
SAN DIEGO HIV PLANNING GROUP (HPG)



Wednesday, March 26, 2025, 1:00 PM – 5:00 PM
Southeastern Live Well Center
5101 Market Street, San Diego, CA 92114
Tubman Chavez Room A

The Charge of the HIV Planning Group: The HIV Planning Group Committee Charge is to set priorities & allocate funds to provide services for people living with HIV/AIDS.

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Meeting Location & Directions:

HIV Planning Group

Wednesday, March 26, 2025

1:00 PM - 5:00 PM

Southeastern Live Well Center

5101 Market Street

San Diego, CA 92114

Tubman Chavez Room A



Visitor/Employee parking available in parking structure. Main entrance can be accessed by exiting the parking structure on the 2nd floor and walking down the sidewalk to the left.

FROM I-805 SOUTH:

1. Head northwest on I-805 North.
2. Take exit 12B for Market St.
3. Turn right onto Market St.
4. The destination will be on your right.

FROM I-805 NORTH:

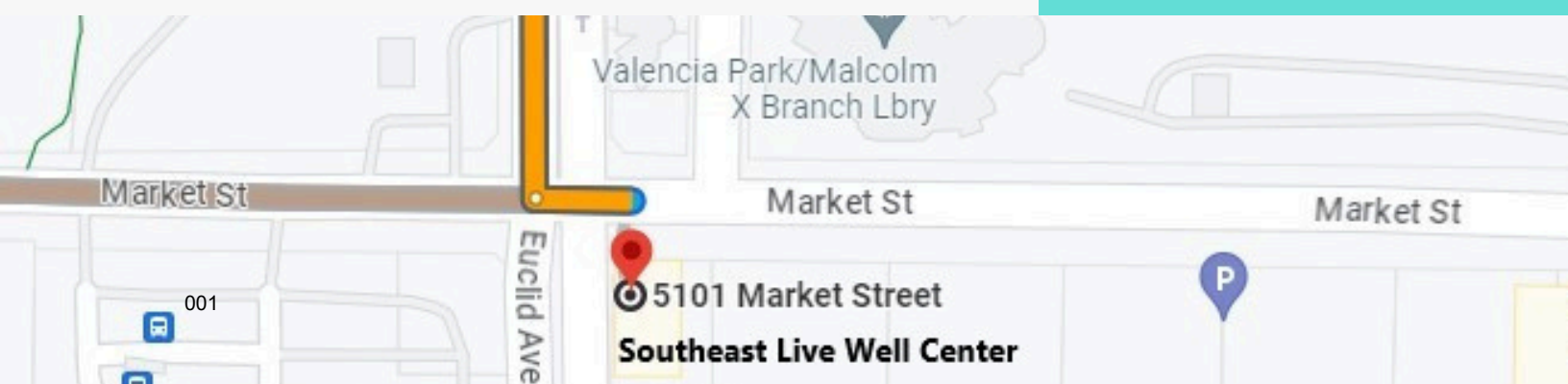
1. Head southeast on I-805 South.
2. Take exit 13A for CA-94-E/M L King Jr. Fwy.
3. Merge onto CA-94 E.
4. Take exit 4A for Euclid Ave.
5. Turn left onto Euclid Ave.
6. Use the left 2 lanes to turn left onto Market St.
7. The destination will be on your right.



PUBLIC TRANSPORTATION

MTS Trolley:
Orange Line

MTS Bus Routes:
3, 4, 5, 13, 60, 916,
917 and 955



Procedure of HPG Public Requests During HPG Meetings

During public comment periods of HPG meetings, public members sometimes request a variety of things directly or indirectly in their comments (e.g., information/clarification, data, investigation of a circumstance, etc. or may assert circumstances that require clarification to address either in 1:1 communication or in a subsequent meetings).

The process/procedure for responding is as follows.

During each HPG meeting (including the one in which the direct or indirect request is made), the chair or vice-chair will:

Explain the process for a response and indicate that:

1. HPG Support Staff has placed their email and phone number in the chat so that the speaker can contact the staff to discuss and clarify the request. The staff will obtain contact information for any needed follow-up (name, email address, phone number, and preference for communication).
2. When the speaker contacts HPG Support, staff will respond within one business day via email or phone call to obtain contact information and the basic details of the request.
3. The day following the HPG meeting, an internal debrief meeting will be held which includes the review of follow-up items. Follow-up items are discussed and assigned to appropriate personnel to respond further to obtain the required information/clarification. The requestor will be contacted the same business day as the meeting is held. *Items that involve or require provider contract information are assigned to Recipient staff.*
4. If the situation requires further research or data gathering, Support Staff will inform the requestor and provide a good faith estimate of the time required for the research and when the requestor may expect a fuller response from the staff.
5. Every attempt will be made to obtain and communicate the requested information within a 10-day period.
6. When a full response is provided, the follow-up item will be recorded as completed.

HPG CONFLICT OF INTEREST (COI) SHEET									
	Conant, Juan	Davenport, Beth	Garcia Bigley, Felipe	Grelotti, David J.	Ignalino, Ben	Nava, Veronica	Paugh, Shannon	Spector, Stephen A.	Van Brocklin, Rhea
CHS: WICYF*									
Early Intervention Services: Regional Services									
Early Intervention Services: Minority AIDS Initiative									
Home-Based Health Care Coordination									
Medical Case Management									
Mental Health: Groups / Therapy									
Mental Health: Counseling / Therapy									
Mental Health: Psychiatric Medication Management									
Non-Medical Case Management									
Oral Health									
Outpatient Ambulatory Health Services: Medical Specialty									
Outpatient Ambulatory Health Services: Primary Care									
Outreach Services									
Peer Navigation**									
Substance Use Disorder Treatment: Outpatient									
Substance Use Disorder Treatment: Residential									
Transportation: Assisted and Unassisted									

*Coordinated HIV Services for Women, Infants, Children, Youth and Families

**Referral for Healthcare and Support Services

No Conflicts

Aguirre Mendoza, Marco
Donovan, Michael
Garcia, Hector
Garcia, Rosemary

Fleming, Tyra
Jones, Lori
Kubricky, Cinnamen
Lochner, Michael

Miles, Skyler
Price, Venice
Rooney, Ivy
Weber, Jeffery

West, Abigail
Wimpie, Michael
Yancey, Adrienne

SAN DIEGO HIV PLANNING GROUP (HPG)



Wednesday, March 26, 2025, 1:00 PM – 5:00 PM
Southeastern Live Well Center
5101 Market Street, San Diego, CA 92114
(Tubman Chavez Room A)

To participate remotely via Zoom:

<https://us06web.zoom.us/j/85368987291?pwd=KnO1bBlgoyR53sVY04E8ymyNo6OUq4.1>

Call in: +1 (669) 444-9171

Meeting ID (access code): 853 6898 7291

Password: SDHPG

Language translation services are available upon request at least 96 hours prior to the meeting.

Please contact HPG Support Staff via e-mail at hpg.hhsa@sdcounty.ca.gov.

A quorum for this meeting is twelve (12)

HPG Members: Marco Aguirre Mendoza | Juan Conant | Beth Davenport | Michael Donovan | Tyra Fleming | Hector Garcia | Rosemary Garcia | Felipe Garcia-Bigley | David Grelotti | Ben Ignalino | Lori Jones | Cinnamen Kubricky (Vice-Chair) | Michael Lochner (Chair) | Skyler Miles | Veronica Nava | Shannon Paugh | Venice Price | Stephen Spector | Rhea Van Brocklin | Jeffery Weber | Abigail West* | Michael Wimpie | Adrienne Yancey

**Participating virtually from 1616 Capitol Ave, Sacramento, CA 95814*

ORDER OF BUSINESS

1. Call to order and roll call
2. Welcome, moment of silence, matters from the Chair
3. Public comment (for members of the public) – concerns/questions/suggestions for future topics
4. HPG Member Open Forum – concerns/questions/suggestions for future topics
5. **ACTION:** Approve the HPG agenda for March 26, 2025
6. Routine Business:

- a. **ACTION:** Approval of consent agenda for March 26, 2025 which includes:

- i. Approval of HPG minutes from January 22, 2025
- ii. Acceptance of the following committee minutes:

Steering Committee	January 21, 2025
Membership Committee	January 8, 2025
Priority Setting and Resource Allocation Committee	January 9, 2025
Medical Standards and Evaluation Committee	November 12, 2024
Community Engagement Group	December 11, 2024; January 29, 2025
Strategies and Standards Committee	December 3, 2024

SAN DIEGO HIV PLANNING GROUP (HPG)

(The following is for HPG information, not for acceptance):

CARE Partnership

January 13, 2025

iii. Committee Reports

1. HPG committees

2. State Office of AIDS (OA) and AIDS Drug Assistance Program (ADAP) –
Abigail West

3. Housing Committee Report – committee representative

iv. California HIV Planning Group (CHPG) – Mikie Lochner

v. Administrative Items:

1. HPG expenditures report

7. New Business:

a. **Presentation:** Core Medical Services Waiver

b. **ACTION** (*Priority Setting and Resource Allocation Committee*): Re-allocations for FY
25 (March 1, 2025 – February 28, 2026)

c. 2025 Retreat

i. Introductions and Ice Breaker

ii. Training:

1. Strengths, Weaknesses, Opportunities, Threats (SWOT)

2. Creating SMART (Specific, Measurable, Achievable, Relevant, Time-
Bound) Goals

iii. Break

iv. SWOT Activity

v. Break

vi. Developing SMART Goals

vii. Wrap-up

8. Adjournment

Next Meeting Date: **Wednesday, April 23, 2025, at 3:00 PM – 5:00 PM**

Location: Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114
(Tubman Chavez Room C) and via Zoom.

Waiver of the Ryan White HIV/AIDS Program Core Medical Services Expenditure Requirement

Policy Notice 21-01 (Revised 10/01/24)

Replaces Policy Number 13-07

Scope of Coverage

Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB)
Ryan White HIV/AIDS Program (RWHAP) Parts A, B, and C.

Purpose of Policy Notice

This HRSA HAB Policy Notice (PN) provides the processes and requirements for HRSA RWHAP Parts A, B, and C recipients to request waivers of the statutory requirement regarding expenditure amounts for core medical services.

The revised PN describes a new requirement included on the RWHAP Core Medical Services Waiver Attestation Form. It also includes various editorial changes to respond to stakeholder feedback regarding clarity. The revised policy is effective beginning on October 1, 2024.

Background

Recipients must spend at least 75 percent of grant funds on core medical services. See Title XXVI of the Public Health Service Act (the RWHAP legislation, Part A section 2604(c), Part B section 2612(b), and Part C section 2651(c)). Grant funds include Minority AIDS Initiative (MAI) funding but exclude the amounts allowable by statute for administrative and clinical quality management (CQM) costs. The Secretary can waive this requirement for a recipient if: 1) there are no waiting lists for the AIDS Drug Assistance Program (ADAP), and 2) core medical services are available and accessible to all HRSA RWHAP eligible individuals in the recipient's service area. Approved RWHAP Part A, Part B, and Part C core medical services waivers are effective for one budget period of a grant award, which is one year.

Requirements

A HRSA RWHAP Part A, B, or C recipient must meet the following requirements:

1. Core medical services must be available and accessible within 30 days to all HRSA RWHAP eligible individuals identified in the recipient's service area. Core medical services must be available and accessible, regardless of the payment source. The recipient may use existing, non-RWHAP resources in the service area to ensure availability and access to core medical services.
2. There must be no ADAP waiting lists in the recipient's service area.
3. There must be a public process to obtain input on the waiver request. This public process must seek input from impacted communities on the availability of core medical services and the decision to request the waiver. Impacted communities include clients and RWHAP-funded core medical services providers. You may use the same method to seek input on community needs as part of the annual priority setting and resource allocation, comprehensive planning, statewide coordinated statement of need, public planning, and/or needs assessment processes.

Example of Applying the Requirement

If a RWHAP eligible individual needs outpatient ambulatory health services, which is a core medical service, an appointment to see a provider must be available within 30 days within the recipient's service area, regardless of how that service is funded. If all core medical services are not similarly accessible and available, or if there is an ADAP waiting list, you do not qualify for a waiver.

Requesting a Waiver

To request a waiver, the Chief Elected Official, Chief Executive Officer, or a designee of either must complete and submit the HRSA RWHAP Core Medical Services Waiver Request Attestation Form (attached below on page 4) to HRSA HAB as specified by the deadlines and methods described below.

The form must specify the percentages of HIV service dollars, including MAI funds, the recipient proposes to allocate to core medical and support services, if the waiver is approved. Signature indicates attestations for eligibility and the requirement of documentation upon request.

No other documentation is required to be submitted with the HRSA RWHAP Core Medical Services Waiver Request Attestation Form.

Submitting Waiver Requests

HRSA RWHAP Part A and RWHAP Part C waiver requests must be submitted as an attachment with the grant application or the mandatory non-competing continuation (NCC) progress report. Waiver requests do not count towards grant application or NCC progress report page limits.

HRSA RWHAP Part B recipients may submit a waiver request prior to the submission of a grant application, with the grant application or NCC progress report as an attachment or up to four months after the start of the budget period for which the waiver is requested.

HRSA RWHAP Part B recipients may request a waiver for the HIV Care Formula award, or the Ryan White Part B Supplemental award, or both. Recipients must request each waiver separately.

Methods for Submitting Waiver Requests

Waiver requests submitted with grant applications must be submitted through www.grants.gov. Waiver requests submitted with the mandatory NCC progress report must be submitted through the Electronic Handbooks (EHBs).

Part B recipients planning to request a waiver before or after the submission of a grant application or NCC progress report must notify their HRSA HAB project officer (PO) who will send a Request for Information (RFI) through the EHBs.

Waiver Review and Notification Process

HRSA HAB will review waiver requests and notify recipients of its approval or denial within four weeks of receipt of the request.

Approved core medical services waivers are only effective for one budget period. Approved waivers are not required to be implemented, should circumstances change. Recipients must submit a new request(s) each budget period.

HRSA Ryan White HIV/AIDS Program (RWHAP) Core Medical Services Waiver Request Attestation Form

This form is to be completed by the Chief Elected Official, Chief Executive Officer, or a designee of either. Please initial to attest to meeting each requirement after reading and understanding the corresponding explanation. Include the proposed percentages of HIV service dollars allocated to core medical and support services in the Proposed Ratio for RWHAP Core Medical and Support Services section.

Name of recipient _____

☐ RWHAP Part A recipient ☐ RWHAP Part B recipient ☐ RWHAP Part C recipient

☐ Initial request ☐ Renewal request

Year of request _____

REQUIREMENT	EXPLANATION
No ADAP waiting lists	By initialing here and signing this document, you attest there are no AIDS Drug Assistance Program (ADAP) waiting lists in the service area. <input type="checkbox"/>
Availability of, and accessibility to core medical services to all eligible individuals	By initialing here and signing this document, you attest to the availability of and access within 30 days to core medical services for all HRSA RWHAP eligible individuals in the service area. Such access is without regard to funding source, and without the need to spend at least 75 percent of funds remaining from your RWHAP award (after reserving statutory permissible amounts for administrative and clinical quality management costs). You also agree to provide HRSA HAB supportive evidence of meeting this requirement upon request. <input type="checkbox"/>
Evidence of a public process	By initialing here and signing this document, you attest to having had a public process during which input related to the availability of core medical services and the decision to request this waiver was sought from impacted communities, including clients and RWHAP funded core medical services providers. You also agree to provide supportive evidence of such process to HRSA HAB upon request. <input type="checkbox"/>
PROPOSED RATIO FOR RWHAP CORE MEDICAL AND SUPPORT SERVICES	
RWHAP core medical services	RWHAP support services
%	%

SIGNATURE OF CHIEF ELECTED OFFICIAL OR CHIEF EXECUTIVE OFFICER (OR DESIGNEE)

PRINT NAME

TITLE

DATE

Public Burden Statement: HRSA uses the documentation submitted in core medical services waiver requests to determine if the applicant/grant recipient meets the statutory requirements for waiver eligibility including: (1) No waiting lists for AIDS Drug Assistance Program (ADAP) services; and (2) evidence of core medical services availability within the grant recipient's jurisdiction, state, or service area to all people with HIV identified and eligible under Title XXVI of the PHS Act. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0906-0065 and it is valid until 08/31/2027. This information collection is required to obtain or retain a benefit (Ryan White HIV/AIDS Treatment Extension Act of 2009, Part A section 2604(c), Part B section 2612(b), and Part C section 2651(c)). Data will be kept private to the extent required by law. Public reporting burden for this collection of information is estimated to average 0.49 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Information Collection Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857 or paperwork@hrsa.gov. Please see <https://www.hrsa.gov/about/508-resources> for the HRSA digital accessibility statement.



