AGENDA

In compliance with the Americans with Disabilities Act and the Brown Act, those requiring accommodations in this meeting should notify the HIV Commission support staff no less than 24 hours prior to the meeting at (408) 792-5210. Please note: To contact the Committee 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 Committee members less than 72 hours prior to that meeting, visit our website at http://www.sccegov.org or contact the HIV Commission support staff at (408) 792-5210 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 Commission support staff. (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.

OPENING

1 Call to Order/Roll Call: All members must state the seat they fill, the name of the organization they represent and/or whether they have a declared conflict of interest with any specific service category.

2 Public Comment

This item is reserved for persons desiring to address the Committee on any matter within the subject matter jurisdiction of the Committee that is not on the agenda. Members of the public who wish to address the Committee on any item not listed on the agenda should complete a request to speak form and give it to the support staff. The Chairperson will call individuals to speak in turn. Speakers are limited to the following: three minutes if the Chairperson or designee determines that five or fewer persons wish to address the Committee; two minutes if the Chairperson or designee determines that between six and fourteen persons wish to address the Committee; and one minute if the Chairperson or designee determines that fifteen or more persons wish to address the Committee. The law does not permit Committee action or extended discussion of any item not on the agenda except under special circumstances. If Committee action or response is requested, the Committee may place the matter on a future agenda.

3 Member Comment

REGULAR AGENDA - ITEMS FOR DISCUSSION

4 Approve agenda

5 Approve meeting minutes of November 19, 2019

6 Receive presentation relating to the Data to Care Project

7 Receive Recipient report
   a. Review any expenditure data and any recommendations for reallocations
   b. Receive update on focus groups and targeted needs assessments

8 Discuss the Integrated Plan (IP) and Needs Assessment (NA)

9 Review SCC policy on referral to housing

10 Review client utilization of Ryan White Services

11 Review and update FY21 Commission Work Plan

12 Review and update 2020 Care Committee Activity Plan

13 Propose agenda items for future meetings and set agenda for the next meeting on March 17, 2020

CORRESPONDENCE AND ANNOUNCEMENTS

14 Receive correspondence

15 Announcements

ADJOURN

16 Adjourn to the next regular meeting
Care Committee Regular Meeting Notes  
November 19, 2019 1:00 PM  Room 1119

OPENING

1. Call to Order/Roll Call: The meeting was called to order by Karl at 1:04pm. A quorum was present.

<table>
<thead>
<tr>
<th>Attendee Name</th>
<th>Title</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>1. Karl Vidt</td>
<td>Chair</td>
<td>Present</td>
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<td>2. Marlene Bennett</td>
<td>Vice Chair</td>
<td>Absent</td>
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<td>3. Bob Reed</td>
<td>Member</td>
<td>Present</td>
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<td>4. Cheryl Walter</td>
<td>Member</td>
<td>Absent</td>
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<td>5. Kermit Conley</td>
<td>Member</td>
<td>Present</td>
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<td>6. Gordon Bowman</td>
<td>Member</td>
<td>Present</td>
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<tr>
<td>7. Robert Barrett</td>
<td>Member</td>
<td>Present</td>
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| Staff and Guests                          | |
|-------------------------------------------| |
| Patty Cerrato | Health Planning Specialist (Recipient’s Office) | Present |
| Vicky R. Contreras | Associate Management Analyst (Commission Support) | Present |
| Kevin R.        | Guest                          | Present |
| Molly Herzig    | Guest                          | Present |

2. Public Comment
• No comment.

3. Member Comment
• World AIDS Day is coming up. Members discussed events for this year.
• Discussed Silicon Valley Pride events. Robert B. expressed that he would like to see more floats in the parade.

