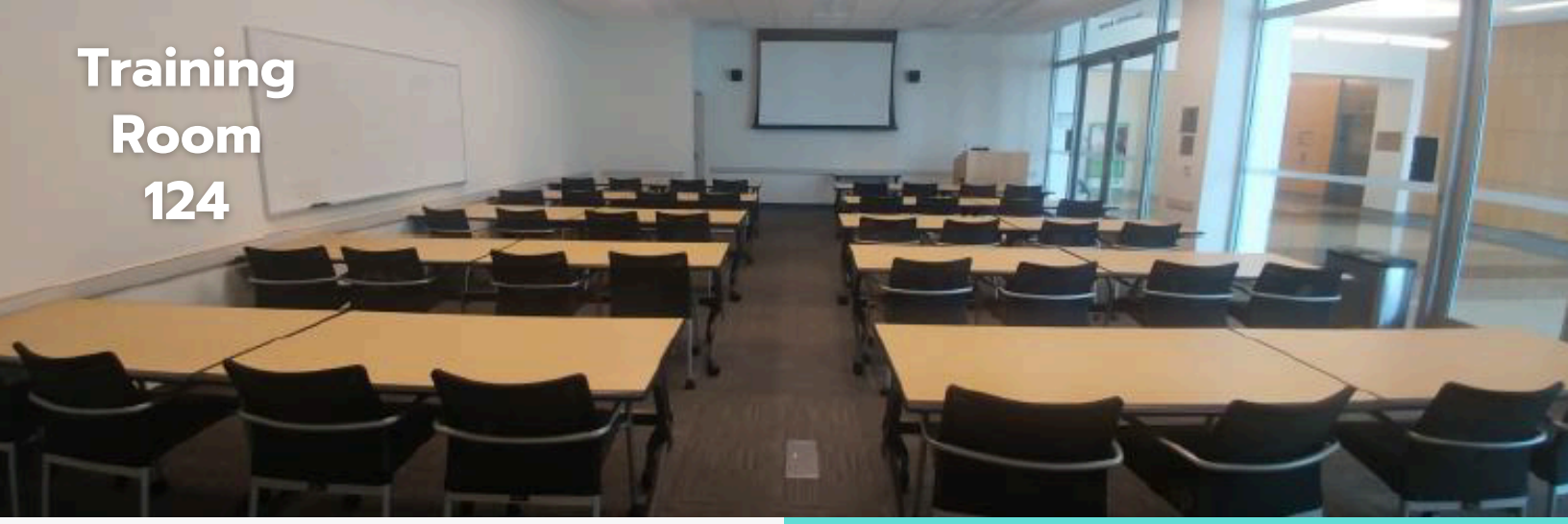
1. Take I-15 North to Exit 10 for Clairemont Mesa Blvd.
2. Turn left onto Clairemont Mesa Blvd.
3. Turn right onto Overland Ave.
4. Continue straight to stay on Overland Ave.

PUBLIC TRANSPORTATION

MTS Bus Routes:

25, 235, 928





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.