County of San Diego

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INTERIM PUBLIC HEALTH OFFICER

ELIZABETH A. HERNANDEZ, Ph.D.
PUBLIC HEALTH SERVICES DIRECTOR

SAN DIEGO HIV PLANNING GROUP (HPG) ACTION ITEM INFORMATION SHEET

RECOMMENDATIONS FOR RE-ALLOCATION FOR FY 25-26 (03-01-2025 TO 02-28-2026)

DATE: March 26, 2025

ITEM: Consider the Priority Setting and Resource Allocation Committee (PSRAC) 1st recommendation for re-allocating Part A funds in fiscal year 2025-2026.

BACKGROUND:

The HIV, STD, and Hepatitis Branch (HSHB) continues to see high utilization of Outpatient Ambulatory Health Services (OAHS): Primary Care. PSRAC is recommending an increase to avoid potential interruption of the availability of this key service.

The reduction of nine percent (9%) to all remaining services is recommended. The savings can be deployed to meet the high utilization of OAHS: Primary Care.

RECOMMENDATIONS:

1. **Action Item:** Decrease the following service categories by nine percent (9%):
 - OAHS: Medical Specialty by **\$17,550** from **\$195,000** to **\$177,450**.
 - Oral Health by **\$14,485** from **\$160,940** to **\$146,455**.
 - Medical Case Management by **\$103,667** from **\$1,151,853** to **\$1,048,186**.
 - Non-Medical Case Management by **\$35,282** from **\$392,021** to **\$356,739**.
 - Non-Medical Case Management for Housing by **\$18,000** from **\$200,000** to **\$182,000**.
 - Housing: Partial Assistance Rental Subsidy (PARS) by **\$76,546** from **\$850,507** to **\$773,961**.
 - Housing Location, Placement and Advocacy Services by **\$9,000** from **\$100,000** to **\$91,000**.
 - Housing: Emergency Housing by **\$106,516** from **\$1,183,515** to **1,076,999**.
 - Mental Health: Counseling/Therapy and Support Groups by **\$72,900** from **\$810,000** to **\$737,100**.

- Substance Use Treatment Services: Outpatient by **\$28,181** from **\$313,127** to **\$284,946**.
 - Mental Health: Psychiatric Medication Management by **\$540** from **\$6,000** to **\$5,460**.
 - Coordinated HIV Services for Women, Infants, Children, Youth, and Families (CHS: WICYF) by **\$89,384** from **\$993,157** to **\$903,773**.
 - Early Intervention Services (EIS): Regional Services by **\$71,100** from **\$790,000** to **\$718,900**.
 - Peer Navigation by **\$23,400** from **\$260,000** to **\$236,600**.
 - Psychosocial Support Services by **\$4,207** from **\$46,744** to **\$42,537**.
 - Home-based Health Care Coordination by **\$20,565** from **\$228,500** to **\$207,935**.
 - Transportation – Assisted and Unassisted by **\$13,665** from **\$151,830** to **\$138,165**.
 - Food Services: Food Bank/Home Delivered Meals by **\$48,247** from **\$536,073** to **\$487,826**.
 - Medical Nutrition Therapy by **\$3,199** from **\$35,542** to **\$32,343**.
 - Legal Services by **\$25,674** from **\$285,265** to **\$259,591**.
 - Emergency Financial Assistance by **\$5,567** from **\$61,856** to **\$56,289**.
2. **Action Item:** Increase Outpatient Ambulatory Health Services: Primary Care by **\$787,674** from **\$1,102,630** to **\$1,890,304**.

This recommendation comes to the HPG as a first motion.



County of San Diego

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SAN DIEGO HIV PLANNING GROUP (HPG) ACTION ITEM INFORMATION SHEET

RECOMMENDATIONS FOR RE-ALLOCATION FOR FY 25-26 (03-01-2025 TO 02-28-2026)

DATE: March 26, 2025

ITEM: Consider the Priority Setting and Resource Allocation Committee (PSRAC) 2nd recommendation for re-allocating Part A funds in fiscal year 2025-2026.

BACKGROUND:

The HIV, STD, and Hepatitis Branch (HSHB) continues to see high utilization of Outpatient Ambulatory Health Services (OAHS): Primary Care. PSRAC is recommending an increase to avoid potential interruption of the availability of this key service.

The reduction of 5 percent (5%) to service categories budgeted under \$300,000 and the reduction of 9 percent (9%) to all remaining service categories are recommended. The savings can be deployed to meet the high utilization of OAHS: Primary Care.

RECOMMENDATIONS:

1. **Action Item:** Decrease the following service categories by five percent (5%):
 - OAHS: Medical Specialty by **\$9,750** from **\$195,000** to **\$185,250**.
 - Oral Health by **\$8,047** from **\$160,940** to **\$152,893**.
 - Non-Medical Case Management for Housing by **\$10,000** from **\$200,000** to **\$190,000**.
 - Housing Location, Placement and Advocacy Services by **\$5,000** from **\$100,000** to **\$95,000**.
 - Mental Health: Psychiatric Medication Management by **\$300** from **\$6,000** to **\$5,700**.
 - Peer Navigation by **\$13,000** from **\$260,000** to **\$247,000**.
 - Psychosocial Support Services by **\$2,337** from **\$46,744** to **\$44,407**.
 - Home-based Health Care Coordination by **\$11,425** from **\$228,500** to **\$217,075**.

- Transportation – Assisted and Unassisted by **\$7,592** from **\$151,830** to **\$144,239**.
 - Medical Nutrition Therapy by **\$1,777** from **\$35,542** to **\$33,765**.
 - Legal Services by **\$14,263** from **\$285,265** to **\$271,002**.
 - Emergency Financial Assistance by **\$3,093** from **\$61,856** to **\$58,763**.
2. **Action Item:** Decrease the following service categories by nine percent (9%):
- Medical Case Management by **\$103,667** from **\$1,151,853** to **\$1,048,186**.
 - Non-Medical Case Management by **\$35,282** from **\$392,021** to **\$356,739**.
 - Housing: Partial Assistance Rental Subsidy (PARS) by **\$76,546** from **\$850,507** to **\$773,961**.
 - Housing: Emergency Housing by **\$106,516** from **\$1,183,515** to **1,076,999**.
 - Mental Health: Counseling/Therapy and Support Groups by **\$72,900** from **\$810,000** to **\$737,100**.
 - Substance Use Treatment Services: Outpatient by **\$28,181** from **\$313,127** to **\$284,946**.
 - Coordinated HIV Services for Women, Infants, Children, Youth, and Families (CHS: WICYF) by **\$89,384** from **\$993,157** to **\$903,773**.
 - Early Intervention Services (EIS): Regional Services by **\$71,100** from **\$790,000** to **\$718,900**.
 - Food Services: Food Bank/Home Delivered Meals by **\$48,247** from **\$536,073** to **\$487,826**.
3. **Action Item:** Increase Outpatient Ambulatory Health Services: Primary Care by **\$718,407** from **\$1,102,630** to **\$1,821,037**.

This recommendation comes to the HPG as a first motion.



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ACTION ITEM INFORMATION SHEET

RECOMMENDATIONS FOR RE-ALLOCATION FOR FY 25-26 (03-01-2025 TO 02-28-2026)

DATE: March 26, 2025

ITEM: Approve the Recipient recommendations for re-allocating Part A funds in fiscal year 2025-2026.

BACKGROUND:

The HIV, STD, and Hepatitis Branch (HSHB) continues to see high utilization of Outpatient Ambulatory Health Services: Primary Care. We are recommending an increase to avoid potential interruption of the availability of this key service.

The reduction to Housing Location, Placement and Advocacy Services is recommended because this service category will not be deployed until a later date. Emergency Housing Services, Mental Health, Peer Navigation and Transportation are recommended because these service categories have historically had savings. The reduction in Emergency Housing will impact approximately 68 clients and 1,271 units of service. The reduction in Mental Health will impact approximately 110 clients and 4,845 units of service. The reduction in Peer Navigation will impact approximately 62 clients and 609 units of service. The reduction in Transportation will impact approximately 148 clients and 1,731 units of service. The total amount identified can be deployed to meet the high utilization of Outpatient Ambulatory Health Services: Primary Care.

RECOMMENDATIONS:

1. **Action Item:** Decrease Emergency Housing by **\$250,000** from **\$1,183,515** to **\$933,515**.
2. **Action Item:** Decrease Housing Location, Placement and Advocacy Services by **\$100,000** from **\$100,000** to **\$0**.
3. **Action Item:** Decrease Mental Health by **\$230,000** from **\$810,000** to **\$580,000**.
4. **Action Item:** Decrease Peer Navigation by **\$88,407** from **\$260,000** to **\$171,593**.
5. **Action Item:** Decrease Transportation by **\$50,000** from **\$151,830** to **\$101,830**.
6. **Action Item:** Increase Outpatient Ambulatory Health Services: Primary Care by **\$718,407** from **\$1,102,630** to **\$1,821,037**.

HPG FY 25 Part A & MAI Allocation Worksheet

HPG FY 25 Part A & MAI Allocation Worksheet																Level Scenario Remaining Balance 0			Level Scenario Remaining Balance 0				
Level Scenario Remaining Balance \$0			FY 20 Final Expenditures			FY 21 Final Expenditures			FY22 Final Expenditures			FY23 Final Expenditures			FY24 Allocations			FY25 PSRAC Recommendations			Approved Revisions to HPG Allocations for FY 25		
SERVICE CATEGORY		FY 25 Priority Rank	FY 20			FY 21			FY 22			FY 23			FY 24			FY 25			FY 25		
			Allocated	Expended	% Budget Spent (Expended vs Allocated)	Allocated	Expended	% Budget Spent (Expended vs Allocated)	Allocated	Expended	% Budget Spent (Expended vs Allocated)	Allocated	Expended	% Budget Spent (Expended vs Allocated)	Allocated	Expended through January	% Budget Spent (Expended vs Allocated)	Approved FY 25 Allocations	PROPOSED CHANGES (+ / -)	Proposed Revisions to FY 25 Allocations	Approved FY 25 Allocations	APPROVED CHANGES (+ / -)	Approved Revisions to FY 25 Allocations
OAHS: Primary Care		1	937,762	730,209	78%	828,630	788,573	95%	1,307,630	1,058,990	103%	1,102,630	1,104,470	100%	1,928,742	1,314,102	68%	1,102,630	718,407	1,821,037	1,102,630		1,102,630
OAHS: Medical Specialty		2	234,292	128,990	55%	165,962	129,963	78%	383,386	194,080	80%	374,097	127,702	34%	195,000	147,641	76%	195,000	(9,750)	185,250	195,000		195,000
Oral Health		3	159,877	158,453	99%	175,940	158,676	90%	300,940	151,952	76%	174,728	171,165	98%	241,571	152,669	63%	160,940	(8,047)	152,893	160,940		160,940
Medical Case Management		4	1,416,922	1,394,275	98%	1,262,830	1,165,953	92%	1,268,338	1,313,568	94%	1,352,083	1,310,697	97%	1,151,853	1,026,424	89%	1,151,853	(103,667)	1,048,186	1,151,853		1,151,853
Non-Medical Case Management		5	415,674	407,111	98%	390,717	358,043	92%	392,021	407,487	85%	437,236	419,105	96%	392,021	338,897	86%	392,021	(35,282)	356,739	392,021		392,021
Non-Medical Case Management for Housing		6	-	-	-	-	-	-	250,000	-	0%	-	-	-	-	-	-	200,000	(10,000)	190,000	200,000		200,000
Housing: Partial Assistance Rental Subsidy (PARS)		7	715,507	675,991	94%	827,507	770,230	93%	667,507	772,975	97%	807,506	749,109	93%	850,507	498,669	59%	850,507	(76,546)	773,961	850,507		850,507
Housing Location, Placement and Advocacy Services		8	-	-	-	-	-	-	100,000	-	0%	-	-	-	-	-	-	100,000	(5,000)	95,000	100,000		100,000
Housing: Emergency Housing		9	1,325,424	1,291,275	97%	1,611,424	1,533,763	95%	280,000	1,044,260	97%	1,250,000	1,177,673	94%	1,183,515	986,581	83%	1,183,515	(106,516)	1,076,999	1,183,515		1,183,515
Mental Health: Counseling/Therapy & Support Groups		10	811,724	792,549	98%	761,062	717,510	94%	761,062	736,499	95%	975,970	877,060	90%	729,000	593,968	81%	810,000	(72,900)	737,100	810,000		810,000
Substance Use Tx Services: Outpatient		11	276,404	269,262	97%	269,959	259,043	96%	269,959	255,037	81%	288,587	267,982	93%	313,127	273,083	87%	313,127	(28,181)	284,946	313,127		313,127
Mental Health: Psychiatric Medication Management		12	28,036	14,321	51%	28,036	8,867	32%	28,036	5,486	20%	13,036	7,466	57%	17,394	12,040	69%	6,000	(300)	5,700	6,000		6,000
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (CHS: WICYF) (Formerly "Early Intervention Services (EIS): Countywide Services for Women, Children & Families)		13	991,457	991,433	100%	943,317	943,261	100%	943,317	993,157	100%	993,327	993,294	100%	993,157	908,270	91%	993,157	(89,384)	903,773	993,157		993,157
*Early Intervention Services																							
*Medical Case Management																							
*Non-Medical Case Management																							
*Mental Health																							
*Childcare services		13a																					
*Outreach to WICYF																							
*Peer Navigation for WICYF																							
*Transportation for WICYF																							
Early Intervention Services (EIS): Regional Services		14	772,784	760,631	98%	800,386	752,432	94%	800,386	833,533	97%	860,304	818,327	95%	790,000	666,691	84%	790,000	(71,100)	718,900	790,000		790,000
*Health Education & Risk Reduction		14a																					
*Outreach Services		14b																					
*Referral Services		14c																					
Health Education and Risk Reduction		15	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Peer Navigation (Referral for Health Care and Support Srvs.)		16	303,633	291,007	96%	300,000	285,961	95%	300,000	248,378	78%	402,231	307,871	77%	213,200	165,429	78%	260,000	(13,000)	247,000	260,000		260,000
Psychosocial Support Services		17	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	46,744	(2,337)	44,407	46,744		46,744
Substance Use Tx Services: Residential		18	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Home-based Health Care Coordination		19	234,500	234,498	100%	228,500	217,608	95%	228,500	193,490	85%	228,500	207,239	91%	155,380	94,082	61%	228,500	(11,425)	217,075	228,500		228,500
Transportation - Assisted & Unasst.		20	131,196	98,616	75%	134,642	111,686	83%	127,830	121,345	79%	169,057	126,021	75%	151,830	130,023	86%	151,830	(7,592)	144,239	151,830		151,830
Food Services: Food Bank/Home Delivered Meals		21	567,585	567,585	100%	543,551	543,548	100%	536,073	530,043	100%	531,573	467,213	88%	536,073	468,909	87%	536,073	(48,247)	487,826	536,073		536,073
Medical Nutrition Therapy		22	35,542	35,542	100%	35,542	35,507	100%	35,542	35,319	99%	35,542	34,397	97%	35,542	32,213	91%	35,542	(1,777)	33,765	35,542		35,542
Legal Services		23	285,265	285,265	100%	285,265	285,265	100%	285,265	279,142	98%	285,265	284,652	100%	285,265	256,300	90%	285,265	(14,263)	271,002	285,265		285,265
Emergency Financial Assistance		24	38,550	20,670	54%	46,252	23,180	50%	53,730	33,833	100%	68,356	57,486	84%	79,660	61,887	78%	61,856	(3,093)	58,763	61,856		61,856
Home Health Care		25	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Early Intervention Services: HIV Counseling and Testing		26	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cost-Sharing Assistance		27	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hospice		28	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Part A TOTALS			9,682,134	9,147,683		9,639,522	9,089,070	94%	9,319,522	9,208,574	94%	10,350,028	9,508,928	92%	10,242,837	8,127,880	79%	9,854,560	0	9,854,560	9,854,560	-	9,854,560
Minority AIDS Initiative (MAI)			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Multi-Disciplinary Team			666,551	609,554		562,901	527,717	94%	562,902	469,826	82%	573,246	498,266	87%	593,183	458,245	77%	574,238	-	574,238	574,238		574,238
Targeted Client Advocacy						-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Emergency Housing						100,000	99,054	99%	100,000	99,455	99%	100,000	52,722	53%	100,000	90,717	91%	100,000	-	100,000	100,000		100,000
MAI TOTALS			666,551			662,901	626,771	95%	662,902	569,280	85%	673,246	550,988	82%	693,183	548,962	79%	674,238	-	674,238	674,238	-	674,238
GRAND TOTALS			10,348,685			10,302,423	9,715,841	94%	9,982,424	9,777,854	94%	11,023,274	10,059,915	91%	10,936,020	8,676,841	79%	10,528,798	0	10,528,798	10,528,798	-	10,528,798



