

# **Steering Committee**

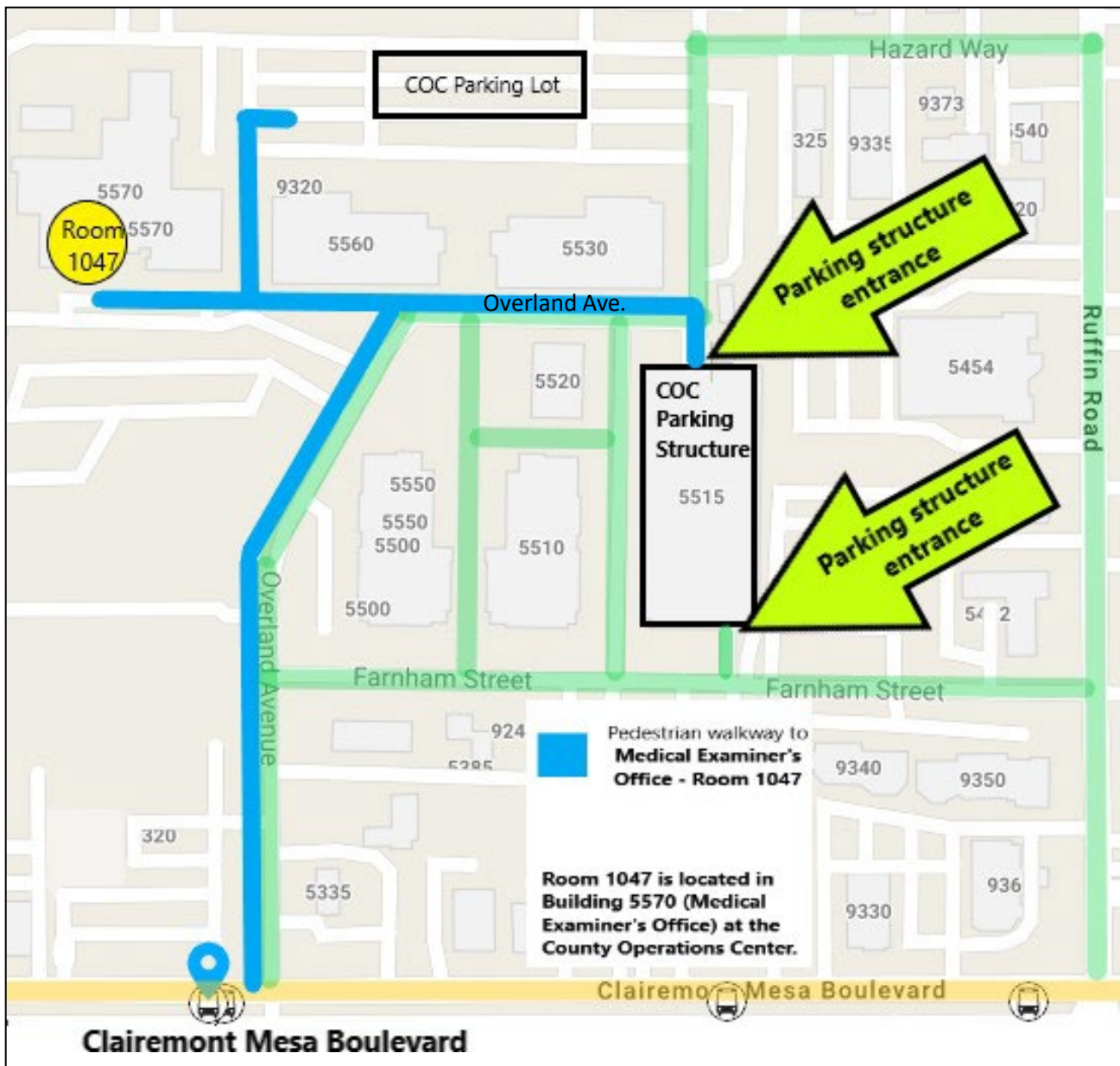
**When:** Tuesday, May 16, 2023 from 11:00 AM – 1:00 PM

**Where:** Medical Examiner's Office – Room 1047  
(Building 5570)

## **Directions to COC and Parking:**

San Diego County Operations Center  
5570 Overland Avenue San Diego, CA  
92123





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

**From 163:**

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

**From I-15:**

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

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

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

### **Via MTS/Public Transportation:**





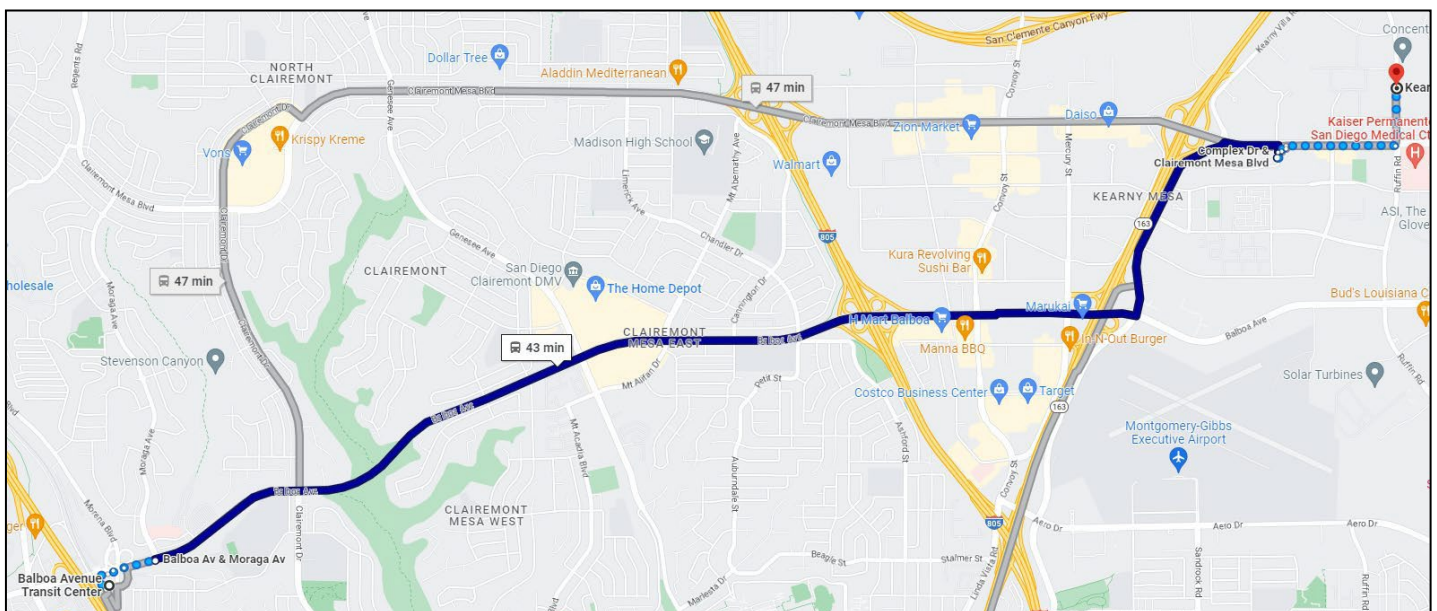
### From Clairemont Mesa Blvd & Overland Ave Bus stop:

1. Head east on Clairemont Mesa Blvd toward Overland Ave.
2. Turn left onto Overland Ave.
3. Turn right onto Farnham St.
4. After coming to the cul-de-sac at the end of Overland, turn left and the **Medical Examiner's Office** building will be on the right (look for **5570** building).

### If Using Trolley & Bus:

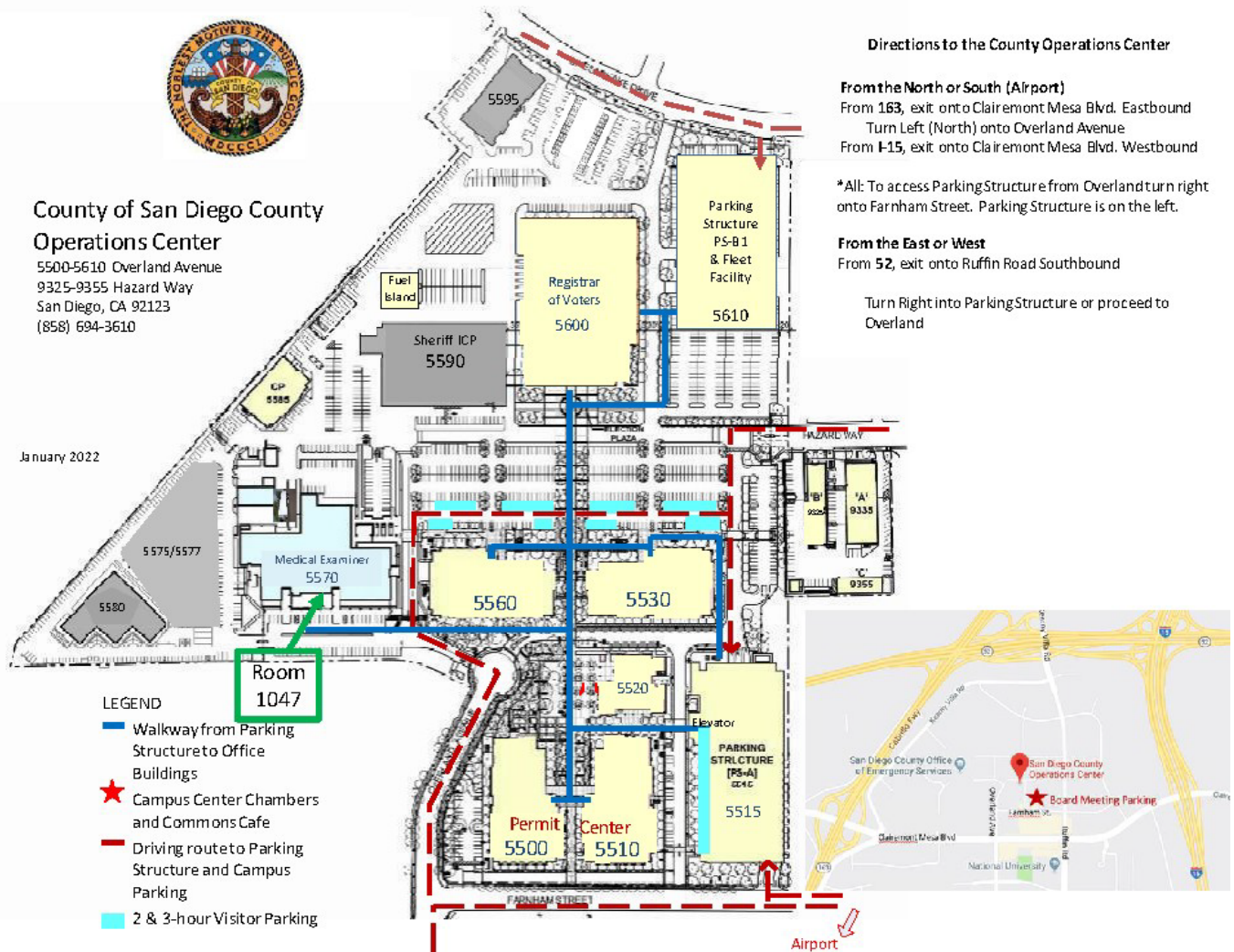
1. Take the **Blue Trolley Line** to the **Balboa Avenue Transit Center**.
2. Walk to **Balboa Ave & Moraga Ave** bus stop (about 7-minute walk, 0.3 miles).
3. Take **Route 27** bus from **Balboa Ave & Moraga Ave** to **Complex Dr & Clairemont Mesa Blvd**.
4. Head north on Complex Dr.
5. Cross the street and turn right on Clairemont Mesa Blvd (after U.S. Bank Branch on the right).
6. Cross the street and turn left onto Overland Ave.
7. After coming to the cul-de-sac at the end of Overland, turn left and the **Medical Examiner's Office** building will be on the right (look for **5570** building).

