Executive Committee Regular Meeting
February 26, 2020 10:15 AM in Park Alameda Conference Room
Chair: Claire Nartker

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.sccgov.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 January 22, 2020
6 Discuss any communications with HRSA
   a. HRSA Project Officer Call
7 Receive verbal report from Recipient’s Office
8 Receive the February 2020 Office of AIDS Report
9 Discuss Conflict of Interest Policy
10 Discuss transportation options for Commissioners
11 Review and approve forwarding the HIV Commission Work Plan to the HIV Commission
12 Membership
   a. Review any pending applications and/or resignations
   b. Review any pending re-appointments
   c. Discuss Commissioner appointment process
13 Review Committee member rosters
14 Receive Committee reports
   a. Care Committee (Vidt/Bennett)
   b. Prevention Committee (Smart)
<table>
<thead>
<tr>
<th></th>
<th>Receive Chairperson Report (Nartker)</th>
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<tbody>
<tr>
<td>16</td>
<td>Review the 2020 Executive Committee Activity Plan</td>
</tr>
<tr>
<td>17</td>
<td>Set the agenda for the Commission meeting on March 10, 2020</td>
</tr>
<tr>
<td>18</td>
<td>Set the agenda for the next Executive Committee meeting on March 25, 2020</td>
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**CORRESPONDENCE AND ANNOUNCEMENTS**

<table>
<thead>
<tr>
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<th>Receive correspondence</th>
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<tr>
<td>20</td>
<td>Announcements</td>
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**ADJOURN**

<table>
<thead>
<tr>
<th></th>
<th>Adjourn to the next regular meeting</th>
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<tr>
<td>21</td>
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Executive Committee Regular Meeting Minutes  
January 22, 2020 10:15 AM  
Conference Room 1119

OPENING

1. Call to Order/Roll Call: The meeting was called to order 11:20am. A quorum was present.

<table>
<thead>
<tr>
<th>Attendee Name</th>
<th>Title</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Claire Nartker</td>
<td>Alt: Chris Baldwin</td>
<td>Commission Chair</td>
</tr>
<tr>
<td>2. Karl Vidt</td>
<td>Alt: Marlene Bennett</td>
<td>Care Committee Chair</td>
</tr>
<tr>
<td>3. Robert Smart</td>
<td>Alt: N/A</td>
<td>Prevention Committee Chair</td>
</tr>
<tr>
<td>4. Bob Reed</td>
<td>Member</td>
<td>Present</td>
</tr>
<tr>
<td>5. Vacant</td>
<td>Member</td>
<td>N/A</td>
</tr>
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Staff and Guests

<table>
<thead>
<tr>
<th>Attendee Name</th>
<th>Title</th>
<th>Status</th>
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<tbody>
<tr>
<td>Tonya Robinson</td>
<td>Interim Sr. Program Manager (Recipient’s Office)</td>
<td>Present</td>
</tr>
<tr>
<td>Vicky Contreras</td>
<td>Associate Management Analyst (Commission Support)</td>
<td>Present</td>
</tr>
</tbody>
</table>

2. Public Comment
   - None.

3. Member Comment
   - None.

REGULAR AGENDA - ITEMS FOR DISCUSSION

4. Approve agenda
   - Approved. (Motion: Reed, Second: Smart, Ayes: Nartker)

5. Approve meeting minutes of November 27, 2019
   - Approved. (Motion: Reed, Second: Smart, Ayes: Nartker)

6. Discuss any communications with HRSA
   a. HRSA Project Officer Call
      - There was a call with the Project Officer, Helen, on December 19, 2019. Claire informed Helen that there will be a new Supervisor tasked with appointing members of the Commission starting in January. Claire also reported to Helen about the success of World AIDS Day events.
      - Tonya mentioned that Helen discussed the Ryan White conference which will be happening in August 2020.
      - The next call is next Thursday, February 30, 2020.