REGULAR AGENDA - ITEMS FOR DISCUSSION

4. Approve agenda
• Approved. (Motion: Reed; Second: Conley; Aye: Barrett, Bowman, Vidt)

5. Approve meeting minutes
• Approved. (Motion: Reed; Second: Conley; Aye: Barrett, Bowman, Vidt)
  a. September 17, 2019
  b. October 15, 2019

6. Receive Recipient report
  a. Review any expenditure data and any recommendations for reallocations
    o No report. Staff are working on looking at possible reallocations. Karl asked if there was a timeline for the reallocation process and if there was any information about what can be expected. Patty stated that staff is working on it currently and more information will come at the next meeting.
  b. Receive update on focus groups and targeted needs assessments
    o Patty presented findings, opportunities, and action plan from focus groups held in September 2019. Discussed demographics of participants of focus group, including representation from African American persons. Discussed Medical Transportation services and the way that bus passes are distributed. Discussed client awareness of Ryan White Services - Bob recommended having a one-page document detailing all the services available. Discussed Food Voucher Program - Molly mentioned that clients receiving less than $32 from the Supplemental Nutrition Assistance Program are still receiving the $75 voucher.

7. Discuss the Integrated Plan (IP) & Needs Assessment (NA)
• No discussion.

8. Receive report from Getting to Zero (GTZ) Care Action Team
• Bob mentioned that he has resigned from attending GTZ meetings. Vicky will be calling in to meetings.

9. Discuss Standards of Care
• The Commission approved the five Standards of Care and they are ready to go out with the next Request for Proposal (RFP).

10. Review SCC Policy on referral to housing
• No new information has been received relating to housing in Santa Clara County (SCC).
11. Discuss utilization of services
   • Discussed request for client utilization of services. Members would ideally like to see this information quarterly and have number of clients enrolled in a service category and the number of those receiving services.

12. Review 2019 Activity Plan
   • Vicky will add - ‘Review client utilization of Ryan White Services.

13. Propose agenda items for future meetings and set agenda for the next Care Committee meeting (December 17, 2019)
   • Members discussed and agreed to cancel the December meeting. Vicky will send out the notification. The next meeting will be on January 21, 2020.

14. Receive correspondence
   • None.

15. Announcements
   • The Health Trust Thanksgiving dinner is on November 21, 2019.
   • The next Rejuvenation Retreat will be on the 4th Friday of January 2020. Discussed the Circle of Care support groups.

16. Adjourn to the next regular meeting
   • Karl adjourned the meeting at 2:24pm.
DATA TO CARE PROJECT UPDATE
Progress of DTC project in the County of Santa Clara
Rene Padilla, SW & Astha KC, Epidemiologist

Agenda

- Review Summary of Project
  - Workflow Processes/Program development
- Data Review
  - Program overview 2018-2019
  - Applying the equity lens
  - Outcomes and Reasons not in care
- Lessons learned
- Open Discussion
- Next Steps
HIV in Santa Clara County, 2018

- New HIV diagnoses: 167
- People living with HIV/AIDS in the county: 3,419
- Total county population in 2018: 1.955 million

Source: Santa Clara County Public Health Department, eHARS data as of May 1, 2019, and are provisional.
HIV continuum of care Santa Clara County, 2018

<table>
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<tr>
<th>Indicator</th>
<th>County of Santa Clara</th>
<th>United States</th>
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<tbody>
<tr>
<td>Linkage to care within 1 month</td>
<td>88%</td>
<td>94%</td>
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<tr>
<td>Linkage to care within 3 months</td>
<td>78%</td>
<td>47%</td>
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<tr>
<td>In care^</td>
<td>78%</td>
<td>59%</td>
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<tr>
<td>Retention in care†</td>
<td>49%</td>
<td>49%</td>
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<tr>
<td>Viral load suppression‡</td>
<td>70%</td>
<td>53%</td>
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</table>

* U.S. data for in care, retention in care and viral load suppression is from 42 states and District of Columbia among people diagnosed with HIV through 2015 and alive in 2016.

^ People who were diagnosed with HIV through 2017 and alive in 2018 and who had at least 1 documented CD4 or viral load test in 2018.

† People who were diagnosed with HIV through 2017 and alive in 2018, and who had at least 2 documented CD4 or viral load test in 2018, at least 3 months apart.

‡ People who were diagnosed with HIV through 2017 and alive in 2018, with most recent HIV viral load in 2018 less than 200 copies/ml.