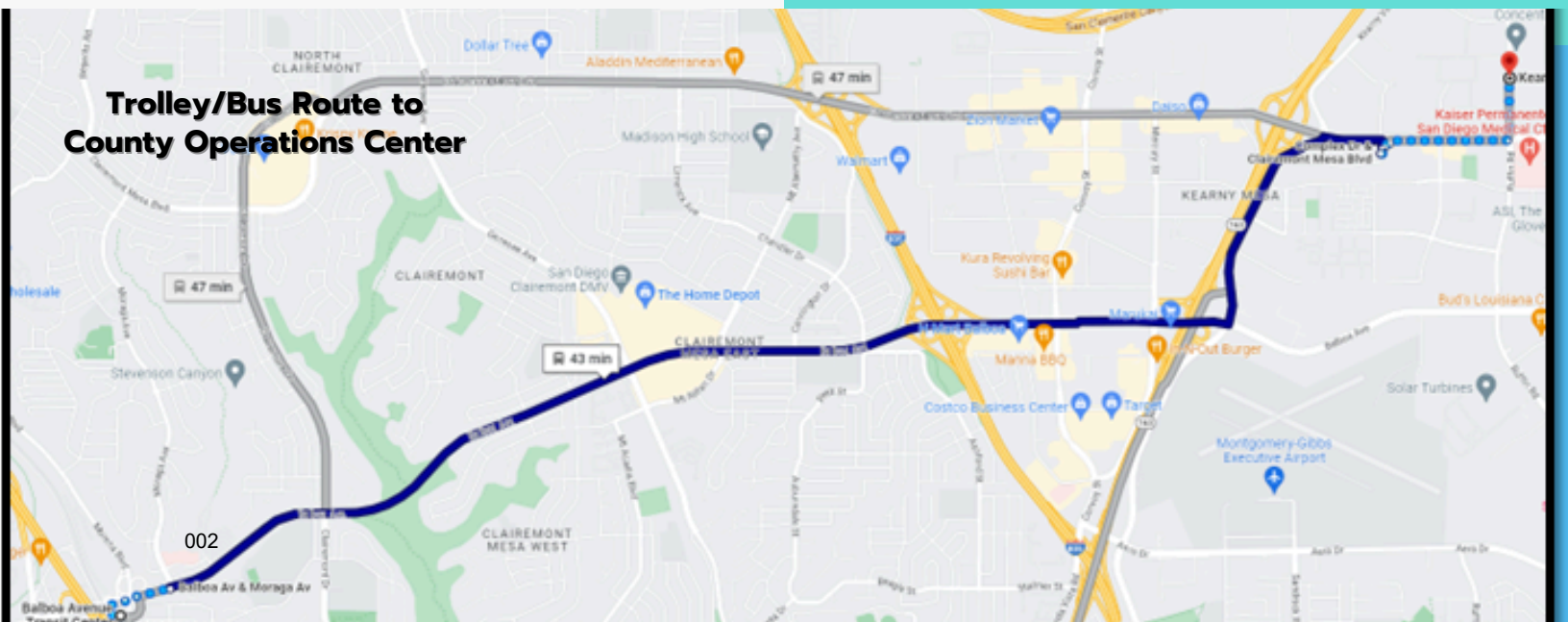
FROM BUS:

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, October 7, 2025, 3:00 PM – 4:30 PM
County Operations Center
5530 Overland Ave, San Diego, CA 92123
(Training 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 seven (7)

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

ORDER OF BUSINESS

1. Call to order, introductions, comments from the chair, and a moment of silence
2. Public comment (for members of the public)
3. Sharing our concerns (for committee members)
4. **ACTION**: Approve the Strategies & Standards Committee agenda for October 7, 2025
5. **ACTION***:* Approve the Strategies & Standards minutes for August 5, 2025
6. Review follow-up items from last meeting
7. Old Business:
    a. **ACTION**: Review and approve the combined Medical/Non-Medical Case Management Standards
    b. **ACTION**: Review and approve the committee meeting attendance policy
    c. **ACTION**: Review and approve Service Standards Introduction
    d. **ACTION**: Review and approve Emergency Financial Assistance and Housing Standards
8. New Business:
    a. None
9. Routine Business:
    a. Review: Committee Work Plan
    b. Review: Committee Attendance
    c. Recommendations from Priority Setting & Resource Allocation Committee
    d. Recommendations to the HIV Planning Group, HIV Planning Group committees, and requests of recipient
    e. Suggested items for the future committee agenda
10. Announcements
11. Next meeting date: December 2, 2025 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, August 5, 2025, 3:00 PM – 4:30 PM
County Operations Center
5530 Overland Ave, San Diego, CA 92123
Training Room 124

A quorum for this meeting is seven (7)
Committee Members: Amy Applebaum | Michael King | Skyler Miles | Joseph Mora | Ivy Rooney | Dr. Winston Tilghman | Jeffery Weber | Michael Wimpie (Chair)
Members Absent: Nicole Aguilar | Juan Conant | Beth Davenport | Veronica Nava

ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order, introductions, comments from the chair, and a moment of silence	Michael Wimpie called the meeting to order at 3:03 PM. Introductions were had. A moment of silence was observed. The chair had no comments/updates.	
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 August 5, 2025	**Motion:** Approve the Strategies and Standards Committee agenda for August 5, 2025 **Motion/Second/Count (M/S/C):** Rooney/Weber/7-0 **Abstentions:** none **Motion carries**	
5. **ACTION**: Approve the Strategies and Standards Committee meeting minutes from June 3, 2025	**Motion:** Approve meeting minutes for June 3, 2025 **M/S/C:** King/Tilghman/7-0 **Abstentions:** none **Motion carries**	
6. Review follow-up items from last meeting	• HPG Support Staff (HPG SS) to clarify the Service Standards Introduction language and bring the document back for discussion. **In Progress** • HPG SS to work on the Case Management Standards with the Recipients' Office to revise	

Agenda Item	Discussion/Action	Follow-Up
	and bring back for review. **In Progress** • HPG SS to work with the HPG Chair to approve an ad hoc working group with Joseph Mora, Michael King, Veronica Nava, Amy Applebaum, and Michael Wimpie. **In Progress** • HPG SS will incorporate discussion suggestions in the Universal Standards and bring back to the committee for approval. **Completed**	
7. New Business		
a. **ACTION**: Review and approve Clarification Regarding the Partial Assistance Rental Subsidy (PARS) Waiting List Priorities and Enrollment	**Motion:** Approve changing the PARS enrollment period from 48 months to 24 months, with extension periods allowed in 6-month increments for up to 48 months while clients are actively working on a housing plan. **M/S/C:** Miles/Weber/8-0 **Discussion:** The following discussion took place: - The goal of PARS is to provide stable housing while people look for affordable, permanent housing. - Having two lists might create more barriers to reapplying, thus increasing homelessness. - This service is specifically for temporary housing assistance. - Consider decreasing the time on PARS to 24 months (from 48) with a 6-month extension at a time for up to 48 hours. **Abstentions:** none **Motion carries**	HPG SS will bring the revised Action Item to the September HPG meeting
b. **ACTION**: Review and approve combined Medical/Non-Medical Case Management Standards	Motion tabled. The document is still being reviewed and finalized by the HSHB staff.	HPG SS will follow up with the final revisions for the October meeting

Agenda Item	Discussion/Action	Follow-Up
c. **ACTION**: Review and approve the committee meeting attendance policy	The committee has been tasked with developing an attendance policy because they meet every other month. The motion has been tabled until October.	
8. Old Business		
a. **ACTION**: Review and approve Service Standards Introduction	Tabled	
b. **ACTION**: Review and approve Emergency Financial Assistance and Housing Standards	Tabled	
c. **ACTION**: Review and approve Universal Standards	**Motion:** Approve Universal Standards **M/S/C:** Wimpie/Rooney/7-0 **Discussion:** The following discussion took place: - Trauma-Informed Care Guidelines have been incorporated into the Universal Standards. - All suggestions from the previous meeting were addressed in the tracked changes for the committee's reference. **Abstentions:** none **Motion carries**	
d. **ACTION**: Review and approve Trauma-Informed Care guidelines	The document has been incorporated into the Universal Standards.	
9. Routine Business		
a. **Discussion**: Recommendations from Priority Setting & Resource Allocation Committee (PSRAC)	None	
b. Recommendations to the HIV Planning Group (HPG), HPG committees, and requests of recipient	None	

Agenda Item	Discussion/Action	Follow-Up
c. **Review**: Committee Attendance	The attendance summary was reviewed as part of agenda items 7c.	
d. Suggested items for future committee agenda	None	
10. Announcements	None	
11. Next meeting date	**Date:** Tuesday, October 7, 2025 **Time:** 3:00 PM – 4:30 PM **Location:** to be determined and via Zoom.	
12. Adjournment	Meeting adjourned at 4:30 PM.	

~~Medical~~ Case Management

Service Category Definition

Case management, both medical and non-medical, helps clients navigate and manage needs, including medical and mental health care, benefits programs, housing and rental assistance, food assistance, and emergency financial assistance. Medical and non-medical case management differ only in their goals. Medical case management focuses on helping clients achieve optimal health outcomes related to HIV, including engagement in medical care, treatment adherence, and achievement of viral suppression. Non-medical case management is for clients who require coordination, guidance and assistance in improving access to and retention in needed medical and support services, including support in eliminating barriers.