HIV Planning Group
Priority Setting and Resource Allocation Committee
Overall 2024 Key Data Findings
Approved July 11, 2024



HIV Epidemiology

- Total number of Persons Living with HIV disease (PLWH) in San Diego County (Prevalent cases) = **15,035**.
- Recent cases (2019-2023) = **2,142** (a subset of the total or prevalent cases).
- The majority of PLWH through year-end 2023 were men who have sex with men (MSM). For women, heterosexual transmission was the mode of transmission. East, North Inland, and Central Regions have the largest proportion of recent HIV disease diagnoses among women (more than 56% of total women in the three regions).
- The majority of recent HIV diagnoses for over ten years were people of color. The proportion of Non-Hispanic White cases decreased over time, while the proportion of Hispanic/Latino cases increased over time.
- The **HIV rate** (number/100,000 or 10^5) was higher for Non-Hispanic Black/African American (**$38.2/10^5$**) than Hispanic/Latino (**$20.5/10^5$**) or Non-Hispanic White (**$7.2/10^5$**) between 2019 and 2023.
- Since 2019, the 30-39 years age group and the 20-29 years group were the most frequent age groups at diagnosis among recent HIV diagnoses (33.6% and 28.9%, respectively), whereas the **50-59** was the most frequent age group for total PLWH (26.9%) and **60-69** was the second most frequent age group (23.6%)
- The groups with significantly higher percentages of simultaneous diagnoses (<30 days) were (comparing each result with 15.7% for all PLWH): **age groups 40-49** (23.6%), **50-59** (25.5%), **60-69** (31.6%) and **70+** (43.5%); **Females** (17.4%); **Hispanic/Latino** (17.8%); **South Region** (20.4%), **North Inland** (19.4%) and **North Central** (17.4%); **heterosexual** (19.1%)

Co-occurring Health Conditions, Poverty & Insurance Status

- Persons living with HIV (PLWH) are more likely than general San Diego County populations to experience the following conditions: TB, STIs, hepatitis B & C, mental illness, injection and non-injection drug use, homelessness, poverty, and lack of insurance.
- Co-occurring health conditions make providing medical care more complex, require greater provider expertise, and **increase the cost of care** for PLWH.
- Research also reveals a higher incidence of gastrointestinal diseases, circulatory diseases, endocrine/nutritional/metabolic diseases, nervous system diseases, and neoplastic diseases such as cancer or lymphoma. PLWH greater than 50 years of age experience an increase in age-related diseases; causes of morbidity and mortality for older PLWH include non-infectious comorbidities, such as cardiovascular disease, hypertension, bone fractures, chronic kidney disease, liver disease, diabetes mellitus, and non-AIDS-defining cancers.

Care Continuum/Viral Suppression

- In San Diego County, of the total number of people who are infected with HIV, **69% are in receipt of care**; **45% are retained in care** and **57% are virally suppressed**.
- **African Americans/Blacks** had a **significantly lower level of viral suppression (47%)** compared to all PLWH (57%) for all PLWH, but not for all RW clients (90% vs. 92% for all RW clients).
- There was a **significantly lower level of viral suppression for Latinx/Hispanics** (55%) compared to Whites (61%).
- Among all RW clients, there was a significantly lower level of viral suppression for **Multiple races** (81% compared to 92%).

- **Persons who inject drugs (PWID)** (45%), **men who have sex with men (MSM) + PWID** (46%), **heterosexual contact** (46%), and **unknown risk** (33%) had significantly lower viral suppression compared to all PLWH (57%).

Unaware Estimate

- Definition: PLWH, not aware of their status/have not been tested.
- **The estimate of PLWH and unaware of their status** in San Diego County in 2023 was **1,277 or 8.5%** (of 15,035 estimated number of PLWH in San Diego County).

Unmet Need Estimate

- Definition: PLWH, but not in medical care.
- **The unmet need estimate of PLWH** in San Diego County in 2023 was **4,661 or 31%** (of 15,035 estimated number of PLWH in San Diego County).

Regional Availability of Ryan White (RW) Part A/B Services

- The fewest RW Part A/B services are available in the North Inland region, followed by the East region.
- All of the RW Part A/B services are available in the Central region.

Service Eligibility Guidelines

- To be eligible to receive Ryan White Parts A/B services in San Diego County, one must:
 - Be a resident of San Diego County
 - Have an income at or below 500% of the Federal Poverty Level (FPL) (\$75,300 annually or \$6,275/month for a household of one)
 - Have a confirmed HIV diagnosis (except in service categories that permit services to HIV-negative and unaware)
 - Have no other payer for service
- All clients must be reassessed for eligibility every twelve months

Survey of HIV Impact 2020-2021

- The top 5 ranked services (in order) are **HIV medications, HIV primary care, dental care, case management** and **medical specialists**.
- The top “need but can’t get” services are **dental care, help to pay rent, legal services, counseling/therapy, and peer advocacy/navigation**.
- The percentage of respondents who said they “need but can’t get” a service **increased in all top 5 services** noted above since the 2017 survey.

Needs Assessment Focus Groups 2020-2021


- The **top 3 concerns** Consumers discussed in the focus groups were:
 - Access to care
 - Mental health
 - Housing
- The **top reasons for not taking HIV medication** as prescribed were:
 - Drug use and drug addiction
 - Forgetting to take the medication
 - Lack of access to health care or resources to get the medication refilled
 - Experiences of homelessness
 - Side effects of HIV medication
 - Experiences of mental health issues, such as depression

Getting to Zero Community Action Plan Focus Groups 2020-2021

- **160 community participants** living with or vulnerable to HIV provided input to the following 11 recommendations:
 1. Acknowledge and address medical system mistrust. Representation noted as an issue; ensure ongoing recruitment, support, and retention of a workforce representative of those living with HIV.
 2. Improve communications and outreach strategies for those living with and at higher risk for HIV who live, work, or participate in historically underserved, low-income communities.
 3. Ensure that all HIV community members have opportunities for equitable access to tele-health appointments and participation in public meetings, address the digital disparities present for those with lower income who are also living with or at higher risk for HIV.
 4. Provide increased mental health and substance use treatment opportunities for those living with or at higher risk for HIV.
 5. More consistently provide rapid access to basic support services: housing, food, transportation, and emergency financial assistance, including shut-off and eviction prevention.
 6. Continue to expand the opportunities to hire, support and utilize peer navigators, peer health educators, peer outreach specialists, benefits navigators, and housing specialists.
 7. Design, integrate, and deploy strategies to address the stigmas faced by HIV community members, including the multiple layers of stigma faced by those living with HIV who are also Black and Latino MSM; transgender persons; immigrants who may be under-documented or undocumented; those struggling with mental health symptoms or alcohol/substance use challenges or those without stable housing.
 8. Increase the number of HIV service sites that have the capacity for whole person-whole health services, including PrEP, mental health services, substance use treatment services, hormone treatment, case management, and housing resources.
 9. Design, create, and execute improved community engagement and outreach strategies that utilize community organizing principles and personal relationship building.
 10. Revise and refine the documentation processes that create a barrier to access services for persons living with or at increased risk for HIV.
 11. Design and deploy a variety of brief, online trainings for those living with or at higher risk for HIV.

Non-RW Mental Health and Substance Use Disorder Treatment Services in San Diego County

- There are several **non-RW** mental health and substance use treatment services providers in San Diego County that have HIV/PLWHA/LGBTQ competencies. Some of the providers noted also receive RW funds for services and may provide services using non-RW funds.
- All programs operated by or contracted through the **County of San Diego Behavioral Health Services (BHS)** are required to provide services and supports that respect diverse beliefs, identities, cultures, preference, and represent linguistic diversity of those served. Programs are responsible for evaluating the need for culturally/linguistically appropriate services and linking individuals to those services or making appropriate referrals.



Planning for People Living and Aging with HIV

Using SWOT Analysis to Develop SMART Objectives

Objectives



To address the challenges faced by people living and aging with HIV, you will:

- Define and conduct a SWOT assessment
- Identify how SWOT findings can be used to develop SMART objectives
- Understand and draft SMART objectives to address SWOT findings

Ice Breaker



- Think back 20 or 30 years. What were some of the major challenges faced by People Living and Aging with HIV?
- Think about today:
 - How have things changed?
 - What challenges remain?

SWOT Components

- **Strengths (S):** Internal Advantages - What are we doing well? What internal advantages do we have?
- **Weaknesses (W):** Internal Challenges - Where could we improve? What internal challenges are we facing?
- **Opportunities (O):** External factors that could be leveraged for growth - What external trends, conditions, partnerships and/or resources might help us?
- **Threats (T):** External Risks & Barriers - What external factors could hinder our success? What risks or challenges do we need to anticipate?

SWOT Examples



Strengths **(S)**: Internal Advantages - What are we doing well? What internal advantages do we have?

- **Example: Experienced healthcare providers that are knowledgeable about HIV and aging.**

Weaknesses **(W)**: Internal Challenges - Where could we improve? What internal challenges are we facing?

- **Example: Limited specialized providers focusing on geriatrics and HIV care.**

Opportunities **(O)**: External Growth Factors - What external trends, conditions, partnerships and/or resources might help us?

- **Example: Advances for telehealth for better access to care.**

Threats **(T)**: External Risks & Barriers - What external factors could hinder our success? What risks or challenges do we need to anticipate?

- **Example: Potential cuts to HIV/AIDS funding and aging related resources.**

Why SWOT Matters for People Living and Aging with HIV



- Helps identify gaps in services and policy barriers
- Supports data driven decision making
- Aligns community needs with program strategies
- Strengthens funding proposals and advocacy efforts

Activity: SWOT Analysis

- Identify Strengths, Weaknesses, Opportunities, and Threats related to people living and aging with HIV
- Use the SWOT Analysis worksheet in page 6 of your workbook

Group Activity: SWOT Gallery Walk



- **Strengths (S):** Internal Advantages - What are we doing well? What internal advantages do we have?
- **Weaknesses (W):** Internal Challenges - Where could we improve? What internal challenges are we facing?
- **Opportunities (O):** External factors that could be leveraged for growth - What external trends, conditions, partnerships and/or resources might help us?
- **Threats (T):** External Risks & Barriers - What external factors could hinder our success? What risks or challenges do we need to anticipate?

What are SMART Objectives?

SMART Objectives ensure that goals related to people living and aging with HIV are:

- **Specific:** What exactly do you want to achieve? Be clear and specific.
- **Measurable:** How will you measure success? Include numbers and/or clear indicators.
- **Achievable:** Is this goal realistic given available resources and constraints?
- **Relevant:** How does this align with the needs of people living and aging with HIV?
- **Time-bound:** What is the deadline for achieving this goal?

From SWOT to SMART



SWOT – Strength: A community that supports and understands people living and aging with HIV.

Specific (S) – What exactly do we want to achieve?

- What specific issues related to older adults living with HIV do we want to address? Who will be involved and what will they do?
- **Example: Develop a peer mentorship program for people living and aging with HIV to provide social support and reduce isolation.**

Measurable (M) – How will we track progress?

- What indicators will show success? How many, how much, or how often?
- **Example: Recruit and train 20 peer mentors within the next 12 months to support at least 50 people living and aging with HIV.**

From SWOT to SMART



Achievable **(A)** – Can we realistically accomplish this goal?

- Do we have the necessary resources, time, and partnership? What steps are needed to make this happen?
- **Example: Partner with three local HIV service organizations to train peer mentors and provide support materials.**

Relevant **(R)** – Why is this goal important?

- How does it align with the needs of older adults living with HIV? How will this improve health outcome or quality of life?
- **Example: People living and aging with HIV experience higher rates of social isolation, which affects mental and physical health. A peer mentorship program directly addresses this gap.**

From SWOT to SMART



Time-bound (**T**) – When will this be accomplished?

- What is the deadline for completing this objective? Are there key milestones along the way?
- **Example: Within the next 12 months, train and deploy the first cohort of peer mentors, with a mid-year check-in to assess impact.**

SMART Objective: Within the next 12 months, develop and implement a peer mentorship program for people living and aging with HIV by recruiting and training 20 peer mentors, partnering with three local HIV service organizations for training and support materials, and ensuring at least 50 older adults receive social support, with a mid-year check-in to assess impact.

Activity: Create a SMART Objective



- Identify a key issue from a SWOT Analysis
- Develop one SMART Objective addressing the issue
- Use the SMART Objective worksheet in page 11 of your workbook

Group Activity: SMART Objective Gallery Walk



Specific: What exactly do you want to achieve? Be clear and specific.

Measurable: How will you measure success? Include numbers and/or clear indicators.

Achievable: Is this goal realistic given available resources and constraints?

Relevant: How does this align with the needs of people living and aging with HIV?

Time-bound: What is the deadline for achieving this goal?

Discussion and Conclusion

- What are other key takeaways from our SWOT analysis and SMART objectives?
- How do you see these tools helping you in your role?
- What are some of the biggest challenges or gaps you think need immediate attention in our community's efforts to support people living and aging with HIV?

“The greatest wealth is health.”

Virgil, Ancient Roman Poet

SAN DIEGO HIV PLANNING GROUP (HPG)



Wednesday, January 22, 2025, 3:00 PM – 5:00 PM
Southeastern Live Well Center
5101 Market Street, San Diego, CA 92114
(Tubman Chavez Room A)

A quorum for this meeting is thirteen (13).

