DATE: February 11, 2020, Regular Meeting
TIME: 6:00 PM
PLACE: Board of Supervisors' Chambers
County Government Center – 70 West Hedding Street, 1st Floor
San Jose, CA 95110

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 Commission 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 West Hedding Street, East Wing, 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.

Bicycle parking racks are available in the James McEntee, Sr., Plaza in front of the County Government Center building. 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 Commission on any matter within the subject matter jurisdiction of the Commission that is not on this agenda. Members of the public who wish to address the Commission on any item not listed on the agenda should complete a request to speak form and give it to the Deputy Clerk. 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 Commission; two minutes if the Chairperson or designee determines that between six and fourteen persons wish to address the Commission; and one minute if the Chairperson or designee determines that fifteen or more persons wish to address the Commission.
The law does not permit Commission action or extended discussion of any item not on the agenda except under special circumstances. If Commission action or response is requested, the Commission 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 Commission on any consent items should complete a request to speak form and give it to the Deputy Clerk. 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. Approve minutes of the November 12, 2019 Regular Meeting.

5. Approve scheduling the HIV Commission annual retreat for Thursday, February 20, 2020 at 9:00 a.m. in Room A/B, 976 Lenzen Avenue, San Jose.

**Regular Agenda - Items for Discussion**

6. Recognize the recipient of the 2020 Burgess Award, presented by the County of Santa Clara Public Health Department.

7. Discuss and approve HIV Commission Work Plan for Fiscal Year July 1, 2020 through June 30, 2021 (FY2021) and Accomplishments for FY2020, to be submitted to the Clerk of the Board by April 1, 2020, and subsequently forwarded to the Board of Supervisors through the Health and Hospital Committee. (ID# 99935)

8. Receive verbal report from the Chairperson relating to communications with the Health Resources and Services Administration (HRSA) Project Officer. (Nartker) (ID# 99833)

9. Review application for HIV Commission membership from Daniel Canales and forward a positive recommendation for nomination as a Board-as-a-Whole appointment to fill Seat 14. (ID# 99882)

10. Review application for HIV Commission membership from Markis Derr and forward a positive recommendation for nomination as a Board-as-a-Whole appointment to fill Seat 16. (ID# 100265)
11. Consider recommendations relating to selecting the HIV Commission's Nominated Member to the California Planning Group for the term beginning April 1, 2020. (ID# 99917)

   Possible action:
   a. Receive Nominations.
   b. Nominate a Member to the California Planning Group for a term beginning April 1, 2020.

12. Receive report from the Recipient Agent relating to proposed revisions to Ryan White HIV/AIDS Program allocations for Grant Year 2020 and Fiscal Year 2020-2021, and approve proposed allocations. (ID# 100306)

**Monthly Reports**

13. Receive the November 2019, December 2019, and January 2020 reports from the State Office of AIDS. (ID# 100266)


15. Receive verbal report from Recipient Agent for the Ryan White HIV/AIDS Program. (Rudman/Robinson) (ID# 99946)

16. Receive report from Getting to Zero Project Manager relating to activities of the Getting to Zero - Silicon Valley/Santa Clara County initiative. (ID# 99832)

17. Receive monthly reports from the HIV Commission Committees and Chairperson for November 2019, December 2019, and January 2020: (ID# 100268)
   a. Care Committee. (Vidt/Bennett)
   b. Prevention Committee. (Smart)
   c. Executive Committee. (Nartker/Baldwin)
   d. Chairperson. (Nartker)

**Announcements**

18. Propose agenda items for the March 10, 2020 meeting.

19. Announcements and correspondence:
   a. Receive correspondence.
   b. Commissioners' announcements.
   c. Reminder: Annual Form 700 Statements of Economic Interests are due April 1, 2020.
   d. There are currently seven vacancies on the Commission. For Internet access to the vacancies list and applications visit http://www.sccgov.org/sites/cob/bnc/.
e. The County of Santa Clara provides reimbursement to appointed Commissioners for family care expenses incurred during the time spent performing their official County duties. For additional information please contact the Office of the Clerk of the Board at (408) 299-5001.

**Adjourn**

20. Adjourn to the retreat on Thursday, February 20, 2020 at 9:00 a.m. in Conference Room A/B, Park Alameda Health Facility, 976 Lenzen Avenue, San Jose.
DATE: November 12, 2019, Regular Meeting
TIME: 6:00 PM
PLACE: Conference Room A/B
976 Lenzen Avenue –
San Jose, CA 95126

MINUTES

Opening

1. Call to Order/Roll Call.

Chairperson Nartker called the meeting to order at 6:12 p.m. A quorum was present.

<table>
<thead>
<tr>
<th>Attendee Name</th>
<th>Title</th>
<th>Status</th>
<th>Arrived</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gabrielle Antolovich</td>
<td>Commissioner</td>
<td>Present</td>
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<tr>
<td>Christopher Baldwin</td>
<td>Vice Chairperson</td>
<td>Present</td>
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<tr>
<td>Robert Barrett</td>
<td>Commissioner</td>
<td>Present</td>
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<tr>
<td>Marlene Bennett</td>
<td>Commissioner</td>
<td>Absent</td>
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<tr>
<td>Lavella Benton</td>
<td>Commissioner</td>
<td>Absent</td>
<td></td>
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<tr>
<td>Candelario Franco</td>
<td>Commissioner</td>
<td>Present</td>
<td></td>
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<tr>
<td>Claire Nartker</td>
<td>Chairperson</td>
<td>Present</td>
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<tr>
<td>Robert Reed</td>
<td>Commissioner</td>
<td>Present</td>
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<tr>
<td>Soma Sen</td>
<td>Commissioner</td>
<td>Present</td>
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<tr>
<td>Robert Smart</td>
<td>Commissioner</td>
<td>Present</td>
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<tr>
<td>Karl Vidt</td>
<td>Commissioner</td>
<td>Present</td>
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</table>

2. Public Comment.

No public comments were received.

3. Approve Consent Calendar.

3 RESULT: APPROVED [9 TO 0]
MOVER: Robert Reed, Commissioner
SECONDER: Robert Smart, Commissioner
AYES: Antolovich, Baldwin, Barrett, Franco, Nartker, Reed, Sen, Smart, Vidt
ABSENT: Bennett, Benton

Consent Items

4. Approve minutes of the September 10, 2019 Regular Meeting.
4 RESULT: APPROVED [9 TO 0]
MOVER: Robert Reed, Commissioner
SECONDER: Robert Smart, Commissioner
AYES: Antolovich, Baldwin, Barrett, Franco, Nartker, Reed, Sen, Smart, Vidt
ABSENT: Bennett, Benton

Regular Agenda - Items for Discussion

5. Approve HIV Commission meeting schedule for calendar year 2020. (ID# 99295)

Discussion ensued relating to the possibility of an additional meeting in June 2020, and the recently implemented limitation of the number of Commission meetings per year.

5 RESULT: APPROVED [9 TO 0]
MOVER: Soma Sen, Commissioner
SECONDER: Robert Reed, Commissioner
AYES: Antolovich, Baldwin, Barrett, Franco, Nartker, Reed, Sen, Smart, Vidt
ABSENT: Bennett, Benton

6. Receive verbal report from the Chairperson relating to communications with the Health Resources and Services Administration (HRSA) Project Officer. (Nartker) (ID# 99126)

Chairperson Nartker reported that discussion with the Project Officer included vacancies on the Commission and possible recruitment efforts using the new HIV Commission brochure.

6 RESULT: RECEIVED

7. Receive report from the Substance-Treatment-Strategies for HIV care (STS4HIV) Project relating to the impact of substance use disorders on HIV care. (ID# 99246)

Victoriana Contreras, Associate Management Analyst, Public Health Department, referred to the written report and noted that although it was a nationwide survey, the results can be filtered by County and State.

Discussion ensued relating to data regarding methamphetamine and alcohol use.

7 RESULT: RECEIVED

8. Consider application for HIV Commission membership from Cheryl Walter and forward a positive recommendation for nomination as a Board-as-a-Whole appointment to fill Seat 11, for a term which will expire on June 30, 2022. (ID# 99245)

Chairperson Nartker provided an overview of the application and noted that it was vetted through the Executive Committee.
8 RESULT: APPROVED [9 TO 0]
MOVER: Candelario Franco, Commissioner
SECONDER: Robert Smart, Commissioner
AYES: Antolovich, Baldwin, Barrett, Franco, Nartker, Reed, Sen, Smart, Vidt
ABSENT: Bennett, Benton

9. Receive report from the Commission Chairperson and the Prevention Committee Chairperson relating to World AIDS Day 2019 events on December 1, 2019 and December 3, 2019. (Nartker/Smart) (ID# 99247)

Chairperson Nartker reported that flyers are available for World AIDS Day events scheduled for December 1, 2019 at the Children's Discovery Museum and December 3, 2019 at the San Jose City Hall.

9 RESULT: RECEIVED

10. Consider Standards of Care for Ryan White HIV/AIDS Program Services in the San Jose, California Transitional Grant Area. (ID# 99125)

Possible action:
   a. Approve Universal Standard of Care.
   b. Approve Early Intervention Services Standard of Care.
   c. Approve Medical Transportation Services Standard of Care.
   d. Approve Home and Community Based Health Services Standard of Care.

Commissioner Reed stated that the preparation of the Standards of Care has been ongoing for approximately 20 years and noted that they have been reviewed by professionals.

Commissioner Vidt noted that the language of the Standards of Care were vetted by the Care Committee.

10 RESULT: APPROVED [9 TO 0]
MOVER: Robert Reed, Commissioner
SECONDER: Candelario Franco, Commissioner
AYES: Antolovich, Baldwin, Barrett, Franco, Nartker, Reed, Sen, Smart, Vidt
ABSENT: Bennett, Benton

Monthly Reports

11. Receive September and October 2019 reports from the State Office of AIDS. (ID# 99127)

Nicole Gracey, AIDS Drug Assistance Programs Eligibility Manager, California Department of Public Health, advised of an increase of Pre-Exposure Prophylaxis

Page 3 of 6
(PrEP) program enrollment sites, a new option for patients to opt-out of employer insurance to enroll in the Office of AIDS Health Insurance Premium Payment program, paid by the AIDS Drug Assistance Program, and noted that Covered California is currently in open enrollment.

Discussion ensued relating to possible tracking of PrEP users statewide and current studies to find a solution for PrEP medication intolerance.

**11 RESULT: RECEIVED**

12. **Receive report from the Recipient Agent relating to Ryan White HIV/AIDS Program allocation and related expenditures through September 2019.** (ID# 99271)

Tonya Robinson, Senior Health Care Program Analyst, Public Health Department, provided information relating to the Ryan White HIV/AIDS Program expenditures and noted that aside from psychosocial services, spending is generally on target.

Discussion ensued relating to minimal spending in the medical transportation category, intentional underbudgeting in categories that have other resources, grants that require spending to remain active, funds allocated to Emergency Intervention Services, and vendors that provide psychosocial services.

**12 RESULT: RECEIVED**

13. **Receive verbal report from Recipient Agent for the Ryan White HIV/AIDS Program.** (Rudman/Robinson) (ID# 99269)

Ms. Robinson reported that preparation for the reallocation process is underway, that she is awaiting a response to a recent grant application, and that planning for annual recipient site visits is underway. She further noted that the Ryan White Conference is scheduled for August 11-14, 2020.

**13 RESULT: RECEIVED**

14. **Receive report relating to Getting to Zero - Silicon Valley/Santa Clara County.** (Franco) (ID# 99128)

 Commissioner Franco reported that the Getting to Zero initiative is focusing on four priorities: PrEP and Post-Exposure Prophylaxis access, linkage to care, stigma, and guideline-based testing. He further noted matters discussed at the team meetings including the Gilead Focus grant, the Indian Health Center project, and the success of clinics and Valley Medical Center practicing "opt-out" testing. Commissioner Franco provided data relating to new diagnoses in 2017, information relating to recent recipients of mini-grants, and noted that discussion relating to the new campaign concept is ongoing.

Discussion ensued relating to the success of previous campaigns and possible outreach at college campuses.
Commissioner Franco advised of efforts relating to a community-based participatory research project, noted that he is recruiting nurses to participate in a focus group regarding the project, and advised of the need for nurse referrals to participate in the focus group.

Commissioner Sen stated that one of the largest impediments for testing participation is stigma, and noted that the research project will provide an understanding of stigma manifestation with direct service providers.

Discussion ensued relating to possible results of the research project, extension of funding for the Getting to Zero initiative, and clarification of "opt-out" testing.

**14 RESULT: RECEIVED**

**15. Receive monthly reports from the HIV Commission Committees and Chairperson for September and October 2019:** (ID# 99129)

   a. Care Committee (Vidt/Bennett)
   b. Prevention Committee (Smart)
   c. Executive Committee (Nartker/Baldwin)
   d. Chairperson (Nartker)

Commissioner Franco left his seat at 7:45 p.m. and quorum was lost. The Deputy Clerk adjourned the meeting.