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

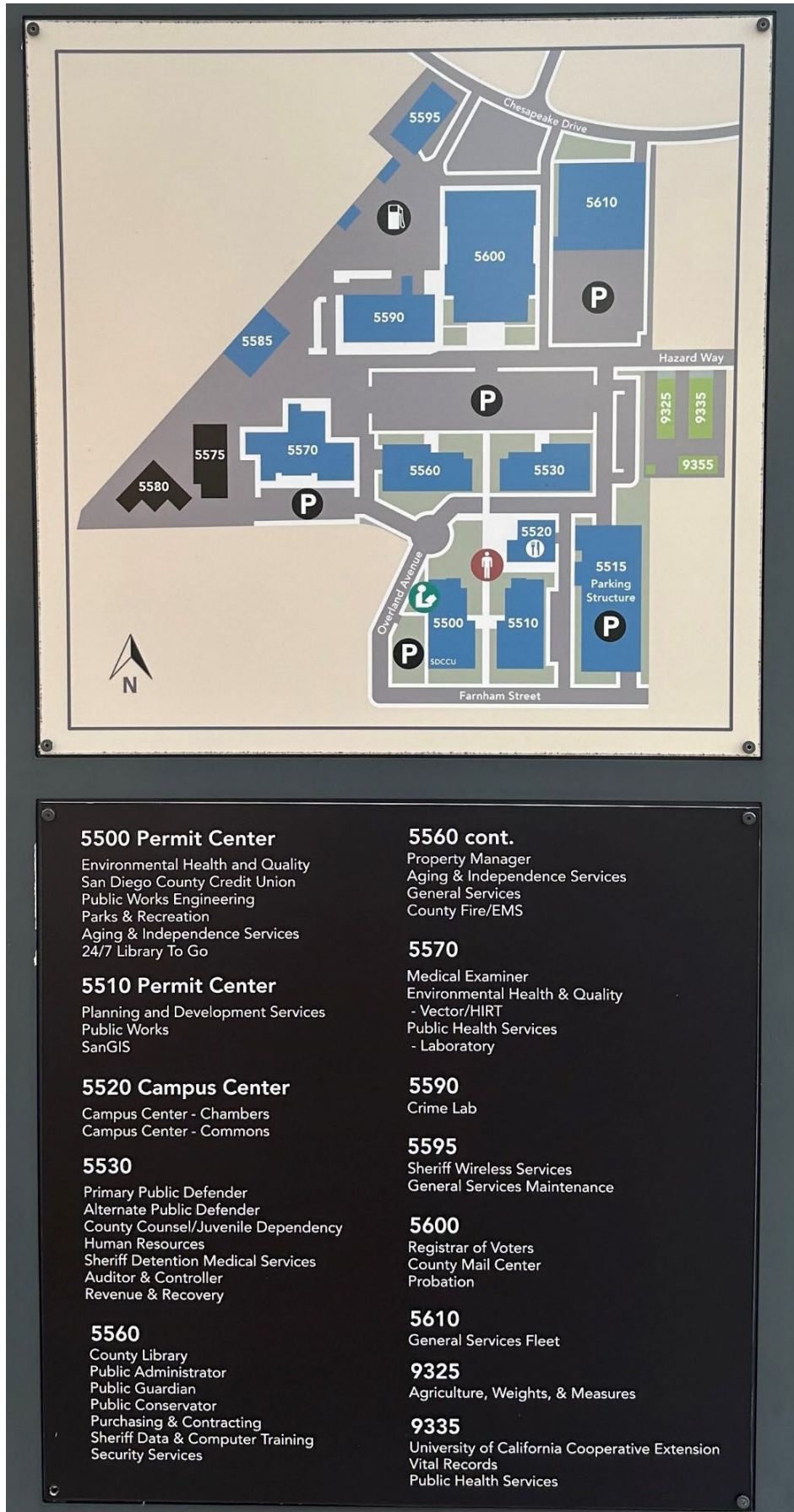


# ADDITIONAL RESOURCES:

## County Operations Center (COC) CAMPUS MAP



## County Operations Center (COC) CAMPUS DIRECTORY







# County of San Diego

NICK MACCHIONE, FACHE  
AGENCY DIRECTOR

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

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

## SAN DIEGO HIV PLANNING GROUP (HPG) STEERING COMMITTEE Tuesday, May 16, 2023, 11:00 am – 1:00 pm

County Operations Center (COC)  
5570 Overland Ave. San Diego, CA 92123 (Room 1047, Medical Examiner's Office)

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

<https://sdcountyca.webex.com/sdcountyca/j.php?MTID=m76dc5409280b588ea7b4626fa30eda7d>

Meeting Number/Access Code: 133 805 7740

Password: Steer.20

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

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

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

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

**A quorum for this committee is four (4)**

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

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

### AGENDA

1. Call to order, roll call, comments from the chair and a moment of silence
2. Public comment (for members of the public)
3. Sharing our concerns (for committee members)
4. **ACTION:** Approve the Steering Committee agenda for May 16, 2023
5. **ACTION:** Approve the HIV Planning Group agenda for May 24, 2023
6. Committee Reports and Recommendations
  - a. **ACTION:** Approve the Board Letter to accept Ryan White Part A funding for FY 23
7. Process/governance issues
  - a. Review: Public comments/HPG member comments/Suggestions to the Steering Committee from previous HPG meeting(s)
  - b. Review 2023 HPG Work Plan
  - c. Discussion: Proposed agenda format

Website: [Sdplanning.org](http://Sdplanning.org)  
Email: [HPG.HHSA@sdcounty.ca.gov](mailto:HPG.HHSA@sdcounty.ca.gov)

- d. Discussion: Translation services
- e. Discussion: Planning for the Needs Assessment Survey of HIV Impact and other components (Provider Survey, Regional meetings/focus groups)
- f. Discussion: Steering Committee meeting schedule
- g. Discussion: HPG By-Laws quorum recommendation
- h. Discussion: Planning for the Assessment of the Administrative Mechanism
- i. **ACTION:** Approval of the Committee Operating Guidelines
- j. Update: Getting to Zero Community Engagement Project – 3-Year HPG Action Plan
  - i. Membership recruitment plan draft
- k. Update: Integrated Statewide Strategic Plan
- 8. Updates and budget review from the HIV, STD, and Hepatitis Branch (HSHB)
  - a. Administrative budget review – Carlie Catolico
- 9. **ACTION:** Approve committee meeting minutes from February 14, 2023, and April 18, 2023 / review follow-up items from the minutes
- 10. Review committee attendance
- 11. Future agenda items for consideration
- 12. Announcements
  - a. HPG Orientation on May 18, 2023 from 2:00 PM – 4:00 PM will be virtual instead of in person
- 13. Next meeting date: **June 20, 2023, from 11:00 AM – 1:00 PM.**  
Location: **5570 Overland Ave. San Diego, CA 92123 (Room 1047, Medical Examiner's Office)**  
AND via WebEx.
- 14. Adjournment





SAN DIEGO HIV PLANNING GROUP (HPG)  
STEERING COMMITTEE  
MEETING AGENDA

**TUESDAY, MAY 16, 2023, 11:00 AM – 1:00 PM**  
COUNTY OPERATIONS CENTER

5570 OVERLAND AVE, SAN DIEGO, CA 92123 (ROOM 1047, MEDICAL EXAMINER'S OFFICE)

**To participate remotely via WebEx:**

**<https://sdcountyca.webex.com/sdcountyca/j.php?MTID=m76dc5409280b588ea7b4626fa30eda7d>**

Call in: 1-470-238-5742 US Toll / 52-55-6722-5298 Mexico Toll

**Meeting ID (access code):** 133 805 7740

**Password:** Steer.20

Language translation services are available upon request at least 96 hours prior to the meeting.  
Please contact 619-403-8809 or via e-mail at [hpg.hhsa@sdcounty.ca.gov](mailto:hpg.hhsa@sdcounty.ca.gov).

**ORDER OF BUSINESS**

1. Call to order, roll call, comments from the chair and a moment of silence
2. Public comment (for members of the public)
3. Sharing our concerns (for committee members)
4. **ACTION:** Approve the Steering Committee agenda for May 16, 2023
5. **ACTION:** Approve the HIV Planning Group agenda for May 24, 2023
6. Committee Reports and Recommendations
  - a. **ACTION:** Approve the Board Letter to accept Ryan White Part A funding for FY 23
7. Process/governance issues
  - a. Review: Public comments/HPG member comments/Suggestions to the Steering Committee from previous HPG meeting(s)
  - b. Review 2023 HPG Work Plan
  - c. Discussion: Proposed agenda format
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via WebEx.
14. Adjournment



# County of San Diego

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DIRECTOR

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

## SAN DIEGO HIV PLANNING GROUP (HPG)

Wednesday, May 24, 2023 – 3:00 PM – 5:00 PM

County Operations Center (COC)  
5560 Overland Ave. San Diego, CA 92123 (Training Room 171)

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

<https://sdcountyca.webex.com/sdcountyca/j.php?MTID=m4ba2901b578952b4c0b7b97da6dc41ca>

Meeting Number/Access Code: 133 917 9274

Password: HIVPG.20

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

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

*This meeting is audio and video recorded.*

A quorum for this meeting is thirteen (13)

## AGENDA

### ORDER OF BUSINESS

1. Call to order, roll call, chair comments, and a moment of silence
2. Public comment (see page 2 of agenda for rules for members of the public)
3. Sharing our concerns/comments on items not on the agenda (for HPG members)
4. **ACTION:** Approval of HPG agenda for May 24, 2023
5. Old Business: none
6. New Business
  - a. **ACTION:** Approve Board Letter for Ryan White Part A funding for FY 23
7. Presentation: HPG Goals and Objectives – Raniyah Copeland
8. Presentation: Biomedical HIV Prevention Fellowship Introduction – Allan Acevedo
9. Discussion: HPG By-Laws quorum recommendation
10. Updates and budget review from the HIV, STD, and Hepatitis Branch – Patrick Loose, Lauren Brookshire, Maritza Herrera
  - a. Administrative Budget Review – Carlie Catolico
11. Suggestions to the Steering Committee for consideration of future items
12. Announcements
13. Next Meeting Date: **Wednesday, June 28, 2023, from 3:00 PM – 5:00 PM.**

Website: [Sdplanning.org](http://Sdplanning.org)  
Email: [HPG.HHSA1@sdcounty.ca.gov](mailto:HPG.HHSA1@sdcounty.ca.gov)



Location: **In-person at County Operations Center (COC) 5500 Overland Ave. San Diego, 92123 (Training Room 120)** and via WebEx.

#### 14. Adjournment

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**Public comment rules:**

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



# County of San Diego

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

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

### **APPROVE BOARD LETTER TO ACCEPT FY 23 RYAN WHITE (RW) PART A FUNDING**

**Effective fiscal year  
(3/23 - 2/24)**

**DATE:** May 24, 2023

#### **ITEM**

Approve the Board Letter to authorize the Clerk of the Board of Supervisors to accept Ryan White Part A funding from the Health Resources and Services Administration (HRSA) for FY 2023 (March 1, 2023 – February 29, 2024).

#### **BACKGROUND**

For 32 years, the San Diego County Board of Supervisors (Board) has authorized grants and agreements with HRSA to provide care and treatment services to persons living with HIV. These funding sources include the Ryan White HIV/AIDS Treatment Extension Act of 2009 (RWTEA) Part A and the RWTEA Part A Minority AIDS Initiative (MAI). The RWTEA Part A and RWTEA Part A MAI comprise the single largest federal funding source for HIV services received by the County of San Diego. The one-year grant term is March 1, 2023, through February 29, 2024.

Today's action requests the HIV Planning Group to approve the acceptance of \$11,299,699 and \$773,155 in grant funds from HRSA for the period of March 1, 2023, through February 29, 2024, for Ryan White Part A and Part A Minority AIDS Initiative, respectively.

To accept the grant award, the HIV, STD, and Hepatitis Branch must request the Board to authorize acceptance of the funds on behalf of the County of San Diego. All Board Letters must be reviewed by an advisory body. This Board Letter to accept the grant award will go forward before the Board of Supervisors on **XXXX, XX, 2023.**

The Steering Committee reviewed and approved this action item at its May 16, 2023 meeting.

#### **RECOMMENDATION**

1. Approve the Board Letter to authorize the Clerk of the Board of Supervisors to accept Ryan White funding from the Health Resources and Services Administration (HRSA) for FY 2023 (March 1, 2023 – February 29, 2024).

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





# COUNTY OF SAN DIEGO

## AGENDA ITEM

### BOARD OF SUPERVISORS

NORA VARGAS  
First District

JOEL ANDERSON  
Second District

TERRA LAWSON-REMER  
Third District

NATHAN FLETCHER  
Fourth District

JIM DESMOND  
Fifth District

**DATE:** June 27, 2023

**XX**

**TO:** Board of Supervisors

### SUBJECT

**AUTHORIZE ACCEPTANCE OF HIV/AIDS SERVICES GRANT FUNDING AND  
AUTHORIZATION TO PURSUE FUTURE FUNDING OPPORTUNITIES FOR  
HIV/AIDS SERVICES (DISTRICTS: ALL)**

### OVERVIEW

For 32 years the San Diego County Board of Supervisors (Board) has authorized grants and agreements with the U.S. Health Resources and Services Administration to provide care and treatment services to persons living with HIV. These funding sources include the Ryan White HIV/AIDS Treatment Extension Act of 2009 (RWTEA) Part A and the RWTEA Part A Minority AIDS Initiative (MAI). The RWTEA Part A and RWTEA Part A MAI comprise the single largest federal funding source for HIV services received by the County of San Diego (County). The one-year grant term is March 1, 2023 through February 29, 2024. The RWTEA Part A funding is \$11,299,699, and the RWTEA Part A MAI funding is \$773,155, for a total of \$12,072,854. This funding will continue to support medical treatment, mental health treatment, substance use disorder treatment, temporary housing assistance, and other critical services for persons living with HIV. Authorization is further requested to apply for additional funding opportunities that would support prevention, testing, care, and treatment needs of those impacted by HIV/AIDS, other sexually transmitted diseases, and viral hepatitis.

This item supports the County's Getting to Zero initiative by funding services that help people living with HIV remain in care and achieve viral suppression. Research has demonstrated that persons who have achieved viral suppression are not able to transmit HIV to others sexually. In addition, this item supports the County's vision of a just, sustainable, and resilient future for all, specifically those communities and populations in San Diego County that have been historically left behind, as well as our ongoing commitment to the regional *Live Well San Diego* vision of healthy, safe, and thriving communities. This will be accomplished by building better health through providing access to high quality HIV, sexually transmitted diseases and viral hepatitis care and treatment services that lead to improved physical and behavioral health which promotes a healthy, safe, and thriving region.