HPG Members (16): Juan Conant | Beth Davenport | Michael Donovan | Tyra Fleming | Hector Garcia | Felipe Garcia-Bigley | Ben Ignalino | Lori Jones | Mikie Lochner (Chair) | Skyler Miles | Veronica Nava | Shannon Paugh | Ivy Rooney | Rhea Van Brocklin | Jeffery Weber | Michael Wimpie

HPG Members Joining Virtually (4): Marco Aguirre Mendoza | Cinnamen Kubricky (Vice- Chair) | Stephen Spector | Abigail West

HPG Members Absent (3): Rosemary Garcia | David Grelotti | Adrienne Yancey

ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order	Mikie Lochner called the meeting to order at 3:03 PM and noted the presence of an in-person quorum.	
2. Welcome, roll call, moment of silence, matters from the Chair	Introductions were made by HPG members, participants attending in person, and participants online/via Zoom. A moment of silence was observed.	
3. Public comment	A member of the public expressed concern about underspending in the Partial Assistance Rental Subsidy (PARS) service category with only one month of the award year left. Additionally, they expressed concern about lack of consideration for the consumers' time when it comes to meeting attendance.	
4. HPG Member Open Forum	HPG members shared the following: <ul style="list-style-type: none">- A reminder to be mindful of the need for social support services.- A reminder about the requirement to complete the annual forms.	
5. ACTION: Approve the HPG agenda for January 22, 2025	Motion: Approve the HPG agenda for January 22, 2025 as presented with the noted changes: Agenda item 7d, "HPG Member Expectations" is not ready to be voted on and will just be discussed. Motion/Second/Count (M/S/C): Fleming/Wimpie/19-0 Abstentions: Lochner Motion carries	

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
6. Old Business	None	
7. New Business		
a. Presentation: Dental Health Services and Practices – Dr. Fadra Whyte, County of San Diego	<p>Dr. Whyte presented on dental health services and practices. The following discussion was held:</p> <ul style="list-style-type: none"> - Important to sustain relationships with clients and help them connect with dentists, including our own families. - There are no dental services provided by the County at this time, but there are some contracted providers that do offer these services, such as Federally Qualified Health Centers (FQHC) which are able to help with coordination via an electronic medical record. - There should be no reason that dental providers would be denying services to those living with HIV. 	Dr. Whyte to provide additional materials on the risks of skipping dental services to HPG Support Staff (HPG SS) for sharing.
b. ACTION (<i>Priority Setting and Resource Allocation Committee</i>): Reallocations for FY 24 (March 1, 2024 – February 28, 2025, the current fiscal year)	<p>Motion: Approve a decrease of funding to Emergency Housing by \$332,483 from \$1,515,998 to \$1,183,515.</p> <p>M/S/C: Priority Setting and Resource Allocation Committee (PSRAC)/13-0</p> <p>Discussion: A member of the public expressed concern about the general housing in San Diego.</p> <p>Abstentions: Aguirre Mendoza, Conant, Garcia, H., Kubricky, Lochner, Nava, Van Brocklin</p> <p>Motion carries</p> <p>Motion: Approve an increase of funding to Psychiatric Medication Management by \$5,600 from \$11,793 to \$17,393.</p> <p>M/S/C: PSRAC/14-0</p> <p>Abstentions: Conant, Garcia-Bigley, Ignalino, Lochner, Paugh, Spector, Van Brocklin</p> <p>Motion carries</p> <p>Motion: Approve an increase of funding to Oral Health by \$30,631 from \$210,940 to \$241,571.</p> <p>M/S/C: PSRAC/13-0</p> <p>Abstentions: Aguirre Mendoza, Conant, Garcia-Bigley, Kubricky, Lochner, Paugh, Van Brocklin</p> <p>Motion carries</p> <p>Motion: Approve an increase of funding Outpatient Ambulatory Health Services: Primary</p>	

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
	Care by \$296,252 from \$1,631,490 to \$1,928,742. M/S/C: PSRAC/13-0 Abstentions: Conant, Garcia-Bigley, Ignalino, Lochner, Paugh, Spector, Van Brocklin Motion carries	
c. ACTION (<i>Membership Committee</i>): Approve HPG appointments/reappointments	Motion: Approve Nicole Aguilar to the HPG as the Recipient of other Federal HIV Programs – Housing Opportunities for Persons with AIDS (HOPWA)/Housing and Urban Development (HUD), Seat #40. M/S/C: Membership Committee/17-0 Abstentions: Garcia-Bigley, Lochner Motion carries Motion: Approve the recommendation for reappointment of Ivy Rooney to the HPG as the Prevention Intervention Representative, Seat #43. M/S/C: Membership Committee/17-0 Abstentions: Garcia-Bigley, Lochner, Rooney Motion carries	
d. ACTION (<i>Membership Committee</i>): Approve HPG Member Expectations	Motion tabled until edits are finalized. Felipe Garcia-Bigley reviewed the member expectations.	Membership Committee to make final edits and have it reviewed by the Community Engagement Group (CEG) before bringing it to the next HPG meeting.
e. ACTION (<i>Strategies and Standards Committee</i>): Approve Mental Health Services Standards	Motion: Approve the revised Mental Health Services Standards. M/S/C: Strategies and Standards Committee/13-0 Abstentions: Davenport, Garcia-Bigley, Lochner, Paugh, Spector Motion carries	
8. Routine Business		

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
<p>a. ACTION: Approval of consent agenda for January 22, 2025.</p>	<p>Motion: Approve consent agenda for January 22, 2025 as presented, which includes:</p> <ul style="list-style-type: none"> i. Approval of HPG minutes from November 21, 2024 ii. Acceptance of the following committee minutes: <ul style="list-style-type: none"> Steering Committee (November 19, 2024) Membership Committee (November 13, 2024; December 11, 2024) Priority Setting and Resource Allocation Committee (November 14, 2024) Community Engagement Group (October 16, 2024) Strategies and Standards Committee (October 1, 2024) The CARE Partnership (November 18, 2024; December 9, 2024) are for HPG information, not for acceptance: <p>M/S/C: Fleming/Jones/19-0 Abstentions: Lochner Motion carries</p>	
<ul style="list-style-type: none"> iii. Committee Reports <ul style="list-style-type: none"> 1. HPG committees 2. State Office of AIDS (OA) and AIDS Drug Assistance Program (ADAP) – Abigail West 3. Housing Committee Report iv. California HIV Planning Group (CHPG) – Mikie Lochner v. Administrative budget report 	<p>Tabled</p>	
<p>9. HIV, STD, and Hepatitis Branch (HSHB) Report</p>	<p>Patrick Loose provided the following updates:</p> <ul style="list-style-type: none"> • A Ryan White Part A partial award is expected early in the new fiscal year (FY 25) as the government is operating under a Continuing Resolution (without a budget) at present. • The FY 24 Ryan White expenditure reports through December 2024 and the 	

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
	link to the service utilization report were included in the meeting materials.	
10. HPG Support Staff Updates	Tabled	
11. Announcements	Tabled	
12. Adjournment	The meeting was adjourned at 5:02 PM.	
Next meeting date	Date: Wednesday, February 26, 2025 Time: 3:00 PM – 5:00 PM Location: Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room A) and via Zoom	

STEERING COMMITTEE



Tuesday, January 21, 2025, 11:00 AM – 1:00 PM
County Operations Center
5530 Overland Ave, San Diego, CA 92123
(Conference Room 124)

A quorum for this meeting is four (4)

Members Present: Michael Donovan | Cinnamen Kubricky (Vice-Chair) | Mikie Lochner (Chair) | Rhea Van Brocklin | Michael Wimpie

Members Absent: Dr. David Grelotti

ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order, introductions, comments from the chair, and a moment of silence	Mikie Lochner called the meeting to order at 11:00 AM. Introductions were held. The Chair made the following comments: <ul style="list-style-type: none">- Acknowledged that this is the first meeting of the new year.	
2. Public comment (for members of the public)	A member of the public expressed concern about the PARS program, noting the number of people that are still on the waitlist.	
3. Sharing our concerns (for committee members)	The Chair made a comment about the medical advocate program. Patrick Loose recommended that the HPG consider reviewing the priorities and discussing what is important for the community. <ul style="list-style-type: none">- Consider Medicare/Medi-Cal training at the HPG, especially as it relates to HIV benefits.	The Chair to work with the HPG Support Staff (HPG SS) to add the training to the work plan.
4. ACTION: Approve the Steering Committee agenda for January 21, 2025	Motion: Approve the Steering Committee agenda for January 21, 2025 Motion/Second/Count (M/S/C): Van Brocklin/Donovan/5-0 Discussion: none Abstentions: Lochner Motion carries	
5. ACTION: Approve meeting minutes from November 19, 2024	Motion: Approve meeting minutes for November 19, 2024 M/S/C: Donovan/Garcia-Bigley/5-0 Discussion: none	

STEERING COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	Abstentions: Lochner Motion carries	
6. ACTION: Approve the HIV Planning Group agenda for January 22, 2025	Motion: Approve the HIV Planning Group agenda for January 22, 2025, moving 7e to be 7b. M/S/C: Van Brocklin/Donovan/5-0 Discussion: none Abstentions: Lochner Motion carries	
7. Committee reports and recommendations	<p>Priority Setting and Resource Allocation Committee (PSRAC): The committee had a meeting earlier this month to approve reallocations. An ad hoc meeting was approved for February to review FY25 allocations and consider more funds for the primary care category.</p> <p>Membership Committee: The committee is still working on the seat definitions. The membership expectations document will be brought to Steering in March as it is still work in progress and will be presented at the January HPG meeting.</p> <p>Medical Standards and Evaluation Committee (MSEC): The committee is meeting in February to review the Oral Health Standards.</p>	
8. Old Business		
a. ACTION: Approve the revised Mileage Reimbursement Form	<p>Motion: Approve the revised Mileage Reimbursement Form with the changes listed below.</p> <p>M/S/C: Garcia-Bigley/Wimpie/4-0</p> <p>Discussion: The following discussion took place:</p> <ul style="list-style-type: none"> - Visa gift cards are not allowed. - Arco may not be the cheapest option. - Recommendation to remove the unaffiliated consumer. - Concern about the language regarding ineligibility when two consecutive meetings are missed. 	HPG SS to confirm with the Project Officer about an ability to provide grocery cards in lieu of gas cards (including cards for electric car charging stations).

STEERING COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<ul style="list-style-type: none"> - No way to compensate those who drive electric vehicles. - Remove “consumer” from the form. - “You may be eligible to receive reimbursement if you drove to and from the meeting” - A recommendation to have a policy not attached to the reimbursement form that doesn’t call out consumers. - Add language about “I have read and understood the...” - Recommendation to remove items 4 and 5. - (change the mileage amount) <p>Abstentions: Donovan, Lochner Motion carries</p>	
b. ACTION: Steering Committee meeting schedule	No action needed. If a modified time works for Dr. Grelotti, starting March, the committee will move to a new schedule.	HPG SS to ask Dr. Grelotti if 10am on 2 nd Friday of every other month would work.
c. Discussion: 2025 Retreat	<p>The following discussion took place:</p> <ul style="list-style-type: none"> - There may be some benefit to discuss the Ryan White funding at the federal level. Ending the HIV Epidemic (EHE) initiative may be at risk of being cancelled. Prep funding may also be at risk, including Medi-Cal and ACA funding. - Provide an overview of different systems and how they work. - Aging is also an important topic that may need training, especially aging women living with HIV. - Current political climate and what the consumers are facing (housing, medical benefits, service coordination, aging deportation). - Recommendation to have a retreat in early spring so the 	<p>HPG SS to look at 11am-3pm or 1pm-5pm on March 26th (HPG meeting).</p> <p>HPG SS to find a trainer without conflicts.</p>

STEERING COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	discussion can guide the allocations and planning at PSRAC.	
9. New Business		
a. ACTION: Approve 2025 Meeting Schedule	Motion: Approve the 2025 meeting schedule M/S/C: Van Brocklin/Wimpie/5-0 Discussion: Add language to PSRAC clarifying that the June/July meetings are additional. Abstentions: Lochner Motion carries	
b. Discussion: Unaffiliated consumer definition and 33% minimum requirement	<p>The following discussion was held:</p> <ul style="list-style-type: none"> - The current definition is restrictive as people living with HIV cannot have a job at any of the Part A service organizations. It makes it harder for Christie's Place that tries to empower those people as a goal should be for clients to achieve self-sufficiency which is part of the overall wellness. - A clarification that people living with HIV who are NOT considered an unaffiliated consumer, do not get counted in the demographics. - The rule/definition goes back to the very beginning, which misaligns with the changing time. Ryan White has not been reauthorized since 2009. 	
c. Discussion: Committee assignment process for new and current members	<p>The committee reviewed the process. The following discussion took place:</p> <ul style="list-style-type: none"> - HPG SS will be sending four forms for the members to complete and submit, including a committee preference. - When membership makes a recommendation to appoint a new member, it should also include a recommendation for a committee. The Chair will then make the appointment. 	HPG SS to review the membership application with the Membership Committee to ensure that the committee preference is listed and isn't restrictive.

STEERING COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<ul style="list-style-type: none"> - There is a gap in the current process. - New members should attend at least one CEG meeting. - Current CEG members should attend other committee meetings. - Committee members should be free to move from committee to committee, and their attendance should not be impacted if they don't feel that a committee is a good fit. - Recommendation to move towards a self-selection process from an appointment process, noting this in a policy. 	
d. Public comments/HPG member comments/Suggestions to the Steering Committee from previous HPG meeting(s)	Tabled	
10. Routine Business		
a. Review: Committee attendance	Tabled	
11. HIV, STD, and Hepatitis Branch (HSHB) Report	<p>Patrick Loose updated the committee on the following:</p> <ul style="list-style-type: none"> - The notification of the partial award has been received. We are expecting next year's award to be the same amount as this year. - There is still a lot of uncertainty based on the current administration, including the future of the EHE Initiative. 	
12. HPG Support Staff Report	Tabled	
a. Administrative budget review	Tabled	
13. Future agenda items for consideration	Tabled	
14. Announcements	Tabled	

STEERING COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
15. Next meeting date	Subject to change, pending confirmation from Dr. Grelotti regarding time change. The date of the 2 nd Friday of every other month has been confirmed, moving forward. Date: Tuesday, March 18, 2025 Time: 11:00 AM – 1:00 PM Location: to be determined, in-person and via Zoom	
16. Adjournment	Meeting adjourned at 1:01 PM.	

