

HIV Planning Group

When: Wednesday, May 24 from 3:00 PM – 5:00 PM

Where: Training Room 171 (5560 Building)



Address:

San Diego County Operations Center (COC)
5560 Overland Avenue San Diego, CA 92123



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

From 163:

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

From I-15:

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

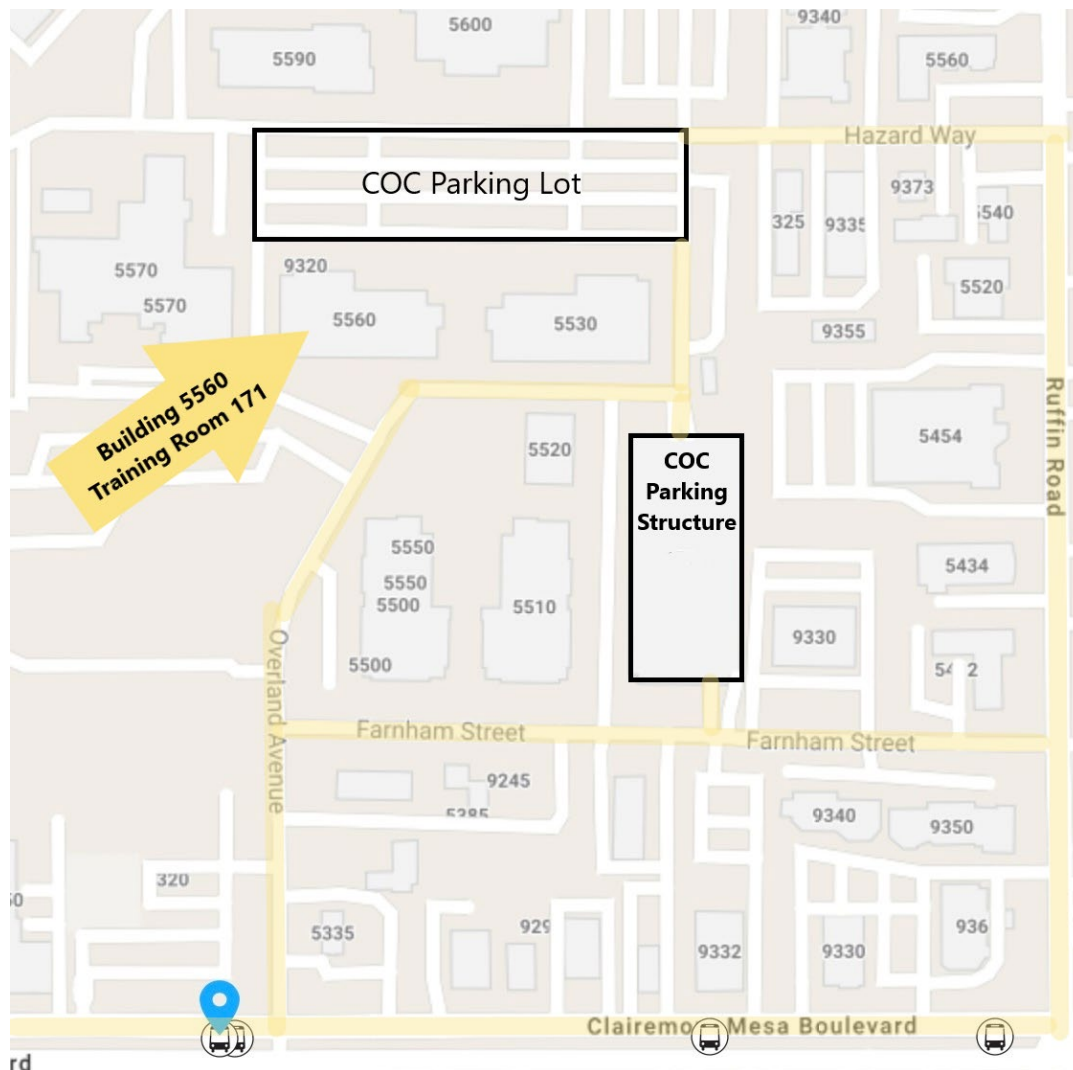
Or

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

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

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

Via MTS/Public Transportation:



From Ruffin Road:

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

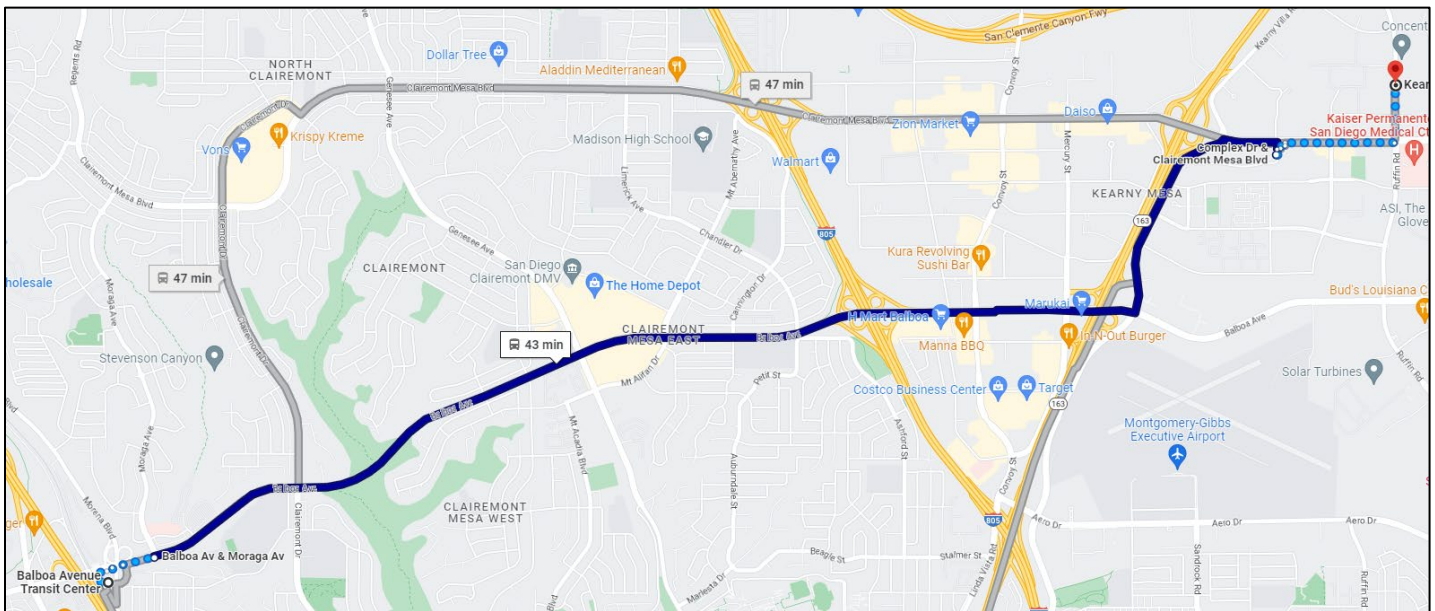
OR

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

From Overland Avenue:

1. Head north on Overland Ave.
2. Enter east through County Operations Center entrance/black gate.
3. Turn left on pedestrian walkway. Building 5560 will be on your left.

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



If Using Trolley & Bus:

1. Take the **Blue Trolley Line** to the **Balboa Avenue Transit Center**.
2. Walk to **Balboa Ave & Moraga Ave** bus stop (about 7-minute walk, 0.3 miles).
3. Take **Route 27** bus from **Balboa Ave & Moraga Ave** to **Complex Dr & Clairemont Mesa Blvd**.
4. Head north on Complex Dr.
5. Cross the street and turn right on Clairemont Mesa Blvd (after U.S. Bank Branch on the right).
6. Cross the street and turn left onto Overland Ave. and head north.
7. Enter east through County Operations Center entrance/black gate.
8. Building 5560 will be on your left.

ADDITIONAL RESOURCES:

County Operations Center (COC) CAMPUS MAP



County of San Diego County Operations Center

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

(858) 694-3610

November 2014

Directions to the
County Operations Center
5500-5600 Overland Avenue
9325-9355 Hazard Way San Diego, 92123

From the North or South (Airport)

From **163**, exit onto Clairemont Mesa Blvd. Eastbound
Turn Left (North) onto Overland Avenue
From **I-15**, exit onto Clairemont Mesa Blvd. Westbound

*All: To access Parking Structure from Overland turn right
onto Farnham Street. Parking Structure is on the left.

From the East or West

From **52**, exit onto Ruffin Road Southbound
Turn Right (West) onto Farnham Street

