

## **Steering Committee**

**When:** Tuesday, April 18, 2023 from 11:00 AM – 1:00 PM

**Where:** Training Room 124 (5530 Building)



### **Address:**

San Diego County Operations Center (COC)  
5500 - 5570 Overland Avenue  
San Diego, CA 92123



**Parking is free – All visitors parking is longer than the permitted time that is posted; you must park in an unmarked space.  
There is very limited street parking along Farnham St.**

**From 163:**

1. From 163, exit onto Clairemont Mesa Blvd – *Eastbound*
2. Turn left onto Overland Ave.

**From I-15:**

1. From 15, exit onto Clairemont Mesa Blvd – *Westbound*
2. Turn right onto Ruffin Rd
3. Turn left onto Hazard Way

***Or***

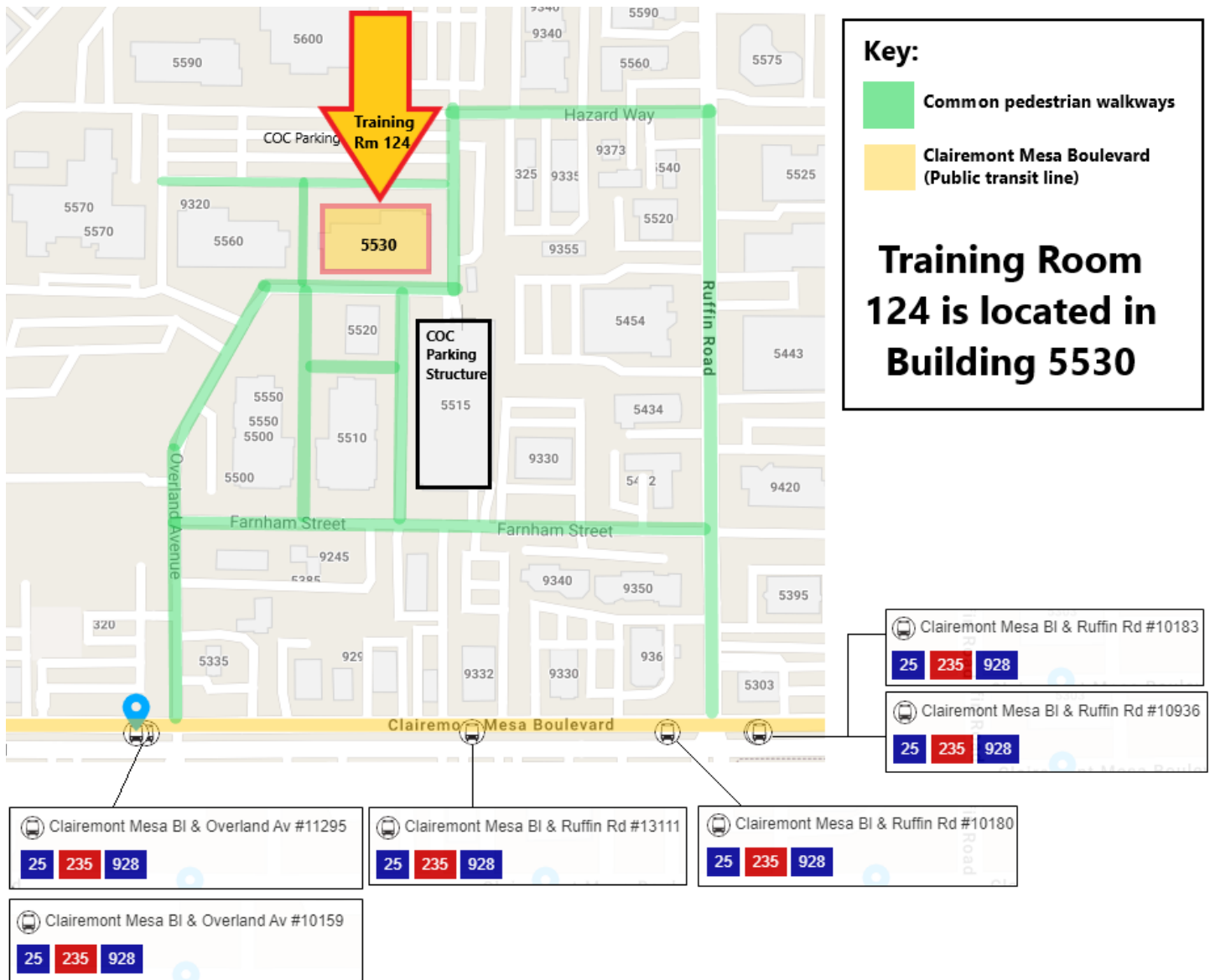
1. From 15, exit onto Clairemont Mesa Blvd – *Westbound*
2. Turn right onto Overland Ave

**\*\*ATTN:**

Please note that directions depicted on given directions to location may not reflect info on the MTS phone application.

Refer to HPG directions and County Operations Center map provided for detailed instructions on how to get to meeting location. Additional resource map available from County Operations Center on **PAGE 4.**

## Via MTS/Public Transportation:



**From Ruffin Road:**

1. Head north towards Ruffin Road.
2. Turn left on Farnham Street.  
Access to County Operations Center buildings will be on your right.

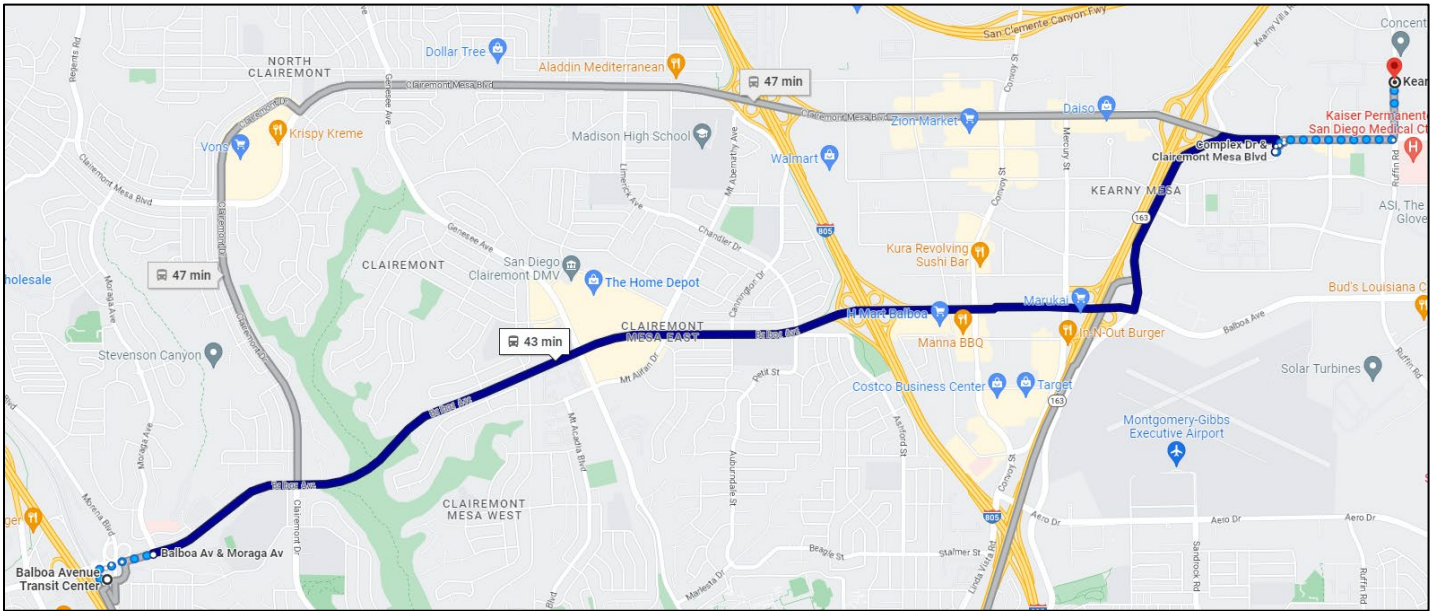
**OR**

2. Turn left on Hazard Way.
3. Enter through County Operations Center entrance/black gate and head further west.  
Access to County Operations Center buildings will be on your left.

**From Overland Avenue:**

1. Head north on Overland Ave.
2. Enter east through County Operations Center entrance/black gate.
3. Turn left on pedestrian walkway. Building 5530 will be on your right.

## Full Route from Balboa Ave Transit Center to Overland Ave (if coming off Blue Line trolley):



### If Using Trolley & Bus:

1. Take the **Blue Trolley Line** to the **Balboa Avenue Transit Center**.
2. Walk to **Balboa Ave & Moraga Ave** bus stop (about 7-minute walk, 0.3 miles).
3. Take **Route 27** bus from **Balboa Ave & Moraga Ave** to **Complex Dr & Clairemont Mesa Blvd**.
4. Head north on Complex Dr.
5. Cross the street and turn right on Clairemont Mesa Blvd (after U.S. Bank Branch on the right).
6. Cross the street and turn left onto Overland Ave. and head north.
7. Enter east through County Operations Center entrance/black gate.
8. Turn left on pedestrian walkway. Building 5530 will be on your right.



# ADDITIONAL RESOURCES:

## County Operations Center (COC) CAMPUS MAP

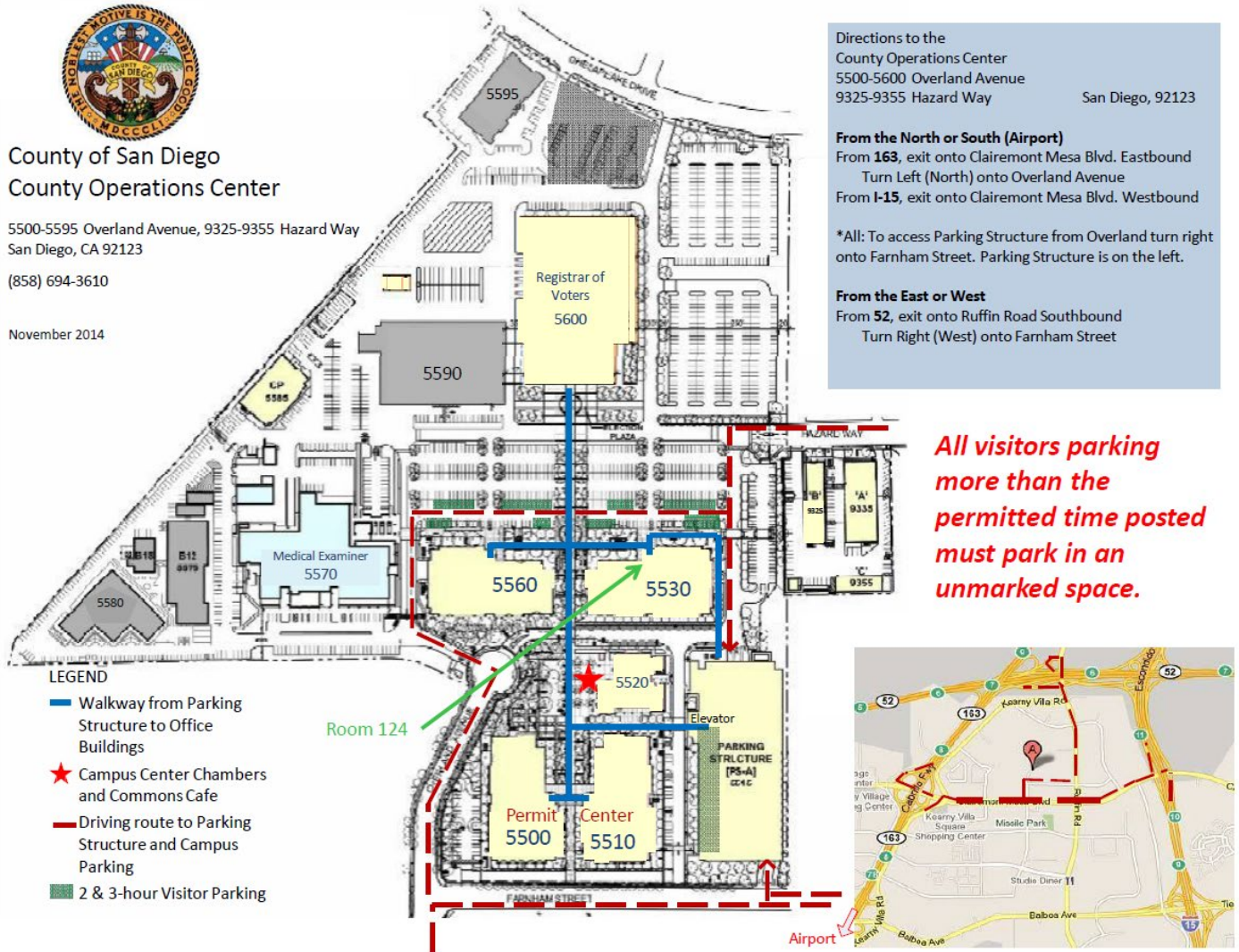


### County of San Diego County Operations Center

5500-5595 Overland Avenue, 9325-9355 Hazard Way  
San Diego, CA 92123

(858) 694-3610

November 2014



## County Operations Center (COC) CAMPUS DIRECTORY



#### 5500 Permit Center

Environmental Health and Quality  
San Diego County Credit Union  
Public Works Engineering  
Parks & Recreation  
Aging & Independence Services  
24/7 Library To Go

