County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES
3851 ROSECRANS STREET, MAIL STOP P-578

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

HIV PLANNING GROUP
MEDICAL STANDARDS AND EVALUATION COMMITTEE (MSEC)
MEETING PACKET

Tuesday, May 10, 2022 4:00 PM
Online meeting
NOTE: This meeting is audio and video recorded.
A quorum for this committee is eight (8)

Medical Standards and Evaluation Committee Charge: Ensure that HIV Primary Care services provided through local RWTEA-funded clinics meet or exceed established HIV clinical practice standards and Public Health Services guidelines, assuring availability and access to state-of-the-art medical care for all eligible PLWH/A, through the following activities:

- Monitor and discuss current topics and/or changes in the management of HIV disease, treatment, prevention, and co-occurring disorders.
- Consider all available community resources for HIV Primary Care to maximize RWTEA capacity.
- Promote access and facilitate continuity of care with multiple entries and referral points.
- Recommend appropriate upgrades to the standards of care under which the RWTEA HIV Primary Care clinics operate, including opportunistic infections, antiretroviral therapy, and prevention counseling/health education.

TABLE OF CONTENTS

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Continuation of Remote Meetings for Brown Act Boards and Commissions

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

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

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

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

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

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

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

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

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

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

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

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

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

IV. Operation of the Special Teleconferencing Rule

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

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

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

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

VI. Next Steps

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

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

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

County of San Diego

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AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES

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

HEALTH OFFICER TELECONFERENCING RECOMMENDATION

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

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

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

September 23, 2021

Wilma J. Wooten, MD

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

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

SAN DIEGO HIV PLANNING GROUP

Medical Standards and Evaluation Committee

Tuesday, May 10, 2022 at 4:00 PM

Meeting by Zoom

Group Charge: 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 PLWHA.

Members: Dr. Jeannette Aldous (Co-chair) / Dr. Laura Bamford / Samantha Bowen / Dr. David Grelotti / Bob Lewis / Dr. Susan Little / Mikie Lochner / Katherine Penninga / Shannon Ransom / Dr. Stephen Spector / Lisa Stangl / Dr. Winston Tilghman (Chair) / Karla Torres / Dr. Adam Zweig

Quorum: Eight (8)

Agenda:

1) Welcome and moment of silence, comments from the Chair
2) **Action:** Continuance of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e):
    a. Find HPG has reconsidered the circumstances of the State of Emergency
    b. Find that State and Local officials have recommended measures to promote social distancing
3) Public comment
4) Sharing our concerns
5) Approval of the May 10, 2022 meeting agenda
6) Approval of the November 16, 2021 meeting minutes
7) Old Business:

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

County of San Diego

a. None

8) New Business:

a. **Discussion:** Getting to Zero 3-Year Action Plan – Dr. Delores Jacobs

b. **Discussion:** Chart Review – Jeanette Johnson

c. **Discussion:** Change in HRSA guidance

d. **Discussion:** 2022 committee priorities and work plan

9) Other Updates:

a. STD Update (Dr. Tilghman)

b. HIV Update (Dr. Tweeten)

10)Agenda items for future meeting

11) Reminder of upcoming meeting date:

a. **Tuesday, September 13, 2022 at 4:00 PM via Zoom**

12) Adjournment

WORK PLAN

February 8, 2022 • No Meeting
May 10, 2022 • Review the Getting to Zero 3-Year Action Plan – MSEC Responsibilities • Chart Review
September 13, 2022 •
November 8, 2022 •

For more information email support staff at HPG.HHSA@sdcounty.ca.gov
Or visit the website at www.sdplanning.org

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

SAN DIEGO HIV PLANNING GROUP
MEDICAL STANDARDS & EVALUATION COMMITTEE (MSEC)

Tuesday, November 16, 2021
4:00 PM

Meeting via teleconference (Zoom)

DRAFT MINUTES

Quorum = Eight (8)

Members Present: Dr. Laura Bamford / Samantha Bowen / Dr. David Grelotti / Bob Lewis / Mikie Lochner / Katherine Penninga / Shannon Ransom /Lisa Stangl / Dr. Winston Tilghman (Chair) / Karla Quezada-Torres / Dr. Adam Zweig

Members Absent: Dr. Jeannette Aldous (Co-chair) / Beth Davenport / Dr. Susan Little / Dr. Stephen Spector

Agenda Item	Action	Follow-up
1. Welcome and moment of silence, comments from the Chair	Dr. Tilghman called the meeting to order at 4:01 p.m. and noted the presence of a quorum. A moment of silence was observed. Dr. Tilghman welcomed Dr. Laura Bamford, Samantha Bowen, and Mikie Lochner as the newest members to MSEC and noted that the group is officially a recognized committee under the HPG.	
2. Action: Authorization of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e)	**Action:** Find there is a proclaimed state of emergency and State and local officials have imposed or recommended measures to promote social distancing authorizing teleconferenced meetings pursuant to Government Code section 54953(e). **Motion/Second/Count (M/S/C):** Lochner/Zweig 10/0 **Discussion:** **Abstentions:** Tilghman **Motion Carries.**	
3. Public Comment	An attendee brought up a concern that mouth guards not covered under Ryan White (RW) dental services and it is needed by some clients.	Dr. Tilghman will review with the Recipient the list of

Agenda Item	Action	Follow-up
		covered RW dental services.
4. Sharing our Concerns	**None**	
5. Review and approve the November 16, 2021 meeting agenda	All votes at the meeting were taken by roll call. **Motion:** Approve the November 16, 2021 meeting agenda as presented. **M/S/C:** Grelotti/Quezada-Torres, 10/0 **Abstentions:** Tilghman **Motion carries**	
6. Review and approve the May 18, 2021 meeting minutes	**Motion:** Approve the May 18, 2021 meeting minutes as presented. **M/S/C:** Grelotti/Quezada-Torres, 6/0 **Abstentions:** Bamford, Bowen, Lewis, Lochner, Tilghman **Motion carries**	
7. Old Business:		
a. Long-Acting Antiretroviral Therapy (ART)	The committee briefly discussed whether there were concerns with long-acting ART using two drugs from two categories and felt no action is needed by the committee currently.	
8. New Business:		
a. Review the annual quality assurance chart review tool	Dr. Tilghman introduced the tool and Jeanette Johnson discussed some details, including the following questions: • Question 2 (Q 2): Is the name of the ART medication needed? The committee felt it was not needed currently. The committee recommended change “compliant” to “prescribed”. • Q 5: Combine the rectal testing for the GC and Chlamydia or leave them separated? The committee recommended not changing this. • Q 6: Add date of last pap smear? The committee recommended yes and change the category name to “cervical cancer screening”. • Q 11: Document any COVID Vaccination status? The committee recommended yes, but don’t include in chart review report. • Q 14: PCP Prophylaxis; move to page 1 after CD 4 count? The committee recommended yes. Additional discussion included: Is rapid ART initiation included in the review?	

Agenda Item	Action	Follow-up
	The committee noted that a small sample size of charts is used for review. Should the pneumococcal vaccine be split into Prevnar and Pneumovax?	
b. **Discussion:** committee priorities and work plan	Dr. Tilghman reviewed the committee workplan and tasks. He will send a draft of the workplan to HPG Support Staff for distribution before the next meeting.	
c. **Discussion**: 2022 meeting schedule	Due to scheduling conflicts, the committee agreed to move MSEG to the second Tuesday of the months that it meets; February, May, September, and November; same time.	
9. Other Updates:		
a. HIV Update (Dr. Tweeten)	Dr. Tweeten presented data on HIV epidemiology via a Power Point presentation and answered questions.	HPG Support Staff to share Dr. Tweeten's presentation with the committee.
b. STD Update (Dr. Tilghman)	Dr. Tilghman provided the STD update, highlighting key points in the reports that were included in the meeting materials packet: • There are recommendations for extra-genital gonorrhea screening, including the throat and rectal area. • In the July 28, 2021, report the Centers for Disease Control and Prevention has released the Sexually Transmitted Infections Treatment Guidelines 2021. • There are changes to the recommendations for the role of lumbar puncture in the evaluation of patients with syphilis. • There is guidance on the management of suspected gonococcal treatment failure. If any clinic needs assistance with culture of testing the County lab is available. None • The 2020 STD data report and slides should be available by the end of the calendar year.	
10. Agenda items for future meeting	None	
11. Reminder of upcoming meeting date:	**Date:** Tuesday, February 8, 2022 **Time:** 4:00 PM **Location:** Zoom	
12. Adjournment	5:39 PM	

Delores Jacobs, PhD, Consultant
Getting to Zero Community Engagement Project
(619) 379-8491
djacobsphd@gmail.com

Consumer recommendations: Results of 160 consumers participating February 2020 – October 2020 in formal large group setting, small groups settings and individual interviews.
Interview demographics: ¾ living with HIV, ¼ at higher risk for HIV; 77% of color; 15% Transgender; ages 20-71; Equal # of recently diagnosed and long-term survivors.
Results yielded 12 broad HIV community recommendations, some with multiple parts. Recommendations are listed below.

Recommendation 1: Acknowledge and address medical system mistrust
REPRESENTATION **1a.** Ensure progress toward a contracted **HIV service-delivery workforce representative of those living with and at higher risk for HIV in San Diego County and Ensure ongoing recruitment, support and retention of this representative workforce**
1b. Acknowledge systemic racism, missteps, mistakes and harms of the past and ensure plans are created and implemented to ensure this past is not repeated.
1c. WORKFORCE TRAINING CULTURAL HUMILITY, TRAUMA INFORMED CARE Utilizing a partnership with the *HIV Institute at UCSD*, provide access via links to **enhanced, skill-based trainings** to HIV service-delivery staff which improve the ability to consistently communicate **cultural respect, knowledge and humility**, as well as the skills required for **trauma-informed care**.
Recommendation 2: Improve communications and outreach strategies for those living with and at higher risk for HIV who live, work or participate in historically-underserved, Low Information communities.
2a. Use multiple communications platforms and outreach strategies to better provide HIV services information to HIV community members and historically-underserved communities impacted in San Diego County, including the following HIV services information: What services are available? Where are services located? Who is eligible for services? What is the cost of services to the eligible community member? What is the contact information for scheduling or for more information? **This recommendation is intended to proactively provide the information to the community rather than having the burden of information seeking fall to the consumers.**
2b. Provide increased and readily available **basic health information** to low information, historically-underserved community members and communities, including: **What is early disease detection and why is it important? Where is HIV, HCV, STD testing available? What is PrEP and who is eligible? Importance of early connection to HIV treatment and medication, What does an undetectable viral load mean for transmission of HIV? Information regarding mental health or substance misuse treatment (both out-patient and residential treatment).**
Recommendation 3: To ensure that all HIV community members have equitable access to tele-health appointments and to participation in public meetings, address the digital disparities present for those with lower-income who are also living with or at higher risk for HIV
3a. For low-income HIV consumers, and HPG members, who have not been able to access County or City digital resource programs, provide opportunities to gain access to affordable or no-cost, broadband internet connectivity and the hardware necessary to participate in healthcare appointments and public meeting opportunities.
3b. For those HIV community members who have experienced digital disparities, provide information regarding virtual training opportunities to learn digital/virtual skills that can allow them to more easily participate in virtual meetings and resources.
Recommendation 4: Provide increased mental health and alcohol/substance misuse treatment opportunities for those living with or at higher risk for HIV. Additionally, more widely communicate information about these opportunities to HIV community members.
4a. **Coordinating** with the existing harm reduction task force, provide **guidance** to contracted HIV service providers designed to **increase the availability of harm reduction services** for substance misuse treatment.