MEMBERSHIP COMMITTEE



Wednesday, January 8, 2025, 11:00 AM – 1:00 PM
Southeastern Live Well Center
5101 Market St, San Diego, CA 92114
(Tubman Chavez Room A)

A quorum for this meeting is three (3)

Committee Members: Felipe Garcia-Bigley (Chair) | Lori Jones | Rhea Van Brocklin | Michael Wimpie

Committee Members Absent: Benjamin Ignalino

ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order	Felipe Garcia-Bigley called the meeting to order at 11:00 AM and noted the presence of an in-person quorum. The committee chair shared the following:	
2. Public Comment on non-agenda items (for Members of the public)	None	
3. Sharing our concerns (for committee members)	None	
4. ACTION: Review and approve the January 8, 2025 meeting agenda	Motion: Approve the Membership agenda for January 8, 2025 Motion/Second/Count (M/S/C): Van Brocklin/Wimpie/2-0 Abstentions: Garcia-Bigley Motion carries	
5. ACTION: Review and approve the December 11, 2024, Membership minutes	Motion: Approve the Membership minutes for December 11, 2024 M/S/C: Wimpie/Van Brocklin/2-0 Abstentions: Garcia-Bigley Motion carries	
6. New Business		
a. ACTION: Approve Nicole Aguilar for seat 40. Recipient of other Federal HIV Programs- HOPWA / HUD	Motion: Approve Nicole Aguilar for seat 40. Recipient of other Federal HIV Programs- HOPWA / HUD M/S/C: Van Brocklin/Wimpie/2-0 Abstentions: Garcia-Bigley Motion carries	

MEMBERSHIP COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
b. ACTION: Approve Ivy Rooney's Prevention Reappointment for seat 43 Prevention Intervention Representative	Motion: Approve Ivy Rooney's Prevention Reappointment for seat 43 Prevention Intervention Representative M/S/C: Wimpie/Van Brocklin/2-0 Abstentions: Garcia-Bigley Motion carries	
c. Discussion on 2025 Membership Committee Goals	The following items were recommended: <ul style="list-style-type: none"> Continue working on the mentorship program. Continue to refine and define the seat descriptions Focus on developing an outreach plan aligned with the Getting to Zero initiatives. Collaborate with community engagement for aligned goals. Elevate the barriers that the 33% rule has on the HIV Planning Groups to the federal government 	HPG Support Staff (HPG SS) will present the 2025 outreach plan incorporating the GTZ Integrated Plan at the CEG meeting.
7. Old Business		
a. ACTION: Discussion and approval on the HIV Planning Group Member Expectations	Motion: Approve HIV Planning Group Member Expectations M/S/C: Van Brocklin/Wimpie/3-0 Abstentions: Garcia-Bigley Motion carries	
b. Discussion: Continue the discussion on HIV Planning Group Legislative Specified Seat Member Representation	<ul style="list-style-type: none"> A committee member suggested creating a document that accurately reflects all our seats with the most up-to-date description confirmed by the project officer. 	
c. ACTION: Discussion and approval on the HPG Mentorship Process	Motion: Approve the HPG Mentorship Process M/S/C: Van Brocklin/Wimpie/3-0 Abstentions: Garcia-Bigley Motion carries Discussion: The members discussed that the purpose of the Mentorship program should be to develop an informal yet structured mentorship process that effectively supports mentors and mentees. <ul style="list-style-type: none"> A one-pager was created to consolidate everyone's ideas, aiming for a relaxed mentorship approach without mandatory requirements. 	

MEMBERSHIP COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<ul style="list-style-type: none"> • Project Pearl was added as an alternative mentorship pathway. • mentorship should be ongoing and never end. <p>Recommendations included:</p> <ul style="list-style-type: none"> • Veteran members and support staff should be available 30 minutes before meetings to address questions and facilitate engagement. • The guidelines should note this availability as optional (in parentheses) to maintain informality. • The group agreed to implement these changes and encourage a culture of arriving early to meetings. • Remove #4 under key steps • Remove the word “expectations” under key steps #1 • Under functionality, add the following as the first bullet point: “Veteran members and support staff should arrive 30 minutes before meetings to answer questions and review documents. • Availability will be indicated during quorum check.” 	
d. HPG Member recruitment update	<p>As of January 8, 2025, we have 24 members. Approved Clerk of Board approval – January 7, 2025”</p> <ul style="list-style-type: none"> • Dr. Rosemary Garcia, 23- Public Health Officer • Juan Conant 25- Non-Elected Community Leader • Hector Garcia (HIV Testing Representative) • Juan Conant 42- HIV Testing Representative <p>Pending:</p> <ul style="list-style-type: none"> • Eva Matthew's pending meeting minutes approval for January 23, 2025 <p>Term Expired:</p> <ul style="list-style-type: none"> • Beth Davenport 35- Board of Supervisors Designee: District 3 on 2/9/25 • Ivy Rooney 43- Prevention Intervention Representative: Formerly: Risk Reduction Activities Representative on 1/26/25 	

MEMBERSHIP COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
i. Vacant Seats	<p>As of January 8, 2025, there are 23 vacant seats</p> <ul style="list-style-type: none"> • 10 General seats • 17- Healthcare Provider, including Federally Qualified Health Center (FQHC) • 20- Mental Health Provider • 21- Substance Abuse Treatment Provider • 24- Hospital Planning Agency or Health Care Planning Agency • 27- Prevention Services Consumer • 28- State Government-State Medicaid • 24- Board of Supervisors Designee: District 2 • 40 - Recipient of other Federal HIV Programs- HOPWA / HUD 	
ii. New Committee Members	<p>New members have been appointed to various committees, each bringing unique perspectives and expertise. The Membership Committee reviews and approves committee assignments based on these valuable recommendations.</p> <ul style="list-style-type: none"> • Process Enhancements: • Ensured that the Membership Committee reviewed the chair's recommendations for balance and fairness. • Emphasized the importance of following the established process to avoid over-centralizing decision-making. • Shannon Paugh- Strategies and Standards • Juan Conant – Strategies and Standards • Hector Garcia – Community Engagement Group 	
e. HPG Membership Demographics	<ul style="list-style-type: none"> • Our mission is to support the goals of the Ryan White program, which is to empower individuals living with HIV to achieve self-sufficiency. We are dedicated to ensuring that all voices, including those of front-line staff, are heard and valued in the workplace. 	HPG SS will bring this discussion to the next steering meeting.
Routine Business		
a. HIV Planning Group Attendance	<p>HPG Support Staff will send reminders to members who have missed three (3) consecutive or six (6) meetings within 12 months.</p>	

MEMBERSHIP COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
b. Committee Attendance	Reviewed	HPG SS to add to the steering agenda regarding the committee assignment process.
c. Getting to Zero (GTZ) Community Engagement Project i. Membership Committee Plan/Strategy for Recruitment	<p>Outreach Plan: This highlighted the need for a structured outreach plan that includes community events, sign-in sheets, and follow-up processes.</p> <p>Suggestions included:</p> <ul style="list-style-type: none"> • Attending community and university club meetings. • Partnering with providers conducting their outreach. • Implementing both physical and digital outreach strategies. <p>Committee discussed how the rules affect certain members receiving reimbursement.</p> <p>Issue: Restrictions preventing individuals who work for HIV organizations and are HIV-positive from participating.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • Current rules disallow the participation of HIV-positive individuals who are employed by HIV organizations receiving Ryan White funding. • A member expressed strong opposition, highlighting that these rules hinder self-sufficiency and exclude valuable advocates from decision-making. • The group discussed the rigidity of federal guidelines and the need for advocacy to change these restrictions. Agreed to continue researching potential loopholes and to advocate for policy changes to include frontline staff and individuals with lived experience. 	.
8. Future agenda items for consideration	None	
9. Announcements	A 2025 Women's Conference will be held on March 15, 2025, at the Park and Market venue. The theme is "The Evolution of Women and HIV."	

MEMBERSHIP COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	Project PEARL will have its first cohort starting January 29 th . This cohort will be in English and Spanish before the following year. Please visit sdprojectpearl.com	
10. Next Meeting Date	Date: Wednesday, February 12, 2025 Time: 11:00 AM –1:00 PM Location: Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room A)	
12. Adjourn	The meeting adjourned at 12:32 pm.	

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)



Thursday, January 9, 2025, 3:00 PM – 5:00 PM
5101 Market Street, San Diego, CA 92114
(Tubman Chavez Room A)

A quorum for this meeting is five (5)

Committee Members Present: Dr. Beth Davenport | Tyra Fleming (Co-Chair) | Felipe Garcia-Bigley | Eva Matthews | Chris Mueller | Rhea Van Brocklin (Chair)

Committee Members Joining Virtually: Marco Aguirre Mendoza (JC) | Cinnamen Kubricky (JC)

Committee Members Absent: Dr. Delores Jacobs

MEETING MINUTES

Agenda Item	Action	Follow-up
1. Call to order	Rhea Van Brocklin called the meeting to order at 1:03 PM and noted an in-person quorum was established.	
2. Reminders	Reviewed	
3. Public Comment on non-agenda items (for members of the public)	<ul style="list-style-type: none">A member of the public expressed anxiety over reducing emergency housing funds amid a housing crisis, emphasizing the critical need for stable housing to ensure access to medical care.A member of the public acknowledged the committee's hard work and the complexity of budgeting and reallocating funds to meet essential services for individuals relying on Ryan White programs for dental care	
4. Sharing our concerns (for committee members)	<ul style="list-style-type: none">A committee member expressed concern regarding the lack of support for women, especially those with children, in accessing emergency housing and gynecological care.A committee member expressed the importance of maintaining and increasing funding for oral health services to support individuals who rely on Ryan White programs for dental care.	

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PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

Agenda Item	Action	Follow-up
5. Action: Review and approve the agenda for January 9, 2025	Motion: Approve the January 9, 2025 Meeting agenda as presented. Motion/Second/Count (M/S/C): Fleming/ Meuller 7/0 Abstentions: Van Brocklin Motion carries	
6. Action: Review and approve the meeting minutes for December 12, 2024	Action: Review and approve the meeting minutes for December 12, 2024, as presented. M/S/C: Davenport/Meuller 6/0 Abstentions: Matthews/ Van Brocklin Motion carries	
7. Old Business		
a. None		
8. New Business		
ACTION: Recommendations for reallocations for FY 24 (the current fiscal year, March 1, 2024 – February 28, 2025)	Motion: 1. Action Item: Decrease funding to Emergency Housing by \$332,483 from \$1,515,998 to \$1,183,515 . M/S/C: Davenport/Garcia-Bigley 6/0 Discussion: There was concern about an evident housing crisis, yet underspending in that service category exists. A member noted the importance of social services Abstentions: Kubricky/ Van Brocklin Motion carries	HPSS to add a PSRAC meeting for February 2025 to review recommendations for changes to the FY 25 budget (March 1, 2025 – February 28, 2026)
	Motion: 2. Action Item: Increase funding to Psychiatric Medication Management by \$5,600 from \$11,793 to \$17,393 . M/S/C: Davenport/ Fleming 5/0 Abstentions: Garcia-Bigley/ Mueller /Van Brocklin Motion carries	
	Motion: 3. Action Item: Increase funding to Oral Health by \$30,631 from \$210,940 to \$241,571 M/S/C: Meuller/Aguirre Mendoza 6/0 Abstentions: Garcia-Bigley /Van Brocklin Motion carries	
	Motion: 4. Action Item: Increase funding to Outpatient Ambulatory Health Services: Primary Care by \$296,252 from \$1,632,490 to \$1,928,742	

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You may also visit our website at sdplanning.org

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

Agenda Item	Action	Follow-up
	<p>M/S/C: Davenport/ Matthews 5/0</p> <p>Discussion: Patrick Loose provided an update on the increasing utilization of primary care services, approaching levels seen before the 2019 pandemic. He highlighted challenges in transitioning clients from Ryan White programs to Medi-Cal. The current funding allocation increased from \$1.1 million at the beginning of the year to an estimated \$1.9-\$2.1 million needed.</p> <p>Abstentions: Garcia-Bigley/ Mueller / Van Brocklin</p> <p>Motion carries</p>	
Special data needs from the Recipients' Office	<p>The committee requested various data to inform future decisions, including:</p> <ul style="list-style-type: none"> • Population aging with HIV compared to the general HIV population. • Women aging with HIV, specifically perimenopausal age. • Re-enrollment rates into Medi-Cal for those who fell out of care. • 2024 Survey of HIV Impact data and client housing status broken down by demographics. • Overdose data related to fentanyl. 	HPG SS will follow up with the recipient's office regarding the data and report back at the March PSRAC meeting.
9. Routine Business		
a. Committee Attendance	Reviewed	
b. Review Monthly and Year-to-Date expenditures and assess for recommended reallocations	Reviewed	
c. Partial Assistance Rent Subsidy Program (PARS) and Emergency Housing update	<p>As of January 7th, 2025, the PARS report provides the following information:</p> <ul style="list-style-type: none"> • 65 clients currently on the PARS waitlist • 16 clients were previously enrolled in PARS 	HPGSS will be added to the next agenda to look at PARS standards

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You may also visit our website at sdplanning.org

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

Agenda Item	Action	Follow-up
	<ul style="list-style-type: none"> • 49 clients are new applicants to PARS • Demographics of clients on the waitlist: <ul style="list-style-type: none"> ○ Gender: 42 male, 17 female, 6 transgender ○ Race/ethnicity: 12 Black, 35 Hispanic/Latino, 13 white, 3 Asian, 2 American Indian ○ Age: 42 over 45, 22 ages 31-44, 1 ages 18-30 ○ Region: Central region 41, East 13, South 5, North 6 • 80 clients currently enrolled in PARS 	
d. Review Monthly and TYD service utilization report	Reviewed	.
10. Suggested items for the PSRAC agenda	<ul style="list-style-type: none"> • Early Planning for Fiscal Year 2025: Initiate budget discussions promptly to accommodate the increased funding needs for HIV primary care. • Enhanced Data Collection: Improve data gathering processes to provide real-time information for more accurate forecasting and resource allocation. • Housing Program Evaluation: Reassess the PARS program guidelines to address the current housing crisis better and ensure funding aligns with community needs. 	
11. Announcements	A Women's Voice Conference: Saturday, March 15, 2025, from 10 AM – 3 PM. Location: UC San Diego Park & Market	
12. Next Meeting:	Date: Thursday, February 13, 2025, 3:00 PM - 5:00 PM Location: Southeastern Live Well Center 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room A)	
13. Adjournment	The meeting adjourned at 4:38 PM.	

For any inquiries, please send an email to HPG.HHSA@sdcounty.ca.gov
You may also visit our website at sdplanning.org

MEDICAL STANDARDS AND EVALUATION COMMITTEE (MSEC)



*Tuesday, November 12, 2024, 4:00 PM – 5:30 PM
Seville Plaza – Live Well Support Center
5469 Kearny Villa Rd, San Diego, CA 92123
(3rd Floor, Conference Room 3700)*

A quorum for this meeting is six (6).

