



County of San Diego

NICK MACCHIONE, FACHE

AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY

PUBLIC HEALTH SERVICES

WILMA J. WOOTEN, M.D., M.P.H.

PUBLIC HEALTH OFFICER

3851 ROSECRANS STREET, MAIL STOP P-578

HIV PLANNING GROUP (HPG)

STEERING COMMITTEE

MEETING PACKET

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Tuesday, January 17, 2023 11:00 AM

NOTE: This meeting is audio and video recorded.

Online meeting

The Charge of the Steering Committee: Establish the agenda for full meetings of the HIV Planning Group, address issues of HIV Planning Group governance. and administer the Assessment of the Administrative Mechanism.

A quorum for this committee is 4

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Effective October 1, 2021, a new law, AB 361, amends Government Code section 54953 to add subsection (e) (“Special Teleconferencing Rule”) which, under specific circumstances, will allow continued suspension of the General Teleconferencing Rule. A recent modification to the Brown Act (the rules regarding open meetings in California) allows the HPG and Committees to continue to meet virtually while a state of emergency is in effect. In - person meetings will return when the state of emergency is over.



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Effective October 1, 2021, a new law, AB 361, amends Government Code section 54953 to add subsection (e) ("Special Teleconferencing Rule") which, under specific circumstances, will allow continued suspension of the General Teleconferencing Rule. A recent modification to the Brown Act (the rules regarding open meetings in California) allows the HPG and Committees to continue to meet virtually while a state of emergency is in effect. In - person meetings will return when the state of emergency is over.

Continuation of Remote Meetings for Brown Act Boards and Commissions

State law requires local agency legislative bodies (which includes the HPG) to comply with the state's open meeting law referred to as the Ralph M. Brown Act (also called the "Brown Act"). Since March 2020, most legislative bodies have been operating under Executive Orders which suspended certain Brown Act provisions on teleconferencing allowing members to participate remotely. That Executive Order ended on September 30, 2021.

As of October 1, 2021, AB 361 allows for a continuation of teleconference meetings in certain circumstances. Following is a summary of AB 361 and its impact on public meetings and the steps required to utilize the teleconferencing option offered in AB 361.

At the next meeting, the HPG or Committee will need to take the actions detailed below if the members desire to continue meeting remotely.

I. Ordinary Brown Act Rules for Teleconferencing ("General Teleconferencing Rule")

Under the ordinary operation of the Brown Act (Gov. Code §54953(b)) a legislative body may use teleconferencing under the following circumstances:

- a. Post agendas at all teleconference locations;
- b. All teleconferenced locations are listed in the notice and agenda of the meeting;
- c. At least a quorum of members are located within the jurisdiction of the legislative body; and
- d. Members of the public are allowed to speak at each teleconferenced location.

II. Governor's Executive Orders Authorized Simplified Teleconferencing Rules, But These Ended on Sept. 30, 2021.

The County and other legislative bodies throughout the state have been using a simplified teleconferencing method, authorized by the Governor's Executive Orders related to the COVID-19 pandemic. This allowed members of legislative bodies attend meetings remotely without following the General Teleconferencing Rule set forth above.

III. New Teleconferencing Method Available Effective October 1, 2021, and Actions HPG and Committees Can Take ("Special Teleconferencing Rule")

Effective October 1, 2021, AB 361 amends Government Code section 54953 to add subsection (e) which allows suspension of the General Teleconferencing Rule listed above if any of the following circumstances exist (underlining added):

- a. There is a proclaimed state of emergency and state or local officials have imposed or recommended measures to promote social distancing; or
- b. Legislative body, during a proclaimed state of emergency, holds a meeting for the purposes of determining by majority vote, that as a result of the emergency meeting in person would present imminent risks to the health or safety of attendees; or

- c. Legislative body, during a proclaimed state of emergency, has previously determined (by majority vote) that as a result of the emergency meeting in person would present imminent risks to the health or safety of attendees.

After the first meeting, to continue to suspend the General Teleconferencing Rule and use the Special Teleconferencing Rule, the legislative body must make findings, at least every 30 days after that first meeting. The specific findings required are: 1) that legislative body has reconsidered the circumstances of the state of emergency; and 2) i. the state of emergency continues to directly impact the ability of members to meet safely in person; or ii. state or local officials continue to impose or recommend measures to promote social distancing.

IV. Operation of the Special Teleconferencing Rule

If a Brown Act body suspends the General Teleconferencing Rule as allowed under subsection (e), then the legislative body must (underlining added):

- a. Notice the meeting as otherwise required by the Brown Act;
- b. Agenda must identify and include an opportunity for all persons to attend via a call-in option or an internet based service option;
- c. Allow members of the public to access meetings and an opportunity to address the legislative body directly as provided in the notice (call in or internet);
- d. Conduct teleconferenced meetings in a manner that protects the statutory and constitutional rights of the parties;
- e. In the event of a disruption that prevents broadcasting or call-in or internet based service; actions cannot be taken. Any action taken during a disruption may be challenged pursuant to 54960.1;
- f. If a legislative body provides a timed public comment period for each agenda item, it cannot close the public comment period for the agenda or the ability to register on that item until the timed public comment period has elapsed (not likely applicable);
- g. If a legislative body provides a general public comment period, public comment must remain open until public comment period closes; and
- h. If a legislative body provides public comment on each agenda item, it must allow a reasonable time to register and speak (so likely until the matter is voted on).

V. Dr. Wooten has Issued a Social Distancing Recommendation, So Findings Have Been Met In Order to Use the Special Teleconferencing Rule

As of October 1, 2021, the elements to meet under the Special Teleconferencing Rule have been met. There is currently a State of Emergency and Dr. Wooten, the County's Public Health Officer, released a health recommendation on September 23, 202, which stated that utilizing teleconferencing options for public meetings is an effective and recommended social distancing measure to facilitate participation in public affairs and encourage participants to protect themselves and others from the COVID-19 disease.

VI. Next Steps

Under AB 361, on or after October 1, 2021, the first meeting of a legislative body under AB 361 can occur under the Special Teleconferencing Rule without anything

in particular on the agenda. In this case, Staff should note to the board that it is meeting pursuant to the Special Teleconferencing Rule and staff will bring back any future findings the board may need to take to continue to operate under the Special Teleconferencing Rule (i.e. within 30 days).

Alternatively, if time allows and the Chair approves, when the HPG or Committee first meets, an item will be placed on the agenda to determine whether the board wants to utilize the Special Teleconference Rule and if so, to adopt the initial Resolution.



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WILMA J. WOOTEN, M.D.
PUBLIC HEALTH OFFICER


HEALTH OFFICER TELECONFERENCING RECOMMENDATION

COVID-19 disease prevention measures, endorsed by the Centers for Disease Control and Prevention, include vaccinations, facial coverings, increased indoor ventilation, handwashing, and physical distancing (particularly indoors).

Since March 2020, local legislative bodies—such as commissions, committees, boards, and councils—have successfully held public meetings with teleconferencing as authorized by Executive Orders issued by the Governor. Using technology to allow for virtual participation in public meetings is a social distancing measure that may help control transmission of the SARS-CoV-2 virus. Public meetings bring together many individuals (both vaccinated and potentially unvaccinated), from multiple households, in a single indoor space for an extended time. For those at increased risk for infection, or subject to an isolation or quarantine order, teleconferencing allows for full participation in public meetings, while protecting themselves and others from the COVID-19 virus.

Utilizing teleconferencing options for public meetings is an effective and recommended social distancing measure to facilitate participation in public affairs and encourage participants to protect themselves and others from the COVID-19 disease. This recommendation is further intended to satisfy the requirement of the Brown Act (specifically Gov't Code Section 54953(e)(1)(A)), which allows local legislative bodies in the County of San Diego to use certain available teleconferencing options set forth in the Brown Act.

September 23, 2021


Wilma J. Wooten, M.D., M.P.H.
Public Health Officer
County of San Diego



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PUBLIC HEALTH OFFICER

SAN DIEGO HIV PLANNING GROUP (HPG) STEERING COMMITTEE

Tuesday, January 17, 2023 11:00 a.m.
Meeting by WebEx

This meeting is audio and video recorded.

The Charge of the Steering Committee: Establish the agenda for full meetings of the HIV Planning Group, address issues of HIV Planning Group governance. and administer the Assessment of the Administrative Mechanism.

A quorum for this committee is 4

Committee Members: Bob Lewis, Membership Committee / Dr. Delores Jacobs, Priority Setting and Resource Allocation Committee / Mikie Lochner, Chair / Allan Acevedo, Community Engagement Group / Shannon Ransom, Strategies & Standards Committee / Dr. Winston Tilghman, Medical Standards and Evaluations Committee/ Rhea Van Brocklin, Vice-Chair

Participants Requesting Spanish Translation: *(Must notify support staff 96 hours in advance). They will receive an email with the number to call in.*

DRAFT AGENDA

1. Call to order
2. **Action:** Continuance of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e).
 - a. Find that the Committee has reconsidered the circumstances of the State of Emergency
 - b. Find that State and local officials continue to recommend measures to promote social distancing
3. Comments from the Chair and moment of silence
4. Public comment (for members of the public)
5. Sharing our concerns (for committee members)
6. Review/approve Steering Committee agenda for January 17, 2023
7. **Action:** Review/approve HPG meeting agenda for January 25, 2023 (included in the meeting packet)
8. Committee Reports and Recommendations:
 - a. Membership Committee:
 - i. Recommendation(s) for HPG membership
 - ii. Recommendation to remove an HPG member
 - b. Priority Setting and Resource Allocations Committee:
 - i. Recommendation(s) for reallocation of funds in FY 22 or FY 23 (the current fiscal year or next fiscal year, respectively)
 - c. Community Engagement (Consumer) Group:
 - d. Strategies and Standards Committee:
 - i. Recommendations for Psychosocial Service Directive
 - e. Medical Standards and Evaluation Committee:

- f. Steering Committee:
- 9. Process/governance issues:
 - a. Review: Public comments/HPG member comments/Suggestions to the Steering Committee from previous HPG meeting(s)
 - b. Update: Preparation for in-person meetings
 - c. Discussion: Implementation of AB 2449
 - d. **Action:** Approve proposed changes to HPG Bylaws and consider modification of quorum and forward to HPG
 - e. Review and approve 2023 HPG Work Plan
 - f. Review and approve 2023 HPG and committees meeting schedule
 - g. Discuss: Steering Retreat and HPG Retreat
 - h. Update: GTZ Community Engagement Project – 3-Year HPG Action Plan
 - i. Planning and cost of discrimination/anti-racism training/consultant
 - i. Discussion: HPG Vice-Chair election
 - j. Follow-up: Conflict of Interest Disclosure Form
 - k. **Action:** Approve public comment process based on that used by the County Board of Supervisors
 - l. Discussion: Delayed Expenditure reports
 - m. Update: Integrated Statewide Strategic Plan
 - n. Committee Operating Procedures
 - o. RWHAP Letter – Supporting People/Lived Experience
- 10. Update and budget review from the HIV, STD, and Hepatitis Branch (HSHB)
 - a. Program Updates (Maritza Herrera)
 - b. Service Utilization Summary Report – November and December 2022 (Maritza Herrera)
 - c. Monthly Goldenrods October, November, and December 2022 (Maritza Herrera)
 - d. CQM update –
 - e. Procurements (Lauren Brookshire)
 - f. FY 22 Expenditure/Budget review – October report for December meeting (Lauren Brookshires)
 - g. HRSA, CDC and CDPH policies and procedures updates (Lauren Brookshire)
 - h. Administrative Budget review – Rodney von Jaeger
- 11. **Action:** Approve committee meeting minutes from October 18, 2022.
- 12. Review follow-up items from the minutes
- 13. Review committee attendance
- 14. Future agenda items for consideration
- 15. Announcements
- 16. Confirm next meeting date: **February 14, 2023**, Location: **WebEx**
- 17. Adjournment



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SAN DIEGO HIV PLANNING GROUP (HPG)

Wednesday, January 25, 2023 - 3:00 PM

Meeting via WebEx

Join the meeting via phone: 1-470-238-5742 US Toll / 52-55-6722-5298 Mexico Toll

Participantes que solicitan traducción al español: (Deben notificar al personal de apoyo con 96 horas de anticipación). Recibirán un correo electrónico con el número para llamar.

This meeting is audio and video recorded.

A quorum for this meeting is 14

DRAFT AGENDA

ORDER OF BUSINESS

1. Call to Order/Establish Quorum; (2 min)
2. Continuance of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e). (4 min)
 - a) Find HPG has reconsidered the circumstances of the State of Emergency
 - b) Find that State and local officials continue to recommend measures to promote social distancing.
3. Chair Comments; Ground Rules & Abstentions (5 min)
4. Public Comment (See page 2 of agenda for rules) (5 min)
5. Sharing our concerns/Comments on Items not on the agenda (for HPG members) (5 min)
6. **ACTION:** Approval of HPG agenda for January 25, 2023 (5 min)
7. Old Business: None
8. New Business
 - a. **ACTION:** (Membership Committee): Review and approve recommendation(s) for HPG membership. (8 min)
 - b. **ACTION:** (Membership Committee): Review and approve recommendation to remove an HPG member. (8 min)
 - c. **ACTION:** (Priority Setting Committee): Review and approve recommendations for reallocation of funds in FY 22 (the current year, March 1, 2022 – February 28, 2023) (7 min)
 - d. **ACTION:** (Strategies and Standards Committee) Recommendations for Psychosocial Service Directive (10 min)
 - e. **ACTION:** (Steering Committee) Approve proposed changes to HPG (10 min)

You may also obtain more information on our web page: www.sdplanning.org

Bylaws and modification of quorum

- f. Open Nominations for Vice-Chair (4 min)
- g. Update: AB 2449 and return to in-person meetings (6 min)
- h. Review 2023 HPG and committees meeting schedule (3 min)
- i. **ACTION:** Approval of HPG consent agenda for January 25, 2023, which includes: Approval of HPG Minutes from October 26, 2022; acceptance of the following committee minutes: Steering Committee: June 14, 2022, July 19, 2022, September 20, 2022, and **October 18, 2022**; Strategies and Standards Committee: October 4, 2022 and November 1, 2022; Membership Committee: October 5, 2022, November 9, 2022, **and December 14, 2022**; Priority Setting and Resource Allocation Committee: October 13, 2022 and **December 8, 2022**; Monkeypox Task Force: September 15, 2022; October 6, 2022; and October 27, 2022; (Included for your information, not for acceptance; CARE Partnership: October 17, 2022 and December 12, 2022; Community Engagement Committee: November 9, 2022; HIV Housing Committee: September 2022; Faith-Based Action Coalition: October 6, 2022 and November 3, 2022) (4 min)
- j. Review follow-up items from meeting minutes (5 min)
- k. Presentation: Highlights of the National Harm Reduction Conference – Lori Jones (10 min)
- 9. HIV, STD, and Hepatitis Branch (HSHB) Reports – Patrick Loose (15 min)
 - a. Program Updates (Maritza Herrera)
 - b. Service Utilization Summary Report – November and December 2022 (Maritza Herrera)
 - c. Monthly Goldenrods – October, November, and December 2022 (Maritza Herrera)
 - d. CQM update
 - e. Procurements (Lauren Brookshire)
 - f. FY 22 Expenditure/Budget review (Lauren Brookshire)
 - g. HRSA, CDC and CDPH policies and procedures updates (Lauren Brookshire)
- 10. Reports
 - a. Committee Reports Community Engagement, Membership, Strategies & Standards, PSRAC, Medical Standards) (12 min)
 - b. Planning Group Support Staff (PGSS) Report – Rodney von Jaeger (2 min)
 - i. Administrative budget review
 - ii. Update: HPG Conflict of Interest Disclosure
 - iii. Update: Public comment process based on that used by the County Board of Supervisors
 - c. Report from State Office of AIDS (OA) and AIDS Drug Assistance Program (ADAP) – (included in meeting packet) - Abigail West and Jesse Peck by teleconference, 1616 Capitol Ave, 6th Fl, Ste 616, (2 min)

Sacramento, CA 95814)

- d. GTZ Community Engagement Project Updates – Dr. Delores Jacobs (6 min)
- e. California HIV Planning Group (CHPG) – Mikie Lochner (2 min)
- f. Faith-Based Action Coalition – Kenyatta Parker (2 min)
- 11. Suggestions to Steering Committee for consideration of future items (2 min)
- 12. Announcements (2 min)
- 13. Next Meeting Date: **Wednesday, February 22, 2023** Location: **WebEx**
- 14. Adjournment

Public comment rules:

-
- Will be heard in the following segments: 1) at the beginning of the meeting, for comments not relating to agenda items, and 2) at the start of each agenda item for comments relating to the item.
 - If you would like to make a public comment/say something to the HIV Planning Group please click “raise your hand” in WebEx or Zoom, type something in the chat box, or unmute yourself and ask to be recognized by the Chair.
 - Limit of ten minutes per segment and two minutes per speaker except under special circumstances based upon the expected number of speakers, the timeframe for decision-making, and whether additional public meetings have been held prior to the HIV Planning Group, at which extensive public and community comment was heard and included in reports or recommendations before the HIV Planning Group. Under any or all these circumstances, the Chair may modify the time limit for public comment. The time is allotted to provide comment only, not to ask questions or engage in a discussion with HIV Planning Group members. Public comment presented at HIV Planning Group meetings does not require response or discussion by the HIV Planning Group. All comments shall be made in a respectful manner (e.g., no profanity, yelling, bullying, or abusive language).

HPG Membership Committee Report to Steering Committee – Jan 2023

Efforts continue to recruit and fill all seats:

- Two applicants pending interview
- Two current members ending 1st term. One application for 2nd term received and recommendation going forward to appoint. Second application pending. Committee will track and initiate action 6 months prior to members term end dates to retain member for 2nd term or recruit to fill to minimize seat vacancies

Plan for in-person meetings (HPG and Committee):

- Need to develop specific plan in accordance with new guidelines
 - Address barriers created by the changes (transportation, childcare, etc.)
 - Efforts to encourage attendance (i.e. food/meals)
 - Creating & maintaining a safe, welcoming and productive environment
- Plan must be clearly communicated to all members, consumers, providers and other potential stakeholders, taking into account varying learning styles

Waiver for more than 2 agency representation on HPG

- Other EMAs in CA currently do not have protocols to address but have not historically has issues. Committee recommends no changes to our current Bylaw language at this time. The full HPG will continue to have the authority to approve a waiver.

Action items:

- Approved recommendation to HPG to terminate Alfredo de Jesus's membership due to unresolved attendance issues.

Getting to Zero Activities (in conjunction with Dr. Jacobs)

- Developing plan for increased recruitment and engagement of consumers, with emphasis on BIPOC.
- Specific activities to be scheduled for discussion in future meetings, with line staff and consumers invited to participate in discussions. Topics include:
 - Creation of a safe, welcoming and productive environment
 - Identify and implement trainings for current HPG members to support a safe and inviting culture, including Unconscious Bias
 - Expansion of leadership training to include current members
 - Community engagement and need for dedicated staffing
 - Increased use of social media, including focused efforts to reach other existing groups (i.e. HIV+ BIPOC, transgender & youth)
 - Consideration of HPG & Committees meeting locations and times
 - Reimbursement for consumer for time invested (incentives to participate)



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SAN DIEGO HIV PLANNING GROUP MEMBERSHIP COMMITTEE ACTION ITEM INFORMATION SHEET

FORWARD RECOMMENDATION TO THE BOARD OF SUPERVISORS FOR TERMINATION OF MEMBERSHIP FROM THE HIV PLANNING GROUP (HPG)

DATE: January 25, 2023

ITEM: Consider and vote to forward a recommendation to the Board of Supervisors for termination of membership on the HPG due to failure to meet membership responsibilities for over 12 months.

BACKGROUND: After missing the June 2021 HPG meeting, Alfredo de Jesus was at risk of missing three meetings in a row and six within a 12-month period. During this time, HPG Staff were in contact to offer support and began sending individual reminders through e-mail and via text messages. On July 13, 2022, the Membership Committee suggested increasing efforts to contact the member. HIV Planning Group Support Staff and HPG Chair made multiple attempts to contact the individual by phone and e-mail to facilitate their participation. The member missed the July meeting and attended one of the weekly meetings in August but missed all others that month as well as meetings in September and October. On January 11, 2023, the Membership Committee conducted a final review of the member's status and made the following recommendation.

RECOMMENDATION:

1. **Action Item:** (Membership Committee): Forwarding a recommendation to the Board of Supervisors for termination of membership on the HIV Planning Group for Alfredo de Jesus due to failure to meet membership responsibilities for over 12 months.

This recommendation comes to the HPG as a seconded motion, open for discussion.