#### 5510 Permit Center

Planning and Development Services  
Public Works  
SanGIS

#### 5520 Campus Center

Campus Center - Chambers  
Campus Center - Commons

#### 5530

Primary Public Defender  
Alternate Public Defender  
County Counsel/Juvenile Dependency  
Human Resources  
Sheriff Detention Medical Services  
Auditor & Controller  
Revenue & Recovery

#### 5560

County Library  
Public Administrator  
Public Guardian  
Public Conservator  
Purchasing & Contracting  
Sheriff Data & Computer Training  
Security Services

#### 5560 cont.

Property Manager  
Aging & Independence Services  
General Services  
County Fire/EMS

#### 5570

Medical Examiner  
Environmental Health & Quality  
- Vector/HIRT  
Public Health Services  
- Laboratory

#### 5590

Crime Lab

#### 5595

Sheriff Wireless Services  
General Services Maintenance

#### 5600

Registrar of Voters  
County Mail Center  
Probation

#### 5610

General Services Fleet

#### 9325

Agriculture, Weights, & Measures

#### 9335

University of California Cooperative Extension  
Vital Records  
Public Health Services



# County of San Diego

NICK MACCHIONE, FACHE  
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WILMA J. WOOTEN, M.D., M.P.H.  
PUBLIC HEALTH OFFICER

## SAN DIEGO HIV PLANNING GROUP (HPG) STEERING COMMITTEE Tuesday, April 18, 2023, 11:00 am – 1:00 pm

County Operations Center (COC)  
5530 Overland Ave. San Diego, CA 92123 (Training Room 124)

To participate remotely via WebEx (click the following link):

<https://sdcountryca.webex.com/sdcountryca/j.php?MTID=mb027117a34cb26caef12044c0e5f8aed>

Meeting Number/Access Code: 2466 203 2555

Password: Steer.20

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

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

***This meeting is audio and video recorded.***

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

**A quorum for this committee is 4**

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

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

### DRAFT AGENDA

1. Call to order, comments from the chair and a moment of silence
2. Public comment (for members of the public)
3. Sharing our concerns (for committee members)
4. **Action:** Approve the Steering Committee agenda for April 18, 2023
5. **Action:** Approve the HIV Planning Group agenda for April 26, 2023
6. Committee Reports and Recommendations
  - a. Membership Committee
    - i. **Action:** Recommendation(s) for HPG membership
  - b. Priority Setting and Resource Allocations Committee



- i. Recommendation(s) for reallocation of funds in Fiscal Year 2023 (the current fiscal year is March 1, 2023 – February 28, 2024)
- c. Community Engagement Group
- d. Strategies and Standards Committee
- e. Medical Standards and Evaluation Committee (MSEC)
- f. Steering Committee
- 7. Process/governance issues
  - a. Review: Public comments / HPG member comments / Suggestions to the Steering Committee from previous HPG meeting(s)
  - b. Update: In-person meetings, implementation of AB 2449, and location of meetings in April and May 2023
  - c. Discussion: HPG purchase of FirstNet ATT hotspots
  - d. Update: HPG Orientation on May 18, 2023, from 2:00 pm – 4:00 pm at the Malcolm X Library
  - e. Discussion: Assessment of the Administrative Mechanism: Planning
  - f. Update: Getting to Zero Community Engagement Project – 3-Year HPG Action Plan
    - i. Membership recruitment plan
  - g. Discussion: Steering Retreat
  - h. Review 2023 HPG Work Plan
  - i. **Action:** Approval of the Committee Operating Guidelines
  - j. Update: Integrated Statewide Strategic Plan
  - k. Discussion: HIV Prevention Board Letter, Ryan White Board Letter
  - l. Discussion: Eliminate Hepatitis C Virus Task Force
- 8. Updates and budget review from the HIV, STD, and Hepatitis Branch (HSHB)
- 9. **Action:** Approve committee meeting minutes from February 14, 2023 / review follow-up items from the minutes
- 10. Review committee attendance
- 11. Future agenda items for consideration
- 12. Announcements
- 13. Confirm the next meeting date: **May 16, 2023, from 11:00 am – 1:00 pm.**  
 Location: **In person at County Operations Center (COC) Training Room 124, 5530 Overland Ave. San Diego, 92123** AND via WebEx.
- 14. Adjournment



# County of San Diego

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

**SAN DIEGO HIV PLANNING GROUP (HPG)**  
**Wednesday, April 26, 2023 - 3:00 pm – 5:00 pm**

**County Operations Center (COC)**  
**5530 Overland Ave. San Diego, CA 92123 (Training Room 124)**

To participate remotely via WebEx (click the following link):

<https://sdcountyca.webex.com/sdcountyca/j.php?MTID=m884aa5e8df7e4e85a91f53b5c8344aa5>

**Meeting Number/Access Code:** 133 917 9274

**Password:** HIVPG.20

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

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

***This meeting is audio and video recorded.***

A quorum for this meeting is thirteen (13)

## AGENDA

### ORDER OF BUSINESS

1. Call to order
2. Chair comments
3. Public comment (See page 2 of agenda for rules for members of the public)
4. Sharing our concerns / comments on items not on the agenda (for HPG members)
5. **ACTION:** Approval of HPG agenda for April 26, 2023
6. Old Business: none
7. New Business
  - a. **ACTION:** Membership Committee: Review and approve recommendation(s) for HPG membership.
  - b. **ACTION:** Priority Setting and Resource Allocation Committee: Review and approve recommendations for allocation of funds (\$78,759)
  - c. Update: AB 2449 and return to in-person meetings
  - d. **ACTION:** Approval of consent agenda for April 26, 2023, which includes: Approval of HPG Minutes from February 22, 2023; Acceptance of the following committee minutes: Steering Committee: February 14, 2023; Strategies and Standards Committee:

[www.sdplanning.org](http://www.sdplanning.org)

February 7, 2023, and April 4, 2023; Membership Committee: March 8, 2023; Priority Setting and Resource Allocation Committee: February 9, 2023, and March 9, 2023; Community Engagement Group: February 15, 2023, and March 15, 2023; Monkeypox Task Force: January 19, 2023; (Included for your information, not for acceptance; CARE Partnership: February 13, 2023, March 20, 2023, and April 17, 2023; HIV Housing Committee: January 18, 2023; Faith-Based Action Coalition: January 5, 2023 and February 2, 2023)

- e. **ACTION:** Approve HIV Prevention Board Letter, Ryan White Board Letter
- f. Presentation: Prevention – Felipe Ruiz
- g. Presentation: Housing – Freddy Villafan
- 8. Updates and budget review from the HIV, STD, and Hepatitis Branch (HSHB)
- 9. Committee Reports
  - a. Planning Group Support Staff – Carlie Catolico
  - b. Community Engagement, Membership, Strategies & Standards, Priority Setting and Resource Allocation Committee, Medical Standards and Evaluation Committee
  - c. State Office of AIDS (OA) and AIDS Drug Assistance Program (ADAP) – Abigail West and Jesse Peck by teleconference, 1616 Capitol Ave, 6th Fl, Ste 616, Sacramento, CA 95814)
  - d. Getting To Zero Community Engagement Project Updates – Dr. Delores Jacobs
  - e. Communication Plan
    - i. California HIV Planning Group (CHPG) – Mikie Lochner
    - ii. Faith-Based Action Coalition – Kenyatta Parker
  - f. Suggestions to Steering Committee for consideration of future items
- 10. Announcements
- 11. Next Meeting Date: **Wednesday, May 24, 2023, from 3:00pm – 5:00pm.**  
Location: **In-person at County Operations Center (COC) Training Room 124, 5530 Overland Ave. San Diego, 92123 AND via WebEx.**
- 12. Adjournment

**Public comment rules:**

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



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PUBLIC HEALTH OFFICER

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

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

**DATE:** April 26, 2023

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

**BACKGROUND:** The Membership Committee interviewed Tyra Fleming on March 8, 2023 and voted to recommend them for membership in the HPG.

Biographic information on candidate Tyra Fleming is listed below:

#### **RECOMMENDATIONS:**

**Action Item:** (Membership Committee): Approve the recommendation to nominate Tyra Fleming as an Unaffiliated Consumer Representative (Seat #3)

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

Biographical information:

#### **Tyra Fleming**

Tyra has a BA in Applied Behavioral Science with a Minor in Psychology and is certified in LOTUS (as a peer navigator), Seeking Safety (as a peer facilitator), and is a registered substance use disease counselor. She has personal and educational experience working with others and has participated in a variety of programs, groups, and committees that require effective listening, communication, and problem solving. She has knowledge and skills needed to work effectively and efficiently with diverse populations and is an active participant in many programs at agencies such as UCSD, Christies Place, and MCAP. Tyra has a passion to help others obtain and retain access to services and for helping others. .



## **Committee Reports – March 2023**

### **Priority Setting and Resource Allocation Committee (PSRAC)**

The Priority Setting and Resource Allocation Committee (PSRAC) returned this month to in-person meetings. The Committee reviewed its procedures with an eye toward evaluating its processes to ensure a broader set of members can both efficiently achieve the PSRAC workplan goals and ensure that consumer members are able to fully participate in planning activities. As a result, the committee voted to make the following changes:

- (1) Move to PSRAC committee meetings that occur every other month from September - May of the planning year, reserving the possibility of calling one-time emergency meetings if the need arises. This every other month schedule will be sequenced with the Strategies & Standards Committee as far as is possible - with meetings being held in alternate months to allow members to attend both meetings if/when they desire.
- (2) PSRAC committee meetings that occur in June and July of each year will change from once weekly meetings to a schedule of two four-hour meetings to consider the remaining data and reports, set priority rankings and make budget recommendations.
- (3) PSRAC meetings that occur from Sept -May will change from a schedule of planned two-hour meetings to planned ninety-minute meetings.

The PSRAC committee will continue to evaluate the day/time of committee meetings to best allow for maximum community participation, as the current 3-5 time period presents obstacles for working consumers and mothers with children who are often responsible for school pick-up, etc.

The next meeting of the PSRAC will be in May where the committee hopes to receive the Epidemiology data, report and briefing, as well as the HIV Care Continue an Unaware Estimate data. The PSRAC continues to monitor the Housing categories and success in expanding the capacity of the RW Mental Health services.

### **Strategies and Standards Committee**

The Committee did not meet in March.

#### **Action Items**

- Consider changes to Transportation Standards after report from the Clinical Quality Management Committee (Awaiting further feedback from CQM Committee)
- Form JEDI Principals Task Force
- Finalize 2023 Requests for data from the County Epidemiology Department

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

- Continued discussion and planning with Strategies/Standards committee regarding support for JEDI principles Task Force to provide recommendations to Steering committee including:
- Review and notes for additional Trauma-Informed Care addition to universal standards. (Review/Approve draft)
- Update Cultural Humility & Competency service delivery standards to include specific requirements regarding training
- Develop Trauma-Informed Service Delivery standards, including specific requirements for training (as above)
- Representative HPG and RW HIV service delivery workforce reports

### **Medical Standards and Evaluation Committee**

**Getting to Zero Community Engagement:** As per Dr. Jacobs' request based on consumer input, the committee began discussions regarding current obstacles for healthcare systems to coordinate non-urgent appointments (e.g., primary care, laboratory tests, case management, mental health) into a single trip to the healthcare provider. This is particularly an issue for those with childcare obligations, transportation issues, and other challenges in attending multiple appointments. Discussion will continue during the May 9, 2023, meeting. While the committee is supportive of flexible and individualized coordination of care, the committee did not reach consensus regarding what is within the scope and mandate of the committee.

**Proposal to Add Occlusal Guards (Hard and Soft Appliance) to List of Covered Oral Healthcare Services:** The committee discussed this proposal but did not take action. Input from dental professionals regarding recommended frequency and/or restrictions on these services is needed. The committee also requested that these services be included in the next needs assessment, which is planned for Fall 2023, to determine if there is an unmet need and that the Recipient provide a cost analysis for the addition of these services. The committee will revisit this issue in the September and/or November meeting(s) when requested information is available.

**Committee Operating Guidelines:** The committee voted to accept draft recommendations which will be incorporated into the main Committee Operating Guidelines document and presented to the Steering Committee.

**Primary Care Practice Guidelines Revision:** The current practice guidelines were shared with the committee members, and input was requested in preparation for discussion at the May meeting.

#### **Miscellaneous Items:**

- The committee discussed Assembly Bill (AB) 2449 and its implications for future meetings (e.g., requirement for in-person quorum).

### **Membership Committee**

None

### **Community Engagement Group**

None

## **Committee Reports – April 2023**

### **Priority Setting and Resource Allocation Committee (PSRAC)**

None

### **Strategies and Standards Committee**

None

### **Medical Standards and Evaluation Committee**

The committee did not meet in April 2023.

In preparation for the May 9, 2023, meeting, committee members are encouraged to review the current Ryan White Primary Care Practice Guidelines and submit any feedback and suggested changes to Dr. Tilghman and HPG support staff prior to the meeting.