7. Receive verbal report from the Recipient
   - Sarah Rudman is back from maternity leave. Tonya stated that her Work out of Class is ending as Sarah transitions back.
   - Tonya reported that the Program received a letter from HRSA - they are doing a study to find care gaps between people living with HIV who are Ryan White clients and people living with HIV who are eligible for Ryan White services but not receiving them.
   - Tonya mentioned that site visits are wrapping up, and staff are gearing up for the Part B site visit and the County Single Audit.
   - Discussed Psychosocial Support Services. Tonya stated that staff have been discussing revamping Psychosocial Support Services and still offering it for the coming year with reduced funding. Bob stated that it would be smart to keep funding the Rejuvenation Retreat as it is very helpful and well attended in the community. This item will be on the February agenda for discussion and consideration.

   - Received.

9. Discuss Conflict of Interest Policy
   - Tonya mentioned that research is still being done and talks with County Counsel to find a policy that is manageable and practical for all. Discussed practicality of the policy and whether quorum would be impacted by having certain members abstain from voting. Bob suggested aiming to leave the policy as is.

10. Discuss 2020 Commission Retreat
    - Reviewed draft agenda. Bob suggested the Retreat be held from 9:00 AM to 3:15 PM. Discussed presentations and facilitators.
11. Membership
   a. Review any pending applications and/or resignations
      • Discussed issues with member(s) not attending Commission meetings. Vicky and Claire will draft a letter to any member with attendance issues.
         i. Approve application for membership from Markis D
            ▪ Approved. (Motion: Reed, Second: Smart, Ayes: Nartker)
   b. Review any pending re-appointments
      • There are five of ten current members who have expired terms.

12. Review Committee member rosters
   • Reviewed and discussed attendance.

13. Receive Committee reports
   a. Care Committee (Vidt/Bennett)
      o The Care Committee meeting was cancelled in January due to lack of quorum. Vicky reported that the Committee will reschedule the Data to Care Project presentation to the February meeting. Members stated they feel the full Commission would appreciate receiving the presentation as well.
   b. Prevention Committee (Smart)
      o Received report from Robert. The Prevention Committee has a new member, Markis Derr. The committee received reports about the Getting to Zero marketing campaign and upcoming outreach events.

   • No report.

15. Review and update 2020 Executive Committee Activity Plan
   • Reviewed. Bob suggested adding ‘Receive report on client utilization of services’

16. Set the agenda for the next Executive Committee meeting on February 26, 2020
   • Reviewed February calendar.
   • Add - “Discuss Commissioner appointment process” under Membership.
   • Deferred agenda setting to Chair.

CORRESPONDENCE AND ANNOUNCEMENTS

17. Receive correspondence
   • The State Office of AIDS has sent out a recruitment letter for new California Planning Group terms. The nomination and election of a member to participate will be on the March HIV Commission agenda. Vicky will send out the letter and application to members for review. Bob suggested the Chair of the Commission participate.

18. Announcements
   • The Rejuvenation Retreat is this Friday, January 24, 2020.

ADJOURN

19. Adjourn to the next regular meeting
   • Claire adjourned the meeting at 11:55 am.
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 F
- Strategy K
- Strategy B
- Strategy J
- Strategy N

### General Office Updates:

#### HIV/STD/HCV Integration Update:

Over the past few weeks, KAI Partners has worked closely with the California Department of Public Health (CDPH) Project Team to develop and approve the Project Schedule and calendar kick-off meetings with the impacted Branches. Together, KAI and CDPH will begin to engage staff in critical project activities.

In the upcoming weeks, teams will be formed to identify current processes and provide input to the development of future processes for the integrated organization. Stay tuned for upcoming opportunities for partner engagement!

#### Staff Highlight:

OA is very happy to announce that Dr. Marisa Ramos has been appointed Chief of the OA. Dr. Ramos has been with the CDPH for 11 years. She has 25 years of experience managing research projects, data systems, and surveillance efforts, and has authored publications and presented at local, state, national and international conferences on refugee and Latino health issues. Prior to coming to CDPH, Dr. Ramos was an Adjunct Professor of Biology at the University of California, Davis, where she currently serves as a volunteer Professor of Public Health. Dr. Ramos completed both Masters and Doctoral programs in Biological Nutrition with an emphasis in Epidemiology from the University of California, Davis.