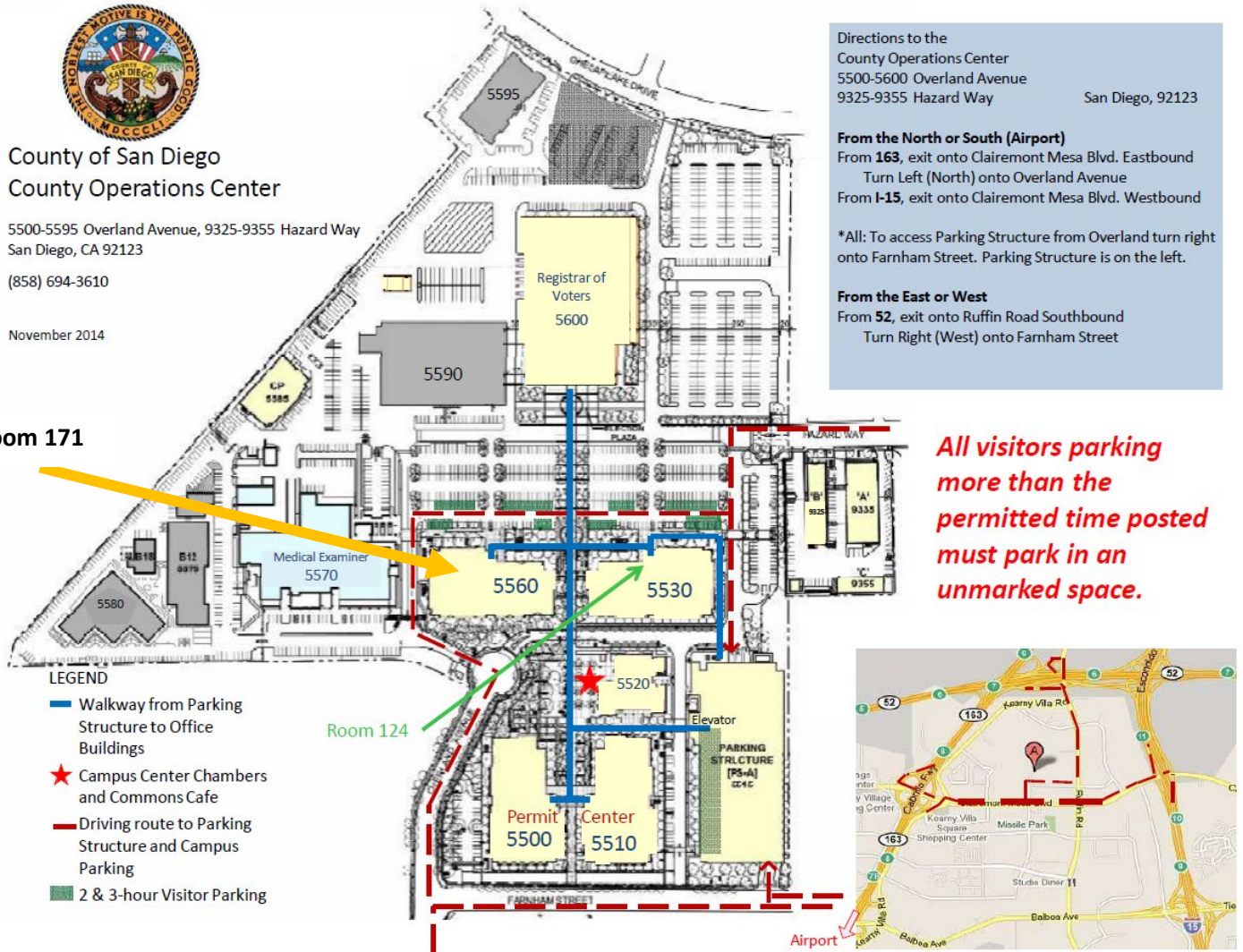
Room 171

*All visitors parking
more than the
permitted time posted
must park in an
unmarked space.*

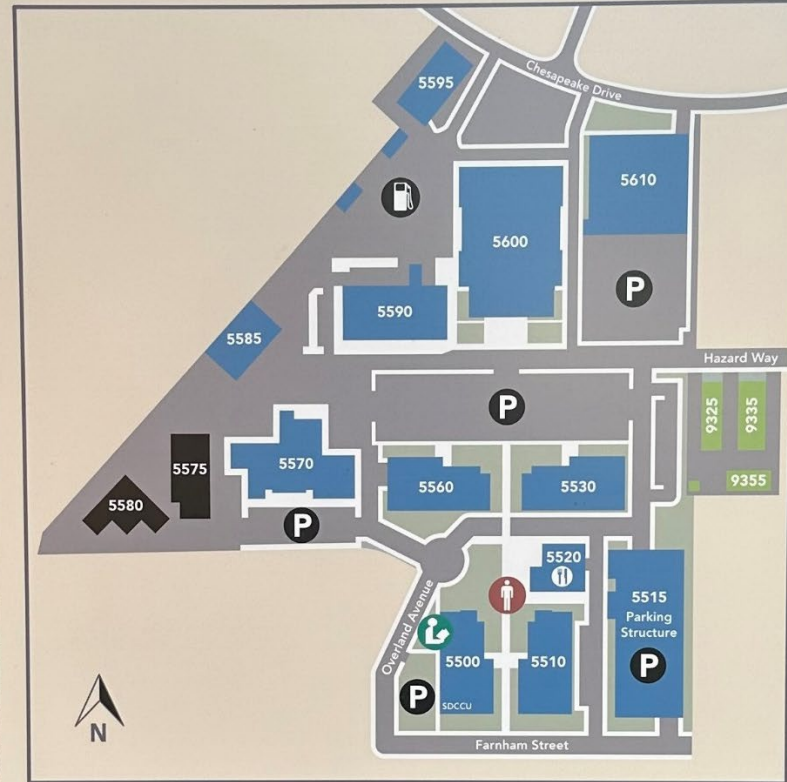
LEGEND

- Walkway from Parking Structure to Office Buildings
- ★ Campus Center Chambers and Commons Cafe
- Driving route to Parking Structure and Campus Parking
- 2 & 3-hour Visitor Parking

Room 124



County Operations Center (COC) CAMPUS DIRECTORY



5500 Permit Center

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

5510 Permit Center

Planning and Development Services
Public Works
SanGIS

5520 Campus Center

Campus Center - Chambers
Campus Center - Commons

5530

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

5560

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

5560 cont.