### **Membership Committee**

None

### **Community Engagement Group**

None

**Public Comment/Sharing Concerns/Suggestions to the Steering Committee from  
February 22, 2023**

<b>Agenda Item</b>	<b>Comment</b>	<b>Steering Committee response</b>
<b>Public Comment:</b>	<ul style="list-style-type: none"> <li>• A member of the public noted the chair spoke of collaboration and partnership, but for the Retreat, the public was initially excluded.</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
<b>Sharing Our Concerns:</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
<b>Suggestions to the Steering Committee for consideration of future items</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>



## April 2023 – HIV Planning Group Committee Meetings

**Location:** County Operations Center (COC)  
5500 – 5570 Overland Ave. San Diego, CA 92123  
**(Various Room and Building Locations – See Below)**

	Meeting	Date	Time	Location
1	Strategies & Standards Committee	Tuesday, April 4, 2023	11:30 AM – 1:00 PM	Building 5570 – Room 1047
2	Membership Committee	Wednesday, April 12, 2023	11:00 AM – 1:00 PM	Building 5530 – Training Room 124
3	Steering Committee	Tuesday, April 18, 2023	11:00 AM – 1:00 PM	Building 5530 – Training Room 124
4	Community Engagement Group	Wednesday, April 19, 2023	3:00 PM – 5:00 PM	Building 5530 – Training Room 124
5	HIV Planning Group Committee	Wednesday, April 26, 2023	3:00 PM – 5:00 PM	Building 5530 – Training Room 124

*FYI: PSRAC switched to every other month in alteration with Strategies effective April 2023 (except for the Budget Allocation Process from June – July).*

*Strategies Committee time change to 3:00 PM effective June 2023.*

### Training Room 120

- **Building:** 5500 Overland Ave.
- 1<sup>st</sup> Floor

### Training Room 124

- **Building:** 5530 Overland Ave.
- 1<sup>st</sup> Floor

### Medical Examiner Conference Room – Room 1047

- **Building:** 5570 Overland Ave.
- 1<sup>st</sup> Floor

### April 2023 – MPOX Task Force

**Location:** County Operations Center (COC)  
5530 Overland Ave. San Diego, CA 92123

Meeting	Date	Time	Location
MPOX Task Force	Thursday, April 20, 2023	3:00 PM – 4:30 PM	Building 5530 – Training Room 124

**CARE Partnership will take place virtually on April 17, 2023**

## **May 2023 – HIV Planning Group Committee Meetings**

**Location:** County Operations Center (COC)  
5500 – 5570 Overland Ave. San Diego, CA 92123  
**(Various Room and Building Locations – See Below)**

	Meeting	Date	Time	Location
1	Medical Standards & Evaluation Committee (MSEC)	Tuesday, May 9, 2023	4:00 PM – 5:30 PM	Building 5530 – Training Room 124
2	Membership Committee	Wednesday, May 10, 2023	11:00 AM – 1:00 PM	Building 5530 – Training Room 124
3	Priority Setting & Resource Allocation Committee (PSRAC)	Thursday, May 11, 2023	3:00 PM – 4:30 PM	Building 5530 – Training Room 124
4	Steering Committee	Tuesday, May 16, 2023	11:00 AM – 1:00 PM	Building 5530 – Training Room 124
5	Community Engagement Group	Wednesday, May 17, 2023	3:00 PM – 5:00 PM	Building 5530 – Training Room 124
6	HIV Planning Group	Wednesday, May 24, 2023	3:00 PM – 5:00 PM	Building 5530 – Training Room 124

**Reminder:** PSRAC switched to every other month in alteration with Strategies effective April 2023 (except for the Budget Allocation Process from June – July).

*Strategies Committee time change to 3:00 PM effective June 2023.*

## May 2023 – HIV Planning Group Orientation

**Location:** Valencia/Malcolm X Library  
5148 Market St, San Diego, CA 92114 (Multi-purpose Room)

Meeting	Date	Time	Location
HPG Orientation	<b>Thursday, May 18, 2023</b>	2:00 PM – 4:00 PM	Multi-purpose Room



## June 2023 – HIV Planning Group Committee Meetings

**Location:** County Operations Center (COC)  
5500 – 5570 Overland Ave. San Diego, CA 92123  
**(Various Room and Building Locations – See Below)**

	Meeting	Date	Time	Location
1	Strategies & Standards Committee	Tuesday, June 6, 2023	3:00 PM – 4:30 PM	Building 5530 – Training Room 124
2	Membership Committee	Wednesday, June 14, 2023	11:00 AM – 1:00 PM	Building 5530 – Training Room 124
3	Priority Setting & Resource Allocation Committee (PSRAC)	Thursday, June 22, 2023	<b>**Budget Allocation Process – Time TBD**</b>	Building 5500 – Training Room 120
4	Steering Committee	Tuesday, June 20, 2023	11:00 AM – 1:00 PM	Building 5530 – Training Room 124
5	Community Engagement Group	Wednesday, June 21, 2023	3:00 PM – 5:00 PM	Building 5530 – Training Room 124
6	HIV Planning Group	Wednesday, June 28, 2023	3:00 PM – 5:00 PM	Building 5530 – Training Room 124

**Reminder:** PSRAC switched to every other month in alteration with Strategies effective April 2023 (except for the Budget Allocation Process from June – July).

Strategies Committee time change to 3:00 PM effective June 2023.

If the physical attendance quorum requirement is met, AB 2449 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
<b>"Just Cause"</b>	<ul style="list-style-type: none"> <li>There is a childcare or caregiving need (<i>for a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner</i>) that requires the member to participate remotely</li> <li>A contagious illness prevents the member from attending the meeting in</li> <li>There is a need related to a defined physical or mental disability that is not otherwise accommodated for</li> <li>Traveling while on official business of the legislative body or another state or local agency</li> </ul>	A member is limited to <b>two (2)</b> virtual attendances based on "just cause" per calendar year
<b>"Emergency Circumstances"</b>	<p><b><i>"A physical or family medical emergency that prevents a member from attending the meeting in person."</i></b></p> <p>A member is <b><i>not</i></b> 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 <b>must make a request to the body</b> to allow the member to meet remotely due to an emergency circumstance, and further <b>must provide a general description of the circumstance</b> justifying such attendance.</p> <p>A request from a member to attend remotely due to an emergency circumstance requires that the legislative body take action and <b>approve</b> the remote attendance at the start of the meeting for the member to be allowed to participate remotely for that meeting<sup>1</sup>.</p>

<sup>1</sup>If 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 2449 imposes the following three (3) additional requirements on legislative body members seeking to appear remotely at public meetings:

1. Before any action is taken during the meeting, the member must publicly disclose whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member’s relationship with any such individuals.
2. A member of the legislative body participating from a remote location must participate through both audio and visual technology.
3. A member’s remote participation cannot be for more than three consecutive months or 20 percent of the regular meetings for the local agency within a calendar year. And if the legislative body regularly meets fewer than 10 times per calendar year, a member’s participation from a remote location cannot be for more than two meetings.

### **AB 2449 Checklist**

(Applicable January 1, 2023 to December 31, 2025)

#### **Procedures for Public Participation**

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

#### **Procedures for Member to Teleconference from a Remote Location**

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

#### **Procedures for the Board/Commission/Committee/Group**

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



## **TELECONFERENCING RULES UNDER THE BROWN ACT**

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

# SAN DIEGO HIV PLANNING GROUP

## Orientation

**All HIV Planning Group Members and anyone interested in learning more about the HIV Planning Group are welcome!**

### The orientation will cover:

- An overview of the Ryan White Program
- The purpose and procedures of the HIV Planning Group
- The roles and duties of HIV Planning Group members
- An overview of budget reports



**Valencia Park/Malcolm X Library**  
**5148 Market St. San Diego, CA 92114**  
**(Multi-purpose Room)**



**Thursday, May 18, 2023**  
**2:00 PM - 4:00 PM**

**Register at:**

**<https://forms.gle/iAikLaCDFne7pqZm6>**



To request Spanish interpretation services, please let HPG Support know at least **96 hours** in advance.

For additional information or to request translation services, please send E-mail to:  
**HPG.HHSA@sdcounty.ca.gov**



**HPG Membership Recruitment Plan Draft**  
**(Progress for Steering Committee Review)**

**Background**

**Getting to Zero Consumer Recommendations 2020-2022**

**160 community members recruitment recommendations:**

- Increase focus on re-creating welcoming, supportive, community of care at HPG
- Increase community communications about HPG and committees
- Increase personal invitations to join HPG & its committees
- Increase feature/focus on community members/consumers
- Increase distribution of HIV community activities, Community engagement and Training opportunities

**Recruitment Plan Goals:**

1. With Steering Committee, help to rebuild HPG culture to one which is welcoming and supports members, invites engagement and works to build & uplift the HIV community
2. Ensure recruitment focus on HIV positive and HIV vulnerable consumer invitations continues to be a priority for HPG members and contracted HIV service providers
3. Continue to increase the welcoming, inviting appearance of website/digital communications including more HIV consumer/community voices
4. Increase the amount of digital/social media communications that explain/invite participation in HPG and HPG committees
5. Increase the # of specifically targeted individuals and groups receiving HPG email communications, including multiple agency staff (and not just leadership staff)
6. Increase the # of targeted SM communications to SM influencers, particularly those reaching historically over-looked and underserved portions of HIV community
7. Increase the number of personal invitations to participate in HPG and its committees
8. Widen distribution of HIV community activities, engagement opportunities & leadership training opportunities, particularly for HIV positive or HIV vulnerable community members

### Strategies

- **Build HPG Recruitment Infrastructure:**
  - Build HPG and community invitation/recruitment culture and infrastructure including contracted service providers who serve consumers
  - Targeted digital list building for HIV community social media communications
  - Create/maintain contact lists for recruitment for consumer/community seats
  - Create/maintain contact lists for recruitment of specific HPG seats
  - Create lists for recruitment 6 months prior to seat term expiration (“replace yourself”)
- **Enhance Communication:** Collaborate with HPG Communications planning team to enhance/increase communication including: information about HPG, HPG committees, Training opportunities, and HIV and HIV-related health information
- **Create welcoming culture of invitation/inclusion:** In-person outreach
  - Consumer recruitment with Consumer/Engagement Group – Meetings once per year to each of six regions; meetings to include food and social opportunities, in addition to feedback opportunities
  - With Steering Committee, increase culture of welcoming, safe engagement and interest in participation at HPG meetings

### Additional details: Maintaining general infrastructure

1. **Create welcoming culture of invitation/inclusion:** Ensure that the Membership Committee (with the Consumer/Community Group) reviews and refreshes/updates the HPG website and application for membership every other year with a special focus on incorporating community and consumer voices
2. **Enhance Communication:** Recreate HPG recruitment materials (brochures, flyers, sample language for members to use for invitation posts/emails) for use of HPG members and RW/CDC service providers
3. **Enhance Communication:** Ensure that HPG Support Staff send information about HPG and HPG Community/Consumer Group including information about how community, consumers can get involved in HPG and HPG committees (including links to HPG website and HPG social media pages) **at least quarterly to all of the following groups:**
  - All RW/CDC HIV service providers and their respective consumer groups, (*Build, review and add to list at least semi-annually*)
  - SM influencers for Black, Latino/a/x, AAPI/APIDA, Indigenous, Gay men, Transgender, recent immigrant, drug using, and/or unhoused communities, (*Build, review and add to list at least semi-annually*)
  - List of selected social service partners, (*Build, review and add to list at least semi-annually*)
  - Other selected County/City department offices (*Build, review and add to list at least semi-annually*)
4. **Create welcoming culture of invitation/inclusion:** Invite RW/CDC HIV service providers and HPG members to amplify messages by re-posting to their client lists, community lists and to any other relevant partners on their lists, including government elected official offices, and community and health service partners.

5. **Enhance Communication:** Ensure Planning Group Support Staff provides for HPG members a complete HPG membership list, including dates when membership will terminate on at least a quarterly basis
6. **Enhance Communication:** Ensure Planning Group Support Staff provides in a separate document for HPG members a listing/description of vacant HPG membership seats prior to the monthly meeting.
7. **Enhance Communication:** Ensure that Planning Group Support Staff provides HPG Membership and Orientation materials that include an invitation for HPG members to participate in HPG recruitment efforts.
8. **Continuing discussion for further plan development:**
  - a. Plan to continue and broaden audience for Project Pearl trainings
  - b. Plan for anti-racism, bias awareness trainings/conversations for HPG
  - c. Potential for dedication of ½ time PGSS for in-person organizing of community engagement volunteers for monthly outreach
  - d. Interface with communications plan staff for status on brochure and poster delivery/distribution/placement
  - e. Return to enhanced food/beverages at in-person meetings, including take-out containers
  - f. Return to encouraging the practice of contracted RW providers recommending potential consumers for HPG membership and helping to organize transportation for clients to attend HPG meetings
  - g. Strategies to increase knowledge of HPG and HPG among existing HIV serving groups (Pozabilities, RW contracted provider groups/programs, etc.)
  - h. Potential reimbursements/gift cards for time and energy to those HPG members who successfully recruit new HPG community members and/or the new members themselves
  - i. Provide links for on-line training opportunities for HPG members
  - j. Discuss potential HPG meeting time change to make participation more possible for greater group of HIV community members (possibly later 5pm-7pm time frame or lunch times)
  - k. Possibility of inviting to membership committee front-line service RW HIV provider staff to help membership committee think about and more effectively invite new community HPG members

### **Procedure 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 communications 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 and the staff can obtain contact information for any needed follow-up (Name, email address, phone number, and preference for communication).
2. When the speaker contacts HPGSupport, staff will respond in the same 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, 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 time period.
6. When a full response is provided, the follow-up item will be recorded as completed.