~~Medical Case Management is the provision of a range of client-centered activities focused on~~ Care managers often work with ~~improving health outcomes in support of the HIV care continuum. Activities provided under this service category may be provided by~~ an interdisciplinary team that includes ~~other~~ medical providers, specialty care providers, mental health providers, substance use treatment providers, and medical advocates. Case management services include one-on-one meetings between the case manager and the client, and these meetings can take place in-person or via virtual platforms or phone calls. Services also include significant activities outside of these meetings, such as efforts of the case manager to identify services for their clients or participate in treatment team meetings regarding their clients. ~~Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact and any other forms of communication). Case managers function as a part of the interdisciplinary team. Services specifically link clients with health care, psychosocial and other services provided by trained professionals, including both medically credentialed and other health care staff. The coordination and follow up of medical treatments are a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services, and continuity of care through ongoing assessment of the needs and personal support systems of the client.~~

~~The objective of Medical Case Management Services is improving health care outcomes, whereas Non-Medical Case Management Services provide guidance and assistance in improving access to needed services.~~

Purpose and Goals

The goal of ~~medical case management~~case management services is to provide clients

with support to sustain or improve their abilities to live and function optimally. ~~improve overall health outcomes for clients in support of the HIV care continuum by linking to and maintaining them in appropriate care and treatment services while increasing self-sufficiency.~~

Intake

~~Medical case management staff operate as part of the clinical care team.~~ Clients may be referred to ~~medical case managers~~case management by primary care providers, mental health providers or any other provider of services. Clients are also able to self-refer. ~~or other clinical staff. Medical case managers~~Case managers ~~shall assess~~ determine eligibility for services~~each client's need for the service~~ based ~~on a standardized~~upon an initial, documented ~~assessment~~ of immediate needs ~~tool~~. Clients whose needs might be better met by other services, such as Peer Navigation, will be referred to those services. When clients are denied services for any reason other than what is described below under "Exclusions," the provider must document the reasons for the denial of service, document attempts to link the client to other service providers, and notify the County of the number of clients denied services and the reasons why in their monthly progress reports. ~~Clients must demonstrate that they are unable to access or remain in HIV medical care as determined by medical care managers based on whether or not:~~

- ~~Client is currently enrolled in outpatient/ambulatory health services~~
- ~~Client is following their medical plan~~
- ~~Client is keeping medical appointments~~
- ~~Client is taking medication as prescribed~~

Exclusions

Clients who ~~receive HIV medical case management~~can access case management or care coordination services through Medi-Cal or other public or private payers (other than VA or HIS) ~~from any other funding source are~~ are not eligible for this service. ~~Clients without need for the services based on their initial assessment may be referred to non-medical case management services. Likewise, clients who are enrolled in care and in compliance with their treatment plans may be directed to non-medical case management if they require assistance or guidance in obtaining access to certain medical, social, community, financial and other needed services.~~

Key Service Components and Activities

~~These~~ Case management~~services~~ ensure~~s~~ timely and coordinated access to ~~medically appropriate levels of~~ health and support services~~, as well as continuity of care,~~ through ongoing assessment of the needs and personal support systems of the client. ~~Medical c~~Case management can include~~s~~ the provision of treatment adherence counseling to ensure readiness for and adherence to complex HIV/AIDS treatments.

Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized service plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Client monitoring to assess the efficacy of the plan
- Periodic reevaluation and adaptation of the plan, at least every 6 months
- On~~-~~going assessment of client needs and personal support systems
- Coordination and follow up of medical treatments
- Treatment adherence counseling to ensure readiness for and adherence to ART, nPEP and PrEP~~. complex HIV treatments~~
- Client-specific advocacy and/or review of utilization of services
- Coordination and linkage to services required to implement the plan such as:
    - Health care
    - Psychosocial services
    - Benefits/entitlement counseling and other services
- Referrals assisting clients to access other public and private programs for which they may be eligible (e.g., Medi-Cal, Medicare~~Medi-Cal Part D~~, AIDS Drug Assistance Program (ADAP), Pharmaceutical Manufacturers' Patient Assistance Programs, and other State or local healthcare and supportive services)