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ELIZABETH A. HERNANDEZ, Ph.D.
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HIV PLANNING GROUP ACTION ITEM INFORMATION SHEET

Recommendations for Re-Allocation for FY 23-24 (03-01-2023 to 02-29-2024)

DATE: January 25, 2023

ITEM: Approve the Recipient recommendations for re-allocating Part A funds in FY23/24

BACKGROUND:

The HIV, STD, and Hepatitis Branch (HSHB) has continued to see high utilization of Emergency Housing Assistance (EHA), and we are recommending an increase to avoid any future potential interruption of the availability of this key service. HSHB is recommending increasing Emergency Housing Assistance in FY23 in the beginning rather than incrementally through the year. Past results of the Survey of HIV Impact needs assessment have demonstrated that housing has continued to be highly ranked as a service need. Although Ryan White Part A funds cannot be used for permanent housing solutions, Emergency Housing Assistance has been very important in providing short-term housing solutions such as eviction prevention, move-in assistance, and short-term hotel stays.

Reductions Outpatient Ambulatory Health Services, Oral Health, Psychiatric Medication Management, Medical Case Management and Substance Use Outpatient Treatment are based on trends in past expenditures. The reduction in Psychosocial Support Services is recommended because that service category has not yet been deployed.

RECOMMENDATIONS:

1. **Action Item:** Decrease funding to Outpatient Ambulatory Health Services (priority #1) by **\$110,000** from **\$962,630** to **\$852,630**.
2. **Action Item:** Decrease funding to Oral Health (priority #4) by **\$100,000** from **\$300,940** to **\$200,940**.
3. **Action Item:** Decrease funding to Psychiatric Medication Management (priority #3) by

Action Item Info Sheet
Reallocations
January 12, 2023

\$15,000, from \$28,036 to \$13,036.

4. **Action Item:** Decrease funding to Medical Case Management (priority #5) by **\$100,000**, from **\$1,268,338** to **\$1,168,338**.
5. **Action Item:** Decrease funding to Psychosocial Support Services (priority #16) by **\$60,000**, from **\$60,000** to **\$0**.
6. **Action Item:** Decrease funding to Substance Use Outpatient Treatment (priority #17) by **\$45,000**, from **\$315,127** to **\$270,127**.
7. **Action Item:** Increase funding to Emergency Housing Assistance (priority #8) by **\$430,000** from **\$530,000** to **\$960,000**.

These recommendations come to the HPG floor requiring motions and seconds to proceed.



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SAN DIEGO HIV PLANNING GROUP COMMUNITY ENGAGEMENT GROUP

Community Engagement Group Charge:

1) Educate Community Members

- Educate/train community members about the HIV Planning Group's local HIV services planning process and prepare them for and support them in increased involvement throughout the HIV Planning Group Process: committees, task forces, working groups, and other opportunities, as well as HIV Planning Group membership.

2) Increase Community Members' Participation

- Increase the level and diversity of community involvement, including from under-served and under-represented populations.
- Represent the needs of all community members, including those unable to participate in meetings.
- Provide linkages to regional and population-specific community groups and ensure communication between those groups and the Community Engagement Group.
- Identify and seek to overcome barriers to community participation.

3) Represent Community Member Needs Throughout the HIV Planning Group Process

- Provide community representation on HIV Planning Group committees, task forces, etc., and ensure the flow of information from those groups to the Community Engagement Group.
- Encourage maximum community involvement in the Priority Setting Committee and other established venues for the annual priority setting and budget allocations process; the Community Engagement Group will not develop a separate set of budget recommendations.
- Serve as a venue for providing community feedback regarding HIV Planning Group issues (e.g., task forces).



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HIV PLANNING GROUP STRATEGIES AND STANDARDS COMMITTEE ACTION ITEM INFORMATION SHEET

Recommendations for FY 23 Psychosocial Service Directives

DATE: January 25, 2023

ITEM: Approve the Strategies and Standards Committee recommendations for psychosocial service directives for fiscal year 23 (March 1, 2023 – February 28, 2024).

BACKGROUND:

The Health Resources and Services Administration (HRSA) and the Part A Manual note that one of the [important legislative responsibilities for a planning body includes providing](#) Directives to the Recipient on how best to meet priorities –e.g., what service models for what populations in what geographic areas.

The Strategies and Standards Committee made the following service directive recommendations at its December 6, 2022 meeting.

RECOMMENDATIONS:

1. **Action Item:** Psychosocial support groups service category should at a minimum include, at least one support group in each HHSA region, with Southeast San Diego specified as a separate region within the Central HHSA region: Central, Southeast SD, North Central, North Inland, South, and East regions. Additionally, at least two psychosocial support groups should be available and led in Spanish.
2. **Action Item:** Additional psychosocial support groups should also be available (upon consumer(s) request and subject to funding availability) focused upon priority populations, e.g., women, youth, transgender populations, long-term survivors and/or groups over age 50, racial/ethnic groups, drug using groups, and other historically disproportionately impacted groups living with HIV in San Diego County.

These recommendations come to the HIV Planning Group as seconded motions, open for discussion.

Background

The Recipient has requested guidance and information regarding where psychosocial support group services should be deployed (regions) and for whom (priority populations). This request was initially made to the Priority Setting and Resource Allocation Committee who referred the request to the Strategies and Standards Committee. The Strategies and Standards Committee discussed this item in the October meeting.

Below listed are recommendations for the Recipient for committee discussion and approval prior to sending to Steering Committee for concurrence.

1. **Psychosocial support groups service category should include, at minimum, at least one support group in each region: Central, South, East, North, Southeast. Additionally, at least two psychosocial support groups should be available and led in Spanish.**
2. **Additional psychosocial support groups should also be available (upon consumer(s) request and subject to funding availability) focused upon priority populations, e.g., women, youth, transgender populations, long-term survivors and/or groups over age 50, racial/ethnic groups, drug using groups, and other historically overlooked groups living with HIV in San Diego County.**

****Key Standards Information below***

Service Category Definition

Psychosocial Support Services are group services provided to offer support regarding the emotional and psychological issues related to living with HIV. They differ from Mental Health services as they are provided by non-mental health professionals, including trained peers.

Purpose and Goals

The objective of Psychosocial Support Services is to increase client self-efficacy and create a broad-based support system, by promoting problem solving, increased service access and development of selfcare steps towards diseases self-management. In addition, to provide a central and dedicated support contact in order to address and minimize crisis situations and stabilize clients' psychological health status to maintain their participation in the care system.

Intake

Services may be accessed through referral from another Ryan White HIV care and/or support service. Individuals may also self-refer, contingent upon verification of Ryan White eligibility. If the Psychosocial Support Services provider is the client's first contact with HIV Care Program, the client must be screened for eligibility as described in the Universal Standards of Care.

Key Service Components and Activities

Key activities of Psychosocial Support Services may include:
HIV support groups

Services are provided by non-mental health professionals, or volunteers including trained peers. Funds can be used for cover the cost of both salaries and stipends to facilitators

Psychosocial Support Services must be offered in a way that addresses barriers to accessing health care and uses resources to support positive health outcomes for clients. When relevant, these services should be coordinated with a client's overarching Care Plan.

Exclusions

Funds under this service category may not be used to pay for food or transportation. Providers can identify alternative funding sources to allow for the provision of refreshments and meals during service delivery.

Funds under this service category may not be used to pay for professional mental health services.

Personnel Qualifications

Psychosocial Support Services providers are *not* required to be licensed or registered in the State of California. However, providers should be trained and knowledgeable in HIV-related issues such as available services, treatment, eligibility services, etc. Services may be provided by paid staff or volunteers. Individual supervision and guidance must be available to all staff as needed. All HCP-funded staff and volunteers providing Psychosocial Support Services must complete an initial training session related to their job description and serving those with HIV.

**Public Comment/Sharing Concerns/Suggestions to the Steering Committee from
October 26, 2022 HPG meeting**

Agenda Item	Comment	Steering Committee response
Public Comment:	<ul style="list-style-type: none"> • A member of the public noted Borrego Health System is losing its Medi-Cal contract and expressed concern that people living with HIV (PLWH) who receive care in that system may be left without a provider. • A member of the public stated they believed that the HPG has too many meetings and that the meeting materials is not sent out in sufficient time. 	•
Sharing Our Concerns:	<ul style="list-style-type: none"> • None 	•
Suggestions to the Steering Committee for consideration of future items	<ul style="list-style-type: none"> • None (agenda item tabled due to insufficient time) 	•



COUNTY OF SAN DIEGO

INTER-DEPARTMENTAL CORRESPONDENCE

November 29, 2022

CONFIDENTIAL
ATTORNEY-CLIENT
COMMUNICATION

TO: County Departments that Support Brown Act Boards, Commissions, Committees, and Groups

FROM: Randall R. Sjoblom, Senior Deputy County Counsel

RE: New AB 2449 (2022) Teleconferencing Procedures under the Brown Act

On September 13, 2022, the Governor signed AB 2449. This bill amends the Brown Act to provide additional opportunities for legislative body members to teleconference at public meetings from a remote location without following the standard Brown Act teleconferencing rules. These procedures are in addition to those in AB 361 (2021) that provide for teleconferencing during a declared emergency and with state or local guidance recommending social distancing.

AB 2449 will go into effect on January 1, 2023 and expire on December 31, 2025, at which time AB 2449 will be automatically repealed. This memorandum provides a general overview of the procedures that must be followed in order to allow a member of a legislative body to teleconference. Also attached for your reference are (a) a checklist, and (b) a comparison chart of the three types of teleconferencing procedures: (1) standard, (2) AB 361, and (3) AB 2449.

Procedures for Public Participation under AB 2449

- Public must be able to hear, visually observe, and address the legislative body either remotely or in person in real time
- Public must be able to participate via: 1) two-way audio or 2) a telephonic service with a webcasting service (the agenda must include instructions for public participation)
- Public cannot be required to submit comments prior to the meeting

Procedures for Member to Teleconference from a Remote Location under AB 2449

General Procedures

- Member must participate through both audio and visual technology
- Member must disclose whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the relationship with those individuals

- Member must identify “just cause” or “emergency circumstances” as set forth below

Just Cause

A member may participate remotely if the member has just cause and the member notifies the legislative body at the earliest opportunity (including at the start of the meeting) with a general description of the need to appear remotely.

- Just cause is defined as any of the following:
 - Child care or caregiving need of a child, parent, grandparent, grandchild, sibling, spouse or domestic partner
 - Contagious illness that prevents member from attending in person
 - A need related to a physical or mental disability that is not otherwise accommodated
 - Travel on official business of the legislative body or another state or local agency
- The Office recommends a member not disclose any specific medical information in the general description for just cause.
- The Office recommends that when the meeting starts, the chair of the legislative body disclose that one of the members is participating remotely due to just cause with a brief description of the reason. This will inform the public and facilitate tracking the number of times just cause is invoked so that the limits are not exceeded in a calendar year.

Emergency Circumstances

- In the alternative, a member may participate remotely due to emergency circumstances. The member must notify the legislative body as soon as possible with a general description of the need to appear remotely, without disclosing any medical diagnosis or disability. This description can be 20 words or less. Emergency circumstances are defined as a physical or family medical emergency that prevents a member from participating in person
- The legislative body must approve a request based on emergency circumstances by a majority vote of the legislative body at the beginning of the impacted meeting. AB 2449 allows this request to be voted on even if it is received after the agenda is posted. If the request is received in time to place it on the agenda, the agenda item should read as follows:

Approval of the request by [INSERT MEMBER NAME] to teleconference from a remote location due to emergency circumstances.¹

Procedures for the Board/Commission/Committee/Group to Utilize AB 2449

- Include instructions on the agenda how the public can participate via: 1) two-way audio or 2) a telephonic service with a webcasting service

¹ See an alternative recommendation for a standing agenda item in key takeaways section below.

- A quorum of the members must participate in person at the singular noticed location that is open to the public
- All votes must be by roll call
- In the event of a broadcast disruption or if the public is unable to comment, the legislative body may take no further action until the services are restored

Cap on Meetings Attended via Teleconferencing

There is a limit on the number of times per calendar year a member can utilize the AB 2449 teleconferencing procedures. These procedures cannot be invoked by a member for more than: 1) two meetings if the legislative body has fewer than 10 meetings per year, or 2) three consecutive months or 20 percent of regular meetings per year if the legislative body has 10 or more meetings per year. Furthermore, just cause cannot be invoked more than twice per calendar year. This is a cumulative limit to annual teleconferencing, whether based on just cause, emergency circumstances, or a combination of both.

Key Takeaways

- Under AB 2449, a quorum of the membership of any legislative body must meet in person. A quorum cannot all utilize these rules at same meeting.
- Members are limited in the number of times they can use AB 2449, and the legislative body should track each time a member uses these rules.
- Because the rules require that the public be able to participate remotely and because a member's request to participate telephonically can be received up until the meeting starts, all meetings through the end of 2025 should provide the option for the public to participate remotely.
- The Office recommends as an alternative to adding the agenda item as needed to instead add a standing agenda item to either disclose the reason for just cause or to vote on approval for emergency circumstances to avoid any confusion or need to vote on off agenda items:
 - Statement (just cause) and/or Consideration of a Request to Participate Remotely (emergency circumstances) by a [SUPERVISOR/ COMMISSIONER/ BOARD, COMMITTEE OR GROUP MEMBER], if applicable.

If you have any questions, please contact the attorney from County Counsel's office assigned to the board or commission for which your department supports.

Attachment 1: AB 2449 Checklist

Attachment 2: Teleconferencing Chart

AB 2449 Checklist
(Applicable January 1, 2023 to December 31, 2025)

Procedures for Public Participation

- ☐ Public must be able to remotely hear, visually observe, and address the legislative body either remotely or in person in real time
- ☐ Public must have the opportunity to participate via: 1) two-way audio or 2) a telephonic service with a webcasting service
- ☐ Public cannot be required to submit comments prior to the meeting

Procedures for Member to Teleconference from a Remote Location

- ☐ Member must participate through both audio and visual technology
- ☐ Member must disclose adults who are present in the room at the remote location with the member and the general nature of the relationship with those individuals
- ☐ Member must submit a general description of the need to teleconference to the legislative body at the earliest opportunity (do not disclose any medical diagnosis or disability)
- ☐ Member may teleconference for just cause. Just cause is limited to 2 meetings per calendar year (see "Limits per Member" below). Just cause is defined as:
 - Child care or caregiving need of a child, parent, grandparent, grandchild, sibling, spouse or domestic partner
 - Contagious illness that prevents member from attending in person
 - A need related to a physical or mental disability
 - Travel on official business of the legislative body or another state or local agency
- ☐ Member may teleconference due to emergency circumstances, which requires approval of the legislative body and which is defined as a physical or family medical emergency that prevents a member from participating in person
- ☐ Limits per Member: Just cause and emergency circumstances cannot be invoked collectively for more than: 1) two meetings if the legislative body has fewer than 10 meetings per calendar year, or 2) three consecutive months or 20 percent of regular meetings per calendar year if the legislative body has 10 or more meetings per year. Just cause cannot be invoked more than twice per calendar year.

Procedures for the Board/Commission/Committee/Group

- ☐ Include instructions on the agenda how the public can participate remotely
- ☐ A quorum of the members of the legislative body must participate in person at the noticed location that is open to the public
- ☐ A majority of the membership must approve a request by a member to teleconference due to emergency circumstances; include the request on the agenda if received in time
- ☐ All votes must be taken by roll call
- ☐ Meeting must be stopped and no action taken if the broadcast of the meeting or ability of the public to comment is disrupted

TELECONFERENCING RULES UNDER THE BROWN ACT

	Default Rule	Declared Emergency (AB 361)	Just Cause (AB 2449)	Emergency Circumstances (AB 2449)
In person participation of quorum	Required	Not Required	Required	Required
Member participation via teleconferencing	Audio or Audio-visual	Audio or Audio-visual	Audio-Visual	Audio-Visual
Required (minimum) opportunities for public participation	In-person	Call-in or internet-based	Call-in or internet-based <u>and</u> in person	Call-in or internet-based <u>and</u> in person
Disruption of broadcast or public's ability to comment	Meeting can proceed	No further action taken	No further action taken	No further action taken
Reason must be approved by legislative body	No	Yes (initial findings and renewed findings every 30 days)	No, but general description to be provided to legislative body	Yes and general description to be provided to legislative body
Votes must be taken by roll call	Yes	Yes	Yes	Yes
Member's remote location included on agenda	Yes	No	No	No
Declared emergency and health official's recommendation for social distancing	No	Yes	No	No
Annual limits	None	None	Twice per calendar year (limits for emergency circumstances also apply for collective number of times AB 2449 can be used per year)	3 consecutive months/ 20% of regular meetings per calendar year; or 2 meetings per calendar year if body meets less than 10 times per year (collectively with just cause)
Effective Dates	Ongoing	Expires 12/31/2023	Expires 12/31/2025	Expires 12/31/2025



County of San Diego

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PUBLIC HEALTH OFFICER

HIV PLANNING GROUP ACTION ITEM INFORMATION SHEET

STEERING COMMITTEE RECOMMEND APPROVING CHANGES TO THE HPG BYLAWS

January 17, 2023

ITEM: Approve proposed changes to HPG Bylaws and consider modification of quorum and forward to HPG

BACKGROUND:

At its June 23, 2021 meeting, the HPG approved the creation of an ad hoc committee to review and update the HPG Bylaws and affected policies and procedures. A request was also submitted to Health Resources and Services Administration (HRSA) for technical assistance on this issue.

Technical assistance with a HRSA contractor became available in January 2022 and the ad hoc Bylaws Committee met from January 19, 2022 to March 30, 2022. The changes were distributed to the Steering and HPG and additional changes were made by the committee in July 2022 in response to the HRSA site visit report. The Steering Committee directed staff and HSHB to have reviewed.

Since the document was written, Consumer Group has officially changed its name to Community Engagement Group.

In addition, AB 2449 has established teleconferencing rules for boards and commission meetings that include changes to requirements for in-person quorum. With teleconferencing option, it may become difficult to assemble 50% of members in person.

RECOMMENDATION:

1. **Action Item:** Consider modifying the current draft to include new name of Community Engagement Group and add language to allow HPG to set quorum at no less than 33% of current members with at least 50% of members participating in a meeting to take ACTION.
2. **Action Item:** Consider motion to HPG to approve proposed modifications of HPG Bylaws

HIV Planning Group Bylaws

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ARTICLE 1: PURPOSE AND AUTHORITY

Section A: Establishment. On December 15, 2015, the San Diego County Board of Supervisors established the County of San Diego HIV Planning Group (HPG).

Section B: Purposes. The HIV Planning Group is established in order to participate in the Federal Ryan White HIV/AIDS Treatment Extension Act of 2009, and any subsequent amendments. The HIV Planning Group is also established in accordance with guidance from the Centers for Disease Control and Prevention (CDC) for purposes of developing an engagement process to plan for services to prevent new HIV infections, identify, inform, link and retain people with HIV in care to achieve viral suppression.

Section C: Getting to Zero Initiative. Finally, the HIV Planning Group provides planning and coordination of the County of San Diego's Getting to Zero initiative. This initiative was adopted in recognition that, due to advances in HIV treatment as well as development of highly effective HIV prevention interventions, HIV has become a winnable battle. Getting to Zero focuses on:

1. Ensuring the wide availability of testing in community-based and health care settings;
2. Providing access to treatment and supportive services that promote retention in care for all persons living with HIV;
3. Preventing new infections through a combination of evidence-based interventions; and
4. Engaging communities in developing strategies to improve health outcomes related to HIV.

Section D: Type of Organization. The HIV Planning Group is a non-partisan, non-sectarian, non-profit making organization. It does not take part officially in, nor does it lend its influence to any political issues.

ARTICLE 2: MEMBERSHIP AND TERM OF OFFICE

Section A: Open Nomination Process

4. Nomination of New Members

- a. The HIV Planning Group shall solicit nominations for consideration for appointment to the HIV Planning Group through an open nominations process, and as required by the Ryan White legislation.
- b. Nominees shall be recommended for membership based on legislative requirements and criteria publicized by the HIV Planning Group. The criteria shall include representation, reflectiveness and Conflict of Interest standards.
- c. Each county supervisor selects an individual to represent that district. The HPG assists with identification of such individuals as appropriate. If no representative is named, the Membership Committee shall recruit and nominate an individual from that district using the open nominations process.

5. Renominations

- a. HIV Planning Group members who have served only one term and are in good standing are eligible for renomination by the HPG for a second 4-year term. These members may express interest in renomination and will be considered for reappointment in accordance with HPG-established standards, policies, and procedures. Renomination is not automatic.
- b. After completion of two consecutive terms, an individual must be off the HPG for at least one year before they may be renominated.
- c. Supervisors will be informed when the term of their representative is nearing an end, and asked whether they are renaming an eligible representative for a second term or naming a new representative.
- d. If the supervisor does not respond, or indicates that the current representative will not be renamed but does not name a successor, after several contacts and offers of assistance from the HPG, the HPG will identify an individual from that supervisorial district to nominate to the Board of Supervisors using the open nominations process.
- e. In such a situation, the member will be considered a representative of the district, but not a representative of the supervisor.
- f. A performance assessment will be conducted with all HPG members at the end of their first term, regardless of how they are nominated.