**RECOMMENDATION(S)**  
**CHIEF ADMINISTRATIVE OFFICER**

**SUBJECT: AUTHORIZE ACCEPTANCE OF HIV/AIDS SERVICES GRANT  
FUNDING AND AUTHORIZATION TO PURSUE FUTURE FUNDING  
OPPORTUNITIES FOR HIV/AIDS SERVICES**

1. Waive Board Policy B-29, Fees, Grants, Revenue Contracts – Department Responsibility for Cost Recovery, which requires prior approval of revenue agreement applications and full-cost recovery of grants.
2. Authorize the acceptance of \$11,299,699 and \$773,155 in grant funds from the Health Resources and Services Administration for the period of March 1, 2023 through February 29, 2024, for Ryan White Part A and Part A Minority AIDS Initiative respectively, and authorize the Clerk of the Board to execute all required grant documents, upon receipt, including any annual extensions, amendments and/or revisions thereto that do not materially impact or alter the services or funding level.
3. Authorize the Agency Director, Health and Human Services Agency to apply for any additional funding opportunity announcements, if available, to address the prevention, testing, care, and treatment needs of those impacted by HIV/AIDS, other sexually transmitted diseases, and viral hepatitis.

**EQUITY IMPACT STATEMENT**

Since the beginning of the epidemic, HIV has disproportionately impacted our most vulnerable residents. Gay, bisexual, and other men who have sex with men, for instance, are currently estimated to comprise less than 2% (LGBT Identification Rises to 5.6% in Latest U.S. Estimate, gallup.com) of the adult population, and yet they comprise 62% of recent HIV diagnoses and 71% of persons living with HIV. Moreover, in San Diego County, like much of the rest of the United States, HIV has disproportionately impacted Black and Hispanic communities. Blacks comprise less than 5% of the county's population but comprise 12% of recent HIV diagnoses. Hispanics comprise 34% of the population of the county yet comprise 48% of recent HIV diagnoses.

Since its inception in 1990, the Ryan White HIV/AIDS Treatment Extension Act (formerly the Ryan White CARE Act) has focused on ensuring access to treatment and support services for the most vulnerable residents. Thus far during the last grant period (March 1, 2022- February 28, 2023), a total of 3,358 clients received services funded by Ryan White Part A in San Diego County. Of those clients, 56% (1,892) were Hispanic and 13% (424) were Black.

The success in reaching our residents and communities most disproportionately impacted by HIV is due in large part to the HIV Planning Group, an official advisory board to the San Diego County Board of Supervisors that also has the legislative authority to allocate Ryan White Part A funding to respond to local needs as determined by review of epidemiologic data and extensive engagement of our communities. In partnership with the HIV Planning Group, the County of San Diego Health and Human Services Agency (HHSA) conducts needs assessments every three years among persons living with or those vulnerable to HIV, assessments of system capacity and capabilities every three years, and focus groups with different communities annually. The next needs assessment will be conducted during the current Ryan White fiscal year. During Fiscal Years 2019-20 and 2020-21, the HIV Planning Group engaged a consultant to conduct a community engagement process to identify how policy, planning, and funding changes could further close the disproportionalities we see among Black, Hispanic, and Transgender communities. The HIV Planning Group and HHSA are currently implementing the recommendations from the final report.

**SUBJECT:     AUTHORIZE ACCEPTANCE OF HIV/AIDS SERVICES GRANT  
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OPPORTUNITIES FOR HIV/AIDS SERVICES**

**SUSTAINABILITY IMPACT STATEMENT**

The proposed actions align with the County of San Diego's (County) Sustainability Goal #2 to provide just and equitable access, and Sustainability Goal #4 to protect health and wellbeing. Accepting the HIV care and treatment funding will support the HIV, STD, and Hepatitis Branch of the County Health and Human Services Agency, Public Health Services, and in turn HIV service providers throughout the county by increasing capacity and services aimed to treat HIV. Quality HIV treatment will improve the overall health of communities, reduce the demand of associated care services, while increasing effectiveness of care providers and lowering operating costs of facilities, thus reducing greenhouse gas emissions and waste generated within the care sector.

**FISCAL IMPACT**

Funds for this request are included in the Fiscal Year 2023-2025 Operational Plan in the Health and Human Services Agency. If approved, this request will result in estimated costs of \$4,086,440 and revenue of \$4,024,285 in Fiscal Year 2022-23 and estimated costs of \$8,172,880 and revenue of \$8,048,569 in Fiscal Year 2023-24. The funding sources are Ryan White Part A, Part A Minority AIDS Initiative, and Part B Revenue from the U.S. Health Resources and Services Administration. A waiver of Board Policy B-29 is requested because the funding does not offset all costs. These costs are estimated at \$62,156 for Fiscal Year 2022-23 and \$124,311 for Fiscal Year 2023-24. The funding source for these costs will be existing Health Realignment allocated for these programs. The public benefit for providing these services far outweighs these costs. There will be no change in net General Fund costs and no additional staff years.

**BUSINESS IMPACT STATEMENT**

N/A

**ADVISORY BOARD STATEMENT**

The HIV Planning Group reviewed the recommendations and voted to **accept/reject** the recommendation on May 24, 2023.

**BACKGROUND**

On March 1, 2016 (25), the San Diego County Board of Supervisors (Board) adopted the Getting to Zero initiative, which seeks to end the HIV epidemic by 2026. Since its adoption, the Getting to Zero initiative has evolved into a comprehensive approach to ending the HIV epidemic, with five core strategies:

1. **Test:** Identify everyone living with HIV in San Diego County and link them to HIV treatment and other services, such as medical case management and mental health services, that provide support for remaining in treatment.
2. **Treat:** Ensure that everyone living with HIV in San Diego County has access to HIV treatment services so that persons living with HIV can achieve viral suppression.
3. **Prevent:** Identify everyone at risk for HIV infection in San Diego County and link them to HIV prevention resources, such as pre-exposure prophylaxis, that provides support for remaining HIV-negative.



**SUBJECT: AUTHORIZE ACCEPTANCE OF HIV/AIDS SERVICES GRANT  
FUNDING AND AUTHORIZATION TO PURSUE FUTURE FUNDING  
OPPORTUNITIES FOR HIV/AIDS SERVICES**

4. **Engage:** Continue partnering with communities disproportionately impacted by HIV to achieve collective impact and improve outcomes along the HIV care continuum.
5. **Improve:** Engage in continuous quality improvement activities to achieve the objectives of the Getting to Zero plan.

As of December 31, 2021, an estimated 15,000 people were living with HIV in San Diego County. In 2021, there were 365 new HIV diagnoses, a reduction of 27% from 499 new diagnoses in 2016, the year the Getting to Initiative began. Despite the reduction, HIV continues to be a major public health concern in San Diego County, with an average of one new HIV diagnosis every day.

The County of San Diego (County) has received Ryan White Part A funds since 1991. Services funded by Ryan White Treatment Extension Act (RWTEA) Part A and RWTEA Part A Minority AIDS Initiative (MAI) revenue play a vital role in the County's Getting to Zero initiative. RWTEA Part A services fill gaps in the local HIV service delivery system by ensuring individuals living with HIV have access to high quality HIV primary care and additional support services without regard to their ability to pay, their insurance status, or their immigration status. Moreover, RWTEA is deemed the "payer of last resort," meaning that it can only pay for services when no other payer exists, or all other payer sources have been exhausted. This requirement ensures that funding is preserved for clients who would otherwise not have access to services. Funded service categories include HIV primary medical and dental care, case management, emergency and temporary housing assistance, mental health services, substance use disorder treatment services, emergency financial assistance, emergency and temporary housing assistance, and other supportive services. Currently, in San Diego County, over 3,300 persons living with HIV receive at least one of these services funded by RWTEA Part A each year.

The goal of the RWTEA is to ensure all people living with HIV are linked to and are retained in HIV primary medical care. The key measure of success is the rate of viral suppression. A person living with HIV who is not virally suppressed would expect to have 50,000 or more copies of HIV in a milliliter of blood. However, when treated, the number can drop below 200, at which point the virus is deemed "suppressed." When that happens, HIV can no longer do any further damage to the immune system. When a person living with HIV has been virally suppressed for six months or longer, they cannot transmit HIV sexually to anyone else. In calendar year 2021, 56% of people living with diagnosed HIV achieved viral suppression in San Diego County. Patients in the RWTEA Part A system of care have even better rates of viral suppression. In calendar year 2021, patients receiving RWTEA Part A services in San Diego County, who had a recorded viral load test, showed a suppression rate of 91%, (2,539 of 2,788). Additional data from U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA), which oversees the Ryan White program, shows that in 2021 San Diego County had one of the highest viral suppression rates of the 52 jurisdictions funded in the United States and Puerto Rico at 93.1%.

RWTEA Part A MAI was established in 1999 to improve access to HIV care and health outcomes for persons of color. Services funded by MAI include outreach, medical case management, non-medical case management, mental health counseling, outpatient substance use disorder treatment,

**SUBJECT: AUTHORIZE ACCEPTANCE OF HIV/AIDS SERVICES GRANT  
FUNDING AND AUTHORIZATION TO PURSUE FUTURE FUNDING  
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and medical transportation services. In calendar year 2021, there were 278 clients served in Part A MAI. Of those, 90% were virally suppressed (226 of 250 with a viral load test on file).

On October 3, 2022, the County Health and Human Services Agency submitted the annual RWTEA Part A funding application to HRSA. On April 6, 2023, HRSA notified the County of an award of \$12,072,854 for the term of March 1, 2023 through February 29, 2024. Funding awarded includes \$11,299,699 in RWTEA Part A revenue, and \$773,155 in RWTEA Part A MAI revenue. The total grant award is \$78,759 higher than the previous year. The RWTEA Part A funding formula is based on the number of people living with HIV within the jurisdiction and the competitiveness of the County's annual application for funding. The RWTEA Part A MAI funding formula is based on the number of persons of color living with HIV within the jurisdiction.

A waiver of Board Policy B-29 is requested because the funding does not offset all costs. Unrecovered costs are estimated at \$62,156 for Fiscal Year 2022-23, and \$124,311 for Fiscal Year 2023-24. The funding source for these unrecovered costs will be existing Health Realignment allocated for these programs. The public benefit for providing these services far outweighs these costs. RWTEA Part A fills an important gap in the local HIV service delivery system by ensuring individuals with HIV have access to high quality HIV primary care. It is important for persons living with HIV be linked to and retained in HIV primary medical care. The key measure of success is the rate of viral suppression. When HIV is suppressed, HIV does no further damage to the immune system, and if someone has been virally suppressed for six months or longer, they cannot transmit HIV sexually to anyone else. These aspects are keys to advancing the Getting to Zero initiative, which is an overwhelming benefit to the public.

Today's action seeks authorization to accept \$11,299,699 in RWTEA Part A funding and \$773,155 in RWTEA Part A MAI funding from HRSA for the period of March 1, 2023 through February 29, 2024, and to authorize the Clerk of the Board to execute all required grant documents, upon receipt. Additionally, today's action requests the Board to authorize the Agency Director, Health and Human Services Agency to apply for any additional funding opportunity announcements, if available, to address the prevention, testing, care and treatment needs of those impacted by HIV/AIDS and other sexually transmitted diseases.

**LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN**

Today's proposed action supports the Equity (Health) and Community (Quality of Life) initiatives in the County of San Diego's 2022-2027 Strategic Plan as well as the *Live Well San Diego* vision by improving access to high-quality and efficient medical care and support services that contribute to improved physical and behavioral health.

Respectfully submitted,

USE "INSERT PICTURE"  
FUNCTION TO INSERT  
SIGNATURE

**SUBJECT:** AUTHORIZE ACCEPTANCE OF HIV/AIDS SERVICES GRANT  
FUNDING AND AUTHORIZATION TO PURSUE FUTURE FUNDING  
OPPORTUNITIES FOR HIV/AIDS SERVICES

HELEN N. ROBBINS-MEYER  
Chief Administrative Officer

**ATTACHMENT(S)**  
N/A

**Public Comment/Sharing Concerns/Suggestions to the Steering Committee from  
April 26, 2023**

**Public Comment/Sharing Concerns/Suggestions to the Steering Committee from  
April 26, 2023**

<b>Agenda Item</b>	<b>Comment</b>	<b>Steering Committee response</b>
<b>Public Comment:</b>	<ul style="list-style-type: none"><li>• A member of the public expressed concerns of consumers being unwelcomed by the HPG. An example was given highlighting the food distribution policy from the 2023 HPG Annual Retreat.</li></ul>	
<b>Sharing Our Concerns:</b>	<ul style="list-style-type: none"><li>• The Chair suggested that the healthcare system needs to do better with giving patients an opportunity to choose their own medical providers rather than being assigned to one they may not be comfortable with.</li><li>• An HPG member voiced concerns about not having enough equitable access to support services for all consumers.</li></ul>	
<b>Suggestions to the Steering Committee for consideration of future items</b>	<ul style="list-style-type: none"><li>• None (agenda item tabled due to insufficient time)</li></ul>	

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

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



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

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

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

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

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



## HIV Planning Group (HPG) Committee Operating Guidelines Ad Hoc Committee(s)

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

### GUIDELINES:

1. Committee meetings provide opportunities for the public and planning group members who are not officially appointed to the committee to participate in committee via public comment. All are welcome to attend and have the right as well as are encouraged to participate in public comment throughout the duration of the meeting.
2. Meetings agendas are available at least 72 hours prior to the committee meeting (24 hours prior to special meetings) at [www.sdplanning.org](http://www.sdplanning.org) and posted physically at the location where the meeting will be held. Meeting agendas can be mailed upon request to HPG support staff. Committee agendas, minutes, and reports are available at the meeting. A sign-in sheet is used to track committee members in attendance.
3. Meetings presently occur in-person with a remote/virtual option for members of the public and for committee members who provide in advance notice of a “Just cause” or “Emergency circumstance” consistent with the guidelines of Assembly Bill 2449 (AB 2449). Please see the appendix for details of AB 2449. When members of a committee participate remotely/by teleconference, all decisions are made by a simple majority vote, which occur by roll call.