~~This includes all types of case management, including face-to-face meetings,~~

~~telephone calls, and any other forms of communication.~~

Personnel Qualifications

~~Medical c~~Case management services are provided by ~~a medical case manager~~staff who meet~~s~~ one or more of the following requirements:

- Master's in Social Work or related field or a registered nurse with a minimum of one-year experience working in the field of HIV/AIDS, or a medical setting, or related field; or
- Bachelor's degree in social work or related field~~, or a registered nurse,~~ and a minimum of two years of experience working in the field of HIV/AIDS; and/or~~, a medical setting or other related field.~~
- ~~Three years of full-time work of direct consumer service experience under the supervision of a health or human service professional.~~
- Work~~, or~~ volunteer experience or lived experience in the field of HIV~~/AIDS~~ that demonstrates competency to provide case management to persons living with or vulnerable to HIV~~/AIDS~~.

Commented [LC1]: Previous dot has or, unclear to me if this one should be the same

Assessment and Service Plan

At the initiation of ~~medical~~ case management services, providers must conduct a comprehensive assessment of each client~~, including factors that affect access to and retention in medical care, such as~~, including:

- Health status
- Medical care and providers
- Activities of daily living
- Mental health status
- Substance ~~abuse~~ use assessment/screening
- Income, benefits and health insurance status
- Employability and/or employment status
- Family/social support system

- ~~Living situation/environment~~Current housing status, quality of housing, and housing needs
- Partner services needs and options
- Disability
- Other factors affecting ability of client to access health and social services

During the initial assessment, providers must also ensure that they assess both income supports and health care supports for clients:

- **Income Supports:** An evaluation for income support benefits that includes consideration of all public, private and community resources, such as the following:
    - Wages
    - Monetary support from family, partner or spouse, or friends
    - General Relief
    - CalFresh (Food stamps)
    - Unemployment
    - State Disability Insurance
    - Supplemental Security Income
    - Social Security Disability Income
    - Private short-term disability insurance
    - Private Long-Term Disability insurance
    - Housing

The Income Support assessment includes reviewing the impact of employment on benefits. ~~Medical c~~Case managers refer clients to state vocational rehabilitation and other employment readiness programs as appropriate.

- **Health Care Supports:** An evaluation for health care benefits includes but is not limited to the following:
    - Medi-Cal

- ~~Medi-Cal Part B~~Medicare
- Private medical insurance, including but not limited to HMOs, PPOs, etc.
- OA HIPP (Health Insurance Premium Payment Program)
- ~~Medi-Cal HIPP (Medi-Cal funded Health Insurance Premium Payment Program)~~
- AIDS Drug Assistance Program (ADAP)
- Covered California
- ~~Health Care Funding~~

~~Non-Medical Case Management~~

~~Service Category Definition~~

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

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

~~Purpose and Goals~~

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

~~Intake~~

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

Exclusions

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

Key Service Components and Activities

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

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

Commented [SY2]: Suggest adding for consistency with HAB PCN 16-02.

Personnel Qualifications

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

Assessment and Service Plan

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

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

~~includes the following:~~

- ~~Clear description of priority areas for needed services~~
- ~~Measurable objectives and specific action steps to be taken by the client and the case manager, with timelines~~
- ~~Expected outcomes and goals~~
- ~~Regularly updated progress notes~~
- ~~Documentation of phone or face-to-face contact with client at least once every 30 days to discuss changes and progress toward meeting goals of client Individual Care Plan~~
- ~~Updates after reassessment at least once every six months, more frequently as needed~~
- ~~Documentation of all meetings with client via phone or in-person, to be held at least once every 30 days to discuss changes and progress toward meeting goals~~

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

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

Case Management Service Standards

Service Category Definition

Case management, both medical and non-medical, helps clients navigate and manage needs, including medical and mental health care, benefits programs, housing and rental assistance, food assistance, and emergency financial assistance. Medical and non-medical case management differ only in their goals. Medical case management focuses on helping clients achieve optimal health outcomes related to HIV, including engagement in medical care, treatment adherence, and achievement of viral suppression. Non-medical case management is for clients who require coordination, guidance and assistance in improving access to and retention in needed medical and support services, including support in eliminating barriers.

