

## **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.



# County of San Diego

NICK MACCHIONE, FACHE  
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY  
PUBLIC HEALTH SERVICES

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



# County of San Diego

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**WILMA J. WOOTEN, M.D., M.P.H.**  
PUBLIC HEALTH OFFICER

## **SAN DIEGO HIV PLANNING GROUP (HPG) STEERING COMMITTEE**

**Tuesday, February 14, 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 February 14, 2023
7. **Action:** Review/approve HPG meeting agenda for February 22, 2023 (included in the meeting packet)
8. Committee Reports and Recommendations:
  - a. Membership Committee:
    - i. Recommendation(s) for HPG membership
    - ii. Recommendation(s) for HPG member(s) reappointment to a second term
  - 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 competency in service design and delivery

- e. Medical Standards and Evaluation Committee:
    - i. Recommendation to add occlusal guards, including hard appliance (D9944) and soft appliance (D9945) to list of covered oral healthcare services
  - 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. **Action:** HPG Vice-Chairs election
  - c. Discussion: Approve proposed changes to HPG Bylaws and consider modification of quorum going forward to HPG
  - d. Update: Preparation for in-person meetings, Implementation of AB 2449, and location of Steering meetings starting March 2023.
  - e. Update: HPG Retreat
  - f. Review 2023 HPG Work Plan
  - g. Update: GTZ Community Engagement Project – 3-Year HPG Action Plan
    - i. Planning and cost of discrimination/anti-racism training/consultant
    - ii. Membership recruitment plan
  - h. Follow-up: Conflict of Interest Disclosure Form and other HPG member required forms
  - i. Update: Integrated Statewide Strategic Plan
  - j. Committee Operating Procedures
10. Update and budget review from the HIV, STD, and Hepatitis Branch (HSHB)
- a. Program Updates (Maritza Herrera)
  - b. Service Utilization Summary Report – January 2023 (Maritza Herrera)
  - c. Monthly Goldenrods January 2023 (Maritza Herrera)
  - d. CQM update
  - e. Procurements (Lauren Brookshire)
  - f. FY 22 Expenditure/Budget review – November 2022 report for February 2023 meeting (Lauren Brookshires)
  - g. HRSA, CDC and CDPH policies and procedures updates (Lauren Brookshire)
  - h. Administrative Budget review
11. **Action:** Approve committee meeting minutes from January 17, 2023.
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: **March 14, 2023 11:00 a.m. – 1:00 p.m.** Location: Hybrid meeting via **WebEx AND at South Live Well Center (Room 194), 690 Oxford St. Chula Vista, 91911**
17. Adjournment



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**WILMA J. WOOTEN, M.D., M.P.H.**  
PUBLIC HEALTH OFFICER

## **SAN DIEGO HIV PLANNING GROUP (HPG)**

**Wednesday, February 22, 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; for members of the public) (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 February 22, 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:** (Priority Setting Committee): Review and approve recommendations for reallocation of funds in FY 22 or FY 23 (the current fiscal year or next fiscal year, respectively) (7 min)
  - c. **ACTION** (Steering Committee): HPG to approve proposed changes to HPG Bylaws and modification of quorum (10 min)
  - d. **ACTION** (Steering Committee): Election of HPG Vice-Chairs. (4 min)
  - e. **ACTION** (Strategies and Standards Committee): Approve the recommendations for competency in service design and delivery (10 min)

***You may also obtain more information on our web page: [www.sdplanning.org](http://www.sdplanning.org)***

- f. Update: AB 2449 and return to in-person meetings (6 min)
- g. **ACTION:** Approval of HPG consent agenda for January 25, 2023, (4 min)  
 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, **October 18, 2022**  
**and January 17, 2023;** Strategies and Standards Committee: October  
 4, 2022, **November 1, 2022, and December 6, 2022;** Membership  
 Committee: October 5, 2022, November 9, 2022, **December 14, 2022**  
**and January 11, 2023;** Priority Setting and Resource Allocation  
 Committee: October 13, 2022, **December 8, 2022,** and **January 12,**  
**2023;** 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, December 12,  
 2022, **and January 9, 2023;** Community Engagement Committee:  
**November 9, 2022 and January 18, 2023;** HIV Housing Committee:  
 September 2022; Faith-Based Action Coalition: October 6, 2022 and  
 November 3, 2022)
- h. Review follow-up items from meeting minutes (5 min)
- i. Presentation: Highlights of the National Harm Reduction Conference – (10 min)  
 Lori Jones
- 9. HIV, STD, and Hepatitis Branch (HSHB) Reports – Patrick Loose (15 min)
  - a. Program Updates (Maritza Herrera)
  - b. Service Utilization Summary Report – January 2023 (Maritza Herrera)
  - c. Monthly Goldenrods – January 2023 (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 (12 min)  
 & Standards, PSRAC, Medical Standards)
  - b. Planning Group Support Staff (PGSS) Report – Rodney von Jaeger (2 min)
    - i. Administrative budget review
    - ii. Update: HPG Member documents due March 1, 2023
  - c. Report from State Office of AIDS (OA) and AIDS Drug Assistance (2 min)  
 Program (ADAP) – (included in meeting packet) - Abigail West and  
 Jesse Peck by teleconference, 1616 Capitol Ave, 6th Fl, Ste 616,  
 Sacramento, CA 95814)
  - d. GTZ Community Engagement Project Updates – Dr. Delores Jacobs (6 min)
    - i. Communication Plan



- 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, March 22, 2023** for the **HPG Annual Retreat** at the **Valencia Park/Malcom X Library 10:00 a.m. – 2:00 p.m.**  
5148 Market St, San Diego, CA 92114 (Multi-purpose Room)  
**Note:** The regular HPG meeting is cancelled.
- 14. Adjournment

**Public comment rules:**

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- 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).

## **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.
- (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 HPG Support staff upon being so directed by the Chairperson.
- (i) If any meeting of the HPG or a committee is willfully interrupted or disrupted by a person or by a group or groups of persons 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.
- (k) If any meeting is willfully interrupted or disrupted by a person or by a group or groups of persons to render the orderly conduct of such meeting unfeasible and order cannot be restored by the removal of the person or persons willfully interrupting or disrupting the meeting, the Chairperson may recess the meeting or order the meeting room cleared and continue in session. Only matters appearing on the posted agenda may be considered in such a session. Duly accredited representatives of the press or other news media, except those participating in the disturbance, shall be allowed to attend or remain in the meeting.