**Announcements**

**16. Propose agenda items for the January 14, 2020 meeting.**

**17. Announcements and correspondence:**

   a. Receive correspondence.

   b. Commissioners' announcements.

   c. There are currently six vacancies on the Commission. For Internet access to the vacancies list and applications visit http://www.sccgov.org/sites/cos/bnc/.

   d. The County of Santa Clara provides reimbursement to appointed Commissioners for family care expenses incurred during the time spent performing their official County duties. For additional information please contact the Office of the Clerk of the Board at (408) 299-5001.
Adjourn

18. Adjourn to the next regular meeting on Tuesday, January 14, 2020 at 6:00 p.m. in Board of Supervisors' Chambers, County Government Center, 70 West Hedding Street, First Floor, San Jose.

Respectfully submitted,

Jean Anton
Deputy Clerk
DATE: February 11, 2020

TO: HIV Commission

FROM: Jean Anton, Deputy Clerk

SUBJECT: HIV Commission Work Plan

RECOMMENDED ACTION

Discuss and approve HIV Commission Work Plan for Fiscal Year July 1, 2020 through June 30, 2021 (FY2021) and Accomplishments for FY2020, to be submitted to the Clerk of the Board by April 1, 2020, and subsequently forwarded to the Board of Supervisors through the Health and Hospital Committee.

ATTACHMENTS:

- Work Plan Instructions (PDF)
- HIV Commission Fiscal Year 2019-2020 Work Plan (PDF)
- Work Plan Template (PDF)
Instructions for Completion of Annual Boards & Commissions Work Plans
and
Prior Year Accomplishments

A committee comprised of Board Policy Aides and the Office of the Clerk of the Board have developed a standard template for use by Boards and Commissions in completing their annual work plans. A significant change is that work plans will be based on a fiscal year rather than a calendar year. The new work plans are to be completed by each Board and Commission and approved at a regular Board or Commission meeting no later than April 1 of each year. The Clerk’s Office will then transmit the work plans to the appropriate Board Committee for review in May of each year and to the Board of Supervisors for approval in June.

Please use the following instructions when completing the work plans:

Cover Sheet (Page 1)

This area should include the name of the Board or Commission, the timeframe covered by the work plan (i.e. Fiscal Year 2007 July 1, 2006 – June 30, 2007) members’ names, chair’s name, and vacancies as of April 1. Do not put commissioner addresses or phone numbers on the work plan. The Board offices have access to that information if necessary. This page will need to be updated each year.

Mission Statement: (Page 2)

This area of the work plan should clearly state the mission of the Board or Commission. This information may be extracted from the enabling legislation (i.e. Ordinance, Board action, Resolution) that formed the Board or Commission or may be a purpose statement approved by the Board or Commission and derived from the enabling legislation. This section may also contain the roles and responsibilities of the Board or Commission. This page may not need to be updated each year.

Historical Background: (Page 2)

This area should provide the reader with some historical information about the Board or Commission (i.e. when it was formed, issues of focus in years’ past, significant outcomes of work by the Board or Commission. NOTE: Accomplishments from the previous year should not be discussed here – there is another area on the work plan where this is done. This page may not need to be updated each year.
Fiscal Year Work Plan: (Page 3)

This area should provide the goals/objectives (no more than 5) of the work plan, the activities planned to accomplish the goals, the priority ranking of each goal and the timeline anticipated to accomplish the goal. This page will need to be updated each year.

Prior Year Accomplishments: (Page 4)

This area should address the prior year work plan accomplishments including the goal/objective, activities that supported the successful completion of the goal and the status of the goal. The status column should inform the reader whether the goal was a) completed, b) not started and why, c) in process and expected completion date, or d) eliminated and why. This page will need to be updated each year.

Ongoing Projects: (Page 5)

This area provides the Board or Commission with an opportunity to inform the reader of ongoing projects that the Board or Commission is continuing to work on. This page may not need to be updated each year.
COUNTY OF SANTA CLARA

HIV Commission

FISCAL YEAR 2019-2020 WORK PLAN

AND

2018-2019 ACCOMPLISHMENTS

Members

- Christopher Baldwin
- Karl Vidt
- Gabrielle Antolovich
- Marlene Bennett
- Karim Kahwaji
- Claire Nartker
- Candelario Franco
- Edward Daligga
- Robert Reed
- Lavella Benton
- Robert Smart
- Soma Sen
- Lori Osorio

Packet Pg. 14
MISSION STATEMENT:

The mission of the Santa Clara County HIV Commission is to ensure a stigma-free, compassionate and comprehensive system of HIV prevention and care services to all people living in Santa Clara County.

Santa Clara County will become a place where new HIV infections are rare and when they do occur, every person regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination.

HISTORICAL BACKGROUND:

The HIV 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. As of 2018, the Santa Clara County HIV Commission 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 Commission, in partnership with the HIV/AIDS Program Office. The Commission 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.
**FISCAL YEAR 2020 WORK PLAN**

**GOAL 1: REDUCE NEW HIV INFECTIONS**

Objective 1.1: Improve partner services.
Objective 1.2: Enhance community involvement.
Objective 1.3: Improve PrEP utilization.
Objective 1.4: Promote Treatment as Prevention.
Objective 1.5: Increase and improve HIV testing.

<table>
<thead>
<tr>
<th>Proposed Activity</th>
<th>Timeline for Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receive reports from the Public Health Department (STD/HIV Prevention &amp; Control) relating to utilization of Early Intervention Services, Treatment as Prevention, PrEP utilization, and HIV testing.</td>
<td>Biannually</td>
</tr>
<tr>
<td>Receive reports from Getting to Zero – Silicon Valley/Santa Clara County (GTZ – SV/SCC) relating to PrEP utilization, Treatment as Prevention, and community involvement.</td>
<td>Biannually</td>
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<tr>
<td>Promote/support National HIV/AIDS Awareness Days</td>
<td>Monthly</td>
</tr>
</tbody>
</table>

**GOAL 2: INCREASE ACCESS TO CARE AND IMPROVING HEALTH OUTCOMES FOR PEOPLE LIVING WITH HIV**

Objective 2.1: Improve linkage to care.
Objective 2.2: Improve availability of care.
Objective 2.3: Improve retention of care.

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<thead>
<tr>
<th>Proposed Activity</th>
<th>Timeline for Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct Priority Setting and Resource Allocation process (Set agenda, update PSRA Policy, update Recipient Recommendations [directives])</td>
<td>July – Sept 2019</td>
</tr>
<tr>
<td>Receive reports from the Public Health Department (STD/HIV Prevention &amp; Control) relating to the Integrated Plan, Needs Assessment briefs, Ryan White expenditures, and proposed reallocations.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Review and approve Standards of Care</td>
<td>November 2019</td>
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<tr>
<td>• Early Intervention Services</td>
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<td>• Medical Transportation</td>
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<tr>
<td>• Home and Community Based Health Services</td>
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<tr>
<td>• Emergency Financial Assistance</td>
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<tr>
<td>Make HIV-related recommendations to the Public Health Department (STD/HIV Prevention &amp; Control) and/or the Board of Supervisors.</td>
<td>As needed</td>
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</table>
GOAL 3: REDUCE HIV-RELATED DISPARITIES AND HEALTH INEQUITIES

Objective 3.1: Increase general HIV education and awareness and reduce stigma around HIV, sexual orientation, and gender identity.

Objective 3.2: Increase and improve HIV prevention and support services for people who use drugs.

Objective 3.3: Improve retention of care.

<table>
<thead>
<tr>
<th>Proposed Activity</th>
<th>Timeline for Completion</th>
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</thead>
<tbody>
<tr>
<td>Receive reports from the Stigma Action Team of GTZ – SCC/SV.</td>
<td>Quarterly</td>
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<tr>
<td>Receive reports regarding services available to people who live with HIV and use drugs.</td>
<td>Biannually</td>
</tr>
<tr>
<td>Receive reports regarding client access to information (service provider communication)</td>
<td>Monthly</td>
</tr>
<tr>
<td>Assess where/what disparities exist in care and services for people living with HIV (gaps in service)</td>
<td>Annually</td>
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<tr>
<td>Monitor legislation and make recommendations (e.g., Legislative Priorities)</td>
<td>As needed</td>
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GOAL 4: ACHIEVE A MORE COORDINATED RESPONSE TO THE HIV EPIDEMIC

Objective 4.1: Improve integration of HIV services with sexually transmitted diseases, tuberculosis, dental, and other health services.

Objective 4.2: Improve usability of collected data.

Objective 4.3: Enhance collaborations and community involvements.

Objective 4.4: Maintain structure and core activities of the HIV Commission.

<table>
<thead>
<tr>
<th>Proposed Activity</th>
<th>Timeline for Completion</th>
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</thead>
<tbody>
<tr>
<td>Assess usability of data (Increase usability of data – how to make it more usable to other key stakeholders? How to share better?)</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Conduct Assessment of the Administrative Mechanism</td>
<td>July – Sept 2019</td>
</tr>
<tr>
<td>Elect a Commissioner to attend the National Ryan White Conference</td>
<td>As needed/Biennially</td>
</tr>
<tr>
<td>Create an environment more conducive to public comments</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Elect Commission Officers</td>
<td>July 2019</td>
</tr>
</tbody>
</table>
## PRIOR YEAR ACCOMPLISHMENTS

<table>
<thead>
<tr>
<th>Goal/Objective</th>
<th>Activities Supporting Goal</th>
<th>Status</th>
</tr>
</thead>
</table>
| **1. Reduce new HIV infections in Santa Clara County**                          | o Increase and improve HIV testing  
  o Expand partner services  
  o Improve PrEP utilization  
  o Enhance collaborations and community involvement  
  Other activities as outlined in California’s Integrated HIV Surveillance, Prevention, and Care Plan (CA ICP)                                                                                                                                                                                                 | o Participated in community events, including Pride and Jubilee.  
  o Received reports from the Public Health Department (STD/HIV Prevention & Control) relating to HIV testing, Early Intervention Services, and PrEP utilization.                                                                                                                                                                                                 |
| **2. Increase access to care and improving health outcomes for people living with HIV in Santa Clara County.** | o Improve linkage to care  
  o Improve availability of HIV care  
  o Establish services priorities and recommend allocations for FY 20  
  o Improve retention in care  
  o Improve overall quality of HIV-related care  
  o Improve case management for people living with HIV with high need  
  o Other activities as outlined in CA ICP                                                                                                                                                                                                                                                                           | o Completed Priority Service and Resource Allocation process in July 2018  
  o Completed Comprehensive Plan in September 2016  
  o Participated in the Retention and Linkage to Care Action Team of Getting to Zero (GTZ)                                                                                                                                                                                                                             |
| **3. Reduce HIV-related disparities and health inequities in Santa Clara County.** | o Increase general HIV education and awareness and reduce stigma around HIV, sexual orientation, and gender identity  
  o Increase and improve HIV prevention and support services for people who use drugs  
  o Enhance collaborations and community involvement  
  o Other activities as outlined in CA ICP                                                                                                                                                                                                                                                                              | o Participated in the Stigma Action Team of GTZ – SV?SC  
  o Promoted/supported HIV/AIDS Awareness Days.                                                                                                                                                                                                                                                                                                                                  |
| **4. Achieve a more coordinated response to the HIV epidemic.**                 | o Improve integration of HIV services with sexually transmitted diseases, tuberculosis, dental, and other health services  
  o Improve usability of collected data  
  o Enhance collaborations and community involvement  
  o Other activities as outlined in CA ICP  
  o Finalize Bylaws and Policies of the Commission                                                                                                                                                                                                                                                                                                                                  | o Participated in GTZ Leadership Team and related activities  
  o Finalized Commission Bylaws and Policies in November 2018                                                                                                                                                                                                                                                                                                                       |
COUNTY OF SANTA CLARA

(Board or Commission)

FISCAL YEAR 2020-2021 WORK PLAN
AND
2019-2020 ACCOMPLISHMENTS

Members
MISSION STATEMENT:

HISTORICAL BACKGROUND:
## FISCAL YEAR 2021 WORK PLAN

<table>
<thead>
<tr>
<th>GOAL/OBJECTIVE</th>
<th>PROPOSED ACTIVITIES</th>
<th>PRIORITY RANKING</th>
<th>TIMELINE FOR COMPLETION</th>
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# PRIOR YEAR ACCOMPLISHMENTS

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DATE: February 11, 2020
TO: HIV Commission
FROM: Claire Nartker, Chairperson
Christopher Baldwin, Commissioner

SUBJECT: HRSA Project Officer Report

RECOMMENDED ACTION
Receive verbal report from the Chairperson relating to communications with the Health Resources and Services Administration (HRSA) Project Officer. (Nartker)
DATE: February 11, 2020
TO: HIV Commission
FROM: Claire Nartker, Chairperson
        Christopher Baldwin, Commissioner
SUBJECT: Commission Membership Application

RECOMMENDED ACTION
Review application for HIV Commission membership from Daniel Canales and forward a positive recommendation for nomination as a Board-as-a-Whole appointment to fill Seat 14.

FISCAL IMPLICATIONS
There is no fiscal impact as a result of this action.

REASONS FOR RECOMMENDATION
Pursuant to Article II, Section 2.01 of the HIV Commission draft Bylaws, "The Executive Committee shall recommend to the Commission, and the Commission shall recommend to the President of the Santa Clara County Board of Supervisors, candidates who have completed the requirements for Commission membership."

At the November 27, 2019 Executive Committee meeting, members reviewed and approved one application:

- Daniel Canales – person with expertise in supportive services for persons living with HIV.

The Commission Chairperson recommends that the applicant be recommended for nomination to fill a vacant position on the HIV Commission.

