

Executive Committee Meeting

Wednesday, February 22, 2017 from 11:00 a.m. – 12:30 p.m.

976 Lenzen Avenue, San Jose, CA 95126

1st Floor, Conference Room 1119

Committee Co-Chairs: Robert Reed and Karim Kahwaji

AGENDA

In compliance with the Americans with Disabilities Act and the Brown Act, those requiring accommodations in this meeting should notify the Clerk of the HIV Planning Council for Prevention and Care no less than 24 hours prior to the meeting at (408) 299-5001, or TDD (408) 993-8272.

Please note: To contact the Commission and/or to inspect any disclosable public records related to an open session item on a regular meeting agenda and distributed by the County to all or a majority of the Board of Supervisors (or any other commission, or board or committee) less than 72 hours prior to that meeting, visit our website at <http://www.sccgov.org> or contact the Clerk at (408) 299-5001 or 70 W. Hedding Street, 10th Floor, San Jose, CA 95110, during normal business hours.

Persons wishing to address the Commission on a regularly scheduled item on the agenda are requested to complete a request to speak form and give it to the Deputy Clerk. (Government Code Section 54953.3.) Individual speakers will be called by the Chairperson and are requested to limit their comments to two minutes. Groups of speakers on a specific item are asked to limit their total presentation to a maximum of twenty minutes for each side of the issue.

COMMUTE ALTERNATIVES: The Board of Supervisors encourages the use of commute alternatives including public transit, bicycles, carpooling, and hybrid vehicles.

For public transit trip planning information, contact the VTA Customer Service Department at 408-321-2300 Monday through Friday between the hours of 6:00 a.m. to 7:00 p.m., and on Saturday from 7:30 a.m. to 4:00 p.m. Schedule information is also available on the web at www.vta.org. If this Board or Commission does not meet in the County Government Center please contact VTA for related routes.

OPENING

1. Call to Order/Roll Call

2. Public Comment

This item is reserved for persons desiring to address the Committee on any matter within the subject matter jurisdiction of the Committee that is not on the agenda. Members of the public who wish to address the Committee on any item not listed on the agenda should complete a request to speak form and give it to the Support Staff. The Chairperson will call individuals to speak in turn.

Speakers are limited to the following: three minutes if the Chairperson or designee determines that five or fewer persons wish to address the Committee; two minutes if the Chairperson or designee determines that between six and fourteen persons wish to address the Committee; and one minute if the Chairperson or designee determines that fifteen or more persons wish to address the Committee.

The law does not permit Committee action or extended discussion of any item not on the agenda except under special circumstances. If Committee action or response is requested, the Committee may place the matter on a future agenda.

3. Approve Consent Calendar

Notice to the public: there is no separate discussion of consent calendar items, and the recommended actions are voted on in one motion. If an item is approved on the consent vote, the specific recommended action listed on the agenda is approved. Members of the public who wish to address the Committee on any consent items should complete a request to speak form and give it to the Support Staff. Items removed from the Consent Calendar will be considered at the end of the regular agenda, or earlier at the Chairperson's discretion.

CONSENT ITEMS

4. Review and approve agenda

5. Approve meeting minutes from January 25, 2017

REGULAR AGENDA – ITEMS FOR DISCUSSION

6. Member Comment
7. Discuss Integrated Comprehensive Plan and Needs Assessment
8. Discuss any communications from HRSA
 - a. HRSA Project Officer Call – February 07, 2017
9. Discuss potential changes to Planning Council structure and function
 - a. Receive report from Ad Hoc Committee (Claire, Candelario, Hilary, Lori, Karl)
10. Approve Psychosocial Support Services Standard of Care
11. Discuss Getting to Zero initiative
12. Receive February Office of AIDS Report
13. Discuss 2017 State of the County Address
14. Membership
 - a. Receive February Vacancy Progress Report
 - b. Discuss and approve pending applications and resignations
15. Review Committee assignments
16. Receive Committee Reports and forward to the full Planning Council for consideration
 - a. Council Development Committee (Hepfer)
 - b. Legislative Committee (TBA)
 - c. Planning Council Structure and Function Ad Hoc Committee (Nartker)
 - d. Planning and Resources Committee (Nartker)
 - e. Quality & Standards Committee (Valdez)
 - f. Education & Awareness Committee (Franco)
17. Receive Co-Chairs Report (Reed, Kahwaji)
18. Approve FY18 SCC Commission Work Plan
19. Approve 2017 Committee Action Plans
20. Set agenda for next Planning Council meeting on March 14, 2017
21. Set agenda for next Executive Committee meeting on March 22, 2017

ANNOUNCEMENTS

22. Announcements

ADJOURN

23. Adjourn to the next regular meeting.

Opening

1. Call to Order/Roll Call

- Meeting called to order at 11:07am. A quorum was present.

Attendee Name	Title	Status	Arrived
Robert (Bob) Reed	Planning Council Co-Chair	Present	
Karim Kahwaji	Planning Council Co-chair	Absent	
Paul Hepfer	Council Development Chair	Absent	
Candelario Franco	Education & Awareness Chair	Present	
Rigoberto Valdez	Quality & Standards Chair	Absent	
Claire Nartker	Planning & Resources Chair	Present	
Chris Baldwin	Consumer Representative	Present	
Guests and Staff			
Jim McPherson	Recipient	Present	
Sarah Lewis	Recipient	Present	11:13am
Victoriana (Vicky) Ramirez	Recording Secretary	Present	

2. Public Comment

- None.

3. Approve Consent Calendar

- Approved. [Unanimous]
 - Mover: Baldwin; Seconder: Nartker; Ayes: Franco, Reed.

Consent Items

- 4. Review and approve September 28, 2016 meeting minutes, October 26, 2016, November 23, 2016, and December 28, 2016 workshop notes.**

Regular Agenda – Items for Discussion

5. Review and approve agenda

- Approved on consensus.

6. Member Comment

- None.

7. Discuss Integrated Comprehensive Plan

- Bob reported that the Needs Assessment brief for Partner Services has been sent out for feedback to the Planning Council and interested parties.

8. Discuss any communications from HRSA

- **HRSA Project Officer Call – January 31, 2017.**
 - Bob reported that the next Project Officer call is upcoming and more information will be provided at the next Executive Committee meeting.
 - Jim reported that the partial Notice of Award has been received, but a final award amount is still unknown.

DRAFT

9. Discuss potential changes to planning council function and structure

- **A. Review Baton Rouge bylaws**
 - Review deferred to Ad Hoc Committee.
- **B. Receive report from Ad Hoc Committee (Claire, Hilary, Candelario, Lori, Karl)**
 - Committee will be meeting January 26, 2017 at 3:00pm to develop recommendations to be presented to the Planning Council regarding structure and function.

10. Discuss Getting to Zero (GTZ) Initiative

- Sarah reported that the initial kick-off meetings have been held with the backbone agency, the marketing agency (Better World Advertising), and the action research and evaluation agency (John Snow, Inc).
- A meeting with GTZ major players will be held once the backbone agency begins coordinating efforts with everyone involved.
- The GTZ Steering Committee has met to discuss requesting additional resources from the Board in the upcoming budget.
- Discussed the Education & Awareness Committee's role and dissemination of information to the general public.

11. Receive January State Office of AIDS Report

- Received.
- Bob pointed out that the ADAP enrollment portal remains unavailable.

12. Membership

- a. **Receive and approve January Vacancy Progress Report**
 - Received and approved on consensus.
- b. **Discuss and approve pending applications and resignations**
 - No applications/resignations received.
 - Vicky will be following up with a couple of potential members.