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4b. Expand and augment the current syringe exchange program(s) in San Diego County to allow services to be provided for an increased number of community members (including HIV community members) and to include more opportunities for connection to additional needed services (i.e., wound care, MAT, Case management, vaccinations, etc.)
4c. **Coordinating** with County drug and alcohol services personnel, ensure the design and implementation of a **coordinated system for rapid response** for HIV community members who desire to enter substance misuse residential or out-patient treatment.
4d. In light of reported treatment disruptions which often occur for those without secure housing, design and deploy more rapid interventions for consumers, **particularly when insecure housing and either substance misuse or mental health symptoms are co-occurring**.
4e. Investigate the current opportunities for substance misuse treatment for methamphetamine and, if inadequate opportunities exist, expand those available.
4f. Continue to increase the opportunities for s**ame-site location of medical providers, mental health providers and alcohol/substance misuse counselors** for those living with or at higher risk for HIV.
4g. **In collaboration with UCSD and AETC,** provide links and resources for **skill-based training for HIV service personnel** regarding the stigmatizing behaviors faced by substance misusing HIV community members and ways to reduce those stigmatizing behaviors within the health care system itself.
Recommendation 5: More consistently provide rapid access to **basic support services: housing, food, transportation, emergency financial assistance including shut-off** & **eviction prevention. Additionally, more widely communicate information about these opportunities and the processes to access them.**
5a. Chief among those mentioned and directly related to community members' ability to meaningfully participate in health outcomes is **Housing**.
Recommendation 6: Continue to expand the opportunities to hire, support and utilize peer navigators, peer health educators, peer outreach specialists, benefits navigators, and housing specialists.
Recommendation 7: Design, integrate and deploy strategies to address the stigmas faced by HIV community members; including the multiple layers of stigma faced by those living with HIV who are also Black and Latino MSM, Transgender persons, Immigrants who may be under-documented or undocumented, those struggling with mental health symptoms or alcohol/substance misuse challenges or those without stable housing.
7a. Increase opportunities/programs for social support of those living with or at higher risk for HIV who may, as a function of family or community stigma, have fewer social supports.
Recommendation 8: Increase the number of HIV service sites that have the capacity for whole person-whole health services including PrEP, mental health services, substance misuse services, hormone treatment, case management, and housing resources. This should include the capacity for coordinated, integrated, same-day, appointments when requested.
Recommendation 9: Design, create and execute improved community engagement and outreach strategies that utilize community organizing and personal relationship building. Strategies should include:

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transportation and meal reimbursements as well as appropriate and respectful incentives, engaging, interesting meeting opportunities for planning participation and routine report-outs regarding what has been done with HIV community feedback.
Recommendation 10: Revise and refine the documentation processes that create a barrier to access services for persons living with or at increased risk for HIV.
10a. Reduce the duplication of forms and paperwork required to access HIV services.
10b. Design and deploy a signature system that does not require in-person, wet signatures for eligibility or authorization forms.
Recommendation 11: Design and deploy a variety of brief, on-line trainings for those living with or at higher risk for HIV. Trainings include but are not be limited to: what is the HIV Planning Group and options for involvement; What is the HPG Consumer group and how to get involved; What are HPG committees and how to get involved; How to effectively advocate for the HIV community.
Recommendation 12: Create a 3-year Action Plan for HPG from the consumer feedback obtained thus far including routine public report-out of progress toward implementation.

Getting to Zero
Community Engagement Project
Consultant: Dr. Delores Jacobs

FINAL HPG 2020 HIV Consumer and Community Recommendations

3-Year HIV Planning Group (HPG) Action Plan

Project Background

The goal of the *Getting to Zero (GTZ) Community Engagement Project* has been to: "engage Black/African-American gay, bisexual and other men who have sex with men (MSM), Latino MSM, and Transgender women who are living with, or vulnerable to, HIV infection in order to develop action plans for reducing late HIV diagnoses and improving retention in care and viral suppression**."**

The *Getting to Zero Community Engagement Project* began in January 2020 with the convening of a project Advisory Group. The first Community Engagement event (through a partnership with *USCD's End the Epidemic* event) was held at the end of February 2020. This in-person event was attended by 98 HIV community members and consumers. On March 19, 2020, in response to growing concerns regarding Covid19, Governor Gavin Newsom, issued a stay-at-home health order, restricting non-essential group gatherings. This order remained in effect until June 15, 2021, complicating any in-person meetings or outreach.

Community and health system concern about the Covid19 pandemic and the resulting health orders created a number of challenges for a community engagement project; however, the project and San Diego's HIV community members were able to respond, engage, revise and adapt. Despite a global pandemic, this project yielded robust, thoughtful and detailed consumer feedback from 160 HIV clients and consumers. Methodologies across the 10-month data collection period (February 2020 – December 2020) included the large group in-person discussion, 20 regional small group virtual meetings, and 64 ninety-minute telephonic key informant interviews. Feedback was analyzed and yielded 11 strong primary themes. Specific recommendations included strategies for increasing equitable access to and retention in care, reducing health outcome disparities in simultaneous diagnosis and viral suppression, and improving coordination of care in the Ryan White and CDC funded HIV services in San Diego County. Consumer feedback yielded strong agreement and thematic saturation despite the varying methodologies and across the varied demographics and extended time frame.

Following data collection and analysis, a 14-member *Implementation Task Force* consisting of 6 HPG consumer members, 6 HPG service provider members, and 2 HHSB staff members met to review the consumer recommendations and to create a 3-year action plan for HPG to begin acting upon those recommendations. This Task Force met for 12 sessions and the resulting HPG Action Plan is attached.

The *San Diego HPG Action Plan* contained herein is based upon the recommendations offered in 2020 by 160 HIV community members and consumers.

Participant Demographics

While detailed demographics were not collected from participants in the *End the Epidemic Summit*, key informant interview and small group demographics were collected in some detail.

Based upon national, statewide and local population data regarding health disparities in late testing/simultaneous diagnosis, retention in care, and viral suppression, a focused effort to ensure

adequate outreach and inclusion of priority populations was made. The priority populations included: MSM, with an additional focus upon black and Latino MSM, Transgender populations, persons who have struggled with homelessness or insecure housing and people who misuse substances, including people who inject drugs.

Analysis of the participants in small regional groups and extended interviews yielded the following demographic descriptions:

- 64% of participants reported living with HIV, 36% of participants reported being at elevated risk for HIV;
- 77% of participants identified as community members of color (36% of participants identified as Black/African American; 36% as Latino; 20% White; and 6% as Biracial)
- Additionally, 14% of participants identified as Transgender
- Ages ranged from 20-71 years old, the median age bracket was 35-45 years of age. Participants include those diagnosed with HIV in the last 18 months, as well as an equal number of those living with HIV for greater than 20 years.
- Among interview participants, 70% (n=43/64) had a history of **at least one of the following:** 1) Substance misuse (most frequently alcohol, methamphetamine and/or opioids) 2) Housing insecurity/homelessness, or 3) Significant lifetime traumatic experiences or mental health symptoms.

Brief List of Recommendation Goals

1. Acknowledge and address health system mistrust
2. Improve HPG communications and outreach strategies
3. Address digital disparities
4. Provide increased mental health and substance misuse treatment opportunities
5. Provide more rapid access to basic support services
6. Expand peer services
7. Address stigma and provide increased social support
8. Increase whole person- whole health strategies
9. Expand community engagement and simplify consumer reimbursement process
10. Refine documentation to decrease duplication, repetition and decrease need for in-person signature
11. Create brief on-line trainings about HPG

End the Epidemic Goals

The consumer recommendations provide suggestions regarding ways for the San Diego Ryan White HIV systems to address the four overall objectives and strategies out-lined in the **U.S. Department of Health and Human Services. 2021.** ***HIV National Strategic Plan for the United States: A Roadmap to End the Epidemic 2021-20****25.* Specifically,

1) To **prevent** new HIV infections,
2) To **improve HIV-related health outcomes**,
3) To **reduce HIV related disparities** and **health inequities** ,and
4) To achieve **integrated, coordinated efforts** that address the HIV epidemic among all partners and stakeholders.

Three Year of HPG Action Plan

Overseen by the HPG vice-chairs and supported by HPG Support Staff, the *HPG Action Plan* provides an initial listings of recommended actions to begin to discuss and act upon the 2020 consumer recommendations in Year One. The Action Plans anticipate that some goals will require the three-year period to fully implement, while others may require much less. The intention of the Action Plan is to provide a framework to begin a series of detailed HPG and Committee discussions and actions across the three -year period. As actions are implemented, progress and success will be evaluated each year.