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

5570

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

5590

Crime Lab

5595

Sheriff Wireless Services
General Services Maintenance

5600

Registrar of Voters
County Mail Center
Probation

5610

General Services Fleet

9325

Agriculture, Weights, & Measures

9335

University of California Cooperative Extension
Vital Records
Public Health Services

THE CODE OF CIVIL DISCOURSE



LIVE WELL
SAN DIEGO

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

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

- ✓ We will promote an inclusive environment where diverse perspectives are shared and considered;
- ✓ We will listen attentively and ask questions to understand others' positions;
- ✓ We will show respect for ideas and views presented, even where we disagree;
- ✓ We will explain our positions by fairly presenting the reasons for them; and,
- ✓ We will avoid personal attacks or other tactics that distract attention from the salient issues.



NATIONAL
CONFLICT
RESOLUTION
CENTER™

PUBLIC PARTICIPATION IN MEETINGS OF THE HIV PLANNING GROUP (HPG)

- (a) The policy of the HPG is to permit public participation in HPG and committee meetings. No person shall address the HPG or one of its committees without the permission of the Chairperson. The Chairperson may limit the time for presentation and the number of persons who may address the Board on any agenda item.
 - (1) A member of the public wishing to speak on an item not on the agenda shall be given an opportunity to speak for up to two (2) minutes. If there are 10 or more speakers wishing to speak on an agenda item, the Chairperson may limit all individuals to speak for up to one (1) minute.
 - (2) Agenda items on the Consent Agenda are not discussed individually; they are approved as a group by one motion. Any member of the public may comment on one or more items listed under the Consent Agenda. Each speaker shall be allowed two (2) minutes to comment on the entire Consent Agenda. Public Comment does not remove an item from the Consent Agenda.
 - (3) Group presentations are not permitted
 - (4) The Chairperson may set limits for each side or aggregate time limits as appropriate when many persons request to speak on an agenda item. The Chairperson shall have discretion in setting time limits.
 - (5) The HPG shall provide at least twice the allotted time to a member of the public who utilizes a translator to ensure that non-English speakers receive the same opportunity to directly address the HPG or committee.
 - (6) The Chairperson of the HPG a Planning or Sponsor Group is the sole official spokesperson for the group unless this responsibility is delegated in writing or otherwise established by majority vote of the group and communicated in writing to the Chairperson of the Board of Supervisors.
 - (7) Non-Agenda Public Communication: There will be a total of ten (10) minutes scheduled at the beginning of the HPG and committee meetings for members of the public to address the Group or committee, each speaker to be allowed no more than two minutes, on any subject matter within the jurisdiction of the HPG and which is not an item on the agenda for that session. Each speaker must raise their hand or ask to be recognized. In the event that more than ten (10) individuals request to address the Group or committee, the first ten (10) will be heard at the beginning of the session. The remaining speakers will be heard at the conclusion of the session and granted two (2) minutes each. The Chairperson shall have discretion to allow more than ten (10) individuals to speak at the beginning of the session. Any person who does not identify

themselves to make a contact during the open public comment time during the beginning of the meeting shall not be allowed to speak to the HPG. The Chairperson may then briefly respond to the speaker, or request a response from a staff member. All issues raised by a speaker will be automatically recorded and referred to the Steering Committee. No other action may be taken by the HPG or committee at this time.

- (b) Any person wishing to speak to the HPG or a committee on a specific agenda item must raise their hand or otherwise identify themselves when public comment begins on the item. No person may yield speaking time to another person. Due to the need to facilitate public comment at the meeting, requests to speak that are unintelligible, profane, or deceptive and/or interfere with the orderly processing of speakers may preclude a member of the public from speaking during that particular public comment period.
- (c) In addition to providing public comments at in person at HPG at meetings, whenever a meeting is being displayed via video conference, Internet-based service options, or other technology, the HPG Support staff shall provide the ability for members of the public to address the Group remotely via a telephonic or other Internet-based service option at regular meetings. Individuals requesting to speak remotely must follow the same rules as in-person speakers
- (d) The HPG wishes to ensure that business is conducted in an orderly fashion and that all have an equal opportunity to observe and participate in the proceedings. Each person who addresses the HPG Group or a committee shall not use loud, threatening, profane, or abusive language that disrupts, disturbs, or otherwise impedes the orderly conduct of an HPG meeting. Any such language or any other disorderly conduct that disrupts, disturbs, or otherwise impedes the orderly conduct of the meeting is prohibited.
- (e) The Chairperson may rule that a speaker is impeding the orderly conduct of the meeting if the comment is “off topic,” or otherwise unrelated to the agenda item under consideration, or if the speaker’s conduct violates any other provision in these Rules of Procedure, and the speaker may forfeit their remaining time on that item.
- (f) No person in the audience at an HPG or committee meeting shall engage in conduct that disrupts the orderly conduct of any meeting, including, but not limited to, the utterance of loud or threatening language, whistling, clapping, stamping of feet, speaking over or interrupting the recognized speaker, repeated waving of arms or other disruptive acts.
- (g) The Chairperson has the authority to issue a warning to a person violating the Rules. If the person continues to violate the Rules and disrupt the meeting, the Chairperson may order that person to leave the meeting.
- (h) Any person removed from a meeting shall be excluded from further attendance at the remainder of the meeting. The exclusion from the meeting