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

OA has developed a HIV pre-exposure prophylaxis (PrEP) infographic. PrEP 2-1-1, also called “On-Demand PrEP”, is a non-daily PrEP dosing strategy that has been evaluated in men who have sex with men (MSM) and demonstrated to be effective.
The infographic contains the following:

- A brief summary of the difference between daily PrEP and PrEP 2-1-1
- An illustration of the PrEP 2-1-1 protocol
- A list of important caveats

Notably, the newly approved PrEP medication (tenofovir alafenamide / emtricitabine; brand name: Descovy®) has not been studied with non-daily dosing and is not recommended in a PrEP 2-1-1 protocol at this time.

As the PrEP 2-1-1 dosing strategy is increasingly used in California, we hope that this infographic can help educate public health officials, healthcare providers, people with any indications for PrEP, and the general public on this emerging HIV prevention strategy. The infographic is available at https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/PrEP211_101019_ADA.pdf.

Please email Phil Peters (Phil.Peters@cdph.ca.gov) or Tiffany Woods (Tiffany.Woods@cdph.ca.gov) with any questions.

PrEP Assistance Program (PrEP-AP):

As of January 27, 2020, there are 186 PrEP-AP enrollment sites covering 141 clinics that currently make up the PrEP-AP Provider network and there are 2,997 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=6878d3a1c9724418aebfeca96878cd5b2.

**Strategy B: Increase and Improve HIV Testing**

The Kern County Public Health Services Department (KCPHSD) has encouraged local healthcare providers to establish routine opt-out testing (ROOT) for HIV and syphilis for several years. Despite hesitation from clinics and hospitals due to many reasons, including costs, inexperience with HIV-positive patients, complicated HIV-related legislation or regulations, and organizational limitations, Kern

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

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<thead>
<tr>
<th></th>
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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>3%</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>25 - 34</td>
<td>890</td>
<td>29%</td>
<td>2</td>
<td>0%</td>
<td>1</td>
</tr>
<tr>
<td>35 - 44</td>
<td>508</td>
<td>17%</td>
<td>---</td>
<td>---</td>
<td>3</td>
</tr>
<tr>
<td>45 - 64</td>
<td>228</td>
<td>7%</td>
<td>---</td>
<td>---</td>
<td>17</td>
</tr>
<tr>
<td>65+</td>
<td>6</td>
<td>0%</td>
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<td>---</td>
<td>91</td>
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<tr>
<td>TOTAL</td>
<td>1,739</td>
<td>57%</td>
<td>2</td>
<td>0%</td>
<td>112</td>
</tr>
</tbody>
</table>
### Active PrEP-AP Clients by Age and Race/Ethnicity:

<table>
<thead>
<tr>
<th>Current Age</th>
<th>Latinx</th>
<th>White</th>
<th>Black or African American</th>
<th>Asian</th>
<th>American Indian or Alaskan Native</th>
<th>Native Hawaiian/Pacific Islander</th>
<th>More Than One Race Reported</th>
<th>Decline to Provide</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 - 24</td>
<td>85</td>
<td>68</td>
<td>14</td>
<td>32</td>
<td>1%</td>
<td>---</td>
<td>1 0%</td>
<td>8 0%</td>
<td>217</td>
</tr>
<tr>
<td>25 - 34</td>
<td>667</td>
<td>493</td>
<td>118</td>
<td>165</td>
<td>5%</td>
<td>---</td>
<td>5 0%</td>
<td>28 1%</td>
<td>1,531</td>
</tr>
<tr>
<td>35 - 44</td>
<td>376</td>
<td>248</td>
<td>54</td>
<td>57</td>
<td>2%</td>
<td>3 0%</td>
<td>2 0%</td>
<td>8 0%</td>
<td>774</td>
</tr>
<tr>
<td>45 - 64</td>
<td>164</td>
<td>197</td>
<td>24</td>
<td>29</td>
<td>1%</td>
<td>2 0%</td>
<td>2 0%</td>
<td>3 0%</td>
<td>430</td>
</tr>
<tr>
<td>65+</td>
<td>9</td>
<td>90</td>
<td>3</td>
<td>4</td>
<td>0%</td>
<td>3 0%</td>
<td>1 0%</td>
<td>---</td>
<td>108</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1,301</td>
<td>1,096</td>
<td>214</td>
<td>286</td>
<td>9%</td>
<td>6 0%</td>
<td>10 0%</td>
<td>48 2%</td>
<td>3,060</td>
</tr>
</tbody>
</table>

Both PrEP-AP charts prepared by: ADAP Fiscal Forecasting Evaluation and Monitoring (AFFEM) Section, ADAP and Care Evaluation and Informatics Branch, Office of AIDS. Client was eligible for PrEP-AP as of run date: 01/31/2020 at 11:07:38 PM

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

County established a partnership with Dignity Health’s Bakersfield Memorial Hospital (BMH) to implement ROOT within their emergency department (ED).