➨ RECOMMENDATION 1: Acknowledge and Address Medical System Mistrust

ACTIONS	RESPONSIBLE PARTIES & HPG COMMITTEES	PROGRESS
REPRESENTATION **1a.** Ensure progress toward a contracted **HIV service-delivery workforce representative of those living with and at higher risk for HIV in San Diego County and Ensure ongoing recruitment, support and retention of this representative workforce** 1. Approve policy and contract language to ensure progress toward a **contracted HIV service-delivery workforce representative of those living with and at higher risk for HIV in San Diego County**	**HPG Support Staff, Recipient, Steering, Standards**	
2. Plan, design and collect contractor data regarding current HIV service delivery workforce (baseline). This data collection, with any necessary refinements, will take place **annually**. Aggregate results after analysis will be reported annually to HPG.	**HPG Support Staff, Recipient, Steering, Standards**	
3. Collect and review HIV contractor plans for diversity, equity and inclusion (DEI) in recruitment, support and retention for the HIV service delivery workforce. Evaluate collective progress toward representation goals annually and report out to HPG.	**HPG Support Staff, Recipient, Steering, Standards**	
1b. Acknowledge systemic racism, missteps, mistakes and harms of the past and ensure plans are created and implemented to ensure this past is not repeated. 1. Convene listening sessions using a Truth and Reconciliation framework	**Steering Committee, in consultation with the consumer groups, will** appoint a small Task Force familiar with truth & reconciliation process to design and schedule listening and follow up response sessions.	
2. Change the name of the "Grievance" and/or complaint forms and processes to "*Client Service Evaluation & Feedback*" forms and processes.	**Recipient, Steering**	
3. Add to Universal Standards **anti-retaliation** language concerning complaints/service evaluations - "Each County or CDC- funded HIV service provider shall have a client service evaluation policy and detailed process, including an anti-retaliation policy. The Client Service Evaluation form and process description shall be provided to HIV clients upon intake."	**HPG Support Staff, Recipient, Steering, Standards**	
1c. WORKFORCE TRAINING CULTURAL HUMILITY, TRAUMA INFORMED CARE Utilizing a partnership with the *HIV Institute at UCSD*, provide access via links to **enhanced, skill-based trainings** to HIV service-delivery staff which improve the ability to consistently communicate **cultural respect, knowledge and humility**, as well as the skills required for **trauma-informed care**.	**HPG Support Staff in collaboration with UCSD HIV Institute**	

➨ **RECOMMENDATION 2: IMPROVE HPG COMMUNICATIONS and OUTREACH STRATEGIES for those living with and at higher risk for HIV, particularly for those who live or work in historically under-served, low health information communities.**
2a. Use multiple communications platforms and outreach strategies to better provide HIV services information to HIV community members and historically-underserved communities impacted in San Diego County, including the following HIV services information: What services are available? Where are services located? Who is eligible for services? What is the cost of services to the eligible community member? What is the contact information for scheduling or for more information? **This recommendation is intended to proactively provide the information to the community rather than having the burden of information acqusition fall to the consumers.**
2b. Provide increased and readily available **basic health information** to low information, historically-underserved community members and communities, including: **What is early disease detection and why is it important? Where is HIV, HCV, STD testing available? What is PrEP and who is eligible? Importance of early connection to HIV treatment and medication, What does an undetectable viral load mean for transmission of HIV? Information regarding mental health or substance misuse treatment (both out-patient and residential treatment).**

ACTIONS: YEAR ONE	**RESPONSIBLE PARTIES & HPG COMMITTEES**	**Progress**
ACTION 1: Envisioning a model similar to the existing infrastructure for HIV Prevention messaging**, Request that the Recipient issue an RFQ** for an HIV-experienced entity that can craft and send the virtual communications (in English and Spanish) identified in recommendation 2a (above) regarding RW/CDC HIV service availability. **[Further guidance]** These messages will be sent to: all RW/CDC HIV service providers, HIV services consumers and clients, HIV health service partners, HIV community partners, government elected official offices and HPG support staff. Following receipt of these messages, contracted HIV service providers, community and health service partners and HPG support staff will utilize all of their appropriate and available platforms to **further amplify these communications** to **all** HIV community members. These communications will be sent **at least twice a month.** The selected entity will ensure communications also contain community engagement invitations regarding HPG and HPG involvement, and include a link to the HPG website.	**HPG Support Staff, Steering, Recipient, Contracted Service Providers**	

ACTION 2: Request that PSRAC/HPG identify/reallocate funds to support the work described in this RFQ.	**HPG Support Staff, PSRAC, Recipient, HPG**	
ACTION 3: The RFQ selected entity identified above will also identify **key community and individual digital influencers** to help reach out to these identified sub-groups: **Black MSM, Latinx MSM, Black and Latinx MSM who do not identify as gay, Transgender community members, youth under 35, and seniors 60+ and those using drugs, including those who inject drugs.** Communications to these influencers will also be sent at least twice a month in order to better reach these groups.	**HPG Support Staff, RFQ selected provider, HPG**	
ACTION 4: When in-person outreach is able to begin again, **HPG support staff and Steering Committee** will provide protocols and processes to ensure consumers and community members participating in HPG meetings and activities have available: **food and beverages** (if activity or meeting in during or adjacent to meal time), **transportation and childcare reimbursements**, and for HPG members, an opportunity to receive **respectful recognition and payment** for their time/participation. *This will likely involve seeking small community engagement grants from other funding sources*.	**Recipient, HPG Support Staff, Membership, PSRAC, Steering**	
ACTION 5: Consistent with the recommendation in the HPG Recruitment Guidance, build the capacity for ongoing infrastructure for HPG community engagement, outreach and recruitment by assigning/hiring an HPG support staff member to dedicate a significant portion of their time to Community Engagement and Outreach. This staff members' role will include helping to form and support an HPG consumer outreach group to assist in community engagement efforts. **[Further guidance]** In-Person outreach shall utilize **community organizing principles** to ensure **greater relationship to** and connection with community partners, including **increased and deeper relationships to Black, Latinx and Transgender community partners**. **Particularly of interest is greater relationship to: community-based agencies, community businesses, faith**	**HPG Support Staff, Recipient, Membership, Consumer, Steering**	

communities, community influencers, the offices of elected leaders, and community-based health partners. Increased relationships with non-HIV identified community partners will help to increase general community HIV information and decrease stigma.		
ACTION 6: HPG Support Staff will investigate the HPG website capacity to provide a full listing of available HIV services, and to provide a mechanism for visitors to sign up to receive additional HPG information.	**HPG Support Staff, Membership**	
ACTION 7: In Year One Membership and Steering Committees will decide which **metrics** will be used to measure baseline progress, and results post-intervention. For example, # of messages sent and to how many community members, and/or number of engagements/replies with community members, etc.	**HPG Support Staff, Membership, Steering**	
YEAR TWO		
ACTION 8: Ensure the **Recipient** has executed and awarded the new County contract for an information and referral guidebook and website. Ensure that new, newly returning and recently diagnosed HIV clients are provided with information regarding the availability of this website and guidebook, as well as other HIV services information.	**Recipient, Steering**	
ACTION 9: Evaluate, with the consumer group, the effectiveness of the Year One coordinated communication strategy for prevention and RW services with regard to improved communication with consumers/clients/community members regarding service information and the below-described health information.	**HPG Support Staff, Consumer, Membership**	
ACTION 10: Evaluate, with the consumer group, the effectiveness of new County and HPG web pages for HIV services. If necessary, request that pages be refined or additional information added.	**HPG Support Staff, Recipient, Membership, Consumer**	
ACTION 11: Ensure all contracted HIV service providers offer to new, newly returned or ongoing HIV clients a "welcome packet" of information that includes: HIV services information (including new guidebook, County and HPG websites), HPG membership information including consumer group information and any additional opportunities for client's engagement.	**Recipient, Standards,**	

ACTION 12: Based upon the evaluation of the success of the above processes, if necessary examine the utility and affordability of engaging a contracted provider to better communicate the above-described messages and to build an expanded community list for email and social media communications	**HPG Support Staff, Membership, Steering, HPG**	

2b. Provide increased and readily available **basic health information** to low information, historically-underserved community members and communities, including: **What is early detection and why is it important, Where is HIV, HCV, STD testing available, What is PrEP and who is eligible, Importance of early connection to HIV treatment and medication, What does an undetectable viral load mean for transmission of HIV, Information regarding mental health or substance misuse treatment (out-patient and residential treatment).**

ACTIONS: BASIC HEALTH INFORMATION	**RESPONSIBLE PARTIES & HPG COMMITTEES**	**Progress**
ACTION 13: HPG support staff will collect brief, accurate, relevant virtual clips (In Spanish and in English) produced by existing health agencies, the CDC, national HIV entities and other well-known entities that provide brief, interesting health information and messages as described above. **Additionally,** qualified providers will produce brief, relevant virtual clips regarding the health information of interest. These virtual clips will be circulated as described above and stored on the HPG website.	**HPG Support Staff, Steering, Recipient, Qualified, contracted Service Providers**	
ACTION 14: Evaluate, with the consumer groups, the availability of basic health and HIV health information in the Latinx, Black and Transgender communities following the outreach and communication efforts described above. Continue to increase efforts at broadening and deepening community relationships and broadening the availability of health information.	**HPG Support Staff, Consumer, Membership, Strategies**	

➨ **RECOMMENDATION 3: Address Digital Disparities. Ensure that all HIV community members have equitable access to tele-health appointments and to participation in public meetings.**
3a. For low-income HIV consumers and HPG members, who have not been able to access County or City digital resource programs, provide opportunities to gain access to affordable or no-cost, broadband internet connectivity and the hardware necessary to participate in healthcare appointments and public meeting opportunities.
3b. For those HIV community members who have experienced digital disparities, provide information regarding virtual training opportunities to learn digital/virtual skills that can allow them to more easily participate in virtual meetings and resources.

ACTIONS: REDUCE DIGITAL DISPARITIES FOR THOSE LIVING WITH HIV AND/OR HPG MEMBERS	**RESPONSIBLE PARTIES & HPG COMMITTEES**	**PROGRESS**
ACTION 1: Contracted HIV service providers and HPG Support Staff will provide to eligible HIV clients or HPG members **opportunities to gain access to affordable or no-cost, broadband internet connectivity and the hardware necessary** to participate in healthcare appointments and public meeting opportunities.	**HPG Support Staff, Steering, Recipient, Contracted Service Providers**	
ACTION 2: HPG Support staff will inquire of each new or continuing consumer committee or HPG member whether they need digital resources for participation.	**HPG Support Staff**	
ACTION 3: 3b. HPG Support staff will provide information to HPG and consumer group members regarding the availability of above-described digital training assistance to broaden their digital/virtual skills.	**HPG Support Staff, Consumer, Membership,**	

➨ **RECOMMENDATION 4: Provide Increased Mental Health and Alcohol/Substance Misuse Treatment Opportunities to those living with or at higher risk for HIV. Additionally, more widely communicate information about these opportunities to HIV community members.**