(l) If any person makes discriminatory or harassing remarks (defined below as used in the Rules of Procedure) at a public meeting, the Chairperson may take the following actions:

- (1) The Chairperson shall read, at Chairperson's option, the County's policy regarding discrimination and harassment (below), into the record. The Chairperson shall state that comments in violation of County policy will not be condoned, and inform the speaker that their language is unwanted, unwelcome and/or inappropriate, and that they interfere with the ability of those present to listen and understand; and
- (2) the Chairperson shall further state that any County employee who is offended or otherwise does not wish to attend due to the remarks is excused from attendance at the meeting during the remarks; and
- (3) the speaker's time will be held during the Chairperson's admonishment and the speaker will receive their full allotment of time, unless the speaker's comments continue to disturb, disrupt, or impede the orderly conduct of the meeting; and
- (4) the speaker will be allowed to continue after the admonishment.
- (5) The Chairperson may call a recess to allow staff or public to leave and/or provide de-escalation.
- (6) After the speaker, any Supervisor may make brief response to such comments, if desired.

Definition: "Discriminatory or harassing remarks" includes legally protected speech in a HPG or committee meeting that disparages an individual or group based on their perceived race, religion, sexual orientation, ethnicity, gender, disability, etc. or other hate speech but does not rise to the level of a criminal threat or inciting violence.

Policy Against Discrimination and Harassment (from County's Code of Ethics): "The County is committed to a work environment free from unlawful discrimination and harassment, including sexual, racial, religious, age, disability, or any other form of discrimination or harassment."

(m) The HPG wishes to promote civil discourse in public discussion and debate, and hereby adopts as its expression of conduct that should be aspired to by all participants in public meetings the attached "Code of Civil Discourse" from the National Conflict Resolution Center.

**Commented [RK1]:** We need to make sure we have this readily available, if needed.

# THE CODE OF CIVIL DISCOURSE

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We believe that the respectful and constructive airing of different points of view is critical to successful dialogue.

We pledge to engage in respectful and constructive civil discourse, therefore:



We will promote an **inclusive** environment where diverse perspectives are shared and considered;



We will listen attentively and ask questions to **understand** others' positions;



We will show **respect** for ideas and views presented, even where we disagree;



We will explain our positions by **fairly** presenting the reasons for them; and,



We will avoid personal attacks or other tactics that distract **attention** from the salient issues.



**NATIONAL  
CONFLICT  
RESOLUTION  
CENTER™**



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**WILMA J. WOOTEN, M.D., M.P.H.**  
PUBLIC HEALTH OFFICER

## **SAN DIEGO HIV PLANNING GROUP (HPG) STRATEGIES & STANDARDS COMMITTEE ACTION ITEM INFORMATION SHEET**

### **APPROVE COMPETENCY IN SERVICE DESIGN AND DELIVERY AS PART OF THE HPG'S UNIVERSAL STANDARDS**

**Fiscal Year 23  
(3/2023 - 2/2024)**

February 22, 2023

#### **ITEM**

Approve the Strategies and Standards Committee recommendations for Competency in Service Design and Delivery to Universal Standards for fiscal year 23 (March 1, 2023 – February 28, 2024).

#### **BACKGROUND**

The Strategies and Standards committee convened on September 6, 2022 to assess the Universal Standards for sensitivity to and language regarding accessibility and disability needs of Ryan White (RW) consumers. As a result, the Recipient's office drafted language for Competency in Service Design and Delivery. During the December 6, 2022 meeting, the group decided to make changes and replace "cultural competency" with "cultural humility and competency". Draft changes were reviewed and approved at the Strategies and Standards committee meeting on Tuesday, February 7, 2023 and put forth the attached document that is presented to the San Diego HIV Planning Group for approval.

#### **RECOMMENDATION**

Approve the attached Competency in Service Design and Delivery document as part of Universal Standards.

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

## Competency in Service Design and Delivery

Local epidemiology in San Diego County indicates that HIV disproportionately impacts some of the County's communities, including gay, ~~bisexual~~bisexual, and other men who have sex with men, Black/African American persons, Hispanic/Latinx persons, Transgender persons, persons who inject drugs, and persons who are age 50 or older. These disproportionalities and disparities result largely from marginalization, oppression, ~~discrimination~~discrimination, and stigma, along with historical and current structural racism, homophobia, transphobia/gender non-binary phobia, and ableism. These disproportionalities also show up in socio-economic status, poverty, educational attainment, stable employment, stable housing, involvement with carceral systems, and access to systems that support whole-person well-being. Finally, other San Diego communities experience disparities in access to services due to their low proportion of the overall epidemiology, such as women and youth living with or vulnerable to HIV.

In 2020 and 2021, the HIV Planning Group conducted a community engagement project, resulting in several recommendations to ensure the HIV service delivery system funded by the County of San Diego can better serve its residents. These recommendations include developing, ~~implementing~~implementing, and evaluating the effectiveness of systems that:

1. Ensure staff who interact with clients or who have control over systems that clients interact with receive education about the realities of lived experiences of clients served, including discussions of inequitable access, inequitable outcomes, and how both personal interactions and systemic barriers can lead to disparate outcomes.
2. Ensure clients receive education and support to advocate for what they need, speak out when their needs are not being adequately addressed, and receive timely and adequate responses and supports to address their needs.
3. Ensure that clients can communicate in ways they are most comfortable (e.g., Spanish, American Sign Language, Adaptive and Assistive Communication.)
4. Ensure that all entry points can assess whole-person and whole-family wellness, and when requested can provide support in accessing additional services and supports.
5. Ensure that client support needs are ~~assessed~~assessed, and reasonable accommodations are available to allow clients to participate in and receive benefit from services.
6. Recruit staff members with lived experience at all levels of the organization and provide appropriate supports to ensure their success.

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To eliminate disparities, all providers must have the ability to provide appropriate and acceptable services to potential and current clients, including persons of color; gay men and other men who have sex with men; men or women vulnerable to HIV; bisexual men and women; transgender individuals; gender non-binary and gender non-conforming individuals; persons who use substances; persons with mental health concerns; and disabled persons. Providers who serve any of these groups must make reasonable accommodations in service provisions to ensure all clients can participate fully in services and achieve the same outcomes.

All providers must have policies and procedures that address ~~cultural competency~~cultural humility and competency, diversity, and inclusiveness. Provider's intake procedures will assess client access issues, including linguistic, literacy and cultural needs, physical accessibility, adaptations and accommodations for disabilities, and service location. Staff working directly with clients must receive a minimum of four hours of ~~cultural competency~~cultural humility and competency training each year.

Providers will identify staff and volunteers who can provide bilingual/bicultural services to individuals who need or prefer to communicate in other languages. If there are no staff members or volunteers who can perform this function, the provider will develop alternate methods to ensure language appropriate services are available.

Providers will assess and ensure the training and competency of individuals who deliver language services to assure accurate and effective communication between clients, staff, and volunteers to transcend language barriers and avoid misunderstanding and omission of vital information.