Committee Members Present: Dr. Jeannette Aldous (Co-Chair) | Dr. David Grelotti (Chair) | Yessica Hernández | Bob Lewis | Karla Quezada-Torres | Dr. Martha Rodriguez | Lisa Stangl

Committee Members Absent: Dr. Stephen Spector | Dr. Laura Bamford

Committee Members Joining Virtually: Dr. Winston Tilghman

Agenda Item	Action	Follow-up
1. Welcome and moment of silence, comments from the Chair	<p>Dr. Grelotti called the meeting to order at 4:07 PM and introductions were done. A moment of silence was observed.</p> <p>Lisa Stangl announced that this will be her last MSEC meeting as she is retiring.</p> <p>HPG Chair acknowledges their background is in psychology but expresses confidence in relying on the committee's expertise to establish best practices. The chair expresses gratitude for the committee's support and hopes for positive outcomes through collaboration to address systemic challenges, such as issues with insurance.</p>	
2. Public Comment	<p>A member of the public stated</p> <ul style="list-style-type: none">- The medical profession that a lot of consumers are being sent to specialist in the regular medical system (outside the HIV system). As providers you need to prepare your patients that this system is not the same. There needs to be better collaboration between providers-clients. Going	

MEDICAL STANDARDS AND EVALUATION COMMITTEE (MSEC)

Agenda Item	Action	Follow-up
	outside of the HIV care system is completely a different game.	
3. Sharing our Concerns	None	
4. Action: Review and approve the November 12, 2024 meeting agenda	Motion: Approve the November 12, 2024 meeting agenda as presented. Motion/Second/Count (M/S/C): Aldous/Stangl/6-0 Discussion: none Abstentions: Dr. Grelotti Motion carries	
5. Action: Review and approve the September 10, 2024 meeting minutes	Motion: Approve the September 10, 2024 meeting minutes as presented. M/S/C: Aldous/Hernandez/4-0 Discussion: none Abstentions: Dr. Grelotti, Lewis, and Rodriguez Motion carries	
6. Old Business:		
a. Action: Outpatient/Ambulatory Health Service Standards	Motion: Approve the Outpatient/Ambulatory Health Service Standards with an Appendix of the sources/links used in the document. M/S/C: Lewis/Quezada-Torres/7-0 Discussion: It was recommended that the document include an appendix with the links/sources used throughout the document. Abstentions: Dr. Grelotti Motion carries	HPG Support Staff (HPG SS) to bring the approved Service Standards to the HIV Planning Group (HPG) meeting. HPG SS to confirm links work and to add an Appendix with the links/sources.
b. Discussion: Update Dental Practice Guidelines, Oral Health Service Standards, and List of Allowable Dental Services	The County of San Diego Chief Dental Officer Dr. Whyte provided recommendations for night guard language to be included in the guidelines specifically for teeth grinding and jaw pain. The following discussion was held: <ul style="list-style-type: none"> - Preventive dental care is covered, but everything else is considered specialty. - The service standards document recommendations 	The HPG SS to share the comments with MSEC members for review and input before the February 2025 meeting. HPG SS to invite Dr. Whyte to the

MEDICAL STANDARDS AND EVALUATION COMMITTEE (MSEC)

Agenda Item	Action	Follow-up
	are clear and understood. The committee would like Dr. Whyte to clarify some of the comments on the Dental Practice Guidelines.	February 2025 meeting.
7. New Business:		
a. Action: Update Dental Practice Guidelines, Oral Health Service Standards, and List of Allowable Dental Services	Tabled	
b. Discussion: Reviewed the Ryan White Quality Assurance Chart Review tool	<p>Jeannette Johnson reviewed the tool. A discussion was held, and the following recommendations were noted:</p> <ul style="list-style-type: none"> - Adding language to section 3a "Is client suppressed: Yes/No. If yes, skip question 4, CD4's are optional". - Changed VL >1000 to VL>200 under question 3A and CD4 > 500. - Replacing "exempt" with "not applicable" in question 4a. - In question 5, add condom use (always, sometimes, never) when "sexually active" is checked. - Update the language from STD to STI. 	
c. Discussion: Reviewed the meeting schedule and identify priorities for 2025 work plan	Tabled	HPGSS will move Update Mental Health Services and Psychiatric Medication Management to May.
8. Other Updates:		
a. STD and Mpox Update (Dr. Tilghman)	Tabled	
b. Committee member updates	Tabled	

MEDICAL STANDARDS AND EVALUATION COMMITTEE (MSEC)

Agenda Item	Action	Follow-up
9. Future agenda items for consideration	Tabled	
10. Announcements	None	
11. Next meeting date:	Date: February 11, 2024 Time: 4:00 PM Location: TBD	
12. Adjournment	The meeting was adjourned at 5:34 PM.	

COMMUNITY ENGAGEMENT GROUP



Wednesday, December 11, 2024, 3:00 PM – 5:00 PM
Southeastern Live Well Center
1501 Market St, San Diego, Ca (2114 (Tubman Chavez Room
A)

A quorum for this meeting is three (3).

Committee Members Present: Michael Donovan (Chair) | Jen Lothridge (Co-Chair) | Skyler Miles
| Veronica Nava

MEETING MINUTES

Agenda Item	Discussion/Action	Follow-Up
1. Call to order, roll call, comments from the chair, and a moment of silence	The chair called the meeting to order at 3:10PM and noted the presence of an in-person quorum. CEG Chair comments: <ul style="list-style-type: none">- Recognize Jim Dunn, a former HPG member, who is currently not in good health. We wish him a happy birthday.	
2. Review Background, Mission Statement, Goals, and Agreement of Meeting Decorum	Committee members read the Mission Statement and the Community Engagement Group (CEG) Charge. Several committee members and HPG Support Staff (HPG SS) reviewed the meeting decorum.	
3. Introductions (Name, Role with HPG/Consumer, Pronouns), Icebreaker	Members and participants introduced themselves.	
4. Public comment (for members of the public)	A member from the public commented: <ul style="list-style-type: none">- The history of the HIV planning body has changed. They used to include the prevention side of things. To get folks involved, you must include this.- Those working in supportive services need to be mindful of language. There is a difference between newly diagnosed and long-term survival language. We need to address people where they are and treat them accordingly.	
5. Sharing our concerns (for committee members)	None	
6. ACTION: Approve the consent CEG agenda for December 11, 2024 (which includes the	Motion: Approve the consent agenda for December 11, 2024 as presented.	

COMMUNITY ENGAGEMENT GROUP

Agenda Item	Discussion/Action	Follow-Up
December 11, 2024 agenda and the October 16, 2024 minutes)	Motion/Second/Count (M/S/C): Miles/Nava/2-0 Public comment: Abstention(s): Donovan Motion carries	
Follow-Up Items from minutes:	From October 16, 2024 <ul style="list-style-type: none"> - HPG SS will forward the (Role of CEG in the onboarding process of new or returning HPG members) to Membership and Steering; STATUS: In progress - HPG SS will add an action item to approve the HPG Anti-racism statement; STATUS: Completed - HPG SS request data to filter out experiencing homelessness and housing to determine overall viral suppression for comparison.; STATUS: Completed - HPG SS request the Recipient Office present the Service Categories for subsequent trainings.; STATUS: Completed - HPG SS will update in the 2025 CEG meeting schedule.; STATUS: Completed - HPG SS next meeting will construct a 2025 Workplan.; STATUS: In progress - HPG SS include Veronica, Jen, and Michael for the Truax script and reading.; STATUS: Completed - HPG SS send Calendar invites to HPG Orientation attendees.; STATUS: Completed 	
7a. Committee Updates		
I. Membership Committee	The committee reviewed the year's accomplishments and membership guidelines document. They received 15 applications, interviewed 9, and currently have 7 appointments and 19 vacancies.	
II. Strategies and Standards Committee	The committee reviewed the Universal Standards, Mental Health Services	

COMMUNITY ENGAGEMENT GROUP

Agenda Item	Discussion/Action	Follow-Up
	Standards, and Trauma-Informed Care Standards. The Mental Health Standards was approved and will go to HPG for approval in February 2025.	
III. Medical Standards and Evaluation Committee (MSEC)	The committee is reviewing the Oral Health Care Service Standards and Dental Practice Guidelines. They are requesting dental providers to provide feedback for the discussion.	
IV. Priority Settings and Resource Allocation Committee (PSRAC)	PSRAC discussed the reallocations of non-medical case management, housing services, psychosocial support services to increase outpatient ambulatory health services.	
V. Steering Committee	The committee discussed the HPG 2025 retreat and a time change to accommodate the new chair of MSEC, who cannot attend the current schedule.	
VI. HIV Planning Group	The HPG Meeting in December has been canceled.	
7b. Community Updates		
I. CARE Partnership	Care Partnership holiday party was Monday. They had a presentation from a community medical liaison and discussed the Women's Conference.	
II. HIV Housing Committee/Housing Opportunities for Persons with AIDS (HOPWA)	Skyler Miles will be voted in at the next meeting (January, 2025) and will provide an update.	
III. Additional community groups	<ul style="list-style-type: none"> - Christie's Place will host a Christmas party for the kids from 3 to 6 p.m. at Queen Bee Banquet Hall North Park. - Christie's Place will be closed December 23, 2024 - January 3, 2025. - POZabilities will host an annual Christmas potluck, and all are welcome. They also launched www.hivheros.org to recognize HIV heroes in the community and publish more stories. 	
8. Old Business		
a. Committee Attendance	None.	

COMMUNITY ENGAGEMENT GROUP

Agenda Item	Discussion/Action	Follow-Up
b. Action: Approve HPG Anti-racism statement in preparation for the HPG discussion. (recommendation from the Strategies and Standards Committee)	<p>Motion: HPG Anti-racism statement as presented. Approve this with adding “-s” on the word “backgrounds”.</p> <p>M/S/C: Miles/Nava/3-0</p> <p>Public comment:</p> <p>Abstention(s): Donovan</p> <p>Motion carries</p>	
c. Review the 2025 Community Engagement Group Working/Training Plan	<p>The Committee Member and the public members had a discussion, and the following trainings were suggested:</p> <ul style="list-style-type: none"> - a presentation on tailored language from providers (i.e. age gap, length of status, and history) - Ryan White presentation that is generic and focused on navigation/case management (i.e. transportation, PARS, utility assistant, etc.) - Aging with HIV presentation with a specific emphasis on transwomen and transmen. - Community specific topics - Presentations on barriers to accessing care for undocumented folks and translation barriers - Ongoing cycle of service standards document to be able to provide feedback to the other committees that review 	HPG SS will add the review of the 2025 Community Engagement Group Work/Training Plan to the next agenda
9. New Business		
a. None		
10. Announcements		
a. Holiday Party		
11. Next meeting date	<p>Next Meeting: Wednesday, January 15, 2025, at 3:00 PM – 5:00 PM.</p> <p>Location: <i>Southeastern Live Well Center 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room A)</i> and via Zoom</p>	
12. Adjournment	Meeting was adjourned at 4:17PM.	

STRATEGIES AND STANDARDS COMMITTEE



Tuesday, December 3, 2024, 3:00 PM – 4:30 PM
Southeastern Live Well center
5101 Market St, San Diego, CA 92114
Tubman Chavez Room A

A quorum for this meeting is five (5)

Committee Members: Amy Applebaum | Beth Davenport | Ivy Rooney | Dr. Winston Tilghman | Jeffery Weber | Michael Wimpie (Chair)

Members Absent: Joseph Mora | Venice Price

ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order, introductions, comments from the chair, and a moment of silence	Michael Wimpie called the meeting to order at 3:01 PM. Introductions were held. A moment of silence was observed.	
2. Public comment (for members of the public)	None	
3. Sharing our concerns (for committee members)	None	
4. ACTION: Approve the Strategies and Standards Committee agenda for December 3, 2024	Motion: Approve the Strategies and Standards Committee agenda for December 3, 2024 Motion/Second/Count (M/S/C): Tilghman/Davenport/5-0 Abstentions: Wimpie Motion carries	
5. ACTION: Approve the Strategies and Standards Committee meeting minutes from October 1, 2024	Motion: Approve meeting minutes for October 1, 2024 M/S/C: Weber/Applebaum/5-0 Discussion: none Abstentions: Wimpie Motion carries	
6. Review follow-up items from last meeting	<ul style="list-style-type: none">HPG Support Staff (HPG SS) will follow up with Maritza Herrera regarding the timeframe for the Transportation Standards update – completedHPG SS will request input on Mental Health Service Standards from committee members - in progressHPG SS will bring forward standard trauma informed care	

STRATEGIES AND STANDARDS COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	language for consideration and inclusion into the service standards – in progress	
7. Old Business		
a. Transportation Standards Draft – update from Recipients' Office/Felipe Ruiz	<p>The following discussion was held:</p> <ul style="list-style-type: none"> - Maritza Herrera went through the document and reviewed the updated information, primarily around unassisted transportation (i.e., day passes). The updated draft is not available in the packet, but it will be sent out to all for additional input and discussion at the February 2025 committee meeting. 	HPG Support Staff (HPG SS) will send the updated draft to the committee and will include it in the February 2025 meeting for review.
b. Mental Health Services Standards – review and update	The document was updated to include input received. An action item to approve this document is on the agenda as a new business item.	
c. Universal Standards – review and update	<p>The following discussion was held:</p> <ul style="list-style-type: none"> - The standards were approved several years ago. - A consulting firm that's working on the Whole Person Approach to Care initiative provided input on the Standards, and their input was included in the packet. - The language provided by the consulting firm is more clarifying in nature. - The original standards from 2020 were provider-focused, and the current language is more consumer-focused. - A concern whether the document protects consumers or is provider driven. 	HPG SS will obtain input from the committee members and bring the updated draft with tracked changes to the February 2025 meeting for review and vote.
i. Trauma-Informed Care – review and update	The trauma-informed services are a standalone document, adopted by the Health and Human Services Agency (HHSA). The language is seen in all public-facing documents. The box with the measures is additional language to further ensure that services are sensitive and trauma-informed.	

STRATEGIES AND STANDARDS COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<p>The following revisions were recommended:</p> <ul style="list-style-type: none"> - Replace the word “trigger” with “activated” or “trauma response”, where appropriate. - Replace the word “control” in the last dot point with “agency”. - Change “servicers” to “services” in the table. - In the box, no resources are listed, and it needs to be made available for staff and people who are re-experiencing trauma. - How do providers know the difference between a client experiencing trauma versus misbehavior? Staff and providers can use de-escalation training and receive annual training to refamiliarize themselves. - How does a client on substance know they are experiencing trauma? - The document is a starting point that provides guidance to the providers on training options to the staff to ensure they know how to recognize trauma and respond with de-escalation techniques. - A suggestion to include language clarifying that we all experience life in different ways and that an individualized approach is necessary to decrease re-traumatization. - Trauma-informed care needs to be interwoven through the system and not be limited to an annual training requirement. 	
8. New Business		
a. ACTION: Approve the Mental Health Services Standards	<p>Motion: Approve the Mental Health Services Standards M/S/C: Weber/Applebaum/6-0 Discussion: Replace his/her with “client/clients”</p>	

STRATEGIES AND STANDARDS COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	Abstentions: none Motion carries	
9. Routine Business		
a. Discussion: Recommendations from Priority Setting & Resource Allocation Committee (PSRAC)	None	
10. Recommendations to the HIV Planning Group (HPG), HPG committees, and requests of recipient	HPG SS will provide the 2024 Needs Assessment results once they become available. Committee members can request specific data and can review any data being presented to the Priority Setting and Resource Allocation Committee (PSRAC) from the Recipients' Office.	
11. Suggested items for future committee agenda	The following items were suggested: <ul style="list-style-type: none"> - Standards for Medical Advocacy - More data on the specific categories that are being newly funded in FY25. 	HPG SS to add all suggestions to the Work Plan.
12. Announcements	The annual Dr. A. Brad Truax Award Ceremony and Reception will be held on Friday, December 6, 2024 at 3:00 PM – 5:00 PM at The Center.	
13. Next meeting date	Date: Tuesday, February 4, 2025 Time: 3:00 PM – 4:30 PM Location: Southeastern Live Well Center; 5101 Market St, San Diego, CA 92114 (Tubman Chavez Room A)	
14. Adjournment	Meeting adjourned at 3:56 PM.	

MEETING MINUTES

CARE PARTNERSHIP FOR WOMEN, CHILDREN, AND FAMILIES Monday, January 13, 2025, 11:00 AM – 1:00 PM

Southeastern Live Well Center
5101 Market St, San Diego, CA 92114; (Tubman Chavez Room A)

Attendees In-Person: Johneisha Jones (Chair), Myiesha Phelps (UCSD), Kristin Dahlgren (UCSD), Veronica Figueroa (UCSD-MCAP), Rosalva Martha P (UCSD MCAP), Venice Price (Co-Chair), Marvin Hanashiro (UCSD), Guadalupe Camado, Loren Goldstein (CoSD), Manlyn A. (SYHC-CASA), Marie Hernandez, Matho S., Mayerlin Z., Yesenia C., Ana P. R., Sarah King

Attendees Online: Rhea Va Brocklin (Christie's Place), Tammelita Cotlon-Pineda (UCSD MCAP), Shannon Ransom (UCSD MCAP), Dahlia Sandoval (Community Health liaison for UCSD), Philip Preston (UCSD MCAP), Pablo Corona (HICAP)

HPG Support Staff: Katie Emmel & America Gonzalez

Agenda Item	Action	Follow-up
1. Welcome and introductions	Johnisha Jones started the meeting at 11:03 AM, and the participants introduced themselves online.	
2. Comments from the Chair/ <ul style="list-style-type: none">Respectful Engagement	None. Respectful engagement guidelines read by Tammelita Cotlon-Pineda.	
3. Moment of silence	A moment of silence was observed, remembering those who have passed and those living with or affected by HIV/AIDS and/or COVID-19.	
4. Review Mission Statement	Mission Statement read by Johneisha Jones.	
5. Public comment/ Sharing our Concerns	A member from the public commented that... <ul style="list-style-type: none">They want to thank Christie's Place for all the work they do and to thank Johneisha for all her help. We need more places like Christie's Place.They would love to see more transwomen coming to CARE partnership to use their voice.They wish to see more consumers coming to this meeting to use their voices as women who are receiving services.They would like to see more women not only advocating for themselves but also honoring those who have passed. The San Diego AIDS Memorial Task Force has introduced a new request form for honoring women at Olive Street Park.	