Care managers often work with an interdisciplinary team that includes medical providers, specialty care providers, mental health providers, substance use treatment providers, and medical advocates. Case management services include one-on-one meetings between the case manager and the client, and these meetings can take place in-person or via virtual platforms or phone calls. Services also include significant activities outside of these meetings, such as efforts of the case manager to identify services for their clients or participate in treatment team meetings regarding their clients.

Purpose and Goals

The goal of case management services is to provide clients with support to sustain or improve their abilities to live and function optimally.

Intake

Clients may be referred to case management by primary care providers, mental health providers or any other provider of services. Clients are also able to self-refer. Case managers shall determine eligibility for services based upon an initial, documented assessment of immediate needs. Clients whose needs might be better met by other services, such as Peer Navigation, will be referred to those services. When clients are denied services for any reason other than what is described below under “Exclusions,” the provider must document the reasons for the denial of service, document attempts to link the client to other service providers and notify the County of the number of clients denied services and the reasons why in their monthly progress reports.

Exclusions

Clients who can access case management or care coordination services through Medi-Cal or other public or private payers (other than VA or HIS) are not eligible for this service.

Key Service Components and Activities

Case management ensures timely and coordinated access to health and support services through ongoing assessment of the needs and personal support systems of the client. Case management can include the provision of treatment adherence counseling to ensure readiness for and adherence to complex HIV/AIDS treatments.

Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized service plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care

- Client monitoring to assess the efficacy of the plan
- Periodic reevaluation and adaptation of the plan, at least every 6 months
- Ongoing assessment of client needs and personal support systems
- Coordination and follow up of medical treatments
- Treatment adherence counseling to ensure readiness for and adherence to ART, nPEP and PrEP
- Client-specific advocacy and/or review of utilization of services
- Coordination and linkage to services required to implement the plan such as:
- Health care
- Psychosocial services
- Benefits/entitlement counseling and other services
- Referrals assisting clients to access other public and private programs for which they may be eligible (e.g., Medi-Cal, Medicare, AIDS Drug Assistance Program (ADAP), Pharmaceutical Manufacturers' Patient Assistance Programs, and other State or local health care and supportive services)

Personnel Qualifications

Case management services are provided by staff who meet one or more of the following requirements:

- Master's in Social Work or related field or a registered nurse with a minimum of one-year experience working in the field of HIV/AIDS, or a medical setting, or related field; or
- Bachelor's degree in social work or related field and a minimum of two years of experience working in the field of HIV/AIDS; and/or
- Work, volunteer experience or lived experience in the field of HIV that demonstrates competency to provide case management to persons living with or vulnerable to HIV.

Assessment and Service Plan

At the initiation of case management services, providers must conduct a comprehensive assessment of each client, including:

- Health status
- Medical care and providers
- Activities of daily living
- Mental health status
- Substance use assessment/screening
- Income, benefits and health insurance status
- Employability and/or employment status
- Family/social support system
- Current housing status, quality of housing, and housing needs
- Partner services needs and options
- Disability
- Other factors affecting ability of client to access health and social services

During the initial assessment, providers must also ensure that they assess both income and health care supports for clients:

- **Income Supports:** An evaluation for income support benefits that includes consideration of all public, private and community resources, such as the following:

- Wages
- Monetary support from family, partner or spouse, or friends
- General Relief
- CalFresh (Food stamps)
- Unemployment
- State Disability Insurance
- Supplemental Security Income
- Social Security Disability Income
- Private short-term disability insurance
- Private Long-Term Disability insurance
- Housing

The Income Support assessment includes reviewing the impact of employment on benefits. Case managers refer clients to state vocational rehabilitation and other employment readiness programs as appropriate.