### MEETING STRUCTURE:

1. The HIV Planning Group and all its committees operate in accordance with the State of California’s Robert M. Brown Act, which establishes guidelines that guarantee the public’s right to attend and participate in meetings of local legislative bodies. A sample meeting agenda appears at the end of this document.
2. Before the meeting begins, a quorum is established to confirm that a simple majority of the committee members are present. If a quorum is not present, the meeting is called to order, attendance is taken, and the meeting is adjourned or recessed until a quorum is present.
3. The meeting begins with a call to order and may include introductions, comments from the chair(s), and a moment of silence. Each committee member introduces themselves with their affiliations/conflicts. Comments from the chairs may include a welcome and reminders about the areas that are not the committee’s purview.
4. Prior to the review of the meeting’s agenda, there is an opportunity for public comment that concern items not listed on the day’s agenda. There is also an opportunity for public comment at the beginning of each agenda item (regardless of how many topics, discussions or actions the agenda item has) and for announcements at the end of the meeting. Discussion during the meeting will remain focused on the current agenda item being addressed.
5. Participation guidelines during the meeting are reviewed. To ensure ample opportunity for all present to speak and be heard, committee members are limited to two (2) minutes per comment and limited to two (2) comments per item. Public comments are welcomed prior to each agenda item. Public comments are limited to two (2) minutes per person (after they introduce themselves and state their affiliation (if any) so that all have an opportunity to participate.
6. During business portions of the meetings, to make certain all can participate, committees may utilize amended **Roberts Rules of Order**. These include six (6) basic steps that are followed in a vote of the committee:
  - Once an action item is introduced, a member of the committee **makes a motion** for an action related to the item.

- The motion must be **seconded** by another member of the committee. If no one seconds the motion, it is dropped, and another motion can be made.
  - Once a motion is made and seconded, the committee chairperson will provide an opportunity for public comment and followed by **committee discussion**.
  - If there is any opposition to the motion and members have not discussed their reasons/rationale for their opposition, members in opposition will be offered a final opportunity before the vote to express their reason/rationale for opposition.
  - Following all discussion, the committee chair will ask for a **vote on the motion**, including any opposing votes and/or any abstentions.
  - The motion then either carries or fails by counting the majority of votes in support or in opposition.
7. Action items to approve the day's agenda and to review and approve the last meeting's minutes may be accepted by consensus, if no members of the committee are participating remotely/by teleconference, by verifying if any changes need to be made and confirming that committee members agree the minutes accurately represent the meeting.
  8. During the old business section of the agenda, the committee addresses topics already introduced at the previous meeting(s).
  9. After old business is concluded, new business agenda items are presented for the first time.
  10. During old and new business portions of the meetings to support participation and decision-making, the committee may attempt to reach a consensus, if no members of the committee are participating remotely/by teleconference.. If consensus cannot be reached, a formal vote of the voting members will be held. A simple majority will prevail.

#### **ADDITIONAL GUIDELINES:**

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

#### **BECOMING A MEMBER OF THE COMMITTEE:**

1. HIV Planning Group members are appointed to committees by the HPG Chair based on the member's preference, expertise, and availability.
2. Community members not on the HPG may also be appointed to the committee by informing the committee chair of their desire to participate on the committee. The committee chair confers with the HPG chair, who makes the appointment, and support staff will document their membership on the meeting agenda. Committee appointments must be made 72 hours prior to the committee meeting to establish a quorum. If the request to be on the committee is made at the committee meeting, the appointment will become official at the subsequent committee meeting.
3. To remain in good standing with the right to vote, members must not have more than three (3) HPG absences in a row or six (6) absences in a 12-month period. Attendance is tracked by support staff and reviewed at the committee meetings. Members not able to participate in the required number of committee meetings may participate as non-voting members.

#### **SELECTION AND ROLE OF THE COMMITTEE CO-CHAIR:**

1. Any committee member may be elected as the committee's co-chair by consensus or a simple majority vote of the committee members regardless of their membership status on

the HPG except for the Steering Committee and Membership Committee (the co-chair for both the Steering and Membership Committees must be an HPG member).

2. Nominees for the co-chair position can be made by committee members or through self-nomination.
3. Elections are held as vacancies occur.
4. The co-chair serves in the absence of the chair or when the chair has a conflict of interest. Duties include conducting committee meetings, attending Steering Committee, and acting as a liaison with HPG support staff.

#### **SUBCOMMITTEE CHARGES AND DEFINITIONS:**

Documentation with the charge of each committee and definitions are available at

[https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/hiv\\_std\\_hepatitis\\_branch/HIV\\_Planning\\_Group/Meetings.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/hiv_std_hepatitis_branch/HIV_Planning_Group/Meetings.html).

**If you have any questions or concerns, please contact the HIV Planning Group Support staff.**

#### **SAMPLE AGENDA:**

HIV PLANNING GROUP  
(Committee name)  
Date, Time, Location  
Remote access information and link

#### **DRAFT AGENDA**

1. Call to order; introductions; comments from the chair
2. Public comment
3. Review and approve agenda for \_\_\_\_\_
4. Review and approve minutes from \_\_\_\_\_
5. Old business
  - a) \_\_\_\_\_
6. New business
  - a) \_\_\_\_\_
7. Suggested items for the committee agenda
8. Announcements
9. Confirm next meeting: date, time, location:
10. Adjournment

**CONDUCT GUIDELINES:**

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

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

**Background**

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

**160 community members recruitment recommendations:**

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

**Recruitment Plan Goals:**

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



### Strategies

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

### Additional details: Maintaining general infrastructure

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

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



# County of San Diego

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PUBLIC HEALTH OFFICER

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

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

Updates are in **bold**.

### Items for HPG Follow-Up

- None.

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

- The County of San Diego has a webpage dedicated to COVID-19: [www.coronavirus-sd.com](http://www.coronavirus-sd.com). On this page, the public has information regarding the current status of COVID-19 in San Diego County.
- For general questions about COVID-19, the County recommends reaching out to 2-1-1 San Diego ([211sandiego.org](http://211sandiego.org)).
- State Public Health Emergency and local emergency came to end at the end of February 2023.
- **On May 11, 2023, the federal COVID-19 public health emergency declaration ended. After this date, most tools, like vaccines, treatments, and testing will remain available. But, some tools, like certain data sources and reporting, will change.**

### MPOX (Monkeypox) Updates

- San Diego County's local health emergency for Monkeypox expired on Thursday, Nov. 10.

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

- The Ryan White Part A grant has three parts. The first is "formula." This amount is based upon the number of people living with HIV in San Diego County. The second

part is called “supplemental.” This amount is based upon the strength of the County’s application for funding. The final part of the award is “Minority AIDS Initiative.” This amount is based upon the number of people living with HIV who are Black, Hispanic, Asian, Pacific Islander, Native American/Native Alaskan or whose ancestry includes more than one race.

- HSHB has received final notice of award for the current grant period, March 1, 2023 to February 29, 2024. The final award is \$12,072,854. This represents approximately a 1% increase over the prior year’s award.

Year	Formula	Supplemental	MAI	Total
21-22	\$7,124,107	\$3,469,994	\$742,177	\$11,336,278
22-23	\$7,625,887	\$3,557,289	\$793,221	\$11,976,397
23-24	\$7,492,416	\$3,807,283	\$773,155	\$12,072,854

- HSHB has received a core medical services waiver from HRSA for March 2023 to February 2024. Ordinarily, 75% of grant funding would have to be spent on “core medical services.” With the waiver, the HIV Planning Group is exempt from that requirement. San Diego County has received a core medical services waiver for the past 9 years. The core medical services waiver can be granted if there are no waiting lists for Ryan White HIV core medical services and there is no waiting list for California’s AIDS Drug Assistance Program.

### **Ryan White Part B**

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

### **Ending the HIV Epidemic (HRSA 20-078)**

- The federal Ending the HIV Epidemic (EHE) initiative focuses on achieving two ambitious goals: a 75% reduction in new HIV infections by 2025 and a 90% reduction in new HIV infections by 2030.
- HRSA conducted a comprehensive site visit from March 14-16, 2023. We are awaiting the final report that will be shared with HPG once received.
- A new notice of award of \$343,068.00 was received on 1/24/2023 for Budget Period Start Date 03/01/2023 - End Date 02/28/2024. Final notice of award for

Budget Period Date 03/01/2023 – End Date 02/28/2024 was received on 03/24/2023 and the total amount is \$2,555,761.00.

- EHE has funded a Leadership Training Program with the goal of engaging persons living with HIV infection in the community planning process. This includes having a role in priority setting and resource allocations, establishing service standards, in efforts to ensure that persons living with HIV receive high quality services to improve retention in care and viral suppression. Training with the pilot group began on 8/30/22. Seven participants attended each module in the month of September, and they all completed the training session. Cohort 1 of Leadership Training began on 11/7/2022 with a total of 13 participants registered and 9 participants attended and completed the session(s). Recruitment for the second cohort began in December and this cohort will be facilitated in Spanish. Out of the 9 participants who completed the first cohort of the Leadership Training, two were selected to apply for HPG as their community-based project (CBP), one decided to do outreach and six were selected as training facilitators. Recruitment for the second cohort began on 12/13/22 and as of 12/16/22 there were 7 participants registered.
- The Spanish-speaking cohort of Leadership Training graduated on 02/24. Participants are working on their community-based projects in collaboration with UCSD MCAP Health Educator. Two graduates will apply to the HPG. There are also several outreach opportunities planned for the next few weeks for graduates to recruit for the upcoming June cohort.

### **CDC 18-1802**

- Current CDC funding for HIV prevention (known as “PS18-1802”), called High Impact Prevention (HIP) is currently focusing on three areas:
  - Strengthening disease intervention infrastructure;
  - Expanding and providing navigation services (medical care, benefits, support services); and
  - Expanding access to syringe services for persons who inject drugs.
- HSHB has notified the California Department of Public Health that we will be moving forward supporting implementation of syringe service activities using funding received under the Ending the HIV Epidemic grant focused on HIV prevention.
- 18-1802 funding is deployed for HIV testing, status-neutral linkage to care (linkage to ART or PrEP), social media, condom distribution, and evaluation.



- HIV prevention contracts were amended to include outreach and education to prevent MPOX in 2022. While amendments ended Dec. 31, 2023, activities continue.
- An amendment to include funding for SafePoint Syringe Service Program is in process to include the distribution of harm reduction supplies and and education in the High Impact Prevention contract.
- Amendments to better align Focused Testing efforts and linkage to PrEP in the Central and South Regions are in process.

### **Ending the HIV Epidemic (CDC PS20-2010)**

- CDC Ending the HIV Epidemic (CDC EHE) is part of the federal Ending the HIV Epidemic Initiative to reduce new HIV infections in the United States by 75% in the next five years and by 90% in the next ten years.
- In 2020, HSHB was awarded \$1.9 million per year for five years to implement comprehensive HIV programs, that complement existing programs, such as CDC prevention, Ryan White and other HHS programs to accelerate efforts to reduce new HIV infections across San Diego County.
- CDC EHE funding will support wrap around services for persons who inject drugs, comprehensive HIV prevention services for transgender persons, mobile peer-based PrEP services, a mobile phone application for HIV resources and corresponding printed resource guide, benefits navigation, and implementation grants to for routine opt-out HIV testing in primary care, urgent care and emergency departments.
- In addition, CDC EHE will also provide funding to support harm reduction related activities including a community readiness assessment and program-related evaluation activities for harm reduction services in San Diego County.
  - In 2021/2022 HSHB partnered with San Diego State University Research Foundation Institute of Public Health to conduct a community readiness assessment. Goals of the community readiness assessment were to gather insight into resident knowledge about syringe service programs, identify organizations and constituent groups that are supportive of syringe service programs, and understand community support and concerns.
  - The community readiness assessment was completed in December 2022.
- The Recipient's office has been actively procuring services to implement CDC EHE activities:
  - Five new CDC EHE procurements have been finalized for posting on the County of San Diego's Buynet:

- Comprehensive HIV Prevention Services for Persons Who Inject Drugs,
- HIV Prevention and Care Services for Transgender Persons,
- Mobile Peer-based Pre-exposure Prophylaxis (PrEP)
- Benefits Navigation,
- Routine HIV Testing Implementation Grants
- Evaluation for SSP activities
- Two procurements have been awarded to date:
  - Benefits Navigation
  - Wraparound services for Persons who Inject Drugs