shall be enforced by the HPG Support staff upon being so directed by the Chairperson.

- (i) If any meeting of the HPG or a committee is willfully interrupted or disrupted by a person or by a group or groups of persons to render the orderly conduct of the meeting unfeasible, the Chairperson may recess the meeting or order the person, group or groups of persons willfully interrupting the meeting to leave the meeting or be removed from the meeting.
- (j) Placards, banners, signs, flags, or other large objects designed to interrupt or disrupt the orderly conduct of the meeting are not permitted at the meeting.
- (k) If any meeting is willfully interrupted or disrupted by a person or by a group or groups of persons to render the orderly conduct of such meeting unfeasible and order cannot be restored by the removal of the person or persons willfully interrupting or disrupting the meeting, the Chairperson may recess the meeting or order the meeting room cleared and continue in session. Only matters appearing on the posted agenda may be considered in such a session. Duly accredited representatives of the press or other news media, except those participating in the disturbance, shall be allowed to attend or remain in the meeting.
- (l) If any person makes discriminatory or harassing remarks (defined below as used in the Rules of Procedure) at a public meeting, the Chairperson may take the following actions:
 - (1) The Chairperson shall read, at Chairperson's option, the County's policy regarding discrimination and harassment (below), into the record. The Chairperson shall state that comments in violation of County policy will not be condoned, and inform the speaker that their language is unwanted, unwelcome and/or inappropriate, and that they interfere with the ability of those present to listen and understand; and
 - (2) the Chairperson shall further state that any County employee who is offended or otherwise does not wish to attend due to the remarks is excused from attendance at the meeting during the remarks; and
 - (3) the speaker's time will be held during the Chairperson's admonishment and the speaker will receive their full allotment of time, unless the speaker's comments continue to disturb, disrupt, or impede the orderly conduct of the meeting; and
 - (4) the speaker will be allowed to continue after the admonishment.
 - (5) The Chairperson may call a recess to allow staff or public to leave and/or provide de-escalation.
 - (6) After the speaker, any Supervisor may make brief response to such comments, if desired.

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

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

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

Procedure of HPG Public Requests During HPG Meetings

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

The process/procedure for responding is as follows.

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

Explain the process for a response and indicate that:

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



County of San Diego

NICK MACCHIONE, FACHE
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)

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 fourteen (14)

HPG Members: Allan, Acevedo, Amy Applebaum, Alberto Cortes, Beth Davenport, Alfredo De Jesus, Esteban Duarte, Felipe Garcia-Bigley, David Grelotti, Pamela Highfill, Delores Jacobs, Cinnamon Kubricky, Robert Lewis, Michael Lochner, Moira Mar-Tang, Venice Price, Shannon Ransom, Raul Robles, James Rucker, Stephen Spector, Myres Tilghman, Karla Torres, Regina Underwood, Rhea Van Brocklin, Freddy Villafan, Jeffrey Weber, Michael Wimpie, Adrienne Yancey

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:** Approve the HPG agenda for May 24, 2023
5. Old Business: None
6. New Business
 - a. **ACTION:** Approve the Board Letter for Ryan White Part A funding for FY 23
7. **ACTION:** Revise Quorum in HPG By-Laws
8. Presentation: HPG Goals and Objectives for Establishing an Anti-Racism Approach for the SD HPG – Raniyah Copeland
9. Presentation: Biomedical HIV Prevention Fellowship Introduction – Allan Acevedo
10. Training: Ryan White HIV/AIDS Program & Parts – Patrick Loose

Website: Sdplanning.org
Email: HPG.HHSA@sdcounty.ca.gov

11. Updates and budget review from the HIV, STD, and Hepatitis Branch – Patrick Loose, Lauren Brookshire, Maritza Herrera
 - a. Administrative Budget Review – Carlie Catolico
12. Suggestions to the Steering Committee for consideration of future items
13. Announcements
14. Next Meeting Date: **Wednesday, June 28, 2023, from 3:00 PM – 5:00 PM.**
Location: **In-person at County Operations Center (COC) 5500 Overland Ave. San Diego, 92123 (Training Room 120)** and via WebEx.
15. Adjournment

Public comment rules:

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



County of San Diego

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HIV PLANNING GROUP ACTION ITEM INFORMATION SHEET

RECOMMEND MAINTAIN QUORUM AT GREATER THAN 50% IN THE HPG BYLAWS

May 24, 2023

ITEM: Approve maintaining the quorum at HPG meetings at greater than 50%.