ACTIONS: INCREASE MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT OPPORTUNITIES	RESPONSIBLE PARTIES & HPG COMMITTEES	PROGRESS
4a. ACTION 1: Coordinating with the existing harm reduction task force, provide **guidance** to contracted HIV service providers designed to **increase the availability of harm reduction services** for substance misuse treatment.	**Recipient, HPG Support Staff**	
4a. ACTION 2: Provide **training** for HPG r/e use and utility of **harm reduction services** for substance misuse treatment.	**HPG Support Staff, Recipient, Membership**	
4b. ACTION 3: Identify funding to expand and **augment the current syringe exchange program**(s) in San Diego County to allow services to be provided for an increased number of HIV community members and to include more opportunities for connection to additional needed services (i.e., wound care, MAT, Case management, vaccinations, etc.)	**Steering, Recipient, PSRAC**	
4b. ACTION 4: Ensure that HIV services information **includes consumer and provider information regarding syringe exchange services** including how to access and contact information.	**HPG Support Staff, Recipient**	
4c. ACTION 5: Coordinating with County drug and alcohol services personnel, ensure the design and implementation of a **coordinated system for rapid response** for HIV community members who desire to enter substance misuse residential or out-patient treatment.	**HPG Support Staff, Recipient, Membership, Strategies**	
4d. ACTION 6: HIV Treatment disruptions often occur for those without secure housing, particularly when HIV, substance misuse or mental health symptoms are co-occurring**. In collaboration with HIV case management systems and housing providers,** design and deploy **rapid housing system interventions** for these HIV consumers.	**HPG Support Staff, Recipient, Strategies**	
4e. ACTION 7: In **collaboration** with substance mis-use treatment providers, investigate the current opportunities for substance misuse treatment for **methamphetamine** and, if inadequate	**HPG Support Staff, Strategies, PSRAC Recipient**	

opportunities exist, collaboratively find ways to expand those treatment opportunities available.		
4f. ACTION 8: Assess the current opportunities for s**ame-site location of medical providers, mental health providers and alcohol/substance misuse counselors** for those living with or at higher risk for HIV.	**HPG Support Staff, Recipient, Strategies**	
4f. ACTION 9: Continue to increase the opportunities for s**ame-site location of medical providers, mental health providers and alcohol/substance misuse counselors** for those living with or at higher risk for HIV. Additionally, ensure access for consumers to this information.	**HPG Support Staff, Recipient, Strategies**	
4g. ACTION 10: In collaboration with UCSD and AETC, provide links and resources for **skill-based training for HIV service personnel** regarding the stigmatizing behaviors faced by substance misusing HIV community members and ways to reduce those stigmatizing behaviors within the health care system itself.	**HPG Support Staff, Recipient, Strategies**	

➨ **RECOMMENDATION 5: More consistently provide rapid access** to **basic support services: housing, food, transportation, emergency financial assistance including shut-off** & **eviction prevention. Additionally, more widely communicate information about these opportunities and the processes to access them.**

ACTIONS: RAPID ACCESS TO BASIC SUPPORT SERVICES	**RESPONSIBLE PARTIES & HPG COMMITTEES**	**PROGRESS**
ACTION 1: Collect from HIV service providers current baseline data for the average wait time for consumers to obtain the basic support services (listed above) following their request.	**HPG Support Staff, Recipient, Consumer, Contracted Providers**	
ACTION 2: Identify any ongoing sources of systemic delays, including need for increased case manager training and/or creation of an urgent response process.	**HPG Support Staff, Recipient, Consumer, Contracted Providers**	
ACTION 3: Based upon the above data, create timeliness Standards for delivery of Basic Support services for both urgent and important but less urgent circumstances.	**HPG Support Staff, Recipient, Standards**	

- **RECOMMENDATION 6: Continue to expand the opportunities to hire, support and utilize peer navigators, peer health educators, and peer outreach specialists.**
- **Create also: Benefits navigators and Housing specialists.**

ACTIONS: INCREASE OPPORTUNITIES FOR PEER WORKERS	**RESPONSIBLE PARTIES & HPG COMMITTEES**	**PROGRESS**
ACTION 1: Collect from HIV service providers current baseline data for peer workers (# of positions)	**HPG Support Staff, Recipient, Contracted Providers**	
ACTION 2: Identify any ongoing sources of systemic obstacles to the hire of peer workers.	**HPG Support Staff, Recipient, Contracted Providers**	
ACTION 3: Refer to PSRAC for any reallocations which might make possible increased peer employment.	**HPG Support Staff, Recipient, PSRAC**	
ACTION 4: Ensure procurement for benefits and housing specialists.	**Recipient, Steering**	

➨ **RECOMMENDATION 7: Identify, integrate and deploy strategies to address the stigmas faced by HIV community members; including the multiple layers of stigma faced by those living with HIV who are also Black and Latino MSM, Transgender persons, Immigrants who may be under-documented or undocumented, those struggling with mental health symptoms or alcohol/substance misuse challenges or those without stable housing.**

ACTIONS: Ensure the deployment of strategies to address and reduce stigmas faced by HIV community members.	**RESPONSIBLE PARTIES & HPG COMMITTEES**	**PROGRESS**
ACTION 1: Review available national and statewide anti-stigma campaigns and initiatives for local re-use. Re-use may involve adaptations for San Diego use.	**HPG Support Staff, Consumer, Strategies, HIV partners**	
ACTION 2: Forward identified potentials to Steering Committee for review and decisions.	**HPG Support Staff, Steering**	
ACTION 3: Once potential campaigns/ initiatives are selected, forward those materials to communications contractor for incorporation in HPG messaging.	**HPG Support Staff, Communications contractor, Consumer**	
ACTION 4 : 7a. Ensure HPG-led outreach includes other non-HIV social support groups and organizations, government officials and other community leaders. This is designed to help increase basic HIV awareness/knowledge and increase inclusive efforts and programs.	**HPG Support Staff, Consumer, Membership**	
ACTION 5: 7b. Increase opportunities/programs for **peer-led social support groups/programs** for those living with or at higher risk for HIV who may, as a function of family or community stigma, have fewer social supports	**Recipient, HPG Support Staff, PSRAC, HPG**	

- **RECOMMENDATION 8: Increase the number of HIV service sites that have the capacity for whole person-whole health services including: primary HIV care, HIV, HCV and STI testing and treatment, PREP, mental health services, substance misuse services, hormone treatment, Senior care, Case management, and Housing resources.**
- **This should include the capacity for coordinated, integrated, same-day appointments when requested. Better communicate the availability of these services.**

ACTIONS: INCREASE HIV SERVICE SITES' CAPACITY FOR WHOLE PERSON – WHOLE HEALTH SERVICES	**RESPONSIBLE PARTIES & HPG COMMITTEES**	**PROGRESS**
ACTION 1: Review and discuss the variously named models of care: coordinated service sites, special population sites, MAI teams and whole person-whole health sites. Discuss any available health outcome research by service model X populations. Discuss any indications of improved outcomes for whom and when.	**Recipient, HPG Support Staff, Strategies, Steering**	
ACTION 2: Create listing of available whole person – whole health sites by region. Identify also any special population services. i.e., youth, adolescents, women, and when specialty services are optimally utilized.	**Recipient, Contracted Providers, HPG Support Staff, Strategies**	
ACTION 3: Discuss whether and when whole health-whole person services availability may include availability of on-site staff for urgent needs that is then followed by referral for more ongoing care.	**Recipient, Contracted Providers, HPG Support Staff, Strategies**	
ACTION 4: Identify any regional gaps in availability of whole person-whole health sites.	**HPG Support Staff, Recipient**	
ACTION 5: Identify opportunities to increase the number and/or services available for whole person – whole health sites, including opportunities to expand services through potential out-stationing or collaborations.	**Recipient, Contracted Providers, HPG Support Staff, Strategies**	

- **RECOMMENDATION 9: Improve HPG community engagement and outreach strategies Utilize community organizing principles and personal relationship building strategies. Other strategies should also ensure: transportation, childcare and meal reimbursements, as well as appropriate and respectful incentives for HPG participation.**
- **Further, HPG Steering committee should help ensure engaging, interesting HPG meeting opportunities for consumers participating in planning.**

ACTIONS: IMPROVE HPG COMMUNITY OUTREACH	**RESPONSIBLE PARTIES & HPG COMMITTEES**	**PROGRESS**
ACTION 1: Consistent with *Recommendation 2* and the *Guidance for Improved HPG Recruitment*, assign an HPG Support Staff member at least half-time to help coordinate and support Consumer volunteer outreach program.	**HPG Support Staff, Steering, Membership, Consumer**	
ACTION 2: Ensure the HPG **outreach plan** includes ongoing relationships to: community-based agencies, community businesses, faith communities, community influencers, the offices of elected leaders, and community-based health partners. Particular attention should be paid to community groups and influencers in the Black community, the Latinx community, the youth community, the transgender community and the drug-using community, including those who inject drugs.	**HPG Support Staff, Membership, Consumer, Steering**	
ACTION 3: Ensure user-friendly, contract-compliant processes for transportation, childcare and meal reimbursements as well as appropriate and respectful incentives.	**HPG Support Staff, Recipient, Membership, Steering**	
ACTION 4 : Steering Committee should help to ensure more welcoming, engaging, and interesting meeting opportunities for consumers participating in HPG planning.	**HPG Support Staff, Steering, Membership, Consumer**	

➨ **RECOMMENDATION 10: Revise and refine the duplicative documentation processes that create a barrier to access to services.**
10a. Reduce the duplication of forms and paperwork required to access HIV services.
10b. Design and deploy a signature system that minimizes the requirement for in-person, wet signatures from consumers for eligibility or authorization forms.