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

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

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

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

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

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

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

**HIV Planning Group (HPG)  
Committee Operating Guidelines  
Ad Hoc Committee(s)  
Community Engagement Group  
Medical Standards and Evaluation Committee  
Strategies and Standards Committee**

**Draft 02/14/2023**

**Reviewed and approved by Steering Committee on \_\_\_\_\_**

**Committee Meeting Guidelines:**

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

Meetings presently occur in-person with a remote/virtual option via WebEx or Zoom for members of the public and for committee members who provide in advance notice of an “Just cause” or “Emergency circumstance” consistence with the guidelines of Assembly Bill 2449 (AB 2449)

**Meeting Structure:**

1. The HIV Planning Group and all its committees operate in accordance with the State of California’s Robert M. Brown Act, which establishes guidelines that guarantee the public’s right to attend and participate in meetings of local legislative bodies. A sample meeting agenda appears at the end of this document.
2. Before the meeting begins, a quorum is established to confirm that a simple majority of the committee members are present. Committee members’ names are listed on the agenda. If a quorum is not present, the meeting is called to order, attendance is taken, and the meeting is adjourned or recessed until a quorum is present.
3. The meeting begins with a call to order, some committees perform introductions and comments from the chair(s). Each committee member and all attendees introduce themselves with their affiliations. Comments from the chairs may include a welcome and reminders about the areas that are and are not the purview of the committee.
4. Prior to the review of the meeting’s agenda, there is an opportunity for public comment that concern items not listed on the day’s agenda. There is also an opportunity for public comment at the beginning of each agenda item, (regardless of how many topics, discussions or actions the agenda item has) and for announcements at the end



of the meeting. Discussion during the meeting will remain focused on the current agenda item being addressed.

5. Participation guidelines during the meeting are reviewed. To ensure ample opportunity for all present to speak and be heard, committee members are limited to two (2) minutes per comment and limited to two (2) comments per item. Public comments are welcomed prior to each agenda item and again before the committee votes. Public comments are limited to one (1) minute per person (after they introduce themselves and state their affiliation (if any), so that all have an opportunity to participate.
6. During business portions of the meetings to make certain all can participate, committees may utilize amended **Roberts Rules of Order**. These include six (6) basic steps that are followed in a vote of the committee:
  - Once an action item is introduced, a member of the committee **makes a motion** for an action related to the item.
  - The motion must be **seconded** by another member of the committee. If no one seconds the motion it is dropped, and another motion can be made.
  - Once a motion is made and seconded, the committee chairperson will ask for **committee discussion** and/or any questions or concerns regarding the motion.
  - After the discussion, the committee chair will ask for any further **public comment**.
  - Following all discussion, the committee chair will ask for a **vote on the motion**, including any opposing votes and/or any abstentions.
  - The motion then either carries or fails by counting the majority of votes in support or in opposition.
  - The opposition is invited to speak, and the group is asked if anyone would like to change their vote.
7. Action items to approve the day's agenda and to review and approve the last meeting's minutes may be accepted by consensus by verifying if any changes need to be made and confirming that committee members agree the minutes accurately represent the meeting.
8. During the old business section of the agenda, the committee addresses topics already introduced at previous meeting(s).
9. After old business is concluded, new business agenda items are presented for the first time.
10. During old and new business portions of the meetings to support participation and decision-making, the committee will attempt to reach consensus. If consensus cannot be reached, a formal vote of the voting members and a simple majority will be the deciding factor. All those in attendance are encouraged to provide information and/or express their consent or dissent on topics during the discussion.
11. Committee business should at no time be discussed outside of noticed meetings. Outside of meetings, any communications related to the business of the planning body or committee should be directed to support staff.

### **Additional Guidelines:**

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

### **Becoming a Member of the Committee:**

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

### **Selection and Role of the Committee Co-chair**

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

### **Subcommittee Charges and Definitions:**

Documentation with the charge of each committee and definitions are available at [https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/hiv\\_std\\_hepatitis\\_branch/HIV\\_Planning\\_Group/test-2.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/hiv_std_hepatitis_branch/HIV_Planning_Group/test-2.html).

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

**SAMPLE AGENDA:**

HIV PLANNING GROUP, (name of Committee)  
Date, Time, Location  
Committee Charge

**DRAFT AGENDA**

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

**Remote/Virtual/Telephonic Participation**

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

- Members of the public may participate in any HIV Planning Group or committee meeting remotely/virtually by calling into a bridge line or online meeting format (via WebEx or Zoom) as noted on meeting agenda.

- HIV Planning Group and/or committee member may participate remotely/virtually provided:
  - Advise support staff 96 hours in advance of the location.
  - Location must be ADA accessible to members of the public.
  - Agenda for the committee must include the location.
  - Agenda must be posted at the remote meeting location with 24-hour access for public viewing 72 hours prior to the meeting.
  - Member(s) participating telephonically will count towards a quorum but may not vote.
  - When member(s) participate remotely all votes of the committee must be taken individually through a roll call.
  - The HPG member must provide a reason for remote participation by “Just cause” or “Emergency circumstance” as outlined in Assembly Bill 2449 (AB 2449).

Conduct guidelines:

1. The HPG wishes to ensure that business is conducted in an orderly fashion and that all have an equal opportunity to observe and participate in the proceedings. Each person who addresses the HPG Group or a committee shall not use loud, threatening, profane, or abusive language that disrupts, disturbs, or otherwise impedes the orderly conduct of an HPG meeting. Any such language or any other disorderly conduct that disrupts, disturbs, or otherwise impedes the orderly conduct of the meeting is prohibited.
2. The Chairperson may rule that a speaker is impeding the orderly conduct of the meeting if the comment is “off topic,” or otherwise unrelated to the agenda item under consideration, or if the speaker’s conduct violates any other provision in these Rules of Procedure, and the speaker may forfeit their remaining time on that item.
3. No person in the audience at an HPG or committee meeting shall engage in conduct that disrupts the orderly conduct of any meeting, including, but not limited to, the utterance of loud or threatening language, whistling, clapping, stamping of feet, speaking over or interrupting the recognized speaker, repeated waving of arms or other disruptive acts.
4. The Chairperson has the authority to issue a warning to a person violating the Rules. If the person continues to violate the Rules and disrupt the meeting, the Chairperson may order that person to leave the meeting.
5. Any person removed from a meeting shall be excluded from further attendance at the remainder of the meeting. The exclusion from the meeting shall be enforced by the HPG Support staff upon being so directed by the Chairperson.
6. If any meeting of the HPG or a committee is willfully interrupted or disrupted by a person or by a group or groups of persons to render the orderly conduct of the meeting unfeasible, the Chairperson may recess the meeting or order the

person, group or groups of persons willfully interrupting the meeting to leave the meeting or be removed from the meeting.

**HIV Planning Group (HPG)**  
**CSubcommittee Operating Guidelines**  
**Ad Hoc CSubcommittee(s)**  
**Care Partnership Subcommittee**  
**Community Engagement Group Consumer Subcommittee**  
**Medical Standards and Evaluation CSubcommittee**  
**Strategies Non-Medical Standards and Evaluation Standards CSubcommittee**  
**Needs Assessment Subcommittee**  
**Strategies Subcommittee**

**Draft Reviewed and Revised at the 0211/1413/202318 Steering Committee Meeting**  
**Reviewed and approved by Steering Committee on**

**Committee Meeting Guidelines:**

Committee meetings provide opportunities for the public and planning group-HPG members who are not officially appointed to the committee to participate in committee via public comment discussions. All are welcome to attend and have the right as well as are encouraged to participate in public comment discussions throughout the duration of the meeting to, as they inform the decisions of the committee. Committee agendas, minutes and reports are all available at least 72 hours prior to the committee meeting (24 hours prior to special meetings) on the website at www.sdplanning.org. Copies for all attendees are available at the meeting. They are also available to be mailed upon request to the HPG support staff. A sign in sheet is used to track all those in attendance. For meetings that occur online... Meetings presently occur in-person with a remote/virtual option via WebEx or Zoom for members of the public and for committee members who provide in advance notice of an "Just cause" or "Emergency circumstance" consistence with the guidelines of Assembly Bill 2449 (AB 2449)

Field Code Changed

Commented [JL1]: Add process for online meetings.

**Meeting Structure:**

1. The HIV Planning Group (HPG) and all of its CCommittees operate in accordance with the State of California's Robert M. Brown Act, which establishes guidelines that guarantee the public's right to attend and participate in meetings of local legislative bodies. A sample meeting agenda appears at the end of this document.
2. Before the meeting can begins, a quorum is established to confirm that a simple majority of the committee members are present. Committee members' names are listed on the agenda. If a quorum is not present, the meeting is called to order, attendance is taken and the meeting is adjourned or recessed until a quorum is present.
3. The meeting begins with a call to order, some committees perform introductions and comments from the chair(s). Each committee member and all attendees introduce themselves with their affiliations. Comments from the chairs may include a welcome and reminders about the areas that are and are not the purview of the committee.

4. Prior to the review of the meeting's agenda, ~~there is an opportunity for public comment not related to any agenda items at the beginning of the meeting on any non-Agenda item (any public comments that concern items not listed on the day's agenda).~~ There is also an opportunity for public comment, at the beginning of each agenda item, (regardless of how many topics, discussions or actions the agenda item has) and an opportunity for announcements at the end of the meeting. Discussion during the meeting ~~will should~~ remain focused on the current agenda ~~topic-item~~ being addressed.
5. Participation guidelines during the meeting are ~~then revieweddiscussed.~~ To ensure ample opportunity for all present to speak and be heard, committee members are limited to ~~two (2) minutes per comment and & limited to two (2) comments per item.~~ Public comments are welcomed prior to each agenda item and again before the committee votes. Public comments are limited to one (1) minute per person (after they introduce themselves and state their affiliation (if any)), so that all have an opportunity to participate
6. During business portions of the meetings to make certain all can participate, committees may utilize amended **Roberts Rules of Order**. These include ~~six (6)~~ basic steps that are followed in a vote of the committee:
  - o Once an action item is introduced, a member of the committee ~~makes a motion~~ for an action related to the item.
  - o Theat motion ~~then has to~~ must be **seconded** by another member of the committee. ~~or if no one seconds the motion it is droppeddropped, and another motion can be made.~~
  - o Once a motion is made and seconded, the committee chairperson will ask for **committee discussion** and/or any questions or concerns regarding the motion.
  - o After the discussion, the committee chair will ask for any further **public comment**.
  - o Following all discussion, the committee chair will ask for a **vote on the motion**, including any opposing votes and/or any abstentions.
  - o The motion then either carries or fails by counting the majority of votes in support or in opposition.
- 4.5 The opposition is invited to ~~speakspeak,~~ and the group is asked if anyone would like to change their vote.
- 5-7. Action items to approve the day's agenda and to review and approve the last meeting's minutes may be accepted by consensus by verifying if any changes need to be made and confirming that ~~all present~~ committee members agree the minutes accurately represent the meeting.
- 6-8. During the old business section of the agenda, the committee addresses topics already introduced at previous meeting(s).
- 7-9. After old business is concluded, ~~there are~~ new business ~~or~~ agenda items are presented for the first time.
10. During old and new business portions of the meetings to support participation and decision-making, the committee will attempt to reach consensus. If consensus cannot be reached, a formal vote of the voting members and a simple majority will

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- Commented [JL2]: This is an important aspect of the process that is often not included. It is important for the dissent to have a voice and opportunity to have others consider their views.
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be the deciding factor. All those in attendance are encouraged to provide information and/or express their consent or dissent on topics during the discussion.

11. Committee business should at no time be discussed outside of noticed meetings.

Outside of meetings, any communications related to the business of the planning body HPG or committee should be directed to support staff.

8.

9.1. Committee business should at no time be discussed outside of noticed meetings.

Outside of meetings, any communications related to the business of the HPG or committee should be directed to support staff.

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**A few Additional Guidelines:**

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

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**Becoming a Member of the Committee:**

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

Commented [JL3]: Is this still true in the current by laws.

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**Selection and Role of the Committee Co-chair**

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

#### **Subcommittee Charges and Definitions:**

Documentation with the charge of each committee and definitions are available at [https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/hiv\\_std\\_hepatitis\\_branch/HIV\\_Planning\\_Group/test-2.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/hiv_std_hepatitis_branch/HIV_Planning_Group/test-2.html) ~~(add link)~~.

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

#### **SAMPLE AGENDA:**

HIV PLANNING GROUP, (name of ~~C~~subcommittee)

Date, Time, Location

~~C~~Subcommittee Charge

#### **DRAFT AGENDA**

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

## 12. Adjournment

### Remote/Virtual/Telephonic Participation

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

- Members of the public may participate in any HIV Planning Group or committee meeting remotely/virtually by calling into a bridge line or online meeting format (via WebEx or Zoom) as noted on meeting agenda.
- HIV Planning Group and/or committee member may participate remotely/virtually provided:
  - Advise support staff 96 hours in advance of the location.
  - Location must be ADA accessible to members of the public.
  - Agenda for the committee must include the location.
  - Agenda must be posted at the remote meeting location with 24-hour access for public viewing 72 hours prior to the meeting.
  - Member(s) participating telephonically will count towards a quorum but may not vote.
  - When member(s) participate remotely all votes of the committee must be taken individually through a roll call.
  - The HPG member must provide a reason for remote participation by "Just cause" or "Emergency circumstance" as outlined in Assembly Bill 2449 (AB 2449).

### Telephonic Participation

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

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

**Commented [JL4]:** This was developed before online meetings. And may need to be updated.

**Commented [JL5]:** This was developed before online meetings. And may need to be updated.

### Medical Standards and Evaluation Committee Operating Guidelines

### **The Charge of the Medical Standards and Evaluation Committee of the HIV**

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

### **Committee Meeting Guidelines:**

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

### **Meeting Structure:**

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

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

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

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

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

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Commented [RK6]: Leave in or add other committee charges?(as the change this document will need to also be updated)

Commented [JL7R6]: Too much extra work and not necessary.