In 2018, Kern County’s Health Officer, Dr. Kristopher Lyon championed establishing and implementing ROOT in local hospitals. Dr. Lyon was well aware of the staggering increase in syphilis in Kern, and recognized increasing rates of HIV, as he screened, diagnosed, and treated patients regularly in the emergency department (ED). Dr. Lyon was connected to Gilead Sciences’ FOCUS Program to discuss ROOT in Kern which enables him to facilitate dialogue among local hospitals, Gilead Sciences, and KCPHSD staff.

BMH joined the discussions early on and echoed Dr. Lyon’s conviction about the importance of ROOT in the ED. Like many EDs, BMH cared for many high risk patients who were difficult to follow and had reservations about their ability to provide linkage to care services. Gilead Sciences proposed a unique funding configuration with distinct funding of BMH and KCPHSD, but a joint
scope of work between both organizations. BMH would screen and identify positive HCV and HIV cases in the ED and KCPHSD would provide linkage to care. Both entities were awarded funding in July 2019. KCPHSD also requested BMH include syphilis as part of their ROOT program. Gilead Sciences does not provide funding for syphilis, but BMH was aware of the increase of early syphilis and congenital syphilis in Kern County.

On October 6, 2019, BMH started ROOT of HCV, HIV, and syphilis on all patients presenting to the ED who were determined to need a blood draw. During the period of October 6, 2019 through November 30, 2019 BMH performed 2,910 HCV, 3,086 HIV, and 3,073 syphilis tests on patients seen in the ED. Each of the test conditions had unusually high seropositivity rates: HCV at 7%, HIV at 0.39%, and syphilis at 5.1%.

In less than two months ROOT outcomes yielded tremendous results across HCV, syphilis and HIV. What is notable is that none of these patients presented to the ED for HIV-related symptoms. The preliminary results speak volumes to the need for ROOT to occur in other clinical settings.

The FOCUS Program is a public health initiative that enables partners to develop and share best practices in routine blood-borne virus (HIV, HCV, HBV) screening, diagnosis, and linkage to care in accordance with screening guidelines promulgated by the U.S. Centers for Disease Control and Prevention (CDC), the U.S. Preventive Services Task Force (USPSTF), and state and local public health departments. FOCUS funding supports HIV, HCV, and HBV screening and linkage to the first medical appointment after diagnosis. FOCUS partners do not use FOCUS awards for activities beyond linkage to the first medical appointment. FOCUS activities and scope of work are not used to address activities beyond linkage to the first medical appointment. For more information about Kern County’s program, contact Patrick Salazar (salazarp@kerncounty.com) or Karley Beavers (beaversk@kerncounty.com).

Strategy F: Improve Overall Quality of HIV-Related Care

The U.S. Department of Health and Human Services (HHS) Panel on Antiretroviral Guidelines for Adults and Adolescents released an updated version of the Guidelines for the Use of Antiretroviral Agents (ART) in Adults and Adolescents with HIV. Key updates include:

- The HHS panel supports Undetectable = Untransmittable (U=U) as an HIV prevention transmission strategy to sexual partners. This is a strong recommendation of grade AIII.

- The HHS panel recommends that ART be started immediately or as soon as possible after diagnosis to increase the uptake of ART, decrease the time required to achieve linkage to care and virologic suppression for individual patients, reduce the risk of HIV transmission, and improve the rate of virologic suppression among persons with HIV. This is a strong recommendation of grade AIII.


The HHS Panel on Treatment of Pregnant Women with HIV Infection and Prevention of Perinatal Transmission released an updated version of the Recommendations for the Use of Antiretroviral Drugs in Pregnant Women with HIV Infection and Interventions to Reduce Perinatal HIV Transmission in the United States. Key updates include:

- Restrictions on the use of dolutegravir (DTG) during the first trimester and in women who are trying to conceive have been removed.