Vacancies and non-participating members impact the ability of commissions to conduct business due to lack of quorum. Approval of the recommended actions will forward recommendations to the President of the Board of Supervisors for nomination of new members to fill vacancies on the HIV Commission.

CONSEQUENCES OF NEGATIVE ACTION
Failure to approve the recommended actions will prevent the HIV Commission from forwarding recommendations for nomination of new members to fill vacancies on the HIV Commission.
Commission, and may prevent the HIV Commission from establishing quorum and conducting business.

**STEPS FOLLOWING APPROVAL**

The Office of the Clerk of the Board of Supervisors will forward the recommended membership applicant(s) to the President of the Board of Supervisors.
DATE: February 11, 2020
TO: HIV Commission
FROM: Claire Nartker, Chairperson
Christopher Baldwin, Commissioner
SUBJECT: Commission Membership Application

RECOMMENDED ACTION
Review application for HIV Commission membership from Markis Derr and forward a positive recommendation for nomination as a Board-as-a-Whole appointment to fill Seat 16.

FISCAL IMPLICATIONS
There is no fiscal impact as a result of this action.

REASONS FOR RECOMMENDATION
Pursuant to Article II, Section 2.01 of the HIV Commission draft Bylaws, "The Executive Committee shall recommend to the Commission, and the Commission shall recommend to the President of the Santa Clara County Board of Supervisors, candidates who have completed the requirements for Commission membership."

At the January 22, 2020 Executive Committee meeting, members reviewed and approved one application for:

- Markis Derr – person with expertise in HIV prevention. (Seat 16)

The Commission Chairperson recommends that the applicant be recommended for nomination to fill a vacant position on the HIV Commission.

Vacancies and non-participating members impact the ability of commissions to conduct business due to lack of quorum. Approval of the recommended actions will forward recommendations to the President of the Board of Supervisors for nomination of new members to fill vacancies on the HIV Commission.

CONSEQUENCES OF NEGATIVE ACTION
Failure to approve the recommended actions will prevent the HIV Commission from forwarding recommendations for nomination of new members to fill vacancies on the HIV Commission.
Commission and may prevent the HIV Commission from establishing quorum and conducting business.

**STEPS FOLLOWING APPROVAL**

The Office of the Clerk of the Board of Supervisors will forward the recommended membership applicant(s) to the President of the Board of Supervisors.
DATE: February 11, 2020
TO: HIV Commission
FROM: Claire Nartker, Chairperson
Christopher Baldwin, Commissioner
Karl Vidt, Commissioner

SUBJECT: Nomination of CPG Member

RECOMMENDED ACTION
Consider recommendations relating to selecting the HIV Commission's Nominated Member to the California Planning Group for the term beginning April 1, 2020.

Possible action:
   a. Receive Nominations.
   b. Nominate a Member to the California Planning Group for a term beginning April 1, 2020.

FISCAL IMPLICATIONS
There is no fiscal impact as a result of this action.

REASONS FOR RECOMMENDATION

The California Department of Public Health, Office of AIDS (OA) is presently recruiting for people interested in taking part in statewide HIV, STD, Hepatitis C & Harm Reduction planning as members of the California Planning Group: HIV, STD, Hepatitis C & Harm Reduction (CPG). The CPG is a statewide planning body convened by OA in collaboration with the Sexually Transmitted Disease Control Branch (STDCB).

Members are expected to volunteer for a 3 or 5 year commitment term. CPG members will be expected to meet in person twice a year, and travel costs will be covered by OA. Additional teleconferences or webinars are scheduled to address specific planning or advisory needs as they arise. OA is reaching out to recruit members that represent the diversity of HIV-positive populations, providers and stakeholders in HIV, STD, HCV & harm reduction, and
representatives of services and organizations engaged with identifying the social and structural determinants of health.

**CHILD IMPACT**

The recommended action will have no/neutral impact on children and youth.

**SENIOR IMPACT**

The recommended action will have no/neutral impact on seniors.

**SUSTAINABILITY IMPLICATIONS**

The recommended action will have no/neutral sustainability implications.

**BACKGROUND**

HIV/STD/HCV program planning is an ongoing process that intends to improve the effectiveness of California’s HIV/STD/HCV care, treatment, testing and prevention programs. This planning body operates as a planning and advisory body to advise OA and STDDB on community needs and gaps. The CPG also assists in the development, implementation, and revision of a comprehensive HIV/STD/HCV surveillance, prevention, and care and treatment plan, which integrates with Harm reduction. The CPG provides input for Ryan White Part B services, and participates in review panels for HIV/STD/HCV educational materials. The CPG also provides feedback and suggestions for addressing emergent issues identified by the CPG, OA, STD, HCV, and/or other key stakeholder parties. The CPG is committed to working openly as a group to make decisions and is guided by the principles of equity, fairness, and respectful engagement.

In order to ensure that the membership reflects the principles of parity, inclusion, and representation on a statewide basis, while at the same time promoting connection and collaboration between local and state HIV planning bodies, some CPG members will be selected via an open application process while others will be nominated by their local HIV planning bodies. CPG members are chosen for their ability to advocate for and represent the voices and perspectives of a wide range of key stakeholders, people representative of, or impacted by HIV, STD, and HCV in California. The CPG is critical in representing groups at risk for and living with HIV, STD, and HCV.

The goals, activities, and focus of the CPG are intended to be in alignment with the strategies outlined in California’s integrated plan for eliminating HIV, STD, and HCV. The members are arranged into committees: executive and membership committee and working committees, which are developed based on the strategies within CDPH’s plan for eliminating HIV, STD, HCV and the emerging needs of the community. The members of these committees will recommend updates to the integrated plan, as necessary.

**CONSEQUENCES OF NEGATIVE ACTION**

Failure to nominate an HIV Commission Member to the CPG will prevent the Commission
from having active participation in the planning of statewide HIV care and prevention related activities.

**STEPS FOLLOWING APPROVAL**

HIV Commission support staff will provide the information requested on the application form to the Office of AIDS no later than April 1, 2020.

**ATTACHMENTS:**

- CPG Recruitment Letter 1.2020(PDF)
- CPG_MembershipApplication_Jan2020 (PDF)
To: Our Community Partners and Stakeholders  
Re: California Planning Group Recruitment

The California Department of Public Health, Office of AIDS (OA) is presently recruiting for people interested in taking part in statewide HIV, STD, Hepatitis C & Harm Reduction planning as members of the California Planning Group: HIV, STD, Hepatitis C & Harm Reduction (CPG). The CPG is a statewide planning body convened by OA in collaboration with the Sexually Transmitted Disease Control Branch (STDCB).

HIV/STD/HCV program planning is an ongoing process that intends to improve the effectiveness of California’s HIV/STD/HCV care, treatment, testing and prevention programs. This planning body operates as a planning and advisory body to advise OA and STDCB on community needs and gaps. The CPG also assists in the development, implementation, and revision of a comprehensive HIV/STD/HCV surveillance, prevention, and care and treatment plan, which integrates with Harm reduction. The CPG provides input for Ryan White Part B services, and participates in review panels for HIV/STD/HCV educational materials. The CPG also provides feedback and suggestions for addressing emergent issues identified by the CPG, OA, STD, HCV, and/or other key stakeholder parties. The CPG is committed to working openly as a group to make decisions and is guided by the principles of equity, fairness, and respectful engagement.

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Members are expected to volunteer for a 3 or 5 year commitment term. CPG members will be expected to meet in person twice a year, and travel costs will be covered by OA. Additional teleconferences or webinars are scheduled to address specific planning or advisory needs as they arise. OA is reaching out to recruit members that represent the diversity of HIV-positive populations, providers and stakeholders in HIV, STD, HCV & harm reduction, and representatives of services and organizations engaged with identifying the social and structural determinants of health.

If you are interested in applying for membership in the California Planning Group, please submit the attached application. The completed application packet may be submitted by one of the following two methods:

1. Email – by sending to cpg@cdph.ca.gov

2. Mail – by sending via certified mail to:

   California Department of Public Health, Office of AIDS
   MS 7700 PO Box 997426
   Sacramento, CA 95899-7426
   Attention: Tiffany Woods

Applications submitted by email will be accepted up to close of business, 5:00PM on Friday, January 31, 2020. Those submitted by certified mail must be postmarked by Friday, January 31, 2020.

Marisa Ramos, Ph.D
Interim Office of AIDS Division Chief

Tiffany Woods, CPG State Co-Chair
Office of AIDS

Ivan Mendoza-Manzo, CPG State Co-Chair
Office of AIDS

Edwin Cockrell Jr., CPG Community Co-Chair
Community Member

Evelyn Alvarez, CPG Community Co-Chair
Community Member
Rafael Gonzalez, Membership Committee Co-Chair
Community Member

Robyn Learned, Membership Committee Co-Chair
Community Member

*Please note that information requested on the application includes optional self-disclosure of HIV status. If provided, this information will be protected as a confidential HIV-related record, and its collection will comply with the Information Practices Act under Civil Code section 1798.17.*

[https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_CPG.aspx](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_CPG.aspx)
This application is for (check one):

☐ At-Large Seat (community/stakeholder):  ____ Yes  ____ No
☐ Appointed Seat (please answer the following):
  a.) Name of the HIV planning council/group you will represent: 
  b.) How long will you serve as the appointed representative?
    __________
  3 Years  ____ No
  Other (specify): 

Name: __________________________ County of Residence: __________________________
Preferred Pronouns: __________________________ Telephone Number: __________________________
E-Mail Address: __________________________
Mailing Address: __________________________ City and ZIP Code: __________________________
Employer: __________________________
Mailing Address: __________________________ City and ZIP Code: __________________________
  Government  Community-Based Organization  Other (specify): 

The following information about yourself is optional and is kept strictly CONFIDENTIAL.

Demographic Information: Providing this information will help ensure that CPG is reflective of the HIV epidemic in California, as mandated by the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA). Initial here if you have reviewed the CPG Privacy Notice*: 

AGE GROUP:
☐ 12 - 24  ____ Yes  ____ No
☐ 25 - 34  ____ Yes  ____ No
☐ 35 - 44  ____ Yes  ____ No
☐ 45 - 54  ____ Yes  ____ No
☐ 55 - 64  ____ Yes  ____ No
☐ 65+  ____ Yes  ____ No

GENDER/SEX:
☐ Male  ___ Yes  ____ No
☐ Female  ____ Yes  ____ No
☐ Transgender Male  ____ Yes  ____ No
☐ Transgender Female  ____ Yes  ____ No
☐ Other (specify): 

HIV STATUS*:
☐ HIV Negative  ____ Yes  ____ No
☐ HIV Negative on Biomedical Intervention (PrEP)  ____ Yes  ____ No
☐ HIV Positive (please answer the following):
  3 Years  ____ No
  Other (specify): 

☐ Decline to State  ____ Yes  ____ No

RACE/ETHNICITY (check all that apply):
☐ American Indian/Alaskan Native  ____ Yes  ____ No
  If American Indian, please identify federally recognized tribe as represented in the state:
☐ Black or African American  ____ Yes  ____ No
☐ Asian  ____ Yes  ____ No
☐ Native Hawaiian/Other Pacific Islander  ____ Yes  ____ No
☐ Hispanic/Latinx  ____ Yes  ____ No
☐ White, Non-Hispanic  ____ Yes  ____ No
☐ Other (specify): 

ESSAY QUESTION: WHY DO YOU WANT TO BE A MEMBER OF THE CPG?

Attach your reply in a separate document (2 page limit). The following should be included in your response, if applicable:

- Share your HIV/HCV or other work-related experience;
- Knowledge of or experience with HIV-related systems of testing, prevention, care, support, and community resources;
- Experience with HIV advisory bodies or community planning;
- Knowledge of and/or experience with needs assessments;
- Experience interpreting and/or utilizing HIV data;
- Experience with communities/groups to share information or solicit feedback; and
- Any additional information that you would like the membership committee to know about, such as other experiences, things you are proud of, etc.

Please submit your application packet to cpg@cdph.ca.gov.

All applicants include the following in your packet:

- Completed application
- Essay response (2 page limit)

Appointed applicants also need to include:

- Signed letter from HIV planning council/group that states you are the appointed representative for the CPG
DATE: February 11, 2020

TO: HIV Commission

FROM: Sara H. Cody MD, Health Officer and Public Health Director
      Tonya Robinson, Senior Analyst

SUBJECT: Ryan White HIV/AIDS Program Allocation & Related Expenditure

RECOMMENDED ACTION

Receive report from the Recipient Agent relating to proposed revisions to Ryan White HIV/AIDS Program allocations for Grant Year 2020 and Fiscal Year 2020-2021, and approve proposed allocations.

FISCAL IMPLICATIONS

There is no fiscal impact as a result of this action. This item reflects no change in total grant award amount.

REASONS FOR RECOMMENDATION

The HIV Commission is required to annually establish priorities and recommend allocations for the expenditure of the Ryan White HIV/AIDS Program Part A, Part A - MAI, Part B, and Part B MAI funds. The STD/HIV Prevention & Control Program, as Recipient, implements the HIV Commission’s approved priorities and recommendations through execution of agreements with government-based, community-based, and non-profit service providers.