13. Review Committee Assignments

- Bob clarified that although "Committee Only" members are able to be Vice Chairs, they are not able to vote in place of the Committee Chair during Executive Committee meetings.
- a. **Ratify appointment of Education & Awareness Committee Chair – Candelario Franco**
 - Approved on consensus. As Chair of E&A, Candelario is now also a member of the Executive Committee.
- b. **Ratify appointment of Education & Awareness Committee Vice Chair – Hollis Kinner**
 - Approved on consensus.
- c. **Ratify appointment of "Committee Member Only" Applicant – Jenna Peterson**
 - Approved on consensus.

14. Receive Committee Reports and forward to the full Planning Council for consideration

- a. **Council Development (Hepfer) – January 5, 2017**
 - Reviewed Committee Report.
- b. **Legislative Committee (TBA)**
 - Reviewed Committee Report.
 - Discussed possibility of Council Development absorbing this Committee.
- c. **Planning Council Structure and Function Ad Hoc Committee (Nartker) – January 10, 2017**
 - Reviewed Committee Report
- d. **Planning and Resources Committee (Nartker) – January 17, 2017**
 - Reviewed Committee Report
 - The HIV Care/Prevention Plans presentation by Mike and Supriya was well received and attendees reported they would like to receive it annually at the regular PC meeting.
- e. **Quality and Standards Committee (Valdez) – January 17, 2017**
 - Reviewed Committee Report

DRAFT

- Bob asked for feedback regarding Q&S meeting every other month versus meeting monthly. Members agreed that due to the workload, it may be beneficial to meet monthly. Jim added that it may be beneficial to merge certain committees that have overlapping work.
 - The Planning Council received a letter from a consumer detailing his issues with linkage to care upon moving to Santa Clara County. The issues will be discussed at the next Q&S meeting and the letter has been forwarded to Jim (Recipient's Office) for follow-up.
 - Discussed process involved when providers do not follow Standards of Care.
- f. Education and Awareness Committee (Franco) – January 18, 2017**
- Reviewed Committee Report
 - Bob reported the Systems of Care Roundtable was an exciting, engaging, successful event.

15. Receive Co-chair report (Reed, Kahwaji)

- None.

Candelario left the meeting at 12:32 – lost quorum

16. Review and approve annual Executive Committee To Do List (work plans)

- Bob announced To Do Lists will now be referred to as Action Plans.
- All Committee Action Plans will be reviewed at the next Executive Committee meeting.
- Discussed Executive Committee Action Plan. Deferred approval to next meeting.
 - Members suggested removing "Review website content" (can be handled by Council Development Committee)
 - Members suggested marks "X" be made in the months leading up to the item due date (in the months when the work needs to be done).

17. Set Agenda for next Executive Committee Meeting February 22, 2017

- Deferred to Executive Committee Co-Chairs.

18. Set Agenda for PC meeting on March 14, 2017

- Deferred to next Executive Committee meeting.

19. Correspondence

- None.

Announcements

20. Announcements.

- None.

Adjourn

- 21. Adjourned at 12:46pm to the next regular meeting on Wednesday, February 22, 2017, at 11:00am in Conference Room 1119, Park Alameda Health Facility, 976 Lenzen Avenue, San Jose.**

Attendees:

Jose Ortiz – HRSA Project Officer	Jim McPherson – Recipient’s Office
Karim Kahwaji – Co-Chair	Mike Torres – Recipient’s Office
Supriya Rao – Recipient’s Office	Tonya Robinson – Recipient’s Office
Beth Orero – Recipient’s Office	Vicky Ramirez – PC Support

Agenda Item	Discussion
Intro	Vicky joined the call at 11:01am.
Report on HIV Planning Council activities and membership efforts	<ul style="list-style-type: none"> ○ Jim reported that an Ad Hoc Committee has been meeting to explore a possible transition to a Planning Body and looking at duties, membership and committee makeup. The Committee has met twice already and is meeting every two weeks. ○ The PC is continuing to work on filling consumer seats. ○ Quality & Standards Committee is revising Psychosocial and Mental Health Standards of Care (SOC). Psychosocial services will be a new service funded this fiscal year. Mike and Vicky are putting together a work plan for upcoming SOC to be revised, including oral health and food services. ○ The Comprehensive Plan has been submitted. <ul style="list-style-type: none"> ● Jose reported that he will start reviewing the CA Integrated Comprehensive Plan very soon. ● Jim reported that Mike and Supriya presented all plans to PC members and described how they all intertwine with one another. ● The Partner Services brief for the Needs Assessment is in the process of being revised. ○ Vicky reported that a work plan is being drafted to document methods for gathering community input. The work plan will include current activities being done and possible future activities, such as town hall meetings, focus groups, online input, etc. <ul style="list-style-type: none"> ● The Council Development Committee is conducting consumer interviews. ● A targeted needs assessment for the re-certification process was just completed. Upcoming targeted needs assessments will be for oral health services and food services.
Adjourn	Call ended at 11:27am. Next call will be on March 28, 2017 at 11:00am.

Psychosocial Support

Introduction

HRSA Definition:

Psychosocial Support Services are the provision of group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns. Such services may include child abuse and neglect counseling, HIV support groups, pastoral care and counseling, bereavement counseling and nutrition counseling provided by a non-registered dietitian.

Local Exceptions: Nutrition Counseling provided by a non-registered dietitian are not part of San Jose, TGA's Psychosocial Support services. Further, child abuse counseling is limited to counseling for victims of child abuse.

Affected individuals are immediate family members (mother, father, sister, brother, son or daughter, spouse/domestic partner) and/or unpaid caregivers providing services to the client.

Goals: The Goal of Psychosocial Support services is to provide support and counseling regarding the emotional and psychological issues related to living with HIV to those affected directly and indirectly by HIV; to encourage problem solving, service access and steps towards disease self-management; and promote emotional wellbeing, improve health outcomes and ensure retention in medical care

Key activities include:

- Planning for continuity of primary medical care for clients who are currently receiving medical care and other Ryan White services
- Facilitated or peer led support groups, which can include drop-in sessions
- Individual and group counseling for abuse and neglect, caregiver support, bereavement counseling, and associated HIV problems. Abuse and/neglect counseling activities are limited to victims of neglect only
- Individual and/or group counseling, which can include drop-in sessions, must be structured, with an agenda and a plan designed to move clients towards identified goals
- Group counseling can include sessions with HIV-infected and/or HIV affected individuals

Ryan White Standards of Care: Psychosocial Support

- Each client receiving individual and group counseling must have a service plan developed and monitored
- Facilitated support groups are less structured than the counseling services and includes pastoral care and support groups lead by peer coordinators/facilitators. These facilitated groups should be purposeful with clear agendas and move the group toward identified goals
- Self-guided support groups can be led with a group leader who is HIV infected or affected, selected from within the support group *or* by a peer facilitator who is an HIV positive individual and/or has similar life experiences and is knowledgeable about HIV
- Self-guided support groups are the lowest tier of support groups with unlimited and open to HIV infected and affected individuals. The group leader must have training in facilitating group meetings and cultural sensitivity. These self-guided groups should always maintain sign-in sheets, meeting agendas and minutes and help the group identify solutions to identified problems
- HIV affected individuals are eligible to receive facilitated or self-guided support services in a *group setting* only. An HIV-affected individual will describe the nature of the relationship with an HIV-infected individual and meet Ryan White eligibility criteria (with the exception of HIV-positive test results). Providers must document the established relationship



Psychosocial support service providers are expected to comply with the Universal Standards of Care, as well as these additional standards

1. Standard of Care: Psychosocial Support Process

Service Provision

The Intake/Assessment is the initial meeting with the client during which the assigned psychosocial support staff gathers information to address the client's immediate needs to encourage his/her engagement and retention in services.

Agency will receive referrals from a broad range of HIV/AIDS service providers or by self-referral. Eligibility information will be obtained from the referral source or directly from the client before billing services to Ryan White.