6. Authority of Board of Supervisors

- a. Requirements for open nomination process do not eliminate or change the authority of the County Board of Supervisors to appoint members of the HIV Planning Group.
- b. The County Board of Supervisors will approve and/or appoint as HIV Planning Group members only individuals who have gone through the open nomination process.

Section B **Membership Composition.** The membership of the HIV Planning Group consists of up to forty-four (44) members. The HIV Planning Group will limit the number of individuals from HIV, STD and Hepatitis Branch of Public Health Services (HSHB) or a single agency/entity to two (2); however, the Membership Committee will ~~take into account~~ consider the needs of the HIV Planning Group, including subject matter expertise, and recommend a waiver to consider more than two (2) individuals from HSHB or a single agency/entity. The waiver must provide justification for why having an additional member from HSHB or single agency/entity outweighs the membership requirement. The waiver will be reviewed and voted on by the HIV Planning Group.

Members who presently are on the HIV Planning Group in which there are more than two (2) members from HSHB or a single agency may fulfill their current term. The Membership Committee will consider appointments when seats are being renewed and/or filled.

HIV Planning Group members shall be appointed by the Board of Supervisors, as follows:

1. ~~Unaffiliated consumer~~ General Member (#1)*
2. ~~Unaffiliated consumer~~ General Member (#2)*
3. ~~Unaffiliated consumer~~ General Member (#3)*
4. ~~Unaffiliated consumer~~ General Member (#4)*
5. ~~Unaffiliated consumer~~ General Member (#5)*
6. ~~Unaffiliated consumer~~ General Member (#6)*
7. ~~Unaffiliated consumer~~ General Member (#7)*
8. ~~Unaffiliated consumer~~ General Member (#8)*
9. ~~Unaffiliated consumer~~ General Member (#9)*
10. ~~Unaffiliated consumer~~ General Member (#10)*
11. ~~Unaffiliated consumer~~ General Member (#11)*

12. ~~Unaffiliated consumer~~ General Member (#12)*
13. ~~Unaffiliated consumer~~ General Member (#13)*
14. ~~Unaffiliated consumer~~ General Member (#14)*
15. ~~Unaffiliated consumer~~ General Member (#15)*
16. Chairperson
17. Health care provider, including Federally Qualified Health Center (FQHC)
18. Community-based organizations serving affected populations and/or AIDS service organizations (one seat)
19. Social service provider, including providers of housing and homeless services
20. Mental health provider
21. Substance abuse treatment provider
22. Local public health agency – Health and Human Services Director or designee
23. Local public health agency – Public Health Officer or designee
24. Hospital planning agency or health care planning agency
25. Non-elected community leader
26. Prevention services consumer/advocate
27. Prevention services consumer
28. State government—State Medicaid
29. State government— California Department of Public Health (CDPH) Office of AIDS (OA) Part B
30. Recipient of Ryan White Part C
31. Recipient of Ryan White Part D
32. Representative of individuals who formerly were federal, state or local prisoners, were released from custody of the penal system during the preceding 3 years, and had HIV/AIDS as of the date of release
33. Board of Supervisors – District 1 representative
34. Board of Supervisors – District 2 representative
35. Board of Supervisors – District 3 representative
36. Board of Supervisors – District 4 representative
37. Board of Supervisors – District 5 representative
38. Recipient of other federal HIV programs – prevention provider
39. Recipient of other federal HIV programs – Part F, AIDS Education and Training Center and/or Ryan White dental provider
40. Recipient of other federal HIV programs – Housing Opportunities for Persons with AIDS (HOPWA)/Housing and Urban Development (HUD)

41. Recipient of other federal HIV programs – Veterans Administration
42. HIV testing representative
43. Prevention intervention representative
44. ~~Affected community, including people with HIV/AIDS, member of a federally recognized Indian tribe as represented in the population, individual co-infected with hepatitis B or C, and historically underserved group and/or subpopulation. General Member (#16)~~

Up to 16 “General Member” seats are available for individuals who provide needed expertise and representation to the HPG and ensure that all federal requirements are met.

At least thirty-three percent (33%) of HPG members must be unaligned consumers of Ryan White Part A services.*

At least two of these unaligned consumers must publicly disclose their status.

The membership shall include the following: member of a federally recognized Indian tribe as represented in the population, individual co-infected with hepatitis B or C, and representatives of historically underserved groups and/or subpopulations.

As required by the legislation, the HIV Planning Group shall reflect in its composition the demographics of the population of individuals with HIV in San Diego County, with particular consideration given to disproportionately affected and historically underserved groups and subpopulations.

* Section 2602 (b)(5)(C) of the Public Health Services Act defines unaffiliated consumers as consumers who:

- “are receiving HIV-related services” from Ryan White Part A-funded providers;
- “are not officers, employees, or consultants” to any providers receiving Ryan White Part A funds, and “do not represent any such entity;” and
- “reflect the demographics of the population of individuals with HIV/AIDS” in the eligible metropolitan area.

Section C: Term of Office

1. Members shall serve a term of four years.

2. A member shall be appointed to no more than two consecutive four-year terms. The terms shall begin on the day of appointment by the Board of Supervisors and end in four years. For the purpose of this term limitation, a term shall include any appointment for one-half or more of a four-year term.
- ~~2. In the event that a member with a four-year term completes eight years of service, that member may serve on the HIV Planning Group without voting rights until a successor has been appointed.~~
- ~~3. After the completion of two consecutive four-year terms, an individual may reapply after one year.~~
3. Members whose terms have expired and who have not been reappointed are no longer on the HPG and may not vote.

Section D: ~~Consumer~~ General Members-Elect. The Board of Supervisors may appoint three ~~consumer~~ General m Members-elect, recommended by the HIV Planning Group. ~~Steering Committee, who shall substitute, with voting authority, for any consumer member appointed under Article 2, Section A, seats 1-14.~~ Each ~~consumer~~ General m Member-elect shall be able to participate in the HIV Planning Group discussions, ~~and may substitute, with voting authority, in the absence of one of the designated consumer members.~~ Term limit shall be four-years from the date of appointment. Persons appointed under this subsection shall not be officers, employees, or consultants to, and may not represent, any entity that receives Ryan White Part A funding.

Section E: Requirements

1. Each newly appointed member shall file a Statement of Economic Interest (Form 700). Annual Statements of Economic Interest shall be filed within 30 days of appointment and no later than March 31 of each year.
2. Each member shall also complete an annual HIV Planning Group Disclosure Form the following forms no later than March 31 of each year: an annual HIV Planning Group Disclosure Form, a Statement of Confidentiality, a form confirming their continued eligibility for the membership seat they currently occupy, and other required documents included in the Membership Policies and Procedures.
3. Members are required to complete periodic Ethics Training as required by the Fair Political Practices Commission and California Law AB 1234.

4. New members are required to attend an orientation session at the beginning of their appointment- and to participate in annual mandatory training.
5. Voting members are expected to meet HPG attendance requirements and to serve actively on a standing committee. Exceptions to the requirement for committee membership can be made by the Steering Committee in unusual circumstances, primarily for members who live and work outside San Diego County and for the public health officer's representative.
6. HPG members are expected to meet stated attendance requirements for HPG meetings and for committee meetings for all committees of which they are members.
7. HPG members are expected to follow the Code of Conduct at all times.
8. Members who meet these requirements are considered to be in good standing.
9. Members who have not met requirements 1 -3 within 30 days of appointment or by March 31 of each year shall not be considered in good standing. Member who are out of compliance with requirements 4 - 6 for more than 90 days shall likewise not be considered in good standing.
10. Members who are not in good standing shall not be permitted to vote on matters before the HIV Planning. Membership Committee shall review all members who are not in good standing and develop a plan to assist the member in meeting the requirements and/or consider referring the member to the HPG for a vote to recommend termination from the HIV Planning Group to the Board of Supervisors.

~~Section F: HIV Planning Group Attendance~~

- ~~1. To remain in good standing, a member must have not more than three HIV Planning Group absences in a row or six absences in a 12 month period.~~
- ~~2. To remain in good standing with the right to vote at committees, members must meet committee attendance requirements, outlined in the committee operational guidelines. Attendance is tracked by support staff and reviewed at subcommittee meetings. Members not able to participate in the required number of committee meetings may participate as non-voting committee members.~~
- ~~3. For HPG members who do not meet the HIV Planning Group~~

attendance requirements, a recommendation will be forwarded to the Board of Supervisors for termination from the HPG.

~~Section G: Vacancies~~

- ~~1. A vacancy shall occur as a result of any one of the following events before expiration of a term:
 - ~~a. The death of the incumbent.~~
 - ~~b. The resignation of the incumbent.~~
 - ~~c. Termination of membership.~~
 - ~~d. Members who have not filed a Statement of Economic Interest within 30 days of appointment or by March 31 of each year shall be recorded in meeting minutes as absent, and shall not be permitted to vote on matters before the HIV Planning Group starting April 1. For members who are more than 90 days delinquent in filing a statement of economic interest, a recommendation will be forwarded to the Board of Supervisors for termination from the HIV Planning Group.~~
 - ~~e. Members who do not complete periodic ethics training as required by the Fair Political Practices Commission and California Law AB 1234 by the due date shall not be permitted to vote on matters before the HIV Planning Group. For members who are more than 90 days delinquent in completing the ethics training, or for any reasons specified in Government Code Section 1770, a recommendation will be forwarded to the Board of Supervisors for termination from the HPG.~~~~
- ~~2. When a vacancy occurs, both the member and the Clerk of the Board of Supervisors shall be notified by the HIV Planning Group Chair or designee. In the event of a vacancy of a consumer, a member-elect shall become a full voting member of the HIV Planning Group.~~

~~Section H: Standard of Conduct:~~

- ~~1. HIV Planning Group members shall conduct themselves in a professional and courteous manner at all times during an HIV Planning Group or committee meeting. Repeated failure to follow this standard of conduct adopted by the HPG may result in a two-thirds majority (not counting the vote of the affected member) of the HIV Planning Group voting to recommend to the Board of Supervisors for termination from the HPG. Any recommendation to terminate an HIV Planning Group member shall be placed on the HIV Planning Group's agenda and the member being recommended for termination shall be permitted to address the termination recommendation.~~

ARTICLE 3: CONFLICT OF INTEREST

Section A: ~~Members may be appointed to the HIV Planning Group who will, from time to time, have conflicts of interest in matters before the HIV Planning Group. Conflicts of interest shall be managed as follows:~~

- ~~1. Per Article 2, Section G (1), each newly appointed member of the HIV Planning Group shall file a statement of economic interest, pursuant to the Conflict of Interest Code adopted by the HIV Planning Group. Failure to file a statement of economic interest in the specific time period is subject to vacancy provisions in Article 2, Section G.~~

Conflict of Interest Definition and Scope

- ~~21.~~ As defined in the Ryan White Part A Manual, Conflict of Interest (COI) is “an actual or perceived interest in an action that will result or has the appearance of resulting in a personal, organizational, or professional gain” for the HPG member or their immediate family members. Conflict of Interest does not refer to persons living with HIV disease whose sole relationship to a Part A funding provider is as a client receiving services or an uncompensated volunteer.
- ~~32.~~ Ryan White legislation does not permit the HPG to “be directly involved in the administration of a grant,” or to “designate (or otherwise be involved in the selection of) particular entities as recipients of any of the amounts provided in the grant.” In addition, the legislation states that: “A Planning Body member who has a financial interest in an entity, is an employee of or consultant to a public or private entity, or is a Board member of a public or private organization that receives or is seeking funding from Ryan White [Part A] grant funds, will not participate, directly or in an advisory capacity, in the process of selecting entities to receive such funding for such purposes.” [Ryan White HIV/AIDS Treatment Extension Act, Section 2602(b)(5)(A) and (B)]

Section B: **Management of Conflict of Interest.** ~~Members may be appointed to the HIV Planning Group who will, from time to time, have conflicts of interest in matters before the HIV Planning Group. Conflicts of interest shall be managed as follows:~~

- ~~1. Per Article 2, Section G (1), each newly appointed member of the HIV Planning Group shall file a statement of economic interest, pursuant to the Conflict of Interest Code adopted by the HIV Planning Group. Failure to file a statement of economic interest in the specific time period is subject to vacancy provisions in Article 2, Section G.~~

2. Member responsibility during meetings: HPG members are expected to follow applicable local, state and federal rules governing COI. It is the responsibility of each HPG member to disclose all conflicts of interest.
3. Members shall refrain at all times from referring to specific agencies that are funded or seeking funds.
4. The HIV Planning Group is prohibited from participating in the making of contracts.
5. Members who have a conflict of interest, or who appear to have a conflict of interest shall abstain from all voting on the action item. HPG who have a COI may speak to points of information to provide subject matter expertise in response to a question and as requested from the Chair. A subject matter expert may ask permission to speak on a subject for which he/she has expertise. The member must raise their hand for discussion, and once called upon by the Chair, shall state their conflict prior to speaking on the matter.
6. If the HIV Planning Group discovers a member was in conflict subsequent to the vote, the vote is invalid and shall be retaken

ARTICLE 4: DUTIES

Section A: Determination of Duties. Duties and responsibilities of the HIV Planning Group shall be as set forth in the Ryan White HIV/AIDS Treatment Extension Act legislation and the Centers for Disease Control and Prevention planning guidance as listed below:

Section B: Needs Assessment. Assess needs, with particular attention to:

1. Individuals who are at high-risk for acquiring HIV
2. Individuals who are unaware of their HIV status
3. Individuals living with HIV disease who know their HIV status and are not receiving HIV-related services
4. Individuals at risk of falling out of care
5. Communities that experience disparities in access and services.
6. Establishing methods for obtaining input on community needs and priorities, which may include surveys, public meetings, focus groups, and ad hoc panels

Section C: Priority Setting and Resource Allocation. Establish priorities for the allocation of Ryan White HIV/AIDS Treatment Extension Act funds. The HIV Planning Group should consider the following:

1. Size and demographics of the population of individuals with HIV disease and needs of such population;
2. Demonstrated (or probable) cost effectiveness and outcome effectiveness of proposed strategies and interventions, to the extent that data are reasonably available;
3. Priorities of the communities with HIV disease for whom the services are intended;
4. Coordination of services with HIV prevention and substance abuse treatment, mental health services and housing;
5. Availability of other governmental and non-governmental resources to cover health care costs; and
6. Capacity development needs resulting from disparities in the availability of HIV-related services in historically underserved communities.

Section D: Comprehensive/Integrated Planning. Develop a comprehensive plan for individuals living with or at risk of acquiring HIV for the delivery of health services in accordance with applicable Health Resources and Services

Administration (HRSA)/HIV/AIDS Bureau (HAB) Ryan White HIV/AIDS Program legislation and guidance, Centers for Disease Control and Prevention requirements and compatible with the Statewide Coordinated Statement of Need.

- Section E:** **Assessment of the Administrative Mechanism.** Assess the efficiency of the administrative mechanism in rapid allocation of Ryan White HIV/AIDS Treatment Extension Act funds to the areas of greatest need within San Diego County and assess the effectiveness of the services offered in meeting the identified needs.
- Section F:** **Statewide Coordinated Statement of Need.** Participate in the development of the Statewide Coordinated Statement of Need initiated by the California Department of Public Health, Office of AIDS.
- Section G:** **Coordination of Services.** Coordinate with other federally funded programs that provide HIV-related services in San Diego County.
- Section H:** **Compliance with Legislation.** Assist the Board of Supervisors in ensuring San Diego County's full and complete compliance with the Ryan White HIV/AIDS Treatment Extension Act and its subsequent amendments.
- Section I:** **System of Care.** Advise and make recommendations to the San Diego County Board of Supervisors pertaining to the HIV continuum of care.
- Section J:** **HIV Prevention.** Gather information to support/inform health department decisions regarding HIV prevention priorities and interventions.

ARTICLE 5: OFFICERS

Section A: Chairperson. The chairperson of the HIV Planning Group shall be appointed by the chairperson of the Board of Supervisors, and cannot be an employee of HSHB or the County of San Diego, for a length of term decided upon by the Board of Supervisors. The chairperson acts as the sole spokesperson for the HIV Planning Group.

Section B: Vice-Chairpersons. HIV Planning Group members will elect two vice-chairpersons, one of whom shall be a Ryan White consumer member. An employee of HSHB cannot be a vice-chair. The vice-chairpersons shall serve a term of two years.

Section C: Duties of the Chairperson:

1. Presides over the HIV Planning Group and Steering Committee
2. Recommends subcommittees, ad hoc committees and task force meetings
3. Appoints the chair and members to the subcommittees
4. Directs Planning Group Support Staff

Section D: Duties of the Vice-Chairperson(s):

1. If the chair is unable to perform the duties of the position for sixty days or more, the chair and/or Steering Committee shall provide a letter of designation to delegate the duties to the vice-chairperson(s).
2. The vice-chairperson(s) can assume responsibility for all meetings in the absence of the chair including conducting and convening meetings.

ARTICLE 6: ORGANIZATION PROCEDURES

- Section A:** **Robert's Rules of Order.** Robert's Rules of Order shall govern the operation of the HIV Planning Group in all cases not covered by the Ralph M. Brown Act, or these bylaws. The HIV Planning Group may formulate specific procedural rules of order to govern the conduct of its meetings.
- Section B:** **Voting.** Any group voting is on the basis of one vote per person and no proxy, telephone or absentee voting is permitted.
- Section C:** **Open Meetings.** All meetings of the HIV Planning Group and its subcommittees are open to the public to the extent required by the Ralph M. Brown Act and the Ryan White HIV/AIDS Treatment Extension Act. Meetings are held in accessible, public places. Notice of all meetings shall be posted in a publicly accessible place for a period of 72 hours prior to the meeting. Special meetings require 24 hour notice. In addition, such notice will be emailed and posted on www.sdplanning.org. Notices will be mailed upon request.
- Section D:** **Regular Meetings.** The HIV Planning Group shall establish a regular meeting schedule, shall meet a minimum of six (6) times each year, and shall give public notice of the time and place of meetings in compliance with the requirements of the Ralph M. Brown Act and the Ryan White HIV/AIDS Treatment Extension Act.
- Section E:** **Quorum.** A simple majority of members currently appointed shall constitute a quorum. Unless otherwise indicated in the bylaws, an action by HIV Planning Group is considered to be consensus or majority vote of a quorum of voting members in a publicly noticed HIV Planning Group meeting. If a quorum cannot be established for the HPG or a committee, or no consumers are present at the meeting, the meeting shall not proceed no official business can be conducted. However, presentations may be made and public comments received.
- Section F:** **Minutes.** The HIV Planning Group shall keep detailed minutes of its meetings, electronic or hard copies of which shall be available for inspection and copying at the HIV, STD and Hepatitis Branch of Public Health Services. The minutes are also posted on the HIV Planning Group website, www.sdplanning.org. The accuracy of all minutes shall be certified by the chairperson of the HIV Planning Group, following approval of the meeting minutes by action of the HIV Planning Group.

ARTICLE 7: SUBCOMMITTEES

- Section A: Use of Subcommittees.** The HIV Planning Group has the authority to establish and to disband, as appropriate, standing and ad hoc subcommittees/task forces as necessary to conduct its business. The actions and recommendations of committees shall not be deemed the action of the HIV Planning Group or its members. A Standing and ad hoc committees may bring an action item to the HIV Planning Group for approval.
- Section B: Composition and Chairs.** All standing and ad hoc subcommittee meetings shall be chaired by a member of the HIV Planning Group, shall consist of no fewer than three HIV Planning Group members, ~~at least one of whom must be a consumer.~~ Where possible, at least one member will be a publicly disclosed unaligned consumer or another person with HIV. Standing subcommittees and ad hoc committees may elect to establish a co-chair who does not have to be a member of the HIV Planning Group. The committee co-chairperson shall assume the role of the committee chairperson should the chairperson become unable to fulfill the role of committee chairperson for three (3) consecutive meetings. If the co-chairperson is not a member of the HIV Planning Group the co-chairperson may assume the role of committee chairperson and may attend the Steering Committee, but may not vote. If the committee chairperson is unable to attend three (3) consecutive meetings, a new committee chairperson ~~will~~ may be appointed per Article 5, Section C of these bylaws.
- Section C: Appointments.** Members of the HIV Planning Group are appointed to a subcommittee by the HIV Planning Group chairperson, after review and recommendation from the Membership Committee, which will include a discussion of member's preference, availability, and needs of the HIV Planning Group.
- Section D: Operations.** All subcommittees shall operate under the bylaws of the HIV Planning Group. Each subcommittee may adopt/establish ground rules and operating procedures, subject to review and approval by the Steering Committee.
- Section E: Steering Committee.** The HIV Planning Group shall establish a Steering Committee, led by the chairperson, to set the agenda for HIV Planning Group meetings and to address issues of HIV Planning Group governance. The Steering Committee shall be comprised of the HIV Planning Group chairperson, elected vice chairperson(s) and chairs of all standing committees. In the absence of a subcommittee chairperson, a committee co-chairperson can attend to establish quorum. When the co-

chairperson is not a member of the HIV Planning Group, they must abstain from voting. A quorum will be a simple majority of the number of current members of the Steering Committee. Non-HIV Planning Group member committee co-chairpersons who attend the Steering Committee in place of the committee chairperson count towards establishing a quorum, but do not vote at the Steering Committee.