Providing a foundation
Data Review – Program Overview 2018-2019

1 Cases presumed to be alive and still residing in Santa Clara County that were diagnosed in the most recent 12 month period.
2 Cases presumed to be alive and still residing in Santa Clara County that were NOT diagnosed in the most recent 12 month period.
3 Cases that do NOT have a care lab within the previous 12 months, among cases that have been “heard from” in the past 36 months.
4 Cases that have not been “heard from” during the previous 36 month were deprioritize for follow up.

Source: California Department of Public Health, Office of AIDS.
Prioritizing non-newly diagnosed out-of-care cases

- **Criteria 1: HIV & STD Coinfection**
  - **Rationale:** HIV & STD coinfection cases have higher risk of transmission; more likely to be reached

- **Criteria 2: Priority Population**
  - **Rationale:** Populations with higher HIV rates or with limited resources/access to HIV treatment
  - 5 risk factors—
    - Hispanic or black
    - Young age 13-24 years
    - Injection Drug Users (IDU)
    - High-risk heterosexual sex (HRH)
    - Those who have not achieved viral load suppression

---

**Data Review – Applying the Equity Lens**

**Age Distribution**

- Not Investigated
- Investigated

**Race/Ethnicity**

- Not Investigated
- Investigated
**Data Review – Outcomes of investigated cases (n = 213)**

- Deceased, 4, 2%
- Out of jurisdiction, 49, 23%
- Confirmed out of care, 33, 15%
- Already in care, 53, 25%
- Unknown/Unable to reach client, 72, 34%
- Other, 2, 1%
- Declined service, 9, 4%
- Re-engaged in care, 17, 8%
- In process, 7, 3%

**Data Review – Primary Reason Not In Care (n = 17)**

- Unaware of diagnosis, 6, 35%
- Financial burden, 1, 6%
- Work related scheduling conflict, 1, 6%
- Unmanaged mental health, 1, 6%
- Unstable housing, 1, 6%
- Substance use, 3, 18%
- Lack of Motivation, 4, 23%
Lessons Learned - ongoing

- DTC criteria used to identify out-of-care cases prioritize individuals who are disproportionately impacted by HIV
- Team meetings - improved communication
- Reasons not in care providing valuable information
- Gaps identified/community focus groups
- Consistency with data collection
- Resources
Next Steps

- Planning to switch over to Persimmony Electronic Health Records
  - Impact data collection
- Change in HIV Surveillance Staff
- Boosting PrEP initiative
Thank you

Rene Padilla, SW II
Rene.Padilla@phd.sccgov.org

Asth Ra KC, Epidemiologist
Asth Ra.KC@phd.sccgov.org

Charisse Feldman, PHN Manager
Charisse.Feldman@phd.sccgov.org
COUNTY OF SANTA CLARA

HIV Commission

FISCAL YEAR 2020-2021 WORK PLAN

AND

2019-2020 ACCOMPLISHMENTS

Members
Seat 1: Christopher Baldwin
Seat 2: Claire Nartker
Seat 3: Lavella Benton
Seat 4: Vacant
Seat 5: Robert Reed
Seat 6: Karl Vidt
Seat 7: Robert Barrett
Seat 8: Vacant
Seat 9: Vacant
Seat 10: Robert Smart
Seat 11: Vacant
Seat 12: Vacant
Seat 13: Marlene Bennett
Seat 14: Vacant
Seat 15: Gabrielle Antolovich
Seat 16: Vacant
Seat 17: Soma Sen
MISSION STATEMENT:

The mission of the Santa Clara County HIV Commission is to support and enhance an effective, 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. 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) 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).