Standard	Measure
Agency policies address <del>cultural competency</del> <u>cultural humility and competency</u> , diversity, inclusiveness.	Documentation in policies of <del>cultural competency</del> <u>cultural humility and competency</u> , <del>diversity</del> <u>diversity</u> , and inclusion requirements.
Intake procedures assess client access issues, including linguistic, literacy and cultural needs, physical accessibility, adaptations and accommodations for disabilities, and service location needs.	Intake documents, policies and/or procedures that demonstrate assessment of required components.

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Staff receive a minimum of four hours of annual training on <del>cultural competency</del> <u>cultural humility and competency</u>	Documentation of all staff trainings on <del>cultural competency</del> <u>cultural humility and competency</u>
	Copies of curricula, handouts, and any other documentation kept on file that indicate discussions related to inequitable outcomes and interpersonal and systemic sources of disparate outcomes
Staff and volunteers are bilingual and can address the language needs of the populations they serve. If there are no appropriate bilingual staff or volunteers, a plan is in place to ensure language needs are met	Copies of staff credentialing or other indicators that staff are bilingual and can address language needs of client populations served.
	Copy of written plan to address language needs
Provider has available written materials in languages appropriate for communities being served	Materials available in appropriate languages
Clients receive education and support to advocate for what they need, speak out when their needs are not being adequately addressed, and receive timely and adequate responses and supports to address their needs.	Documentation that clients received support and education to advocate for what they need.
	Documentation that client concerns were documented and addressed timely and adequately.
All entry points assess whole-person and whole-family wellness, and when requested can provide support in accessing additional services and supports.	Documentation that all entry points assess whole-person and whole-family wellness and linkage to needed services and supports.

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Client support needs are <del>assessed</del> <u>assessed</u> , and reasonable accommodations are available to allow clients to participate in and receive benefit from services.	Documentation of assessment of client needs
Recruit staff members with lived experience at all levels of the organization and provide appropriate supports to ensure their success.	

**Public Comment/Sharing Concerns/Suggestions to the Steering Committee from  
January 25, 2023**

<b>Agenda Item</b>	<b>Comment</b>	<b>Steering Committee response</b>
<b>Public Comment:</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
<b>Sharing Our Concerns:</b>	<ul style="list-style-type: none"> <li>• An HPG member recommended HPG members be conscious of those with lived experiences and to treat each other with respect especially for those requesting services.</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
<b>Suggestions to the Steering Committee for consideration of future items</b>	<ul style="list-style-type: none"> <li>• None (agenda item tabled due to insufficient time)</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>



# County of San Diego

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PUBLIC HEALTH OFFICER

## **SAN DIEGO HIV PLANNING GROUP MEMBERSHIP COMMITTEE ACTION ITEM INFORMATION SHEET**

### **RECOMMENDATION FOR APPOINTMENT TO THE HIV PLANNING GROUP**

**DATE:** February 22, 2023

**ITEM:** Consider and vote to recommend an appointment to the HIV Planning Group (HPG).

**BACKGROUND:** The Membership Committee interviewed Esteban Martin Duarte on February 8, 2023 and voted to recommend him for membership in the HPG.

Biographic information on candidate Esteban Martin Duarte is listed below:

#### **RECOMMENDATIONS:**

**Action Item:** (Membership Committee): Approve the recommendation to nominate Esteban Martin Duarte as Representative Prevention Services Consumer/Advocate (Seat #26)

This comes to the HIV Planning Group as a seconded motion and is open for discussion.

Biographical information:

#### **Esteban Martin Duarte**

Esteban Martin Duarte is applying for the Recipient Prevention Services Consumer/Advocate seat 26. Esteban began his career in HIV prevention as a community health outreach worker. Esteban M. Duarte was born and raised in San Diego, CA. He developed a passion for helping others, particularly those in the LGBTQ and Latinx communities in Southern California. Esteban is the founder of VIDA which provides LGBTQ Latinx youth with education, open dialogue, and strong role models in the fight against HIV. Esteban is also a grant writer currently working on a scholarship fund to support inclusive equality in the educational goals of young people. He believes building on the community means helping young people know they are not alone in continuing the tradition of working for change. Esteban has received recognition for his work including San Diego Pride Volunteer of the Year, AIDS Walk San Diego, and San Diego Magazine's Latino Impact Award.



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## **SAN DIEGO HIV PLANNING GROUP MEMBERSHIP COMMITTEE ACTION ITEM INFORMATION SHEET**

### **RECOMMENDATION FOR APPOINTMENT TO THE HIV PLANNING GROUP**

**DATE:** February 22, 2023

**ITEM:** Consider and vote to recommend reappointment to the HIV Planning Group (HPG).

**BACKGROUND:** The Membership Committee interviewed Abigail West on February 8, 2023 and voted to recommend her for membership in the HPG.

Biographic information on candidate Abigail West is listed below:

#### **RECOMMENDATIONS:**

**Action Item:** (Membership Committee): Approve the recommendation to reappointment Abigail West as Representative of State Government-CDPH Office of AIDS (OA) Part B (Seat #29)

This comes to the HIV Planning Group as a seconded motion and is open for discussion.

Biographical information:

#### **Abigail West**

Abigail West is reapplying for the State Government-CDPH Office of AIDS (OA) Part B seat 29. Abigail West works for the Office of AIDS at the California Department of Public Health (CDPH) as a Health program Specialist. In 2018 she was appointed to the State Government-CDPH Office of AIDS (OA) Part B seat. Abigail West has been the liaison between the State and the community. She has provided regular updates from the CDPH at HPG meeting and updates via the "OA Voice".



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### **SAN DIEGO HIV PLANNING GROUP STEERING COMMITTEE ACTION ITEM INFORMATION SHEET**

**February 22, 2023**

#### **ACTION ITEM: Elect Two HIV Planning Group (HPG) Vice Chairs**

#### **BACKGROUND:**

The by-laws of the San Diego HIV Planning Group (HPG) include the following provisions:

Article 5, Section B: HIV Planning Group members will elect two vice-chairpersons, one of whom shall be a consumer member. An employee of the HIV, STD, and Hepatitis Branch (HSHB) of Public Health Services cannot be a vice-chair. The vice-chairpersons shall serve a term or two years.

Article 5, 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.

Today the HPG will elect two (2) Vice Chairs, one for a 1-year term and another for a 2-year term. One of the Vice Chairs must be a consumer member of the HPG.

**RECOMMENDATION:** The action today is to elect two (2) Vice-chairpersons, one for a 1-year term and another for a 2-year term.