If an HIV positive person is attending support group sessions and has not entered into care, every effort should be made to link them to care. If the client is RW eligible, but not

**Ryan White Standards of Care:
Psychosocial Support**

enrolled, effort should be made to get the client enrolled so he/she can access Ryan White services, including care and treatment.

Individualized one-on-one counseling sessions or group counseling sessions should help improve client quality of life. Client should receive support concerning access to health and other benefits, developing coping skills, reducing feelings of social isolation and increasing self-determination and self-advocacy.

1.1.SOC: Intake/Assessment: Collect key information, including patient demographics, eligibility for services, patients support system, history of accessing primary care and other services, and barriers to care. Intake/assessment should be completed for all clients receiving support or counseling services

Time requirement: Due within 15 days of initial contact with client

Criteria
<p>1.1.1. Completion of agency required intake forms</p> <p>1.1.2. Documentation that the client is RW eligible or, if not, is directly affected by HIV (such definition to include household family members or caregivers of those who are HIV infected). If the client is HIV-affected, documentation must be provided that demonstrates the affected client’s relationship to an HIV-positive individual</p> <p>1.1.3. Review of services offered and discussion with the client of his or her needs and determination of those appropriate psychosocial support services.</p> <p>1.1.4. Documentation of the discussion and the services provided must be maintained by the agency</p> <p>1.1.5. Referrals are provided to clients when necessary psychosocial support services are not available</p> <p>1.1.6. Referrals to other resources and information are provided, as appropriate, and documented</p> <p>1.1.7. Documentation of intake/assessment and referrals must be maintained in client files</p>

SOC: Service Plan: After the psychosocial intake/assessment of the patient’s needs is completed, a support plan should be developed for each eligible patient receiving counseling services. Time requirement: Due within 15 days of initial assessment.

Criteria
<u>Counseling: Individual or Group</u>

**Ryan White Standards of Care:
Psychosocial Support**

Criteria

- 1.2.1 Service plan will be developed for each eligible patient
 - Identified problem(s)
 - Goal(s) to address the problem
 - Target date for completion
 - Offer appropriate resources
- 1.2.2 Documentation of services, goals and progress. For group sessions, documentation of topic/focus, participant's names and HIV status, group duration, group type (open/closed) and group goals
- 1.2.3 Provide allowable, needed services to affected members in the client's support system, with the goal of developing and strengthening the client's support system to help maintain their connection to medical care
- 1.2.4 Facilitate successful case conference sessions through direct participation and the provision of appropriate information
- 1.2.5 Coordinate with and make referrals to mental health professionals for clients with acute mental needs that fall outside the scope of the funded services or competency of the counselor
- 1.2.6 Coordinate with medical case manager or make referrals to a medical care provider for clients who are not linked to medical care
- 1.2.7 Evidence of client progress toward meeting established goals through documentation of activity including sign-in sheets, progress notes, group curricula, length of session, etc.
- 1.2.8 Provide counseling related to victim abuse, neglect & bereavement counseling
- 1.2.9 Topics covered in individual counseling sessions by non-professionals staff can include but not limited to treatment adherence, access and engagement in primary care & access and coordination with case management services

Support Groups

- 1.2.10 In lieu of service plan, support services can use meeting minutes to document progress towards goals identified by the support groups
- 1.2.11 **Self-guided or facilitated Support Groups**
 - 1.2.11...1 HIV support groups include but not limited to caregiver support & HIV support
 - 1.2.11...2 Staff or volunteers providing group facilitation will include discussions on Treatment adherence, Access and engagement in primary care , Access and coordination with case management staff and other topics as necessary
- 1.2.12 **Pastoral Counseling/Care**
 - 1.2.12...1 Pastoral care may be provided by the agency either: 1) Directly or 2) Through referral to HIV interfaith networks, separately incorporated pastoral care and counseling center

**Ryan White Standards of Care:
Psychosocial Support**

Criteria
1.2.12...2 Must be available either directly or through referral to all individuals eligible to receive Ryan White services regardless of their religious denomination/affiliation
1.2.13 Peer Coordination/Facilitation
1.2.13...1 Peer coordinators/facilitators shall be self-disclosed HIV+ individuals. HIV+ documentation on file
1.2.13...2 Peer coordinators/Facilitators should complete a Peer Training Program
<u>Counseling or Support Services</u>
1.2.14 Refer clients to other services as appropriate, through coordination with client's case manager or medical or mental health provider e.g. mental health, substance abuse treatment. Documentation of referrals made and status of outcome in clients' record
1.2.15 Develop discharge plan once goals have been met. Discharge plan is signed and dated by client and counselor

Reassessment

Reassessment provides an opportunity to review a client's progress, consider successes and barriers, and evaluate the previous period of psychosocial services. In conjunction with updating the Service Plan, Reassessment is a useful time to determine if the current level of service is appropriate, or if the client should be offered a change or if case needs to be closed.

For clients receiving individual and/or group counseling a case conference with case managers before or during the reassessment process can augment and verify reassessment information and bring all parties into the service planning process.

1.2.SOC: A reassessment is performed which re-evaluates client functioning, health and psychosocial status; identifies changes since the initial or most recent assessment; and determines new or ongoing needs. For clients in support groups, meeting minutes will be used to monitor changes to client status and progress towards identified goals for the group

**Ryan White Standards of Care:
Psychosocial Support**

Criteria

- 1.2.1. Service Plan is reassessed every 90 days to assess progress and identify emerging needs
- Monitor and document clients progress towards established goals of care
 - Documentation of review and update of the plan as appropriate signed and dated by patient and service manager or counselor
 - Documentation of any reassessment must be maintained in client files

Case Closure

Clients receiving individual or group counseling and are no longer engaged in psychosocial support services should be closed based on the criteria and protocol outlined in a program's Policies and Procedures. A closure summary usually outlines the progress toward meeting identified goals and case disposition. Common reasons for case closure include:

- Client lost to care or does not engage in service
- Client expires
- Client chooses to terminate service
- Client relocates outside of service area
- Agency terminates as described in Policies and Procedures
- Mutual agreement
- Client is no longer in need of service
- Client completed goals established in the service plan
- Client no longer eligible
- Client has needs outside the purview of the agency and hence is referred to a another agency

When services are terminated for clients receiving counseling services, an exit interview is conducted if appropriate.

For clients receiving support group services (peer to peer or facilitated) and are no longer requiring psychosocial support services clearly documented evidence of support group activities and outcomes, such as meeting agenda, meetings/sessions completed and sign-in sheets, will suffice as documentation of case closure.

Psychosocial support staff attempt to secure releases from all clients that will enable them to share pertinent information with a new provider.

**Ryan White Standards of Care:
Psychosocial Support**

A management review is completed in situations where an agency intends to terminate any services related to a client who threatens, harasses or harms staff.

1.4. SOC: Upon termination of psychosocial services, a client case is closed and contains a closure summary documenting the case disposition.

Criteria
1.4.1 Closed cases include documentation stating the reason for closure and a closure summary
1.4.2 Supervisor signs off on closure summary indicating approval
1.4.3 Policies and Procedures outline the criteria and protocol for case closures.