Commented [RK8]: Duplicative, can remove, stated at beginning of main document

Commented [JL9R8]: Agree

Commented [RK10]: Duplicative, noted above, can remove.

Commented [JL11R10]: Agree

Commented [RK12]: Ditto above

Commented [JL13R12]: Agree

Commented [RK14]: Duplicative, recommend remove

Commented [JL15R14]: Agree

Commented [RK16]: Added above, remove from here

Commented [JL17R16]: Agree

Commented [TW18]: This is already stated in the previous paragraph. Isn't this duplicative? I would suggest deleting here, as Non-Agenda Public Comment typically occurs more toward the beginning of the meeting, if I'm not mistaken.

Commented [TW19]: This also seems duplicative, as this is stated at the beginning of this paragraph. The day's agenda and last meeting's minutes are usually approved before the Old Business, not during it.

Commented [RK20]: Agree; remove, already stated.

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

#### A few additional guidelines:

1. When speaking during the meeting, we encourage our community members and consumers to introduce themselves because it is important to us that we know who you are and are able to get to know you. For Ryan White funded service providers and county staff, we ask that you identify yourself and your affiliation prior to speaking.
4. When using acronyms, please call them out and explain what they mean so that everyone understands what you are saying.
- 5.
6. At times there may be a request for a point of information from different sources in the audience in order to obtain additional information.

#### Conduct guidelines:

1. The HPG wishes to ensure that business is conducted in an orderly fashion and that all have an equal opportunity to observe and participate in the proceedings. Each person who addresses the HPG Group or a committee shall not use loud, threatening, profane, or abusive language that disrupts, disturbs, or otherwise impedes the orderly conduct of an HPG meeting. Any such language or any other disorderly conduct that disrupts, disturbs, or otherwise impedes the orderly conduct of the meeting is prohibited.
2. The Chairperson may rule that a speaker is impeding the orderly conduct of the meeting if the comment is "off topic," or otherwise unrelated to the agenda item under consideration, or if the speaker's conduct violates any other provision in these Rules of Procedure, and the speaker may forfeit their remaining time on that item.
3. No person in the audience at an HPG or committee meeting shall engage in conduct that disrupts the orderly conduct of any meeting, including, but not limited to, the utterance of loud or threatening language, whistling, clapping, stamping of feet, speaking over or interrupting the recognized speaker, repeated waving of arms or other disruptive acts.
4. The Chairperson has the authority to issue a warning to a person violating the Rules. If the person continues to violate the Rules and disrupt the meeting, the Chairperson may order that person to leave the meeting.

**Commented [RK21]:** Added above so all committee have the same guidelines. , recommend removing from here.

**Commented [EJA22R21]:** 👍

**Commented [JL23R21]:** Agree

**Commented [RK24]:** I'm not sure what to do with this one; with public members participating by teleconference, we currently allow them to not identify themselves. Perhaps include for persons participating in-person and members of the committee (who are required by AB 2449 to identify selves and any other adults in the room, and participate by audio and visual.

**Commented [JL25R24]:** This is stated above.

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**Commented [RK26]:** Duplicative, already above, recommend removing

**Commented [JL27R26]:** Agree

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5. Any person removed from a meeting shall be excluded from further attendance at the remainder of the meeting. The exclusion from the meeting shall be enforced by the HPG Support staff upon being so directed by the Chairperson.

6. If any meeting of the HPG or a committee is willfully interrupted or disrupted by a person or by a group or groups of persons to render the orderly conduct of the meeting unfeasible, the Chairperson may recess the meeting or order the person, group or groups of persons willfully interrupting the meeting to leave the meeting or be removed from the meeting.

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# County of San Diego

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PUBLIC HEALTH OFFICER

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

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

Updates are in **bold**.

### Items for HPG Follow-Up

- None.

### Coronavirus (COVID-19) Impacts and Updates

- HRSA publishes routinely updated FAQs related to Ryan White services:  
<https://hab.hrsa.gov/coronavirus-frequently-asked-questions>
- The CDC also has a comprehensive COVID-19 guide:  
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- The California Department of Public Health has also established a web page to provide COVID-19 updates:  
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx>
- The County of San Diego has established a webpage dedicated to COVID-19:  
[www.coronavirus-sd.com](http://www.coronavirus-sd.com). On this page, the public has information regarding the current status of COVID-19 in San Diego County. They can also find additional information about the virus and how to prepare themselves.
- For general questions about COVID-19, the County recommends reaching out to 2-1-1 San Diego ([211sandiego.org](http://211sandiego.org)).
- **State Public Health Emergency and local emergency came to end at the end of February 2023.**
- The California Legislature adopted AB 2449, which went into effect in January 2023 and provides limited opportunities for teleconferencing.

### **MPOX (Monkeypox) Updates**

- San Diego County’s local health emergency for Monkeypox expired on Thursday, Nov. 10.
- You can receive text updates about monkeypox from the County. Text COSD MONKEYPOX to 468-311.
- Additional information and resources including data now available on the Monkeypox website: [www.SanDiegoCounty.gov/monkeypoxSD](http://www.SanDiegoCounty.gov/monkeypoxSD)

### **Ryan White Parts A/HRSA Updates/Clinical Quality Management**

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

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

- HSHB has received a core medical services waiver from HRSA for March 2022 to February 2023. Ordinarily, 75% of grant funding would have to be spent on “core medical services.” With the waiver, the HIV Planning Group is exempt from that requirement. San Diego County has received a core medical services waiver for the past 8 years. The core medical services waiver can be granted if there are no waiting lists for Ryan White HIV core medical services and there is no waiting list for California’s AIDS Drug Assistance Program. HSHB has received a new Core Medical Services Waiver for FY 23/24.
- A programmatic site visit with HRSA occurred the week of May 23-27, 2022. Final report was received. On 8/26/2022, Recipient’s office submitted a Corrective Action Plan (CAP) addressing proposed resolution of the findings.
  - HRSA noted the following strengths of the RW program:
    - Culturally responsive program



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

### **Ryan White Part B**

- Notice of Grant Award for FY19-24 was received. Total grant award for Part B and MAI is \$2,291,806 each year.
- Ryan White Part B funds HIV primary care and oral health, medical and non-medical case management, inpatient substance use treatment services, emergency financial assistance, early intervention services, representative payee, and focused HIV testing.

### **Ending the HIV Epidemic (HRSA)**

- The federal Ending the HIV Epidemic (EHE) initiative focuses on achieving two ambitious goals: a 75% reduction in new HIV infections by 2025 and a 90% reduction in new HIV infections by 2030.
- For HRSA Ending the HIV Epidemic funding, the County of San Diego has received a partial award for the period of 3/1/22 through 2/28/23. The amount of the award is \$508,583. According to HRSA, this amount should represent 31% of the eventual award. This means that we can expect a total of \$1,640,590, which is level with the previous year's funding. This funding supports community engagement, leadership development, low-barrier medical care, and improving linkage to care for persons living with HIV through the use of community-informed molecular epidemiology.
- HRSA conducted a virtual site visit at the end of February 2022. We are awaiting the final report and will share with HPG once received. **The final report was received and will be shared with HPG. HRSA will conduct a comprehensive site visit from March 14-16, 2023 where they will assess the program's progress in meeting EHE initiative goals.**
- HRSA has notified all EHE funding recipients that due to the impacts of COVID-19, we will be allowed to carry forward all unspent funding from the first two years of the grant (March 1, 2020, through February 28, 2021) into Years 3-5 of the grant (March 1, 2022, through February 28, 2025). Instructions and timelines were provided by HRSA at the end of May 2022, carryover must be submitted in August 2022. **We were advised by our Project Officer to wait until the new fiscal year to submit our Carryover requests. Therefore, the requests will be submitted by the beginning of March 2023.**
- Final notice has been received. Funding for FY 22/23 was increased and is **\$2,000,400. A new notice of award of \$343,068.00 was received on 1/24/2023 for Budget Period Start Date 03/01/2023 - End Date 02/28/2024.**
- EHE has funded a Leadership Training Program with the goal of engaging persons living with HIV infection in the community planning process. This includes having a role in priority setting and resource allocations, establishing service standards, in efforts to ensure that persons living with HIV receive high quality services to improve retention in care and viral suppression. Training with the pilot group began on 8/30/22. Seven participants have attended each module in the month of September, and they all completed the training session. **Cohort 1 of Leadership Training began on 11/7/2022 with a total of 13 participants registered and 9 participants attended and completed the session. Recruitment for the second cohort began in December and this cohort will be facilitated in Spanish. Out of**

**the 9 participants who completed the first cohort of the Leadership Training, two were selected to apply for HPG as their community-based project (CBP), one decided to do Outreach and six were selected as training facilitators. Recruitment for the second cohort began on 12/13/22 and as of 12/16/22 there were 7 participants registered..**

### **CDC 18-1802**

- Current CDC funding for HIV prevention (known as “PS18-1802”) is currently focusing on three areas:
  - Strengthening disease intervention infrastructure;
  - Expanding and providing navigation services (medical care, benefits, support services); and
  - Expanding access to syringe services for persons who inject drugs.
- HSHB has notified the California Department of Public Health that we will be moving forward with implementation of syringe services using funding received under the Ending the HIV Epidemic grant focused on HIV prevention.
- 18-1802 funding is deployed for HIV testing, status-neutral linkage to care (linkage to ART or PrEP), social media, condom distribution, and evaluation.
- HIV prevention contracts were amended to include outreach and education to prevention MPOX in 2022. While amendments ended Dec. 31, 2023, activities continue.

### **Ending the HIV Epidemic (CDC)**

- CDC Ending the HIV Epidemic (CDC EHE) is part of the federal Ending the HIV Epidemic Initiative to reduce new HIV infections in the United States by 75% in the next five years and by 90% in the next ten years.
- In 2020, HSHB was awarded \$1.9 million per year for five years to implement comprehensive HIV programs, that complement existing programs, such as Ryan White and other HHS programs to accelerate efforts to reduce new HIV infections across San Diego County.
- CDC EHE funding will support wrap around services for persons who inject drugs, comprehensive HIV prevention services for transgender persons, mobile peer-based PrEP services, a mobile phone application for HIV resources and corresponding printed resource guide, benefits navigation, social networking strategies, and implementation grants to implement routine opt-out HIV testing in primary care, urgent care and emergency departments.

- In addition, CDC EHE will also provide funding to support harm reduction related activities including funding a community readiness assessment and program-related evaluation activities for harm reduction services in San Diego County.
  - In 2021/2022 HSHB partnered with San Diego State University Research Foundation Institute of Public Health to conduct a community readiness assessment. Goals of the community readiness assessment were to gather insight into resident knowledge about syringe service programs, identify organizations and constituent groups that are supportive of syringe service programs, and understand community support and concerns.
  - The community readiness assessment was completed in December 2022.
- **Recipient's office has been actively procuring services to implement CDC EHE activities:**
  - **Five new CDC EHE procurements have been finalized for posting on the County of San Diego's Buynet:**
    - **Comprehensive HIV Prevention Services for Persons Who Inject Drugs,**
    - **HIV Prevention and Care Services for Transgender Persons,**
    - **Mobile Peer-based Pre-exposure Prophylaxis (PrEP)**
    - **Benefits Navigation,**
    - **Routine HIV Testing implementation grants**
  - **One procurement has been awarded:**
    - **Benefits Navigation**
  - **Three additional procurements will be posted in the first half of 2023:**
    - **Harm Reduction services evaluation,**
    - **Social Networking Strategies implementation,**
    - **Social Networking Strategies evaluation.**

### Service Utilization

- **Ryan White Parts A and B**
  - **Ryan White Part A Service Utilization Report provides data regarding clients and service utilization through February 28, 2023.**
  - **To date, the Ryan White Part A system of care provided services to 3,358 clients. This number represents about a 10% decline from clients served during the prior grant period, which was 3,477.**
  - **Viral suppression of clients receiving services in the month of February 2023 was 92% for clients who have viral load tests documented in ARIES.**

- **HSHB continues to assess the capacity of the Ryan White system on a monthly basis in critical core medical services. We also include non-medical case management due to its important role in linking clients to needed services. The system capacity assessment looks at the availability of services by measuring the time until the third available appointment. Because of our Core Medical Services Waiver, we must ensure that there are no waiting lists for any core medical service that are longer than 30 days.**
  - **Outpatient/Ambulatory Health Services: No concerns.**
  - **Oral Health: No concerns.**
  - **Psychiatry: No concerns.**
  - **Mental Health: No concerns.**
  - **Medical Case Management: No concerns.**
  - **Non-Medical Case Management: No concerns.**

### **Procurements**

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

### **Budget**

- In general, one of the primary measures we use to assess spending is to compare the percent of the year elapsed with the percent of the service category that has been spent. For a 12-month period, around 8% of funding should be spent each month to ensure funding is fully spent by the end of the grant period. When the

percent of funds spent is higher than the percent of year elapsed, it means that funding might run out before the end of the grant period. When the percent of funds spent is less than the percent of the year elapsed, there is the possibility of savings and unspent grant dollars at the end of the period. For purposes of this analysis, a variance that is less than 4% (approximately two weeks) is used to determine whether service categories are displaying accelerated or slower-than-expected expenditure.