Section F: Membership Committee. The HIV Planning Group shall establish a Membership Committee to monitor membership, composition and attendance, recruit candidates for existing and anticipated vacancies, and recommend applicants for appointment through an open nominations process, which includes recruiting widely, clarifying the membership criteria, publicizing the membership criteria, addressing conflict of interest requirements, using an application form, maintaining an active Membership Committee and providing nominees to the Board of Supervisors as appropriate. All members of the Membership Committee shall be members of the HIV Planning Group. The Membership Committee shall forward recommendations to the HIV Planning Group for approval.

ARTICLE 8: GRIEVANCE PROCEDURES

Section A: Grievances Related to Services. HIV Planning Group Grievance Procedures as it relates to Ryan White services can be found in Attachment 1.

Section B: Other Types of Grievances. Other grievances based on outlined process for making decisions shall be addressed by the Steering Committee.

1. Members have the right to grieve any decision made by the HIV Planning Group they feel did not follow established process.
2. To file a grievance, member will contact HIV Planning Group Chairperson and HIV Planning Group support staff, who will forward to the Steering Committee.
3. Member will be invited to the Steering Committee to present grievance.
4. Steering Committee will decide on grievance or ask for more information.
5. Steering Committee will resolve grievance within two regularly scheduled meetings.

ARTICLE 9: STAFF ASSISTANCE

Section A: **Staff Assistance to the HIV Planning Group.** The HIV, STD and Hepatitis Branch of Public Health Services, Health and Human Services Agency shall provide staff assistance pursuant to the legislative requirements and guidelines. The HIV Planning Group oversees the work of the HIV Planning Group support staff who will report to non-Recipient County staff for supervision.

Section B: **Recordkeeping and Reporting.** HIV Planning Group support staff shall be responsible for the keeping of records of all actions and reports of the committee and shall submit these actions and reports to the HIV Planning Group on a regular basis.

ARTICLE 10: COMPENSATION AND EXPENSE

Section A: **Voluntary Service.** Members of the HIV Planning Group shall serve without compensation.

Section B: **Reimbursement for Expenses.** HIV Planning Group members ~~consumers~~ and members-elect appointed pursuant to Article 2, Section B and D who are consumers of Ryan White services may be reimbursed for expenses incurred in performing their duties under this article, including mileage reimbursement in accordance with Administrative Code Section 472, provided that the HIV Planning Group allocates Ryan White HIV/AIDS Treatment Extension Act funds for this purpose. Transportation and childcare reimbursements shall be limited to those eligible members.

HIV Planning Group Bylaws

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ARTICLE 1: PURPOSE AND AUTHORITY

Section A: Establishment. On December 15, 2015, the San Diego County Board of Supervisors established the County of San Diego HIV Planning Group (HPG).

Section B: Purposes. The HIV Planning Group is established in order to participate in the Federal Ryan White HIV/AIDS Treatment Extension Act of 2009, and any subsequent amendments. The HIV Planning Group is also established in accordance with guidance from the Centers for Disease Control and Prevention (CDC) for purposes of developing an engagement process to plan for services to prevent new HIV infections, identify, inform, link and retain people with HIV in care to achieve viral suppression.

Section C: Getting to Zero Initiative. Finally, the HIV Planning Group provides planning and coordination of the County of San Diego's Getting to Zero initiative. This initiative was adopted in recognition that, due to advances in HIV treatment as well as development of highly effective HIV prevention interventions, HIV has become a winnable battle. Getting to Zero focuses on:

1. Ensuring the wide availability of testing in community-based and health care settings;
2. Providing access to treatment and supportive services that promote retention in care for all persons living with HIV;
3. Preventing new infections through a combination of evidence-based interventions; and
4. Engaging communities in developing strategies to improve health outcomes related to HIV.

Section D: Type of Organization. The HIV Planning Group is a non-partisan, non-sectarian, non-profit making organization. It does not take part officially in, nor does it lend its influence to any political issues.

ARTICLE 2: MEMBERSHIP AND TERM OF OFFICE

Section A: Open Nomination Process

4. Nomination of New Members

- a. The HIV Planning Group shall solicit nominations for consideration for appointment to the HIV Planning Group through an open nominations process, and as required by the Ryan White legislation.
- b. Nominees shall be recommended for membership based on legislative requirements and criteria publicized by the HIV Planning Group. The criteria shall include representation, reflectiveness and Conflict of Interest standards.
- c. Each county supervisor selects an individual to represent that district. The HPG assists with identification of such individuals as appropriate. If no representative is named, the Membership Committee shall recruit and nominate an individual from that district using the open nominations process.

5. Renominations

- a. HIV Planning Group members who have served only one term and are in good standing are eligible for renomination by the HPG for a second 4-year term. These members may express interest in renomination and will be considered for reappointment in accordance with HPG-established standards, policies, and procedures. Renomination is not automatic.
- b. After completion of two consecutive terms, an individual must be off the HPG for at least one year before they may be renominated.
- c. Supervisors will be informed when the term of their representative is nearing an end, and asked whether they are renaming an eligible representative for a second term or naming a new representative.
- d. If the supervisor does not respond, or indicates that the current representative will not be renamed but does not name a successor, after several contacts and offers of assistance from the HPG, the HPG will identify an individual from that supervisorial district to nominate to the Board of Supervisors using the open nominations process.
- e. In such a situation, the member will be considered a representative of the district, but not a representative of the supervisor.
- f. A performance assessment will be conducted with all HPG members at the end of their first term, regardless of how they are nominated.

6. **Authority of Board of Supervisors**

- a. Requirements for open nomination process do not eliminate or change the authority of the County Board of Supervisors to appoint members of the HIV Planning Group.
- b. The County Board of Supervisors will approve and/or appoint as HIV Planning Group members only individuals who have gone through the open nomination process.

Section B **Membership Composition.** The membership of the HIV Planning Group consists of up to forty-four (44) members. The HIV Planning Group will limit the number of individuals from HIV, STD and Hepatitis Branch of Public Health Services (HSHB) or a single agency/entity to two (2); however, the Membership Committee will consider the needs of the HIV Planning Group, including subject matter expertise, and recommend a waiver to consider more than two (2) individuals from HSHB or a single agency/entity. The waiver must provide justification for why having an additional member from HSHB or single agency/entity outweighs the membership requirement. The waiver will be reviewed and voted on by the HIV Planning Group.

Members who presently are on the HIV Planning Group in which there are more than two (2) members from HSHB or a single agency may fulfill their current term. The Membership Committee will consider appointments when seats are being renewed and/or filled.

HIV Planning Group members shall be appointed by the Board of Supervisors, as follows:

1. General Member (#1)*
2. General Member (#2)*
3. General Member (#3)*
4. General Member (#4)*
5. General Member (#5)*
6. General Member (#6)*
7. General Member (#7)*
8. General Member (#8)*
9. General Member (#9)*
10. General Member (#10)*
11. General Member (#11)*

12. General Member (#12)*
13. General Member (#13)*
14. General Member (#14)*
15. General Member (#15)*
16. Chairperson
17. Health care provider, including Federally Qualified Health Center (FQHC)
18. Community-based organizations serving affected populations and/or AIDS service organizations (one seat)
19. Social service provider, including providers of housing and homeless services
20. Mental health provider
21. Substance abuse treatment provider
22. Local public health agency – Health and Human Services Director or designee
23. Local public health agency – Public Health Officer or designee
24. Hospital planning agency or health care planning agency
25. Non-elected community leader
26. Prevention services consumer/advocate
27. Prevention services consumer
28. State government—State Medicaid
29. State government— California Department of Public Health (CDPH) Office of AIDS (OA) Part B
30. Recipient of Ryan White Part C
31. Recipient of Ryan White Part D
32. Representative of individuals who formerly were federal, state or local prisoners, were released from custody of the penal system during the preceding 3 years, and had HIV/AIDS as of the date of release
33. Board of Supervisors – District 1 representative
34. Board of Supervisors – District 2 representative
35. Board of Supervisors – District 3 representative
36. Board of Supervisors – District 4 representative
37. Board of Supervisors – District 5 representative
38. Recipient of other federal HIV programs – prevention provider

39. Recipient of other federal HIV programs – Part F, AIDS Education and Training Center and/or Ryan White dental provider
40. Recipient of other federal HIV programs – Housing Opportunities for Persons with AIDS (HOPWA)/Housing and Urban Development (HUD)
41. Recipient of other federal HIV programs – Veterans Administration
42. HIV testing representative
43. Prevention intervention representative
44. General Member (#16)

Up to 16 “General Member” seats are available for individuals who provide needed expertise and representation to the HPG and ensure that all federal requirements are met.

At least thirty-three percent (33%) of HPG members must be unaligned consumers of Ryan White Part A services.*

At least two of these unaligned consumers must publicly disclose their status.

The membership shall include the following: member of a federally recognized Indian tribe as represented in the population, individual co-infected with hepatitis B or C, and representatives of historically underserved groups and/or subpopulations.

As required by the legislation, the HIV Planning Group shall reflect in its composition the demographics of the population of individuals with HIV in San Diego County, with particular consideration given to disproportionately affected and historically underserved groups and subpopulations.

* Section 2602 (b)(5)(C) of the Public Health Services Act defines unaffiliated consumers as consumers who:

- “are receiving HIV-related services” from Ryan White Part A-funded providers;
- “are not officers, employees, or consultants” to any providers receiving Ryan White Part A funds, and “do not represent any such entity;” and
- “reflect the demographics of the population of individuals with HIV/AIDS” in the eligible metropolitan area.

Section C: Term of Office

1. Members shall serve a term of four years.
2. A member shall be appointed to no more than two consecutive four-year terms. The terms shall begin on the day of appointment by the Board of Supervisors and end in four years. For the purpose of this term limitation, a term shall include any appointment for one-half or more of a four-year term.
3. Members whose terms have expired and who have not been reappointed are no longer on the HPG and may not vote.

Section D: General Members-Elect. The Board of Supervisors may appoint three General Members-elect, recommended by the HIV Planning Group. Each General Member-elect shall be able to participate in the HIV Planning Group discussions. Term limit shall be four-years from the date of appointment. Persons appointed under this subsection shall not be officers, employees, or consultants to, and may not represent, any entity that receives Ryan White Part A funding.

Section E: Requirements

1. Each newly appointed member shall file a Statement of Economic Interest (Form 700). Annual Statements of Economic Interest shall be filed within 30 days of appointment and no later than March 31 of each year.
2. Each member shall also complete the following forms no later than March 31 of each year: an annual HIV Planning Group Disclosure Form, a Statement of Confidentiality, a form confirming their continued eligibility for the membership seat they currently occupy, and other required documents included in the Membership Policies and Procedures.
3. Members are required to complete periodic Ethics Training as required by the Fair Political Practices Commission and California Law AB 1234.
4. New members are required to attend an orientation session at the beginning of their appointment and to participate in annual mandatory training.
5. Voting members are expected to meet HPG attendance requirements and to serve actively on a standing committee. Exceptions to the requirement for committee membership can be made by the Steering Committee in unusual circumstances, primarily for members who live

and work outside San Diego County and for the public health officer's representative.

6. HPG members are expected to meet stated attendance requirements for HPG meetings and for committee meetings for all committees of which they are members.
7. HPG members are expected to follow the Code of Conduct at all times.
8. Members who meet these requirements are considered to be in good standing.
9. Members who have not met requirements 1 -3 within 30 days of appointment or by March 31 of each year shall not be considered in good standing. Member who are out of compliance with requirements 4 - 6 for more than 90 days shall likewise not be considered in good standing.
10. Members who are not in good standing shall not be permitted to vote on matters before the HIV Planning. Membership Committee shall review all members who are not in good standing and develop a plan to assist the member in meeting the requirements and/or consider referring the member to the HPG for a vote to recommend termination from the HIV Planning Group to the Board of Supervisors.

ARTICLE 3: CONFLICT OF INTEREST

Section A: **Conflict of Interest Definition and Scope**

1. As defined in the Ryan White Part A Manual, Conflict of Interest (COI) is “an actual or perceived interest in an action that will result or has the appearance of resulting in a personal, organizational, or professional gain” for the HPG member or their immediate family members. Conflict of Interest does not refer to persons living with HIV disease whose sole relationship to a Part A funding provider is as a client receiving services or an uncompensated volunteer.
2. Ryan White legislation does not permit the HPG to “be directly involved in the administration of a grant,” or to “designate (or otherwise be involved in the selection of) particular entities as recipients of any of the amounts provided in the grant.” In addition, the legislation states that: “A Planning Body member who has a financial interest in an entity, is an employee of or consultant to a public or private entity, or is a Board member of a public or private organization that receives or is seeking funding from Ryan White [Part A] grant funds, will not participate, directly or in an advisory capacity, in the process of selecting entities to receive such funding for such purposes.” [Ryan White HIV/AIDS Treatment Extension Act, Section 2602(b)(5)(A) and (B)]

Section B: **Management of Conflict of Interest.** Members may be appointed to the HIV Planning Group who will, from time to time, have conflicts of interest in matters before the HIV Planning Group. Conflicts of interest shall be managed as follows:

1. Per Article 2, Section G (1), each newly appointed member of the HIV Planning Group shall file a statement of economic interest, pursuant to the Conflict of Interest Code adopted by the HIV Planning Group. Failure to file a statement of economic interest in the specific time period is subject to vacancy provisions in Article 2, Section G.
2. Member responsibility during meetings: HPG members are expected to follow applicable local, state and federal rules governing COI. It is the responsibility of each HPG member to disclose all conflicts of interest.
3. Members shall refrain at all times from referring to specific agencies that are funded or seeking funds.
4. The HIV Planning Group is prohibited from participating in the making of contracts.
5. Members who have a conflict of interest, or who appear to have a conflict of interest shall abstain from all voting on the action item. HPG

who have a COI may speak to points of information to provide subject matter expertise in response to a question and as requested from the Chair. A subject matter expert may ask permission to speak on a subject for which he/she has expertise. The member must raise their hand for discussion, and once called upon by the Chair, shall state their conflict prior to speaking on the matter.

6. If the HIV Planning Group discovers a member was in conflict subsequent to the vote, the vote is invalid and shall be retaken

ARTICLE 4: DUTIES

Section A: Determination of Duties. Duties and responsibilities of the HIV Planning Group shall be as set forth in the Ryan White HIV/AIDS Treatment Extension Act legislation and the Centers for Disease Control and Prevention planning guidance as listed below:

Section B: Needs Assessment. Assess needs, with particular attention to:

1. Individuals who are at high-risk for acquiring HIV
2. Individuals who are unaware of their HIV status
3. Individuals living with HIV disease who know their HIV status and are not receiving HIV-related services
4. Individuals at risk of falling out of care
5. Communities that experience disparities in access and services.
6. Establishing methods for obtaining input on community needs and priorities, which may include surveys, public meetings, focus groups, and ad hoc panels

Section C: Priority Setting and Resource Allocation. Establish priorities for the allocation of Ryan White HIV/AIDS Treatment Extension Act funds. The HIV Planning Group should consider the following:

1. Size and demographics of the population of individuals with HIV disease and needs of such population;
2. Demonstrated (or probable) cost effectiveness and outcome effectiveness of proposed strategies and interventions, to the extent that data are reasonably available;
3. Priorities of the communities with HIV disease for whom the services are intended;
4. Coordination of services with HIV prevention and substance abuse treatment, mental health services and housing;
5. Availability of other governmental and non-governmental resources to cover health care costs; and
6. Capacity development needs resulting from disparities in the availability of HIV-related services in historically underserved communities.

Section D: Comprehensive/Integrated Planning. Develop a comprehensive plan for individuals living with or at risk of acquiring HIV for the delivery of health services in accordance with applicable Health Resources and Services

Administration (HRSA)/HIV/AIDS Bureau (HAB) Ryan White HIV/AIDS Program legislation and guidance, Centers for Disease Control and Prevention requirements and compatible with the Statewide Coordinated Statement of Need.

- Section E:** **Assessment of the Administrative Mechanism.** Assess the efficiency of the administrative mechanism in rapid allocation of Ryan White HIV/AIDS Treatment Extension Act funds to the areas of greatest need within San Diego County and assess the effectiveness of the services offered in meeting the identified needs.
- Section F:** **Statewide Coordinated Statement of Need.** Participate in the development of the Statewide Coordinated Statement of Need initiated by the California Department of Public Health, Office of AIDS.
- Section G:** **Coordination of Services.** Coordinate with other federally funded programs that provide HIV-related services in San Diego County.
- Section H:** **Compliance with Legislation.** Assist the Board of Supervisors in ensuring San Diego County's full and complete compliance with the Ryan White HIV/AIDS Treatment Extension Act and its subsequent amendments.
- Section I:** **System of Care.** Advise and make recommendations to the San Diego County Board of Supervisors pertaining to the HIV continuum of care.
- Section J:** **HIV Prevention.** Gather information to support/inform health department decisions regarding HIV prevention priorities and interventions.

ARTICLE 5: OFFICERS

Section A: Chairperson. The chairperson of the HIV Planning Group shall be appointed by the chairperson of the Board of Supervisors, and cannot be an employee of HSHB or the County of San Diego, for a length of term decided upon by the Board of Supervisors. The chairperson acts as the sole spokesperson for the HIV Planning Group.

Section B: Vice-Chairpersons. HIV Planning Group members will elect two vice-chairpersons, one of whom shall be a Ryan White consumer. An employee of HSHB cannot be a vice-chair. The vice-chairpersons shall serve a term of two years.

Section C: Duties of the Chairperson:

1. Presides over the HIV Planning Group and Steering Committee
2. Recommends committees, ad hoc committees and task force meetings
3. Appoints the chair and members to the committees
4. Directs Planning Group Support Staff

Section D: Duties of the Vice-Chairperson(s):

1. If the chair is unable to perform the duties of the position for sixty days or more, the chair and/or Steering Committee shall provide a letter of designation to delegate the duties to the vice-chairperson(s).
2. The vice-chairperson(s) can assume responsibility for all meetings in the absence of the chair including conducting and convening meetings.

ARTICLE 6: ORGANIZATION PROCEDURES

- Section A:** **Robert's Rules of Order.** Robert's Rules of Order shall govern the operation of the HIV Planning Group in all cases not covered by the Ralph M. Brown Act, or these bylaws. The HIV Planning Group may formulate specific procedural rules of order to govern the conduct of its meetings.
- Section B:** **Voting.** Any group voting is on the basis of one vote per person and no proxy, telephone or absentee voting is permitted.
- Section C:** **Open Meetings.** All meetings of the HIV Planning Group and its committees are open to the public to the extent required by the Ralph M. Brown Act and the Ryan White HIV/AIDS Treatment Extension Act. Meetings are held in accessible, public places. Notice of all meetings shall be posted in a publicly accessible place for a period of 72 hours prior to the meeting. Special meetings require 24 hour notice. In addition, such notice will be emailed and posted on www.sdplanning.org. Notices will be mailed upon request.
- Section D:** **Regular Meetings.** The HIV Planning Group shall establish a regular meeting schedule, shall meet a minimum of six (6) times each year, and shall give public notice of the time and place of meetings in compliance with the requirements of the Ralph M. Brown Act and the Ryan White HIV/AIDS Treatment Extension Act.
- Section E:** **Quorum.** A simple majority of members currently appointed shall constitute a quorum. Unless otherwise indicated in the bylaws, an action by HIV Planning Group is considered to be consensus or majority vote of a quorum of voting members in a publicly noticed HIV Planning Group meeting. If a quorum cannot be established, no official business can be conducted. However, presentations may be made and public comments received.
- Section F:** **Minutes.** The HIV Planning Group shall keep detailed minutes of its meetings, electronic or hard copies of which shall be available for inspection and copying at the HIV, STD and Hepatitis Branch of Public Health Services. The minutes are also posted on the HIV Planning Group website, www.sdplanning.org. The accuracy of all minutes shall be certified by the chairperson of the HIV Planning Group, following approval of the meeting minutes by action of the HIV Planning Group.