### Service Utilization

- **Ryan White Parts A and B**
  - **Ryan White Part A Service Utilization Report provides data regarding clients and service utilization through April 30, 2023.**
  - **To date, the Ryan White Part A system of care provided services to 1,686 clients. This number represents same number of clients served during the prior grant period, which was 1,686.**
  - **Viral suppression of clients receiving services in the month of April 2023 was 94% for clients who have viral load tests documented in ARIES.**
  - **HSHB continues to assess the capacity of the Ryan White system on a monthly basis in critical core medical services. We also include non-medical case management due to its important role in linking clients to needed services. The system capacity assessment looks at the availability of services by measuring the time until the third available appointment. Because of our Core Medical Services Waiver, we must ensure that there are no waiting lists for any core medical service that are longer than 30 days.**
    - **Outpatient/Ambulatory Health Services: No concerns.**
    - **Oral Health: No concerns.**
    - **Psychiatry: No concerns.**
    - **Mental Health: No concerns.**
    - **Medical Case Management: No concerns.**
    - **Non-Medical Case Management: No concerns.**

### Procurements

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

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

## **Budget**

- In general, one of the primary measures we use to assess spending is to compare the percent of the year elapsed with the percent of the service category that has been spent. For a 12-month period, around 8% of funding should be spent each month to ensure funding is fully spent by the end of the grant period. When the percent of funds spent is higher than the percent of year elapsed, it means that funding might run out before the end of the grant period. When the percent of funds spent is less than the percent of the year elapsed, there is the possibility of savings and unspent grant dollars at the end of the period. For purposes of this analysis, a variance that is less than 4% (approximately two weeks) is used to determine whether service categories are displaying accelerated or slower-than-expected expenditure.
- **Ryan White Part A**
  - For the period (3/1/23 – 2/29/24), the report reflects expenditures through March, representing 8% of the grant period.
  - The following service categories are under target for the fiscal year:
    - Primary Care (0%)
    - Medical Specialty (1%)
    - Psychiatric Medication Management (0%)
    - Oral Health (0%)

- The following services are over target for the fiscal year:
  - Emergency Housing (12%)
  - Emergency Financial Assistance (11%)
- Ryan White Part B
  - For the period (4/1/22 – 3/31/23), the report reflects expenditures through March, representing 100% of the grant period.
  - No concerns.
- HIV Prevention (PS 18-1802 Funding)
  - The report reflects expenditures through March 2023, representing 25% of the funding period.
  - No concerns.
- HRSA EHE (20-078 Funding)
  - The report reflects 8% of the grant year elapsed (March 1, 2023-February 29, 2024). HRSA will allow carryover of funds from Years 1 and 2 of the project to Years 3-5.
  - No concerns.
- CDC/CDPH (PS20-2010 Funding)
  - This report reflects 67% of the grant year elapsed (August 1, 2022-July 31, 2023).
  - No Concerns.

### **Policy Updates**

- No Updates.

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

# SUMMARY OF SERVICES FOR FY23

Mar. 1, 2023 - Feb. 29 2024

RYAN WHITE SERVICES		Apr	End of Year Total	Prior Year Total
<b>FY 2023-2024</b>				
Total clients served each month	Clients	1,246		
New clients in FY22	Clients	356	1,686	1,686
Returning FY22 clients	Clients	890		
<b>VIRAL LOAD SUPPRESSION</b>				
Virally suppressed	Clients	1,006		
% Virally suppressed		94%		
With Test	Tests	1,074		
Without Test	Tests	172		
<b>PART-A SERVICES</b>				
Outpatient Ambulatory Health Services: HIV Primary Care*	Visits	209	327	325
	Clients	187	273	271
Outpatient Ambulatory Health Services: Medical Specialty Care	Visits	0	0	11
	Clients	0	0	9
Psychiatric Medication Management	Visits	4	5	6
	Clients	4	4	5
Oral Health Care: Dental Care	Visits	61	182	162
	Clients	47	122	105
Early Intervention/Integrated Services for Women, Children & Families: Coordinated Care	Visits	32	316	357
	Clients	17	80	97
Early Intervention/Integrated Services for Women, Children & Families: Childcare	Visits	0	0	4
	Clients	0	0	2
Early Intervention Services: Regional Services	Visits	834	1,584	1,385
	Clients	335	499	479
Early Intervention Services: Peer Navigation Services	Visits	9	334	210
	Clients	9	114	70
Early Intervention Services: Outreach Services	Visits	0	0	0
	Clients	0	0	0

\*Includes Part B funded services

# SUMMARY OF SERVICES FOR FY23

Mar. 1, 2023 - Feb. 29 2024

<b>RYAN WHITE SERVICES</b>		<b>Apr</b>	<b>End of Year Total</b>	<b>Prior Year Total</b>
Medical Case Management Services	Visits	942	1,964	1,865
	Clients	401	501	450
Home-based Health Care Coordination	Visits	58	142	140
	Clients	23	31	30
Case Management -Non-Medical	Visits	414	832	886
	Clients	189	217	241
Mental Health Services: Counseling/Therapy	Visits	243	532	488
	Clients	119	168	136
Substance Abuse Treatment Services – Residential*	Visits		9	0
	Clients	0	9	0
Substance Abuse Treatment Services - Outpatient	Visits	275	571	717
	Clients	47	56	49
Housing Services: Partial Assistance Rental Subsidy	Visits	101	209	178
	Clients	101	109	108
Medical Transportation Services - Assisted	Visits	1	2	7
	Clients	1	2	6
Medical Transportation Services - Unassisted	Visits	232	521	615
	Clients	143	211	255
Housing Services: Emergency Housing Assistance	Visits	47	110	167
	Clients	40	76	122
Food Services: Food Bank/ Home Delivered Meals	Meals	1542	3,259	6,460
	Clients	66	76	139
Medical Nutrition Therapy	Visits	10	19	30
	Clients	10	18	27

# SUMMARY OF SERVICES FOR FY23

Mar. 1, 2023 - Feb. 29 2024

RYAN WHITE SERVICES		Apr	End of Year Total	Prior Year Total
<b>PART-A SERVICES continued</b>				
Legal Services	Visits	14	26	27
	Clients	14	26	23
Emergency Financial Assistance	Visits	24	87	29
	Clients	14	46	11
Internet Access	Visits	1	1	1
	Clients	1	1	1
Internet Equipment	Visits	3	8	0
	Clients	3	7	0
Collateral Contacts	Visits	181	364	486
	Clients	114	193	238
<b>MAI SERVICES</b>				
Medical Case Management Services	Visits	129	293	180
	Clients	46	79	67
Mental Health Services: Therapy/Counseling	Visits	38	91	156
	Clients	19	29	41
Substance Abuse Treatment Services - Outpatient	Visits	62	134	38
	Clients	32	43	11
Faciliated Referrals	Visits	0	0	0
	Clients	0	0	0
Outreach Encounters	Visits	0	0	0
	Clients	0	0	0
Medical Transportation Services - Assisted	Visits	0	0	0
	Clients	0	0	0
Medical Transportation Services - Unassisted	Visits	0	0	0
	Clients	0	0	0
Case Management -Non-Medical	Visits	72	155	163
	Clients	39	49	57



# SUMMARY OF SERVICES FOR FY22

Mar. 1, 2022- Feb. 28, 2023

CLIENT DEMOGRAPHICS	Number of Clients	% of Client Total	Client Total
<b>FY 2023-2024</b>			
<b>Race/Ethnicity</b>			
White (not Hispanic)	375	22.24%	
Black or African American (not Hispanic)	227	13.46%	
Hispanic or Latino(a)	992	58.84%	
Asian	26	1.54%	
American Indian/Alaska Native	7	0.42%	
Multi-Race	20	1.19%	
Native Hawaiian/Pacific Islander	2	0.12%	
Race data not in ARIES	37	2.19%	1,686
<b>Gender</b>			
Male	1,282	76.04%	
Female	339	20.11%	
Transgender FTM	1	0.06%	
Transgender MTF	62	3.68%	
Other	2	0.12%	
Client Refused to Report	0	0.00%	1,686
<b>Age Categories</b>			
< 2	10	0.59%	
02-12	9	0.53%	
13-24	41	2.43%	
25-44	597	35.41%	
45-64	836	49.58%	
65 and over	193	11.45%	1,686
<b>Poverty Level</b>			
<138%	1,323	78.47%	
138-199%	195	11.57%	
200-299%	121	7.18%	
300-399%	32	1.90%	
400-499%	7	0.42%	
>500%	8	0.47%	
Financial data not in ARIES	0	0.00%	1,686
<b>HRSA Housing Status</b>			
Stable/Permanent	750	44.48%	
Temporary	192	11.39%	
Unstable	95	5.63%	
Housing Status not in ARIES	649	38.49%	1,686
<b>Insurance Status</b>			
Private	32	1.90%	
Medicaid	350	20.76%	
Medicare	64	3.80%	
Other	123	7.30%	
No Insurance	299	17.73%	
Insurance not in ARIES	818	48.52%	1,686
<b>San Diego Region</b>			
Central	596	35.35%	
East	118	7.00%	
South Bay	299	17.73%	
Southeast	155	9.19%	
North Coastal	176	10.44%	
North Inland	86	5.10%	
North Central	123	7.30%	
Zip Code may be outside SD County	70	4.15%	
Zip Code not in ARIES	63	3.74%	1,686

## RW 2023-24 PART A AWARD INFORMATION

Funding Source	Total RW 2023-24 Award
Part A	11,299,699.00
Part A MAI	773,155.00
<b>TOTAL AWARD AMOUNT</b>	<b>12,072,854.00</b>

RW 2023-24

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

## FY23-24 ALLOCATION BREAK DOWN

Funding Source	Admin. \$	Admin. %	CQM \$	CQM %	RW 202324 Service dollars	Total	CORE Medical Services	Support Services
Part A	1,129,969	10%	344,282	3%	9,825,449	11,299,699		
Part A MAI	66,977	9%	32,932	4%	673,246	773,155	70%	30%
<b>TOTAL</b>	<b>1,196,945.90</b>		<b>377,213.60</b>		<b>10,498,694.50</b>	<b>12,072,854.00</b>	<b>70%</b>	<b>30%</b>

## Ryan White Part A Allocations

Service Categories	HRSA Ranking	Priority Ranking	RW 2023-24 HPG Allocation as of 08/11/22	%	HPG Approved Actions +/-	RW 2023-24 HPG Total as of today	%	RW 2023-24 Year to Date Expenditure	RW 2023-24 Year-to-Date - The % below is the % of the Budget Spent 8.33% of Year Elapsed/Invoiced)	RW 2023-24 Balance	Comments
Outpatient Ambulatory Health Services: Primary Care	1l	1	962,630.00	10%	\$ (110,000.00)	852,630.00	9%	-	0%	852,630.00	\$110,000 decrease by HPG 01/26/23
Outpatient Ambulatory Health Services: Medical Specialty	1l	2	273,386.00	3%		273,386.00	3%	3,793.31	1%	269,592.69	
Psychiatric Medication Management	1j	3	28,036.00	84%	(15,000.00)	13,036.00	0%	-	0%	13,036.00	\$15,000 decrease by HPG 01/26/23
Oral Health	1k	4	300,940.00	84%	(100,000.00)	200,940.00	2%	425.00	0%	200,515.00	\$100,000 decrease by HPG 01/26/23
Medical Case Management	1h	5	1,268,338.00	13%	(100,000.00)	1,168,338.00	12%	123,470.68	11%	1,044,867.32	\$100,000 decrease by HPG 01/26/23
Case Management-Non-Medical for Housing NEW		7	250,000.00	3%	-	250,000.00					
Housing: Emergency Housing	2e	8	530,000.00	5%	430,000.00	960,000.00	10%	114,954.23	12%	845,045.77	\$430,000 increase by HPG 01/26/23
Housing: Location, Placement and Advocacy Services NEW		9	100,000.00	1%	-	100,000.00					
Housing: Partial Assistance Rental Subsidy (PARS)	2e	10	807,507.00	100%		807,507.00	8%	63,839.58	8%	743,667.42	
Non-Medical Case Management	2h	6	392,021.00	4%		392,021.00	4%	40,560.90	10%	351,460.10	
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF)	1c	11	943,317.00	10%		943,317.00	10%	87,875.52	9%	855,441.48	
Childcare Services	2a	11a	-	0%		-	0%	-	0%	-	
Early Intervention Services: Regional Services	1c	12	800,386.00	8%	-	800,386.00	8%	69,364.54	9%	731,021.46	
Health Education & Risk Reduction	2d	12a	-	0%		-	0%	-	0%	-	
Outreach Services	2j	12b	-	0%		-	0%	-	0%	-	
Referral Services	2l	12c	-	0%		-	0%	-	0%	-	
Referral to Health and Supportive Services (Peer Navigation)		14	400,000.00	4%		400,000.00	4%	19,165.80	5%	380,834.20	