- **Ryan White Part A**

- For the period (3/1/22 – 2/28/23), the report reflects expenditures through December, representing 83% of the grant period. **No Updates.**
- The following service categories are under target for the fiscal year:
  - Medical Specialty (51%)
  - Psychiatric Medication Management (15%)
  - Oral Health (52%)
  - Medical Case Management (74%)
  - Non-Medical Case Management (67%)
  - Referral to Health Care and Support Services (Peer Navigation) 61%
  - Mental Health (58%)
  - Home-based Healthcare Coordination (65%)
  - Outpatient Substance Use Treatment (69%)
  - Transportation (64%)
  - MAI Medical Case Management (57%)
- The following services are over target for the fiscal year:
  - Emergency Housing (99%)

- **Ryan White Part B**

- For the period (4/1/22 – 3/31/23), the report reflects expenditures through November, representing 75% of the grant period.
- No concerns.

- **HIV Prevention (1802 Funding)**

- The report reflects expenditures through December 2022, representing 100% of the grant period.
- No concerns.

- **HRSA EHE (20-078 Funding)**

- The report reflects 83% of the grant year elapsed (March 1, 2022-February 28, 2023). HRSA will allow carryover of funds from Years 1 and 2 of the

- project to Years 3-5. Instructions for carryover submission was received late May 2022.
- HSHB expects to fully spend out its grant funding in Year 3 (current year).
  - CDC/CDPH (20-2010 Funding)
    - This report reflects 42% of the grant year elapsed (August 1, 2022-July 31, 2023) delays in grant spending due to delays of procurements. CDPH will allow carryover of funds from Years 1 and 2 to Years 3-5.

### **Policy Updates**

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



February 2023 Goldenrods	Total #
# Goldenrods Received	0
# of Providers	0
# of RW-funded services provided	0
# of Clients Contacted	0
# Given permission to use information	0
# Positive Remarks	0
# Remarks Requiring Follow-Up	0

March 2023 Goldenrods	Total #
# Goldenrods Received	0
# of Providers	0
# of RW-funded services provided	0
# of Clients Contacted	0
# Given permission to use information	0
# Positive Remarks	0
# Remarks Requiring Follow-Up	0

DETAILED INTERNAL BUDGET						
<b>Program: HIV Planning Group Support-County</b> <b>Year: RW 2022</b> <b>Budget Period: 03/01/2022 to 2/28/2023</b> <b>CFDA#: 93.914</b> <b>Updated - 12/2022 Expenditures for 02/2023 Meeting</b>	<b>TASK 008 S&amp;S</b> <b>TASK 026 S&amp;B</b> <b>TASK 001 Office</b> <b>Expenses/Zoom/Equipment</b>	% of Year Elapsed	99.96%		99.96% of Year	
		Budget Updated 03/30/22	Expenditures February 2022	YTD Total Expenditures	% Expended	Remaining Balance
Personnel Expenses (Salary&Benefits)		\$ 271,566.00	\$ 18,302.20	\$ 290,674.33	107.04%	\$ (19,108.33)
Needs Assessment		\$ 20,000.00		\$ -	0.00%	\$ 20,000.00
Translation Services		\$ 34,000.00	\$ 780.00	\$ 9,990.00	29.38%	\$ 24,010.00
Meeting Space		\$ 8,200.00		\$ -	0.00%	\$ 8,200.00
Mileage & Gas Cards		\$ 10,000.00		\$ -	0.00%	\$ 10,000.00
Training for HPG Staff		\$ 1,500.00		\$ -	0.00%	\$ 1,500.00
Office Supplies		\$ 325.00		\$ 217.49	66.92%	\$ 107.51
Food Purchases		\$ 5,000.00		\$ -	0.00%	\$ 5,000.00
Transcription (Written) Services		\$ 500.00		\$ 487.80	97.56%	\$ 12.20
WebEx (monthly)		\$ 750.00		\$ -	0.00%	\$ 750.00
Zoom (anually)		\$ 950.00		\$ 849.70	89.44%	\$ 100.30
Equipment (Meeting Owl Office Max)		\$ 1,500.00		\$ 1,141.86	76.12%	\$ 358.14
Trainings/Consultants		\$ 1,500.00		\$ -	0.00%	\$ 1,500.00
WiFi (MiFi) Monthly Service @ \$286/month (6)		\$ 3,500.00	\$ 286.44	\$ 3,723.72	106.39%	\$ (223.72)
		\$ 359,291.00	\$ 19,368.64	\$ 307,084.90	85.47%	\$ 52,206.10
<b>TOTAL PC BUDGET</b>		\$ 359,291.00	\$ 19,368.64	\$ 307,084.90	85.47%	\$ 52,206.10
HPG Temp Help Support		\$ -	\$ 7,721.75	\$ 66,631.65		
SDLGBT Personnel- Lead Prevention Planner		\$ -		\$ -	#DIV/0!	\$ -

## RW 2022-23 PART A AWARD INFORMATION

Funding Source	Total RW 2022-23 Award
Part A	11,183,176.00
Part A MAI	793,221.00
<b>TOTAL AWARD AMOUNT</b>	<b>11,976,397.00</b>

RW 2022-23

YEAR TO DATE EXPENDITURE AND SAVINGS  
BREAK-DOWN AS OF Feb 2023

58.30%

## FY22-23 ALLOCATION BREAK DOWN

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

## Ryan White Part A Allocations

Service Categories	HRSA Ranking	Priority Ranking	RW 2022-23 HPG Allocation as of 08/11/21	%	HPG & Recipient Approved Actions +/-	RW 2022-23 HPG Total as of today	%	RW 2022-23 Year to Date Expenditure	RW 2022-23 Year-to-Date - The % below is the % of the Budget Spent 100% of Year Elapsed/Invoiced)	RW 2022-23 Balance	Comments
Outpatient Ambulatory Health Services: Primary Care	1l	1	1,307,630.00	14%	\$ (281,742.00)	1,025,888.00	10%	1,028,823.21	100%	(2,935.21)	\$275,000 decrease by HPG 03/23/22 \$100,000 decrease by HPG 08/10/22 \$100,000 decrease by HPG 09/28/22 \$37,111 decrease by Recipient 01/26/23 \$230,369 increase by budget.
Outpatient Ambulatory Health Services: Medical Specialty	1l	2	383,386.00	4%	(140,000.00)	243,386.00	2%	146,782.74	60%	96,603.26	\$110,000 decrease by HPG 03/23/22 \$30,000 decrease by HPG 07/27/22 \$50,000 decrease by HPG 09/28/22 \$50,000 increase by Recipient 01/26/23
Psychiatric Medication Management	1j	3	28,036.00	84%	-	28,036.00	0%	5,486.47	20%	22,549.53	
Oral Health	1k	4	300,940.00	84%	(100,000.00)	200,940.00	2%	142,244.66	71%	58,695.34	\$100,000 decrease by HPG 07/27/22
Medical Case Management	1h	5	1,268,338.00	14%	126,246.00	1,394,584.00	14%	1,254,212.24	90%	140,371.76	\$50,000 increase by HPG 08/10/22 \$43,512 increase by HPG 10/26/22 \$50,000 increase by Recipient 01/26/23 \$17,266 decrease by budget.
Case Management-Non-Medical for Housing NEW		7	250,000.00	3%	(250,000.00)	-					\$250,000 decrease by HPG 10/26/22
Housing: Emergency Housing	2e	8	280,000.00	3%	798,235.00	1,078,235.00	11%	1,007,098.25	93%	71,136.75	\$250,000 increase by HPG 03/23/22 \$100,000 increase by HPG 07/27/22 \$150,000 increase by HPG 09/28/22 \$298,235 increase by HPG 10/26/22
Housing: Location, Placement and Advocacy Services NEW		9	100,000.00	1%	(100,000.00)	-					\$100,000 decrease by HPG 10/26/22
Housing: Partial Assistance Rental Subsidy (PARS)	2e	10	667,507.00	100%	126,000.00	793,507.00	8%	703,627.20	89%	89,879.80	\$100,000 increase by HPG 06/22/22 \$26,000 increase by budget.
Non-Medical Case Management	2h	6	392,021.00	4%	87,751.00	479,772.00	5%	378,550.35	79%	101,221.65	\$50,000 increase by HPG 08/10/22 \$10,360 increase by HPG 10/26/22 \$35,000 increase by Recipient 01/26/23 \$7,609 decrease by budget.
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF)	1c	11	943,317.00	10%	50,000.00	993,317.00	10%	884,210.01	89%	109,106.99	\$50,000 increase by HPG 09/28/22
Childcare Services	2a	11a	-	0%		-	0%	-	0%	-	
Early Intervention Services: Regional Services	1c	12	800,386.00	9%	54,827.00	855,213.00	9%	833,532.86	97%	21,680.14	\$991 increase by Recipient 01/26/23 \$53,836 increase by budget.
Health Education & Risk Reduction	2d	12a	-	0%		-	0%	-	0%	-	

Service Categories	HRSA Ranking	Priority Ranking	RW 2022-23 HPG Allocation as of 08/11/21	%	HPG & Recipient Approved Actions +/-	RW 2022-23 HPG Total as of today	%	RW 2022-23 Year to Date Expenditure	RW 2022-23 Year-to-Date - The % below is the % of the Budget Spent 100% of Year Elapsed/Invoiced)	RW 2022-23 Balance	Comments
Outreach Services	2j	12b	-	0%		-	0%	-	0%	-	
Referral Services	2l	12c	-	0%		-	0%	-	0%	-	
Referral to Health and Supportive Services (Peer Navigation)		14	300,000.00	3%	18,965.00	318,965.00	3%	248,378.02	78%	70,586.98	\$100,000 increase by HPG 06/22/22 \$50,000 decrease by Recipient 01/26/23 \$31,035 decrease by budget.
Home-based Health Care Coordination	1e	19	228,500.00	2%		228,500.00	2%	193,490.31	85%	35,009.69	
Mental Health: Counseling/Therapy & Support Groups	1j	15	761,062.00	8%	17,524.00	778,586.00	8%	736,498.83	95%	42,087.17	\$160,000 increase by HPG 03/23/22 \$140,000 increase by HPG 06/22/22 \$50,000 decrease by HPG 09/28/22 \$47,893 increase by HPG 10/26/22 \$50,000 decrease by Recipient 01/26/23 \$230,369 decrease by budget.
Substance Abuse Services: Residential	2o	18	-	0%	-	-	0%	-	0%	-	
Substance Abuse Services: Outpatient	1m	17	269,959.00	3%	45,168.00	315,127.00	3%	255,036.55	81%	60,090.45	\$45,168 increase by HPG 06/22/22
Transportation: Assisted and Unassisted	2g	20	127,830.00	1%	26,072.00	153,902.00	2%	115,983.55	75%	37,918.45	\$15,000 increase by HPG 06/22/22 \$10,000 increase by HPG 10/26/22 \$1,120 decrease by Recipient 01/26/23 \$48.00 decrease by budget.
Food Services: Food Bank/Home-Delivered Meals	2c	21	536,073.00	6%	(5,250.00)	530,823.00	5%	530,043.22	100%	779.78	\$5,000 decrease by Recipient 01/26/23 \$250.00 decrease by budget.
Medical Nutrition Therapy	1i	22	35,542.00	0%		35,542.00	0%	35,319.08	99%	222.92	
Legal Services	2i	23	285,265.00	3%		285,265.00	3%	279,141.93	98%	6,123.07	
Emergency Financial Assistance	2b	24	53,730.00	1%	(19,750.00)	33,980.00	0%	33,833.23	100%	146.77	\$25,000 decrease by HPG 03/23/22 \$5,000 increase by Recipient 01/26/23 \$250.00 increase by budget.
Home Health Care	1f	25	-	0%		-	0%	-	0%	-	
Early Intervention Services: HIV Counseling and Testing	1c	26	-	0%		-	0%	-	0%	-	
Cost-Sharing Assistance	1d	27	-	0%	-	-	0%	-	0%	-	
Hospice	1g	28	-	0%		-	0%	-	0%	-	
Psychosocial Support Services		16	-	0%	-	-	0%	-	0%	-	\$30,000 increase by HPG 06/22/22 \$30,000 increase by HPG 07/27/22 \$60,000 decrease by HPG 10/26/22
Subtotal			9,319,522.00	357%	454,046.00	9,773,568.00	100%	8,812,292.71	90%	961,275.29	
Ryan White Part A Minority AIDS Initiative (MAI)			RW 2022-23 Allocation as of 08/11/21		HPG Approved Actions +/-	RW 2022-23 MAI Total as of today	%	RW 2022-23 Year to Date Expenditure	RW 2022-23 Year-to-Date - The % below is the % of the Budget Spent	RW 2022-23 Balance	Comments
Case Management (Non-Medical)			69,598.00		8,317.00	77,915.00	12%	74,164.00	95%	3,751.00	\$1,337 increase HPG \$9,007 increase HPG
Medical Case Management			252,610.00		14,234.00	266,844.00	40%	204,892.56	77%	61,951.44	
Mental Health Services			175,394.00		(26,328.00)	149,066.00	22%	120,632.69	81%	28,433.31	
Outreach Services			36,310.00		(7,383.00)	28,927.00	4%	23,612.47	82%	5,314.53	
Substance Abuse Services (Outpatient)			28,990.00		21,504.00	50,494.00	8%	46,524.04	92%	3,969.96	
Housing: Emergency Housing			100,000.00		-	100,000.00	15%	99,454.58	99%	545.42	
Subtotal			662,902.00		10,344.00	673,246.00	100%	569,280.34	85%	103,965.66	
TOTAL			9,982,424.00		464,390.00	10,446,814.00		9,381,573.05	90%	1,065,240.95	
CORE and Support Seives allocation break-down											
Total Allocation			Total Expenditure			Total Balance					
CORE Medical Services			4,593,754.00			4,098,684.87					
Support Services			5,179,814.00			4,713,607.84					
TOTAL			9,773,568.00			8,812,292.71					