2. Standard of Care: Knowledge, Skill, and Experience

Agencies shall document in either employee/volunteer records or agency policies, regarding knowledge, skill and experience levels. All staff and volunteers providing psychosocial support will be trained in core competencies:

- 1 HIV experience/training preferred
- 2 Active listening and other one on one support skills
- 3 Group facilitation
- 4 Conflict de-escalation/resolution
- 5 Roles and responsibilities of peer support including emotional support
- 6 Client assessment skills
- 7 HIV co-morbidities, symptoms, medications, interactions, treatment adherence and side effects
- 8 Cultural sensitivity, culturally and linguistically competent
- 9 Annual staff evaluation review
- 10 Local system of care

Additional Standards identified in Universal Standards of Care (USOC 2)

2.1 SOC Staff Qualifications - description of qualifications required for all psychosocial support staff positions.

Criteria

**Ryan White Standards of Care:
Psychosocial Support**

Criteria	
Psychosocial Support Services Care Managers (Psychosocial/Pastoral Care Managers)	<p>2.1.1 All psychosocial support care managers must have minimum of Master's degree in Psychology, Theology, Social Work or related field and one year experience working with patients infected with HIV. Psychosocial support care managers overseeing Counseling services (individual or group) must have appropriate licensure where applicable</p> <p>2.1.2 Psychosocial/pastoral care managers will have supervisory oversight of staff providing support services or counseling services</p> <p>2.1.3 Documentation of qualifications in personnel file</p> <p>2.1.4 <i>Waiver for meeting requirement for Psychosocial Care Manager qualification:</i> The qualification required for the psychosocial/pastoral care manager may be waived on a case-by-case basis with the approval of the Ryan White recipient</p>
Individual/Group Counselors (Psychosocial/Pastoral Care Counselors)	<p>2.1.5 All individual/group care counselors must have minimum of Bachelor's degree in Psychology, Theology, Social Work or related field and one year experience working with patients infected with HIV .</p> <p>2.1.6 Documentation of qualifications in personnel file</p> <p>2.1.7 <i>Waiver for meeting requirement for individual/group Care counselor qualification:</i> The qualification required for the psychosocial/pastoral care counselor may be waived on a case-by-case basis with the approval of the Ryan White recipient</p>
Psychosocial Support Facilitators (non-peer coordinators/facilitators)	<p>2.1.8 All psychosocial support facilitators must have Bachelor's level professional degree in the field of mental health, social work, counseling, social science, or nursing and one year of experience working with patients infected with HIV or additional health care training</p> <p>2.1.9 Documentation of qualifications in personnel file</p> <p>2.1.10 <i>Waiver for meeting requirement for non-Peer coordinators/facilitators qualification:</i> The qualification required for the non-peer</p>

**Ryan White Standards of Care:
Psychosocial Support**

Criteria
<p>coordinators/facilitators may be waived on a case-by-case basis with approval of the Ryan White recipient.</p> <p>Peer Coordinators/Facilitators</p> <p>2.1.11 Peer Coordinators/facilitators must have a high school diploma or GED and 5 years' experience working with HIV infected individuals.</p> <p>2.1.12 <i>Waiver for meeting requirement for Peer coordinators/facilitators qualification:</i> The qualification required for the Peer coordinators/facilitators may be waived on a case-by-case basis with approval of the Ryan White recipient.</p> <p>2.1.13 Peer coordinators/facilitators shall be self-disclosed HIV+ individuals</p> <p>2.1.14 Documentation of HIV+ status of peer coordinator/facilitators on file</p> <p>2.1.15 Documentation of qualifications in personnel file</p>

3. Standard of Care: Licensure or Assurance

Standards identified above and in Universal Standards of Care (USOC 1)

4. Standard of Care: Staff Training

4.1. SOC: Description of how staff will be trained, including orientation, required training topics, and frequency of training. Describe the process for assessing staff training needs, monitoring and documenting all training, including where training records are located. Training must include annual confidentiality training, with an attestation signed by each staff person agreeing to abide by confidentiality requirements.

Criteria
<p>4.1.1 Staff and volunteers providing psychosocial support will be trained in core competencies:</p> <ul style="list-style-type: none"> ○ Active listening and other one on one support skills ○ Group facilitation ○ Conflict de-escalation/resolution ○ Roles and responsibilities of peer emotional support

**Ryan White Standards of Care:
Psychosocial Support**

Criteria
<ul style="list-style-type: none"> ○ Client assessment skills ○ Cultural sensitivity, Cultural Competence and Linguistic Competence ○ HIV co-morbidities, symptoms, medications, interactions, treatment adherence and side effects <p style="margin-left: 40px;">4.1.2 Documentation that staff and volunteers received training within 3 months of starting with program</p> <p style="margin-left: 40px;">4.1.3 Staff and volunteers providing psychosocial support will receive continuous education in the following areas:</p> <ul style="list-style-type: none"> ○ Current treatment modalities ○ Co-morbidities ○ Treatment adherence

Additional Standards identified in Universal Standards of Care (USOC 8)

5. Standard of Care: Client Rights, Responsibilities, Confidentiality

Standards identified in Universal Standards of Care (USOC 3)

6. Standard of Care: Access to Services

Standards identified in Universal Standards of Care (USOC 4)

7. Standard of Care: Outreach and Provider Continuity

Standards identified in Universal Standards of Care (USOC 6)

8. Standard of Care: Continuous Quality Improvement

Criteria
<p>8.1.1 Measure and report client outcomes using psychosocial support services measures as approved by the recipient</p>

Standards identified in Universal Standards of Care (USOC 7)

References and Published Guidelines:

**Ryan White Standards of Care:
Psychosocial Support**

1. Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds. Policy Clarification Notice (PCN)#16-02;
https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf
2. HIV/AIDS Bureau, Division of Metropolitan HIV/AIDS Programs & Division of State HIV/AIDS Programs National Monitoring Standards for Ryan White Part A and Part B Grantees: Universal – Part A and Part B (Covers Both Fiscal and Program Requirements)
<https://hab.hrsa.gov/sites/default/files/hab/Global/universalmonitoringpartab.pdf>
3. HIV/AIDS Bureau, Division of Metropolitan HIV/AIDS Programs & Division of State HIV/AIDS Programs National Monitoring Standards for Ryan White Part A Grantees: Program – Part A
<https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringparta.pdf>
4. HIV/AIDS Bureau, Division of Metropolitan HIV/AIDS Programs & Division of State HIV/AIDS Programs National Monitoring Standards for Ryan White Part A Grantees: Program – Part B
<https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringpartb.pdf>
5. For a comprehensive overview of references, guidelines and resources please see the official website for Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) at <http://hab.hrsa.gov>
6. <https://careacttarget.org/library/service-standards-guidance-ryan-white-hiv-aids-program-granteesplanning-bodies>
7. **Ryan White Title I Standards of Care for Case Management Services.**
Approved by the Santa Clara County HIV Health Services Planning Council
March 12, 2013.
8. <http://www.newarkema.org/pdf/reports/FINAL%20Psychosocial%20Support%20Service%20Standards%202016.pdf>
9. <http://www.vdh.virginia.gov/content/uploads/sites/10/2016/09/Psychosocial-Support-Services-Standards.pdf>
10. http://hivmemphis.org/wp-content/uploads/2015/02/psychosocial_support_services.pdf
11. <http://www.baltimorepc.org/v2/files/pdf/Psychosocial%20Support%20Services.pdf>
12. http://www.kingcounty.gov/healthservices/health/communicable/hiv/~/_media/health/publichealth/documents/hiv/PsychSocialSupportStandards2014.ashx
13. <http://dshs.texas.gov/hivstd/taxonomy/psychosocial.shtm>
14. http://www.hivnetwork.org/pdf/doc_links_care/pps_soc.pdf
15. <http://www.ccbh.net/ryan-white-provider-resources/>
16. http://www.iehpc.org/images/DOWNLOADS/ABOUT_US/STANDARDS_OF_CARE/Psychosocial%20Support%20Services.pdf
17. <http://ryanwhitehartford.org/wp-content/uploads/2016/06/Psychosocial-Support-Services-Standard-of-Care.pdf>

**Ryan White Standards of Care:
Psychosocial Support**

DRAFT

***California Department of Public Health, Office of AIDS
Report to Santa Clara County HIV Planning Council for Prevention and Care
February 2017***

Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention and Care Plan

On January 11, 2017, the California Needs Assessment and Integrated Plan Workgroup met to resume work on the needs assessment. Discussion centered on the Partner Services Brief, which was circulated for feedback to California Planning Group and the Coauthors for sharing with their local planning councils. The California Department of Public Health (CDPH), Office of AIDS (OA) plans to gather all the feedback by February 1, 2017, and enter the next phase of revisions. The Workgroup welcomed a new member--Vicky Ramirez--from the San Jose Transitional Grant Area, reviewed the status of the remaining briefs and reaffirmed state and local roles in supporting the data-driven elements of the briefs.