This work plan was developed by the Commission, in partnership with the STD/HIV Prevention & Control 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 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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<tbody>
<tr>
<td><strong>Reduce new HIV infections</strong>&lt;br&gt;Objectives:&lt;br&gt;• 1.1 Improve partner services&lt;br&gt;• 1.2 Enhance community involvement&lt;br&gt;• 1.3 Improve PrEP utilization&lt;br&gt;• 1.4 Promote Treatment as Prevention&lt;br&gt;• 1.5 Increase and improve HIV testing</td>
<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.&lt;br&gt;• Receive reports from Getting to Zero – Silicon Valley/Santa Clara County (GTZ-SV/SCC) relating to PrEP utilization, Treatment as Prevention, and community involvement.&lt;br&gt;• Promote/support National HIV/AIDS Awareness Days.</td>
<td>1</td>
<td>• Biannually&lt;br&gt;• Biannually&lt;br&gt;• Monthly</td>
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<td><strong>Increase access to care and improving health outcomes for people living with HIV</strong>&lt;br&gt;Objectives:&lt;br&gt;• 2.1 Improve linkage to care&lt;br&gt;• 2.2 Improve availability of care&lt;br&gt;• 2.3 Improve retention in care</td>
<td>• Conduct Priority Setting and Resource Allocation process (set agenda, update PSRA policy, update Recipient recommendations [directives]).&lt;br&gt;• 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.&lt;br&gt;• Review and approve Standards of Care&lt;br&gt;• Make HIV-related recommendations to the Public Health Department (STD/HIV Prevention &amp; Control) and/or Board of Supervisors.</td>
<td>2</td>
<td>• Jul to Sept 2020&lt;br&gt;• Ongoing&lt;br&gt;• Nov 2020&lt;br&gt;• As needed</td>
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<tr>
<td><strong>Reduce HIV-related disparities and health inequities</strong>&lt;br&gt;Objectives:&lt;br&gt;• 3.1 Increase general HIV education and awareness and reduce stigma around HIV, sexual orientation, and gender identity&lt;br&gt;• 3.2 Increase and improve HIV prevention and support services for people who use drugs&lt;br&gt;• 3.3 Improve retention in care</td>
<td>• Receive reports from the Stigma Action Team of GTZ – SCC/SV.&lt;br&gt;• Receive reports regarding services available to people who live with HIV and use drugs.&lt;br&gt;• Receive reports regarding client access to information (service provider communication).&lt;br&gt;• Assess where/what disparities exist in care and services for people living with HIV (gaps in service)&lt;br&gt;• Monitor legislation and make recommendations.</td>
<td>3</td>
<td>• Quarterly&lt;br&gt;• Biannually&lt;br&gt;• Monthly&lt;br&gt;• Annually&lt;br&gt;• Ongoing</td>
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<tr>
<td>GOAL/OBJECTIVE</td>
<td>PROPOSED ACTIVITIES</td>
<td>PRIORITY RANKING</td>
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</table>
| **Achieve a more coordinated response to the HIV epidemic.** | • Assess/increase usability of data (how to make it more usable to other key stakeholders? how to share better?).  
• Conduct Assessment of the Administrative Mechanism  
• Elect a commissioner to attend the National Ryan White Conference  
• Create an environment mode conducive to public comments  
• Elect Commission officers | 4                                           | • Ongoing        
• Jun to Aug 2020  
• As needed/ Biennially  
• Ongoing  
• July 2020                  |
## PRIOR YEAR ACCOMPLISHMENTS