ARTICLE 7: COMMITTEES

- Section A: Use of Committees.** The HIV Planning Group has the authority to establish and to disband, as appropriate, standing and ad hoc committees/task forces as necessary to conduct its business. The actions and recommendations of committees shall not be deemed the action of the HIV Planning Group or its members. A Standing and ad hoc committee may bring an action item to the HIV Planning Group for approval.
- Section B: Composition and Chairs.** All standing and ad hoc committee meetings shall be chaired by a member of the HIV Planning Group, shall consist of no fewer than three HIV Planning Group members. Where possible, at least one member will be a publicly disclosed unaligned consumer or another person with HIV. Standing committees and ad hoc committees may elect to establish a co-chair who does not have to be a member of the HIV Planning Group. The committee co-chairperson shall assume the role of the committee chairperson should the chairperson become unable to fulfill the role of committee chairperson for three (3) consecutive meetings. If the co-chairperson is not a member of the HIV Planning Group the co-chairperson may assume the role of committee chairperson and may attend the Steering Committee, but may not vote. If the committee chairperson is unable to attend three (3) consecutive meetings, a new committee chairperson may be appointed per Article 5, Section C of these bylaws.
- Section C: Appointments.** Members of the HIV Planning Group are appointed to a committee by the HIV Planning Group chairperson, after review and recommendation from the Membership Committee, which will include a discussion of member's preference, availability, and needs of the HIV Planning Group.
- Section D: Operations.** All committees shall operate under the bylaws of the HIV Planning Group. Each committee may adopt/establish ground rules and operating procedures, subject to review and approval by the Steering Committee.
- Section E: Steering Committee.** The HIV Planning Group shall establish a Steering Committee, led by the chairperson, to set the agenda for HIV Planning Group meetings and to address issues of HIV Planning Group governance. The Steering Committee shall be comprised of the HIV Planning Group chairperson, elected vice chairperson(s) and chairs of all standing committees. In the absence of a committee chairperson, a committee co-chairperson can attend to establish quorum. When the co-chairperson is not a member of the HIV Planning Group, they must

abstain from voting. A quorum will be a simple majority of the number of current members of the Steering Committee. Non-HIV Planning Group member committee co-chairpersons who attend the Steering Committee in place of the committee chairperson count towards establishing a quorum, but do not vote at the Steering Committee.

Section F: Membership Committee. The HIV Planning Group shall establish a Membership Committee to monitor membership, composition and attendance, recruit candidates for existing and anticipated vacancies, and recommend applicants for appointment through an open nominations process, which includes recruiting widely, clarifying the membership criteria, publicizing the membership criteria, addressing conflict of interest requirements, using an application form, maintaining an active Membership Committee and providing nominees to the Board of Supervisors as appropriate. All members of the Membership Committee shall be members of the HIV Planning Group. The Membership Committee shall forward recommendations to the HIV Planning Group for approval.

ARTICLE 8: GRIEVANCE PROCEDURES

Section A: **Grievances Related to Services.** HIV Planning Group Grievance Procedures as it relates to Ryan White services can be found in Attachment 1.

Section B: **Other Types of Grievances.** Other grievances based on outlined process for making decisions shall be addressed by the Steering Committee.

1. Members have the right to grieve any decision made by the HIV Planning Group they feel did not follow established process.
2. To file a grievance, member will contact HIV Planning Group Chairperson and HIV Planning Group support staff, who will forward to the Steering Committee.
3. Member will be invited to the Steering Committee to present grievance.
4. Steering Committee will decide on grievance or ask for more information.
5. Steering Committee will resolve grievance within two regularly scheduled meetings.

ARTICLE 9: STAFF ASSISTANCE

Section A: **Staff Assistance to the HIV Planning Group.** The HIV, STD and Hepatitis Branch of Public Health Services, Health and Human Services Agency shall provide staff assistance pursuant to the legislative requirements and guidelines. The HIV Planning Group oversees the work of the HIV Planning Group support staff who will report to non-Recipient County staff for supervision.

Section B: **Recordkeeping and Reporting.** HIV Planning Group support staff shall be responsible for the keeping of records of all actions and reports of the committee and shall submit these actions and reports to the HIV Planning Group on a regular basis.

ARTICLE 10: COMPENSATION AND EXPENSE

Section A: **Voluntary Service.** Members of the HIV Planning Group shall serve without compensation.

Section B: **Reimbursement for Expenses.** HIV Planning Group members and members-elect appointed pursuant to Article 2, Section B and D who are consumers of Ryan White services may be reimbursed for expenses incurred in performing their duties under this article, including mileage reimbursement in accordance with Administrative Code Section 472, provided that the HIV Planning Group allocates Ryan White HIV/AIDS Treatment Extension Act funds for this purpose. Transportation and childcare reimbursements shall be limited to those eligible members.

2023 Work Plan
HPG, Steering Committee, and Support Staff

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPGSS	• RECIPIENT ACTIVITY
January	<ul style="list-style-type: none"> • Review and approve HPG meeting calendar • Review In-person meeting plan • Elect HPG Vice-Chair • Training: HPG Roles and responsibilities and Membership recruiting 	<ul style="list-style-type: none"> • Data Requests to Recipient • Work with PSRAC to review Needs Assessment: Should the cycle be reset and how will this be implemented? • Plan to complete ad hoc Bylaws update • Set meeting locations • Review and approve 2022 meeting calendar • Review HPG Work plan • Review HPG Training Schedule • Finalize Training/Consultation on discrimination/anti-racism as related to Implementation of JEDI Principles 	<ul style="list-style-type: none"> • Distribute Committees meeting calendar • Implement in-person meetings (Set up, Food, Gas card distribution) • Develop HPG and Steering Committee training schedule • Track status of ad hoc bylaws • Begin developing KF documents for PSRAC • Confirm with HPG Chair and reserve The Center or other venue for HPG Retreat on March 29, 2022 10:00 a.m. – 2:00 p.m.; • Ensure Strategies, Steering or whatever appropriate Committees or Task Group are working on 	<ul style="list-style-type: none"> •

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPGSS	• RECIPIENT ACTIVITY
			California Integrated Strategic Plan Phase-2 document <ul style="list-style-type: none"> • Work with Chair to plan draft agenda for HPG retreat 	
February	<ul style="list-style-type: none"> • Training: Transgender community - From Support Staff and Recipient's Office - Data available for RW planning; Programs and resource available in the HIV community • Planning for Regional Community Meetings 	<ul style="list-style-type: none"> • Discuss plan for 2023 Integrated HIV prevention and Care plan • Review timing for updating of Service Standards • Work with Recipients office re NOA and letter to BOS to accept funds • Membership Recruitment Plan • Work with HSHB to ensure training for Providers to educate Consumers about all changes to Temporary Housing assistance. • Confirm agenda for HPG Retreat (March 29, 2022 10:00 a.m. – 2:00 p.m.;) that includes antiracism training 	<ul style="list-style-type: none"> • Watch for RW NOA FY23 • Continue developing KF documents for PSRAC • Send out information re Form 700, HPG COI Disclosure Form, and continue to track Ethics Training • Tracking HPG Code of Conduct • Follow up with MSEC to see if there will be a report of results for chart review to Steering or full HPG (if so, add to the Work Plan) • "HHS Advisory Board/Committee Annual Review" form (ref County Policy A-74) every other year; next due 2024. 	<ul style="list-style-type: none"> •

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPGSS	• RECIPIENT ACTIVITY
March	<ul style="list-style-type: none"> • HPG Retreat (March 29, 2022 10:00 a.m. – 2:00 p.m.); Antiracism training • Form 700, COI disclosure, and Ethics training • Accept RW FY23 Funds; Approve letter to BOS to accept funds • Reallocation based on FY23 funding award, if needed • Training: Ending the HIV Epidemic (EHE) update • Training (prior to Priority Ranking process): From County Counsel, General Conflict of Interest (COI) Training for HPG and Committee members 	<ul style="list-style-type: none"> • Update from MSEG on plan to update service standards • Review recommendation of the ad hoc Bylaws and procedures and make recommendation to the HPG • Review Procedures for HPG and committees • Decide if HPG will develop a local Integrated HIV prevention and Care plan in 2023 to supplement Statewide plan 	<ul style="list-style-type: none"> • New Member Orientation • Finalize and submit procedures to Steering for approval • Continue developing KF documents for PSRAC • Form 700 due by the end of March for all HPG members; Ethics training due for some HPG members 	<ul style="list-style-type: none"> • Submit Ryan White Service Report (RSR)
April	<ul style="list-style-type: none"> • Training: From Aging and Independent Services; Assistance available for finding assisted living facilities • Training: From Community Based Organization (CBO); Service available for aging PLWH and needs of long-term survivors • 	<ul style="list-style-type: none"> • Once new Bylaws are approved, review and adopt P&P for HPG and Committees 	<ul style="list-style-type: none"> • Continue developing KF documents for PSRAC • Start preparing logistics for weekly PSRAC in June and July 	<ul style="list-style-type: none"> •

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPGSS	• RECIPIENT ACTIVITY
May	<ul style="list-style-type: none"> • Training: From Recipient's Office; RW Parts C, D, and F and how they interact with Parts A & B 	<ul style="list-style-type: none"> • Review and consider Policies & procedures • Review plan for assessment of the Administrative Mechanism • Plan for Training outside regular HPG meeting time: Using Data for Decision Making (D. Jacobs ?) 	<ul style="list-style-type: none"> • Convene past Truax recipients and start planning 2023 Truax Awards • FY23 Reflectiveness and Rooster • Service Priority assurance and endorsement letter • Begin Assessment of the Administrative Mechanism • Logistics for weekly HPG meetings in Aug • Per County Policy A-74, HPGSS Manager shall prepare "HHSA Advisory Board/Committee Annual Review" form and submit it to the Office of Strategy and Innovation in May of each year 	<ul style="list-style-type: none"> •
June	<ul style="list-style-type: none"> • Begin reviewing Key Finding documents from PSRAC • Consider recommendation for Core Medical Services Waiver • Training: Border Health (2023) • Training: Biomedical prevention topic 	<ul style="list-style-type: none"> • Make recommendation to HPG for Core Medical Services Waiver (if requested) • Formal review of progress on GTZ 	<ul style="list-style-type: none"> • Work with Recipient to determine if HPG recommendation for Core Medical Services Waiver will be requested 	<ul style="list-style-type: none"> •

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPGSS	• RECIPIENT ACTIVITY
		Community Engagement Plan •	• Work with Chair to review MOU with Recipient • Prepare Priority Ranking worksheets Prepare Funding allocation worksheets	
July	• FY 23 Funding Reallocations (if needed) • Vote on FY24 Service Priority Rankings • Start voting on FY24 Funding Allocations	•	• Begin working on RW non-competitive renewal application •	•
August	• FY 23 Funding Reallocations (if needed) • Final FY24 Funding Allocations in Level and Reduction Funding Scenarios •	• Consider authorization to request 5% increase to RW Funding for FY24 (if needed)	• Continue formal planning of Truax Awards	•
September	• FY 23 Funding Reallocations (if needed) • Approve planned use of funds in carryover request • Final Assessment of the Administrative Mechanism • Members review RW non-competitive renewal application • (If needed, Action: Apply for 5% increase in RW Part A funds)	• Plan HPG retreat •	• Chairs signature on Waiver of Core medical if needed • Chair signature on Letter of Concurrence for Noncompeting continuing review (or Part A application when applicable)	• Carryover Request

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPGSS	• RECIPIENT ACTIVITY
			<ul style="list-style-type: none"> • Begin preparations for HPG retreat 	
October	<ul style="list-style-type: none"> • FY 23 Funding Reallocations (if needed) • Training: New HPG and Committee members COI P&P and form 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • New Member Orientation • Continue to prepare for HPG retreat • Start developing 2024 Work Plan 	<ul style="list-style-type: none"> •
November	<ul style="list-style-type: none"> • FY 23 Funding Reallocations (if needed) • HPG Retreat OR Training: Biomedical Prevention topics 	<ul style="list-style-type: none"> • 2024 Work Plan • Integrated HIV prevention and Care plan 	<ul style="list-style-type: none"> • Chair's signature of carryover request, if needed 	<ul style="list-style-type: none"> •
December	<ul style="list-style-type: none"> • FY 23 Funding Reallocations (if needed) • Truax Awards • 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •

2023 HIV PLANNING GROUP AND COMMITTEE MEETING SCHEDULE

Committee	Meeting Day and Time	Exception
Strategies and Standards	1st Tuesday/Month 11:30 AM – 1:00 PM	July: scheduled a wk. <u>later</u> due to Independence Day
Medical Standards and Evaluations (MSEC)	2nd Tuesday, 4x Year 4:00 PM – 5:30 PM (Feb, May, Sep, Nov)	
Membership	2nd Wednesday/Month 11:00 AM – 1:00 PM	
Priority Setting and Resource Allocation (PSRAC)	2nd Thursday/Month 3:00 PM – 5:00 PM	Weekly meetings in June/July (except 6/29/2023) until work is completed December: Scheduled a wk. earlier due to Christmas
Steering	3rd Tuesday/Month 11:00 AM – 1:00 PM	February: Scheduled early to allow full wk. before HPG March: Scheduled early to allow full wk. before HPG December: Scheduled a wk. earlier due to Christmas
Community Engagement Group	3rd Wednesday/Month 3:00 PM – 5:00 PM	December: Scheduled a wk. earlier to avoid conflict with HPG
HIV Planning Group (HPG)	4th Wednesday/Month 3:00 PM – 5:00 PM	Weekly meetings in August until work is completed November: Scheduled wk. <u>later</u> due to Thanksgiving December: Scheduled wk. earlier due to Christmas

2023 Meeting Schedule (Jan. – Jun.)

Meeting	January	February	March	April	May	June
Strategies	01/03/2023	02/07/2023	03/07/2023	04/04/2023	05/02/2023	06/06/2023
MSEC		02/14/2023			05/09/2023	
Membership	01/11/2023	02/08/2023	03/08/2023	04/12/2023	05/10/2023	06/14/2023
PSRAC	01/12/2023	02/09/2023	03/09/2023	04/13/2023	05/11/2023	See Below
Steering	01/17/2023	02/14/2023*	03/14/2023*	04/18/2023	05/16/2023	06/20/2023
Community Eng.	01/18/2023	02/15/2023	03/15/2023	04/19/2023	05/17/2023	06/21/2023
HPG	01/25/2023	02/22/2023	03/22/2023	04/26/2023	05/24/2023	06/28/2023

2023 Meeting Schedule (Jul. – Dec.)

Meeting	July	August	September	October	November	December
Strategies	07/11/2023*	08/01/2023	09/05/2023	10/03/2023	11/07/2023	12/05/2023
MSEC			09/12/2023		11/14/2023	
Membership	07/12/2023	08/09/2023	09/13/2023	10/11/2023	11/08/2023	12/13/2023
PSRAC	See Below	08/10/2023	09/14/2023	10/12/2023	11/09/2023	12/07/2023*
Steering	07/18/2023	08/15/2023	09/19/2023	10/17/2023	11/21/2023	12/12/2023*
Community Eng.	07/19/2023	08/16/2023	09/20/2023	10/18/2023	11/15/2023	12/13/2023*
HPG	07/26/2023	See Below	09/27/2023	10/25/2023	11/29/2023*	12/20/2023*

2023 PSRAC Weekly Meeting Schedule for Budget Allocation Process (Jun. – Jul.)

June	06/01/2023	06/08/2023	06/15/2023	06/22/2023	
July	07/06/2023	07/13/2023	07/20/2023	07/27/2023	

2023 HPG Weekly Meeting Schedule for Approval of Budget Allocation (Aug.)

August	08/02/2023	08/09/2023	08/16/2023	08/23/2023	08/30/2023
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CARE Partnership (Joint committee with Part D not formally affiliated with the HPG)	3rd Monday/Month 11:00 AM – 1:00 PM	January: Scheduled a week earlier due to President's Day February: Scheduled a week earlier due to President's Day June: Scheduled a week earlier due to Juneteenth December: Scheduled a wk. earlier due to Christmas				
CARE	01/09/2023*	02/13/2023*	03/20/2023	04/17/2023	05/15/2023	06/12/2023*
	07/17/2023	08/21/2023	09/18/2023	10/16/2023	11/20/2023	12/11/2023*

**Rule 4. PUBLIC PARTICIPATION IN MEETINGS OF THE HIV
PLANNING GROUP (HPG) BOARD OF SUPERVISORS**

- (a) The policy of the ~~Board-HPG~~ is to permit public participation in ~~Board HPG and committee~~ meetings. No person shall address the ~~Board-HPG or one of its committees~~ without the permission of the Chairperson. The Chairperson may limit the time for presentation and the number of persons who may address the Board on any agenda item.
- (1) A member of the public wishing to speak on an ~~agenda~~ item not on the ~~Consent agenda Calendar~~ shall be given an opportunity to speak for up to two (2) minutes. If there are 10 or more speakers wishing to speak on an agenda item, the Chairperson may limit all individuals to speak for up to one (1) minute.
- (2) Agenda items on the Consent ~~Agenda Calendar~~ are not discussed individually; they are approved as a group by one motion. Any member of the public may comment on one or more items listed under the Consent ~~Agenda Calendar~~. Each speaker shall be allowed two (2) minutes to comment on the entire Consent ~~Agenda Calendar~~. ~~The Chairperson, or any Board Member, may then briefly respond to the speaker, or request a response from a staff member, or request discussion of an item or items on the Consent Agenda Calendar. Discussion of an item, information from staff or a separate vote on any item by the Board on the Consent Agenda Calendar-Public Comment does~~ not remove an item from the Consent ~~Agenda Calendar~~.
- (3) Group presentations are not permitted ~~on non-land use or non-adjudicatory matters, however the Chairperson may allow such presentations during any particular meeting or a particular item. On land use or adjudicatory matters, project applicants or appellants, separate from public comments on the item, may be allowed to make an organized group presentation of three or more persons up to 10 minutes. During the 10-minute group presentation, each individual in the group may speak for no more than four minutes.~~
- (4) The Chairperson may set limits for each side or aggregate time limits as appropriate when many persons request to speak on an agenda item. The Chairperson shall have discretion in setting time limits.
- ~~(5)~~ The ~~Board-HPG~~ shall provide at least twice the allotted time to a member of the public who utilizes a translator to ensure that non-English speakers receive the same opportunity to directly address the ~~HPG or committee~~ ~~Board~~.
- ~~(5)(6)~~ The Chairperson of the HPG a Planning or Sponsor Group is the sole official spokesperson for the group unless this responsibility is delegated in writing or otherwise established by majority vote of the group and communicated in writing to the Chairperson of the Board of Supervisors.
- ~~(6)~~ The Chairperson of a Planning or Sponsor Group is the sole official spokesperson for the group unless this responsibility is delegated in writing or otherwise established by majority vote of the group and communicated in writing to the

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~~Chairperson of the Board of Supervisors. Five minutes may be allowed for such presentation unless there are circumstances warranting additional time. If there is a minority report from the Planning or Sponsor Group, the Chairperson may~~

~~allocate up to five minutes for such presentation. The Chairperson shall have discretion in setting time limits.~~

- (7) Non-Agenda Public Communication: There will be a total of twenty ~~(21)~~0 minutes scheduled at the beginning of the ~~Tuesday and Land Use session~~the HPG and committee meetings for members of the public to address the Group or committee~~Board~~, each speaker to be allowed no more than two minutes, on any subject matter within the jurisdiction of the ~~Board~~HPG and which is not an item on the agenda for that session. Each speaker must raise their hand or ask to be recognized~~file with the Clerk a written Non-Agenda Public Communication-Request to Speak form prior to the scheduled opening time of the session.~~ In the event that more than ten (10) individuals request to address the Group or committee~~Board~~ ~~(five individuals requesting to speak in person, five individuals requesting to speak remotely pursuant to Rule 4(e))~~, the first ten (10) will be heard at the beginning of the session. The remaining speakers will be heard at the conclusion of the session and granted two (2) minutes each. The Chairperson shall have discretion to allow more than ten (10) individuals to speak at the beginning of the session. Any person ~~filing a Public Communication-Request to Speak form after the time deadline established by this subsection, who does not identify themselves to make a contact during the open public comment time during the beginning of the meeting~~ shall not be allowed to speak to the HPG- make a presentation to the Board. The Chairperson may then briefly respond to the speaker, or request a response from a staff member. All issues raised by a speaker will be automatically recorded and referred to the Steering Committee- Chief Administrative Officer. No other action may be taken by the ~~Board-HPG or committee~~ at this time.

~~(8) — Members of the public that wish to show a presentation or video must bring their own computer or tablet for presentations and the necessary equipment to connect to the appropriate input on the podium or must make arrangements to submit the presentation to the Clerk of the Board of Supervisors no later than 24 hours prior to the meeting, eliminating potential technical issues. The Clerk of the Board of Supervisors shall provide connectivity guidelines on the Clerk of the Board of Supervisors' website.~~

- (b) Any person wishing to speak to ~~the Board~~the HPG Group or a committee on a specific agenda item must ~~file with the Clerk a written Request to Speak form prior to the scheduled opening time of the session or prior to the time that~~ raise their hand or otherwise identify themselves when public comment begins on the item, ~~if the item has not been adopted without discussion.~~ No person may yield speaking time to another person. Any person who does not wish to speak to the Board but wishes to have the record reflect a position in favor or in opposition to an agenda item may do so by indicating the same on the Request to Speak form. If an agenda item is set for a specific time, a written Request to Speak form must be filed prior to the time that public comment begins on the item. Due to the need to facilitate public comment at the meeting, ~~submission of requests to speak that are~~ unintelligible, profane, or deceptive, confusing or other information on Request to Speak forms that may and ~~deceptive and/or~~ interfere with the orderly processing of speakers may preclude a member of the public from

speaking during that particular public comment period.