- DTG is now a preferred antiretroviral (ARV) drug throughout pregnancy and an Alternative ARV drug for women who are trying to conceive.

<table>
<thead>
<tr>
<th>ADAP Insurance Assistance Program</th>
<th>Number of Clients Enrolled</th>
<th>Percentage Change from December</th>
</tr>
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<tbody>
<tr>
<td>Employer Based Health Insurance Premium Payment (EB-HIPP) Program</td>
<td>631</td>
<td>-0.16%</td>
</tr>
<tr>
<td>Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program</td>
<td>5,274</td>
<td>+4.50%</td>
</tr>
<tr>
<td>Medicare Part D Premium Payment (MDPP) Program</td>
<td>1,790</td>
<td>+3.05%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7,695</strong></td>
<td><strong>+3.76%</strong></td>
</tr>
</tbody>
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**Strategy J: Increase Rates of Insurance/ Benefits Coverage for PLWH or on PrEP**

**ADAP’s Insurance Assistance Programs:**

As of January 27, 2020, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown in the chart above.

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

Among several ground-breaking initiatives included in the state budget last year, the California Budget Act of 2019 included $15.2 million in State General Fund allocated over four years to support syringe service programs (SSPs). Of the total, $12.6 million will support staffing at SSPs, $1.8 million will support technical assistance and program administration, and $800,000 will support staffing at OA. For the past six months the OA Harm Reduction Unit has been working steadily to launch the project we’re calling the California Harm Reduction Initiative (CHRI).

In January, OA hired Loris Mattox, former Executive Director of HIV Education and Prevention Project of Alameda County (HEPPAC), to steer the project for OA. Loris brings years of experience working in harm reduction and HIV prevention and care to this important role. Additionally, OA is pleased to announce that we will partner in this project with Harm Reduction Coalition (HRC), which will take the lead on subcontracting with eligible California SSPs, as well as providing technical assistance to the organizations that will be expanding their staffing under this program.

HRC has a proven track record as a technical assistance provider in harm reduction topics ranging from safety for sex workers to integrating peer-delivered services into harm reduction programs. And their HepConnect project, which has awarded more than $5.3 million in grant funding to 44 projects in five states, has given HRC extensive experience in directly supporting harm reduction organizations. As OA developed our Request for Proposals and researched possible applicant organizations, we determined that HRC was the only non-profit in California qualified to apply to direct this project, and OA is moving forward with a contract with HRC.

OA would like to thank the more than 30 SSP and health department staff who volunteered to participate in informational interviews to input into the CHRI scope of work. At OA we are working to finalize the HRC contract, and will continue to provide updates. Feel free to reach out to Loris (Loris.Mattox@cdph.ca.gov) with questions.

HIV.gov has recently posted the following webinar recordings which were part of the
webinar series, _Syringe Services Programs – A Critical Public Health Intervention._


2. Syringe Service Programs – _Perspectives on the Role of Policy, Funding, and Partnerships_ – September, 2019 (https://www.youtube.com/watch?v=JU3dUCPaxNg)


Public Comment is currently open for a new SSP application from the Yuba Sutter Harm Reduction & Community Outreach (YSHRCO) located in Yuba and Sutter counties. The program aims to increase access to sterile syringes, disposal and information about resources available for people who use drugs. The program will be run by YSHRCO volunteers. Additional information on the program and instructions for submitting public comment can be found on OA’s website at https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_secapp.aspx.

Public comment has closed and a final decision is due by March 3, 2020, on an SSP application by the Harm Reduction Coalition of Santa Cruz County. Information on the final decision will be posted on OA’s website.

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

**YOUR VOICE COUNTS.** Tell us what is needed to decrease new infections and increase the number of people using ART or PrEP. Send your ideas to ETE@cdph.ca.gov. All e-mails are confidential and names will be deleted.

For questions regarding this report, please send an email to angelique.skinner@cdph.ca.gov.
PURPOSE
This document is to help HIV Commission members identify any actual or perceived Conflict of Interest.

POLICY
It is the responsibility of the member to complete, sign, and date the “Conflicts of Interest (COI) Declaration and Agreement to Abide by COI Policy” form and submit this to the Commission support staff upon appointment and at the beginning of each Priority Setting and Resource Allocation (PSRA) process of each year.