- **Health Care Supports:** An evaluation for health care benefits includes but is not limited to the following:
  - Medi-Cal
  - Medicare
  - Private medical insurance, including but not limited to HMOs, PPOs, etc.
  - OA HIPP (Health Insurance Premium Payment Program)
  - AIDS Drug Assistance Program (ADAP)
  - Covered California

Service Standards Introduction

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

The Ryan White Service Standards are minimum expectations for the quality, accessibility, and core components of services provided to people with HIV, ensuring clients receive consistent, high-quality care, regardless of their location. The Standards cover aspects like intake, client confidentiality, trauma-informed system of care, cultural humility, and continuity of care. By setting clear expectations, the Service Standards help improve health outcomes, such as sustained viral suppression, and reduce the spread of HIV.

Emergency Financial Assistance and Housing

Service Category Definition

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

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

Purpose and Goals

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

Intake

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

Key Service Components and Activities

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

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

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

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

Housing:

Housing assistance is provided in the form of:

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

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

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

Exclusions

Housing services may not:

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

Assessment and Service Plan

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

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

Standard	Measure
Staff will ensure that all services provided are accessed appropriately and for a period of time defined by each financial or housing assistance type.	Documentation of services and payments to verify that: • 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

STRATEGIES AND STANDARDS COMMITTEE

2025 TRAINING/WORK PLAN

MEETING DATE	OBJECTIVES

February 4, 2025	• Review and update:
	  ○ Emergency Financial Assistance and Housing Standards
	• Continue to review and update:
	  ○ Universal Standards
	  ○ Trauma-Informed Care
	  ○ Transportation Standards

April 1, 2025	No meeting

June 3, 2025	• Review and update:
	  ○ Service Standards Introduction
	  ○ Non-Medical Case Management Standards
	  ○ Prevention-Outreach Standards
	• Continue to review and update:
	  ○ Universal Standards
	  ○ Trauma-Informed Care
	  ○ Emergency Financial Assistance and Housing Standards

August 5, 2025	• Review and approve:
	  ○ Changes to the Partial Assistance Rental Subsidy (PARS) waiting list priorities and enrollment
	  ○ Universal Standards
	• Review:
	  ○ Case Management Standards

October 7, 2025	• Review and approve:
	  ○ Case Management Standards
	  ○ Service Standards Introduction
	  ○ Emergency Financial Assistance and Housing Standards
	• Develop and approve:
	  ○ Committee meeting attendance policy

December 7, 2025	• Review data on newly funded service categories • Prevention-Outreach Standards • Develop Standards for Medical Advocacy

HIV PLANNING GROUP
6-MONTH COMMITTEE TRACKING
Sep 2024 - Aug 2025

Strategies and Standards Committee													
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	#
Total meetings		1		1		1		0	0	1		1	5
(12) Members													
Aguilar, Nicole						*		NM	NM	*		**1**	**1**
Applebaum, Amy		*		*		*		NM	NM	*		*	**0**
Conant, Juan						*		NM	NM	**1**		**1**	**2**
Davenport, Beth		*		*		**1**		NM	NM	*		**1**	**2**
King, Michael										*		*	**0**
Miles, Skyler										*		*	**0**
Mora, Joseph		**1**		**1**		*		NM	NM	*		*	**2**
Nava, Veronica										*		**1**	**1**
Rooney, Ivy		*		*		*		NM	NM	**1**		*	**1**
Tilghman, Winston		*		*		**1**		NM	NM	*		*	**1**
Weber, Jeffery		*		*		*		NM	NM	*		*	**0**
Wimpie, Michael [c]		*		*		*		NM	NM	*		*	**0**

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

***** = Present

1 = Absent for the month

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

JC = Just Cause

EC = Emergency Circumstance

NM = No Meeting

NQ = No Quorum

NORTH REGION PLANNING MEETING

COUNTY OF SAN DIEGO HIV, STD, & HEPATITIS BRANCH

If you are someone who...

- Is living with or affected by HIV
- Could benefit from HIV prevention resources
- Involved in HIV-related work

We need your voice for San Diego's HIV programs!

MEETING INFORMATION

FRIDAY OCTOBER 10, 2025
11:00 A.M. - 1:00 P.M.

649 W Mission Ave, Escondido, 92025

You will have the opportunity to:

- Tell us which services are most important to you
- Share your experiences in accessing services
- Voice concerns or challenges

Mileage reimbursement is available!

LIGHT REFRESHMENTS WILL BE PROVIDED!