ACTIONS: REVISE DOCUMENTATION PROCESSES TO REDUCE DUPLICATION	**RESPONSIBLE PARTIES & HPG COMMITTEES**	**PROGRESS**
ACTION 1: Convene a contracted service provider working group to find solutions that can reduce eligibility paperwork duplication.	**Recipient, Contracted Providers, Steering**	**Convened and work in process. Anticipated completion August/September 2021.**
ACTION 2: Recipient working group should also work to identify and problem solve any additional duplicative paperwork processes.	**Recipient, Contracted providers, HPG Support Staff**	
ACTION 3: Progress of Recipient working group will be reported monthly to Steering Committee.	**Recipient, Steering**	
ACTION 4: Recipient and working group will explore COVID19 adaptations which allowed consumers to forego “wet,” in-person signatures and determine if these may continue to be deployed more permanently.	**Recipient, Purchasing & Contracts**	

➨ **RECOMMENDATION 11: Design and deploy a variety of brief, on-line trainings for those living with or at higher risk for HIV. Trainings include, but are not be limited to: *What is the HIV Planning Group and options for involvement; What is the HPG Consumer group and how to get involved*; *What are HPG committees and how to get involved*.**

ACTIONS HPG RECRUITMENT AND TRAININGS	RESPONSIBLE PARTIES & HPG COMMITTEES	PROGRESS
ACTION 1: As described in HPG Recruitment Guidance, the Membership and Consumer committees will **review and edit the HPG application** for any necessary simplification/clarifications/edits.	**HPG Support Staff, Membership, Consumer**	
ACTION 2: HPG Membership and Consumer Committees will review and edit text for **new descriptions and explanations of HPG and the Consumer committee** including opportunities for involvement and how to get involved.	**HPG Support Staff, Membership, Consumer**	
ACTION 3: HPG Steering Committee will **review and report to HPG new text and materials and plans for video comments** from member volunteers using a basic general outline but delivered in their own words.	**HPG Support Staff, Steering**	
ACTION 4: Consumer and Membership committees will review and edit **basic script outline for social media video comments from HPG members who volunteer (beginning first with consumer members) to provide brief descriptions of why HPG or the Consumer committee has been/is important/useful to them.**	**HPG Support Staff, Membership, Consumer**	
ACTION 5: Volunteer HPG consumers and members will produce, with assistance from HPG support staff, final 1-2-minute video segments.	**HPG Support Staff, HPG**	
ACTION 6: Membership Committee will review and **approve for posting on HPG website and distribution the final productions of video comments** described above in a rolling approval process as they are finalized.	**HPG Support Staff, Membership**	
ACTION 7: Membership committee will **review descriptions of posting to ensure representative inclusion of priority populations:** MSM, Latinx, Black, Transgender persons, those currently or historically mis-using substances, those currently or historically insecurely housed or homeless.	**HPG Support Staff, Membership**	
ACTION 8: HPG Support Staff will post **final video comments on HPG Website.**	**HPG Support Staff**	

ACTION 9: HPG Support Staff **will design and distribute social media posts** with approved final video comments. Distributions will proceed as described in *Guidance on Improved Communication and Outreach* and include but not limited to: HPG members, HIV service providers, Key community influencers, and other appropriate County departments.	**HPG Support Staff,** **Membership,** **Steering**	
ACTION 10: Evaluate the effectiveness of this strategy at the end of each year using comparison metrics: number of social media likes, responses, shares; number of actual HPG applications, number of HPG seats filled as compared to both capacity and previous years.	**HPG Support Staff,** **Strategies,** **Membership,** **Steering**	
ACTION 11: Having developed in year one the ability to readily execute brief virtual messages/trainings, in years two and three HPG support staff will begin the development/recording of **basic HPG member materials**. These brief videos will briefly explain HPG basics for new members, i.e. What is the role of HPG and its committees? How to read basic HPG budget documents? The basic PSRAC annual process, what is HRSA? What is the role of the Recipient? What are the basic HIV service categories? What is a conflict of interest? What is parliamentary procedure?, etc.	**Recipient,** **HPG Support Staff,** **Membership,** **Steering,** **PSRAC,** **Consumer**	

IMPLEMENTATION TASK FORCE GUIDANCE:
HPG RECRUITMENT GUIDANCE (RELATED TO RECOMMENDATIONS 2 AND 9)

Consumer feedback about **HPG Recruitment** addressed **11** areas of concern:

1. The absence of easily understood, interesting and readily available information for consumers/community members regarding: 1) What HPG is, 2) What the consumer group is and how consumers/clients might get involved, and 3) How consumers and community members might get involved in HPG itself including when HPG and consumer groups take place.
2. Lack of HIV community awareness (including lack of engagement with key influencers and community information sources) about HPG and the lack of *ongoing information* about HPG actions that may be immediately relevant to consumers/community members.
3. Lack of an ongoing sustainable infrastructure for HPG recruitment.
4. Lack of routine HIV service provider involvement and recommendations for consumers/clients to become involved in HPG. Lack of service provider involvement in amplifying HPG messages. Lack of HIV service providers offering routine information regarding HPG, including when/where meetings occur.
5. Lack of routine HPG member involvement in recruitment, particularly consumer recruitment. Lack of HPG member knowledge about empty or expiring seats.
6. Current lack of designated HPG support staff and an HPG consumer recruitment task force to conduct planned outreach/community engagement for new members.
7. Lack of routine outreach or relationship to key partners/influencers for Latinx, Black and Transgender communities, as well as substance-using or Homeless/Insecurely housed communities.
8. Lack of consistent provision of food/beverages during mealtime at HPG related meetings. Lack of respectful recognition/payment for consumers for time participating in HPG, despite the fact that Provider staff and Recipient staff are paid to participate.
9. Concerns that front-line HIV service provider staff members and/or HPG members themselves are too often unaware and/or not communicating the processes for consumer/client involvement in HPG.
10. A number of concerns were expressed regarding the organization of HPG meetings. Consumers expressed wanting interesting, easier to follow, relevant meetings and discussions less encumbered by administrative details and acronyms.
11. The lack of relationships between HIV community engagement efforts (in-person and digital) and community influencers and community organizations who could serve as messengers and information sources regarding HIV and HIV services. This includes, but is not limited to, community social service agencies, community groups, community businesses, faith communities, elected offices, other non-HIV community health providers and well-known community figures. This lack of personal/professional relationship results in fewer conversation about HIV and HIV services, as well as less community HIV knowledge.

The following recommendations provide guidance and specific recommended actions to address the concerns above expressed. Year One will launch a number of recommended actions, Years Two and Three will analyze and report the effectiveness of those recommendations with regard to 1) consumer and community involvement in consumer

groups and 2) HPG membership. In years two and three strategies most effective will be enhanced, strategies less effective will be reworked or discontinued.

ACTIONS	RESPONSIBLE PARTIES & HPG COMMITTEES	PROGRESS
ACTION 1: HPG support staff and the Membership Committee will **review and edit the HPG website** to include more photos and graphics and less text and provide new information about HPG, the consumer group and consumer involvement. This website will also ultimately incorporate consumer voices. This review will include review of the language for readability, interest and the central and unique role HPG and consumers play in RW HIV service design and funding.	**HPG Support Staff, Membership, Consumer**	
ACTION 2: HPG support staff will design and implement HPG pages for available **social media platforms** including, but not limited to, Instagram and Facebook. Once deployed links to the pages will be **distributed to all HPG members.**	**HPG Support Staff, Membership, Consumer**	
ACTION 3: The Membership and Consumer committees will review the **HPG application** for any necessary simplification/clarifications/edits.	**HPG Support Staff, Membership, Consumer**	
ACTION 4: As described in the guidance for Communications and Outreach, HPG support staff will **send communications and links** to the HPG website and information about HPG, HPG consumer group and how to get involved to all of the following groups: All HPG members, All RW/CDC HIV service providers, Related social service partners, Other County department offices.	**HPG Support Staff**	
ACTION 5: Contracted HIV service providers and HPG members will be asked to amplify these messages by **re-posting** to their client lists, community lists and to any others on their list including government elected official offices, and community and health service partners.	**HPG Support Staff, HPG and contracted providers**	
ACTION 6: HIV services providers and HPG support staff will also attempt to identify **key community and individual influencers** to help reach out to these identified sub-groups: **Black MSM, Latinx MSM, MSM who do not identify as gay, Homeless**	**HPG Support Staff, Membership, contracted communications provider,**	

populations, Transgender community members, and those using drugs, including those who inject drugs. Communications to these influencers will also be sent regarding the HPG website and information about HPG itself.	**contracted service providers**	
ACTION 7: Ensure **all contracted HIV service providers offer to new, newly returned or ongoing HIV clients (one-time)** a "welcome packet" of information that includes: HIV services information (including new guidebook when available) and links to County and HPG websites, HPG membership information including consumer group information and any additional opportunities for client's engagement	**HPG Support Staff, Membership, Standards, Recipient**	
ACTION 8: As previously noted in Recommendation 2 - In addition to providing service information communications to the community, **improved internal communications within HPG as described below was recommended by consumers**. **Following all HPG meetings and HPG decisions**, monthly communications to all County HIV service providers and HPG members will be provided by the **Recipient and HPG support staff.** Additionally, following any changes to HIV service provider processes, **the Recipient will issue a memo** to RW/CDC funded HIV providers detailing the changes or new availability of services. This memo is intended for all providers to use to better inform their HIV service provider staff members and clients/consumers of the changes.	**HPG Support Staff, Recipient, Steering**	
ACTION 9: Prior to or during HPG meetings**, HPG support staff will provide to HPG members an HPG member list** with notations for empty and available seats and soon to expire seats.	**HPG Support Staff, Membership**	
ACTION 10: Evaluate the effectiveness of this strategy at the end of each year using comparison metrics: number of social media likes, responses, shares; number of actual HPG applications, number of HPG seats filled as compared to both capacity and previous years	**HPG Support Staff, Membership, Steering, Consumer**	

IN-PERSON HPG RECRUITMENT AND COMMUNITY ENGAGEMENT

ACTIONS	RESPONSIBLE PARTIES & HPG COMMITTEES	PROGRESS
ACTION 11: In-person outreach is vital to a robust community engagement strategy and it requires a sustainable infrastructure. As in-person outreach again becomes possible, Steering Committee will explore the possibilities and options for returning to the previous HPG staffing model that included a **dedicated HPG support staff member for Community Engagement and Outreach**. This staff members' role will include helping to form and support an HPG consumer outreach group to assist in community engagement efforts.	**HPG Support Staff, Steering, Membership, Consumer**	
ACTION 12: In-Person outreach shall utilize **community organizing principles** to ensure **greater relationship to** and connection with community partners, including increased and deeper relationships to Black, Latinx and Transgender community partners. **Particularly of interest is greater relationship to: community-based agencies, community businesses, faith communities, community influencers, the offices of elected leaders, and community-based health partners**. Increased relationships with non-HIV identified community partners helps to increase general community HIV information and decrease stigma.	**HPG Support Staff, Consumer, Membership**	
ACTION 13: As in-person outreach is able to begin again, **HPG support staff and Steering Committee** will ensure consumers and community members participating in HPG meetings and activities have available **food and beverages** (if activity or meeting in during or adjacent to meal time, **transportation and childcare reimbursement**, and for HPG members, an opportunity to receive **respectful recognition and payment** for their time/participation. *This will likely involve seeking small community engagement grants from other funding sources*.	**HPG Support Staff, Recipient, Steering, Consumer**	
ACTION 14: As HPG seats become open, Membership will consider including front line provider staff in recruitment efforts, as well as staff members who may be living with or at higher risk for HIV. The addition of front-line staff is intended	**HPG Support Staff, Membership, Steering**	

to increase provider knowledge of HPG, as well as provide a fuller picture to HPG of any emerging HIV community trends.		
ACTION 15 The Membership committee will begin an HPG conversation about the strengths and obstacles created by the **current specificity of HPG seats**, as opposed to potential designations more similar to "community seats." Include in this conversation the reporting needs that can be addressed in an administrative recordkeeping fashion vs those that become "public labels" contributing to concerns about **stigma**.	**HPG Support Staff, Membership, Steering**	
ACTION 16: Evaluate the effectiveness of these strategy at the end of each year using comparison metrics; number of actual HPG applications, number of HPG seats filled as compared to previous years	**HPG Support Staff, Membership, Steering**	

HPG Recruitment Recommendations should also include a review of the feedback offered in Recommendation 2: Improve Communication and Outreach and Recommendation , 9: Improve Community Engagement and Outreach Strategies, as well as Recommendation 11: Trainings.