On July 9, 2019 the HIV Commission approved defunding Psychosocial Support Services (PSS) due to low utilization. This change will take effect July 1, 2020. Therefore, funds need to be allocated to PSS to cover the period of March 1, 2020- June 30, 2020 in FY 2020. The attached proposed revised allocation table reflects reverting $25,000 from Mental Health to PSS to re-fund PSS through June 30, 2020. Mental Heath will maintain level funding at the FY 2020 level.

CHILD IMPACT

The recommended action will have no/neutral impact on children and youth.
SENIOR IMPACT

The recommended action will have no/neutral impact on seniors.

SUSTAINABILITY IMPLICATIONS

The recommended action will have no/neutral sustainability implications.

BACKGROUND

The HIV Planning Council for Prevention & Care approved its 2020 allocation scenarios at its July 2019 meeting. The Notice of Award for 2020 Part A and Part A Minority AIDS Initiative is expected in early 2020. Pursuant to the authority delegated to the Recipient to implement allocations based on the scenario most closely related to the actual amount of funding awarded, and to adjust categorical allocations between the flat, five percent decrease and five percent increase scenarios to balance the final allocations with the funding awards, the Recipient established the “Post Award” allocations on April 2019 to recognize the actual amount of funding awarded.

CONSEQUENCES OF NEGATIVE ACTION

The HIV Commission will not be able to act to approve reallocation of funding.

ATTACHMENTS:

- Revised Proposed Level Funding_2.3.2020 (PDF)
# 2020 (FY2021) Level Funding (Proposed)

**Approved:**

**Starts March 1, 2019**

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<td>Treatment Adherence Counseling</td>
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<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
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</tr>
<tr>
<td><strong>K2. Subtotal, Support Services</strong></td>
<td></td>
<td>$936,958</td>
<td>37.45%</td>
<td>$334,243</td>
<td>40.27%</td>
<td>$0</td>
<td>0.00%</td>
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<tr>
<td><strong>L2. 25% Part A Target - Maximum</strong></td>
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<td>$621,115</td>
<td>26.15%</td>
<td>$233,247</td>
<td>30.04%</td>
<td>$49,305</td>
<td>0.00%</td>
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</table>

**M. Administration and Clinical Quality Management**

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<tr>
<th>G1. Dollars</th>
<th>G2. % of Service Dollars</th>
<th>J1. Dollars</th>
<th>J2. % of Service Dollars</th>
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<tbody>
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</table>

**N. Total Grant Allocated**

<table>
<thead>
<tr>
<th>D1. Dollars</th>
<th>D2. % of Service Dollars</th>
<th>E1. Dollars</th>
<th>E2. % of Service Dollars</th>
<th>F1. Dollars</th>
<th>F2. % of Service Dollars</th>
<th>G1. Dollars</th>
<th>G2. % of Service Dollars</th>
<th>J1. Dollars</th>
<th>J2. % of Service Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**O. Total Grant**

<table>
<thead>
<tr>
<th>D1. Dollars</th>
<th>D2. % of Service Dollars</th>
<th>E1. Dollars</th>
<th>E2. % of Service Dollars</th>
<th>F1. Dollars</th>
<th>F2. % of Service Dollars</th>
<th>G1. Dollars</th>
<th>G2. % of Service Dollars</th>
<th>J1. Dollars</th>
<th>J2. % of Service Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

**Packet Pg. 39**

Attachment: Revised Proposed Level Funding_2.3.2020 (100306 : Ryan White HIV/AIDS Program)
DATE: February 11, 2020

TO: HIV Commission

FROM: Claire Nartker, Chairperson
Christopher Baldwin, Commissioner

SUBJECT: State Office of AIDS Report

RECOMMENDED ACTION

Receive the November 2019, December 2019, and January 2020 reports from the State Office of AIDS.

ATTACHMENTS:

- State Office of AIDS Report - November 2019 (PDF)
- State Office of AIDS Report - December 2019 (PDF)
- State Office of AIDS Report - January 2020 (PDF)
This newsletter is organized to align the updates with Strategies from the *Laying a Foundation for Getting to Zero: California’s Integrated HIV Surveillance, Prevention, and Care Plan* (Integrated Plan). The *Integrated Plan* is available on the Office of AIDS’ (OA) website at www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final.pdf.

**Staff Highlight:**

OA is pleased to announce Sean Abucay’s promotion. He started his new role as a Health Program Specialist I in the Care Program Section, October 1, 2019.

For the last two and half years, Sean has been the fiscal analyst in the Care Operations Unit. In addition to processing contractors’ invoices and tracking their expenditures, Sean trained staff on how to work with low spending contractors, developed protocols for conducting sub recipient risk assessments and reviewing single audits, and worked to redesign contractor budget forms and instructions. He provided technical assistance to contractors and staff on budget and invoice issues.

Sean is also a member of the new OA social/ planning group, the Office of yAy! He has worked with Office of yAy to plan fundraisers, office-wide events and All Staff meetings.

Before coming to the OA, Sean worked in the Managed Care Operation Division at the Department of Health Care Services. He was the lead analyst on gathering and analyzing payment data utilizing Excel and Access to develop procedures and protocols to improve delivery of payment to contracted Managed Care Plans.

Sean is a proud father of three beautiful boys. He enjoys spending time with his kids, especially since he has the privilege to also be their soccer and basketball coach. Sean is a diehard Kings and Broncos fan.

**Strategy A: Improve Pre-Exposure Prophylaxis (PrEP) Utilization**

**PrEP Assistance Program (PrEP-AP):**

As of October 11, 2019, there are 186 PrEP-AP enrollment sites covering 131 clinics that currently make up the PrEP-AP Provider network. As of October 21, 2019 there are 2,738 clients enrolled in the PrEP-AP.

A comprehensive list of the PrEP-AP Provider Network can be found at https://cdphdata.maps.arcgis.com/apps/webappviewer/index.html?id=6878d3a1c9724418aebf9a96878cd5b2.
Active PrEP Clients by Age and Insurance Coverage:

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>18 - 24</td>
<td>136</td>
<td>5%</td>
<td>---</td>
<td>---</td>
<td>142</td>
</tr>
<tr>
<td>25 - 34</td>
<td>863</td>
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<td>527</td>
</tr>
<tr>
<td>35 - 44</td>
<td>455</td>
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<td>---</td>
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<tr>
<td>45 - 64</td>
<td>186</td>
<td>7%</td>
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<td>1%</td>
<td>144</td>
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<tr>
<td>65+</td>
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<td>79</td>
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<td>TOTAL</td>
<td>1,644</td>
<td>59%</td>
<td>2</td>
<td>0%</td>
<td>97</td>
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Active PrEP Clients by Age and Race/Ethnicity:

<table>
<thead>
<tr>
<th>Current Age</th>
<th>Latinx</th>
<th>American Indian or Alaskan Native</th>
<th>Asian</th>
<th>Black or African American</th>
<th>Native Hawaiian/ Pacific Islander</th>
<th>White</th>
<th>More Than One Race Reported</th>
<th>Decline to Provide</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>18 - 24</td>
<td>114</td>
<td>4%</td>
<td>---</td>
<td>37</td>
<td>1%</td>
<td>20</td>
<td>1%</td>
<td>---</td>
<td>96</td>
</tr>
<tr>
<td>25 - 34</td>
<td>606</td>
<td>22%</td>
<td>---</td>
<td>143</td>
<td>5%</td>
<td>108</td>
<td>4%</td>
<td>5</td>
<td>467</td>
</tr>
<tr>
<td>35 - 44</td>
<td>333</td>
<td>12%</td>
<td>3</td>
<td>39</td>
<td>1%</td>
<td>44</td>
<td>2%</td>
<td>3</td>
<td>228</td>
</tr>
<tr>
<td>45 - 64</td>
<td>132</td>
<td>5%</td>
<td>3</td>
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<td>1%</td>
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<td>1%</td>
<td>2</td>
<td>161</td>
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<td>1</td>
<td>2</td>
<td>0%</td>
<td>5</td>
<td>0%</td>
<td>---</td>
<td>75</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1,190</td>
<td>43%</td>
<td>7</td>
<td>244</td>
<td>9%</td>
<td>194</td>
<td>7%</td>
<td>10</td>
<td>1,027</td>
</tr>
</tbody>
</table>

Strategy C: Expand Partner Services

Implementing Surveillance-based Partner Services for HIV Local Capacity Building Webinar:

OA and the STD Control Branch hosted a joint webinar on “Implementing Surveillance-based Partner Services for HIV” on October 8th, 2019. As HIV partner services continues to move toward the communicable disease model – using surveillance data to identify new cases for disease investigation and partner services – local health departments will need to partner with STD programs to identify strategies for doing so in a streamlined, client-centered way. OA has a goal of interviewing 85% of people newly diagnosed with HIV for partner services. To support that goal, developing a surveillance-based Partner Services program plan is a required activity of “Strengthening Our Foundation Through Integration: 2019 Guide to HIV Prevention and Surveillance” Strategy C: Expand Partner Services (pg.37) (https://www.cdph.ca.gov/Programs/CID/DOA/CDPHP%20Document%20Library/Guidance_181802_FINAL_ADA.pdf). If you were unable to attend, the audio recording is available at https://cdph-conf.webex.com/recordingservice/sites/cdph-conf/recording/playback/e520345a4e8e416e9751bf31af91fa2e. The recording password is oct8LCBweb.

Program Plan Template:

OA and the STD Control Branch developed a program plan template to assist local health jurisdictions (LHJ) with planning a local surveillance-based partner services program for
implementation in 2019 and 2020. For LHJs who have not developed a plan of their own, please complete the template with information from your local health jurisdiction by November 29th, 2019. All templates should be e-mailed to: PS18-1802@cdph.ca.gov.

For more information, please review the recent joint OA/STD Control Branch webinar during which the template was introduced (see above). If you need technical assistance please contact Brett AugsJoost, HIV Partner Services Coordinator, at brett.augsjoost@cdph.ca.gov.

**Strategy J: Increase Rates of Insurance/Benefits Coverage for PLWH or on PrEP**

**ADAP’s Insurance Assistance Programs:**

As of October 21, 2019, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown in the chart below.

ADAP released Management Memorandum 2019-21: Clients Opting out of Employer Sponsored Insurance: informing ADAP Enrollment Workers that the OA as an update to the policy issued in Management Memorandum 2015-02, informing enrollment workers that effective October 1, clients whose employer-sponsored health coverage is deemed unaffordable, will now have the option to opt out of their employer-based health insurance, enroll into any on or off exchange health plan of their choice, and enroll into OA-HIPP.

ADAP is not encouraging clients to forego their employer-based insurance. This policy clarification provides another option for clients who have extremely high premiums and/or deductibles, or who have concerns regarding their confidentiality.

The Covered California open enrollment period for 2020 is October 15, 2019 through January 31, 2020. Beginning the week of October 21, OA will begin to send letters to:

- OA-HIPP clients who are currently enrolled in a Covered California health plan, to inform them of Covered California’s renewal process and subsequent OA-HIPP requirements; and

- ADAP-only clients (those who have no other form of healthcare coverage, and for whom ADAP is paying the full cost of their ADAP formulary prescriptions), to inform them of their Covered California healthcare options and how to apply.


<table>
<thead>
<tr>
<th>ADAP Insurance Assistance Program</th>
<th>Number of Clients Enrolled</th>
<th>Percentage Change from September</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer Based Health Insurance Premium Payment (EB-HIPP) Program</td>
<td>584</td>
<td>-1.35%</td>
</tr>
<tr>
<td>Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program</td>
<td>4,522</td>
<td>-1.59%</td>
</tr>
<tr>
<td>Medicare Part D Premium Payment (MDPP) Program</td>
<td>1,748</td>
<td>+0.29%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6,854</strong></td>
<td><strong>-1.1%</strong></td>
</tr>
</tbody>
</table>
2019 through December 7, 2019. On October 7, ADAP mailed an informational letter to its clients enrolled in the Medicare Part D Premium Payment (MDPP) Program informing them of the open enrollment period.

**Strategy K: Increase and Improve HIV Prevention and Support Services for People Who Use Drugs**

Deaths related to opioid overdose have dramatically increased in recent years in California and nationally. Between 2011 and 2015 in the United States, deaths attributed to opioid overdose in people living with HIV increased by more than 42%. These overdoses have resulted both from use of prescription opioids and from the use of heroin and illicitly manufactured fentanyl.

It is now standard practice to consider naloxone co-prescription for clients (or their caregivers) who receive chronic opioid therapy or who may otherwise be exposed to opioids. Naloxone is a life-saving antidote that reverses the effects of opioid overdose. Naloxone is indicated both for people who are at risk for an opioid overdose and for people who may have a friend or a family member at risk.

Effective September 16, OA has added both the nasal spray and the injectable forms of Naloxone to the ADAP formulary.

**Syringe Exchange Certification Program:**

OA's Harm Reduction Unit manages the California Syringe Exchange Certification Program, which allows qualified organizations to apply directly to CDPH/OA for authorization to provide syringe services.

On October 14, 2019, CDPH authorized Northern Valley Harm Reduction Coalition (NVHRC) in Butte County as a state-authorized syringe program. NVHRC services will include overdose education and prevention, naloxone distribution, syringe access and disposal, condom distribution, information on safer injection practices, hepatitis C and HIV testing and counseling, and linkage to other mental health and medical providers. Additionally, staff will give referrals for substance use disorder treatment services, hepatitis A and hepatitis B vaccinations, screenings for sexually transmitted infections, and housing services.