Agenda Item	Action	Follow-up
	<ul style="list-style-type: none"> They are hearing from their clients that they don't have landlines or the means to afford a cell phone. This makes it difficult for them to access emergency services, contact sponsors, or arrange transportation to important events. It would be great if we could provide loaner cell phones with prepaid minutes to support clients during their time in the program. 	
6. Review & approval of the meeting agenda for January 13, 2025	The agenda for January 13, 2025, was approved by consensus as presented.	
7. Review & approval of the meeting minutes for December 9, 2024	The minutes for December 9, 2024, was approved by consensus as presented.	
8. Discuss 2025 Training Opportunities/Updates	<p>Veronica Figueroa provided the following update:</p> <ul style="list-style-type: none"> We have presenters from San Diego 211, Alliance San Diego, and Family Health Centers, but please let us know if you would like any other topics or presenters covered. <p>Members from the public suggested the following presentation:</p> <ul style="list-style-type: none"> Domestic Violence presentation. Either a panel of survivors or organizations that help folks. Given the stress and rising violence during COVID, they would like to see more awareness and resources for all individuals. Center for Community Solutions or SBCS for a DV/IPV presentation. Additionally, Your Safe Place. Project Pearl from Christies Place. Mamas Kitchen to present on their program. Townspeople, Father Joes Village, and other opportunities for women to take advantage of the resources that are throughout the County. It is important to know our rights and what housing resources are out there. Immigration and how the community is going to be impacted by new legislation. Also highlighting the demographic needs and ensuring our programs and systems provide cultural competency and language services to address those needs. Employment services and other services to help women thrive. 	

Agenda Item	Action	Follow-up
9. Old Business		
a. None		
10. New Business		
a. Presentation: Myiesha Phelps, MSc, Community Engagement Research Coordinator and Kristin Dahlgren, MSc, Research Associate, Multi-Lingual at iStrive Research Lab	Women Shine Study: This study focuses on the unique needs of women living with HIV. It aims to understand the factors that aid or hinder access to quality healthcare. Myiesha Phelps, MSc and Kristin Dahlgren, MSc presented and discussed the following: <ul style="list-style-type: none"> • Conceptual Model • Study Procedures • Eligibility • Team and contact information 	
11. Reports		
a. Women and Youth Out of Care Group Discussion	A member from the public stated... <ul style="list-style-type: none"> • We need programs for children and teens living with or impacted by HIV. • Keep bringing these discussions to this meeting so not only you can be heard, but other providers can learn what to advocate for. • We need to make sure that transgender women are still included in this conversation. • We need to remember that there are transwomen who raise children as well. We should all come together in unity. • Christies Place also provides childcare so that individuals can attend meetings like the planning group or CARE. • UCSD MCAP has a Youth Support Group ages 18-24 on Tuesdays starting at 3:30pm. • Program called ACE Aware from UCSF that provides training for women raising children while living with HIV along with providing resources children need to thrive. 	
b. HIV Planning Group (HPG) Planning Group Support Staff	As of January 13, 2025, there are 20 vacant seats <ul style="list-style-type: none"> • 10 General seats • 17- Healthcare Provider, including Federally Qualified Health Center (FQHC) • 20- Mental Health Provider 	

Agenda Item	Action	Follow-up
	<ul style="list-style-type: none"> • 21- Substance Abuse Treatment Provider • 24- Hospital Planning Agency or Health Care Planning Agency • 27- Prevention Services Consumer • 28- State Government-State Medicaid • 24- Board of Supervisors Designee: District 2 <p>The HIV Planning Group's Priority Setting and Resource Allocation Committee is having an off-calendar meeting February 13 to discuss budget adjustments for the remainder of the year and the next fiscal cycle. The committee encourages anyone interested in the budgeting process to attend and learn more.</p> <p>A member from the public suggested:</p> <ul style="list-style-type: none"> • To provide education as to why certain services are being under/over utilized and how the reason this might occur. • To provide childcare reimbursement to help incentivize. 	
c. Ryan White Part D	<ul style="list-style-type: none"> • Mother, Child & Adolescent HIV Program (MCAP) is hoping to add another case manager to offset the long waitlist that is occurring. • MCAP is going to launch support group for 2025 soon. So, stay tuned. • Please reach out to Shannon Ransom, sransom@health.ucsd.edu for any questions or suggestions. 	
d. Research		
i. AIDS Clinical Trials Group (ACTG)/ Antiviral Research Center (AVRC)	<ul style="list-style-type: none"> • HIV & Estradiol Study for Trans Women – This study examines whether specific HIV regimens affect estradiol levels in trans women. Participants will receive estradiol while taking these HIV medications to assess any potential interactions. • HIV Prevention Study for Cisgender Women – This study compares the effectiveness of a twice-yearly injectable medication, Lenacapavir, versus the daily Truvada pill in preventing HIV among sexually active cisgender women. 	
ii. HIV Neurobehavioral	None	

Agenda Item	Action	Follow-up
Research Program (HNRP)		
iii. Mother, Child & Adolescent Program (MCAP)	<ul style="list-style-type: none"> • MCAP is concluding a major study in July that examined the long-term effects of HIV medications on mothers and children, enrolling 5,000 mother-child pairs across the U.S. and Puerto Rico. The research has led to numerous publications, and future international studies on HIV medication are forthcoming. • Please feel free to reach out to ask questions regarding studies. 	
iv. UC San Diego Moores Cancer Center	None.	
13. Announcements	<ul style="list-style-type: none"> • A Women's Voice Conference will be on March 15, 2025, from 10 am – 3 pm at UCSD Park and Market. The theme is Evolution of Women with HIV Reflecting on the Past Navigating the Present and Shaping the Future." This conference is hybrid, and registration is open. A Woman's Voice HIV Conference - San Diego California 	
14. Next Meeting Date: Monday, September 16, 2024	Next CARE Partnership Meeting- Monday, March 17, 2025 In-Person Location: Southeastern Live Well Center 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room A), And via Zoom	
15. Adjournment	Meeting adjourned at 12:35pm.	

INSIDE:

- Updates
- Strategic Plan
- Health Access for All
- Housing First
- Racial Equity
- Mental Health & Substance Use

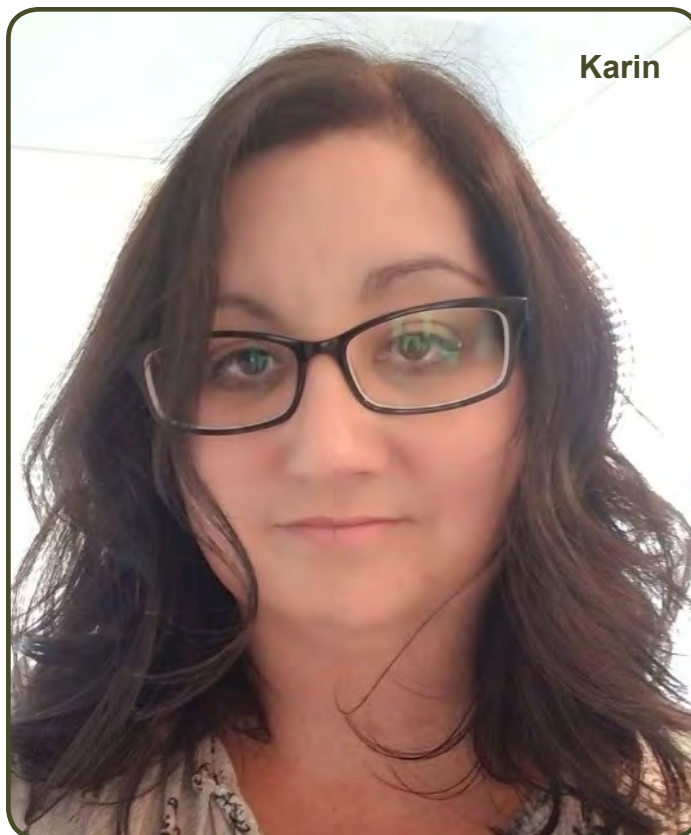
STAFF HIGHLIGHT

OA is pleased to announce that **Karin Hill** has accepted the position of Business Innovation Section Chief!

Karin has led the Sexual Health & Program Resilience Section in work related to the provision of culturally responsive, trauma-informed, patient centered, and equitable HIV Prevention activities while ensuring the development and implementation of effective programs that successfully meet the needs of those we serve. She has demonstrated a unique ability to utilize strength-based approaches that can be used to dismantle racial and health inequities that seeks to improve health outcomes for priority populations. Her ability to negotiate sensitive and complex issues with stakeholders and internal staff has allowed her to provide support to supervisors and direct reports in three distinct units. As the primary manager for the HIV California Planning Group, she has led the team of state and community co-chairs to provide monthly educational webinars and bi-annual in-person conferences across the state.

In her spare time, Karin enjoys excursions with her kids Bridget and Connor, seeing any stage musical she can find, and playing with her dog Penny. Karin is also pursuing a master's degree at Penn State University, in Organization Development and Change. Please take a moment to congratulate her in this exciting new role.

Karin



HIV AWARENESS

February 7th is National Black HIV/AIDS Awareness Day (NBHAAD). The theme, "Engage, Educate, Empower: Uniting to End HIV/AIDS in Black Communities," will again be used in 2025. The meaning behind the theme is to involve the Black/African American community in HIV prevention, educate Black/African American people about prevention and treatment strategies, and encourage the community to

share their success stories about living with HIV. NBHAAD is celebrated to emphasize the importance of access to HIV education, prevention, testing, and treatment strategies.

NBHAAD was established in 1999 as a grassroots-education effort to raise awareness about the disproportionate impact of HIV/AIDS on the Black/African American community. Although the Black/African American communities have made progress in reducing HIV, they are significantly impacted by social and structural determinants of health such as racism, medical mistrust, and access to quality healthcare. These and other factors affect whether Black/African American people seek or receive HIV treatment or are aware of life saving measures such as pre-exposure prophylaxis (PrEP), and/or post-exposure prophylaxis (PEP).

According to the CDPH HIV Surveillance data, in 2022 Black/African Americans make up approximately 6% of California's population. However, they account for 16% of living HIV cases and 15% of newly diagnosed cases. Notably, from 2018 to 2022, the overall rate of new HIV diagnoses decreased by 13% however, there is still more work to do. [View the factsheet](#) depicting demographics and health outcomes for the Black/African American community.

GENERAL UPDATES

> Mpox

OA is committed to providing updated information related to mpox. We have partnered with the Division of Communicable Disease Control (DCDC), a program within the Center of Infectious Diseases and have disseminated a number of documents in an effort to keep our clients and stakeholders informed. Please refer to the [DCDC website](#) to stay informed.

Digital assets continue to be available for LHJs and CBOs on DCDC's [Campaign Toolkits](#) website.

> HIV/STI/HCV Integration

We continue to move forward with the necessary steps to integrate our HIV, STI, and HCV programs into a single new Division. We will continue to keep you apprised on our journey as new information comes in.

ENDING THE EPIDEMICS STRATEGIC PLAN OA/STD

The [visual at the top of page three](#) is a high-level summary of our *Strategic Plan* that organizes 30 Strategies across six Social Determinants of Health (SDoH).

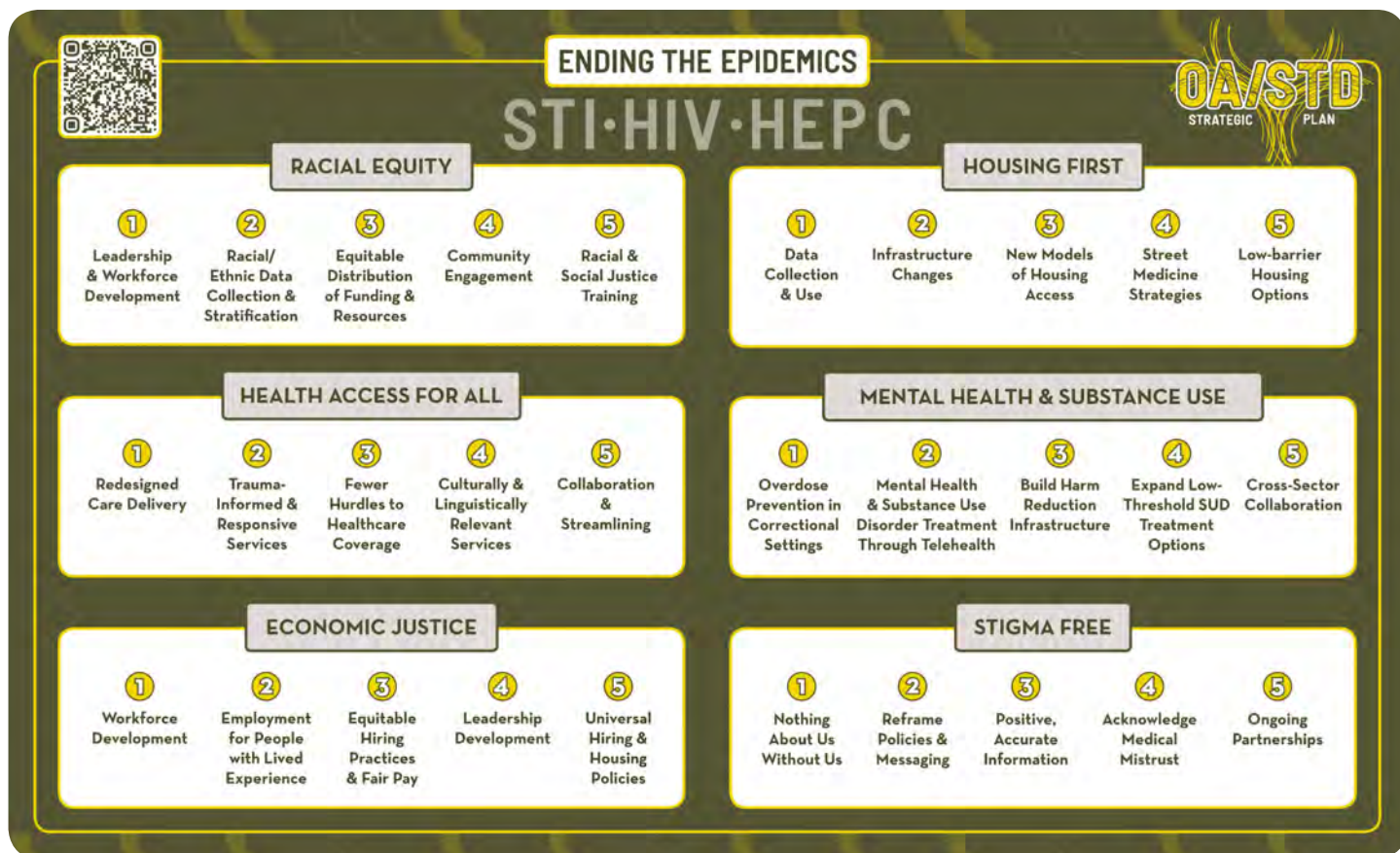
OA and STD Control Branch would like you to continue to use and share the [Strategic Plan](#) and the [Implementation Blueprint](#). These documents address HIV as a syndemic with HCV and other STIs, through a SDoH lens.