- ~~(b)~~(c) In addition to providing public comments at in person at HPG at meetings, whenever a meeting is being displayed via video conference, Internet-based service options, or other technology, the HPG Support staff shall provide the ability for members of the public to address the Group remotely via a telephonic or other Internet-based service option at regular meetings. Individuals requesting to speak remotely must follow the same rules as in-person speakers
- ~~(e) — In addition to providing public comments in person at Board of Supervisors meetings, the Clerk of the Board of Supervisors shall provide the ability for members of the public to address the Board of Supervisors remotely via a telephonic or other Internet based service option at regular meetings. Individuals requesting to speak remotely must follow~~

~~the same rules as in-person speakers and submit requests to speak through an online form in accordance with Rule 4(b).~~

- (d) The ~~Board~~ HPG wishes to ensure that business is conducted in an orderly fashion and that all have an equal opportunity to observe and participate in the proceedings. Each person who addresses the ~~Board of Supervisors~~ HPG Group or a committee shall not use loud, threatening, profane, or abusive language that disrupts, disturbs, or otherwise impedes the orderly conduct of ~~an~~ the Board-HPG meeting. Any such language or any other disorderly conduct that disrupts, disturbs, or otherwise impedes the orderly conduct of the ~~Board~~ meeting is prohibited.
- (e) The Chairperson may rule that a speaker is impeding the orderly conduct of the meeting if the comment is “off topic,” or otherwise unrelated to the agenda item under consideration, or if the speaker’s conduct violates any other provision in these Rules of Procedure, and the speaker may forfeit their remaining time on that item.
- (f) No person in the audience at an HPG or committee ~~Board~~ meeting shall engage in conduct that disrupts the orderly conduct of any meeting, including, but not limited to, the utterance of loud or threatening language, whistling, clapping, stamping of feet, speaking over or interrupting the recognized speaker, repeated waving of arms or other disruptive acts.
- (g) The Chairperson has the authority to issue a warning to a person violating the Rules. If the person continues to violate the Rules and disrupt the meeting, the Chairperson may order that person to leave the meeting. ~~If the person does not timely leave the meeting, the Chairperson may order the Sheriff to remove the person from the meeting.~~
- (h) Any person removed from a meeting shall be excluded from further attendance at the remainder of the meeting. The exclusion from the meeting shall be enforced by the Sheriff HPG Support staff upon being so directed by the Chairperson.
- (i) ~~In the event that~~ If any meeting of the ~~Board-HPG or a committee~~ is willfully interrupted or disrupted by a person or by a group or groups of persons ~~so as to~~ render the orderly conduct of the meeting unfeasible, the Chairperson may recess the meeting or order the person, group or groups of persons willfully interrupting the meeting to leave the meeting or be removed from the meeting.
- (j) Placards, banners, signs, flags, or other large objects designed to interrupt or disrupt the orderly conduct of the meeting are not permitted ~~at the meeting in the Chambers.~~
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PUBLIC PARTICIPATION IN MEETINGS OF THE HIV PLANNING GROUP (HPG)

- (a) The policy of the HPG is to permit public participation in HPG and committee meetings. No person shall address the HPG or one of its committees without the permission of the Chairperson. The Chairperson may limit the time for presentation and the number of persons who may address the Board on any agenda item.
 - (1) A member of the public wishing to speak on an item not on the agenda shall be given an opportunity to speak for up to two (2) minutes. If there are 10 or more speakers wishing to speak on an agenda item, the Chairperson may limit all individuals to speak for up to one (1) minute.
 - (2) Agenda items on the Consent Agenda are not discussed individually; they are approved as a group by one motion. Any member of the public may comment on one or more items listed under the Consent Agenda. Each speaker shall be allowed two (2) minutes to comment on the entire Consent Agenda. Public Comment does not remove an item from the Consent Agenda.
 - (3) Group presentations are not permitted
 - (4) The Chairperson may set limits for each side or aggregate time limits as appropriate when many persons request to speak on an agenda item. The Chairperson shall have discretion in setting time limits.
 - (5) The HPG shall provide at least twice the allotted time to a member of the public who utilizes a translator to ensure that non-English speakers receive the same opportunity to directly address the HPG or committee.
 - (6) The Chairperson of the HPG a Planning or Sponsor Group is the sole official spokesperson for the group unless this responsibility is delegated in writing or otherwise established by majority vote of the group and communicated in writing to the Chairperson of the Board of Supervisors.
 - (7) Non-Agenda Public Communication: There will be a total of twenty (10) minutes scheduled at the beginning of the HPG and committee meetings for members of the public to address the Group or committee, each speaker to be allowed no more than two minutes, on any subject matter within the jurisdiction of the HPG and which is not an item on the agenda for that session. Each speaker must raise their hand or ask to be recognized. In the event that more than ten (10) individuals request to address the Group or committee, the first ten (10) will be heard at the beginning of the session. The remaining speakers will be heard at the conclusion of the session and granted two (2) minutes each. The Chairperson shall have discretion to allow more than ten (10) individuals to speak at the beginning of the session. Any person who does not identify themselves to make a contact during the open public comment time during the beginning of the meeting shall not be allowed to speak to the HPG. The Chairperson may then briefly respond to the speaker, or request a response from a staff member. All issues raised by a speaker

will be automatically recorded and referred to the Steering Committee. No other action may be taken by the HPG or committee at this time.

- (b) Any person wishing to speak to the HPG or a committee on a specific agenda item must raise their hand or otherwise identify themselves when public comment begins on the item.. No person may yield speaking time to another person. Due to the need to facilitate public comment at the meeting, requests to speak that are unintelligible, profane, or deceptive and/or interfere with the orderly processing of speakers may preclude a member of the public from speaking during that particular public comment period.
- (c) In addition to providing public comments at in person at HPG at meetings, whenever a meeting is being displayed via video conference, Internet-based service options, or other technology, the HPG Support staff shall provide the ability for members of the public to address the Group remotely via a telephonic or other Internet-based service option at regular meetings. Individuals requesting to speak remotely must follow the same rules as in-person speakers
- (d) The HPG wishes to ensure that business is conducted in an orderly fashion and that all have an equal opportunity to observe and participate in the proceedings. Each person who addresses the HPG Group or a committee shall not use loud, threatening, profane, or abusive language that disrupts, disturbs, or otherwise impedes the orderly conduct of an HPG meeting. Any such language or any other disorderly conduct that disrupts, disturbs, or otherwise impedes the orderly conduct of the meeting is prohibited.
- (e) The Chairperson may rule that a speaker is impeding the orderly conduct of the meeting if the comment is “off topic,” or otherwise unrelated to the agenda item under consideration, or if the speaker’s conduct violates any other provision in these Rules of Procedure, and the speaker may forfeit their remaining time on that item.
- (f) No person in the audience at an HPG or committee meeting shall engage in conduct that disrupts the orderly conduct of any meeting, including, but not limited to, the utterance of loud or threatening language, whistling, clapping, stamping of feet, speaking over or interrupting the recognized speaker, repeated waving of arms or other disruptive acts.
- (g) The Chairperson has the authority to issue a warning to a person violating the Rules. If the person continues to violate the Rules and disrupt the meeting, the Chairperson may order that person to leave the meeting.
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**HIV Planning Group
Subcommittee Operating Guidelines
Ad Hoc Subcommittee(s)
Care Partnership Subcommittee
Consumer Subcommittee
Medical Standards and Evaluation Subcommittee
Non-Medical Standards and Evaluation Subcommittee
Needs Assessment Subcommittee
Strategies Subcommittee**

Reviewed and Revised at the 11/13/2018 Steering Committee Meeting

Committee Meeting Guidelines:

Committee meetings provide opportunities for the public and HPG members who are not officially appointed to the committee to participate in committee discussions. All are welcome to attend and have the right and are encouraged to participate discussions throughout the duration of the meeting, as they inform the decisions of the committee. Committee agendas, minutes and reports are all available at least 72 hours prior to the committee meeting (24 hours prior to special meetings) on the website www.sdplanning.org. Copies for all attendees are available at the meeting. They are also available to be mailed upon request to the HPG support staff. A sign in sheet is used to track all those in attendance.

Meeting Structure:

1. The HIV Planning Group (HPG) and all of its Committees operate in accordance with the State of California's Robert M. Brown Act, which establishes guidelines that guarantee the public's right to attend and participate in meetings of local legislative bodies. A sample meeting agenda appears at the end of this document.
2. Before the meeting can begin, a quorum is established to confirm that a simple majority of the committee members are present. Committee members' names are listed on the agenda. If a quorum is not present, the meeting is called to order, attendance is taken and the meeting is adjourned or recessed until a quorum is present.
3. The meeting begins with a call to order, introductions and comments from chairs. Each committee member and all attendees introduce themselves with their affiliations. Comments from the chairs may include a welcome and reminders about the areas that are and are not the purview of the committee.
4. There is an opportunity for public comment not related to any agenda items at the beginning of the meeting and an opportunity for announcements at the end of the meeting. Discussion during the meeting should remain focused on the current agenda topic being addressed.
5. Action items to approve the day's agenda and to review and approve the last meeting's minutes may be accepted by consensus by verifying if any changes need to be made and confirming that all present committee members agree the minutes accurately represent the meeting.

6. During the old business section of the agenda, the committee addresses topics already introduced at previous meeting(s).
7. After old business is concluded, there are new business or agenda items presented for the first time.
8. During old and new business portions of the meetings to support participation and decision-making, the committee will attempt to reach consensus. If consensus cannot be reached, a formal vote of the voting members and a simple majority will be the deciding factor. All those in attendance are encouraged to provide information and/or express their consent or dissent on topics during the discussion.
9. Committee business should at no time be discussed outside of noticed meetings. Outside of meetings, any communications related to the business of the HPG or committee should be directed to support staff.

A few Additional Guidelines:

1. When speaking during the meeting, all are encouraged to participate and introduce themselves because it is important that everyone knows who is participating, their affiliations and their role in the planning process.
2. As possible, minimize use of acronyms and jargon, but if utilized please call them out and explain what they mean so that everyone understands.
3. To support the decision making process, there may be requests for information from different sources outside of what is available. This may require that the topic be deferred as old business until a future meeting when the additional information is available.

Becoming a Member of the Committee:

1. HIV Planning Group (HPG) members are appointed to committees by the HPG Chair based on the member's preference, expertise and availability.
2. Community members not on the HPG may also be appointed to the committee by informing the committee chair of their desire to participate on the committee. The committee chair confers with the HPG chair who makes the appointment and support staff document. Committee appointments must be made 72 hours prior to the committee meeting so all current committee member's names can be listed on the posted agenda for the meeting to support establishing a quorum for the meeting. If the request to be on the committee is made at the committee meeting, the appointment will become official at the subsequent committee meeting.
3. To remain in good standing with the right to vote, members must meet attendance requirements, such that in a 12-month period a member may not miss 4 consecutive meetings or 6 total meetings. Attendance is tracked by support staff and reviewed at the committee meetings. Members not able to participate in the required number of committee meetings may participate as non-voting members.
4. For the purpose of attendance, meetings are those which have been appropriately noticed and where a quorum is present.

Selection and Role of the Committee Co-chair

1. Any committee member may be elected as the committee's co-chair by consensus or a simple majority vote of the committee members regardless of their membership status on the HPG.
2. Nominees for the co-chair position can be made by committee members or through self-nomination.
3. Elections are held as vacancies occur.
4. The co-chair serves in the absence of the chair or when the chair has a conflict of interest. Duties include: conducting committee meetings, attending Steering Committee, and acting as a liaison with HPG support staff.

Subcommittee Charges and Definitions:

Documentation with the charge of each committee and definitions are available at (add link).

If you have any questions or concerns, please do not hesitate to ask HIV Planning Group support staff.

SAMPLE AGENDA:

HIV PLANNING GROUP, (name of subcommittee)

Date, Time, Location

Subcommittee Charge

DRAFT AGENDA

1. Call to order; introductions; comments from the chair
2. Public comment
3. Review and approve agenda for ...
4. Review and approve minutes from ...
5. AIDS Regional Information and Evaluation System (ARIES) update
6. Local Evaluation Online (LEO) update
7. Old business
 - a) ...
8. New business
 - a) ...
9. Suggested items for the committee agenda
10. Announcements
11. Confirm next meeting: date, time, location:
12. Adjournment

Telephonic Participation

HIV Planning Group members, committee members and the public have an option to participate in all public meetings telephonically (via conference call or webinar).

- Members of the public may participate in any HIV Planning Group or committee meeting telephonically by calling into the bridge line as noted on meeting agenda.
- HIV Planning Group and/or committee member may participate telephonically provided:
 - advise support staff 96 hours in advance of the location
 - location must be ADA accessible to members of the public
 - agenda for the committee must include the location
 - agenda must be posted at the remote meeting location with 24-hour access for public viewing 72 hours prior to the meeting
 - member(s) participating telephonically will count towards a quorum by may not vote
 - when member(s) participate remotely all votes of the committee must be taken individually through a roll call



December 6, 2022

Dear Ryan White HIV/AIDS Program Part A Colleagues:

The community input process is a requirement in the Ryan White HIV/AIDS Program legislation and is implemented in the Ryan White HIV/AIDS Program (RWHAP) Part A as Planning Councils (PC) or Planning Bodies (PB). The Health Resources and Services Administration's HIV/AIDS Bureau (HRSA HAB) recognizes and understands the value of clients who receive RWHAP Part A services actively participating and being involved in the planning process for HIV service delivery, as this drives services that are tailored to the needs of clients in the jurisdiction.

Nonetheless, the RWHAP statute prohibits RWHAP Part A recipients from making cash payments to intended recipients (i.e., clients) of RWHAP Part A services. See Public Health Service Act (PHS Act) § 2604(i); see also [HAB Policy Clarification Notice \(PCN\) 16-02](#). This prohibition is not limited to service-related costs, and thus applies to administrative costs like PC and PB expenses as well. Therefore, RWHAP Part A recipients may not reimburse PC or PB members who are clients via a cash payment with RWHAP funds.

However, per HAB PCN 16-02, RWHAP Part A recipients can support the participation and meaningful engagement of people with lived experience in PC or PB meetings by providing gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity. RWHAP recipients are advised to administer voucher and store gift card programs in a manner that assures vouchers and store gift cards cannot be exchanged for cash or used for anything other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards.

Alternatively, RWHAP Part A PCs or PBs may provide clients with meals during in-person meetings scheduled around meal times (only if needed for health reasons), transportation to and from meetings, and/or child care services for the children of clients who participate in meetings.

Additional considerations can include adjusting PC or PB meeting times to occur after business hours or on weekends to reduce conflict with client work schedules. Lastly, non-RWHAP funding sources (e.g., general revenue funds) are not similarly restricted, and thus can be utilized for a variety of purposes, including to compensate clients for attending PC or PB meetings.

Thank you for your commitment to ensuring that clients are meaningfully involved in the planning process for service delivery in RWHAP Part A jurisdictions.

Sincerely,
/s/ Chrissy Abrahms Woodland, MBA

Chrissy Abrahms Woodland, MBA
Director
Division of Metropolitan HIV/AIDS Programs



County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES
3851 ROSECRANS STREET, MAIL STOP P-578
SAN DIEGO, CA 92110-3134
(619) 531-5800 • FAX (619) 542-4186

WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER
ELIZABETH A. HERNANDEZ, Ph.D.
PUBLIC HEALTH SERVICES DIRECTOR

HIV, STD and Hepatitis Branch of Public Health Services County of San Diego Health and Human Services Agency Monthly Report to the HIV Planning Group January 2023

Updates are in **bold**.

Items for HPG Follow-Up

- None.

Coronavirus (COVID-19) Impacts and Updates

- Meetings of the HIV Planning Group will continue virtually as long as there is a local emergency.
- HRSA publishes routinely updated FAQs related to Ryan White services:
<https://hab.hrsa.gov/coronavirus-frequently-asked-questions>
- The CDC also has a comprehensive COVID-19 guide:
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- The California Department of Public Health has also established a web page to provide COVID-19 updates:
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx>
- The County of San Diego has established a webpage dedicated to COVID-19:
www.coronavirus-sd.com. On this page, the public has information regarding the current status of COVID-19 in San Diego County. They can also find additional information about the virus and how to prepare themselves.
- For general questions about COVID-19, the County recommends reaching out to 2-1-1 San Diego (211sandiego.org).
- **State Public Health Emergency and local emergency expected to end at the end of February 2023.**

- **The California Legislature adopted AB 2449, which went into effect in January 2023 and provides limited opportunities for teleconferencing.**

MPOX (Monkeypox) Updates

- San Diego County’s local health emergency for Monkeypox expired on Thursday, Nov. 10.
- You can receive text updates about monkeypox from the County. Text COSD MONKEYPOX to 468-311.
- Additional information and resources including data now available on the Monkeypox website: www.SanDiegoCounty.gov/monkeypoxSD
- **The County reported 470 cumulative total as of January 10th, 2023.**

Ryan White Parts A/HRSA Updates/Clinical Quality Management

- The Ryan White Part A grant has three parts. The first is “formula.” This amount is based upon the number of people living with HIV in San Diego County. The second part is called “supplemental.” This amount is based upon the strength of the County’s application for funding. The final part of the award is “Minority AIDS Initiative.” This amount is based upon the number of people living with HIV who are Black, Hispanic, Asian, Pacific Islander, Native American/Native Alaskan or whose ancestry includes more than one race.
- HSHB has received final notice of award for the current grant period, March 1, 2022 to February 28, 2023.

Year	Formula	Supplemental	MAI	Total
20-21	\$7,201,641	\$3,439,807	\$773,149	\$11,414,597
21-22	\$7,124,107	\$3,469,994	\$742,177	\$11,336,278
22-23	\$7,625,887	\$3,557,289	\$793,221	\$11,976,397

- HSHB has received a core medical services waiver from HRSA for March 2022 to February 2023. Ordinarily, 75% of grant funding would have to be spent on “core medical services.” With the waiver, the HIV Planning Group is exempt from that requirement. San Diego County has received a core medical services waiver for the past 8 years. The core medical services waiver can be granted if there are no waiting lists for Ryan White HIV core medical services and there is no waiting list for California’s AIDS Drug Assistance Program. HSHB has received a new Core Medical Services Waiver for FY 23/24.

- A programmatic site visit with HRSA occurred the week of May 23-27, 2022. Final report was received. On 8/26/2022, Recipient's office submitted a Corrective Action Plan (CAP) addressing proposed resolution of the findings.
 - HRSA noted the following strengths of the RW program:
 - Culturally responsive program
 - Leveraging of other funding sources
 - Internal tracking systems
 - Policies and procedures
 - Trauma-informed approach to services and contract administration/monitoring
 - The following findings are being addressed:
 - Program: Lack of compliance with reflectiveness and representation on the HIV Planning Group, specifically vacancies in the seats for Hospital Association, State Medicaid, and recipient of Federal Funding.
 - Program: Lack of documentation regarding HIV Planning Group seat for District 1 representative, specifically regarding expiration of seat and participation as a sub-committee co-chair.
 - Fiscal: Lack of substantiating documentation for fiscal monitoring of contracts.
 - Fiscal: Lack of compliance testing; policies and procedures do not outline federal cost principles.
 - Clinical Quality Management: Lack of compliance with review of performance data evaluation on a quarterly basis.
 - Clinical Quality Management: Lack of infrastructure related to evaluating the effectiveness of the clinical quality management program.
- Recipient's office successfully submitted the Fiscal Year (FY) 2023 Non-Competing Continuation (NCC) Progress Report for Part A on October 3, 2022.

Ryan White Part B

- Notice of Grant Award for FY19-24 was received. Total grant award for Part B and MAI is \$2,291,806 each year.

- Ryan White Part B funds HIV primary care and oral health, medical and non-medical case management, inpatient substance use treatment services, emergency financial assistance, early intervention services, representative payee, and focused HIV testing.