Service Categories	HRSA Ranking	Priority Ranking	RW 2023-24 HPG Allocation as of 08/11/22	%	HPG Approved Actions +/-	RW 2023-24 HPG Total as of today	%	RW 2023-24 Year to Date Expenditure	RW 2023-24 Year-to-Date - The % below is the % of the Budget Spent 8.33% of Year Elapsed/Invoiced)	RW 2023-24 Balance	Comments
Mental Health: Counseling/Therapy & Support Groups	1j	15	1,061,062.00	11%		1,061,062.00	11%	65,217.18	6%	995,844.82	
Psychosocial Support Services		16	60,000.00	1%	15,759.00	75,759.00	1%	-	0%	75,759.00	\$60,000 decrease by HPG 01/26/23 \$75,759 increase by HPG 04/26/23
Substance Abuse Services: Outpatient	1m	17	315,127.00	3%	(45,000.00)	270,127.00	3%	26,586.45	10%	243,540.55	\$45,000 decrease by HPG 01/26/23
Substance Abuse Services: Residential	2o	18	-	0%	-	-	0%	-	0%	-	
Home-based Health Care Coordination	1e	19	228,500.00	2%		228,500.00	2%	17,601.82	8%	210,898.18	
Transportation: Assisted and Unassisted	2g	20	142,830.00	1%		142,830.00	1%	11,349.41	8%	131,480.59	
Food Services: Food Bank/Home-Delivered Meals	2c	21	536,073.00	5%	-	536,073.00	5%	20,292.65	4%	515,780.35	
Medical Nutrition Therapy	1i	22	35,542.00	0%		35,542.00	0%	2,743.34	8%	32,798.66	
Legal Services	2i	23	285,265.00	3%		285,265.00	3%	21,426.05	8%	263,838.95	
Emergency Financial Assistance	2b	24	28,730.00	0%		28,730.00	0%	3,290.10	11%	25,439.90	
Home Health Care	1f	25	-	0%		-	0%	-	0%	-	
Early Intervention Services: HIV Counseling and Testing	1c	26	-	0%		-	0%	-	0%	-	
Cost-Sharing Assistance	1d	27	-	0%	-	-	0%	-	0%	-	
Hospice	1g	28	-	0%		-	0%	-	0%	-	
Subtotal			9,749,690.00	356%	75,759.00	9,825,449.00	96%	691,956.56	7%	9,133,492.44	
Ryan White Part A Minority AIDS Initiative (MAI)			RW 2023-24 Allocation as of 08/11/22		HPG Approved Actions +/-	RW 2023-24 MAI Total as of today	%	RW 2022-23 Year to Date Expenditure	RW 2022-23 Year-to-Date - The % below is the % of the Budget Spent 8.33% of Year Elapsed/Invoiced)	RW 2022-23 Balance	Comments
Case Management (Non-Medical)			71,333.00		-	71,333.00	11%	5,812.41	8%	65,520.59	
Medical Case Management			258,925.00		-	258,925.00	38%	17,794.24	7%	241,130.76	
Mental Health Services			175,739.00		-	175,739.00	26%	3,872.80	2%	171,866.20	
Outreach Services			23,337.00		-	23,337.00	3%	3,558.60	15%	19,778.40	
Substance Abuse Services (Outpatient)			43,912.00		-	43,912.00	7%	5,886.24	13%	38,025.76	
Housing: Emergency Housing			100,000.00		-	100,000.00	15%	450.73	0%	99,549.27	
Subtotal			673,246.00		-	673,246.00	100%	37,375.02	6%	635,870.98	
TOTAL			10,422,936.00		75,759.00	10,498,695.00		729,331.58	7%	9,769,363.42	
CORE and Support Services allocation break-down											
Total Allocation			Total Expenditure		Total Balance						
CORE Medical Services			4,696,973.00	266,962.68		4,430,010.32					
Support Services			5,178,476.00	424,993.88		4,753,482.12					
TOTAL			9,875,449.00	691,956.56		9,183,492.44	0.00 variance				

YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN AS OF MARCH 2023						
RW 2223 & 2324 SERVICE DOLLAR ALLOCATIONS AND EXPENDITURES						
Funding Source	RW 2022/2023 & RW 2023/2024 Service Dollars	Contract YTD Expenditure	% of Year Invoiced	% Spent	Balance	Comments
<b>Ryan White Part B</b>						
Outpatient Ambulatory Health Services (Medical)	407,426.00	407,426.00	100%	100%	-	Part A Payment Summary, Part B tracking as of February 2023 invoices.
Early Intervention Services (Expanded HIV Testing)	-	-	100%	-	-	
Early Intervention Services (Focused Testing)	187,900.00	178,905.13	100%	95%	8,994.87	Part B Payment Summary as of March 2023 invoices.
Medical Case Management (Emergency Financial Assistance)	177,716.00	155,465.40	100%	87%	22,250.60	Part B Payment Summary as of March 2023 invoices.
Housing (Substance Abuse Services-Residential)	518,632.00	551,375.77	100%	106%	(32,743.77)	Part B Payment Summary as of March 2023 invoices.
Non-medical Case Management (Rep Payee)	50,000.00	49,925.15	100%	100%	74.85	Part B Payment Summary as of March 2023 invoices.
CoSD Medical Case Management	403,173.24	338,607.66	75%	84%	64,565.58	Per Q3 Oct-Dec Qtrly invoice, Q4 available 5/15/23.
CoSD Early Intervention Services	396,482.82	317,967.48	75%	80%	78,515.34	Per Q3 Oct-Dec Qtrly invoice, Q4 available 5/15/23.
<b>Ryan White Part B Total</b>	<b>2,141,330.06</b>	<b>1,999,672.59</b>		<b>93%</b>	<b>141,657.47</b>	
<b>Ryan White Part B-MAI Bridge</b>	<b>97,277.00</b>	<b>97,215.90</b>	<b>100%</b>	<b>100%</b>	<b>61.10</b>	Part B-MAI Payment Summary as of March 2023 invoices.
<b>Prevention 2023</b>						
Counseling and Testing	180,000.00	43,135.29	25%	24%	136,864.71	Prevention Payment Summary as of March 2023 invoices.
Evaluation/ Linkage Activities/ Needs Assessment	904,008.00	170,936.10	25%	19%	733,071.90	Prevention Payment Summary as of March 2023 invoices.
<b>Prevention Total</b>	<b>1,084,008.00</b>	<b>214,071.39</b>			<b>869,936.61</b>	
<b>CDPH Ending the HIV Epidemic- Component A</b>	<b>\$4,496,525</b>	<b>92,882.00</b>	<b>67%</b>	2.07%	<b>4,403,643.00</b>	Only three contracts - 211SD, Peraton Itrack and Xerox. Payment Summary as of March 2023 invoices.
<b>CDPH Ending the HIV Epidemic- Component C</b>	<b>\$240,000</b>	-	<b>0%</b>	0.00%	<b>240,000.00</b>	CDPH EHE Comp C No Contract.
<b>HRSA Ending the HIV Epidemic- 20-078 FY2324</b>	<b>\$2,555,761</b>	<b>32,715.00</b>	<b>8%</b>	1.28%	<b>2,523,046.00</b>	HRSA EHE Payment Summary as of Mar 2023
<b>TOTAL</b>	<b>10,614,901.06</b>	<b>2,436,556.88</b>		<b>23%</b>	<b>8,178,344.18</b>	



# County of San Diego

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

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

Tuesday, February 14, 2023

11:00 a.m.

WebEx Meeting

**DRAFT MINUTES**

Quorum = 4

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

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

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

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

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

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



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

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



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

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

**Tuesday, April 18, 2023, 11:00 am – 1:00 pm**

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

**A quorum for this committee is four (4)**

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

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

## **MINUTES**

<b>Agenda Item</b>	<b>Discussion/Action</b>	<b>Follow-Up Needed</b>
1. Call to order, comments from the chair, and a moment of silence	Mikie Lochner called the meeting to order at 11:10 a.m. and noted the presence of a quorum in person.  The chair thanked attendees for their participation. Then, a moment of silence was observed.	
2. Public comment (for members of the public)	A member of the public commented about the regulations of Assembly Bill (AB) 2449.	
3. Sharing our concerns (for committee members)	Shannon Ransom requested an update on Housing Navigation services per discussion from the CARE Partnership meeting on 04/17/2023.	
4. <b>Action:</b> Review/approve the Steering Committee agenda for Tuesday, April 18, 2023	<b>Action:</b> Approve the Steering Committee agenda for April 18, 2023 as presented: M/S/C: Jacobs, Ransom, 4-0	

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Agenda Item	Discussion/Action	Follow-Up Needed
	Abstentions: Lochner Motion carries	
5. <b>Action:</b> Review/approve HPG agenda for April 26, 2023	<b>Action:</b> Review/approve HPG agenda for April 26, 2023 M/S/C: Van Brocklin, Tilghman, 4-0 Abstentions: Lochner Motion carries	
<b>6. Committee Reports and Recommendations</b>		
a. Membership Committee		
i. Recommendation for HPG membership	None	
b. Priority Setting and Resource Allocation Committee (PSRAC)		
i. Recommendation(s) for reallocation of funds in Fiscal Year 2023 (the current fiscal year is March 1, 2023 – February 28, 2024)	<p>The final award for Ryan White Part A has been granted and indicates that \$78,759 will need to be allocated. Because PSRAC was not able to meet quickly enough to allocate these funds, allocation will occur during the next HPG meeting on April 26, 2023.</p> <p>Dr. Delores Jacobs would like to follow up with the possibility of allocating funds toward psychosocial support services. Shannon Ransom asked a question regarding transportation services. Clarification on procurement and eligibility criteria was given by a member of the Recipient's office.</p> <p>During September 2023- May 2024, PSRAC will meet; PSRAC once every other month in alteration with the Strategies and Standards Committee. During the previous PSRAC meeting, the committee agreed to reduce their meeting time from 2 to 1.5 hours. The committee</p>	<p>Allocation of funds will occur during the next HPG meeting on April 26, 2023.</p> <p>PSRAC will discuss alternative meeting times during the next PSRAC meeting on May 11, 2023.</p>

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Agenda Item	Discussion/Action	Follow-Up Needed
	<p>also agreed to change the time of their meetings to accommodate members' schedules. Further discussion will be held at the next PSRAC meeting on May 11, 2023.</p> <p>During the summer months, PSRAC will be transitioning from meeting every week to two 4-hour meetings to accommodate members' schedules. During these months, all data and the budget will be reviewed. Additional s can be scheduled if needed.</p> <p>Mikie Lochner (Chair) proposed to schedule two 3-hour meetings to review the budget for August 2023. This will be discussed during the next Steering Committee meeting.</p>	
c. Community Engagement Group	None	
d. Strategies and Standards Committee	The Strategies and Standards Committee has changed its meeting time to 3:00 PM – 5:00 PM.	
e. Medical Standards and Evaluation Committee (MSEC)	None	
f. Steering Committee	None	
<b>7. Process and Governance Issues</b>		
a. Review: Public comments / HPG member comments / Suggestions to the Steering Committee from previous HPG meeting(s)	None	
b. Update: In-person meetings, implementation of AB 2449, and location of Steering meetings in April and May 2023	The Chair asked if members could promptly reply to emails being sent from Support Staff, especially emails regarding quorum. The Chair also requested that Committee Chairs ask their members to notify Support Staff if they have a	Members will be asked to notify Support Staff if they have preferred methods of communication during the next

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Agenda Item	Discussion/Action	Follow-Up Needed
	<p>preferred method of communication other than email. A standardized process will be established during the next HPG meeting on April 26, 2023.</p> <p>A member of the public expressed concerns about receiving emails from Support Staff that are too large in size and taking up space in their inbox. A member of the Support Staff mentioned that they have initiated a transition to utilizing MailChimp to simplify emails and graphics.</p>	HPG meeting on April 26, 2023.
c. Discussion: HPG purchase of FirstNet ATT hotspots	<p>A member of the Support Staff reviewed with the committee that there are currently six (6) hotspot devices that have been distributed for use. The committee agreed to continue paying its monthly fees, which are \$286.44 a month (\$47.74 per device).</p> <p>We currently need to find out to whom the devices were distributed.</p>	The Chair would ask members to notify Support Staff if they were given a hotspot device. Support Staff will follow up to see if any distributed devices are being actively used.
d. Update: HPG Orientation on May 18, 2023, from 2:00 PM – 4:00 PM at the Malcolm X Library	<p>A member of the Support Staff announced that we had reserved the Malcolm X Library from 2:00 PM – 4:00 PM to conduct the annual HPG Orientation on May 18, 2023. Support Staff requested that members promote the event and notify Support Staff if anyone is interested.</p> <p>Rhea Van Brocklin will follow-up with Project PEARL participants.</p>	Rhea Van Brocklin will follow-up with Project PEARL participants.
e. Discussion: Assessment of the Administrative Mechanism: Planning	The committee addressed deadlines for when to complete the assessment of the Administrative Mechanism. The Chair aims to	Chair will work with Support Staff to create the assessment.

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Agenda Item	Discussion/Action	Follow-Up Needed
	discuss the assessment with the Steering committee and the HPG in June 2023. The HPG will then submit their questions for the assessment to the Support Staff. Support staff will submit the assessment to the Recipient's office by August 2023.	
f. Update: GTZ Community Engagement Project – 3-Year HPG Action Plan	Dr. Delores Jacobs reviewed two (2) new documents for review: HPG Membership Recruitment Plan and the Procedure for Public Requests (included in the packet). The committee agreed on the Procedure for Public Requests. The HPG Membership Recruitment Plan is still in draft and will continue to be updated as necessary.	Support Staff will implement guidance included in the Procedure for Public Requests and include that document in every HPG meeting packet moving forward.
i. Membership recruitment plan	<p>Shannon Ransom voiced concerns of a lack of engagement from potential members. It was suggested that all members should improve on building a safe and welcoming environment so people will be encouraged to join. It was noted that individuals would historically walk away from the HPG due to various challenges and barriers.</p> <p>The committee discussed different promotion strategies for engagement. Shannon Ransom recommended if there can be participation at the County Case Management meeting.</p> <p>A member of the public voiced concerns about transportation reimbursement for those who would like to attend the CARE Partnership</p>	<p>Membership recruitment will continue to be discussed during the next Membership and Steering committee meeting.</p> <p>The chair and a member of the recipient's office will discuss requirements of transportation reimbursement and food distribution with Health Resources and Services Administration (HRSA).</p>

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Agenda Item	Discussion/Action	Follow-Up Needed
	meeting in person. A concern was brought up regarding whether we can provide food for non-HPG members during meetings.	
g. Discussion: Steering Retreat		
h. Review 2023 HPG Work Plan		
i. <b>Action:</b> Approval of the Committee Operating Guidelines	The Committee Operating Guidelines were not approved due to further recommendations.	The Chair requested that members view the draft of the Committee Operating Guidelines and notify Support Staff of their recommendations.
j. Update: Integrated Statewide Strategic Plan	The Chair noted that the Strategic Plan should include implementing services for the aging population.	The Chair will follow up to ensure an updated Strategic Plan will be sent to the Strategies and Standards Committee and the Recipient's office.
k. Discussion: HIV Prevention Board Letter	A member of the recipient's office requested authorization to accept funding from the HIV Prevention funding source. The committee accepted this funding.	A member of the Recipient's office will present the HIV Prevention Board Letter to the HPG during the next HPG meeting on April 26, 2023.
l. Discussion: Eliminate Hepatitis C Virus, Task Force	To end Hepatitis C, there is a request for an HPG member to join the Hepatitis C Task Force due to the overlap of HIV work. Dr. Tilghman is a current member of the	The Chair will ask HPG members if they would like to join the Hepatitis C Task Force.