BACKGROUND:

At its June 23, 2021 meeting, the HPG approved the creation of an ad hoc committee to review and update the HPG Bylaws and affected policies and procedures. A request was also submitted to the Health Resources and Services Administration (HRSA) for technical assistance on this task.

Technical assistance with a HRSA contractor became available in January 2022 and the ad hoc Bylaws Committee met from January 19, 2022, to March 30, 2022. The changes were presented to the Steering Committee and the HPG, and additional changes were made by the Steering committee in July 2022 in response to the HRSA site visit report.

As a result, the Consumer Group has officially changed its name to the Community Engagement Group.

Additionally, the Assembly Bill 2449 has established teleconferencing rules for boards and commission meetings that include changes to requirements for in-person quorum. With teleconferencing option, it may become difficult to assemble at least 50% of members in person.

A review of the proposed change of quorum to 33% resulted in the recommendation to reconsider this request, as it may result in a small number of HPG members making decisions on behalf of a full legislative body. The Steering Committee reviewed this recommendation at its May 16, 2023 meeting and approved the recommendation to maintain the quorum at "greater than 50% of appointed members".

RECOMMENDATION:

- 1. Action Item:** Consider maintaining the quorum for the HPG at greater than 50% of the appointed members.

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



County of San Diego

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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
FUNDING AND AUTHORIZATION TO PURSUE FUTURE FUNDING
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,

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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

Committee Reports – May 2023
Priority Setting and Resource Allocation Committee (PSRAC)

The **Priority Setting and Resource Allocation Committee (PSRAC)** is beginning the annual process for setting priority rankings and making Budget recommendations to HPG for the next year (year beginning March 2024). ***All interested HPG members, as well as members of the interested public, are invited, encouraged and welcome to attend!***

Rather than the previous once-a-week, 2-hour meetings in June and July – meetings this year to consider the available data, set priority ranking and make budget recommendation will be held twice in June and July for four hours each.

- **Thursday, June 8th 1-5 pm. Location: County Administration Center (CAC) 1600 Pacific Highway, Room 310- BOS Chamber, San Diego, CA 9210 * Note location different from others**
- **Thursday, June 22nd 1-5pm. Location: (COC) 5500 Overland Ave. San Diego, CA 92123**

PSRAC continues to monitor the expenditures and utilization of the specific categories of interest expressed by consumers in the GTZ recommendations: Housing categories (Emergency Housing and PARS) as well as, Mental Health and Substance use treatment services.

Principles for PSRA Decision-Making process	Criteria for the PSRA Decision-Making process
Principles Guiding Decision Making (Priorities should reflect the Principles) <ol style="list-style-type: none">1. Decisions are made in an open, transparent process2. Decisions are based on documented needs (Needs assessment, etc.)3. Decisions are based on overall needs within the service area, not narrow single focus concerns4. Decisions include reports from the Needs Assessment committee of the HIV Planning Group.5. Services should be responsive to the epidemiology of HIV in San Diego, including demographics and region6. Services must be culturally and linguistically appropriate and responsive7. Services should focus on the needs of low-income, underserved, and disproportionately impacted populations	Criteria for Priority Setting <ol style="list-style-type: none">1. Documented Need based on:<ol style="list-style-type: none">a. Epidemiology of San Diego epidemic (Epi data)b. Needs and unmet needs expressed in needs assessment, including the needs expressed by consumers, not in care and/or from historically underserved communities (Needs assessment data)2. Minimize disparities in the availability and quality of treatment for HIV/AIDS (Demographic service utilization data compared to HIV/AIDS demographic)3. Quality, outcome effectiveness, and cost-effectiveness of services (Measured by service category outcomes, CQM, and client satisfaction data by service category)4. Consumer preferences or priorities for interventions or services, particularly for populations with severe need, historically

<ul style="list-style-type: none"> 8. Services should minimize disparities in the availability and quality of treatment for HIV/AIDS 9. Equitable access to services should be provided across subpopulations and regions 	<ul style="list-style-type: none"> underserved communities, or those who know their status but are not in care 5. Consistency with the continuum of care
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Committee Reports – May 2023
Medical Standards and Evaluation Committee (MSEC)

The committee met on Tuesday, May 9, 2023. The meeting was shortened due to delays in achieving an in-person quorum.