For technical assistance in implementing the *Strategic Plan*, California LHJs and CBOs can visit [Facente Consulting's webpage](#).

HEALTH ACCESS FOR ALL

> Strategy 1: Redesigned Care Delivery

OA continues to implement its **Building Healthy Online Communities (BHOC)** self-testing program to allow for rapid OraQuick test orders in all jurisdictions in California. The program, [TakeMeHome](#), is advertised on gay dating apps, where users see an ad for home testing and are offered a free HIV-home test kit.



TAKEMEHOME

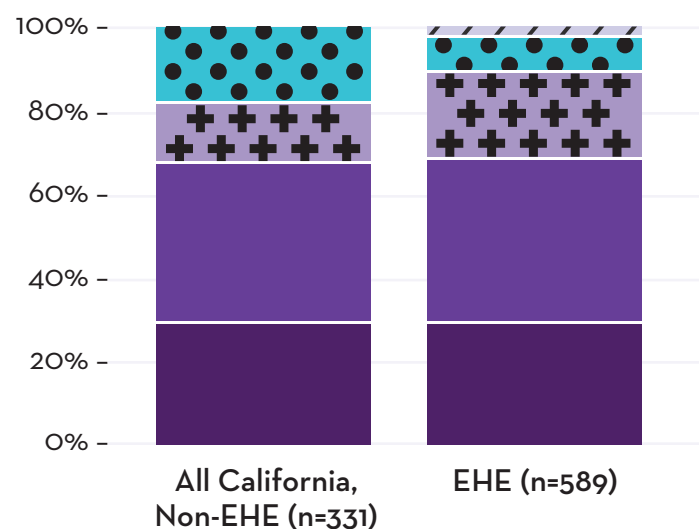


In December, 331 individuals in 39 counties ordered self-test kits, with 224 (67.7%) individuals ordering 2 tests. Additionally, OA's existing TakeMeHome Program continues in the six California Consortium Phase I Ending the HIV Epidemic in America counties. Between the program's initiation in September 1, 2020, and December 31, 2024, 15,260 tests have been distributed. This month, mail-in lab tests (including dried blood spot tests for HIV, syphilis, and Hepatitis C, as well as 3-site tests for gonorrhea and chlamydia) accounted for 151 (25.6%) of the 589 total tests distributed in EHE counties. Of those ordering rapid tests, 320 (73.1%) ordered 2 tests.

Since September 2020, 1,703 test kit recipients have completed the anonymous follow up survey from EHE counties; there have been 725;

responses from the California expansion since January 2023.

HIV Test History Among Individuals Who Ordered TakeMeHome Kits, Dec. 2024



0-3 Months 4-6 Months 7-12 Months Over a Year Never

Additional Key Characteristics	EHE	All California, Non-EHE
Of those sharing their gender, were cisgender men	60.1%	57.5%
Of those sharing their race or ethnicity, identify as Hispanic or Latinx	36.5%	46.5%
Were 17-29 years old	43.1%	40.8%
Of those sharing their number of sex partners, reported 3 or more in the past year	45.0%	36.2%

Survey Highlights	EHE	All California, Non-EHE
Would recommend TakeMeHome to a friend	94.4%	94.2%
Identify as a man who has sex with other men	49.6%	53.0%
Reported having been diagnosed with an STI in the past year	8.6%	10.2%

As of December 31, 2024, the number of ADAP clients enrolled in each respective ADAP Insurance Assistance Program are shown in the chart at the top of page six.

HOUSING FIRST

➤ Strategy 2: Infrastructure Changes

OA's HIV Care Branch is looking for a new Housing Opportunities for Persons with AIDS (HOPWA) Program provider for Santa Barbara County. HOPWA provides housing assistance and supportive services to prevent or reduce homelessness for persons living with HIV (PLWH). Local government entities (e.g., health departments, housing authorities, or community development agencies) and nonprofit community-based organizations may apply. The award amount for Santa Barbara County is approximately \$241,300 per year.

Request for Application (RFA) #25-10039 can be found on OA's webpage. OA will host a technical assistance webinar through MS Teams on February 20, 2025 (1 PM to 2 PM). If you are interested in applying, submit an e-mail of intent to HOPWARFA@cdph.ca.gov by March 14, 2025, and you will be sent the application materials. **Applications are due March 17, 2025.**

RACIAL EQUITY

➤ Strategy 5: Racial and Social Justice Training

The CDC offers free capacity building assistance (CBA) through training, technical assistance, and other resources to reduce HIV infection and improve health outcomes for people with HIV in the United States. Its CBA Provider Network provides CBA on a vast variety of HIV preventions related topics, including enhancing

➤ Strategy 3: Fewer Hurdles to Healthcare Coverage

As of January 31, 2025, there are 278 PrEP-AP enrollment sites and 229 clinical provider sites that currently make up the PrEP-AP Provider network.

Data on active PrEP-AP clients can be found in the three tables displayed on page five of this newsletter.

Active PrEP-AP Clients by Age and Insurance Coverage:

Current Age	PrEP-AP Only		PrEP-AP With Medi-Cal		PrEP-AP With Medicare		PrEP-AP With Private Insurance		TOTAL	
	N	%	N	%	N	%	N	%	N	%
18 - 24	295	9%	---	---	---	---	10	0%	305	10%
25 - 34	1,060	33%	---	---	---	---	136	4%	1,196	37%
35 - 44	804	25%	---	---	1	0%	139	4%	944	30%
45 - 64	449	14%	---	---	8	0%	87	3%	544	17%
65+	38	1%	---	---	168	5%	5	0%	211	7%
TOTAL	2,646	83%	0	0%	177	6%	377	12%	3,200	100%

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

Current Age	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18 - 24	168	5%	5	0%	40	1%	15	0%	---	---	41	1%	4	0%	32	1%	305	10%
25 - 34	644	20%	4	0%	115	4%	92	3%	7	0%	248	8%	8	0%	78	2%	1,196	37%
35 - 44	532	17%	4	0%	88	3%	54	2%	5	0%	192	6%	6	0%	63	2%	944	30%
45 - 64	300	9%	---	---	49	2%	14	0%	1	0%	135	4%	---	---	45	1%	544	17%
65+	20	1%	---	---	5	0%	6	0%	---	---	167	5%	---	---	13	0%	211	7%
TOTAL	1,664	52%	13	0%	297	9%	181	6%	13	0%	783	24%	18	1%	231	7%	3,200	100%

Active PrEP-AP Clients by Gender and Race/Ethnicity:

Gender	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Female	52	2%	---	---	6	0%	10	0%	1	0%	8	0%	---	---	7	0%	84	3%
Male	1,511	47%	12	0%	271	8%	167	5%	12	0%	747	23%	17	1%	203	6%	2,940	92%
Trans	83	3%	---	---	14	0%	3	0%	---	---	12	0%	1	0%	6	0%	119	4%
Unknown	18	1%	1	0%	6	0%	1	0%	---	---	16	1%	---	---	15	0%	57	2%
TOTAL	1,664	52%	13	0%	297	9%	181	6%	13	0%	783	24%	18	1%	231	7%	3,200	100%

All PrEP-AP charts prepared by: ADAP Fiscal Forecasting Evaluation and Monitoring (AFFEM) Section, ADAP and Care Evaluation and Informatics Branch, Office of AIDS. Client was eligible for PrEP-AP as of run date: 01/31/2025 at 12:01:26 AM
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from December
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	556	0.36%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,758	6.55%
Medicare Premium Payment Program (MPPP)	2,130	- 3.36%
Total	8,444	3.46%

Source: ADAP Enrollment System

cultural competency for a successful HIV program, cultural responsiveness and humility for people who inject drugs (PWID), diversity, equity, and inclusion, motivational interviewing, planning a condom distribution program, and so much more! To [submit a CBA request](#), please contact the Local Capacity Building and Program Development Unit at CBA@cdph.ca.gov.

MENTAL HEALTH & SUBSTANCE USE

➤ Strategy 3: Build Harm Reduction Infrastructure

RESEARCH: Association of distributing smoking supplies and naloxone

As the overdose crisis evolved into the current fourth wave of poly-substance use, trends on how substances are used evolved as well. Smoking has become the most widely used route of administration, prompting some people

who injected to transition to smoking. To sustain and increase engagement with people who use drugs, some syringe services programs started distributing safer smoking supplies to participants.

Science Direct published an analysis from the National Survey of Syringe Services Programs in the United States last month that highlights the effectiveness of distributing safer smoking equipment as a form of engagement. Smoking supplies distribution was associated with more participant encounters and greater naloxone distribution. The study also found that more community-based organizations distributed safer smoking supplies than health department and healthcare-run syringe services programs.

[View the study.](#)

For [questions regarding The OA Voice](#), please send an e-mail to angelique.skinner@cdph.ca.gov.



Program: HIV Planning Group - Administrative Budget
Year: RW 2024

DETAILED INTERNAL BUDGET				
Budget Period: 03/01/2024 to 2/28/2025 CFD#: 93.914 Updated - 3/2024-1/2025 Expenditures for 3/2025 Meeting	% of Year Elapsed	91.7%		
	FY 24 Budget	YTD Total Expenditures	Expended	Remaining Balance
Personnel Expenses (Salary & Benefits)	\$ 307,705.26	\$ 408,029.49	132.60%	\$ (100,324.23)
Interpreter Services	\$ 10,200.00	\$ 15,345.05	150.44%	\$ (5,145.05)
Food	\$ 7,100.00	\$ 6,792.33	95.67%	\$ 307.67
Staff Training	\$ 250.00	\$ -	0.00%	\$ 250.00
Office Expenses	\$ 5,731.00	\$ 7,560.59	131.92%	\$ (1,829.59)
Mileage and Gas Cards	\$ 7,100.00	\$ 3,256.98	45.87%	\$ 3,843.02
Zoom and WiFi (MiFi)	\$ 1,323.00	\$ 3,220.07	243.39%	\$ (1,897.07)
TOTAL PC BUDGET	\$ 339,409.26	\$ 444,204.51	130.88%	\$ (104,795.25)

HIV PLANNING GROUP
12-MONTH ATTENDANCE TRACKING
March 2024 - February 2025

(23) HPG Members	1	1	0	1	1	1	1	1	1	0	1	0	9
Total Meetings	27-Mar	24-Apr	22-May	26-Jun	24-Jul	7-Aug	25-Sep	23-Oct	21-Nov	18-Dec	22-Jan	26-Feb	TOTAL
Aguirre Mendoza, Marco, 10	*	NM	NQ	*	*	*	1	1	*	NM	JC	NM	2
Conant, Juan, 25											*	NM	0
Davenport, Beth, 35	*	NM	NQ	*	*	1	1	*	*	NM	*	NM	2
Donovan, Michael, 32							*	1	*	NM	*	NM	1
Fleming, Tyra, 3		NM	NQ	*	*	*	*	1	*	NM	*	NM	1
Garcia, Hector, 42											*	NM	0
Garcia, Rosemary, 23											1	NM	1
Garcia-Bigley, Felipe, 38	*	NM	NQ	*	*	*	*	*	*	NM	*	NM	0
Grelotti, David, 30	*				*	1	*	*	*	NM	1	NM	2
Ignalino, Jr., Benjamin, 39							*	*	*	NM	*	NM	0
Jones, Lori, 26					JC	1	*	*	*	NM	*	NM	1
Kubricky, Cinnamen, 4	*	NM	NQ	*	1	*	*	*	*	NM	JC	NM	1
Lochner, Mikie, 16	*	NM	NQ	*	*	*	*	*	1	NM	*	NM	1
Miles, Skyler, 32							*	*	*	NM	*	NM	0
Nava, Veronica, 33		NM	NQ	*	*	*	*	*	1	NM	*	NM	1
Paugh, Shannon, 37										NM	*	NM	0
Price, Venice, 44	*	NM	NQ	JC	*	1	*	1	1	NM	1	NM	4

HIV PLANNING GROUP
12-MONTH ATTENDANCE TRACKING
March 2024 - February 2025

Total Meetings	27-Mar	24-Apr	22-May	26-Jun	24-Jul	7-Aug	25-Sep	23-Oct	21-Nov	18-Dec	22-Jan	26-Feb	TOTAL
Rooney, Ivy, 43		NM	NQ	*	1	*	*	*	*	NM	*		
Spector, Stephen, 31		NM	NQ	1	1	*	1	*	*	NM	JC	NM	3
Van Brocklin, Rhea, 18	1	NM	NQ	1	*	*	*	*	*	NM	*	NM	2
Weber, Jeffery, 41	*	NM	NQ	*	1	*	1	*	1	NM	*	NM	3
West, Abigail, 29	*	NM	NQ	*	*	*	*	1	*	NM	JC	NM	1
Wimpie, Michael, 1	*	NM	NQ	*	*	*	*	*	*	NM	*	NM	0
Yancey, Adrianne, 22	*	NM	NQ	*	*	*	1	*	*	NM	1	NM	2
To remain in good standing and eligible to vote, the HPG member may not miss 3 consecutive meetings or 6 meetings within 12 months.													
* = Present													
1 = Absent for the month													
1 = Absent when there are multiple meetings in a month. The member needs to attend at least one meeting for attendance to count for the specific month.													
JC = Just Cause													
EC = Emergency Circumstance													

ASSEMBLY BILL (AB) 2302: THE USE OF JUST CAUSE AND EMERGENCY CIRCUMSTANCES (2025)
(An Amendment to AB 2449)

If the physical attendance quorum requirement is met, AB 2302 permits a member who is not physically present to request virtual attendance at the local legislative body’s meeting under two circumstances: (1) for “just cause” and (2) due to “emergency circumstances”.

Qualifying Reason	Provisions to Attend Remotely	Requirements/Limitations
<p>“Just Cause”</p>	<ul style="list-style-type: none"> There is a childcare or caregiving need (for a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner) that requires the member to participate remotely. A contagious illness prevents the member from attending the meeting in person. There is a need related to a defined physical or mental disability that is not otherwise accommodated for. Traveling while on official business of the legislative body or another state or local agency. 	<p>A member is limited to two (2) virtual attendances due to “just cause” per calendar year.</p>
<p>“Emergency Circumstances”</p>	<p><i>“A physical or family medical emergency that prevents a member from attending the meeting in person.”</i></p> <p>A member is <i>not</i> required to disclose any medical diagnosis or disability, or any personal medical information that is already exempt from existing law.</p>	<p>A member of the legislative body must:</p> <ol style="list-style-type: none"> Make a request to the body to allow the member to meet remotely due to an emergency circumstance; and Provide a general description of no more than 20 words of the circumstance justifying such attendance. <p>A request from a member to attend remotely requires that the legislative body take action and <i>approve</i> the remote attendance at the start of the meeting for the member to be allowed to participate remotely for that meeting¹.</p>

¹If the request does not allow sufficient time to be placed on the agenda as a proposed action item, then the legislative body may take action at the beginning of the meeting.

Additional Requirements for a Member Participating Remotely

In addition to making a request either for “just cause” or due to an “emergency circumstance” for remote appearance, AB 2302 imposes the following three (3) additional requirements on legislative body members seeking to appear remotely at public meetings:

- The member:
 - Notifies the legislative body at the earliest opportunity possible, including at the start of a regular meeting, of their need to participate remotely for just cause, including a general description of the circumstances relating to their need to appear remotely at the given meeting. **OR**
 - Requests the legislative body to allow them to participate in the meeting remotely due to emergency circumstances and the legislative body takes action to approve the request. *(See “requirements/limitations” for the use of emergency circumstances.)*
- The member shall publicly disclose at the meeting before any action is taken, whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member’s relationship with any such individuals.
- The member shall participate through both audio and visual technology.