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Agenda Item	Discussion/Action	Follow-Up Needed
	Hepatitis C Task Force, but the opportunity will also be presented to other members. In addition, we will receive a report to inform members how many people with HIV currently have untreated Hepatitis C.	
8. Updates and budget review from the HIV, STD, and Hepatitis Branch (HSHB)	Patrick Loose presented updates regarding the budget and grant opportunities. An award was given to focus on black individuals, men who have sex with men, and transgender women. There will be a future meeting to decide how to deploy those funds. There is also a grant opportunity from HRSA, which is to support transitioning to a status-neutral approach to HIV care and services. This is a highly competitive grant which will be given to entities that are eligible from Ryan White Part A jurisdictions.	
9. <b>Action:</b> Approval committee meeting minutes from February 14, 2023	The Steering Committee meeting minutes from February 14, 2023, will be approved at the May 2023 Steering Committee meeting.	
10. Review committee attendance		
11. Future agenda items for consideration		
12. Announcements		
13. Confirm the next meeting date	<p>Date: May 16, 2023  Time: 11:00 am – 1:00 pm  Location: In-person meeting at:  County Operations Center (COC)  Training Room 124  5530 Overland Avenue  San Diego, CA 92123</p> <p>AND remotely/virtually via WebEx</p>	
14. Adjournment	1:07 PM	

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

<b>STEERING</b>	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	#
<b>Total Meetings</b>	1	1	1	1	0	1	1	0	0	1	1	0	1	9
Community Engagement Group	*	*	*	1	NM	*	*	NM	NM	1	1	NM	1	3
Medical Standards	*	*	*	*	NM	1	1	NM	NM	*	*	NM	*	2
Membership	1	*	*	*	NM	*	1	NM	NM	*	1	NM	1	3
Priority Setting and Resource Allocation	*	*	*	*	NM	*	*	NM	NM	*	*	NM	*	0
Strategies & Standards	*	1	1	*	NM	*	*	NM	NM	*	*	NM	*	2
Chair- Mikie Lochner	*	*	*	*	NM	*	*	NM	NM	*	*	NM	*	0
Vice Chair - Rhea Van Brocklin	*	*	*	*	NM	*	*	NM	NM	*	*	NM	*	0

To vote, a member may not miss **four (4) consecutive meetings** or **six (6) meetings within twelve (12) months**.

\* = Present

1 = Absent for the month

1 = Absence when there are multiple meetings that month. Member needs to attend at least one (1)

JC = Just Cause

EC = Emergency Cause

NM = No Meeting

## **Executive Summary**

In collaboration with the San Diego County's Health & Human Services Agency, the San Diego HIV Planning Group is dedicated to assist in the design, endorsement, and implementation of a comprehensive Ending the HIV Epidemic response plan. Comprised of community members and HIV service providers, the SD HPG has a vision for creating a supportive environment where all members can feel heard, valued, and respected, and are encouraged to contribute; particularly as it pertains to ensure communities most impacted by the HIV epidemic have equitable access to HIV prevention and care and other essential services.

To achieve health equity and execute San Diego County's Ending the HIV Epidemic response plan, injustices caused by racism must be addressed. Providing the complexity of racism, as it operates at various levels in society, racism is a driving force for the disproportionate HIV rates in Black and Latinx/Hispanic communities due to social determinants of health (i.e., housing, education, employment), etc.) as a barrier to health equity. While understanding the existence and impact of systemic racism, socioeconomic disparities, and inequities experienced in Black and Hispanic/Latinx communities, the San Diego HIV Planning Group is utilizing the principles of justice, equity, diversity, and inclusion as a framework for mindful practice among HPG members, contracted HIV Service providers, and stakeholders.

Racism has been deemed as a public health concern and is a barrier for culturally responsive and relevant in the delivery of HIV prevention and care services. Creating a strategy that addresses racism is critical to ensure that those most impacted by the HIV epidemic are engaged and heard, particularly the voices from Black and Latinx/Hispanic communities. Addressing racism is essential to ending the HIV epidemic, which require effective collaboration and communication between community members and HIV service providers.

DRAFT

## Introduction & Background

The mission of the San Diego (SD) HIV Planning Group (HPG) is to plan for the delivery of HIV services throughout the continuum of care to reduce the impact of HIV. The SD HPG is responsible for planning services for people infected and affected by HIV/AIDS in SD, and for allocating funding for these services under the federal Ryan White HIV/AIDS Treatment Extension Act of 2009 (RWTEA), Parts A and B. All meetings of the SD HPG and its committees are open to the public.

Comprised of 44 members who represent specific seats, the SD HPG members are appointed by the SD County Board of Supervisors. One-third of the SD HPG members must be “unaffiliated consumers” defined as someone who:

- Receives HIV-related services from at least one Ryan White Part-A funded provider;
- Is not an officer, employee, or consultant to any agency receiving Ryan White Part A funds, and do not represent such an entity; and
- Reflects the demographics of the population of individuals living with HIV/AIDS in San Diego County.<sup>1</sup>

San Diego county has the third highest HIV rates the state of California (472.9 per 100,000 residents)<sup>2</sup>, Black/African American (32.8 per 100,000 residents) and Hispanic/Latino (23.3 per 100,000 residents) persons aged 13 years and older are disproportionately impacted.<sup>3</sup> Based on the data, the voices of Black/African American and Hispanic/Latino are critical. In collaboration with the SD County’s Health & Human Services Agency (HHSA), the SD HPG is dedicated to creating and supporting an inclusive culture for members and others supporting HIV service contractors, with the commitment to:

- Giving all HPG members an equal voice in developing policy;
- Honoring diverse views;
- Including representatives from communities affected by HIV in San Diego County; and
- Ensuring our HPG membership and the HIV workforce of our supporting HIV service contractors are reflective of those living with and at higher risk for HIV in San Diego County.

While understanding the existence and impact of systemic racism, socioeconomic disparities, and inequities experienced in Black and Hispanic/Latinx communities, the SD HPG has a vision for creating a supportive environment where all members can feel heard, valued, and respected, and are encouraged to contribute. SD HPG’s mission statement is to use the principles of justice, equity, diversity, and inclusion (JEDI) as a framework for mindful practice among HPG members, contracted HIV Service providers, and stakeholders. The JEDI principles consist of the following:

- Affirm the right to dignity & strive to keep mutual respect for each other
- Value/ celebrate cultural diversity of HPG
- Adapt responsibly to cultural differences (Cultural differences are commonly defined as the various beliefs, behaviors, languages, practices and expressions considered unique to members of a specific ethnicity, race or national origin.)
- Acknowledge historical & divisive biases based on race, ethnicity, sex, gender identity, age, disability, sexual orientation, religion, and political beliefs & seek understanding among individuals and groups
- Continue commitment to achieving proportional demographic representation among the HPG and its HIV service contractor workforce
- Commit to promoting & supporting a community where all people can work and learn together in a safe & welcoming place
- Reject acts of any discrimination and will address/respond to such acts appropriately
- Affirm the right to freedom of expression at the HPG
- Commit to the development & enforcement of policies that promote the fulfillment of these principles

To support with operationalizing the JEDI principles, the SD HPG hired Equity & Impact Solutions to provide a three-hour anti-racism training. Prior to the three-hour training, Equity & Impact Solutions conducted interviews

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<sup>1</sup>[https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/hiv\\_std\\_hepatitis\\_branch/HIV\\_Planning\\_Group/HPG\\_About\\_Us.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/hiv_std_hepatitis_branch/HIV_Planning_Group/HPG_About_Us.html)

<sup>2</sup><https://www.chprc.org/ehe-map/>

<sup>3</sup>[https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/CHS/dips/HIVAIDS\\_Slide%20Set\\_08.22.pdf](https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/CHS/dips/HIVAIDS_Slide%20Set_08.22.pdf)

(see Appendix A for interview questions) with various HPG members to further inform the training's content and design.

### **Interview Findings**

Equity & Impact Solutions interviewed 6 HPG members, with lengths of time involved with the SD HPG ranging from 5yrs – 23yrs. HPG members expressed the need for integrating the JEDI Principles in their efforts including their Ending the HIV Epidemic (EHE) response plan. Based on responses, some expressed the low representation of youth and people of color involved, though 56% of the SD HPG members identify as Latinx/Hispanic. Inequities such as the low representation of key community members can be a result of the power imbalance within the HPG, as there are more HIV providers than community members on the planning body. Some of the interviewed HPG members saw the need for more efforts addressing social determinants of health and reducing bureaucratic red tape as a way to help increase community involvement. Conflict between some HPG members has been seen as a reason for the resignation of past members, specifically due to not feeling safe. There have been expressed perceptions of racism by some HPG members, particularly during meetings.

Interviewed HPG members shared that email communications have helped with making HPG members feel included as well as having access to pertinent information. HPG members also do phone check-ins to gauge how members are doing or their involvement in the HPG and acknowledge HPG members' birthdays at each monthly meeting. Expressed desired outcomes for the SD HPG included – robust participation, more involvement from community members/consumers, increased productivity, and strategy for addressing racial and health inequities.

### **Technical Assistance Approach**

The training was held on March 22, 2023, from 10:30am – 1:30pm at the Valencia Park/Malcolm X Library).

Addressing anti-racism may seem intimidating and complex as the topic of racism can elicit strong emotions and opinions. The interactive training introduced participants to guiding theoretical frameworks to support with implementing the JEDI principles and activities to initiate immediate next steps. Training objectives were:

- Review Anti-Racist Frameworks, Theories, and Approaches
- Contextualize the HIV Response and How to End HIV by Responding to Racism
- Identify ways to operationalize anti-racist approaches in San Diego's HPG work over the next 12 months
- Discuss strategies that ensure safety in having conversations about racism

To conduct a training on a sensitive topic, Equity & Impact Solutions utilized two theoretical frameworks, Equity Centered Decision-Making, and Arnstein's Ladder of Participation, helping to facilitate meaningful discussions of strategies/next steps for the SD HPG to effectively operationalize the identified JEDI Principles.

Equity-Centered Community Design is a unique creative problem-solving process based on equity, humility-building, integrating history and healing practices, addressing power dynamics, and co-creating with the community. This framework emphasizes community's culture and needs to explore ways of dismantling anti-racism, allowing for equitable opportunities in decision-making, employing the following tenets:

1. Inviting Diverse Co-Creators: Bringing together people with different perspectives, values, experiences, and expertise to a design scenario, ensuring that community members most impacted by the design scenario are not only invited but included and heard.
2. Building Humility & Empathy: Examining how our own identities, values, biases, assumptions, and relationships to power and privilege impact how we engage with ourselves, each other's, and the communities we work with.
3. Defining & Assessing Topic and Community Needs: Learning about the specific needs, goals, values, and perspectives of those community members.
4. Ideating Approaches: Brainstorming ideas for potential approaches to the topic of focus.
5. Rapid Prototyping: Bringing ideas to life.
6. Testing and Learning: Having others evaluate the prototype, gathering their feedback, and using their feedback to adjust the prototype. Testing and learning should be continuous.
7. History and Healing: Understanding the motives behind - and the potential impact, as the personal history and trauma of each individual must be considered while integrating healing practices within the process.