Three applications are in process with CDPH/OA. A final decision will be made by November 8, 2019 on Gender Health Center in Sacramento County and by November 26, 2019 for Northern Inyo Health District, in Inyo County. CDPH is currently taking [public comment on an application for a proposed syringe services program](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_secpapp.aspx) from El Dorado County, Sierra Harm Reduction Coalition. Public comment closes November 27, 2019.

Information on pending applications including information on public comment can be found on OA's website at [https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_secpapp.aspx](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_secpapp.aspx).

**Strategy L: Increase General HIV Education and Awareness and Reduce Stigma around HIV, Sexual Orientation, and Gender Identity**

CDPH first endorsed the U=U (undetectable = untransmittable) campaign in 2017 and we continue to promote U=U as a powerful prevention tool in ending the HIV epidemic and reducing HIV-related stigma. People with HIV who take their medication as prescribed and have an undetectable viral load stay healthy and cannot pass HIV to their sexual partners. Importantly, U=U affirms that people with HIV can have healthy sexual relationships.

OA has developed a new community U=U factsheet in both [English](https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/UU_Factsheet_Oct2019_ADA.pdf) and [Spanish](https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/UU_Factsheet_SP_Nov2019_ADA.pdf).
Despite the numerous clinical studies that have established that antiretroviral treatment prevents HIV transmission, the U=U message is not widely known. We encourage you to spread the word with these documents and other resources. Together we can end the HIV epidemic!

**Strategy N: Enhance Collaborations and Community Involvement**

Ending the HIV Epidemic in America (EtHE): The federal plan to decrease new infections by 75 percent in the next five years has been initiated, with both Health Resources and Services (HRSA) and Centers for Disease Control and Prevention (CDC) providing additional funding to create “novel, disruptively innovative activities.” Each of the eight federally designated Phase I counties in California submitted an application for the additional EtHE funding provided from HRSA. This funding will focus on those who are infected but are not aware of their status, the newly diagnosed, and those in care but not virally suppressed. Other HRSA funding is being provided to HRSA Federally Qualified Health Centers (FQHC) and HIV clinics to increase routine testing among their clients with linkage to care for those who test HIV-positive or to PrEP for those at great risk of becoming HIV infected.

On October 24, 2019, OA hosted an initial meeting of the Phase I counties who have received funding to conduct accelerated planning of prevention strategies to reach those who have yet to be successfully engaged in HIV prevention services. About 80 individuals for all eight Phase I counties attended the all-day meeting, and exchanged ideas and began preliminary brainstorming of what “disruptively innovative activities” could be provided to successfully reach more people at risk or those living with HIV who are not aware of their status. Throughout the next year, each county will develop a plan that will be implemented over the following four years.

On October 14, 2019, staff from OA, STD and Hepatitis C, along with some community representatives had a kick off meeting to begin to revise the California HIV Integrated Surveillance, Prevention and Care plan. Over the next eight months, a new plan will be developed, appreciating the need to address HIV, STDs and Hepatitis C together given the syndemic created by these infectious diseases and the common populations and social determinants of health impacting infection rates. This team will reach out to coworkers and help facilitate gathering of community input to ensure the plan reflects the needs and wants of people living with HIV, people at risk or needing treatment for STDs and Hepatitis C, stakeholders and providers. If you want to suggest what should be included in the new plan, or want to suggest a group that wants to provide input, please send your suggestions to the Ending the Epidemics e-mail box at ETE@cdph.ca.gov or call Kevin Sitter at 916-449-5814.

For questions regarding this report, please contact: angelique.skinner@cdph.ca.gov.
This newsletter is organized to align the updates with Strategies from the *Laying a Foundation for Getting to Zero: California’s Integrated HIV Surveillance, Prevention, and Care Plan* (Integrated Plan). The *Integrated Plan* is available on the Office of AIDS’ (OA) website at www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final.pdf.

**In This Issue:**
- Strategy A
- Strategy J
- Strategy M
- Strategy F
- Strategy K

**General Office Updates:**

Flu season has arrived and people living with HIV are at high risk of serious influenza-related complications. Getting the flu vaccine – both for people living with HIV and for healthcare providers – is our best protection against the flu, as demonstrated in multiple clinical studies. As a number of new influenza vaccine products have become available, the California Department of Public Health (CDPH) has created an [informational FAQ](https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/Flu%20vaccine%20for%20people%20living%20with%20HIV%202019.pdf) on the use of these vaccines in people living with HIV, available at https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/Flu%20vaccine%20for%20people%20living%20with%20HIV%202019.pdf.

Flu vaccination is a covered benefit by all insurance providers and by California’s AIDS Drug Assistance Program (ADAP). Let’s utilize this benefit and protect even more people during the 2019-20 flu season!

Please e-mail [Phil.Peters@cdph.ca.gov](mailto:Phil.Peters@cdph.ca.gov) or Dr. Cora Hoover in CDPH’s Immunization Branch at [Cora.Hoover@cdph.ca.gov](mailto:Cora.Hoover@cdph.ca.gov) with any questions regarding the FAQ.

**Staff Highlight:**

The HIV Program Contracts Unit is responsible for executing and maintaining over 400 contracts each year. This Unit oversees all contract development and advises OA regarding procurement models and solicitation methods to ensure agreements are compliant and will receive Departmental approval. As OA receives funding, we need to ensure it is built into valid agreements that provide a legitimate mechanism for our stakeholders to receive funds. Thanks to the diligence and expertise of our HIV Program Contracts Unit, these efforts are carried out as quickly as possible to prevent any gaps in funding or services.

The staff works as both internal and external liaisons. They interact with CDPH Accounting, Program Support, our OA Program Staff, and they work directly with our stakeholders to secure final signature documents and work through contracting issues. While they do not interact as
frequently outside of the organization as other OA staff, they are greatly appreciated internally and are heavily involved in keeping OA moving.

**Strategy A: Improve Pre-Exposure Prophylaxis (PrEP) Utilization**

**PrEP Assistance Program (PrEP-AP):**

As of November 25, 2019, there are 186 PrEP-AP enrollment sites covering 136 clinics that currently make up the PrEP-AP Provider network and there are 2,897 clients enrolled in the PrEP-AP.

A comprehensive list of the PrEP-AP Provider Network can be found at https://cdphdata.maps.arcgis.com/apps/webappviewer/index.html?id=6878d3a1c9724418aebf8a96878cd5b2.

**Strategy F: Improve Overall Quality of HIV-Related Care**

There is an HIV Prevention Certificate Program for Healthcare Providers available through HealthHIV. The HIV Prevention Certified Provider Program is an online, self-paced CME curriculum composed of five courses in HIV prevention detailing the pertinent clinical and practice information that clinicians need to employ HIV prevention interventions effectively. Upon successful completion of this program, participants earn a certificate recognizing their

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**Active PrEP-AP Clients by Age and Insurance Coverage:**

<table>
<thead>
<tr>
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<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>18 - 24</td>
<td>139</td>
<td>5%</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>158</td>
<td>5%</td>
<td>297</td>
<td>10%</td>
</tr>
<tr>
<td>25 - 34</td>
<td>901</td>
<td>31%</td>
<td>2</td>
<td>0%</td>
<td>1</td>
<td>0%</td>
<td>556</td>
<td>19%</td>
<td>1,460</td>
<td>50%</td>
</tr>
<tr>
<td>35 - 44</td>
<td>466</td>
<td>16%</td>
<td>---</td>
<td>---</td>
<td>4</td>
<td>0%</td>
<td>232</td>
<td>8%</td>
<td>702</td>
<td>24%</td>
</tr>
<tr>
<td>45 - 64</td>
<td>185</td>
<td>6%</td>
<td>---</td>
<td>---</td>
<td>16</td>
<td>1%</td>
<td>153</td>
<td>5%</td>
<td>354</td>
<td>12%</td>
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<tr>
<td>65+</td>
<td>3</td>
<td>0%</td>
<td>---</td>
<td>---</td>
<td>85</td>
<td>3%</td>
<td>6</td>
<td>0%</td>
<td>94</td>
<td>3%</td>
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<tr>
<td>TOTAL</td>
<td>1,694</td>
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<td>106</td>
<td>4%</td>
<td>1,105</td>
<td>38%</td>
<td>2,907</td>
<td>100%</td>
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</tbody>
</table>

**Active PrEP-AP Clients by Age and Race/Ethnicity:**

<table>
<thead>
<tr>
<th>Current Age</th>
<th>Latinx N</th>
<th>%</th>
<th>American Indian or Alaskan Native N</th>
<th>%</th>
<th>Asian N</th>
<th>%</th>
<th>Black or African American N</th>
<th>%</th>
<th>Native Hawaiian/Pacific Islander N</th>
<th>%</th>
<th>White N</th>
<th>%</th>
<th>More Than One Race Reported N</th>
<th>%</th>
<th>Decline to Provide N</th>
<th>%</th>
<th>TOTAL N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 - 24</td>
<td>127</td>
<td>4%</td>
<td>---</td>
<td>---</td>
<td>40</td>
<td>1%</td>
<td>22</td>
<td>1%</td>
<td>---</td>
<td>---</td>
<td>96</td>
<td>3%</td>
<td>6</td>
<td>0%</td>
<td>6</td>
<td>0%</td>
<td>297</td>
<td>10%</td>
</tr>
<tr>
<td>25 - 34</td>
<td>640</td>
<td>22%</td>
<td>---</td>
<td>---</td>
<td>157</td>
<td>5%</td>
<td>108</td>
<td>4%</td>
<td>6</td>
<td>0%</td>
<td>479</td>
<td>16%</td>
<td>22</td>
<td>1%</td>
<td>48</td>
<td>2%</td>
<td>1,460</td>
<td>50%</td>
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<tr>
<td>35 - 44</td>
<td>333</td>
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<td>44</td>
<td>2%</td>
<td>49</td>
<td>2%</td>
<td>2</td>
<td>0%</td>
<td>242</td>
<td>8%</td>
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<td>21</td>
<td>1%</td>
<td>702</td>
<td>24%</td>
</tr>
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<td>45 - 64</td>
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<td>4%</td>
<td>3</td>
<td>0%</td>
<td>23</td>
<td>1%</td>
<td>20</td>
<td>1%</td>
<td>2</td>
<td>0%</td>
<td>171</td>
<td>6%</td>
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<td>0%</td>
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<td>0%</td>
<td>1</td>
<td>0%</td>
<td>3</td>
<td>0%</td>
<td>4</td>
<td>0%</td>
<td>---</td>
<td>---</td>
<td>80</td>
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<td>0%</td>
<td>---</td>
<td>---</td>
<td>94</td>
<td>3%</td>
</tr>
<tr>
<td>TOTAL</td>
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<td>42%</td>
<td>7</td>
<td>0%</td>
<td>267</td>
<td>9%</td>
<td>203</td>
<td>7%</td>
<td>10</td>
<td>0%</td>
<td>1,068</td>
<td>37%</td>
<td>38</td>
<td>1%</td>
<td>80</td>
<td>3%</td>
<td>2,907</td>
<td>100%</td>
</tr>
</tbody>
</table>

Charts prepared by: ADAP Fiscal Forecasting Evaluation and Monitoring (AFFEM) Section, ADAP and Care Evaluation and Informatics Branch, Office of AIDS.
Active Client: Client was eligible for PrEP-AP as of 11/30/2019 at 11:06:37 PM
Data Source: ADAP Enrollment System. Run date: 11/30/2019 at 11:06:37 PM
designation as an HIV Prevention Certified Provider (HIV PCP) and receive listing in a national online directory of HIV PCPs. The curriculum is updated routinely based on approval of new biomedical interventions and release of evidence-based practices. HealthHIV advances effective prevention, care, support, and health equity for people living with, or at risk for, HIV/AIDS and hepatitis C—particularly with LGBT and other underserved communities—by providing education, capacity building, health services research, and advocacy to organizations, communities and professionals. CDC and HRSA both contract with HealthHIV for capacity building assistance. More information about the certificate program can be found at https://healthhiv.org/programs/hpcp.

**Strategy J: Increase Rates of Insurance/Benefits Coverage for PLWH or on PrEP**

**ADAP’s Insurance Assistance Programs:**

As of November 25, 2019, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown in the chart below.

**Strategy K: Increase and Improve HIV Prevention and Support Services for People Who Use Drugs**

On November 8, 2019, CDPH authorized Gender Health Center (GHC) in Sacramento County as a state-authorized syringe services program. GHC has served as a satellite service provider to an authorized service provider for the last three years. The program will provide services at the GHC office at 2020 29th Street, Sacramento, California and will be open Monday – Friday, 10 a.m. to 8 p.m.

CDPH also authorized Northern Inyo Health District (NIHD), in Inyo County. NIHD Harm Reduction Project will provide services at the NIHD Rural Health Clinic office at 153-B Pioneer Lane, Bishop, California, Monday through Friday, 8:00 a.m. to 5:00 p.m. In addition, for people unable to attend the NIHD Harm Reduction Project’s Rural Health Clinic site, the program will offer home delivery of services in Inyo County by appointment.

Public comment has closed and a final decision will be made by January 14, 2020, on an application by Sierra Harm Reduction Coalition in El Dorado County. Information on pending applications, including information on public comment, can be found on OA’s website at https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_secpapp.aspx.