Section 1. Definition and Identification of Conflict of Interest
A Commission member may have a conflict of interest if the member, and/or the member’s relative, is a director, trustee, member, paid employee, or paid consultant of, any entity seeking funding or providing services with funding allocated or recommended by the Commission. For the purposes of this policy, a relative is the spouse, child, grandchild, parent, grandparent, brother or sister of the member, or the member’s spouse. Unmarried domestic partners of Commission members are regarded in the same manner as a spouse. Conflict of interest does not refer to persons living with HIV disease whose sole relationship to a service provider is as a client receiving services. In many cases, conflict of interest does not refer to an uncompensated volunteer.

A. The potential for conflict of interest exists in all Commission activities, including needs assessment; comprehensive planning; priority setting; allocation of funds; and evaluation. Examples of conflict of interest may include but are not limited to:
- A provider convincing the Commission to overemphasize the input of the provider’s clients in a needs assessment.
- A needs assessment that is limited to soliciting the opinion of Commission members rather than focusing on obtaining community input.
- Failure to use the Commission’s criteria to set priorities.
- Efforts by Commission members affiliated with providers to influence priorities and allocations for their own benefit.

Section 2. Service Providers
Service provider members of the Commission shall state the name of the organization the individual represents at every Commission or committee meeting. Service provider members shall recuse themselves from discussing or voting on items in which they have a conflict of interest. Service provider members may respond to specific questions asked about a service category in which the individual’s organization provides services but the service provider may not initiate such a discussion.

Section 3. Disclosure of Conflict of Interest
A. It is the responsibility of each member to complete, sign, and date the “Conflicts of Interest (COI) Declaration and Agreement to Abide by COI Policy” form and submit this to the Commission support staff upon appointment and at the beginning of each PSRA Process of each year.

B. It is the responsibility of each Commission member and their fellow Commission members to determine whether a conflict of interest exists. If a member’s conflicts change, he/she must
announce the change at meetings as soon as the change occurs, and resubmit this form with the changes within thirty (30) days.

Section 4. Ethics Orientation

A. All members must complete AB 1234 ethics for local government officials training within thirty (30) days of the member’s appointment to the Commission. Thereafter, members are required to complete such ethics training every two (2) years.

B. The Clerk of the Board of Supervisors shall maintain records of each member’s ethics training.

Section 5. Member Responsibility

A member with a conflict of interest with an agenda item must so declare before the discussion of the item begins at a meeting, and the declaration must be recorded in the minutes of the meeting. A member with a declared conflict of interest must leave the room during any discussion and/or voting on the issue in which they have a conflict of interest. In the event the responsible member does not abide by this policy, the chair of the Commission is to remind the member of his/her responsibilities and the actions which may be taken if a member is found to be in violation of this policy. Any unresolved complaints will be referred to the Executive Committee for further discussion and resolution.

Each member is individually responsible for compliance with all applicable state and local ethics laws, including Government Code section 1090 and the Political Reform Act.

Section 6. Violations of Conflict of Interest

Commission members found to be in violation of this Conflict of Interest Policy may be subject to disciplinary action. Disciplinary action under this Section may include, but not be limited to, the following:

A. Removal of the member from the committee membership; and/or

B. Removal of the member from the Commission membership.
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 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. 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>
</tr>
</thead>
</table>
| **Reduce new HIV infections** | • Receive reports from the Public Health Department (STD/HIV Prevention & Control) relating to client utilization of Ryan White HIV/AIDS Program services.  
• Receive reports from the Public Health Department (STD/HIV Prevention & 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. | 1 | • Biannually  
• Biannually  
• Monthly |

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

| **Increase access to care and improving health outcomes for people living with HIV** | • 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. | 3 | • Quarterly  
• Biannually  
• Monthly  
• Annually  
• Ongoing |

**Objectives:**  
- 2.1 Improve linkage to care  
- 2.2 Improve availability of care  
- 2.3 Improve retention in care

| **Reduce HIV-related disparities and health inequities** | • Receive reports from the Public Health Department (STD/HIV Prevention & 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 & Control) and/or Board of Supervisors. | 2 | • Jul to Sept 2020  
• Ongoing  
• Nov 2020  
• As needed |