Ryan White (RW) Part B: AIDS Drug Assistance Program (ADAP)

• **Contractor Update**

- The highest priority activity now at the OA and within CDPH is supporting ADAP enrollment workers and clients to insure that eligible clients have uninterrupted access to medications and health insurance assistance while at the same time addressing systems issues with the ADAP enrollment portal. Many OA and CDPH Information Technology managers and staff, as well as CDPH Executive Staff, are regularly working over 10 hours a day and on weekends to address these issues, and have been for months. We are committed to ensuring that our clients have the services that they need.
- The ADAP enrollment portal is available to a few enrollment workers who are testing the system with access via a secure Citrix connection set up by OA. OA will contact enrollment workers with more information and instructions on how to access the portal once it becomes available. The portal is available to ADAP Advisors, A.J. Boggs Customer Support Team (CST), and Magellan call center staff.
- The Magellan call center is able to provide real-time, 24/7 access to a 30-day supply of medications for existing ADAP clients who experience access issues at the pharmacy. The A.J. Boggs CST also has access to the Magellan system and is able to make real-time eligibility updates.

- **Eligibility Extensions**

- Since the portal became unavailable, OA has taken proactive measures to ensure that clients have access to ADAP prescriptions. As of early February, no active clients should have eligibility that expires before July 1, 2017.
- Even though clients' eligibility has been extended, enrollment workers must continue to meet with clients to conduct the re-enrollment or recertification process to ensure that clients are still eligible for ADAP. This is a requirement of ADAP's federal funder, written in federal Ryan White legislation. The application and supplemental documentation must be stored in the client's physical file at the enrollment site for audit purposes.

- **A.J. Boggs Customer Support Team (CST)**

ADAP will continue to monitor the call center to ensure wait times for clients and enrollment workers are kept to a minimum. On a daily basis, OA continues to test A.J. Boggs fax capacity to ensure information is successfully transmitted. Enrollment workers are encouraged to contact their ADAP Advisor if they have difficulties reaching the A.J. Boggs CST or submitting faxes. An ADAP Advisor list is available on the OA website at www.cdph.ca.gov/programs/aids/Documents/ADAPStaffLHJAssignments.pdf.

AIDS Medi-Cal Waiver Program (MCWP)

- MCWP and Department of Health Care Services staff continue to respond to Centers for Medicare and Medicaid Services (CMS) questions regarding the 2017 – 2021 AIDS Waiver Renewal Application. An extension of the 2012 – 2016 Waiver has been granted by CMS through March 1, 2017. Until the new application is approved, the policies and procedures of the 2012 – 2016 Waiver will remain in effect.
- The release of All Project Director's Letter 16-03 on December 30, 2016, has prompted several AIDS Waiver agencies to request additional guidance on the new service hierarchy format in ARIES. The MCWP in collaboration with the OA Surveillance, Research, and Evaluation Branch is developing a training module to present at the next Project Director Teleconference scheduled for February 8, 2017.
- MCWP Program Advisors have finalized the 2017 Program Compliance Review (PCR) site visit schedule. All Waiver Agencies scheduled for a PCR in 2017 have been notified, and Project Directors will be contacted a month prior to their site visit with further instructions.

HIV Prevention

- OA posted on its website the results of a data analysis OA presented at the National Harm Reduction Conference in San Diego in November. The poster presents information from a demonstration project established to develop innovative HIV/HCV prevention programs, including purchasing syringe exchange supplies for California Syringe Exchange Programs (SEPs). The poster is available on the OA website (under the “Data” heading) at www.cdph.ca.gov/programs/aids/Pages/AccessSterileSyringes.aspx. SEP directors completed an application with questions about their legal authority to operate, annual budget and number of clients served, among other questions. Data were compared to previously published studies. Among the notable findings: the number of SEPs statewide has remained relatively stable since 2002. However, there has been a substantial increase in the percentage of SEPs that have explicit local government authorization to operate (2002: 40%; 2015: 97%). Volume of syringes exchanged has increased since 2002, while average annual SEP budget decreased by three percent (2002: \$186,065; 2015: \$179,745). However, the change in average annual SEP budget, in inflation-adjusted dollars, represents a 25 percent decrease.

Neither 2002 nor 2015 data represented the full census of SEPs in California and some programs indicated they did not routinely collect all of the data points in the survey. However, the results provide an overview of trends within the SEP network - including greater local control over decreasing budgets within the context of increased client need. Program data on participating SEPs will continue to be collected over the span of the project.

- The Kings County Public Health Department has applied to CDPH/OA to authorize a new syringe exchange program. The proposed Kings County Needle Exchange will have fixed site locations in Hanford, Lemoore, Corcoran, and Avenal health clinics. The Kings County Board of Supervisors voted to endorse the application.

The 90-day public comment period for the Kings County SEP certification application closed on January 29. CDPH has 30 business days to review the public comment and application and issue a decision by March 13, 2017.

California Planning Group (CPG)

- Applications for the CPG are currently being reviewed. Final decisions are expected by the end of February, in which all applicants will be notified. Questions about CPG can be sent to cpg@cdph.ca.gov.

- An in-person CPG meeting is scheduled for April 4-6, 2017, in Sacramento. This will be the first meeting of the new CPG membership. The meeting is open to the public and there will be an opportunity for public comment. Information about the meeting and the public comment opportunity will be posted on the OA website at www.cdph.ca.gov/programs/aids/Pages/OACPG.aspx, at least 30 days prior to the meeting.

For questions regarding this report, please contact: liz.hall@cdph.ca.gov.

Committee Member List
Updated 02/16/2017

<p style="text-align: center;">EXECUTIVE COMMITTEE</p> <ol style="list-style-type: none"> 1. Bob Reed, Co-Chair 2. Karim Kahwaji, Co-Chair 3. Claire Nartker, Chair, Planning and Resources 4. Rigoberto Valdez, Chair, Quality and Standards 5. Paul Hepfer, Chair, Council Development 6. Candelario Franco, Chair, Education and Awareness 7. Chris Baldwin, Consumer Representative <p>Jim McPherson, Recipient Technical Support (408-792-5032)</p>	<p style="text-align: center;">PLANNING & RESOURCES</p> <ol style="list-style-type: none"> 1. Claire Nartker, Chair 2. Lori Osorio 3. Karl Vidt 4. Romida Magnampo 5. <i>Vacant</i> <p>Mike Torres, Recipient Technical Support (408-792-5039)</p>
<p style="text-align: center;">COUNCIL DEVELOPMENT</p> <ol style="list-style-type: none"> 1. Paul Hepfer, Chair 2. Soma Sen 3. Hilary Armstrong 4. Claire Nartker 5. <i>Vacant</i> <p>Beth Orero, Recipient Technical Support (408-792-5017)</p>	<p style="text-align: center;">QUALITY & STANDARDS</p> <ol style="list-style-type: none"> 1. Rigoberto Valdez, Chair 2. Deborah Styner 3. Robert Smart 4. Leslie Perez Ortiz * 5. Teddy Daligga 6. <i>Vacant</i> <p>Supriya Rao, Recipient Technical Support (408-792-5015)</p>
<p style="text-align: center;">EDUCATION & AWARENESS</p> <ol style="list-style-type: none"> 1. Candelario Franco, Chair 2. Hollis Kinner*, Vice-Chair 3. Leslie Bannerman 4. Dan Herrera * 5. Gabrielle Antolovich 6. Chris Baldwin 7. Jenna Peterson* 8. <i>Vacant</i> <p>Raj Gill, Recipient Technical Support (408-792-3729) Patty Cerrato, Recipient Technical Support (408-792-1321)</p>	<ul style="list-style-type: none"> • Positive Voices (Community Caucus) • Legislative Subcommittee- TBA, Chair • Grievances Subcommittee- Bob Reed & Karim Kahwaji, Chair Jim McPherson, Recipient Tech Support <p style="text-align: right;">* = Committee Only</p>