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



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## **HIV PLANNING GROUP ACTION ITEM INFORMATION SHEET**

### **STEERING COMMITTEE APPROVE RECOMMENDED CHANGES TO THE HPG BYLAWS**

February 22, 2023

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

#### **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 Steering Committee in July 2022 in response to the HRSA site visit report.

Since the HPG Bylaws changes were drafted, the 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 approving proposed modifications of HPG Bylaws
- 2. Action Item:** Consider modifying the current draft HPG Bylaws to include the new name of Community Engagement Group (for the former Consumer 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.

These come to the HPG as seconded motions, open for discussion.



# 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](http://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](http://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.

**2023 Work Plan**  
**HPG, Steering Committee, and Support Staff**

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

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

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



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

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

**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](http://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

## Medical Standards and Evaluation Committee Standard ~~Operation~~ Operating Procedures

**The Charge of the Medical Standards and Evaluation Committee of the HIV Planning Group:** To ensure that HIV Primary Care services provided through local Ryan White-funded clinics meet or exceed established HIV clinical practice standards and Public Health Services (PHS) guidelines, assuring availability and access to state-of-the-art medical care for all eligible People Living With HIV/AIDS (PLWHA)

### Committee Meeting Guidelines:

Committee meetings are intended to provide opportunities for public (people living with or at risk for transmitting or acquiring HIV, community members, service providers, etc.) to participate in discussions and inform votes of the committee. Committee agendas, minutes and reports are all available at least 72 hours prior (24 hours prior for ad-hoc committee meetings) to the committee meeting ([www.sdplanning.org](http://www.sdplanning.org)) and for all attendees at the meeting, along with the sign in sheet for all attendees and committee members.

### Meeting Structure:

Meetings begin with a call to order once quorum is established, committee introductions and comments from the Chair. A quorum is established to conduct business, including any votes, when 50% plus one of the total membership of the committee (committee members' names are listed on the agenda) is present. If there is not a quorum, the Chair will call the meeting to order, state there is not a quorum and immediately adjourn.

Following these explanations there is an opportunity for any **Non-Agenda Public Comment** (any public comments that concern items not listed on the day's agenda) prior to the review of the meeting's agenda.

Action items to **approve the day's agenda** and to review and approve the **last meeting's minutes** may be ~~accepted.~~ **Participation** ~~accepted.~~ **Participation** guidelines during the meeting are then discussed. To ensure ample opportunity for all present to speak and be heard, **committee members** are limited to **2 minutes per comment** & limited to **two comments per item**. **Public comments** are welcomed **prior to each agenda item and again before the committee votes**. Public comments are limited to **one minute per person** (after they introduce themselves and state their affiliation (if any)), so that all have an opportunity to participate. Following these explanations there is an opportunity for any **Non-Agenda Public Comment** (any public comments that concern items not listed on the day's agenda). Next begins the **Old Business** section of the agenda where the committee votes to **approve the day's agenda** and to review and **approve the last meeting's minutes**.

During business portions of the meetings to make certain all are able to participate, the committee utilizes amended **Roberts Rules of Order**. These include 6 basic steps that are followed in a vote of the committee:

1. Once an action item is introduced, a member of the committee **makes a motion** for an action related to the item.
2. That motion then has to be **seconded** by another member of the committee.

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**Commented [TW1]:** This is already stated in the previous paragraph. Isn't this duplicative? I would suggest deleting here, as Non-Agenda Public Comment typically occurs more toward the beginning of the meeting, if I'm not mistaken.

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**Commented [TW2]:** This also seems duplicative, as this is stated at the beginning of this paragraph. The day's agenda and last meeting's minutes are usually approved before the Old Business, not during it.



3. Once a motion is made and seconded, the committee chairperson will ask for **committee discussion** and/or any questions or concerns regarding the motion.
4. After the discussion the committee chair will ask for any further **public comment**.
5. Following all discussion, the committee chair will ask for a **vote on the motion**, including any opposition votes and/or any abstentions.
6. The motion then either carries or fails by counting the majority of votes in support or in opposition.

A few **additional guidelines:**

1. When speaking during the meeting, we encourage our community members and consumers to introduce themselves because it is important to us that we know who you are and are able to get to know you. For Ryan White funded service providers and county staff, we ask that you identify yourself and your affiliation prior to speaking.
2. When using acronyms, please call them out and explain what they mean so that everyone understands what you are saying.
3. At times there may be a request for a point of information from different sources in the audience in order to obtain additional information.

**If you have any questions or concerns, please don't hesitate to ask Planning Group Support Staff.**

**Definitions:**

## 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
<b>TOTAL AWARD AMOUNT</b>	<b>11,976,397.00</b>

58.30%

**RW 2022-23  
YEAR TO DATE EXPENDITURE  
AND SAVINGS BREAK-DOWN AS OF  
Dec 2022**

## 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		
<b>TOTAL</b>		<b>1,197,637.00</b>		<b>354,831.00</b>		<b>10,423,929.00</b>	<b>11,976,397.00</b>	<b>70%</b>	<b>30%</b>

## Ryan White Part A Allocations

Service Categories	HRSA Ranking	Priority Ranking	RW 2022-23 HPG Allocation as of 08/11/21	%	HPG & Recipient 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 83.33% of Year Elapsed/Invoiced)	RW 2022-23 Balance	Comments
Outpatient Ambulatory Health Services: Primary Care	1l	1	1,307,630.00	14%	\$ (512,111.00)	795,519.00	8%	697,168.74	88%	98,350.26	\$275,000 decrease by HPG 03/23/22 \$100,000 decrease by HPG 08/10/22 \$100,000 decrease by HPG 09/28/22 \$37,111 decrease by Recipient 01/26/23
Outpatient Ambulatory Health Services: Medical Specialty	1l	2	383,386.00	4%	(140,000.00)	243,386.00	2%	123,377.31	51%	120,008.69	\$110,000 decrease by HPG 03/23/22 \$30,000 decrease by HPG 07/27/22 \$50,000 decrease by HPG 09/28/22 \$50,000 increase by Recipient 01/26/23
Psychiatric Medication Management	1j	3	28,036.00	84%	-	28,036.00	0%	4,254.41	15%	23,781.59	
Oral Health	1k	4	300,940.00	84%	(100,000.00)	200,940.00	2%	105,472.24	52%	95,467.76	\$100,000 decrease by HPG 07/27/22
Medical Case Management	1h	5	1,268,338.00	14%	143,512.00	1,411,850.00	14%	1,042,698.36	74%	369,151.64	\$50,000 increase by HPG 08/10/22 \$43,512 increase by HPG 10/26/22 \$50,000 increase by Recipient 01/26/23
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%	855,766.95	79%	222,468.05	\$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%	640,251.12	83%	127,255.88	\$100,000 increase by HPG 06/22/22
Non-Medical Case Management	2h	6	392,021.00	4%	95,360.00	487,381.00	5%	325,740.18	67%	161,640.82	\$50,000 increase by HPG 08/10/22 \$10,360 increase by HPG 10/26/22 \$35,000 increase by Recipient 01/26/23
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYP)	1c	11	943,317.00	10%	50,000.00	993,317.00	10%	789,594.60	79%	203,722.40	\$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%	991.00	801,377.00	8%	700,022.96	87%	101,354.04	\$991 increase by Recipient 01/26/23
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%	50,000.00	350,000.00	4%	211,987.34	61%	138,012.66	\$100,000 increase by HPG 06/22/22 \$50,000 decrease by Recipient 01/26/23
Home-based Health Care Coordination	1e	19	228,500.00	2%		228,500.00	2%	147,782.97	65%	80,717.03	