**Objectives:**  
- 3.1 Increase general HIV education and awareness and reduce stigma around HIV, sexual orientation, and gender identity  
- 3.2 Increase and improve HIV prevention and support services for people who use drugs  
- 3.3 Improve retention in care
<table>
<thead>
<tr>
<th>GOAL/OBJECTIVE</th>
<th>PROPOSED ACTIVITIES</th>
<th>PRIORITY RANKING</th>
<th>TIMELINE FOR COMPLETION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achieve a more coordinated response to the HIV epidemic.</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 • Appoint a commissioner to attend the National Ryan White Conference • Create an environment mode conducive to public comments • Elect Commission officers</td>
<td>4</td>
<td>• Ongoing • Jun to Aug 2020 • As needed/ Biennially • Ongoing • July 2020</td>
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<tr>
<td>Objectives:</td>
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<tr>
<td>• 4.1 Improve integration of HIV services with sexually transmitted diseases, tuberculosis, dental, and other health services</td>
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<tr>
<td>• 4.2 Improve usability of collected data</td>
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<tr>
<td>• 4.3 Enhance collaborations and community involvements</td>
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<td>• 4.4 Maintain structure and core activities of the HIV Commission</td>
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</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 | • Receive reports from the Public Health Department (STD/HIV Prevention & 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. | ○ Received reports from STD/HIV Program and GTZ  
○ Participated in planning for World AIDS Day events, held in December 2019 |
| 2. Increase access to care and improving health outcomes for people living with HIV | • 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 & 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 & Control) and/or Board of Supervisors. | ○ Completed PSRA process in July 2019  
○ Approved Standards of Care for the service categories below in November 2019:  
  • Early Intervention Services  
  • Home & Community Based Health Services  
  • Medical Transportation  
  • Emergency Financial Assistance  
  • Universal |
| 3. Reduce HIV-related disparities and health inequities | • 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. | ○ Participated in the monthly GTZ Leadership Team meetings  
○ Received report relating to Ryan White focus groups hosted by STD/HIV Program |
| 4. 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 (AAM)  
• Elect a commissioner to attend the National Ryan White Conference  
• Create an environment mode conducive to public comments  
  Elect Commission officers | ○ Finalized AAM in September 2019  
○ Elected Commission Officers in July 2019 |
## ONGOING PROJECTS

<table>
<thead>
<tr>
<th>PROJECT</th>
<th>ACTIVITIES</th>
</tr>
</thead>
</table>
- 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. |
# Committee Member List

## Executive Committee
*(need 3 for quorum)*

Meets the 4th Wednesday of the month from 10:15 AM to 12:15 PM

1. Claire Nartker, Commission Chair  
   (Alt: Chris Baldwin)
2. Karl Vidt, Care Committee Chair  
   (Alt: Marlene Bennett)
3. Robert Smart, Prevention Committee Chair  
   (Alt: Vacant Vice Chair)
4. Bob Reed
5. Vacant

**Technical Support:**
Tonya Robinson, Interim Sr. Manager

## Prevention Committee
*(need 4 for quorum)*

Meets the 2nd Thursday of the month from 10:30 AM to 12:00 PM

1. Robert Smart, Chair
2. Soma Sen
3. Gabrielle Antolovich
4. Chris Baldwin
5. Candelario Franco*
6. Leah Carig*
7. Markis Derr*  
   *(Vice Chair position vacant)*

**Technical Support:**
Raj Gill, Prevention Manager

## Care Committee
*(need 4 for quorum)*

Meets the 3rd Tuesday of the month from 1:00 PM to 3:00 PM

1. Karl Vidt, Chair
2. Marlene Bennett, Vice Chair
3. Bob Reed
4. Robert Barrett
5. Cheryl Walter*
6. Kermit Conley*
7. Gordon Bowman*