Annual Chart Review for Compliance with Practice Guidelines: Jeanette Johnson from United Healthcare presented the Executive Report on Compliance with Practice Guidelines to the committee. The chart review included clients continuously enrolled in the Ryan White Program from October 2021 through September 2022 and had at least one medical visit during that period. Individual clinics were deidentified in the Executive Report; individual clinic reports are under review by the HIV, STD, and Hepatitis Branch (HSHB) and will be shared with the respective individual clinics by May 31, 2023.

Doxycycline Post-Exposure Prophylaxis (Doxy-PEP) for Prevention of Sexually Transmitted Infections (STIs): Dr. Tilghman reviewed emerging evidence on the use of the antibiotic doxycycline as PEP for prevention of bacterial STIs such as syphilis, gonorrhea, and chlamydia. Doxy-PEP, which involves taking a single 200 mg dose of oral doxycycline ideally within 24 hours and no later than 72 hours following condomless oral, anal, or vaginal sexual intercourse, reduced overall STIs in gay, bisexual, and other men who have sex with men (MSM) and trans women in San Francisco and Seattle, by 65% in a randomized trial. This included both persons living with HIV and consumers of HIV pre-exposure prophylaxis (PrEP). Another randomized study of MSM on HIV PrEP in France found that doxy-PEP reduced incidence of chlamydia, syphilis, and gonorrhea by 89%, 79%, and 51%, respectively. Doxy-PEP was well-tolerated and reported adherence was high in both studies. In a randomized trial of doxy-PEP use by cis-gender women on HIV PrEP in Kenya, doxy-PEP did not affect STI incidence for reasons that are not yet clear. It is still not clear if doxy-PEP affects antibiotic resistance among STIs and other infections and if there are effects on the microbiome (bacteria that inhabit the body, including the gut). These are areas of ongoing research. Recommendations from the County of San Diego Health and Human Services Agency were reviewed with the committee and will be incorporated into updated primary care practice guidelines. Recommendations from the Centers for Disease Control and Prevention (CDC) are anticipated sometime in 2023. Some Ryan White providers are already prescribing doxy-PEP, and clients are asking about it.

Items that were tabled for the September and November meetings include the following:

1. Proposal to add occlusal guards (hard and soft appliance) to list of covered oral healthcare services: further consideration is pending items that were requested by committee members, which include:
 - a. Input from dental providers who participated in the dental task force a few years ago
 - b. Cost analysis that HSHB will provide
 - c. Inclusion of occlusal guards in the next needs assessment planned for Fall 2023.

2. Revision/update of primary care practice guidelines
3. Getting to Zero Community Engagement: the committee was asked to consider two items by Dr. Delores Jacobs based on consumer input. These include:
 - a. How to better coordinate availability of non-urgent primary care, case management, and mental health services appointments (i.e., batched appointments)
 - b. How to achieve increased availability of “drop-in” or “after hours” services for primary care, mental health, and substance use treatment
 - c. What are the obstacles? Is it an issue of money/funding, and if so, how much?

Since Dr. Tilghman will be out of the office on September 12, 2023, the next committee meeting was rescheduled to September 19, 2023.



County of San Diego

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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. 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).
- 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.

Follow-up answer to questions received about fentanyl exposure and very young children during the April 2023 HPG meeting:

- Here is what we know: The 2021 data for the County show that for infants/toddlers aged 1-3 years, there were 15 opioid overdose emergency department discharges; 9 opioid overdose hospitalizations; and 2 opioid overdose deaths (of these, 1 was specifically related to fentanyl). **Note for the emergency department and hospital data, we only know if the visits were opioid-related; the data is not specific enough to know if fentanyl was specifically involved.*
- Regarding the question about unintentional exposure through skin contact, the National Institute for occupational Safety and Health (NIOSH)/CDC has a lot of information on their website. Although most of this information is geared toward first responders and healthcare workers, this excerpt might be of interest: Skin contact is also a potential exposure route, but is not likely to lead to overdose unless exposures are to liquid or to a powder over an extended period of time. Brief skin contact with illicit fentanyl is not expected to lead to toxic effects if any visible contamination is promptly removed.
(<https://www.cdc.gov/niosh/topics/fentanyl/healthcareprevention.html>)
- These rare but tragic incidents are preventable, by taking a comprehensive approach to prevention and harm reduction we hope to decrease these incidents. Please see our County's comprehensive harm reduction strategy for more details.