Service Categories	HRSA Ranking	Priority Ranking	RW 2022-23 HPG Allocation as of 08/11/21	%	HPG & Recipient 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 83.33% of Year Elapsed/Invoiced)	RW 2022-23 Balance	Comments
Mental Health: Counseling/Therapy & Support Groups	1j	15	761,062.00	8%	247,893.00	1,008,955.00	10%	587,895.50	58%	421,059.50	\$160,000 increase by HPG 03/23/22 \$140,000 increase by HPG 06/22/22 \$50,000 decrease by HPG 09/28/22 \$47,893 increase by HPG 10/26/22 \$50,000 decrease by Recipient 01/26/23
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%	216,413.20	69%	98,713.80	\$45,168 increase by HPG 06/22/22
Transportation: Assisted and Unassisted	2g	20	127,830.00	1%	26,120.00	153,950.00	2%	98,885.99	64%	55,064.01	\$15,000 increase by HPG 06/22/22 \$10,000 increase by HPG 10/26/22 \$1,120 decrease by Recipient 01/26/23
Food Services: Food Bank/Home-Delivered Meals	2c	21	536,073.00	6%	(5,000.00)	531,073.00	5%	411,430.41	77%	119,642.59	\$5,000 decrease by Recipient 01/26/23
Medical Nutrition Therapy	1i	22	35,542.00	0%		35,542.00	0%	29,147.60	82%	6,394.40	
Legal Services	2i	23	285,265.00	3%		285,265.00	3%	229,655.74	81%	55,609.26	
Emergency Financial Assistance	2b	24	53,730.00	1%	(20,000.00)	33,730.00	0%	26,846.07	80%	6,883.93	\$25,000 decrease by HPG 03/23/22 \$5,000 increase by Recipient 01/26/23
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%	7,244,391.69	74%	2,505,298.31	
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 83.33% of Year Elapsed/Invoiced)	RW 2022-23 Balance	Comments
Case Management (Non-Medical)			69,598.00		6,582.00	76,180.00	11%	58,494.61	77%	17,685.39	
Medical Case Management			252,610.00		7,919.00	260,529.00	39%	148,388.04	57%	112,140.96	
Mental Health Services			175,394.00		(26,328.00)	149,066.00	22%	117,756.18	79%	31,309.82	\$1,337 increase HPG
Outreach Services			36,310.00		6,582.00	42,892.00	6%	19,308.06	45%	23,583.94	\$9,007 increase HPG
Substance Abuse Services (Outpatient)			28,990.00		15,589.00	44,579.00	7%	32,396.98	73%	12,182.02	
Housing: Emergency Housing			100,000.00		-	100,000.00	15%	99,285.21	99%	714.79	
Subtotal			662,902.00		10,344.00	673,246.00	100%	475,629.08	71%	197,616.92	
TOTAL			9,982,424.00		440,512.00	10,422,936.00		7,720,020.77	74%	2,702,915.23	

## CORE and Support Services allocation break-down

	Total Allocation	Total Expenditure	Total Balance
CORE Medical Services	4,616,357.00	3,335,298.03	1,169,602.97
Support Services	5,133,333.00	4,021,267.89	1,081,030.11
TOTAL	9,749,690.00	7,356,565.92	2,250,633.08

-142,491.00 variance

**YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN AS OF DECEMBER 2022 FOR PRIMARY CARE**

**RW 2223 SERVICE DOLLAR ALLOCATIONS AND EXPENDITURES**

<b>Funding Source</b>	<b>RW 22/23 Service Dollars</b>	<b>Contract Year</b>	<b>Contract YTD Expenditure</b>	<b>% of Year Invoice d</b>	<b>% Spent</b>	<b>Balance</b>	<b>Comments</b>
<b>RW-Part A</b>	795,519.00	March 2022/February 2023	697,168.74	83.30%	88%	98,350.26	Part A Payment Summary as of December 2022 invoices.
<b>RW-Part B</b>	407,426.00	April 2022/March 2023	390,873.01	74.97%	96%	16,552.99	Part A Payment Summary, Part B tracking as of December 2022 invoices.
<b>TOTAL</b>	<b>1,202,945.00</b>		<b>1,088,041.75</b>			<b>114,903.25</b>	

# YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN AS OF DECEMBER 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
<b>Ryan White Part B</b>							
Outpatient Ambulatory Health Services (Medical)	407,426.00	April 2022 - March 2023	390,873.01	75%	96%	16,552.99	Part A Payment Summary, Part B tracking as of December 2022 invoices.
Early Intervention Services (Expanded HIV Testing)	-		-	75%	-	-	
Early Intervention Services (Focused Testing)	187,900.00		134,667.44	75%	72%	53,232.56	Part B Payment Summary as of December 2022 invoices.
Medical Case Management (Emergency Financial Assistance)	177,716.00		141,391.83	75%	80%	36,324.17	Part B Payment Summary as of December 2022 invoices.
Housing (Substance Abuse Services-Residential)	518,632.00		412,963.48	75%	80%	105,668.52	Part B Payment Summary as of December 2022 invoices.
Non-medical Case Management (Rep Payee)	50,000.00		39,614.12	75%	79%	10,385.88	Part B Payment Summary as of December 2022 invoices.
CoSD Medical Case Management	403,173.24		233,352.95	75%	58%	169,820.29	Per Q2 Jul-Sep Qtrly invoice
CoSD Early Intervention Services	396,482.82		231,313.65	75%	58%	165,169.17	Per Q2 Jul-Sep Qtrly invoice
<b>Ryan White Part B Total</b>	<b>2,141,330.06</b>		<b>1,584,176.48</b>		<b>74%</b>	<b>557,153.58</b>	
<b>Ryan White Part B-MAI Bridge</b>	<b>97,277.00</b>	April 2022 - March 2023	<b>83,362.57</b>	75%	<b>86%</b>	<b>13,914.43</b>	Part B-MAI Payment Summary as of December 2022 invoices.
<b>Prevention 2022</b>							
<i>Counseling and Testing</i>	180,000.00	January - December 2022	176,459.23	100%	98%	3,540.77	Prevention Payment Summary as of December 2022 invoices.
<i>Evaluation/ Linkage Activities/ Needs Assessment</i>	842,315.00		819,303.64	100%	97%	23,011.36	Prevention Payment Summary as of December 2022 invoices.
<b>Prevention Total</b>	<b>1,022,315.00</b>		<b>995,762.87</b>			<b>26,552.13</b>	
<b>CDPH Ending the HIV Epidemic - Component A</b>	<b>\$4,496,525</b>	August 2022 - July 2023	<b>9,062.50</b>	<b>42%</b>	0.20%	<b>4,487,462.50</b>	Only one contract - 211SD. Payment Summary as of December 2022 invoices.
<b>CDPH Ending the HIV Epidemic - Component C</b>	<b>\$240,000</b>	August 2021 - July 2022	-	<b>0%</b>	0.00%	<b>240,000.00</b>	CDPH EHE Comp C No Contract.
<b>HRSA Ending the HIV Epidemic- 20-078</b>	<b>\$1,800,360</b>	March 2022 - February 2023	<b>790,336.67</b>	<b>83%</b>	43.90%	<b>1,010,023.33</b>	HRSA EHE Payment Summary as of December 2022 invoices. <b>Pending invoices:</b> PO#565625 -Dec, PO#564245 - Nov and Dec, PO# 566476 - Dec, PO#563232 - Nov and Dec, PO#563231 - Nov and Dec, PO#566466 - Dec
<b>TOTAL</b>	<b>9,797,807.06</b>		<b>3,462,701.09</b>		<b>35%</b>	<b>6,335,105.97</b>	

# SUMMARY OF SERVICES FOR FY22

Mar. 1, 2022- Feb. 28, 2023

RYAN WHITE SERVICES		Jan	End of Year Total	Prior Year Total
<b>FY 2022-2023</b>				
Total clients served each month	Clients	1,351		
New clients in FY22	Clients	96	3,262	3,426
Returning FY22 clients	Clients	1,255		
<b>VIRAL LOAD SUPPRESSION</b>				
Virally suppressed	Clients	1,042		
% Virally suppressed		92%		
With Test	Tests	1,138		
Without Test	Tests	213		
<b>PART-A SERVICES</b>				
Outpatient Ambulatory Health Services: HIV Primary Care*	Visits	135	1,478	1,472
	Clients	117	673	677
Outpatient Ambulatory Health Services: Medical Specialty Care	Visits	0	292	145
	Clients	0	138	89
Psychiatric Medication Management	Visits	1	16	44
	Clients	1	11	23
Oral Health Care: Dental Care	Visits	35	947	841
	Clients	32	360	331
Early Intervention/Integrated Services for Women, Children & Families: Coordinated Care	Visits	72	2,050	1,842
	Clients	29	169	144
Early Intervention/Integrated Services for Women, Children & Families: Childcare	Visits	5	78	138
	Clients	3	45	62
Early Intervention Services: Regional Services	Visits	875	8,072	7,551
	Clients	400	1,118	1,190
Early Intervention Services: Peer Navigation Services	Visits	139	1,457	903
	Clients	75	262	199
Early Intervention Services: Outreach Services	Visits	0	0	0
	Clients	0	0	0
Medical Case Management Services	Visits	941	9,510	10,579
	Clients	398	852	939
Home-based Health Care Coordination	Visits	42	697	850
	Clients	20	54	54
Case Management -Non-Medical	Visits	423	4,575	5,928
	Clients	179	361	503
Mental Health Services: Counseling/Therapy	Visits	202	2,836	3,000
	Clients	102	284	298
Substance Abuse Treatment Services – Residential*	Visits	0	142	0
	Clients	0	37	0
Substance Abuse Treatment Services - Outpatient	Visits	256	3,399	2,587
	Clients	51	106	66
Housing Services: Partial Assistance Rental Subsidy	Visits	112	1,226	1,384
	Clients	112	136	157
Medical Transportation Services - Assisted	Visits	0	23	16
	Clients	0	17	9
Medical Transportation Services - Unassisted	Visits	228	3,092	2,991
	Clients	168	443	493
Housing Services: Emergency Housing Assistance	Visits	54	848	1,180
	Clients	43	461	467
Food Services: Food Bank/ Home Delivered Meals	Meals	3808	36,121	41,408
	Clients	144	236	352
Medical Nutrition Therapy	Visits	0	123	166
	Clients	0	83	90

\*Includes Part B funded services

# SUMMARY OF SERVICES FOR FY22

Mar. 1, 2022- Feb. 28, 2023

RYAN WHITE SERVICES		Jan	End of Year Total	Prior Year Total
<b>PART-A SERVICES continued</b>				
Legal Services	Visits	13	153	183
	Clients	12	109	100
Emergency Financial Assistance	Visits	0	335	431
	Clients	0	96	89
Internet Access	Visits	0	2	2
	Clients	0	2	2
Internet Equipment	Visits	4	16	26
	Clients	4	9	13
Collateral Contacts	Visits	201	2,409	3,612
	Clients	129	562	642
<b>MAI SERVICES</b>				
Medical Case Management Services	Visits	173	1,313	1,761
	Clients	78	170	170
Mental Health Services: Therapy/Counseling	Visits	40	751	575
	Clients	21	93	82
Substance Abuse Treatment Services - Outpatient	Visits	59	352	193
	Clients	34	61	34
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	78	941	738
	Clients	40	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
<b>FY 2022-2023</b>			
<b>Race/Ethnicity</b>			
White (not Hispanic)	805	24.68%	
Black or African American (not Hispanic)	411	12.60%	
Hispanic or Latino(a)	1,807	55.40%	
Asian/Pacific Islander, not Hispanic	60	1.84%	
American Indian/Alaska Native, not Hispanic	17	0.52%	
Multi-Race, not Hispanic	47	1.44%	
Race data not in ARIES	115	3.53%	3,262
<b>Gender</b>			
Male	2,628	80.56%	
Female	520	15.94%	
Transgender FTM	3	0.09%	
Transgender MTF	110	3.37%	
Other	1	0.03%	
Client Refused to Report	0	0.00%	3,262
<b>Age Categories</b>			
< 2	28	0.86%	
02-12	10	0.31%	
13-24	70	2.15%	
25-44	1,253	38.41%	
45-64	1,536	47.09%	
65 and over	365	11.19%	3,262
<b>Poverty Level</b>			
<138%	2,562	78.54%	
138-199%	368	11.28%	
200-299%	231	7.08%	
300-399%	68	2.08%	
400-499%	19	0.58%	
>500%	14	0.43%	
Financial data not in ARIES	0	0.00%	3,262
<b>HRSA Housing Status</b>			
Stable/Permanent	2,288	70.14%	
Temporary	433	13.27%	
Unstable	368	11.28%	
Housing Status not in ARIES	173	5.30%	3,262
<b>Insurance Status</b>			
Private	105	3.22%	
Medicaid	603	18.49%	
Other	11	0.34%	
No Insurance	2,289	70.17%	
Insurance not in ARIES	254	7.79%	3,262
<b>San Diego Region</b>			
Central	1,121	34.37%	
East	230	7.05%	
South Bay	576	17.66%	
Southeast	268	8.22%	
North Coastal	350	10.73%	
North Inland	163	5.00%	
North Central	235	7.20%	
Zip Code may be outside SD County	135	4.14%	
Zip Code not in ARIES	184	5.64%	3,262