<table>
<thead>
<tr>
<th>GOAL/OBJECTIVE</th>
<th>ACTIVITIES SUPPORTING GOAL</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Reduce new HIV infections</strong></td>
<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. • Receive reports from Getting to Zero – Silicon Valley/Santa Clara County (GTZ-SV/SCC) relating to PrEP utilization, Treatment as Prevention, and community involvement. • Promote/support National HIV/AIDS Awareness Days.</td>
<td>o Received reports from STD/HIV Program and GTZ o Participated in planning for World AIDS Day events, held in December 2019</td>
</tr>
<tr>
<td><strong>2. Increase access to care and improving health outcomes for people living with HIV</strong></td>
<td>• Conduct Priority Setting and Resource Allocation (PSRA) process (set agenda, update PSRA policy, update Recipient recommendations [directives]) • 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. • Review and approve Standards of Care • Make HIV-related recommendations to the Public Health Department (STD/HIV Prevention &amp; Control) and/or Board of Supervisors.</td>
<td>o Completed PSRA process in July 2019 o Approved Standards of Care for the service categories below in November 2019: * Early Intervention Services * Home &amp; Community Based Health Services * Medical Transportation * Emergency Financial Assistance * Universal</td>
</tr>
<tr>
<td><strong>3. Reduce HIV-related disparities and health inequities</strong></td>
<td>• Receive reports from the Stigma Action Team of GTZ – SCC/SV. • Receive reports regarding services available to people who live with HIV and use drugs. • Receive reports regarding client access to information (service provider communication). • Assess where/what disparities exist in care and services for people living with HIV (gaps in service) • Monitor legislation and make recommendations.</td>
<td>o Participated in the monthly GTZ Leadership Team meetings o Received report relating to Ryan White focus groups hosted by STD/HIV Program</td>
</tr>
<tr>
<td><strong>4. Achieve a more coordinated response to the HIV epidemic.</strong></td>
<td>• Assess/increase usability of data (how to make it more usable to other key stakeholders? how to share better?). • Conduct Assessment of the Administrative Mechanism (AAM) • Elect a commissioner to attend the National Ryan White Conference • Create an environment mode conducive to public comments Elect Commission officers</td>
<td>o Finalized AAM in September 2019 o Elected Commission Officers in July 2019</td>
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</table>
## ONGOING PROJECTS

<table>
<thead>
<tr>
<th>PROJECT</th>
<th>ACTIVITIES</th>
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</table>
| 1. Participate in the development of the Needs Assessment and Comprehensive Plan. | - The HIV Commission participated in the development of the Statewide Comprehensive Plan and Needs Assessment. These documents were made public in September 2016 and are in effect for a 5-year period.  
- Monitor implementation and adherence to the Comprehensive Plan, titled *Laying a Foundation for Getting to Zero: California’s Integrated HIV Surveillance, Prevention, and Care Plan*.  
- Participate in updates to briefs of the *California Needs Assessment*. |
| 2. Participate in the development of the Quality Management Plan. | - Participate in the STD/HIV Prevention & Control Program’s Quality Management Committee meetings and convey outcomes to the Commission.  
- Provide input for the San Jose, CA Transitional Grant Area Ryan White Services Quality Management Plan. |
| 3. Increase awareness and action in the community through education. | - Stay current on, and prioritize local, state, and federal legislation regarding HIV/AIDS.  
- Establish/maintain an informed and empowered beneficiary community.  
- Actively participate in SCC Getting to Zero activities.  
- Work with community organizations in planning annual World AIDS Day events. |
| 4. Maintain a diverse, reflective, and actively engaged Commission membership. | - Monitor and report current membership profile to the Health Resources and Services Administration (HRSA) Project Officer.  
- Provide orientation for new members and annual training for current members.  
- Work closely with the SCC Board of Supervisors aides on appointments and re-appointments to the Commission. |
<table>
<thead>
<tr>
<th>CARE COMMITTEE</th>
<th>JAN</th>
<th>FEB</th>
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<td>Review post-award allocations</td>
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<td>Review and update Recipient Recommendations</td>
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<td>Review and approve Needs Assessment Briefs (Mental Health Services, Substance Use Treatment Services, Case Management, Housing Services, Linkage to Care, Retention in Care, Re-engagement in Care)</td>
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<td>Review and approve SOC: Outpatient/Ambulatory Services</td>
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<td>Review and approve SOC: Mental Health Services</td>
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<td>Review and approve SOC: Substance Abuse Treatment Services</td>
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<td>Review/update 2021 Care Committee Activity Plan</td>
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<td>Daylight Saving</td>
<td>HIV Commission Meeting 6:00 PM National Women &amp; Girls HIV/AIDS Awareness Day</td>
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<td>Prevention Committee Meeting 10:30 AM</td>
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<td>St. Patrick's Day Care Committee Meeting 1:00 PM</td>
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<td>Vernal equinox (GMT) National Native HIV/AIDS Awareness Day</td>
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<td>Executive Committee Meeting 10:15 AM</td>
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