**Strategy M: Improve Usability of Collected Data**

The National HIV Behavioral Surveillance (NHBS) System is a national health survey that

<table>
<thead>
<tr>
<th>ADAP Insurance Assistance Program</th>
<th>Number of Clients Enrolled</th>
<th>Percentage Change from October</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer Based Health Insurance Premium Payment (EB-HIPP) Program</td>
<td>609</td>
<td>+4.28%</td>
</tr>
<tr>
<td>Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program</td>
<td>4,739</td>
<td>+4.79%</td>
</tr>
<tr>
<td>Medicare Part D Premium Payment (MDPP) Program</td>
<td>1,774</td>
<td>+1.48%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7,122</strong></td>
<td><strong>+4.04%</strong></td>
</tr>
</tbody>
</table>
collects information on sexual risk, drug use, HIV testing behaviors, and HIV seroprevalence from populations at highest risk for HIV infection. The project is conducted in rotating, annual cycles in three different populations: men who have sex with men, people who inject drugs and low-income heterosexual people. During each cycle, a minimum of 500 eligible persons from each participating project area are interviewed and offered HIV testing. NHBS is designed, coordinated, and funded by the Centers for Disease Control and Prevention (CDC). San Diego County is one of approximately 20 areas across the nation currently participating in NHBS. In San Diego, the data collection is conducted by the California Department of Public Health, Office of AIDS with assistance from Family Health Centers of San Diego. The OA, Behavioral & Surveillance Section contracted with Family Health Centers of San Diego whose work plan includes conducting initial and ongoing formative research, sampling, obtaining informed consent, conducting interviews with individuals who meet the target population group definition, conducting HIV testing, and managing reimbursements for a network sampling design. FHC is the largest comprehensive HIV/AIDS services provider in the San Diego region with has a network of 23 primary care clinics.

OA is pleased to announce that the NHBS team, Anna Flynn here at OA and Adam Bente, Jose Garcia, Heaven Branch, Kasandra Reyes, and Cesar Arevalo have met their benchmark of 500 completed interviews with eligible participants two months prior to the CDC-established deadline of December 31, 2019. In fact, they will be continuing data collection to gather an additional 100 interviews before the end of November 2019 and still remain within our established budget. We want to thank them for their commitment to this project and congratulate them on a project plan well-conceived and executed!

OA has released a new fact sheet, titled “HIV Infection, Prevention, and Health Behaviors Among Heterosexual People at Increased Risk for HIV in San Diego, CA,” with information from the 2016 National HIV Behavioral Surveillance (NHBS). OA, with assistance from The Chicano Federation, conducted interviews and HIV testing among over 500 heterosexual people with low income or low educational attainment as part of a national, multi-site project funded by the Centers for Disease Control and Prevention (CDC). The fact sheet is available at https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/NHBS%20HET4%20Fact%20Sheet%20Final.pdf.

OA also conducts NHBS in San Diego among gay, bisexual, and other men who have sex with men and people who inject drugs. For more information and to request NHBS San Diego data estimates, please send an email to NHBS@cdph.ca.gov.

For questions regarding this report, please contact: angelique.skinner@cdph.ca.gov.
This newsletter is organized to align the updates with Strategies from the *Laying a Foundation for Getting to Zero: California’s Integrated HIV Surveillance, Prevention, and Care Plan* (Integrated Plan). The Integrated Plan is available on the Office of AIDS’ (OA) website at www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final.pdf.

### In This Issue:

- Strategy A
- Strategy J
- Strategy K
- Strategy M
- Strategy N

### General Office Updates:

#### OA/STD Integration Update:

KAI Partners, Inc. is a local California-based small business providing world-class management consulting and technology services to public and private sector clients in the Northern California area and beyond.

KAI Partners combines proven talent and extensive experience across multiple small and large-scale projects. Elizabeth Long and Denise Larcade are consultants for KAI Partners looking forward to working with staff on the Implementation Project.

Elizabeth’s background includes 20 years of experience in Project Management, Training and Organizational Change Management (OCM) and Strategic Planning in both private and public sectors. As an OCM Service Delivery lead, Ms. Long enjoys building critical partnerships that result in prepared users who are ready for the change.

Denise’s experience includes Project Management and Strategic Planning in Mergers & Acquisitions. Ms. Larcade brings 20 years of experience as an Organizational Change Management Consultant and Training Professional. Denise enjoys teaching others and helping people through change.

Elizabeth and Denise have already begun development of the Integration project schedule and other initial planning to include a communication approach. They are looking forward to meeting staff and developing partnerships critical to the Implementation Project’s success.

#### Staff Highlight:

OA is pleased to announce Matt Willis’s promotion to a Health Program Specialist I in the HIV Prevention Branch effective November 2019.

Matt began his career at OA in the Early Intervention Program (EIP), currently the Care Operations Section in the Care Branch, in early 2006. In this role Matt was responsible for...
program oversight and technical assistance (TA) for programs that included the Bridge Project, Minority AIDS Initiative, and the Ryan White funded Health Care Programs. During this time he was also a program monitor for 11 LHJs including Los Angeles and San Francisco.

In 2011, Matt brought his program monitoring skills and experience to the Prevention Operations Section in the HIV Prevention Branch. He spent just under two years providing program oversight, TA, and program implementation assistance to Expanded Testing and Prevention grantees.

In 2013, Matt’s duties shifted when he became the Focused HIV Testing Program Specialist spending over six years as the lead of the CDC-funded health program. His programmatic knowledge has included routine opt-out testing, linkage to care, partner services, and PrEP. Matt has also worked closely with OA’s training partners assisting in test counselor certification in Basic Counselor Skills Training, updating testing guidelines, working with the California Planning Group (CPG), and most recently, developing Request for Funding Announcements (RFAs).

In his new role Matt will be responsible for coordinating the development of HIV/STD prevention programs, developing tools and processes for identifying gaps and barriers in HIV prevention services, providing TA to LHJs to address gaps and barriers, and working to implement quality improvement services.

When he is not in the office doing incredible work to help end the HIV/AIDS epidemic, Matt enjoys spending time with his two dogs, being uncle to his nieces, eating worldly cuisine, and getting exercise on the American River Bike Trail. Matt also has extensive knowledge in classic movies, 60’s French Pop music, and has an eclectic range of interest in other music. Matt’s home can be seen as a museum for vintage 60s and 70s décor.

**Strategy A: Improve Pre-Exposure Prophylaxis (PrEP) Utilization**

**PrEP Assistance Program (PrEP-AP):**

As of December 30, 2019, there are 186 PrEP-AP enrollment sites covering 141 clinics that currently

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<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>18 - 24</td>
<td>107</td>
<td>4%</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>25 - 34</td>
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<td>1</td>
</tr>
<tr>
<td>35 - 44</td>
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<td>---</td>
<td>---</td>
<td>3</td>
</tr>
<tr>
<td>45 - 64</td>
<td>220</td>
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<td>---</td>
<td>---</td>
<td>15</td>
</tr>
<tr>
<td>65+</td>
<td>6</td>
<td>0%</td>
<td>---</td>
<td>---</td>
<td>92</td>
</tr>
<tr>
<td>TOTAL</td>
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<td>58%</td>
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<td>111</td>
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Active PrEP-AP Clients by Age and Race/Ethnicity:

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<tr>
<th>Current Age</th>
<th>Latinx N</th>
<th>Latinx %</th>
<th>White N</th>
<th>White %</th>
<th>Black or African American N</th>
<th>Black or African American %</th>
<th>Asian N</th>
<th>Asian %</th>
<th>American Indian or Alaskan Native N</th>
<th>American Indian or Alaskan Native %</th>
<th>Native Hawaiian/Pacific Islander N</th>
<th>Native Hawaiian/Pacific Islander %</th>
<th>More Than One Race Reported N</th>
<th>More Than One Race Reported %</th>
<th>Decline to Provide N</th>
<th>Decline to Provide %</th>
<th>TOTAL N</th>
<th>TOTAL %</th>
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<tbody>
<tr>
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<td>3%</td>
<td>62</td>
<td>2%</td>
<td>14</td>
<td>0%</td>
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<td>1%</td>
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<td>---</td>
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<td>0%</td>
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<td>5</td>
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<td>24</td>
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<td>49</td>
<td>2%</td>
<td>1,447</td>
<td>50%</td>
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<td>35 - 44</td>
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<td>255</td>
<td>9%</td>
<td>52</td>
<td>2%</td>
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<td>3</td>
<td>0%</td>
<td>2</td>
<td>0%</td>
<td>8</td>
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<td>0</td>
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<td>753</td>
<td>26%</td>
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<td>6%</td>
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<td>1%</td>
<td>27</td>
<td>1%</td>
<td>3</td>
<td>0%</td>
<td>2</td>
<td>0%</td>
<td>1</td>
<td>0%</td>
<td>0</td>
<td>6%</td>
<td>405</td>
<td>14%</td>
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<tr>
<td>65+</td>
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<td>0%</td>
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<td>---</td>
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<td>---</td>
<td>1</td>
<td>0%</td>
<td>108</td>
<td>4%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1,232</td>
<td>42%</td>
<td>1,071</td>
<td>37%</td>
<td>208</td>
<td>7%</td>
<td>264</td>
<td>9%</td>
<td>7</td>
<td>0%</td>
<td>10</td>
<td>0%</td>
<td>42</td>
<td>1%</td>
<td>88</td>
<td>3%</td>
<td>2,922</td>
<td>100%</td>
</tr>
</tbody>
</table>

Charts prepared by: ADAP Fiscal Forecasting Evaluation and Monitoring (AFFEM) Section, ADAP and Care Evaluation and Informatics Branch, Office of AIDS.

Run date: 01/06/2020 at 5:25:31 AM

Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

make up the PrEP-AP Provider network and there are 2,922 clients enrolled in the PrEP-AP.

A comprehensive list of the PrEP-AP Provider Network can be found at https://cdphdata.maps.arcgis.com/apps/webappviewer/index.html?id=6878d3a1c9724418aebea96878cd5b2.

Strategy J: Increase Rates of Insurance/Benefits Coverage for PLWH or on PrEP

ADAP’s Insurance Assistance Programs:

As of December 31, 2019, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown in the chart below.

Strategy K: Increase and Improve HIV Prevention and Support Services for People Who Use Drugs

On December 10, 2019, the Santa Cruz Health Services Agency (SCHSA) released a new report on Syringe Access and Disposal in Santa Cruz County (santacruzcountyca.igm2.com/citizens/fileopen.aspx?type=4&id=23313), which used a mixed-methods approach to evaluate the SCHSA-operated syringe services program. OA’s Harm Reduction Unit collaborated with SCHSA throughout the project, and OA staff Matt Curtis (matt.curtis@cdph.ca.gov) helped design the evaluation tools and project team training, conducted a series of focus groups with
syringe services program (SSP) participants, and contributed to the analysis. Major findings include:

- Two-thirds of SSP participants did not have sufficient access to new syringes. Distance to SSP locations and limited operating hours, lack of transportation, and fear of police encounters impeded access to services.

- 75% of SSP participants had recently reused their own syringes, and reuse was associated with much higher rates of abscess/skin and soft tissue infection. People with gaps in access to new syringes were 6x more likely to share syringes with others.

- Most SSP participants disposed of used syringes appropriately. More direct contact with the SSP was associated with better disposal practice.

- Recommendations include expanding SSP operating hours and locations, adding mobile outreach-based services, and eliminating the county’s one-for-one syringe exchange policy, which conflicts with public health best practice.

Public Comment is currently open for a new SSP application from the Harm Reduction Coalition of Santa Cruz County (HRCSCC). HRCSCC proposes to provide syringe services along with education on the topics of safer injection, HIV and viral hepatitis prevention, overdose prevention, and proper syringe disposal.

Public comment has closed and a final decision will be made by January 14, 2020, on an application by Sierra Harm Reduction Coalition in El Dorado County. Information on the final decision will be posted on OA’s website.

Information on pending applications, including information on public comment, can be found on OA’s website at: www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/NHBS_FactSheet2017_ADA.pdf.

Strategy M: Improve Usability of Collected Data

OA has released a new fact sheet presenting data from men who have sex with men (MSM) who participated in an interview and HIV testing as part of the 2017 National HIV Behavioral Surveillance (NHBS) in San Diego, CA. NHBS is a Centers for Disease Control and Prevention-funded project that performs HIV-testing and interviews about health behaviors among groups of people who are especially vulnerable to getting HIV. State and local health departments carry out NHBS at more than 20 sites across the U.S. In 2017, OA carried out HIV behavioral surveillance in San Diego with assistance from the Chicano Federation. The fact sheet, HIV Infection, Prevention, and Health Behaviors Among Sexually Active Men Who Have Sex With Men in San Diego, CA, is available at: www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/NHBS_FactSheet2017_ADA.pdf.

Each year, on a rotating basis, OA conducts NHBS interviews and HIV testing in San Diego, CA among a group that is considered to be at increased risk of acquiring HIV: men who have sex with men, people who inject drugs, and heterosexual people with low income or low educational attainment. For more information and to request NHBS San Diego data estimates, please send an email to NHBS@cdph.ca.gov.