January 2023 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



# 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  
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WILMA J. WOOTEN, M.D., M.P.H.  
PUBLIC HEALTH OFFICER

## SAN DIEGO HIV PLANNING GROUP (HPG) STEERING COMMITTEE

Tuesday, January 17, 2023

11:00 a.m.

WebEx Meeting

**DRAFT MINUTES**

Quorum = 4

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

Absent: Allan Acevedo, Community Engagement Group

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. <b>Action:</b> 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. <b>Action:</b> 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). <b>Motion/Second/Count (M/S/C):</b> Jacobs/Van Brocklin 5/0 <b>Abstentions:</b> Lochner <b>Motion carries</b>	

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3. Comments from the chair, moment of silence	The chair thanked attendees for their participation, thanked Rodney von Jaeger, who is retiring, for his diligent work, reviewed Respectful Engagement principles and led a moment of silence.	
4. Public comment	None	
5. Sharing our Concerns	None	
6. <b>Action:</b> Review/Approval of Steering Committee agenda for Tuesday, January 17, 2023	<b>Action:</b> Approve Steering Committee agenda for January 17, 2023 as presented: <b>M/S/C:</b> Tilghman/Lewis 5/0 <b>Abstentions:</b> Lochner <b>Motion carries</b>	
7. <b>Action:</b> Review/approve HPG meeting agenda	<b>Action:</b> Review/approve HPG meeting agenda for January 25, 2023 as presented with the noted changes: Table agenda items 8. i., j., & k. until the February 22, 2023 HPG meeting. <b>M/S/C:</b> Jacobs/Lewis 5/0 <b>Abstentions:</b> Lochner <b>Motion carries</b>	
<b>8. Committee Reports and Recommendations</b>		
a. Membership Committee	Report included in the packet; Bob Lewis highlighted the Membership Recruitment plan from the Getting to Zero (GTZ) Action Plan.	
i. Recommendation for HPG Membership	No membership recommendations currently.	
ii. Recommendation to remove an HPG member	The committee recommends removal of Alfredo de Jesus from the HPG as he is unable to be engaged in the process.	Move for HPG action on January 25, 2023.
b. Priority Setting and Resource Allocations		
i. Recommendation(s) for reallocation of funds in FY 22 or FY 23 (the current	Recommendations for reallocation for FY 23 will go to HPG as Recipient Recommendations.	Move for HPG action on January 25, 2023.

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fiscal year or next fiscal year, respectively)		
c. Community Engagement Group	A change of the charge is presented to the Steering Committee today; the group is also working on their training plan.	
d. Strategies and Standards		
i. Recommendation for changes to the Psychosocial Service standards.	The committee did not meet in January 2023 and will convene in February. There is continuation of work on the GTZ Action Plan, as well as the development of a task force to implement the JEDI principles. There is continued progress on updating the Universal standards. There is Action to the HPG on updating the Psychosocial services standards.	Move action for HPG action on January 25, 2023.
e. Medical Standards and Evaluation	The November 2022 meeting was cancelled due to lack of quorum. The next meeting is scheduled for February 14, 2023 and committee will look at revising Primary Care Practice Guidelines. There were data requests made to the Recipient and the GTZ Action Plan.	
f. Steering Committee	The committee did not meet in December 2022.	
<b>9. Process and Governance Issues:</b>		
a. Review: Public comments/HPG member comments/Suggestions to the Steering Committee from previous HPG meeting(s)	Public comments from the October 2022 HPG meeting were reviewed.	
b. Update: Preparation for in-person meetings	There was discussion on holding HPG and committee meetings at The Center. Costs for using The Center as a meeting venue were shared. There was a suggestion to use a County location or another community location such as a library.	Committees to add "Discuss possible meeting locations" to their February 2023 agendas.

Agenda Item	Discussion/Action	Follow-Up Needed
	<p>It was requested to add to all committee agendas to “Discuss possible meeting locations”</p> <ul style="list-style-type: none"> <li>• Considerations for meeting locations: <ul style="list-style-type: none"> <li>○ On a public transportation line, ADA accessible</li> <li>○ Need to post agendas 72 hours in advance.</li> </ul> </li> </ul> <p>There was a request to inform committee chairs of the guidelines for in-person meetings.</p> <p>The committee recommended developing a small workgroup to work on process for selecting meeting locations. Bob Lewis will chair the workgroup with Rhea Van Brocklin and Mikie Lochner and will work with support staff to figure out details.</p>	<p>A workgroup for meetings location will meet and develop recommendations.</p> <p>Staff will research if the HPG and committees can meet at a Ryan White (RW) funded agency.</p>
c. Discussion: Implementation of AB 2449	Rodney von Jaeger discussed the Assembly Bill 2449 check list which was included in the meeting materials packet. The committee recommended discussing with HPG committee members.	Include document and discuss at the January 25, 2023 HPG meeting.
d. <b>Action:</b> Approve proposed changes to HPG Bylaws and consider modification of quorum and forward to HPG	<p><b>Action:</b> Approve proposed changes to HPG Bylaws and consider modification of quorum to 33% and forward to HPG.</p> <p><b>M/S/C:</b> Jacobs/Van Brocklin 5/0</p> <p><b>Abstentions:</b> Lochner</p> <p><b>Motion carries</b></p>	Move for HPG action on January 25, 2023.
e. Review and approve 2023 HPG Work Plan	<p><b>Action:</b> Approve the 2023 HPG Work Plan as presented.</p> <p><b>M/S/C:</b> Ransom/Jacobs 5/0</p> <p><b>Abstentions:</b> Lochner</p> <p><b>Motion carries</b></p>	Steering Committee will review monthly.