- **Recommendation 2: Improve communications and outreach strategies for those living with and at higher risk for HIV who live, work or participate in historically-underserved, Low Information communities.**
  2a. Use multiple communications platforms and outreach strategies to better provide HIV services information to HIV community members and historically-underserved communities impacted in San Diego County, including: What services are available? Where are services located? Who is eligible for services? What is the cost of services to the community member? What is the contact information for scheduling or for more information?
- **Recommendation 9: Design, create and execute improved community engagement and outreach strategies that utilize community organizing and personal relationship building. Strategies should include: transportation , childcare and meal reimbursements as well as appropriate and respectful incentives, engaging, interesting meeting opportunities for planning participation and routine report-outs regarding what has been done with HIV community feedback.**

County of San Diego Monthly STD Report

Volume 14, Issue 1: Data through August 2021; Report released February 4, 2022.

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

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Table 1. STDs Reported Among County of San Diego Residents, by Month and Previous 12 Months Combined.

	2020		2021	
	August	*Previous 12-Month Period**	*August*	*Previous 12-Month Period**
Chlamydia	1567	19889	1419	17852
Female age 18-25	612	7534	498	6555
Female age ≤ 17	58	725	56	607
Male rectal chlamydia	95	1119	128	1402
Gonorrhea	537	6079	716	7948
Female age 18-25	81	993	108	1204
Female age ≤ 17	8	107	15	146
Male rectal gonorrhea	62	706	127	1281
Early Syphilis (adult total)	92	1121	102	1290
Primary	14	171	18	200
Secondary	35	382	30	422
Early latent	43	568	54	668
Congenital syphilis	1	19	0	23

* Cumulative case count of the previous 12 months.

Table 2. Selected STD Cases and Annualized Rates per 100,000 Population for San Diego County by Age and Race/Ethnicity, Year-to-Date.

	All Races*		Asian/PI		Black		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	11750	527.2	299	121.6	421	396.4	1119	146.9	1315	128.4
Gonorrhea	5526	247.9	160	65.0	444	418.1	888	116.5	1030	100.6
Early Syphilis	883	39.6	49	19.9	93	87.6	377	49.5	290	28.3
Under 20 yrs										
Chlamydia	1811	307.9	28	43.2	77	275.3	181	90.0	207	76.7
Gonorrhea	478	81.3	8	12.3	41	146.6	61	30.3	58	21.5
Early Syphilis	15	2.5	1	1.5	2	7.2	8	4.0	3	1.1

Note: Rates are calculated using 2020 Population Estimates; County of San Diego, Health and Human Services Agency, Public Health Services Division, Community Health Statistics Unit. 8/2021.

* Includes cases designated as "other," "unknown," or missing race/ethnicity.

Note: All data are provisional. *Case counts are based on the earliest of date of diagnosis, date of specimen collection, and treatment date. Totals for past months might change because of delays in reporting from labs and providers.*

Figure 1. Chlamydia and Gonorrhea Reported Among County of San Diego Residents, by 3-Month Period.

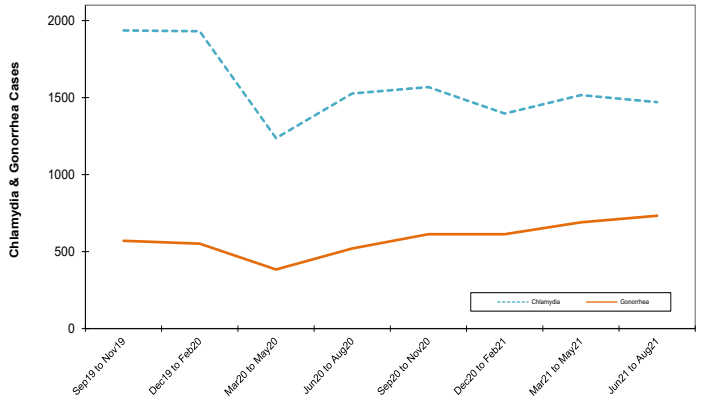
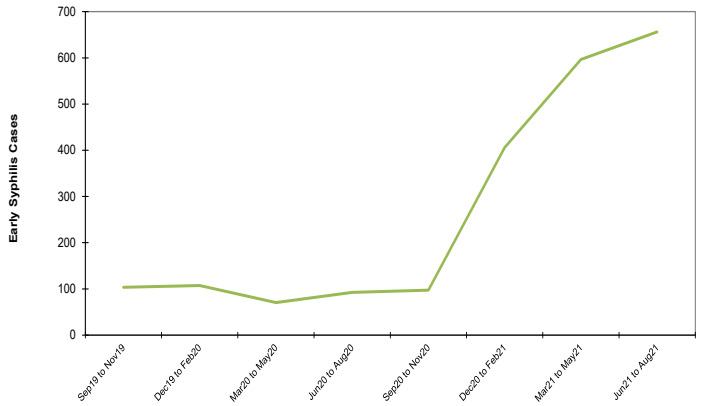


Figure 2. Early Syphilis Reported Among County of San Diego Residents, by 3-Month Period.



Editorial Note: 2020 STD Surveillance Data Slides Are Available Online

2020 STD surveillance data slides for San Diego County are now available online. While STD cases and rates remain among the highest observed over the last three decades, there were decreases compared to 2019 (see Figure 3). These decreases are likely attributable to effects of the Coronavirus Disease 2019 (COVID-19) pandemic, including stay-at-home orders, social/physical distancing and facial covering measures, and decreased access to STD testing and screening. The largest decreases were observed for infections that are more likely to be asymptomatic and detected by routine screening (e.g., chlamydia, extragenital gonorrhea and chlamydia), and reported cases and rates were higher during the final two quarters of 2020 compared to the second quarter (see Figure 4). The long-term trajectory of the STD epidemics remains to be seen. Significant health disparities, with disproportionate impacts on youth (particularly young women), black/African-American and Hispanic/Latinx residents, and men who have sex with men (MSM), persist.

In 2020, there were:

- 18,170 cases of chlamydia (21.0% decrease from 2019), with a rate of 543.5 cases per 100,000 population (20.8% decrease from 2019)
- 6,060 cases of gonorrhea (5.2% decrease from 2019), with a rate of 181.3 cases per 100,000 population (5.0% decrease from 2019)
- 551 cases of primary and secondary syphilis (unchanged from 2019), with a rate of 16.5 cases per 100,000 population (0.6% increase from 2019)
- 1,118 cases of early (i.e., primary, secondary, and early latent) syphilis (3.1% decrease from 2019), with a rate of 33.4 cases per 100,000 population (2.9% decrease from 2019)
- 14 cases of congenital syphilis (33.3% decrease from 2019), with a rate of 35.9 cases per 100,000 live births (30.4% decrease from 2019)
- No reported syphilitic stillbirths

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Editorial Note (Continued):

Providers can help to decrease STDs by: normalizing sexual health discussions with patients; providing welcoming, inclusive, and stigma-free spaces for patients to address sexual health issues; providing easy access to STD testing recommended by the Centers for Disease Control and Prevention and United States Preventive Services Task Force; and promptly treating STDs according to the 2021 CDC STI Treatment Guidelines. Providers also can facilitate timely public health intervention for priority STDs and help to ensure the accuracy of local surveillance data by reporting cases of notifiable STDs (e.g., syphilis, gonorrhea) within the timeframes specified in Title 17, Section 2500 of the California Code of Regulations.

Figure 3. Chlamydia, Gonorrhea, and Early Syphilis Cases, San Diego County, CA 2000 - 2020

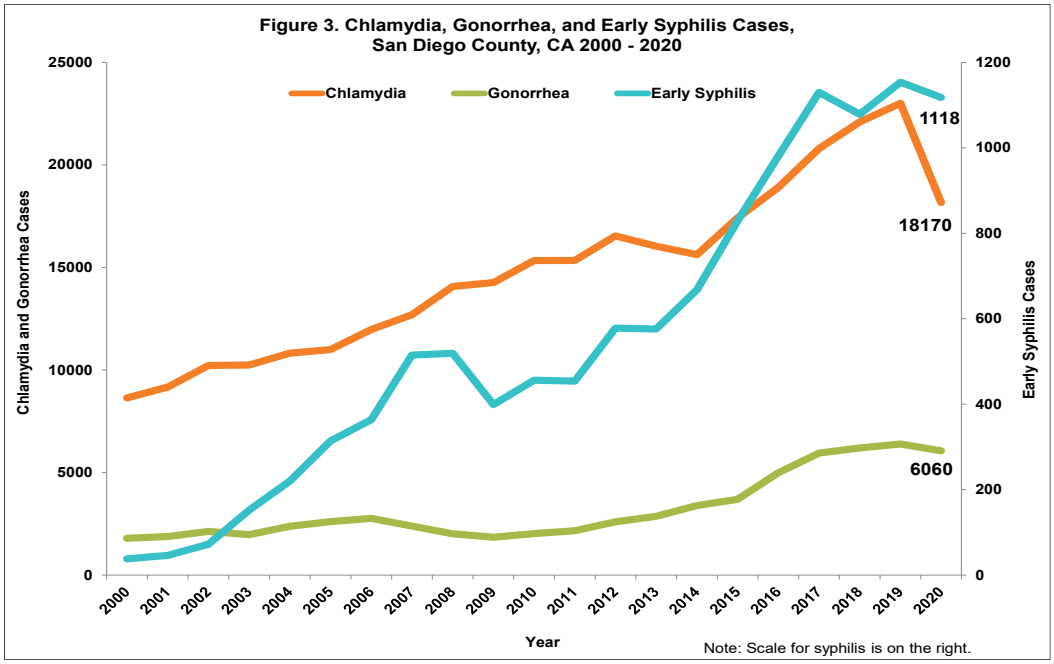
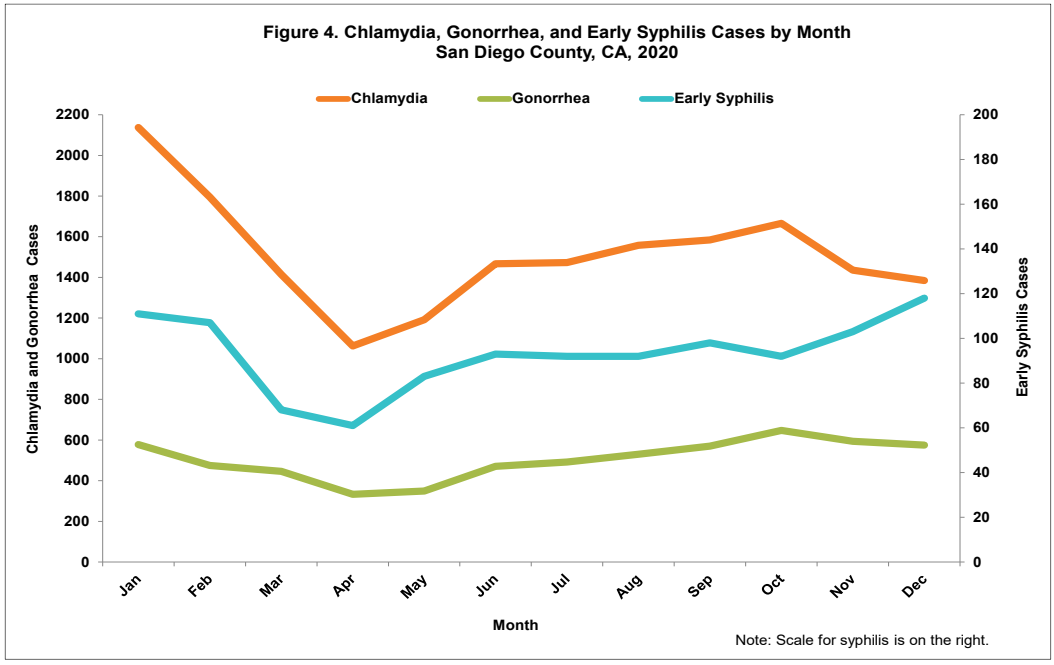