Committee Reports for February 2017

Co-Chairs: Robert Reed and Karim Kahwaji

Council Development Committee, Paul Hepfer, Chair, February 2, 2017

1. Paul called the meeting to order at 3:47 p.m. A quorum was present.
2. Discussed Prevention presentations at PC meetings.
 - a. Confirmed March presentation will be on PrEP Navigation.
 - b. Confirmed May presentation will be on HIV related stigma among AAPI MSM.
3. Discussed content on PC board. Will add David Burgess photo/bio, and prevention activities (GTZ, etc).
4. Discussed Consumer Input interviews underway. About 7 have been completed.
5. Discussed retreat. Tentatively scheduled for April 20, 2017. Discussed possible facilitators, including Target Center, JSI, PHD, etc.
6. Reviewed and discussed web site changes/updates.
7. Reviewed and approved 2017 Action Plan.
8. Next meeting scheduled for March 02, 2017 at 3:30pm.

Legislative Committee, Vacant, Chair, As needed

1. Did not meet.

PC Structure and Function Ad Hoc Committee, Claire Nartker, Chair, February 9, 2017

1. Claire called the meeting to order at 12:46pm. A quorum was present.
2. Reviewed and discussed Santa Clara County Charter excerpts and Santa Clara County Ordinance on boards and commissions.
3. Reviewed and discussed draft Ordinance language for the 'HIV Commission.'
4. Reviewed and discussed draft membership makeup presented by Karl.
5. Next meeting scheduled for February 24, 2017 at 2:00pm.

Planning and Resources, Claire Nartker, Chair, February 21, 2017

- 1.

Quality and Standards, Rigoberto Valdez, Chair, February 15, 2017

1. Meeting cancelled. Next meeting scheduled for April 5, 2017 at 12:30pm.

Education and Awareness, Vacant, Chair, February 15, 2017

1. Candelario called the workshop to order at 3:15 p.m. A quorum was not present.
2. Reviewed membership. Discussed Committee composition – there is one vacancy for a Planning Council member.
3. Patty reported on the Systems of Care Roundtable (SOCR) event on January 20, 2017. Overall it was a successful event, and participants responded positively on the evaluation forms. Discussed future SOCR.
4. Discussed PrEP implementation progress since November 2016. The Billy DeFrank Center will be hosting an African American Discussion Group on February 25, 2017 in celebration of Black History Month and National Black HIV/AIDS Awareness Day.
5. The Public Health Department will be doing HIV Testing at Project Ohana in Milpitas on March 16, 2017 for National Native HIV/AIDS Awareness Day.
6. Next meeting scheduled for March 15, 2017 at 3:15pm.



COUNTY OF SANTA CLARA

HIV Planning Council for Prevention and Care

FISCAL YEAR 2017-2018 WORK PLAN

AND

2016-2017 ACCOMPLISHMENTS

Members

*Gabrielle Antolovich
Hilary Armstrong
Christopher Baldwin
Leslie Bannerman
Edward Daligga
Candelario Franco*

*Paul Hepfer
Karim G Kahwaji, Co-Chairperson
Romida Magnampo
Claire Nartker
Omar Nunez
Lori Osorio*

*Robert Reed, Co-Chairperson
Soma Sen
Robert Smart
Deborah Styner
Rigoberto S Valdez
Karl Vidt*

MISSION STATEMENT:

It is the mission of the HIV Planning Council for Prevention and Care to support and enhance an effective, compassionate and comprehensive system of HIV prevention and care services for all people living in Santa Clara County. The Planning Council considers the following to be its primary purposes in contributing to this system:

- To improve collaboration between HIV care and prevention
- To create a united voice that will be more powerful in effecting improvements in the lives of county residents living with and affected by HIV
- To acknowledge the increasing overlap among HIV prevention and care issues

HISTORICAL BACKGROUND:

The Planning Council was established in 1995 by the Board of Supervisors in order to apply for funding for HIV/AIDS health support services under the federal Ryan White Care Act. Today the Santa Clara County HIV Planning Council for Prevention and Care represents the 2007 merger of the **Community Planning Group** or CPG (a prevention planning body required by The Centers for Disease Control and Prevention (CDC)) with the **HIV Planning Council** (a care and treatment planning body required by US Department of Health and Human Services, Health Resources and Services Administration (HRSA)). This work plan was developed by the Planning Council, in partnership with the HIV/AIDS Program Office. The Planning Council is comprised of community stakeholders, including medical professionals, representatives from AIDS services and community-based organizations, representatives of governmental organizations, and family members, friends, and those directly affected by HIV/AIDS in Santa Clara County. It is the goal of this work plan to contribute to the health and wellbeing of all persons living with and at risk for HIV/AIDS in our county.

The information contained in this work plan is from the “*Laying a Foundation for Getting to Zero: California’s Integrated HIV Surveillance, Prevention, and Care Plan*” (September 2016), Committee and Planning Council meetings.

FISCAL YEAR 2018 WORK PLAN

GOAL/OBJECTIVE	PROPOSED ACTIVITIES	PRIORITY RANKING	TIMELINE FOR COMPLETION
1. Reduce new HIV infections in Santa Clara County	<ul style="list-style-type: none"> ○ Increase and improve HIV testing ○ Expand partner services ○ Improve PrEP utilization ○ Enhance collaborations and community involvement ○ Other activities as outlined in California’s Integrated HIV Surveillance, Prevention, and Care Plan (CIP) 	1	<ul style="list-style-type: none"> ○ Ongoing ○ Ongoing ○ Ongoing ○ Ongoing ○ Ongoing ○ Ongoing
2. Increase access to care and improving health outcomes for people living with HIV in Santa Clara County.	<ul style="list-style-type: none"> ○ Improve linkage to care ○ Improve availability of HIV care ○ Establish services priorities and resource allocations for FY 2019 ○ Improve retention in care ○ Improve overall quality of HIV-related care ○ Improve case management for people living with HIV with high need ○ Other activities as outlined in CIP 	2	<ul style="list-style-type: none"> ○ Ongoing ○ Ongoing ○ August 2017 ○ Ongoing ○ Ongoing ○ Ongoing ○ Ongoing
3. Reduce HIV-related disparities and health inequities in Santa Clara County.	<ul style="list-style-type: none"> ○ Increase general HIV education and awareness and reduce stigma around HIV, sexual orientation, and gender identity ○ Increase and improve HIV prevention and support services for people who use drugs ○ Enhance collaborations and community involvement ○ Other activities as outlined in CIP 	3	<ul style="list-style-type: none"> ○ Ongoing ○ Ongoing ○ Ongoing ○ Ongoing
4. Achieve a more coordinated response to the HIV epidemic.	<ul style="list-style-type: none"> ○ Improve integration of HIV services with sexually transmitted diseases, tuberculosis, dental, and other health services ○ Improve usability of collected data ○ Enhance collaborations and community involvement ○ Other activities as outlined in CIP ○ Improve efficiency and coordination by exploring possible changes to the structure and function of the Planning Council. 	4	<ul style="list-style-type: none"> ○ Ongoing ○ Ongoing ○ Ongoing ○ Ongoing ○ December 2017