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f. Review and approve 2023 HPG and committees meeting schedule	<p><b>Action:</b> Approve the 2023 HPG and committee meeting schedule, which was included in the meeting materials packet.</p> <p><b>M/S/C:</b> Tilghman/Lewis 5/0</p> <p><b>Abstentions:</b> Lochner</p> <p><b>Motion carries</b></p>	Include in the January 25, 2023 HPG meeting materials packet.
g. Discuss: Steering Retreat and HPG Retreat	<p>The HPG Retreat is scheduled for March 24, 2023 at The Center for HPG members only.</p> <p>A Steering Committee Retreat for three (3) hours is recommended after the HPG Retreat. Rhea Van Brocklin invited the HPG to use Christie's Place for the retreat.</p>	
h. Update: GTZ Community Engagement Project - 3-Year HPG Action Plan	<p>Dr. Jacobs discussed actions moving forward, including:</p> <ul style="list-style-type: none"> <li>• The HPG Communications plan (HPG)</li> <li>• Representation on the HPG (Community Engagement and Strategies)</li> <li>• Recruitment (Membership)</li> <li>• Reviewing meeting times, locations, refreshments (Membership)</li> <li>• Process for public comment, a list of community engagement opportunities, and have orientation material available online (Steering)</li> <li>• Funding housing at full capacity and increase capacity for mental health (Priority Setting and Resource Allocation)</li> </ul>	
i. Discussion: HPG Vice-Chair election	<p>Vice-Chair elections will occur in February 2023. One (1) Vice-Chair elected for one (1) year and one (1) elected for two (2) years to stagger the elections going forward. Nominations are open.</p>	

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j. Follow-up: Conflict of Interest (COI) Disclosure Form	The HPG COI Disclosure Form will be presented in February/March along with the required County Form 700, which is now required to be submitted electronically. Additionally, HPG members will be surveyed regarding continued fulfillment of requirement for the currently occupied seat and their top two (2) committee choices.	
k. <b>Action:</b> Approve public comment process based on that used by the County Board of Supervisors	<b>Action:</b> Approve public comment process based on that used by the County Board of Supervisors. Correct “20 minutes total time” to “10 minutes total time”. <b>M/S/C:</b> Jacobs/Lewis 5/0 <b>Abstentions:</b> Lochner <b>Motion carries</b>	
l. Discussion: Delayed Expenditure reports	The committee discussed some expenditure reports were more than two (2) months and requested the Recipient inform the HPG if in May final report will be delayed more than two (2) months.	
m. Update: Integrated Statewide Strategic Plan	The Health Resources and Services Administration (HRSA) has accepted the plan; the Recipient staff will follow-up with the California Dept. of Public Health and with the Strategies and Standards Committee regarding implementation.	
n. Committee Operating Procedures	The current Committee Operating Procedures was included in the meeting materials packet. The committee requested staff pull other committee (former Non-Medical Standards and Evaluation Committee, and the Medical Standards and Evaluation Committee) drafted, but unapproved. Mikie Lochner will work with HPG staff and committee chairs on	

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	reviewing and updating the Committee Operating Procedures.	
o. RWHAP Letter - Supporting People/Lived Experience	HRSA clarified in the letter that Consumers cannot be compensated with cash or cash-equivalent but may be supported in other ways. For example with food or gas cards. The letter also notes the planning body may adjust meeting hours to after-hours or weekends.	Include the RWHAP letter in the January 25, 2023 HPG packet.
<b>10. Update and budget review from the HIV, STD, and Hepatitis Branch (HSHB)</b>		
a. Program Updates (Maritza Herrera)	The COVID state of emergency for California is scheduled to end at the end of February 2023. It is anticipated that the County will end the state of emergency at the same time. The Ending the HIV Epidemic (EHE) training is continuing with a community provider. The Getting to Zero (GTZ) app will be delayed until early 2023.	
b. Service Utilization Summary Report - November and December 2022 (Maritza Herrera)	Data through Dec. 2022 was presented. There were 3,156 clients served, which is a 10% decline compared to the previous year. Viral suppression for RW clients who had a viral load test was 90%.	
c. Monthly Client Service Evaluation (Goldenrods) October, November, and December 2022 (Maritza Herrera)	In November 2022 there were no Goldenrods received; in December 2022 there were 2 received, both positive remarks.	
d. CQM update	No updates.	
e. Procurements (Lauren Brookshire)	Procurements expected to be awarded soon for Comprehensive HIV Prevention Services (CHPS), CHPS for Services for People who Inject Drugs, CHPS for Transgender persons, Routine HIV testing and Benefits navigation.	



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	There is an active procurement for Medical Specialty and there will be upcoming procurements for Outpatient Ambulatory Health Services: Primary Care; Coordinated HIV Services; Substance Use Treatment Services: Outpatient, Food Services, and others. For more information check Buynet.com.	
f. FY 22 Expenditure/Budget review – November report for January meeting (Lauren Brookshire)	Review included data through November 2022. There is an action going to the HPG for reallocation for FY 23, next fiscal year. There are continued lower expenditures in Primary Care, Medical Specialty, Psychiatric Medication Management and Oral Health.	
g. HRSA, CDC and CDPH policies and procedures updates (Lauren Brookshire)	No updates.	
h. Administrative Budget review - Rodney von Jaeger	There are reported savings due to not meeting in person (translation services, food, gas/mileage) and Needs Assessment; There will be a request to use portion of those funds to purchase items to expedite in-person meetings, including pdf readers to avoid printing excessive paper for meetings. The purchase of a portable printer was suggested.	
11. <b>Action:</b> Approval Meeting minutes from October 18, 2022	<b>Action:</b> Approve meeting minutes of October 18, 2022 <b>M/S/C:</b> Lewis/Ransom 4/0 <b>Abstentions:</b> None <b>Motion carries</b>	
12. Review follow-up items from the minutes	Reviewed.	
13. Review committee attendance	Reviewed, report included in the meeting materials packet.	
14. Future Agenda Items for Consideration	None	

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15. Announcements:	A member of the public recommended including mouth guards on the February agenda for the Medical Evaluation and Standards Committee.	
16. Confirm next meeting date and time/adjournment	Date: <b>February 14, 2023</b> Time: <b>11:00 a.m. – 1:00 p.m.</b> Location: WebEx	
17. Adjournment	1:08 p.m.	

**HIV PLANNING GROUP**  
**12-MONTH COMMITTEE TRACKING**  
**Feb 2022 - Jan 2023**

**STEERING**

	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	#
Total Meetings	1	1	1	1	1	1	0	1	1	0	0	1	9
Community Engagement Group	*	*	*	*	*	1	NM	*	*	NM	NM	1	2
Medical Standards	*	*	*	*	*	*	NM	1	1	NM	NM	*	2
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