0.00 variance

# YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN AS OF FEBRUARY 2023

## RW 2223 SERVICE DOLLAR ALLOCATIONS AND EXPENDITURES

Funding Source	RW 2022/2023 Service Dollars	Contract Year	Contract YTD Expenditure	% of Year Invoiced	% Spent	Balance	Comments
<b>Ryan White Part B</b>							
Outpatient Ambulatory Health Services (Medical)	407,426.00	April 2022-March 2023	407,426.00	92%	100%	-	Part A Payment Summary, Part B tracking as of February 2023 invoices.
Early Intervention Services (Expanded HIV Testing)	-		-	92%	-	-	
Early Intervention Services (Focused Testing)	187,900.00		162,373.51	92%	86%	25,526.49	Part B Payment Summary as of February 2023 invoices.
Medical Case Management (Emergency Financial Assistance)	177,716.00		148,494.60	92%	84%	29,221.40	Part B Payment Summary as of February 2023 invoices.
Housing (Substance Abuse Services-Residential)	518,632.00		501,838.42	92%	97%	16,793.58	Part B Payment Summary as of February 2023 invoices.
Non-medical Case Management (Rep Payee)	50,000.00		46,019.16	92%	92%	3,980.84	Part B Payment Summary as of February 2023 invoices.
CoSD Medical Case Management	403,173.24		338,607.66	75%	84%	64,565.58	Per Q3 Oct-Dec Qtrly invoice
CoSD Early Intervention Services	396,482.82		317,967.48	75%	80%	78,515.34	Per Q3 Oct-Dec Qtrly invoice
<b>Ryan White Part B Total</b>	<b>2,141,330.06</b>		<b>1,922,726.83</b>		<b>90%</b>	<b>218,603.23</b>	
<b>Ryan White Part B-MAI Bridge Prevention 2023</b>	<b>97,277.00</b>	April 2022-March 2023	<b>96,819.61</b>	<b>92%</b>	<b>100%</b>	<b>457.39</b>	Part B-MAI Payment Summary as of February 2023 invoices.
<i>Counseling and Testing</i>	180,000.00	January -December 2023	24,673.33	17%	14%	155,326.67	Prevention Payment Summary as of February 2023 invoices.
<i>Evaluation/ Linkage Activities/ Needs Assessment</i>	904,008.00		115,478.32	17%	13%	788,529.68	Prevention Payment Summary as of February 2023 invoices.
<b>Prevention Total</b>	<b>1,084,008.00</b>		<b>140,151.65</b>			<b>943,856.35</b>	
<b>CDPH Ending the HIV Epidemic- Component A</b>	<b>\$4,496,525</b>	August 2022- July 2023	<b>29,248.00</b>	<b>58%</b>	0.65%	<b>4,467,277.00</b>	Only three contracts - 211SD, Peraton Itrack and Xerox. Payment Summary as of February 2023 invoices.
<b>CDPH Ending the HIV Epidemic- Component C</b>	<b>\$240,000</b>	August 2021- July 2022	-	<b>0%</b>	0.00%	<b>240,000.00</b>	CDPH EHE Comp C No Contract.
<b>HRSA Ending the HIV Epidemic- 20-078</b>	<b>\$1,800,360</b>	March 2022 - February 2023	<b>88,571.00</b>	<b>83%</b>	4.92%	<b>1,711,789.00</b>	HRSA EHE Payment Summary as of December 2022 invoices. Pending invoices: PO#564245 Dec-Feb, PO#563231 Nov -Feb, PO#566466 Dec-Feb, PO#565633 Feb.
<b>TOTAL</b>	<b>9,859,500.06</b>		<b>2,277,517.09</b>		<b>23%</b>	<b>7,581,982.97</b>	

RYAN WHITE SERVICES		Feb	End of Year Total	Prior Year Total
<b>FY 2022-2023</b>				
Total clients served each month	Clients	1,358		
New clients in FY22	Clients	82	3,358	3,477
Returning FY22 clients	Clients	1,276		
<b>VIRAL LOAD SUPPRESSION</b>				
Virally suppressed	Clients	1,072		
% Virally suppressed		92%		
With Test	Tests	1,170		
Without Test	Tests	188		
<b>PART-A SERVICES</b>				
Outpatient Ambulatory Health Services: HIV Primary Care*	Visits	77	1,557	1,575
	Clients	72	692	691
Outpatient Ambulatory Health Services: Medical Specialty Care	Visits	0	312	145
	Clients	0	145	89
Psychiatric Medication Management	Visits	0	16	49
	Clients	0	11	25
Oral Health Care: Dental Care	Visits	34	1,014	875
	Clients	28	372	318
Early Intervention/Integrated Services for Women, Children & Families: Coordinated Care	Visits	117	2,248	2,090
	Clients	30	172	153
Early Intervention/Integrated Services for Women, Children & Families: Childcare	Visits	0	97	141
	Clients	0	48	62
Early Intervention Services: Regional Services	Visits	908	8,979	8,258
	Clients	429	1,153	1,214
Early Intervention Services: Peer Navigation Services	Visits	311	1,941	1,085
	Clients	189	379	209
Early Intervention Services: Outreach Services	Visits	0	0	0
	Clients	0	0	0
Medical Case Management Services	Visits	919	10,451	11,467
	Clients	398	895	978
Home-based Health Care Coordination	Visits	66	764	903
	Clients	29	56	58
Case Management -Non-Medical	Visits	374	4,976	6,476

\*Includes Part B funded services

<b>RYAN WHITE SERVICES</b>		<b>Feb</b>	<b>End of Year Total</b>	<b>Prior Year Total</b>
	Clients	171	367	521
Mental Health Services: Counseling/Therapy	Visits	235	3,119	3,277
	Clients	111	303	315
Substance Abuse Treatment Services – Residential*	Visits	0	172	0
	Clients	0	44	0
Substance Abuse Treatment Services - Outpatient	Visits	292	3,717	2,850
	Clients	48	110	70
Housing Services: Partial Assistance Rental Subsidy	Visits	105	1,331	1,508
	Clients	105	136	159
Medical Transportation Services - Assisted	Visits	0	5	16
	Clients	0	3	9
Medical Transportation Services - Unassisted	Visits	207	3,379	3,281
	Clients	151	457	507
Housing Services: Emergency Housing Assistance	Visits	61	921	1,202
	Clients	48	494	482
Food Services: Food Bank/ Home Delivered Meals	Meals	2409	38,586	45,177
	Clients	138	245	362
Medical Nutrition Therapy	Visits	0	135	176
	Clients	0	87	97



RYAN WHITE SERVICES			Feb	End of Year Total	Prior Year Total
<b>PART-A SERVICES continued</b>					
Legal Services	Visits		16	169	194
	Clients		16	122	105
Emergency Financial Assistance	Visits		1	389	440
	Clients		1	108	95
Internet Access	Visits		1	3	2
	Clients		1	2	2
Internet Equipment	Visits		9	25	26
	Clients		6	11	13
Collateral Contacts	Visits		184	2,599	3,906
	Clients		112	588	677
<b>MAI SERVICES</b>					
Medical Case Management Services	Visits		178	1,491	1,851
	Clients		75	182	171
Mental Health Services: Therapy/Counseling	Visits		45	801	634
	Clients		24	98	86
Substance Abuse Treatment Services - Outpatient	Visits		67	423	214
	Clients		31	67	38
Faciliated Referrals	Visits		0	0	0
	Clients		0	0	0
Outreach Encounters	Visits		0	0	0
	Clients		0	0	0
Medical Transportation Services - Assisted	Visits		0	0	0
	Clients		0	0	0
Medical Transportation Services - Unassisted	Visits		0	0	0
	Clients		0	0	0
Case Management -Non-Medical	Visits		88	1,029	781
	Clients		37	95	63

# SUMMARY OF SERVICES FOR FY22

Mar. 1, 2022- Feb. 28, 2023

CLIENT DEMOGRAPHICS	Number of Clients	% of Client Total	Client Total
<b>FY 2022-2023</b>			
<b>Race/Ethnicity</b>			
White (not Hispanic)	835	24.87%	
Black or African American (not Hispanic)	424	12.63%	
Hispanic or Latino(a)	1892	56.34%	
Asian/Pacific Islander, not Hispanic	61	1.82%	
American Indian/Alaska Native, not Hispanic	17	0.51%	
Multi-Race, not Hispanic	46	1.37%	
Race data not in ARIES	83	2.47%	3,358
<b>Gender</b>			
Male	2,719	80.97%	
Female	525	15.63%	
Transgender FTM	2	0.06%	
Transgender MTF	111	3.31%	
Other	1	0.03%	
Client Refused to Report	0	0.00%	3,358
<b>Age Categories</b>			
< 2	27	0.80%	
02-12	10	0.30%	
13-24	75	2.23%	
25-44	1296	38.59%	
45-64	1569	46.72%	
65 and over	381	11.35%	3,358
<b>Poverty Level</b>			
<138%	2,624	78.14%	
138-199%	390	11.61%	
200-299%	239	7.12%	
300-399%	69	2.05%	
400-499%	19	0.57%	
>500%	17	0.51%	
Financial data not in ARIES	0	0.00%	3,358
<b>HRSA Housing Status</b>			
Stable/Permanent	2,391	71.20%	
Temporary	421	12.54%	
Unstable	378	11.26%	
Housing Status not in ARIES	168	5.00%	3,358
<b>Insurance Status</b>			
Private	115	3.42%	
Medicaid	660	19.65%	
Other	7	0.21%	
No Insurance	2359	70.25%	
Insurance not in ARIES	217	6.46%	3,358
<b>San Diego Region</b>			
Central	1,151	34.28%	
East	237	7.06%	
South Bay	597	17.78%	
Southeast	276	8.22%	
North Coastal	360	10.72%	
North Inland	169	5.03%	
North Central	245	7.30%	
Zip Code may be outside SD County	143	4.26%	
Zip Code not in ARIES	180	5.36%	3,358

# SUMMARY OF SERVICES FOR FY23

Mar. 1, 2023 - Feb. 29 2024

RYAN WHITE SERVICES		Mar	End of Year Total	Prior Year Total
<b>FY 2023-2024</b>				
Total clients served each month	Clients	1,219		
New clients in FY22	Clients	1,219	1,219	1,334
Returning FY22 clients	Clients	-		
<b>VIRAL LOAD SUPPRESSION</b>				
Virally suppressed	Clients	949		
% Virally suppressed		93%		
With Test	Tests	1,018		
Without Test	Tests	20100%		
<b>PART-A SERVICES</b>				
Outpatient Ambulatory Health Services: HIV Primary Care*	Visits	95	95	216
	Clients	80	80	195
Outpatient Ambulatory Health Services: Medical Specialty Care	Visits	0	0	0
	Clients	0	0	0
Psychiatric Medication Management	Visits	1	1	4
	Clients	1	1	4
Oral Health Care: Dental Care	Visits	69	69	47
	Clients	54	54	38
Early Intervention/Integrated Services for Women, Children & Families: Coordinated Care	Visits	74	74	99
	Clients	22	22	49
Early Intervention/Integrated Services for Women, Children & Families: Childcare	Visits	0	0	0
	Clients	0	0	0
Early Intervention Services: Regional Services	Visits	736	736	804
	Clients	321	321	360
Early Intervention Services: Peer Navigation Services	Visits	24	24	90
	Clients	19	19	44
Early Intervention Services: Outreach Services	Visits	0	0	0
	Clients	0	0	0
Medical Case Management Services	Visits	889	889	1,109
	Clients	371	371	439

\*Includes Part B funded services

# SUMMARY OF SERVICES FOR FY23

Mar. 1, 2023 - Feb. 29 2024

<b>RYAN WHITE SERVICES</b>		<b>Mar</b>	<b>End of Year Total</b>	<b>Prior Year Total</b>
Home-based Health Care Coordination	Visits	84	84	59
	Clients	26	26	26
Case Management -Non-Medical	Visits	407	407	678
	Clients	186	186	246
Mental Health Services: Counseling/Therapy	Visits	248	248	220
	Clients	113	113	110
Substance Abuse Treatment Services – Residential*	Visits	0	0	0
	Clients	0	0	0
Substance Abuse Treatment Services - Outpatient	Visits	293	293	243
	Clients	51	51	28
Housing Services: Partial Assistance Rental Subsidy	Visits	108	108	64
	Clients	108	108	64
Medical Transportation Services - Assisted	Visits	0	0	0
	Clients	0	0	0
Medical Transportation Services - Unassisted	Visits	230	230	117
	Clients	155	155	93
Housing Services: Emergency Housing Assistance	Visits	58	58	102
	Clients	45	45	78
Food Services: Food Bank/ Home Delivered Meals	Meals	2328	2,328	4,991
	Clients	95	95	228
Medical Nutrition Therapy	Visits	0	0	10
	Clients	0	0	10