PRIOR YEAR ACCOMPLISHMENTS

GOAL/OBJECTIVE	ACTIVITIES SUPPORTING GOAL	STATUS
1. Reduce the number of new HIV infections in Santa Clara County (and beyond) through comprehensive prevention, education, and outreach efforts.	<ul style="list-style-type: none"> ○ Promote targeted outreach to youth. ○ Support the development of a plan to promote linkages to STD Clinics. ○ Promote utilization of social media/internet mechanisms. ○ Promote targeted outreach to people living with or at risk for HIV/AIDS. 	<ul style="list-style-type: none"> ○ The number of new HIV positive diagnoses remained constant from 2014 to 2015 (approx. 150).
2. Provide comprehensive high-quality health care to people living with HIV/AIDS (PLWHA) through a diverse group of providers who are knowledgeable, compassionate, and work together.	<ul style="list-style-type: none"> ○ Foster a network of providers ○ Minimize barriers to receive services ○ Leverage volunteers to help PLWHA & their caregivers to navigate the system ○ Promote high-quality health care for PLWHA ○ Establish service priorities and resource allocations for FY 2018 ○ Develop 5 year prevention and treatment comprehensive plan for 2017-2021 ○ Develop and roll out a client satisfaction survey 	<ul style="list-style-type: none"> ○ Completed Resource Inventory ○ Participated in Systems of Care Roundtable ○ Completed Priority Service and Resource Allocation process Aug 2016 ○ Completed Comprehensive Plan Sep 2016
3. Increase linkages into care for people who test positive for HIV.	Promote linkages to care for: <ul style="list-style-type: none"> ○ People who recently tested positive for HIV ○ Recently-released incarcerated people ○ People who have fallen out of care 	<ul style="list-style-type: none"> ○ Increased funding for Early Intervention Services
4. Increase community awareness and involvement, and decrease stigma around HIV/AIDS in Santa Clara County.	<ul style="list-style-type: none"> ○ Refine efforts for receiving community input ○ Raise HIV awareness in Santa Clara County ○ Engage PLWHA as advocates ○ Encourage service providers to engage in issues facing PLWHA ○ Stay current on, and prioritize local, state, and federal issues. Take and encourage action where appropriate ○ Communicate legislative priorities to BOS. 	<ul style="list-style-type: none"> ○ Established a Steering Committee for Getting to Zero ○ Communicated legislative priorities to BOS Jan 2017

ONGOING PROJECTS

PROJECT	ACTIVITIES
<p>1. Identify and coordinate HIV Prevention and Care needs in Santa Clara County.</p>	<ul style="list-style-type: none"> ○ Monitor implementation and adherence to the “<i>Laying a Foundation for Getting to Zero: California’s Integrated HIV Surveillance, Prevention, and Care Plan</i>” (September 2016). ○ Support the SHAP Office in the “System of Care Roundtable” series in order to maintain and enhance linkages among service providers. ○ Increase community input into the priority setting and resource allocation process.
<p>2. Participate in the Quality Management Plan.</p>	<ul style="list-style-type: none"> ○ Attend SHAP Office Quality Management Workgroup meetings and convey outcomes to the Planning Council. ○ Review and revise service specific Standards of Care, as needed.
<p>3. Increase awareness and action in the community through education.</p>	<ul style="list-style-type: none"> ○ Stay current on, and prioritize local, state, and federal legislation regarding HIV/AIDS. ○ Establish/maintain an informed and empowered consumer community. ○ Became more actively involved in Getting to Zero activities.
<p>4. Maintain diverse, reflective, and actively engaged Planning council membership.</p>	<ul style="list-style-type: none"> ○ Monitor and report current membership profile. ○ Provide orientation for new members. ○ Adhere to current Recruitment and Retention Plan. ○ Work closely with the SCC Board of Supervisors aides.
<p>5. Determine service priorities and resource allocations for the distribution of Ryan White Program funds in Santa Clara County.</p>	<ul style="list-style-type: none"> ○ Conduct annual Priority Setting and Resource Allocation (PSRA) process.

Purpose: This Annual Action Plan will help the Planning Council and Committees plan and implement the various activities necessary for the Council to function.

Process: In July and August, Committees shall review and revise the most recent Action Plan for submission to the Executive Committee in August. The Executive Committee shall review and approve plans and forward to the full Planning council for review at the September meeting.

Legend:

PC	Planning Council	PR	Planning & Resources Committee	RT	Recipient Office
EC	Executive Committee	QS	Quality & Standards Committee	PCS	Planning Council Support
CD	Council Development Committee	LG	Legislative Sub-Committee		

Sources of Information:

1. Ryan White Part A Planning Council Primer, 2008
2. Roles and Responsibilities of Part A Grantees and Planning Councils
3. Planning Council Bylaws, 2010
4. Committee Responsibilities Policy, 2010

Planning Council	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
PC Meetings	X		X		X		X		X		X	
FY 2016-2017 (PS&RA done Aug 2015)												
• Review final expenditures					X							
• Accept Assessment of the Administrative Mechanism							X					
• Final Letter of Assurance					X							
FY 2017-2018 (PS&RA done Jul 2016)												
• Review Post Grant Award allocation and approve changes, if necessary					X							
• Letter of Assurance that post award allocations reflect P&A set in Jul 2016					X							
• Review reallocation proposals from recipient and approve changes, if necessary	X		X		X		X		X		X	
• Review recipient utilization/expenditure data	X		X		X		X		X		X	
FY 2018-2019 (PS&RA due Jul 2017)							X					
• Review and approve revisions to PS&RA process											X	
• Review PS&RA w/ data presentation <ul style="list-style-type: none"> ○ Determine the size and demographics of the population of individuals with HIV disease (epidemiological presentation) ○ Determine needs of the population of individuals with HIV disease ○ Establish priorities for the allocation of funds 							X					
• Approve final Recipient Directive							X		X			
OTHER TASKS												
Nominate Co-Chairs					X							
Elect Co-Chairs							X					

Planning Council	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Update PC Reflectiveness & Representation tables	X		X		X		X		X		X	
Update Letter of Assurance re: PC Member Vacancy Resolution Plan	X		X		X		X		X		X	
Participate in Statewide Coordinated Statement of Need												
Approve and submit Legislative Priorities to BOS										X	X	X
Approve and submit SCC Commission Work Plan to BOS (due Apr 1)	X	X	X									
Determine PC Support budget			X									
Receive/approve Universal Standards of Care											X	
Receive/approve Psychosocial Support SOC			X									
Receive/approve Mental Health SOC					X							
Receive/approve Legal Services SOC									X			
Receive/approve Food Bank SOC											X	
Receive/approve Oral Health SOC											X	
Complete Form 700s			X									
Planning Council Retreat				X								
Planning Council Holiday Dinner												X
Produce Comprehensive Plan (2017-2021)												
Receive Comprehensive Plan Monitoring Report	X		X		X		X		X		X	
Review/approve 2018 Action Plans for PC and Committees									X			

Executive Committee	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
EC Meetings	X	X	X	X	X	X	X	X	X	X	X	X
Appoint committee chairs and members	X	X	X	X	X	X	X	X	X	X	X	X
Assessment of the Administrative Mechanism for FY 2016-2017							X					
Develop Legislative Priorities for BOS (LG)										X	X	X
Convene a Grievances Sub-Committee				X	X	X						
Receive Comprehensive Plan Monitoring Report for submission to PC		X		X		X		X		X		X
Set PC meeting agenda		X		X		X		X		X		X
Review/approve SCC Commission Work Plan for submission to PC		X										
Review/approve 2018 Action Plans for PC and Committees for submission to PC								X				