Strategy N: Enhance Collaborations and Community Involvement

OA is the recipient of CDC PS19-1906, “Strategic Partnerships and Planning to Support Ending the HIV Epidemic in the United States, Component B: Accelerated State and Local HIV Planning to End the HIV Epidemic” funding. This one-year grant is to develop plans within six Phase I designated California Counties: Alameda, Orange, Riverside, Sacramento, San Bernardino, and San Diego. Los Angeles and San Francisco were also awarded grants from PS19-1906 as well. A preliminary plan was due to the CDC by December 30, 2019. Each of the counties worked
diligently with staff from Facente Consultants, and a strong preliminary plan was submitted on December 27, 2019.

Work on the State Ending the Epidemics plan will resume in January with a meeting of the steering committee, followed by a teleconference with all planning members. Community input will be sought in February and March. Ideas on how best to decrease HIV, STD, and Hepatitis C infections can also be sent to ETE@cdph.ca.gov.

For questions regarding this report, please send an email to angelique.skinner@cdph.ca.gov.
DATE: February 11, 2020

TO: HIV Commission

FROM: Sara H. Cody MD, Health Officer and Public Health Director
Tonya Robinson, Senior Analyst

SUBJECT: Ryan White HIV/AIDS Program Allocation & Related Expenditure

RECOMMENDED ACTION


FISCAL IMPLICATIONS

There is no fiscal impact as a result of this action. This is an informational item.

As of the end of November 2019, month ninth of the Ryan White Part A & MAI 2019 grant year, all RW Part A grants funds are on target to be spent except Home and Community Based Services. As of date, very little grant funds have been spent on Home & Community Based Services, $242. Thus, this small grant allocation, $7,500, will be absorbed by other service over expenditures to ensure grant funds are fully spent. This applies to all underspent service categories if applicable. Outpatient and Mental Health services show over 100% of expended allocation. This is due to initial under budgeted allocations. Thus, any unspent funds will be absorbed by these expenditures up to the amount of the grant award. This will ensure all grant funds are fully spent. This expenditure information will be updated in future reports.

As of the end of November 2019, the eighth month of the Ryan White Part B & MAI 2019 grant, the funds are on target to be fully spent. Due to Early Intervention Services (AACI) severely underspending, unspent funds have been reallocated to Outpatient/Ambulatory to ensure that the funds will be fully spent by the end of the period/year. Thus, the EIS/AACI allocation has been revised to $30,578 (per actual expenditures). This information will be updated in future reports.

As of the end of November 2019, the fourth month of the County General Fund fiscal year, all GF expenditures are on target. This information will be updated in future reports.
No HIV Prevention expenditures report is available for this report period.

**REASONS FOR RECOMMENDATION**

The HIV Commission is required to annually establish priorities and recommend allocations for the expenditure of the Ryan White HIV/AIDS Program Part A, Part A - MAI, Part B, and Part B MAI funds. The STD/HIV Prevention & Control Program, as Recipient, implements the HIV Commission’s approved priorities and recommendations through execution of agreements with government-based, community-based, and non-profit service providers.

The attached monthly Expenditure Reports reflect expenditures as of the beginning of the 2019 Part A and Part A-MAI grant fund cycle and the 2019 Part B and Part B-MAI grant fund cycle, and monthly expenditure report reflecting County General Funds related to HIV services as of the second month of the 2020 Fiscal Year.

Receipt of this report provides the HIV Commission with information on HIV grant funded and General Fund expenditures.

**CHILD IMPACT**

The recommended action will have no/neutral impact on children and youth.

**SENIOR IMPACT**

The recommended action will have no/neutral impact on seniors.

**SUSTAINABILITY IMPLICATIONS**

The recommended action will have no/neutral sustainability implications.

**BACKGROUND**

The HIV Planning Council for Prevention & Care approved its 2019 allocation scenarios at its September 2018 meeting. The Notice of Award for 2019 Part A and Part A Minority AIDS Initiative funding wasn’t issued until January 14, 2019. Pursuant to the authority delegated to the Recipient to implement allocations based on the scenario most closely related to the actual amount of funding awarded, and to adjust categorical allocations between the flat, five percent decrease and five percent increase scenarios to balance the final allocations with the funding awards, the Recipient established the “Post Award” allocations on April 2019 to recognize the actual amount of funding awarded.

Information provided in the attached reports includes charts displaying expenditure as a percentage of the current allocation to each service category, and tables showing the invoiced amount, percentage of the current allocation invoiced, projected end-of-year expenditure, and projected end-of-year unobligated balance for each funded service category.

**CONSEQUENCES OF NEGATIVE ACTION**

The HIV Commission will not receive information on Ryan White HIV/AIDS Program, HIV
Prevention, and related General Fund expenditures.

**ATTACHMENTS:**

Ryan White 2019 Grant Cycle
Part A & MAI Expenditure

1 The "Invoiced" amount is the total of all invoices received as of the date of the report. Invoices may not have been received from all providers for all categories for the same months.

2 The "Projected EOY (End-of-Year) Expense" is calculated by dividing the amount invoiced by the reporting month to determine the average monthly expense, and multiplying the result by 12. Projected EOY will be an under-representation of year end expense if invoices up to and including reported period have not been received. Projected EOY Expense is solely a mathematic calculation, and does consider changes (increases/decreases) in service demand, seasonal cost differences, or other system factors that may influence actual expenditure during the fund cycle.

3 The "Projected UOB (Un-Obligated Balance)" is calculated by subtracting the EOY Expense from the allocation. Projected UOB may be an over-representation if invoices up to and including reported period have not been received, and does consider other system factors that may influence actual expenditure during the fund cycle.
Ryan White 2019 Grant Cycle
Part B & MAI Expenditure

<table>
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<th>Service Type</th>
<th>Allocation</th>
<th>Invoiced 1</th>
<th>% of Allocation</th>
</tr>
</thead>
<tbody>
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<td>Early Intervention Services</td>
<td>$442,103</td>
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<td>59.5%</td>
</tr>
<tr>
<td>Food Bank/Home Delivered Meals</td>
<td>$434,243</td>
<td>$320,491</td>
<td>73.8%</td>
</tr>
<tr>
<td>Psychosocial Support Services</td>
<td>$1,720</td>
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</tr>
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<td>Outpatient/Ambulatory Medical</td>
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<td>0.0%</td>
</tr>
<tr>
<td>Other Professional Services</td>
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<td>0.0%</td>
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<td>89.3%</td>
</tr>
<tr>
<td>Outpatient/Ambulatory Medical</td>
<td>$53,407</td>
<td>$47,675</td>
<td>89.3%</td>
</tr>
<tr>
<td>Other Professional Services</td>
<td>$1,033,492</td>
<td>$646,480</td>
<td>62.6%</td>
</tr>
</tbody>
</table>

Projected EOY Expense 2

<table>
<thead>
<tr>
<th>Month</th>
<th>Allocation</th>
<th>Invoiced 1</th>
<th>% of Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>$442,103</td>
<td>$263,020</td>
<td>59.5%</td>
</tr>
<tr>
<td>1</td>
<td>$434,243</td>
<td>$320,491</td>
<td>73.8%</td>
</tr>
<tr>
<td>2</td>
<td>$1,720</td>
<td>$1,720</td>
<td>100.0%</td>
</tr>
<tr>
<td>3</td>
<td>$67,795</td>
<td>$0</td>
<td>0.0%</td>
</tr>
<tr>
<td>4</td>
<td>$20,649</td>
<td>$0</td>
<td>0.0%</td>
</tr>
<tr>
<td>5</td>
<td>$53,407</td>
<td>$13,575</td>
<td>100.0%</td>
</tr>
<tr>
<td>6</td>
<td>$53,407</td>
<td>$47,675</td>
<td>89.3%</td>
</tr>
<tr>
<td>7</td>
<td>$1,033,492</td>
<td>$646,480</td>
<td>62.6%</td>
</tr>
</tbody>
</table>

Projected UOB 3

<table>
<thead>
<tr>
<th>Month</th>
<th>Allocation</th>
<th>Invoiced 1</th>
<th>% of Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>$442,103</td>
<td>$263,020</td>
<td>59.5%</td>
</tr>
<tr>
<td>1</td>
<td>$434,243</td>
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</tr>
<tr>
<td>2</td>
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<td>$1,720</td>
<td>100.0%</td>
</tr>
<tr>
<td>3</td>
<td>$67,795</td>
<td>$0</td>
<td>0.0%</td>
</tr>
<tr>
<td>4</td>
<td>$20,649</td>
<td>$0</td>
<td>0.0%</td>
</tr>
<tr>
<td>5</td>
<td>$53,407</td>
<td>$13,575</td>
<td>100.0%</td>
</tr>
<tr>
<td>6</td>
<td>$53,407</td>
<td>$47,675</td>
<td>89.3%</td>
</tr>
<tr>
<td>7</td>
<td>$1,033,492</td>
<td>$646,480</td>
<td>62.6%</td>
</tr>
</tbody>
</table>

1 The "Invoiced" amount is the total of all invoices received as of the date of the report. Invoices may not have been received from all providers for all categories for the same months.

2 The "Projected EOY (End-of-Year) Expense" is calculated by dividing the amount invoiced by the reporting month to determine the average monthly expense, and multiplying the result by 12. Projected EOY will be an under-representation of year end expense if invoices up to and including reported period have not been received. Projected EOY Expense is solely a mathematic calculation, and does consider changes (increases/decreases) in service demand, seasonal cost differences, or other system factors that may influence actual expenditure during the fund cycle.

3 The "Projected UOB (Un-Obligated Balance)" is calculated by subtracting the EOY Expense from the allocation. Projected UOB may be an over-representation if invoices up to and including reported period have not been received, and does consider other system factors that may influence actual expenditure during the fund cycle.

County General Fund FY 2020 Expenditure

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Health Services Operational Support</td>
<td>41.7%</td>
</tr>
</tbody>
</table>

1/6/2020
### Early Intervention Services Operational Support

- Psychosocial Support Services Operational Support
- Case Management Services Operational Support
- Medical Case Management Services Operational Support
- Oral Health Services Operational Support
- Food Bank Services Operational Support

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Allocation</th>
<th>Invoiced</th>
<th>% of Allocation</th>
<th>Projected EOY Expense</th>
<th>Projected UOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Intervention Services Operational Support</td>
<td>$5,850</td>
<td>$2,560</td>
<td>43.8%</td>
<td>$6,143</td>
<td>($293)</td>
</tr>
<tr>
<td>Psychosocial Support Services Operational Support</td>
<td>$4,246</td>
<td>$1,842</td>
<td>43.4%</td>
<td>$4,420</td>
<td>($174)</td>
</tr>
<tr>
<td>Case Management Services Operational Support</td>
<td>$42,785</td>
<td>$17,827</td>
<td>41.7%</td>
<td>$42,785</td>
<td>($0)</td>
</tr>
<tr>
<td>Medical Case Management Services Operational Support</td>
<td>$33,162</td>
<td>$13,818</td>
<td>41.7%</td>
<td>$33,162</td>
<td>($0)</td>
</tr>
<tr>
<td>Oral Health Services Operational Support</td>
<td>$17,777</td>
<td>$7,407</td>
<td>41.7%</td>
<td>$17,777</td>
<td>($0)</td>
</tr>
<tr>
<td>Food Bank Services Operational Support</td>
<td>$25,263</td>
<td>$10,526</td>
<td>41.7%</td>
<td>$25,263</td>
<td>($0)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$129,083</strong></td>
<td><strong>$4,401</strong></td>
<td><strong>3.4%</strong></td>
<td><strong>$10,564</strong></td>
<td><strong>($468)</strong></td>
</tr>
</tbody>
</table>

1. The "Invoiced" amount is the total of all invoices received as of the date of the report. Invoices may not have been received from all providers for all categories for the same months.

2. The "Projected EOY (End-of-Year) Expense" is calculated by dividing the amount invoiced by the reporting month to determine the average monthly expense, and multiplying the result by 12. Projected EOY Expense will be an under-representation of year end expense if invoices up to and including reported period have not been received. Projected EOY Expense is solely a mathematic calculation, and does consider changes (increases/decreases) in service demand, seasonal cost differences, or other system factors that may influence actual expenditure during the fund cycle.

3. The "Projected UOB (Un-Obligated Balance)" is calculated by subtracting the EOY Expense from the allocation. Projected UOB may be an over-representation if invoices up to and including reported period have not been received, and does consider other system factors that may influence actual expenditure during the fund cycle.
DATE: February 11, 2020

TO: HIV Commission

FROM: Sara H. Cody MD, Health Officer and Public Health Director
Tonya Robinson, Senior Analyst

SUBJECT: Recipient Report

RECOMMENDED ACTION

Receive verbal report from Recipient Agent for the Ryan White HIV/AIDS Program. (Rudman/Robinson)

FISCAL IMPLICATIONS

There is no fiscal impact as a result of this action. This is an informational item.

REASONS FOR RECOMMENDATION

The HIV Commission serves as the local planning body required for receipt of funding under the Ryan White HIV/AIDS Program. Among its responsibilities is to annually establish priorities for the expenditure of the Ryan White HIV/AIDS Program allocations for Part A and Part A - Minority AIDS Initiative, recommend allocation for Part B funds, participate in the development and periodic revision of a comprehensive plan for HIV/AIDS prevention and care, develop Recipient directives, and to establish standards of care for Ryan White HIV/AIDS Program funded services.