Figure 4. Chlamydia, Gonorrhea, and Early Syphilis Cases by Month San Diego County, CA, 2020



County of San Diego Monthly STD Report

Volume 14, Issue 2: Data through September 2021; Report released March 7, 2022.

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

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Table 1. STDs Reported Among County of San Diego Residents, by Month and Previous 12 Months Combined.

	2020		2021	
	September	Previous 12-Month Period*	September	Previous 12-Month Period*
Chlamydia	1591	19889	1360	17711
Female age 18-25	595	7444	482	6445
Female age ≤ 17	64	714	45	588
Male rectal chlamydia	102	1115	138	1499
Gonorrhea	579	6134	728	8101
Female age 18-25	81	1000	112	1237
Female age ≤ 17	14	112	6	139
Male rectal gonorrhea	80	726	129	1336
Early Syphilis (adult total)	97	1121	109	1302
Primary	12	171	24	212
Secondary	40	382	30	412
Early latent	45	568	55	678
Congenital syphilis	2	21	1	22

* Cumulative case count of the previous 12 months.

Table 2. Selected STD Cases and Annualized Rates per 100,000 Population for San Diego County by Age and Race/Ethnicity, Year-to-Date.

	All Races*		Asian/PI		Black		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	13200	526.4	350	126.5	485	406.0	1291	150.6	1506	130.7
Gonorrhea	6258	249.6	191	69.0	498	416.8	1014	118.3	1014	88.0
Early Syphilis	993	39.6	54	19.5	103	86.2	425	49.6	325	28.2
Under 20 yrs										
Chlamydia	2019	305.1	32	43.9	89	282.9	210	92.8	222	73.1
Gonorrhea	514	77.7	11	15.1	44	139.8	70	30.9	60	19.8
Early Syphilis	16	2.4	2	2.7	2	6.4	8	3.5	3	1.0

Note: Rates are calculated using 2020 Population Estimates; County of San Diego, Health and Human Services Agency, Public Health Services Division, Community Health Statistics Unit. 8/2021.

* Includes cases designated as "other," "unknown," or missing race/ethnicity.

Note: All data are provisional. *Case counts are based on the earliest of date of diagnosis, date of specimen collection, and treatment date. Totals for past months might change because of delays in reporting from labs and providers.*

Figure 1. Chlamydia and Gonorrhea Reported Among County of San Diego Residents, by 3-Month Period.

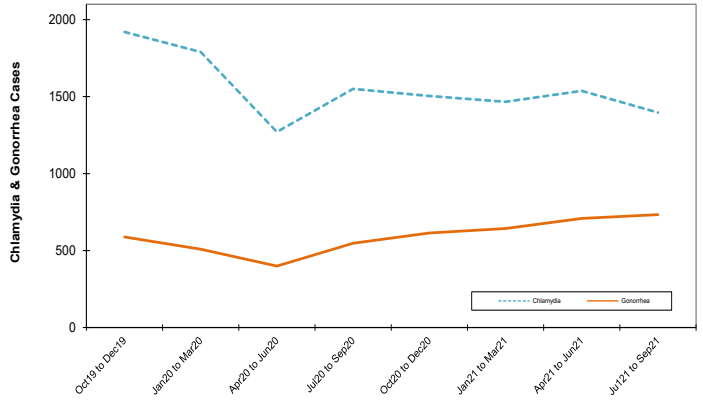
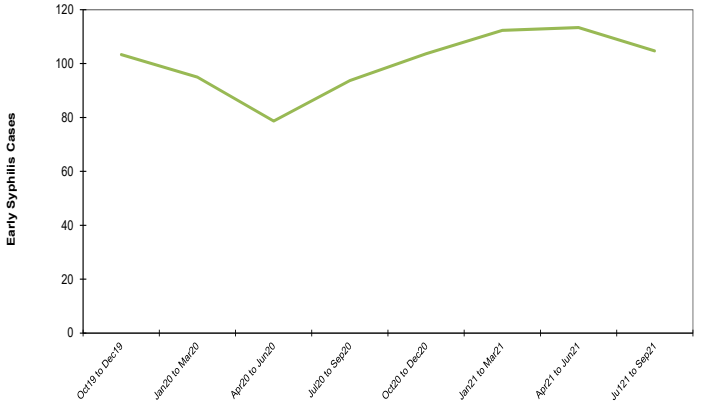


Figure 2. Early Syphilis Reported Among County of San Diego Residents, by 3-Month Period.



Editorial Note: CDC Updates HIV Pre-Exposure Prophylaxis (PrEP) Guidelines

On December 8, 2021, the Centers for Disease Control and Prevention (CDC) issued updated guidelines for the provision of human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP). Significant updates and/or changes to the guidelines are as follows:

- Addition of a recommendation to inform all sexually active adults and adolescents about PrEP.
- A new HIV testing algorithm for persons who have taken oral PrEP or post-exposure prophylaxis (PEP) in the last three months or injectable cabotegravir PrEP in the past 12 months, which includes HIV ribonucleic acid (RNA) testing. This was based on observed delays in diagnosis of baseline and incident HIV infections in persons with recent exposure to oral or injectable antiretroviral medication [1][2].
- Revision of the recommended frequency of assessing estimated creatinine clearance (eCrCl) to every 12 months for persons <50 years of age or with estimated CrCl ≥90 mL/min at PrEP initiation and every 6 months for all other patients.
- Addition of emtricitabine and tenofovir alafenamide (F/TAF) as a Food and Drug Administration (FDA)-approved option for cis-men who have sex with men (MSM) and transwomen at increased risk for HIV acquisition.
- Recommendations regarding the use of long-acting injectable cabotegravir, which was recently FDA-approved for use as HIV PrEP.
- Guidance for same-day initiation of PrEP and provision of PrEP through tele-health (i.e., “tele-PrEP”).
- Procedures for off-label use of non-daily oral emtricitabine and tenofovir disoproxil fumarate (F/TDF) for PrEP for MSM. This strategy is also known as “on-demand,” “event-driven,” and “2-1-1” PrEP.

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County of San Diego Monthly STD Report

Volume 14, Issue 3: Data through October 2021; Report released April 4, 2022.

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

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Table 1. STDs Reported Among County of San Diego Residents, by Month and Previous 12 Months Combined.

	2020		2021	
	October	*Previous 12-Month Period**	*October*	*Previous 12-Month Period**
Chlamydia	1677	19208	1424	17731
Female age 18-25	634	7299	500	6407
Female age ≤ 17	56	706	57	588
Male rectal chlamydia	115	1119	134	1505
Gonorrhea	655	6180	675	8078
Female age 18-25	88	991	110	1250
Female age ≤ 17	11	113	13	140
Male rectal gonorrhea	77	735	117	1366
Early Syphilis (adult total)	92	1095	88	1297
Primary	16	169	10	205
Secondary	27	375	31	416
Early latent	49	551	47	676
Congenital syphilis	0	19	8	28

* Cumulative case count of the previous 12 months.

Table 2. Selected STD Cases and Annualized Rates per 100,000 Population for San Diego County by Age and Race/Ethnicity, Year-to-Date.

	All Races*		Asian/PI		Black		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	14897	534.7	380	123.6	550	414.3	1447	151.9	1737	135.7
Gonorrhea	6890	247.3	209	68.0	538	405.3	1123	117.9	1287	100.5
Early Syphilis	1081	38.8	61	19.8	108	81.4	478	50.2	345	26.9
Under 20 yrs										
Chlamydia	2274	309.3	40	49.3	99	283.2	236	93.9	249	73.8
Gonorrhea	576	78.3	13	16.0	54	154.5	75	29.8	71	21.0
Early Syphilis	19	2.6	2	2.5	2	5.7	11	4.4	3	0.9

Note: Rates are calculated using 2020 Population Estimates; County of San Diego, Health and Human Services Agency, Public Health Services Division, Community Health Statistics Unit. 8/2021.

* Includes cases designated as "other," "unknown," or missing race/ethnicity.

Note: All data are provisional. *Case counts are based on the earliest of date of diagnosis, date of specimen collection, and treatment date. Totals for past months might change because of delays in reporting from labs and providers.*

Figure 1. Chlamydia and Gonorrhea Reported Among County of San Diego Residents, by 3-Month Period.