Ending the HIV Epidemic (HRSA)

- The federal Ending the HIV Epidemic (EHE) initiative focuses on achieving two ambitious goals: a 75% reduction in new HIV infections by 2025 and a 90% reduction in new HIV infections by 2030.
- For HRSA Ending the HIV Epidemic funding, the County of San Diego has received a partial award for the period of 3/1/22 through 2/28/23. The amount of the award is \$508,583. According to HRSA, this amount should represent 31% of the eventual award. This means that we can expect a total of \$1,640,590, which is level with the previous year's funding. This funding supports community engagement, leadership development, low-barrier medical care, and improving linkage to care for persons living with HIV through the use of community-informed molecular epidemiology.
- HRSA conducted a virtual site visit at the end of February 2022. We are awaiting the final report and will share with HPG once received.
- HRSA has notified all EHE funding recipients that due to the impacts of COVID-19, we will be allowed to carry forward all unspent funding from the first two years of the grant (March 1, 2020, through February 28, 2021) into Years 3-5 of the grant (March 1, 2022, through February 28, 2025). Instructions and timelines were provided by HRSA at the end of May 2022, carryover must be submitted in August 2022.
- Final notice has been received. Funding for FY 22/23 was increased and is \$2,004,000.
- **EHE has funded a Leadership Training Program with the goal of engaging persons living with HIV infection in the community planning process. This includes having a role in priority setting and resource allocations, establishing service standards, in efforts to ensure that persons living with HIV receive high quality services to improve retention in care and viral suppression. Training with the pilot group began on 8/30/22. Seven participants have attended each module in the month of September, and they all completed the training session.**

CDC 18-1802

- Current CDC funding for HIV prevention (known as "PS18-1802") is currently focusing on three areas:

- Strengthening disease intervention infrastructure;
- Expanding and providing navigation services (medical care, benefits, support services); and
- Expanding access to syringe services for persons who inject drugs.
- HSHB has notified the California Department of Public Health that we will be moving forward with implementation of syringe services using funding received under the Ending the HIV Epidemic grant focused on HIV prevention.
- 18-1802 funding is deployed for HIV testing, status-neutral linkage to care (linkage to ART or PrEP), social media, condom distribution, and evaluation.
- HIV prevention contracts were amended to include outreach and education to prevention MPOX.

Ending the HIV Epidemic (CDC)

- The California Department of Public Health was successful in its application to the CDC for funding under the Ending the HIV Epidemic initiative. As a result, HSHB has been awarded \$1.9 million per year for five years. This new funding will support the following activities:
 - *Wrap-Around Services for Persons Who Inject Drugs:* Provide comprehensive testing—HIV, HCV, STDs— status-neutral health care navigation (for PrEP or ART), and linkage to substance use disorder treatment and mental health resources.
 - *Mobile PrEP + PrEP Champions:* Recruit Black and Latinx MSM and Transgender persons who are currently utilizing PrEP to become PrEP champions to support outreach and education efforts connected with mobile PrEP clinics. The mobile clinics will provide PrEP-related medical evaluation, including comprehensive testing (HIV, HCV, STDs and safety labs), ongoing PrEP medical care, linkage to Benefits Navigation, and prescriptions for PrEP.
 - *Routine HIV Testing Implementation Grants:* Provide competitive start-up grants for local community health centers and other non-profit health care providers to implement routine HIV testing in primary care, urgent care and emergency departments. The funding would pay for any needed revisions to electronic health record systems, training for all staff, educational materials for clients, funding for unfunded (uninsured) tests, and funding for linkage to care for clients who are diagnosed with HIV. The funding would last for a period of 12 months.

- *Benefits Navigation*: Provide trained benefits counselors who can help clients enroll in necessary benefits programs, including Medi-Cal, Covered California, ADAP, PrEP-AP, CalFresh, pharmaceutical patient assistance programs, etc.
- *Getting to Zero App and Resource Guide*: Develop a mobile application that provides information and resources regarding medical and support services for persons living with or vulnerable to HIV. Once developed, conduct ongoing maintenance of all resources and information to ensure that it remains up-to-date, comprehensive and accurate. Create printed versions of the resource guide, as well, to ensure accessibility by a large proportion of the residents of San Diego County.
- *HIV Care and Prevention Services for Transgender Persons*: Provide trauma informed, linguistically and culturally appropriate support services for transgender persons including co-located HIV prevention and care services, gender-affirming care services, STD and HCV testing, behavioral and substance use treatment services, and social support services (e.g., housing, job training, and food supports).
- *Surveillance Program Improvements*: Increase the ability of the County of San Diego's HIV Epidemiology Surveillance Program (HESP) to detect potential clusters so that the HIV, STD and Hepatitis Branch and its contracted providers can respond timely, ensure linkage to ART and other resources for persons newly diagnosed or newly re-engaged, ensure linkage to PrEP for those who are HIV-negative but have ongoing vulnerability to HIV, and reduce onward transmission of HIV. Specifically, this funding will ensure timely entry and assignment of all new HIV case reports as well as entry of lab reports not received via electronic lab reporting.
- *Enhanced Support for HIV Planning Group/Ending the HIV Epidemic Advisory Committee*: Provide additional staff support to the HIV Planning Group to augment the group's ability to effectively plan for and evaluate HIV prevention efforts in alignment with the County of San Diego's Getting to Zero initiative and the federal Ending the HIV Epidemic initiative.
- **Recipient's office has been actively procuring services to implement activities for this initiative.**
 - **There are four active EHE Requests for Proposals (RFPs):**
 - **HIV Prevention and Care Services for Transgender Persons,**
 - **Comprehensive HIV Prevention Services for Persons Who Inject Drugs,**

- Benefits Navigation,
- HIV Routine Opt-Out Testing Implementation Grants.
- Four additional procurements will be released in the coming months:
 - Mobile Pre-Exposure Prophylaxis (PrEP)
 - SSP Services Evaluation,
 - Social Networking Strategies implementation,
 - Social Networking Strategies evaluation.
- There have been some delays with the Getting to Zero (GTZ) Mobile App and resource guide but anticipating it will be ready early 2023.

Service Utilization

- **Ryan White Parts A and B**
 - Ryan White Part A Service Utilization Report provides data regarding clients and service utilization through December 31, 2022.
 - To date, the Ryan White Part A system of care provided services to 3,156 clients. This number represents about a 10% decline from clients served during the prior grant period, which was 3,313.
 - Viral suppression of clients receiving services in the month of December 2022 was 90% for clients who have viral load tests documented in ARIES.
 - HSHB continues to assess the capacity of the Ryan White system on a monthly basis in critical core medical services. We also include non-medical case management due to its important role in linking clients to needed services. The system capacity assessment looks at the availability of services by measuring the time until the third available appointment. Because of our Core Medical Services Waiver, we must ensure that there are no waiting lists for any core medical service that are longer than 30 days.
 - Outpatient/Ambulatory Health Services: No concerns.
 - Oral Health: No concerns.
 - Psychiatry: No concerns.
 - Mental Health: No concerns.
 - Medical Case Management: No concerns.
 - Non-Medical Case Management: No concerns.

Procurements

- An RFP for low-barrier models of medical care on Buynet has closed. Notice of Intent to Award has been posted.

- An RFP for peer-based mobile PrEP education and delivery is in development.
- HSHB is working with the County's technology provider to develop the Getting to Zero mobile phone app and will deploy that with a printed resource guide when complete.
- An RFP for comprehensive HIV prevention services for persons who inject drugs has closed on Buynet. Notice of Intent to Award will be posted soon.
- An RFQ for implementation funding for non-profit medical providers to implement routine HIV testing on Buynet has closed.
- An RFP for benefits navigation on Buynet has closed.
- An RFP for comprehensive HIV services for transgender individuals has closed on Buynet.
- Later this year, there will be RFP's for Ryan White services. Procurements are currently under development.

Budget

- In general, one of the primary measures we use to assess spending is to compare the percent of the year elapsed with the percent of the service category that has been spent. For a 12-month period, around 8% of funding should be spent each month to ensure funding is fully spent by the end of the grant period. When the percent of funds spent is higher than the percent of year elapsed, it means that funding might run out before the end of the grant period. When the percent of funds spent is less than the percent of the year elapsed, there is the possibility of savings and unspent grant dollars at the end of the period. For purposes of this analysis, a variance that is less than 4% (approximately two weeks) is used to determine whether service categories are displaying accelerated or slower-than-expected expenditure.
- **Ryan White Part A**
 - For the period (3/1/22 – 2/28/23), the report reflects expenditures through November, representing 75% of the grant period.
 - The following service categories are under target for the fiscal year:
 - **Primary Care (64%)**
 - **Medical Specialty (58%)**
 - **Psychiatric Medication Management (13%)**
 - **Oral Health (44%)**
 - **Medical Case Management (67%)**
 - **Non-Medical Case Management (63%)**

- Referral to Health Care and Support Services (Peer Navigation) 48%
 - Mental Health (49%)
 - Home-based Healthcare Coordination (57%)
 - Outpatient Substance Use Treatment (56%)
 - Transportation (57%)
 - Home-Delivered Meals (68%)
 - MAI Medical Case Management (50%)
- The following services are over target for the fiscal year:
 - Emergency Housing (70%)
- Ryan White Part B
 - **For the period (4/1/22 – 3/31/23), the report reflects expenditures through November, representing 67% of the grant period.**
 - No concerns.
- HIV Prevention (1802 Funding)
 - **The report reflects expenditures through November 2022, representing 92% of the grant period.**
 - No concerns.
- HRSA EHE (20-078 Funding)
 - **The report reflects 75% of the grant year elapsed (March 1, 2022-February 28, 2023).** HRSA will allow carryover of funds from Years 1 and 2 of the project to Years 3-5. Instructions for carryover submission was received late May 2022.
 - HSHB expects to fully spend out its grant funding in Year 3 (current year).
- CDC/CDPH (20-2010 Funding)
 - **This report reflects 33% of the grant year elapsed (August 1, 2022-July 31, 2023) delays in grant spending due to delays of procurements.** CDPH will allow carryover of funds from Years 1 and 2 to Years 3-5.

Policy Updates

- HRSA and CDPH continue to provide clarifications regarding uses of funding during the pandemic. Links to this revised guidance is provided above. New guidance will be provided as it is received.

RYAN WHITE SERVICES		Dec	End of Year Total	Prior Year Total
FY 2022-2023				
Total clients served each month	Clients	1,205		
New clients in FY22	Clients	88	3,156	3,313
Returning FY22 clients	Clients	1,117		
VIRAL LOAD SUPPRESSION				
Virally suppressed	Clients	876		
% Virally suppressed		90%		
With Test	Tests	969		
Without Test	Tests	236		
PART-A SERVICES				
Outpatient Ambulatory Health Services: HIV Primary Care*	Visits	87	1,328	1,311
	Clients	83	648	641
Outpatient Ambulatory Health Services: Medical Specialty Care	Visits	0	270	145
	Clients	0	129	89
Psychiatric Medication Management	Visits	1	15	41
	Clients	1	10	23
Oral Health Care: Dental Care	Visits	33	872	744
	Clients	26	343	281
Early Intervention/Integrated Services for Women, Children & Families: Coordinated Care	Visits	23	1,825	1,746
	Clients	19	162	142
Early Intervention/Integrated Services for Women, Children & Families: Childcare	Visits	5	74	136
	Clients	5	46	62
Early Intervention Services: Regional Services	Visits	661	7,192	6,839
	Clients	314	1,075	1,165
Early Intervention Services: Peer Navigation Services	Visits	30	1,288	835
	Clients	12	214	184
Early Intervention Services: Outreach Services	Visits	0	0	0
	Clients	0	0	0
Medical Case Management Services	Visits	715	8,455	9,571
	Clients	358	814	905
Home-based Health Care Coordination	Visits	64	654	749
	Clients	24	48	51
Case Management -Non-Medical	Visits	338	4,139	5,412
	Clients	187	348	487
Mental Health Services: Counseling/Therapy	Visits	154	2,591	2,790
	Clients	83	264	291
Substance Abuse Treatment Services – Residential*	Visits	0	142	0
	Clients	0	37	0
Substance Abuse Treatment Services - Outpatient	Visits	268	3,139	2,361
	Clients	46	100	63
Housing Services: Partial Assistance Rental Subsidy	Visits	115	1,114	1,264

RYAN WHITE SERVICES		Dec	End of Year Total	Prior Year Total
	Clients	115	135	157
Medical Transportation Services - Assisted	Visits	0	23	15
	Clients	0	17	9
Medical Transportation Services - Unassisted	Visits	172	2,834	2,749
	Clients	133	422	482
Housing Services: Emergency Housing Assistance	Visits	44	760	1,093
	Clients	36	433	438
Food Services: Food Bank/ Home Delivered Meals	Meals	3163	31,443	37,776
	Clients	143	225	332
Medical Nutrition Therapy	Visits	0	112	151
	Clients	0	79	84

RYAN WHITE SERVICES		Dec	End of Year Total	Prior Year Total
PART-A SERVICES continued				
Legal Services	Visits	14	140	174
	Clients	14	99	95
Emergency Financial Assistance	Visits	5	285	426
	Clients	5	89	88
Internet Access	Visits	1	2	2
	Clients	1	2	2
Internet Equipment	Visits	0	10	21
	Clients	0	6	12
Collateral Contacts	Visits	139	2,206	3,273
	Clients	95	534	608
MAI SERVICES				
Medical Case Management Services	Visits	141	1,135	1,691
	Clients	68	159	169
Mental Health Services: Therapy/Counseling	Visits	39	704	535
	Clients	21	90	80
Substance Abuse Treatment Services - Outpatient	Visits	50	290	180
	Clients	30	49	31
Faciliated Referrals	Visits	0	0	0
	Clients	0	0	0
Outreach Encounters	Visits	0	0	0
	Clients	0	0	0
Medical Transportation Services - Assisted	Visits	0	0	0
	Clients	0	0	0
Medical Transportation Services - Unassisted	Visits	0	0	0
	Clients	0	0	0
Case Management -Non-Medical	Visits	84	863	690
	Clients	41	90	60

*Includes Part B funded services

SUMMARY OF SERVICES FOR FY22

Mar. 1, 2022- Feb. 28, 2023

CLIENT DEMOGRAPHICS	Number of Clients	% of Client Total	Client Total
White (not Hispanic)	765	24.24%	
Black or African American (not Hispanic)	398	12.61%	
Hispanic or Latino(a)	1729	54.78%	
Asian/Pacific Islander, not Hispanic	55	1.74%	
American Indian/Alaska Native, not Hispanic	17	0.54%	
Multi-Race, not Hispanic	46	1.46%	
Race data not in ARIES	146	4.63%	3,156
Gender			
Male	2,540	80.48%	
Female	507	16.06%	
Transgender FTM	3	0.10%	
Transgender MTF	104	3.30%	
Other	2	0.06%	
Client Refused to Report	0	0.00%	3,156
Age Categories			
< 2	27	0.86%	
02-12	9	0.29%	
13-24	71	2.25%	
25-44	1,202	38.09%	
45-64	1,504	47.66%	
65 and over	343	10.87%	3,156
Poverty Level			
<138%	2,494	79.02%	
138-199%	348	11.03%	
200-299%	221	7.00%	
300-399%	63	2.00%	
400-499%	17	0.54%	
>500%	13	0.41%	
Financial data not in ARIES	0	0.00%	3,156
HRSA Housing Status			
Stable/Permanent	2,130	67.49%	
Temporary	450	14.26%	
Unstable	359	11.38%	
Housing Status not in ARIES	217	6.88%	3,156
Insurance Status			
Private	101	3.20%	
Medicaid	589	18.66%	
Other	7	0.22%	
No Insurance	2,167	68.66%	
Insurance not in ARIES	292	9.25%	3,156
San Diego Region			
Central	1,095	34.70%	
East	221	7.00%	
South Bay	556	17.62%	
Southeast	264	8.37%	
North Coastal	333	10.55%	
North Inland	153	4.85%	
North Central	224	7.10%	
Zip Code may be outside SD County	130	4.12%	
Zip Code not in ARIES	180	5.70%	3,156

November 2022 Goldenrods	Total #
# Goldenrods Received	0
# of Providers	0
# of RW-funded services provided	0
# of Clients Contacted	0
# Given permission to use information	0
# Positive Remarks	0
# Remarks Requiring Follow-Up	0

November 2022 Goldenrods	Total #
# Goldenrods Received	0
# of Providers	0
# of RW-funded services provided	0
# of Clients Contacted	0
# Given permission to use information	0
# Positive Remarks	0
# Remarks Requiring Follow-Up	0

December 2022 Goldenrods	Total #
# Goldenrods Received	2
# of Providers	2
# of RW-funded services provided	2
# of Clients Contacted	0
# Given permission to use information	2
# Positive Remarks	2
# Remarks Requiring Follow-Up	0

RW 2022-23 PART A AWARD INFORMATION	
Funding Source	Total RW 2022-23 Award
Part A	11,183,176.00
Part A MAI	793,221.00
TOTAL AWARD AMOUNT	11,976,397.00

RW 2022-23 YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN AS OF Aug 2022
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FY22-23 ALLOCATION BREAK DOWN									
Funding Source	Admin. \$		Admin. %	CQM \$	CQM %	RW 2022-23 Service dollars	Total	CORE Medical Services	Support Services
Part A	1,118,316.00	1,118,316.00	10%	315,170.00	2.818%	9,749,690.00	11,183,176.00	70%	30%
Part A MAI	79,321.00	79,321.00	10%	39,661.00	5.0%	674,239.00	793,221.00		
TOTAL	1,197,637.00			354,831.00		10,423,929.00	11,976,397.00	70%	30%

Ryan White Part A Allocations											
Service Categories	HRSA Ranking	Priority Ranking	RW 2022-23 HPG Allocation as of 08/11/21	%	HPG Approved Actions +/-	RW 2022-23 HPG Total as of today	%	RW 2022-23 Year to Date Expenditure	RW 2022-23 Year-to-Date - The % below is the % of the Budget Spent 75% of Year Elapsed/Invoiced)	RW 2022-23 Balance	Comments
Outpatient Ambulatory Health Services: Primary Care	1l	1	1,307,630.00	14%	\$ (475,000.00)	832,630.00	9%	531,042.34	64%	301,587.66	\$275,000 decrease by HPG 03/23/22 \$100,000 decrease by HPG 08/10/22 \$100,000 decrease by HPG 09/28/22
Outpatient Ambulatory Health Services: Medical Specialty	1l	2	383,386.00	4%	(190,000.00)	193,386.00	2%	112,481.74	58%	80,904.26	\$110,000 decrease by HPG 03/23/22 \$30,000 decrease by HPG 07/27/22 \$50,000 decrease by HPG 09/28/22
Psychiatric Medication Management	1j	3	28,036.00	84%	-	28,036.00	0%	3,578.49	13%	24,457.51	
Oral Health	1k	4	300,940.00	84%	(100,000.00)	200,940.00	2%	88,796.51	44%	112,143.49	\$100,000 decrease by HPG 07/27/22
Medical Case Management	1h	5	1,268,338.00	14%	93,512.00	1,361,850.00	14%	908,720.93	67%	453,129.07	\$50,000 increase by HPG 08/10/22 \$43,512 increase by HPG 10/26/22
Case Management-Non-Medical for Housing NEW		7	250,000.00	3%	(250,000.00)	-					\$250,000 decrease by HPG 10/26/22
Housing: Emergency Housing	2e	8	280,000.00	3%	798,235.00	1,078,235.00	11%	754,333.91	70%	323,901.09	\$250,000 increase by HPG 03/23/22 \$100,000 increase by HPG 07/27/22 \$150,000 increase by HPG 09/28/22
Housing: Location, Placement and Advocacy Services NEW		9	100,000.00	1%	(100,000.00)	-					\$100,000 decrease by HPG 10/26/22
Housing: Partial Assistance Rental Subsidy (PARS)	2e	10	667,507.00	100%	100,000.00	767,507.00	8%	570,676.68	74%	196,830.32	\$100,000 increase by HPG 06/22/22
Non-Medical Case Management	2h	6	392,021.00	4%	60,360.00	452,381.00	5%	285,812.20	63%	166,568.80	\$50,000 increase by HPG 08/10/22 \$10,360 increase by HPG 10/26/22
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF)	1c	11	943,317.00	10%	50,000.00	993,317.00	10%	701,283.65	71%	292,033.35	\$50,000 increase by HPG 09/28/22
Childcare Services	2a	11a	-	0%		-	0%	-	0%	-	
Early Intervention Services: Regional Services	1c	12	800,386.00	9%	-	800,386.00	8%	634,635.45	79%	165,750.55	
Health Education & Risk Reduction	2d	12a	-	0%		-	0%	-	0%	-	
Outreach Services	2j	12b	-	0%		-	0%	-	0%	-	
Referral Services	2l	12c	-	0%		-	0%	-	0%	-	
Referral to Health and Supportive Services (Peer Navigation)		14	300,000.00	3%	100,000.00	400,000.00	4%	192,848.09	48%	207,151.91	\$100,000 increase by HPG 06/22/22.
Home-based Health Care Coordination	1e	19	228,500.00	2%		228,500.00	2%	129,300.65	57%	99,199.35	
Mental Health: Counseling/Therapy & Support Groups	1j	15	761,062.00	8%	297,893.00	1,058,955.00	11%	514,080.32	49%	544,874.68	\$160,000 increase by HPG 03/23/22 \$140,000 increase by HPG 06/22/22 \$50,000 decrease by HPG 09/28/22
Substance Abuse Services: Residential	2o	18	-	0%	-	-	0%	-	0%	-	
Substance Abuse Services: Outpatient	1m	17	269,959.00	3%	45,168.00	315,127.00	3%	175,900.18	56%	139,226.82	\$45,168 increase by HPG 06/22/22.
Transportation: Assisted and Unassisted	2g	20	127,830.00	1%	25,000.00	152,830.00	2%	87,155.77	57%	65,674.23	\$15,000 increase by HPG 06/22/22 \$10,000 increase by HPG 10/26/22