**Technical Support:**
Patty Cerrato, Health Planning Specialist

*Committee-only member
<table>
<thead>
<tr>
<th>Committee</th>
<th>JANUARY 2020</th>
<th>FEBRUARY 2020</th>
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<tbody>
<tr>
<td>Prevention Committee</td>
<td>01/09/2020 – met quorum&lt;br&gt;• The committee welcomed new member, Markis Derr.&lt;br&gt;• Received report from Getting to Zero regarding their final year media campaign, which will be launching in February.&lt;br&gt;• Received report from the Recipient’s office regarding upcoming outreach/testing events.&lt;br&gt;• Reviewed Red Ribbon Flag Guidelines.&lt;br&gt;• Reviewed 2020 HIV/Awareness Days.</td>
<td>02/13/2020 – no quorum.&lt;br&gt;• Received report from Soma Sen regarding the Community Based Participatory Research Project exploring stigma.&lt;br&gt;• Recipient reported on upcoming outreach events and awareness &amp; education being conducted at County Jails.</td>
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<tr>
<td>Care Committee</td>
<td>01/21/2020 – no quorum&lt;br&gt;• Meeting cancelled due to lack of quorum.</td>
<td>02/18/2020 – met quorum&lt;br&gt;• Received presentation relating to Data to Care Project.&lt;br&gt;• Recipient reported on RFPs released, reallocations, upcoming SOC changes to NMCM and the targeted needs assessment for Food services.&lt;br&gt;• Discussed request for Ryan White service utilization.&lt;br&gt;• Reviewed FY21 Commission Work Plan.</td>
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<tr>
<td>Executive Committee</td>
<td>01/22/2020 – met quorum&lt;br&gt;• Received report from Recipient’s Office:&lt;br&gt;   ▪ Dr. Rudman is back from mat leave&lt;br&gt;   ▪ Site visits are almost wrapped up and the Program is gearing up for the Part B site visit and the County Single Audit&lt;br&gt;   ▪ Discussed the possibility of a reallocation to Psychosocial Support Services.&lt;br&gt;• Discussed possible changes to the COI Policy&lt;br&gt;• Reviewed pending applications, committee member roster, and committee reports.</td>
<td>02/26/2020 –</td>
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## 2020 ACTIVITY PLAN

### EXECUTIVE COMMITTEE

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<th>MAR</th>
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<th>MAY</th>
<th>JUN</th>
<th>JUL</th>
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<td>Letter of concurrence endorsing priorities and allocations</td>
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<td>Plan Holiday Dinner (to be held in December)</td>
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HIV Commission Meeting
March 10, 2020 at 6:00pm – 8:00pm

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

Consent Calendar
4. Approve minutes of February 11, 2020

Regular Agenda- Items for Discussion
5. 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, 2019, and subsequently forwarded to the Board of Supervisors through the Health and Hospital Committee.
6. Receive report from the Chairperson relating to communications with the Health Resources and Services Administration (HRSA) Project Officer. (Nartker)
7. Discuss World AIDS Day 2020 planning.
   a. Select a Commissioner to attend the conference.
   b. Approve forwarding recommendation to the Board of Supervisors to approve travel for a Commissioner to travel to Washington, District of Columbia, to attend the conference from August 11, 2020 to August 14, 2020.

Monthly Reports
9. Receive the February 2020 report from the State Office of AIDS.
11. Receive verbal report from the Recipient. (Robinson)
12. Receive report from Getting to Zero Project Manager relating to activities of Getting to Zero – Silicon Valley/Santa Clara County.
   a. Care Committee (Vidt/Bennett)
   b. Prevention Committee (Smart)
   c. Executive Committee (Nartker/Baldwin)
   d. Chairperson (Nartker)

Announcements and Correspondence
14. Propose agenda items for the May 12, 2020 meeting.
15. Receive Correspondence.
16. Announcements.
   a. Commissioners’ Announcements
17. Adjourn.
<table>
<thead>
<tr>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
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<td>HIV Commission Meeting</td>
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<td>St. Patrick's Day Care Committee Meeting</td>
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<td>Vernal equinox (GMT) National Native HIV/AIDS Awareness Day</td>
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<td>Holiday Closure</td>
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Dear Planning Council,
I am a senior woman. I go to circle of care support group. I need this group and I find out Ryan White Funds has canceled funds for our group. I don't want to go to an infectious disease clinic to go to a group. I quit pace because I don't want to go to an infectious disease clinic at all. Why would they have people with compromised immune systems go to a place with random infectious diseases?

Any way I feel safe in my group. I wouldn't go to Pace. This is a safe place. As a straight woman it's hard to come out to meetings.

This is the first one I've come consistently and now Funds are being cut. This isn't right.