8. Acknowledging, Sharing, and Dismantling Power Constructs: Power must be acknowledged, dismantled, and/or shared. The sharing of power is necessary from the members with traditional access. Accepting power is beneficial for the historically under supported.<sup>4</sup>

Arnstein's Ladder of Participation is a guide to seeing who has power when important decisions are being made. The Ladder of Participation helps us understand the importance of moving up the ladder and increasing citizen participation to ensure that everyone's voices are heard, and their needs are met.<sup>5</sup> The ladder is comprised of these participatory steps:

1. Manipulation and 2 Therapy: Both are non-participative. The aim is to cure or educate the participants. The proposed plan is best and the job of participation is to achieve public support through public relations.
3. Informing: A most important first step to legitimate participation. But too frequently the emphasis is on an one-way flow of information. No channel for feedback.
4. Consultation: A legitimate step attitude surveys, neighborhood meetings and public enquiries. But Arnstein still feels this is just a window dressing ritual.
5. Placation: It allows citizens to advise or plan ad infinitum but retains for power holders the right to judge the legitimacy or feasibility of the advice.
6. Partnership: Power is in fact redistributed through negotiation between citizens and power holders. Planning and decision-making responsibilities are shared through joint committees.
7. Delegation: Citizens holding a clear majority of seats on committees with delegated powers to make decisions. Public now has the power to assure accountability of the program to them.
8. Citizen Control: Have-nots handle the entire job of planning, policy making and managing a program with no intermediaries between it.<sup>6</sup>

After being introduced to and discussing the guiding theoretical frameworks, the SD HPG members engaged in a JEDI Mapping Art Activity – to visually express as a collective of ways to operationalize anti-racist approaches in the SD HPG over the next 12 months. Once creating and sharing collective JEDI visions, the SD HPG were divided in their respective sub-committees to identify 1 annual goal along with SMART objectives to meeting those goals (see Appendix C of SD HPG draft goals and objectives). Equity & Impact Solutions concluded the training by providing the SD HPG w/ tips for having conversations about race, specifically a conceptual framework called the Press Model which answers the following questions:

- Do I understand what the problem is and where it comes from?
- Do I care about the problem and the people it harmed?
- Do I know how to correct the problem and am I willing to do it?<sup>7</sup>

### Conclusion and Recommendations

In summary, the technical assistance provided was designed to support the SD HPG with infusing their JEDI Principles in their planning and response efforts, particularly with addressing racism to ending the HIV epidemic. The interviews conducted prior to the 3-hour training helped to inform training activities including identifying theoretical and conceptual frameworks that will leverage operationalizing the JEDI Principles.

Key recommendations for the SD HPG will be the use of Equity-Centered Decision-Making and Arnstein's Ladder of Participation to gauge the involvement of HPG members and how their voices have been utilized to inform critical decisions. The two theoretical frameworks will also help to allow space for alternate ways to give input that encourages meaningful and robust participation among HPG members, helping to diversify membership.

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<sup>4</sup> <https://crxlab.org/our-approach>

<sup>5</sup> <https://www.commonplace.is/blog/arnsteins-ladder-of-citizens-participation-explained#:~:text=It's%20like%20a%20ladder%2C%20with,a%20partnership%20or%20citizen%20control.&text=Think%20of%20it%20this%20way,re%20planning%20a%20surprise%20party.>

<sup>6</sup> <https://www.citizenshandbook.org/arnsteinsladder.html>

<sup>7</sup> <https://hbr.org/2020/09/how-to-promote-racial-equity-in-the-workplace>

Ongoing community engagement in communities most impacted by the HIV epidemic in SD County will also assist in the recruitment of diverse members, specifically voices that are not represented on the HPG. Implementing the PRESS conceptual framework, hosting quarterly anti-racism/JEDI trainings and mentorship are critical for the retention of diverse HPG members as well as achieving the goal of a diverse HPG leadership.

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## Appendix A: Interview Questions

### Informant Interview Guide Questions

- What does racism look, sound and feel like for you?
- How does structural racism function w/in SD's health department?
  - How does that manifest within your team/program/department?
  - How does structural racism affect SD's response to ending the HIV epidemic?
- What does equity in SD's HPG look like for you?
- How does SD HPG approach racial equity with its members?
- How does SD HPG ensure you are included?
- What has been useful and challenging in the San Diego's HPG journey towards an anti-racist approach?
- How culturally humble are HPG members?
- What are the desired outcomes HPG members have out of this training and engagement?

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## Appendix B: Training Agenda

### Training Agenda – 10:40-1:30

10:40am – 10:50am:	Welcome, Introductions, & Group Agreements
10:50am – 11:00am	Tips to Being a Better White Ally
11:00am – 11:05am	Review of Definitions
11:05am – 11:15am	Reflection/Discussion of Pre-Work Materials <ol style="list-style-type: none"><li>1. What were the emerging/common themes from pre-work materials?</li><li>2. What ideas/thoughts can support SD HPG with implementing anti-racist approaches?</li><li>3. What ideas/thoughts can help to contextualize a more equitable HIV response?</li></ol>
11:15am – 11:25am:	Shareback of common themes from individual assessments/interviews - After shareback, ask the following questions: <ol style="list-style-type: none"><li>1. What was your reaction to the findings shared?</li><li>2. What from the shared findings resonate with you or reminded you of personal/professional experiences?</li><li>3. Do the shared findings change or shape your perspective? If so, how?</li></ol>
11:25am – 11:30am:	Introduce Critical Race Theory, Amstein's Ladder of Participation, and Equity-Centered Decision-Making
11:30am – 11:45am:	JEDI Mapping Art Activity: In groups of 4-5 people, work together to provide a JEDI mapping illustration on a black newsprint/canvas, using a combination of images, metaphors, and words. This is not about fine art, but rather a way to visually express as a collective of ways to operationalize anti-racist approaches in San Diego's HPG work over the next 12 months.
11:45am – 12:00pm:	Presentation of JEDI Mapping w/ the following discussion questions: <ol style="list-style-type: none"><li>1. How might we support one another serving on SD's HPG as allies?</li><li>2. How might we support our White colleagues as allies</li><li>3. How might we change our ways of working to create more room for imagination and creativity?</li><li>4. How might we deepen relationships within SD's HPG so that we can surface our own experiences and challenges as a planning body and support the racial equity work of SD HD?</li><li>5. How might we tell the story of SD HPG's learning journey around anti-racism in a way that contextualize SD HD's response to ending the HIV epidemic?</li><li>6. How might we promote a culture of JEDI within SD's HPG?</li></ol>
12:00pm – 12:30pm	Lunch
12:30pm - 12:50pm	Goals, Objectives, and Key Results: With the guiding frameworks and based on JEDI mapping illustrations and discussions, identify 1 annual goal (or 2) along with at least 3 SMART objectives to meeting those goals. With the established objectives, provide key performance indicators that inform how objectives will be met.
12:50pm – 1:05pm	Shareback of Goals, Objectives, Key Results <ol style="list-style-type: none"><li>1. How confident are we with implementing discussed goals and OKRs?</li><li>2. What support is needed to implement the discussed goals and OKRs?</li><li>3. What will safety look like to ensure participation from all HPG members to implement the discussed goals and OKRs?</li></ol>

1:05pm – 1:15pm	Provide SD HPG w/ tips for having conversations about race – Show PRESS Model
1:15pm – 1:20pm:	Recommended Next Steps
1:20pm – 1:30pm:	Questions and wrap up

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## Appendix C: SD HPG Goals and Objectives

- Goal: Increase communications for the SD HPG that supports an inclusive culture for members and others supporting HIV service contractors.
  - Obj: By May 2023, each of the HPG subcommittees will have developed a value/anti-racist statement.
  - Obj: By June 2023 women care partnership taskforce will begin hosting bi-annual meet and greet with the SD HPG.
  - Obj: By July 2023, the SD HPG will develop a communications schedule and ensure information is displayed on all media outlets
  - Obj: By June 2023 women care partnership taskforce will begin hosting bi-annual meet and greet with the SD HPG.
  - Obj.: By September 2023, the SD HPG will begin hosting quarterly anti-racism trainings for their members.
- Goal: Increase community engagement by the SD HPG to garner diverse voices and perspectives from communities most impacted by the HIV epidemic.
  - Obj: By September 2023, develop a revised community needs assessment.
  - Obj: By December 2023, conduct a community needs assessment.
  - Obj: By February 2024, determine support needs from key communities aiming to engage in the SD HPG.
- Goal: Diversify the SD HPG Leadership so there are representations from communities affected by HIV in San Diego County as key decision-makers.
  - Obj: By June 2023, existing HPG chairs should begin to transition to their BIPOC co-chairs with detailed support for their work
  - Obj: By September 2023, identify and support informal group networking activities in key communities.
  - Obj: By September 2023, conduct a consumer/community needs assessment to gauge their capacity and confidence to take on leadership roles.
  - Obj: By January 2024, Membership & Community Engagement committee develop workforce workgroup to develop mentoring and capacity of community
- Goal: Diversify HPG membership to be reflective of those living with and at higher risk for HIV in San Diego County.
  - Obj: By October 2023, expand membership outreach in key communities such as collaborating with Project Pearl for membership recruitment.
  - Obj: By January 2024, establish a mentorship program to support new members.
  - Obj: By May 2024, the SD HPG will have conducted an annual assessment of members involvement in the SD HPG.

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

**Procedures for Public Participation**

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

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

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

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

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

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

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

If the physical attendance quorum requirement is met, AB 2449 permits a member who is not physically present to request virtual attendance at the local legislative body's meeting under two circumstances: (1) for **"just cause"** and (2) due to **"emergency circumstances"**.

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

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

### **Additional Requirements for a Member Participating Remotely:**

In addition to making a request either for “just cause” or due to an “emergency circumstance” for remote appearance, AB 2449 imposes the following three (3) additional requirements on legislative body members seeking to appear remotely at public meetings:

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

## May 2023 – HIV Planning Group Committee Meetings

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

	Meeting	Date	Time	Location
<b>1</b>	Medical Standards & Evaluation Committee (MSEC)	Tuesday, May 9, 2023	4:00 PM – 5:30 PM	<b>Building 5560 – Training Room 171</b>
<b>2</b>	Membership Committee	Wednesday, May 10, 2023	11:00 AM – 1:00 PM	<b>Building 5560 – Training Room 171</b>
<b>3</b>	Priority Setting & Resource Allocation Committee (PSRAC)	Thursday, May 11, 2023	3:00 PM – 4:30 PM	<b>Building 5500 – Training Room 120</b>
<b>4</b>	Steering Committee	Tuesday, May 16, 2023	11:00 AM – 1:00 PM	<b>Building 5570 – Medical Examiner's Office, Room 1047</b>
<b>5</b>	Community Engagement Group	Wednesday, May 17, 2023	3:00 PM – 5:00 PM	<b>Building 5560 – Training Room 171</b>
<b>6</b>	HIV Planning Group	Wednesday, May 24, 2023	3:00 PM – 5:00 PM	<b>Building 5560 – Training Room 171</b>

**Reminder:** PSRAC switched to every other month in alteration with Strategies effective April 2023 (except for the Budget Allocation Process from June – July).  
Strategies Committee time change to 3:00 PM effective June 2023.



## May 2023 – HIV Planning Group Orientation

**Location:** Virtual via Zoom

Meeting	Date	Time	Location
HPG Orientation	Thursday, May 18, 2023	2:00 PM – 4:00 PM	Virtual via Zoom

## June 2023 – HIV Planning Group Committee Meetings

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



	Meeting	Date	Time	Location
1	Strategies & Standards Committee	Tuesday, June 6, 2023	3:00 PM – 4:30 PM	Building 5560 – Training Room 171
2	Membership Committee	Wednesday, June 14, 2023	11:00 AM – 1:00 PM	Building 5570 – Room 1047 (Medical Examiner's Office)
3	MPOX Task Force	Thursday, June 15, 2023	3:00 PM – 4:30 PM	Building 5560 – Training Room 171
4	Steering Committee	Tuesday, June 20, 2023	11:00 AM – 1:00 PM	Building 5570 – Room 1047 (Medical Examiner's Office)
5	Community Engagement Group	Wednesday, June 21, 2023	3:00 PM – 5:00 PM	Building 5560 – Training Room 171
6	Priority Setting & Resource Allocation Committee (PSRAC)	Thursday, June 8, 2023	<b>**Budget Allocation Process – ⌚ Time TBD**</b>	<b>**Budget Allocation Process – Location TBD**</b>
7	Priority Setting & Resource Allocation Committee (PSRAC)	Thursday, June 22, 2023	<b>**Budget Allocation Process – ⌚ Time TBD**</b>	Building 5500 – Training Room 120
8	HIV Planning Group	Wednesday, June 28, 2023	3:00 PM – 5:00 PM	Building 5500 – Training Room 120

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

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

## July 2023 – HIV Planning Group Committee Meetings

**Location: Various Rooms and Locations – See Below**

	Meeting	Date	Time	Location
1	Membership Committee	Wednesday, July 12, 2023	11:00 AM – 1:00 PM	<b>County Operations Center (COC):</b> 5560 Overland Ave. San Diego, CA 92123 – <b>Training Room 172</b>
2	Steering Committee	Tuesday, July 18, 2023	11:00 AM – 1:00 PM	<b>County Operations Center (COC):</b> 5570 Overland Ave. San Diego, CA 92123 – <b>Room 1047 (Medical Examiner's Office)</b>
3	Community Engagement Group	Wednesday, July 19, 2023	3:00 PM – 5:00 PM	<b>County Operations Center (COC):</b> 5560 Overland Ave. San Diego, CA 92123 – <b>Training Room 172</b>
4	Priority Setting & Resource Allocation Committee (PSRAC)	Thursday, July 20, 2023	<b>**Budget Allocation Process –</b>  <b>Time TBD**</b>	<b>County Operations Center (COC):</b> 5500 Overland Ave. San Diego, CA 92123 – <b>Training Room 120</b>
5	HIV Planning Group	Wednesday, July 26, 2023	3:00 PM – 5:00 PM	<b>Location TBD</b>
6	Priority Setting & Resource Allocation Committee (PSRAC)	Thursday, July 27, 2023	<b>**Budget Allocation Process –</b>  <b>Time TBD**</b>	<b>**Budget Allocation Process – Location TBD**</b>

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

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