# SUMMARY OF SERVICES FOR FY23

Mar. 1, 2023 - Feb. 29 2024

RYAN WHITE SERVICES		Mar	End of Year Total	Prior Year Total
PART-A SERVICES continued				
Legal Services	Visits	12	12	15
	Clients	12	12	13
Emergency Financial Assistance	Visits	1	1	1
	Clients	1	1	1
Internet Access	Visits	0	0	0
	Clients	0	0	0
Internet Equipment	Visits	5	5	0
	Clients	5	5	0
Collateral Contacts	Visits	184	184	277
	Clients	120	120	173
MAI SERVICES				
Medical Case Management Services	Visits	157	157	82
	Clients	71	71	46
Mental Health Services: Therapy/Counseling	Visits	48	48	72
	Clients	22	22	30
Substance Abuse Treatment Services - Outpatient	Visits	68	68	29
	Clients	30	30	11
Faciliated Referrals	Visits	0	0	0
	Clients	0	0	0
Outreach Encounters	Visits	0	0	0
	Clients	0	0	0
Medical Transportation Services - Assisted	Visits	0	0	0
	Clients	0	0	0
Medical Transportation Services - Unassisted	Visits	0	0	0
	Clients	0	0	0
Case Management -Non-Medical	Visits	83	83	80
	Clients	40	40	42

# SUMMARY OF SERVICES FOR FY22

Mar. 1, 2022- Feb. 28, 2023

CLIENT DEMOGRAPHICS	Number of Clients	% of Client Total	Client Total
<b>FY 2023-2024</b>			
<b>Race/Ethnicity</b>			
White (not Hispanic)	287	23.54%	
Black or African American (not Hispanic)	183	15.01%	
Hispanic or Latino(a)	681	55.87%	
Asian	15	1.23%	
American Indian/Alaska Native	6	0.49%	
Multi-Race	17	1.39%	
Native Hawaiian/Pacific Islander	2	0.16%	
Race data not in ARIES	28	2.30%	1,219
<b>Gender</b>			
Male	926	75.96%	
Female	242	19.85%	
Transgender FTM	0	0.00%	
Transgender MTF	50	4.10%	
Other	1	0.08%	
Client Refused to Report	0	0.00%	1,219
<b>Age Categories</b>			
< 2	9	0.74%	
02-12	7	0.57%	
13-24	30	2.46%	
25-44	399	32.73%	
45-64	622	51.03%	
65 and over	152	12.47%	1,219
<b>Poverty Level</b>			
<138%	953	78.18%	
138-199%	142	11.65%	
200-299%	87	7.14%	
300-399%	24	1.97%	
400-499%	5	0.41%	
>500%	7	0.57%	
Financial data not in ARIES	1	0.08%	1,219
<b>HRSA Housing Status</b>			
Stable/Permanent	645	52.91%	
Temporary	148	12.14%	
Unstable	82	6.73%	
Housing Status not in ARIES	344	28.22%	1,219
<b>Insurance Status</b>			
Private	6	0.49%	
Medicaid	72	5.91%	
Medicare	17	1.39%	
Other	22	1.80%	
No Insurance	75	6.15%	
Insurance not in ARIES	1027	84.25%	1,219
<b>San Diego Region</b>			
Central	473	38.80%	
East	87	7.14%	
South Bay	182	14.93%	
Southeast	115	9.43%	
North Coastal	116	9.52%	
North Inland	60	4.92%	
North Central	93	7.63%	
Zip Code may be outside SD County	48	3.94%	
Zip Code not in ARIES	45	3.69%	1,219



# County of San Diego

NICK MACCHIONE, FACHE  
AGENCY DIRECTOR

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

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

Tuesday, February 14, 2023

11:00 a.m.

WebEx Meeting

**DRAFT MINUTES**

Quorum = 4

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

Committee Members Absent: Allan Acevedo, Community Engagement Group / Bob Lewis, Membership Committee

Agenda Item	Discussion/Action	Follow-Up Needed
1. Call to order,	Mikie Lochner called the meeting to order at 11:00 a.m. and noted the presence of a quorum via WebEx video teleconference.	
2. <b>Action:</b> Continuance of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e).	All votes at the meeting were taken by roll call. For each vote committee members' names were called, and each member provided a verbal vote. <b>Action:</b> Find that the Committee has reconsidered the State of Emergency and that State and local officials continue to recommend measures to promote social distancing authorizing teleconferenced meetings pursuant to Government Code section 54953(e). <b>Motion/Second/Count (M/S/C):</b> Van Brocklin/Jacobs 5/0 <b>Abstentions:</b> Lochner <b>Motion carries</b>	

Agenda Item	Discussion/Action	Follow-Up Needed
3. Comments from the chair, moment of silence	The chair noted we are here to address the needs of people living with HIV and led a moment of silence.	
4. Public comment	A member of the public stated the Steering Committee was a select and elite body of people and noted different treatment of providers that that of consumers.	
5. Sharing our Concerns	A member of the committee noted the electricity provider company in San Diego provided some financial relief, however, energy bills are still quite high. This may result in increased used of the service category Emergency Financial Assistance.	
6. <b>Action:</b> Review/Approval of Steering Committee agenda for Tuesday, February 14, 2023	<b>Action:</b> Approve Steering Committee agenda for February 14, 2023 as presented, with the noted change: Move agenda items 9.b.,c., and d., up to agenda item 7 a., b., and c. <b>M/S/C:</b> Jacobs/Ransom 3/0 <b>Abstentions:</b> Lochner, Van Brocklin <b>Motion carries</b>	
7.		
a. Action: Vice Chairs elections	<b>Action:</b> Approve Vice Chairs elections for the HPG, keep nominations open until the agenda item at the meeting at which time nominations will close and Vice Chair elections can occur. <b>M/S/C:</b> Jacobs/Tilghman <b>Abstentions:</b> Lochner <b>Motion carries</b>	Forward to the HPG for action on February 22, 2023.
b. Discussion: Preparation for in-person meetings, Implementation of AB 2449, and location of Steering meetings starting March 2023.	The committee discussed the requirements of AB 2449 regarding in-person quorum; public participation by teleconference rules; It was noted that non-county, non-public meeting spaces would need county approval which takes approximately eight (8) weeks, and that staff will perform quorum checks before meetings. The March 2023 HPG and committee meeting locations were noted, and the information was included in the meeting packet.	
c. Update: HPG Retreat	The HPG Retreat on Wednesday, March 22, 2023 will be open to the public, which will be noted on the posted agenda.	The Recipient's office will work with the facilitator to allow material



Agenda Item	Discussion/Action	Follow-Up Needed
	The committee inquired if members could speak with the facilitator and review the material to be presented beforehand.	review by the Chair and Vice Chair.
8. <b>Action:</b> Review/approve HPG meeting agenda for February 22, 2023	<b>Action:</b> Review/approve the HPG meeting agenda for February 22, 2023 (included in the meeting packet. <b>M/S/C:</b> Van Brocklin/Tilghman 4/0 <b>Abstentions:</b> Lochner <b>Motion carries</b>	
9. <b>Committee Reports and Recommendations</b> (a written report was included in the meeting materials packet)		
a. Membership Committee	There is a recommendation for appointment to the HPG (Esteban Duarte) and for a reappointment to the HPG (Abigail West) going to the HPG meeting on February 23, 2023.	
b. Priority Setting and Resource Allocations (PSRAC)	As noted in the written Committee Reports.	
c. Community Engagement Group	Will have a presentation on Ryan White housing service categories.	
d. Strategies and Standards	As noted in the written Committee Reports. The committee is in the process of updating the Universal Standards.	
e. Medical Standards and Evaluation (MSEC)	As noted in the written Committee Reports. MSEC to consider an Action on including occlusal guards to the list of Ryan White dental services.	
f. Steering Committee	No updates.	
10. <b>Process and Governance Issues:</b>		
a. Review: Public comments/HPG member comments/Suggestions to the Steering Committee from previous HPG meeting(s)	The committee reviewed public comments from the January 25, 2023 HPG meeting.	

Agenda Item	Discussion/Action	Follow-Up Needed
b. Discussion: Proposed changes to HPG Bylaws and consider modification of quorum and forward to HPG	The committee discussed the action that was tabled at the January 25, 2023 meeting, which will go forward to HPG this month.	Forward to the HPG for approval on February 23, 2023.
c. Review 2023 HPG Work Plan	The committee reviewed the 2023 HPG work plan, which was included in the meeting materials packet. Staff noted the planned HPG Orientation will be delayed until April or May 2023.	
f. Update: Getting to Zero (GTZ) Community Engagement Project – 3-Year HPG Action Plan	<p>Dr. Delores Jacobs provided updates on the action plan, including:</p> <ul style="list-style-type: none"> <li>i. Planning for upcoming discrimination/anti-racism training/consultant – This is being processed by the Recipient's office.</li> <li>ii. Communication Plan-will include expanded communication reach in both social media and in-person regarding the HPG and its committees. HPG members will be invited to help expand this reach</li> <li>iii. Membership Recruitment plan – <ul style="list-style-type: none"> <li>. Recommending extending the use of Leadership training programs such as Project PEARL (Peers Promoting Equity, Advocacy, and Resources through Leadership) as recruitment tool, and the recommendation to include a part-time recruitment organizing position among the HPG Support Staff.</li> </ul> </li> <li>iv. Dr. Jacobs also noted committees' consideration of the consumer recommendation regarding coordination of multiple in-person appointments when requested; and the HPG process for responding to requests of members of the public at HPG and committee</li> </ul>	

Agenda Item	Discussion/Action	Follow-Up Needed
	meetings to be considered by Steering Committee.	
g. Follow-up: Conflict of Interest (COI) Disclosure Form and other HPG member required forms	Staff have sent requests to HPG and committee members to complete the HPG COI Disclosure form, the conduct and respect agreement, Form 700, ethics training and the questionnaire to HPG members regarding seat representation and their two (2) committee choice preferences.	Staff will follow-up with HPG and committee members regarding these requirements.
h. Update: Integrated Statewide Strategic Plan	The California HIV Planning Group (CHPG) is reviewing an activities document for the Statewide Strategic Plan which will be shared with all health jurisdictions.	
i. Committee Operating Procedures	The committee discussed draft Operating Procedures for MSEC, which will be incorporated into the Committee Operating Procedures.	
<b>11. Update and budget review from the HIV, STD, and Hepatitis Branch (HSHB)</b>		
a. Program Updates (Maritza Herrera)	Maritza Herrera highlighted the HSHB report, which was included in the meeting materials packet. The Capacity Report revealed no concerns or waiting lists for services.	
b. Service Utilization Summary Report – January 2023 (Maritza Herrera)	The report was included in the meeting materials packet and reported data through January 31, 2023. There were 3,262 services utilized in January, an approximate 5% decrease compared to the same time last year.	
c. Monthly Goldenrods January 2023 (Maritza Herrera)	There were no Client Service Evaluations (“Goldenrods”) received during January 2023.	
d. CQM update -	No updates	
e. Procurements (Lauren Brookshire)	Maritza Herrera reviewed procurements, which were detailed in the HSHB report which is included in the meeting materials packet.	
f. FY 22 Expenditure/Budget review - November 2022 report for January 2023 meeting (Lauren)	Maritza Herrera reviewed the expenditure/budget reports, which were included in the meeting materials packet, and highlighted the following: Part A:	

Agenda Item	Discussion/Action	Follow-Up Needed
Brookshire)	<ul style="list-style-type: none"> <li>Decreased spending in several service categories.</li> <li>Increased spending in Emergency Housing.</li> </ul> Part B: Through 75% of grant year, spending is on track, HIV Prevention 100% spent.	
g. HRSA, CDC and CDPH policies and procedures updates (Lauren Brookshire)	Noted in the included report in the meeting materials packet.	
h. Administrative Budget review	Dr. Ken Riley reviewed the HPG Administrative Budget.	
12. <b>Action:</b> Approval Meeting minutes from January 17, 2023	<b>Action:</b> Approve meeting minutes of January 17, 2023 <b>M/S/C:</b> Van Brocklin/Ransom <b>Abstentions:</b> Lochner <b>Motion carries</b>	
13. Review follow-up items from the minutes	Reviewed	
14. Review committee attendance	Reviewed	
15. Future Agenda Items for Consideration	None	
16. Announcements:	A member of the public stated HPG consumer members may not be aware of the quorum requirement with AB 2449.	
17. Confirm next meeting date and time/adjourment	Date: <b>February 14, 2023</b> Time: <b>11:00 a.m. – 1:00 p.m.</b> Location: Hybrid meeting via <b>WebEx</b> AND at <b>South Live Well Center (Room 194), 690 Oxford St. Chula Vista, 91911</b>	
18. Adjournment	12:34 p.m.	

**HIV PLANNING GROUP**  
**12-MONTH COMMITTEE TRACKING**  
**Apr 2022 - Mar 2023**

**STEERING**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	#
Total Meetings	1	1	1	1	0	1	1	0	0	1	1	0	8
Community Engagement Group	*	*	*	1	NM	*	*	NM	NM	1	1	NM	3
Medical Standards	*	*	*	*	NM	1	1	NM	NM	*	*	NM	2
Membership	1	*	*	*	NM	*	1	NM	NM	*	1	NM	3
Priority Setting and Resource Allocation	*	*	*	*	NM	*	*	NM	NM	*	*	NM	0
Strategies & Standards	*	1	1	*	NM	*	*	NM	NM	*	*	NM	2
Chair- Mikie Lochner	*	*	*	*	NM	*	*	NM	NM	*	*	NM	0
Vice Chair - Rhea Van Brocklin	*	*	*	*	NM	*	*	NM	NM	*	*	NM	0

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

NA - no HPG member co-chair

U = Unaffiliated Consumer

# = number of absences

C = Co-Chair

JC = Just Cause

EC = Emergency Cause