Ryan White Part A Allocations											
Service Categories	HRSA Ranking	Priority Ranking	RW 2022-23 HPG Allocation as of 08/11/21	%	HPG Approved Actions +/-	RW 2022-23 HPG Total as of today	%	RW 2022-23 Year to Date Expenditure	RW 2022-23 Year-to-Date - The % below is the % of the Budget Spent 75% of Year Elapsed/Invoiced)	RW 2022-23 Balance	Comments
Food Services: Food Bank/Home-Delivered Meals	2c	21	536,073.00	6%	-	536,073.00	5%	366,050.42	68%	170,022.58	
Medical Nutrition Therapy	1i	22	35,542.00	0%		35,542.00	0%	26,223.42	74%	9,318.58	
Legal Services	2i	23	285,265.00	3%		285,265.00	3%	207,634.93	73%	77,630.07	
Emergency Financial Assistance	2b	24	53,730.00	1%	(25,000.00)	28,730.00	0%	21,408.44	75%	7,321.56	\$25,000 decrease by HPG 03/23/22.
Home Health Care	1f	25	-	0%		-	0%	-	0%	-	
Early Intervention Services: HIV Counseling and Testing	1c	26	-	0%		-	0%	-	0%	-	
Cost-Sharing Assistance	1d	27	-	0%	-	-	0%	-	0%	-	
Hospice	1g	28	-	0%		-	0%	-	0%	-	
Psychosocial Support Services		16	-	0%	-	-	0%	-	0%	-	\$30,000 increase by HPG 06/22/22 \$30,000 increase by HPG 07/27/22 \$60,000 decrease by HPG 10/26/22
Subtotal			9,319,522.00	357%	430,168.00	9,749,690.00	100%	6,311,964.12	65%	3,437,725.88	
Ryan White Part A Minority AIDS Initiative (MAI)			RW 2022-23 Allocation as of 08/11/21		HPG Approved Actions +/-	RW 2022-23 MAI Total as of today	%	RW 2022-23 Year to Date Expenditure	RW 2022-23 Year-to-Date - The % below is the % of the Budget Spent 75% of Year Elapsed/Invoiced)	RW 2022-23 Balance	Comments
Case Management (Non-Medical)			69,598.00		6,582.00	76,180.00	11%	50,454.69	66%	25,725.31	
Medical Case Management			252,610.00		7,919.00	260,529.00	39%	131,336.94	50%	129,192.06	
Mental Health Services			175,394.00		(26,328.00)	149,066.00	22%	116,476.24	78%	32,589.76	\$1,337 increase HPG
Outreach Services			36,310.00		6,582.00	42,892.00	6%	15,615.52	36%	27,276.48	\$9,007 increase HPG
Substance Abuse Services (Outpatient)			28,990.00		15,589.00	44,579.00	7%	20,837.58	47%	23,741.42	
Housing: Emergency Housing			100,000.00		-	100,000.00	15%	99,105.48	99%	894.52	
Subtotal			662,902.00		10,344.00	673,246.00	100%	433,826.45	64%	239,419.55	
TOTAL			9,982,424.00		440,512.00	10,422,936.00		6,745,790.57	65%	3,677,145.43	
CORE and Support Seivces allocation break-down											
	Total Allocation		Total Expenditure		Total Balance						
CORE Medical Services	4,853,468.00		2,729,355.46		1,946,621.54						
Support Services	5,247,213.00		3,582,608.66		1,525,724.34						
TOTAL	10,100,681.00		6,311,964.12		3,472,345.88						
								-316,371.00 variance			
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**YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN
AS OF NOVEMBER 2022 FOR PRIMARY CARE**

RW 2223 SERVICE DOLLAR ALLOCATIONS AND EXPENDITURES

Funding Source	RW 22/23 Service Dollars	Contract Year	Contract YTD Expenditure	% of Year Invoiced	% Spent	Balance	Comments
RW-Part A	932,630.00	March 2022/February 2023	531,042.34	74.97%	57%	401,587.66	Part A Payment Summary as of November 2022 invoices.
RW-Part B	407,426.00	April 2022/March 2023	407,426.00	66.64%	100%	-	Part A Payment Summary, Part B tracking as of November 2022 invoices.
TOTAL	1,340,056.00		938,468.34	58.30%		401,587.66	

YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN AS OF NOVEMBER 2022

RW 2223 SERVICE DOLLAR ALLOCATIONS AND EXPENDITURES

Funding Source	RW 2022/2023 Service Dollars	Contract Year	Contract YTD Expenditure	% of Year Invoiced	% Spent	Balance	Comments
Ryan White Part B							
Outpatient Ambulatory Health Services (Medical)	407,426.00	April 2022-March 2023	407,426.00	67%	100%	-	Part A Payment Summary, Part B tracking as of November 2022 invoices.
Early Intervention Services (Expanded HIV Testing)	-		-	67%	-	-	
Early Intervention Services (Focused Testing)	187,900.00		116,321.05	67%	62%	71,578.95	Part B Payment Summary as of November 2022 invoices.
Medical Case Management (Emergency Financial Assistance)	177,716.00		137,784.88	67%	78%	39,931.12	Part B Payment Summary as of November 2022 invoices.
Housing (Substance Abuse Services-Residential)	518,632.00		376,911.67	67%	73%	141,720.33	Part B Payment Summary as of November 2022 invoices.
Non-medical Case Management (Rep Payee)	50,000.00		34,058.40	67%	68%	15,941.60	Part B Payment Summary as of November 2022 invoices.
CoSD Medical Case Management	403,173.24		233,352.95	67%	58%	169,820.29	Per Q2 Jul-Sep Qtrly invoice
CoSD Early Intervention Services	396,482.82		231,313.65	67%	58%	165,169.17	Per Q2 Jul-Sep Qtrly invoice
Ryan White Part B Total	2,141,330.06		1,537,168.60		72%	604,161.46	
Ryan White Part B-MAI Bridge Prevention 2022	97,277.00	April 2022-March 2023	73,176.53	67%	75%	24,100.47	Part B-MAI Payment Summary as of November 2022 invoices.
Prevention 2022							
Counseling and Testing	180,000.00	January -December 2022	164,893.79	92%	92%	15,106.21	Prevention Payment Summary as of November 2022 invoices.
Evaluation/ Linkage Activities/ Needs Assessment	842,315.00		698,198.36	92%	83%	144,116.64	Prevention Payment Summary as of November 2022 invoices.
Prevention Total	1,022,315.00		863,092.15			159,222.85	
CDPH Ending the HIV Epidemic- Component A	\$4,496,525	August 2022- July 2023	3,625.00	33%	0.08%	4,492,900.00	Only one contract - 211SD. Payment Summary as of November invoices. Missing Oct and Nov invoice for 211-SD.
CDPH Ending the HIV Epidemic- Component C	\$240,000	August 2021- July 2022	-	0%	0.00%	240,000.00	CDPH EHE Comp C No Contract.
HRSA Ending the HIV Epidemic- 20-078	\$1,800,360	March 2022 - February 2023	769,203.01	75%	42.72%	1,031,156.99	HRSA EHE Payment Summary as of November 2022 invoices. Missing Nov invoices for PO#563232-UCSD Owen Clinic, PO#565625-UCSD MCAP, PO#564245-UCSD CIME (also missing Oct invoice), and PO#563231-UCSD Med Center.
TOTAL	9,797,807.06		3,246,265.29		33%	6,551,541.77	

DETAILED INTERNAL BUDGET						
Program: HIV Planning Group Support-County Year: RW 2022 Budget Period: 03/01/2022 to 2/28/2023 CFDA#: 93.914 Updated - 11/2022 Expenditures for 01/2023 Meeting	TASK 008 S&S TASK 026 S&B TASK 001 Office Expenses	% of Year Elapsed	74.97%		74.97% of Year Elapsed	
		Budget Updated 03/30/22	Expenditures November 2021	YTD Total Expenditures	% Expended	Remaining Balance
Personnel Expenses (Salary&Benefits)		\$ 271,566.00	\$ 28,646.07	\$ 212,798.26	78.36%	\$ 58,767.74
Needs Assessment		\$ 20,000.00		\$ -	0%	\$ 20,000.00
Translation Services		\$ 34,000.00	\$ 780.00	\$ 7,020.00	21%	\$ 26,980.00
Meeting Space		\$ 8,200.00		\$ -	0%	\$ 8,200.00
Mileage & Gas Cards		\$ 10,000.00		\$ -	0%	\$ 10,000.00
Training for HPG Staff		\$ 1,500.00		\$ -	0%	\$ 1,500.00
Office Supplies		\$ 325.00		\$ -	0%	\$ 325.00
Food Purchases		\$ 5,000.00		\$ -	0%	\$ 5,000.00
Transcription (Written) Services		\$ 500.00	\$ 130.50	\$ 429.30	86%	\$ 70.70
WebEx (monthly)		\$ 750.00		\$ -	0%	\$ 750.00
Zoom (anually)		\$ 950.00		\$ 849.70	89%	\$ 100.30
Equipment		\$ 1,500.00		\$ -	0%	\$ 1,500.00
Trainings/Consultants		\$ 1,500.00		\$ -	0%	\$ 1,500.00
		\$ 3,500.00	\$ 286.44	\$ 2,291.52	65%	\$ 1,208.48
WiFi (MiFi) Monthly Service @ \$286/month (6)						
Total Personnel & Operating Expenses		\$ 359,291.00	\$ 29,843.01	\$ 223,388.78	62.17%	\$ 135,902.22
TOTAL PC BUDGET		\$ 359,291.00	\$ 29,843.01	\$ 223,388.78	62.17%	\$ 135,902.22
HPG Temp Help Support		\$ -	\$ 3,457.20	\$ 51,515.74		
SDLGBT Personnel- Lead Prevention Planner		\$ -		\$ -	#DIV/0!	\$ -



County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES
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WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

SAN DIEGO HIV PLANNING GROUP (HPG) STEERING COMMITTEE

Tuesday, October 18, 2022

11:00 a.m.

WebEx Meeting

DRAFT MINUTES

Quorum = 4

Committee Members: Allan Acevedo, Consumer Group / Dr. Delores Jacobs, Priority Setting and Resource Allocation Committee / Mikie Lochner, Chair / Shannon Ransom, Strategies & Standards Committee / Rhea Van Brocklin, Vice-Chair

Absent: Bob Lewis, Membership Committee / Dr. Winston Tilghman, Medical Standards and Evaluations Committee

Agenda Item	Discussion/Action	Follow-Up Needed
1. Call to order,	Mikie Lochner called the meeting to order at 11:00 a.m. and noted the presence of a quorum via WebEx video teleconference.	
2. Action: Continuance of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e).	All votes at the meeting were taken by roll call. For each vote committee members' names were called, and each member provided a verbal vote. Action: Find that the Committee has reconsidered the State of Emergency and that State and local officials continue to recommend measures to promote social distancing authorizing teleconferenced meetings pursuant to Government Code section 54953(e). Motion/Second/Count (M/S/C): Van Brocklin/Jacobs 3/0 Abstentions: Lochner Motion carries	

Agenda Item	Discussion/Action	Follow-Up Needed
3. Comments from the chair, moment of silence	The chair thanked attendees for their participation and for working together. A moment of silence was observed.	
4. Public comment	A member of the public recommended that public comment occurs after a motion and second is made, before the members' discussion. They also stated they preferred the Zoom platform over WebEx for virtual meetings.	
5. Sharing our Concerns	A member of the committee noted that open enrollment is until December 7, 2022 for Medicare Part D.	
6. Review/Approval of Steering Committee agenda for Tuesday, October 18, 2022	Action: Approve Steering Committee agenda for October 18, 2022 as presented: M/S/C: Acevedo/Ransom 4/0 Abstentions: Lochner Motion carries	
7. Action: Review/approve HPG meeting agenda	Action: Review/approve HPG meeting agenda for October 26, 2022 (included in the meeting packet). M/S/C: Jacobs/Van Brocklin 4/0 Abstentions: Lochner Motion carries	
8. Committee Reports and Recommendations		
a. Membership Committee	There are no recommendations for HPG membership currently. Felipe Garcia-Bigley has been appointed to the HPG by the Board of Supervisors. The appointment of Jeffery Weber and seat change for James Rucker are pending.	
b. Priority Setting and Resource Allocations Committee (PSRAC)	Dr. Jacobs discussed the action item for reallocation recommendations, which was included in the meeting materials packet. They also discussed the PSRAC's plan to review all reallocations for the year, comparing it to the next fiscal year's allocation and looking at last year's budget.	Forward to the HPG for approval on October 26, 2022.
c. Consumer Group	Allan Acevedo discussed the difficulty of getting people to attend the meetings and the plan to rename the group.	

Agenda Item	Discussion/Action	Follow-Up Needed
d. Strategies and Standards	Shannon Ransom discussed the action item for changes to the Universal Service Standards; planning for the implementation of the Justice, Equity, Diversity, and Inclusion (JEDI) principles; the committee will review the service standards for Transportation and recommend updates as needed.	Forward to the HPG for approval on October 26, 2022.
e. Medical Standards and Evaluation (MSEC)	The MSEC made recommendations for changes to the Universal Service Standards and reviewed/updated the chart review tool.	
f. Steering Committee	Action: Approve Board Letter to accept additional Ending the HIV Epidemic (EHE) funding. M/S/C: Jacobs/Van Brocklin 4/0 Abstentions: Lochner Motion carries	Forward to the HPG for approval on October 26, 2022.
g. Discussion: Brief written committee reports for Steering/HPG meeting	Mikie Lochner requested committee chairs to submit a 2 -3 sentence report to staff which will be included in future Steering Committee packets. The committee discussed and would like to also have the option to provide brief clarifying or update statements at the committee meeting.	Support staff will send reminders to committee chairs to submit written reports.
9. Process and Governance Issues:		
a. Review: Public comments/HPG member comments/Suggestions to the Steering Committee from previous HPG meeting(s)	Comments from the September 28, 2022 HPG meeting were reviewed.	
b. Review public comment process used by the County Board of Supervisors (BOS)	The committee reviewed the County BOS public comment process, the Code of Discourse slide and recommended using the latter at all HPG and committee meeting. They requested staff to review the BOS process and remove any items that are not relevant to the HPG.	Staff will include the Code of Discourse slide in HPG and committee meetings and will review/edit the BOS process for the next Steering Committee meeting.

Agenda Item	Discussion/Action	Follow-Up Needed
c. Update: Getting to Zero (GTZ)Community Engagement Project - 3-Year HIV Planning Group (HPG) Action Plan	Dr. Jacobs noted that the recommendations and actions of the plan are being reviewed at committees, including at MSEG and Standards and Evaluation Committee; Membership Committee will draft a recruitment plan; HPG Support Staff have new personnel with communication and graphic skills, PSRAC continues to look at RW mental health services capacity.	
d. Update: Status of proposed changes to HPG Bylaws	The HPG bylaws are pending review by County Counsel.	
e. Action: Conflict of Interest (COI) Policy and COI Disclosure Form for Planning Group Member and Members Elect	Rodney von Jaeger will provide a training on new policy at the October 26, 2022 HPG meeting with follow-up at committee meetings.	
f. Update: Recommendations regarding discrimination/anti-racism training.	Will plan to have this included in the HPG retreat.	
g. Update: Preparation for in-person meetings/Retreat planning	The Governor has announced that the state of emergency for COVID may end after February 28, 2023. If the provisions on teleconferencing change, we are considering in-person meetings in March or April 2023. The committee recommended having the HPG Retreat on March 29, 2022 10:00 a.m. – 2:00 p.m.; staff will investigate the availability of The LGBT Center and/or the Main Public Library.	
h. Update: Integrated Statewide Strategic Plan	Strategies and Standards Committee will consider aspects relevant to San Diego County.	
i. Discussion: Recognition for Joe Zilvinskis	A certificate of appreciation will be presented to Joe Zilvinskis at the December 2023 HPG meeting.	

Agenda Item	Discussion/Action	Follow-Up Needed
j. Action: Consumer Group name change to Community Engagement Group	Action: Approve the name change for the Consumer Group to Community Engagement Group M/S/C: Consumer Group 4/0 Abstentions: Lochner Motion carries	
k. Discussion: Process for referring items from committees to the Steering Committee	Mikie Lochner requested committees to consider if issues can be resolve at the specific committee before referring to the Steering Committee.	
l. Review 2022 HPG Work Plan and 2023 DRAFT Work Plan	Reviewed	
m. Discussion: November and December meeting schedule	The committee decided not to have a November Steering Committee or HPG meeting; the December Steering Committee will be moved to December 13, 2022 and the December HPG meeting will be moved to December 21, 2022. (Note: In the meeting the chair noted the December meeting dates for Steering Committee and HPG as Dec. 6, 2022 and Dec.14, 2022, respectively, however those are not the dates upon which the HPG had previously agreed)	
10. Update and Budget Review from the HIV. STD. and Hepatitis Branch (HSHB) – Patrick Loose		
a. HSHB Monthly Report – October 2022	Lauren Brookshire highlighted items in the HSHB report, including: <ul style="list-style-type: none"> • HSHB staff have moved to the South Bay Wellness Center in Chula Vista. • Case numbers for COVID and Monkeypox (MPX) are declining, the emergency for MPX may be lifted within the next 2 months. • There are several procurements pending. 	

Agenda Item	Discussion/Action	Follow-Up Needed
	<ul style="list-style-type: none"> • The Getting to Zero (GTZ) Mobile App Resource Guide is expected by the end of 2022. • The Non-competing continuing report for RW Part A funds was submitted on October 3, 2022. 	
b. FY 22 Expenditure/Budget review	<p>The expenditure reports were included in the meeting materials packet. Lauren Brookshire highlighted:</p> <ul style="list-style-type: none"> • Overall, at 50% of the fiscal year expended, approx. 42% of funds have been expended, which is approx. \$800,000 in savings. There are savings in several service categories, with higher expenditures in Emergency Housing Assistance. • Other funding/Part B funds there is some underspending; HSHB will reallocate the funds. 	
c. Service Utilization Summary Report – September 2022	<p>The report was included in the meeting materials packet; Lauren Brookshire highlighted:</p> <ul style="list-style-type: none"> • Through September 2022, an approx. 10% decrease in utilization compared to the previous year. • Viral suppression is 91% for clients with a viral load test. • The system capacity assessment shows there is a delay in getting mental health appointments in the North region, appointments are available in other regions. For Psychiatric Medication Mgmt there is a 1 month wait in the East region. 	
d. Monthly Client Service Evaluation (Goldenrods) CQM update – September 2022	<p>In September 2022, two Goldenrods were received for RW providers; both were positive remarks.</p>	
e. HRSA, CDC and CDPH policies and procedures updates	<p>No updates</p>	

Agenda Item	Discussion/Action	Follow-Up Needed
f. Administrative Budget review - Rodney von Jaeger	Rodney von Jaeger reviewed the Admin. Budget, which was included in the meeting materials packet.	
11. Approval Meeting minutes from June 14, 2022, July 19, 2022, and September 20, 2022.	Action: Approve meeting minutes of June 14, 2022, July 19, 2022, and September 20, 2022 as presented. M/S/C: Acevedo/Van Brocklin 3/1 Abstentions: Lochner Motion carries	
12. Review follow-up items from the minutes	Tabled	
13. Review committee attendance	Tabled	
14. Future Agenda Items for Consideration	Tabled	
15. Announcements:	Tabled	
16. Confirm next meeting date and time/adjournment	Date: December 6, 2022 Time: 11:00 a.m. – 1:00 p.m. Location: WebEx	
17. Adjournment	1:05 p.m.	

HIV PLANNING GROUP
12-MONTH COMMITTEE TRACKING
Jan 2022 - Dec 2022

STEERING

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	#
Total Meetings	1	1	1	1	1	1	1	0	1	1	0	0	10
Consumer Group	1	*	*	*	*	*	1	NM	*	*	NM	NM	2
Medical Standards	1	*	*	*	*	*	*	NM	1	1	NM	NM	3
Membership	*	*	*	1	*	*	*	NM	*	1	NM	NM	2
Priority Setting and Resource Allocation	*	*	*	*	*	*	*	NM	*	*	NM	NM	0
Strategies & Standards	*	*	*	*	1	1	*	NM	*	*	NM	NM	2
Chair- Mikie Lochner	*	*	*	*	*	*	*	NM	*	*	NM	NM	0
Vice Chair - Rhea Van Brocklin	*	*	1	*	*	*	*	NM	*	*	NM	NM	1

To vote, a member may not miss 4 consecutive meetings or 6 total meetings in a 12 month period.

NA - no HPG member co-chair

U = Unaffiliated Consumer

NM = Committee did not meet

= number of absences

* = present

C = Co-Chair