As the Administrative Agent for the Ryan White HIV/AIDS Program Recipient, STD & HIV Prevention and Control also has a number of roles, including implementation of the HIV Commission's funding priorities through execution of agreements and interagency agreements with government-based, community-based, and non-profit service providers and ensuring that the HIV Commission is informed of current and future issues of concern and/or import to the Commission. Receipt of this report provides an overview and update of those issues.

CHILD IMPACT
The recommended action will have no/neutral impact on children and youth.

**SENIOR IMPACT**

The recommended action will have no/neutral impact on seniors.

**SUSTAINABILITY IMPLICATIONS**

The recommended action will have no/neutral sustainability implications.

**CONSEQUENCES OF NEGATIVE ACTION**

The HIV Commission will not receive an overview and update on issues of potential interest.
DATE: February 11, 2020

TO: HIV Commission

FROM: Claire Nartker, Chairperson
       Christopher Baldwin, Commissioner
       Candelario Franco, Member

SUBJECT: Getting to Zero Report

RECOMMENDED ACTION

Receive report from Getting to Zero Project Manager relating to activities of the Getting to Zero - Silicon Valley/Santa Clara County initiative.

ATTACHMENTS:

- GTZ Report to the Commission - January 2020 (PDF)
GTZ Leadership Team Meetings:

This quarter the leadership team met three times; October 11th, November 8th and December 13th.

Action Team Updates:

The Linkage to Care chair provided the following update regarding the Gilead “Focus” grant (An opt-out testing Project happening in Adult Custody) their progress and success lends greatly to the teams goal of increasing linkage to care for those diagnosed with HIV in our County.

- 100% of new HIV dx were linked to care
- 264 HCV Ab+ identified since start of program
- 136 HCV RNA+ identified since start (active infection)
- 87.5% RNA+ linked to care so far

The Guideline Based HIV/STD team is further looking at how to best support and encourage clinics to address institutional and systemic change to ensure a foundation is firmly in place to effectively move towards guideline base HIV testing.

The PrEP Action team acknowledged and will work to support the priority activities identified by the GTZ leadership team: Invest in navigation services and promote collaborations to leverage resources, Training patient navigators to act as PrEP navigators and Continue efforts of training, educating and gaining clinic buy in, clinic detailing.

Community Based Participatory Research Project Background. As previously reported the GTZ Stigma Action team agreed to move forward and support this study which aims to address such crucial gaps in current research. Through this study the group aims to understand how HIV related stigma manifest at the service provider level. An ecological framework that helps understand stigma manifestation at the individual, organization/clinic, and macro policy and structural levels is an appropriate framework to utilize so that we can arrive at a holistic conceptualization. Findings based on the focus groups or individual interviews conducted with key informants will be used to design an intervention that could be utilized to reduce service provider level stigma. To date, recruitment of direct service providers have been conducted and two dates have been scheduled; January 14, 2020 and January 28, 2020 for the first focus group. The first focus group will comprise of nurses. Recruitment efforts for front line staff have also been initiated and to date no date has been scheduled for this focus group.
The leadership team last quarter identified six priorities along with the action items it would like completed by end of the initiative to support sustainability of the efforts made over the course of the initiative. It also identified the partners who will support and complete the activities.

### Scale PrEP/PEP navigation

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Who</th>
</tr>
</thead>
<tbody>
<tr>
<td>Invest in navigation services and promote collaborations to leverage resources</td>
<td>All</td>
</tr>
<tr>
<td>*Identify funding streams/opportunities</td>
<td></td>
</tr>
<tr>
<td>*Expand sites doing PrEP Navigation</td>
<td></td>
</tr>
<tr>
<td>*Satellite sites doing PrEP Navigation</td>
<td></td>
</tr>
<tr>
<td>Training patient navigators to act as PrEP navigators</td>
<td>PHD</td>
</tr>
<tr>
<td>Continue efforts of training, educating, gaining clinic buy-in, clinic detailing</td>
<td>PHD</td>
</tr>
</tbody>
</table>

### Scale Universal Opt-Out Testing (Systems-level change)

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Who</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telling the story/value of opt-out testing and systems change</td>
<td>JSI/PACE</td>
</tr>
<tr>
<td>Disseminate best practices and materials for implementing opt-out testing, learn from clinics that are doing this work</td>
<td>PHD/PACE/THT</td>
</tr>
<tr>
<td>Discuss importance of opt-out testing when doing SOGIE trainings for providers and staff</td>
<td>PHD?/SCOLGBQ Affiars</td>
</tr>
</tbody>
</table>

### Re-purpose and widely use tools and materials developed through GTZ

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Who</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disseminate BWA social media guide to partners (includes guidelines and instructional video for partners to easily share media campaigns on their social media sites)</td>
<td>BWZ/GTZ THT</td>
</tr>
<tr>
<td>Develop guidelines for GTZ branding (guidelines for reusing and repurposing materials, using/adding logos etc.)</td>
<td>BWA</td>
</tr>
<tr>
<td>Central resource/drive to hold all materials that everyone can have access to and use (Determine where will the materials live beyond 2020)</td>
<td>PHD/THT</td>
</tr>
</tbody>
</table>
The items below have been identified as already in progress by the Public Health Department of San Clara County.

**PrEP/PEP Navigation**

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Who</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make sure to incorporate opinions of community in marketing campaigns</td>
<td>BWA</td>
</tr>
<tr>
<td>Continue funding/increase funding for PrEP navigation</td>
<td>PHD</td>
</tr>
<tr>
<td>Adding a Health Education Associate</td>
<td>PHD</td>
</tr>
<tr>
<td>Writing of PrEP policies and procedures</td>
<td>PHD</td>
</tr>
<tr>
<td>Expand PHD PrEP Program staff and contractors</td>
<td>PHD</td>
</tr>
<tr>
<td>Increase public knowledge about access, cost and ease of use</td>
<td>ALL</td>
</tr>
</tbody>
</table>

**Scale Universal Op-Out Testing (Systems Level Change)**

| Clinic detailing                                                           | PHD & UCSF-(AETC) |

**Creating opportunities and spaces to continue the relationship**

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Who</th>
</tr>
</thead>
<tbody>
<tr>
<td>Determine frequency of and organization hosting continued GTZ meetings after June 2020 (How often: Monthly? Quarterly? Bi-annually? Annual summit?) (Who will organize: PHD?)</td>
<td>THT/PHD</td>
</tr>
<tr>
<td>Create email listserv for everyone involved in GTZ</td>
<td>THT</td>
</tr>
</tbody>
</table>

**Next GTZ Leadership Team meeting is January 10 2020** at the Health Trust 3180 Newberry Drive.

**GTZ Mini-Grants**

<table>
<thead>
<tr>
<th>Grantee</th>
<th>Project Title</th>
<th>Grant Amount</th>
<th>Description</th>
<th>Grant Status</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Organization</th>
<th>Project Name</th>
<th>Amount</th>
<th>Description</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>African Community Health Institute</td>
<td>Building a partnership for HIV/AIDS Intervention &amp; Prevention</td>
<td>$17,128</td>
<td>Through a partnership with Roots Community Health Center, ACHI seeks to: increase knowledge and awareness of HIV and STD services; provide educational support to reduce risky behaviors associated with HIV/STD; expand access, coverage and routine provision of PrEP/PEP for at-risk individuals; and prevent new HIV infections among underserved communities.</td>
<td>Grant is active. Final Report due: 6/30/2020.</td>
</tr>
<tr>
<td>Caminar</td>
<td>GTZ Youth Awareness Project</td>
<td>$10,000</td>
<td>To develop and implement sustainable awareness and education resources about STD and HIV testing and prevention resources among priority populations with elevated risk factors: LGBTQ youth and young adults.</td>
<td>Grant is active. Final Report due: 6/30/2020.</td>
</tr>
<tr>
<td>School Health Clinics</td>
<td>Enhanced HIV/STD Services</td>
<td>$20,000</td>
<td>To continue to strengthen School Health Clinics' organizational infrastructure in order to improve access and quality of care for HIV/STD services among low income, underserved adolescents and adults in Santa Clara County. This will be accomplished through enhanced staffing, staff training to improve HIV/STD diagnosis, treatment and support, and the adoption of three-site STD-testing.</td>
<td>Grant is active. Final Report due: 2/28/2020.</td>
</tr>
<tr>
<td>Silicon Valley Gay Men’s Chorus</td>
<td>SVGMC HIV/AIDS Awareness Campaign</td>
<td>$7,500</td>
<td>To increase the knowledge, awareness, and use of PrEP and PEP. SVGMC will achieve this goal by hosting a series of membership events during the rehearsal process of its upcoming 2019-2020 concert season that will facilitate and foster healthy communication and will empower its singing members to get tested and know their HIV/AIDS status.</td>
<td>Grant is active. Final Report due: 6/30/2020.</td>
</tr>
</tbody>
</table>

**Total Awarded:** $62,128  
**Current Fund Balance:** $40,000  
*Caminar has already returned $2,128 to THT. The fund balance for Year 4 will be: $102,128*
Community Collaborations/ Outreach/Presentations:

- Ongoing: Active Participant in HIV Commission Prevention and Care Committee.
  - NBC Telemundo Comunidad del valle interview (spanish) link: https://www.telemundoareadelabahia.com/fotosyvideos/D_a-Mundial-Del-SIDA-en-Comunidad-Del-Valle_TLMD---Area-de-la-Bahia-565538332.html
  - 
- Participation in and Collaboration with Community Based Participatory Project: Service Provider Stigma

Current Media Campaigns Visit: www.hivhaschagned www.prepisliberating.org


Ready, Set, PrEP is a new nationwide program led by the U.S. Department of Health and Human Services (HHS). The Ready, Set, PrEP program provides pre-exposure prophylaxis (PrEP) medications at no cost to thousands of individuals who qualify. The program will expand access to PrEP medications, reduce new HIV infections, and bring us one step closer to ending the HIV epidemic in the United States.

DATE:       February 11, 2020
TO:         HIV Commission
FROM:       Claire Nartker, Chairperson
            Christopher Baldwin, Commissioner
SUBJECT:    Committee Reports

RECOMMENDED ACTION
Receive monthly reports from the HIV Commission Committees and Chairperson for
November 2019, December 2019, and January 2020:

   a. Care Committee. (Vidt/Bennett)
   b. Prevention Committee. (Smart)
   c. Executive Committee. (Nartker/Baldwin)
   d. Chairperson. (Nartker)

ATTACHMENTS:

   • November & December 2019 Committee Reports   (PDF)
   • January 2020 Committee Reports        (PDF)
### Committee Reports

<table>
<thead>
<tr>
<th>November 2019</th>
<th>December 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prevention Committee</strong></td>
<td><strong>Meeting Date: 12/12/2019</strong>&lt;br&gt;○ December meeting cancelled.</td>
</tr>
<tr>
<td><strong>Meeting Date: 11/14/2019</strong>&lt;br&gt;○ A quorum was present.&lt;br&gt;○ Received report from Getting to Zero regarding Better World Advertising’s year 4 campaign&lt;br&gt;○ Received report from the Recipient’s office regarding past and upcoming events, HIV testing locations, and program staffing.&lt;br&gt;○ Discussed World AIDS Day 2019 events.&lt;br&gt;○ Discussed 2020 HIV/AIDS Awareness Days.</td>
<td>&lt;br&gt;</td>
</tr>
<tr>
<td><strong>Care Committee</strong></td>
<td><strong>Meeting Date: 12/17/2019</strong>&lt;br&gt;○ December meeting cancelled.</td>
</tr>
<tr>
<td><strong>Meeting Date: 11/19/2019</strong>&lt;br&gt;○ A quorum was present.&lt;br&gt;○ Received report from the Recipient’s office relating to possible upcoming reallocations and focus group results.&lt;br&gt;○ Discussed request for client utilization of Ryan White services.</td>
<td>&lt;br&gt;</td>
</tr>
<tr>
<td><strong>Executive Committee</strong></td>
<td><strong>Meeting Date: 12/25/2019</strong>&lt;br&gt;○ December meeting cancelled.</td>
</tr>
</tbody>
</table>
| **Meeting Date: 11/27/2019**<br>○ A quorum was present.<br>○ Discussed the use of RW funds for Commissioner transportation to/from mtgs.<br>○ Recipient reported on possible reallocations.<br>○ Discussed Conflict of Interest Policy.<br>○ Discussed 2020 Retreat plans.<br>○ Reviewed membership and pending applications. |<br>
## Prevention Committee

**01/09/2020 – met quorum**
- The committee welcomed new member, Markis Derr.
- Received report from Getting to Zero regarding their final year media campaign, which will be launching in February.
- Received report from the Recipient’s office regarding upcoming outreach/testing events.
- Reviewed Red Ribbon Flag Guidelines.
- Reviewed 2020 HIV/Awareness Days.

**02/13/2020 –**
- 

## Care Committee

**01/21/2020 – no quorum**
- Meeting cancelled due to lack of quorum.

**02/18/2020 –**
- 

## Executive Committee

**01/22/2020 – met quorum**
- Received report from Recipient’s Office:
  - Dr. Rudman is back from mat leave
  - Site visits are almost wrapped up and the Program is gearing up for the Part B site visit and the County Single Audit
  - Discussed the possibility of a reallocation to Psychosocial Support Services.
- Discussed possible changes to the COI Policy
- Reviewed pending applications, committee member roster, and committee reports.

**02/26/2020 –**
- 

**FEBRUARY 2020**

- 

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**JANUARY 2020**

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**Packet Pg. 71**