Questions? Contact us:

HPG.HHSA@sdcounty.ca.gov

REUNIÓN DE PLANIFICACIÓN EN LA REGIÓN NORTE

CONDADO DE SAN DIEGO VIH, ETS Y HEPATITIS SUCURSAL

Si eres alguien que...

- Vive con o está afectado por el VIH
- Podrían beneficiarse de recursos de prevención del VIH
- Involucrado en trabajo relacionado con el VIH

¡Necesitamos su voz para los programas de VIH de San Diego!

INFORMACIÓN DE LA REUNIÓN

VIERNES, 10 DE OCTUBRE DE 2025
11:00 A.M. - 1:00 P.M.

649 W Mission Ave, Escondido, 92025

Tendrás la oportunidad de:

- Compartir qué servicios son más importantes para usted
- Compartir sus experiencias en el acceso a los servicios
- Expresar preocupaciones o desafíos

¡El reembolso de kilometraje está disponible!

¡SE OFRECERÁN REFRIGERIOS LIGEROS!

¿Preguntas? Contáctanos:

HPG.HHSA@sdcounty.ca.gov

DR. A. BRAD TRUAX AWARDS

CALL FOR NOMINATIONS

Do you know someone that goes above and beyond to provide service that improves the quality of life of people living with HIV/AIDS in San Diego?

Nominate them for a Dr. A. Brad Truax Award!

Submit by Sunday, October 5th, 2025

Each year, the San Diego HIV Planning Group recognizes individuals who have served the community and made outstanding contributions to the fight against the HIV/AIDS epidemic.

Submit your nominations at
tinyurl.com/TruaxNominate

FOR QUESTIONS EMAIL US AT HPG.HHSA@sdcounty.ca.gov

DR. A. BRAD TRUAX AWARDS

CONVOCATORIA DE CANDIDATURAS

¿Conoce a alguien que haga todo lo posible para brindar un servicio que mejore la calidad de vida de las personas que viven con VIH / SIDA en San Diego?

¡Nomínelos para un premio Dr. A. Brad Truax!

Enviar antes del domingo 5 de octubre de 2025

Cada año, el programa de VIH de San Diego El Grupo de Planificación reconoce personas que han servido a la comunidad y han hecho contribuciones sobresalientes a la lucha contra la epidemia del VIH/SIDA.

Envíe sus nominaciones a
tinyurl.com/TruaxNominateES

PARA PREGUNTAS, ENVÍENOS UN CORREO ELECTRÓNICO A HPG.HHSA@sdcounty.ca.gov

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

(An Amendment to AB 2449)

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

Qualifying Reason	Provisions to Attend Remotely	Requirements/Limitations
"Just Cause"	▪ There is a childcare or caregiving need (*for a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner*) that requires the member to participate remotely. ▪ A contagious illness prevents the member from attending the meeting in person. ▪ There is a need related to a defined physical or mental disability that is not otherwise accommodated for. ▪ Traveling while on official business of the legislative body or another state or local agency.	A member is limited to **<u>two (2)</u>** virtual attendances due to "just cause" per calendar year.
"Emergency Circumstances"	**"*A physical or family medical emergency that prevents a member from attending the meeting in person*."** A member is ***<u>not</u>*** required to disclose any medical diagnosis or disability, or any personal medical information that is already exempt from existing law.	**A member of the legislative body must:** 1. Make a request to the body to allow the member to meet remotely due to an emergency circumstance; and 2. Provide a general description of no more than 20 words of the circumstance justifying such attendance. A request from a member to attend remotely requires that the legislative body take action and <u>approve</u> the remote attendance at the start of the meeting for the member to be allowed to participate remotely for that meeting[1].

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

Additional Requirements for a Member Participating Remotely

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

1. The member:
   - Notifies the legislative body at the earliest opportunity possible, including at the start of a regular meeting, of their need to participate remotely for just cause, including a general description of the circumstances relating to their need to appear remotely at the given meeting. **OR**
   - Requests the legislative body to allow them to participate in the meeting remotely due to emergency circumstances and the legislative body takes action to approve the request. *(See "requirements/limitations" for the use of emergency circumstances.)*
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.