Planning & Resources	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
PR Meetings	X	X	X	X	X	X	X	X	X	X	X	X
FY 2016-2017 (PS&RA done Aug 2015)												
<ul style="list-style-type: none"> Review final expenditures for submission to PC 					X							
FY 2017-2018 (PS&RA done Jul 2016)												
<ul style="list-style-type: none"> Review Post Grant Award allocation and approve changes, if necessary 			X									
<ul style="list-style-type: none"> Review any reallocation proposals from recipient and submit to PC for approval 	X	X	X	X	X	X	X	X	X	X	X	X
<ul style="list-style-type: none"> Review recipient utilization/expenditure data 	X	X	X	X	X	X	X	X	X	X	X	X
FY 2018-2019 (PS&RA due Jul 2017)												
<ul style="list-style-type: none"> Coordinate and review data presentation for PS&RA 					X	X	X					
<ul style="list-style-type: none"> Review forms for PS&RA process <ul style="list-style-type: none"> Conflict of Interest (COI) form Priorities Ballot Statement of Understanding 					X	X	X					
<ul style="list-style-type: none"> Prepare for and facilitate PS&RA 					X	X	X					
<ul style="list-style-type: none"> Review categories of services & service definitions 					X	X	X					
<ul style="list-style-type: none"> Review and revise PS&RA policy & procedure 									X			
<ul style="list-style-type: none"> Gather, review, and develop Recipient Directives for approval by PC 							X	X	X			
NEEDS ASSESSMENT BRIEFS												
Review/approve Partner Services	X											
Review/approve Housing						X						
Review/approve Mental Health						X						
Review/approve Linkage to Care								X				

Planning & Resources	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Review/approve Retention in Care											X	
Review/approve Re-engagement in Care						X						
Review/approve Substance Use Treatment								X				
OTHER TASKS												
Review/approve SCC Commission Work Plan		X										
Determine PC Support budget		X										
Grant application due (FY 2018-2019)										X		
Review Resource Inventory (RI): Resource justification and gap analysis	X			X			X			X		
Coordinate targeted needs assessment with Recipient (mental health)						X						
Coordinate targeted needs assessment with Recipient (oral health)			X	X	X				X	X	X	
Coordinate targeted needs assessment with Recipient (service category tbd)						X						X
Implement & monitor Comprehensive Plan 2017-2021	X	X	X	X	X	X	X	X	X	X	X	X
Review/submit 2018 Action Plan to EC							X	X				

Quality & Standards Last updated 02.16.17	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
QS Meetings	X	X		X		X		X		X		X
Review Universal Standards of Care (SOC) for submission to PC						X	X	X	X	Xdue		
Revise Psychosocial Support SOC												
• Review/revise draft	X	Xdue										
• Review/revise by expert review panel												
• Review/approval by EC		X										
• Review/approval by PC			X									
• Implement changes			X									
Revise Mental Health SOC												
• Review/revise draft			X	Xdue								
• Review/revise by expert review panel				X								
• Review/approval by EC				X								
• Review/approval by PC					X							
• Implement changes					X							
Revise Legal Services SOC												
• Review/revise draft					X	Xdue						
• Review/revise by expert review panel						X						
• Review/approval by EC						X						
• Review/approval by PC							X					
• Implement changes							X					
Revise Food Bank SOC												
• Review/revise draft							X	Xdue				
• Review/revise by expert review panel								X				
• Review/approval by EC								X				
• Review/approval by PC									X			
• Implement changes									X			
Revise Oral Health SOC												
• Review/revise draft									X	Xdue		

Quality & Standards Last updated 02.16.17	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
• Review/revise by expert review panel										X		
• Review/approval by EC										X		
• Review/approval by PC											X	
• Implement changes											X	
Define and recommend evaluation project (Mental Health Consumer Survey)												
• Administer Consumer Survey				X	X	X	X					
• Review/analyze Consumer Survey data								X				
• Report back to PC on Consumer Survey									X			
• Review QM Performance Measures and assess implications of results									X			
QM Workgroup Meetings				X								X
• Define QI Project						X	X	X	X	X	X	X
Review/submit 2018 Action Plan to EC								X				

Council Development	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
CD Meetings	X	X	X	X	X	X	X	X	X	X	X	X
Monitor membership	X	X	X	X	X	X	X	X	X	X	X	X
Discuss recruitment and retention	X	X	X	X	X	X	X	X	X	X	X	X
Recruit and recommend new members	X	X	X	X	X	X	X	X	X	X	X	X
Update PC Reflectiveness and Representation tables	X	X	X	X	X	X	X	X	X	X	X	X
Update Letter of Assurance re: PC Member Vacancy Resolution Plan	X	X	X	X	X	X	X	X	X	X	X	X
Planning Council orientation for new members	X	X	X	X	X	X	X	X	X	X	X	X
Review/revise Bylaws	X	X	X	X	X	X	X	X	X	X	X	X
Review/revise Policies & Procedures								X	X	X		
Review Form 700			X									
Review Conflict of Interest Policy/Statement						X	X					
Review member attendance	X				X				X			
Annual holiday dinner									X	X	X	X
Retreat	X	X	X	X								
Review and monitor PC web site							X					
Submit nominees for PC Co-Chairs/Secretary				X								
Review/submit 2018 Action Plan to EC								X				

Education & Awareness Last updated 01.19.17	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
EA Meetings	X	X	X	X	X	X	X	X	X	X	X	X
Review/revise Resource Guide (Inventory of available services)	X	X	X	X	X	X	X	X	X	X	X	X
Support System of Care Roundtable series	X											
Support World AIDS Day									X	X	X	X
Support Bi-national Health Week									X	X		
Support Silicon Valley Pride						X	X	X				
Support Transgender Day of Visibility				X								
Receive Prevention Overview from PHD											X	
Review/submit 2018 Action Plan to EC								X				

Planning Council Regular Meeting

Draft Agenda

March 14, 2017

Opening

1. Call to Order/ Roll Call.
2. Public Comment
3. Approve Consent Calendar*

Consent Items

4. Approve Minutes of **January 10, 2017** Planning Council Regular Meeting

Regular Agenda- Items for Discussion

5. Receive Prevention presentation on PrEP Navigation.
6. Receive report relating to HIV Planning Council Membership and Vacancies (Feb 2017).
7. Receive **January 2017** report relating to HIV Planning Council communication with the Health Resource and Services Administration (HRSA) Project Officer.
8. Receive report relating to Planning Council Structure and Function (Ad Hoc Committee).
9. Consider recommendations relating to Commission Work Plan for FY2018 and Accomplishments for FY 2017, to be submitted to the Clerk of the Board by April 1, 2017, and subsequently forwarded to the Board of Supervisors through the Health and Hospital Committee.
10. Approve Standard of Care for Psychosocial Support Service Category.

Monthly Reports

11. Receive **January 2017** and **February 2017** reports from the State Office of AIDS.
12. Receive report from the Recipient relating to Ryan White HIV/AIDS Program Allocation and related expenditures through February 2017.
13. Receive verbal report from the Recipient. (Lewis/McPherson)

Committee Reports

14. Receive monthly reports from the HIV Planning Council Committees and Co-Chairpersons for **January 2017** and **February 2017**.
 - i. Council Development Committee (Hepfer)
 - ii. Quality & Standards Committee (Valdez)
 - iii. Planning & Resources Committee (Nartker)
 - iv. Education & Awareness Committee (Franco)
 - v. Executive Committee (Kahwaji, Reed)
 - vi. Additional Co-Chairs Report (Kahwaji, Reed)

Announcements

15. Propose agenda items for the next meeting **May 8, 2017**.
16. Correspondence.
17. Commissioners' Announcements.
18. Adjourn.

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			01	02 Council Development 4:00 -5:00pm	03	04
05	06	07	08	09	10	11
12	13	14 Planning Council 6:00pm – 8:00pm	15 Education & Awareness 3:15pm – 4:45pm	16	17	18
19	20	21 Planning & Resources 3:00 - 4:30pm	22 Executive Committee 11:00am – 12:30pm	23	24	25
26	27	28	29	30	31 HOLIDAY	All Meetings will be held at 976 Lenzen Avenue San Jose, CA 95126