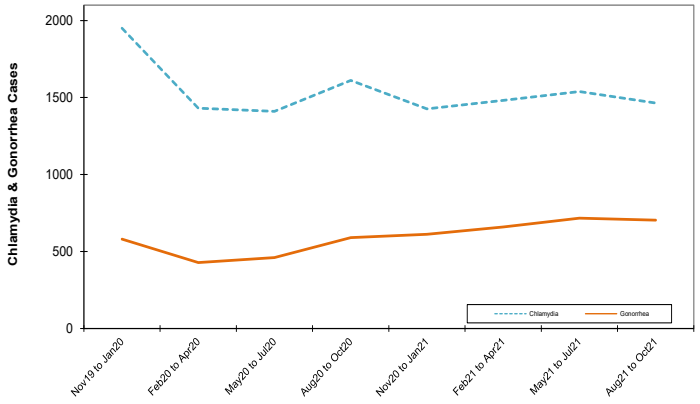
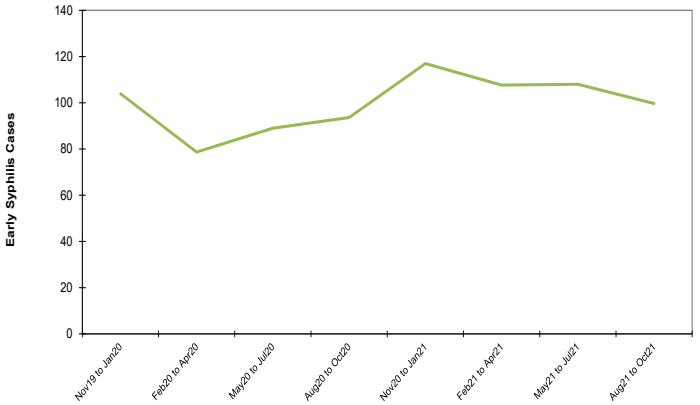


Figure 2. Early Syphilis Reported Among County of San Diego Residents, by 3-Month Period.



Editorial Note: STD Awareness Week

STD Awareness Week is April 10-16, 2022. This annual commemoration provides an opportunity to increase awareness about sexually transmitted diseases (STDs) and how to minimize their individual- and population-level impact; dismantle STD-related stigma, fear, and discrimination; and increase access to STD prevention, testing, and treatment resources for all communities. Despite decreases in reported STD cases in 2020 that are likely due to decreased routine testing during the Coronavirus Disease 2019 (COVID-19) pandemic, STDs remain a major public health concern, with historically high cases and rates, persistent health disparities, increasing complications (e.g., congenital syphilis, disseminated gonococcal infection), and the continued threat of antibiotic-resistant gonorrhea.

Resources for STD Awareness Week, including three different campaigns, are available through the Centers for Disease Control and Prevention. These campaigns include:

- Get Yourself Tested: encourages young people to get tested
- Talk.Test.Treat.: Encourages individuals and health care providers to take three simple actions: talk, test, treat
- Prepare Before You're There: Encourages people to make a prevention "game plan" before they're in the "heat of the moment."

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County of San Diego Monthly STD Report

Volume 14, Issue 3: Data through October 2021; Report released April 4, 2022.

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

Editorial Note (Continued):

In addition to promoting STD Awareness Week, providers can improve sexual health in the region and decrease the impact of STDs by:

- Providing safe spaces for patients to openly and freely discuss sexual health, without fear of stigma or discrimination.
- Offering STD testing based on CDC guidelines and United States Preventive Services Task Force recommendations, including options to increase the accessibility of testing such as self-collection of specimens and home STD testing.
- Providing timely and evidence-based treatment for STDs based on the 2021 CDC Sexually Transmitted Infections (STI) Treatment Guidelines, which include significant changes in treatment recommendations for gonorrhea, chlamydia, trichomoniasis, and pelvic inflammatory disease.
- Screening pregnant persons and persons of childbearing potential according to the Expanded Syphilis Screening Recommendations for the Prevention of Congenital Syphilis, released by the California Department of Public Health.
- Reporting all cases of reportable STDs to the HIV, STD, and Hepatitis Branch of Public Health Services.

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County of San Diego Monthly STD Report

Volume 14, Issue 4: Data through November 2021; Report released May 2, 2022.

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

Table 1. STDs Reported Among County of San Diego Residents, by Month and Previous 12 Months Combined.

	2020		2021	
	Nov	*Previous 12-Month Period**	*Nov*	*Previous 12-Month Period**
Chlamydia	1437	18787	1414	17871
Female age 18-25	527	7177	493	6431
Female age ≤ 17	42	674	47	594
Male rectal chlamydia	120	1140	128	1525
Gonorrhea	606	6207	599	8079
Female age 18-25	88	994	98	1262
Female age ≤ 17	10	115	6	136
Male rectal gonorrhea	88	748	109	1389
Early Syphilis (adult total)	103	1101	73	1270
Primary	14	169	10	201
Secondary	30	374	31	418
Early latent	59	558	32	651
Congenital syphilis	0	15	3	31

* Cumulative case count of the previous 12 months.

Table 2. Selected STD Cases and Annualized Rates per 100,000 Population for San Diego County by Age and Race/Ethnicity, Year-to-Date.

	All Races*		Asian/PI		Black		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	16474	537.5	426	126.0	597	408.9	1597	152.4	1963	139.4
Gonorrhea	7497	244.6	228	67.4	581	397.9	1216	116.1	1409	100.1
Early Syphilis	1157	37.8	64	18.9	117	80.1	514	49.1	366	26.0
Under 20 yrs										
Chlamydia	2509	310.2	43	48.2	104	270.5	257	93.0	280	75.4
Gonorrhea	636	78.6	13	14.6	60	156.0	83	30.0	83	22.4
Early Syphilis	20	2.5	2	2.2	2	5.2	12	4.3	3	0.8

Note: Rates are calculated using 2020 Population Estimates; County of San Diego, Health and Human Services Agency, Public Health Services Division, Community Health Statistics Unit. 8/2021.

* Includes cases designated as "other," "unknown," or missing race/ethnicity.

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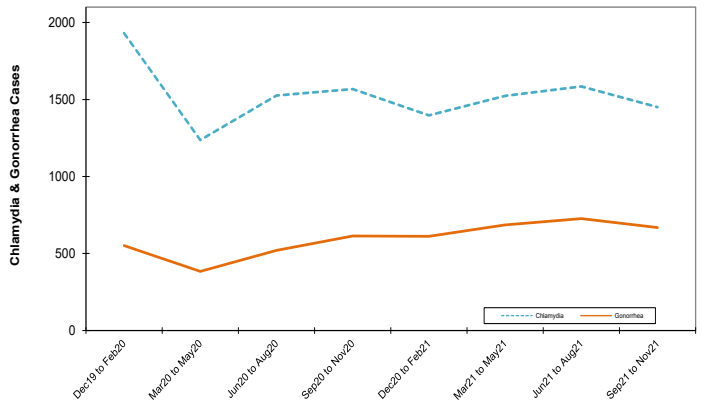
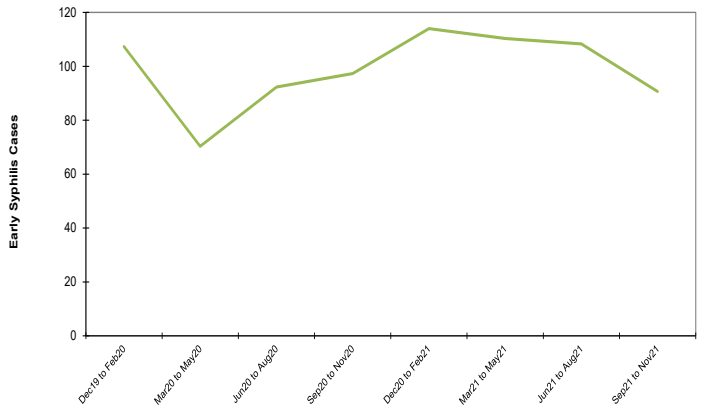


Figure 2. Early Syphilis Reported Among County of San Diego Residents, by 3-Month Period.



Editorial Note: New Home Testing Program Will Offer Free STI and HIV Testing in San Diego County

Effective April 27, 2022, free home testing for sexually transmitted infections (STIs) and human immunodeficiency virus (HIV) is available to eligible San Diego County residents, aged 18 years and older, through TakeMeHome™ (https://takemehome.org).

TakeMeHome™ was developed by Building Healthy Online Communities (BHOC), in partnership with Emory University and the National Association of State and Territorial AIDS Directors (NASTAD), to allow participating state and local health departments to offer confidential home HIV and STI testing discreetly and safely to their constituents. The program was developed with a focus on cisgender men, who have sex with men (MSM) and use dating apps, but is open to all people 18 years of age or older.

Eligible San Diego County residents can order the tests of their choice from an online menu through the program website and will receive detailed instructions, items for specimen collection, and a postage-paid return packet. They will be able to access test results using a secure, self-service portal. Users with positive test result(s) will receive information about local resources for treatment in the region. All users will receive basic information about STI testing, HIV pre-exposure prophylaxis (PrEP), condoms, and U=U (i.e., undetectable = untransmittable).

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Editorial Note (Continued):

The following tests will be available, based on eligibility criteria:

- Blood-based HIV antigen-antibody testing using dried blood spot (DBS)
    - Rapid oral swab testing for HIV may also be available for a limited time. However, blood-based antigen -antibody testing is preferred, as it is less likely than oral antibody testing to miss a recent infection.
- Treponemal enzyme immunoassay (EIA) testing for syphilis using DBS: This test is not recommended and will not be performed for persons with previous history of syphilis.
- Three-site nucleic acid amplification testing for gonorrhea and chlamydia (i.e., urogenital, throat, and rectal testing)
- Hepatitis C antibody testing
- Serum creatinine testing (for persons on HIV PrEP)

County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES
3851 ROSECRANS STREET, MAIL STOP P-578

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

APPENDIX

(Page 044)

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

HIV PLANNING GROUP
12-MONTH COMMITTEE TRACKING
May 2022 - April 2022

Medical Standards & Evaluation Committee

MSEC	May	Sep	Nov	Feb	#
Total Meetings	1	0	1	1	1
Member					
Tilghman, Dr. Winston [C]	*	NM	*	NM	**0**
Aldous, Dr. Jeannette [N CC]	**1**	NM	**1**	NM	**3**
Bamford, Dr. Laura			*	NM	**0**
Bowen, Samantha			*	NM	**0**
Burke, Joseph [N]	*			NM	**0**
Davenport, Beth	**1**	NM		NM	**1**
Grelotti, Dr. David	*	NM	*	NM	**0**
Lewis, Robert	**1**	NM	*	NM	**0**
Little, Dr. Susan	**1**	NM	**1**	NM	**2**
Lochner, Mikie			*	NM	**0**
Penninga, Katherine	*	NM	*	NM	**0**
Ransom, Shannon	*	NM	*	NM	**0**
Spector, Dr. Stephen	*	NM	**1**	NM	**1**
Stangl, Lisa [N]	*	NM	*	NM	**0**
Torres, Karla	*	NM	*	NM	**0**
Zweig, Dr. Adam [N]	*	NM	*	NM	**0**

NM = Committee did not meet