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
FY 2023-2024				
Total clients served each month	Clients	1,246		
New clients in FY22	Clients	356	1,686	1,686
Returning FY22 clients	Clients	890		
VIRAL LOAD SUPPRESSION				
Virally suppressed	Clients	1,006		
% Virally suppressed		94%		
With Test	Tests	1,074		
Without Test	Tests	172		
PART-A SERVICES				
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

RYAN WHITE SERVICES		Apr	End of Year Total	Prior Year Total
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

*Includes Part B funded services

SUMMARY OF SERVICES FOR FY23

Mar. 1, 2023 - Feb. 29 2024

RYAN WHITE SERVICES		Apr	End of Year Total	Prior Year Total
PART-A SERVICES continued				
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
MAI SERVICES				
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

*Includes Part B funded services

SUMMARY OF SERVICES FOR FY22

Mar. 1, 2022- Feb. 28, 2023

CLIENT DEMOGRAPHICS	Number of Clients	% of Client Total	Client Total
FY 2023-2024			
Race/Ethnicity			
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
Gender			
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
Age Categories			
< 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
Poverty Level			
<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
HRSA Housing Status			
Stable/Permanent	750	44.48%	
Temporary	192	11.39%	
Unstable	95	5.63%	
Housing Status not in ARIES	649	38.49%	1,686
Insurance Status			
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
San Diego Region			
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
TOTAL AWARD AMOUNT	12,072,854.00

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%
TOTAL	1,196,945.90		377,213.60		10,498,694.50	12,072,854.00	70%	30%

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
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
Ryan White Part 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.
Ryan White Part B Total	2,141,330.06	1,999,672.59		93%	141,657.47	
Ryan White Part B-MAI Bridge	97,277.00	97,215.90	100%	100%	61.10	Part B-MAI Payment Summary as of March 2023 invoices.
Prevention 2023						
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.
Prevention Total	1,084,008.00	214,071.39			869,936.61	
CDPH Ending the HIV Epidemic- Component A	\$4,496,525	92,882.00	67%	2.07%	4,403,643.00	Only three contracts - 211SD, Peraton Itrack and Xerox. Payment Summary as of March 2023 invoices.
CDPH Ending the HIV Epidemic- Component C	\$240,000	-	0%	0.00%	240,000.00	CDPH EHE Comp C No Contract.
HRSA Ending the HIV Epidemic- 20-078 FY2324	\$2,555,761	32,715.00	8%	1.28%	2,523,046.00	HRSA EHE Payment Summary as of Mar 2023
TOTAL	10,614,901.06	2,436,556.88		23%	8,178,344.18	

HIV PLANNING GROUP
12-MONTH ATTENDANCE TRACKING
Apr 2022- Apr 2023

HPG Member	1	1	1	1	1	1	1	1	1	0	0	1	1	1	1	11
Total Meetings	Apr	May	Jun	Jul	3-Aug	10-Aug	24-Aug	28-Sep	28-Oct	27-Nov	21-Dec	25-Jan	22-Feb	22-Mar	26-Apr	TOTAL
Acevedo, Allan, 8	*	1	*	*	*	*	1	1	*	NM	NM	*	*	*	*	2
Applebaum, Amy, 32	*	*	*	*	1	*	1	*	*	NM	NM	1	*	*	*	1
Cortes, Alberto, 34	*	*	*	*	1	*	*	*	1	NM	NM	*	1	*	*	2
Davenport, Elizabeth, 35	*	*	*	*	*	1	*	1	*	NM	NM	*	*	JC	*	1
De Jesus, Alfredo, 2	*	1	1	1	1	1	*	1	1	NM	NM	1	1	1	1	9
Garcia-Bigley, Felipe									1	NM	NM	*	*	*	*	1
Grelotti, David, 30	*	*	*	*	*	*	*	*	*	NM	NM	*	*	1	*	1
Hernandez, Elizabeth, 22	*	*	*	1	1	1	*	1	*	NM	NM	*	*			
Highfill, Pamela, 21	1	*	1	1	*	*	*	*	*	NM	NM	*	1	*	*	4
Jacobs, Delores, 20	*	*	*	*	*	*	*	*	*	NM	NM	*	*	*	*	0
Kubricky, Cinnamen, 4	*	1	*	*	*	1	*	1	1	NM	NM	*	1	*	*	4
Lewis, Bob, 17	*	*	*	*	*	*	*	*	1	NM	NM	*	1	1	1	4
Lochner, Mikie, 16	*	*	*	*	*	*	*	*	*	NM	NM	*	*	*	*	0
Mar-Tang, Moira, 39	*	*	*	*	1	*	*	1	*	NM	NM	1	*	1	*	3
Price, Venice, 44	*	*	*	*	*	*	*	*	*	NM	NM	*	1	*	*	1
Quezada-Torres, Karla, 25	*	*	*	*	*	1	*	*	*	NM	NM	1	*	*	1	2

HIV PLANNING GROUP
12-MONTH ATTENDANCE TRACKING
Apr 2022- Apr 2023

Total Meetings	Apr	May	Jun	Jul	3-Aug	10-Aug	24-Aug	28-Sep	28-Oct	27-Nov	21-Dec	25-Jan	22-Feb	22-Mar	26-Apr	TOTAL
Ransom, Shannon, 36	*	*	*	*	*	*	*	*	*	NM	NM	*	*	*	*	0
Robles, Raul 7	*	1	*	*	1	1	*	*	*	NM	NM	*	*	1	1	3
Rucker, James,42	*	*	1	1	*	*	*	*	*	NM	NM	*	*	*	*	2
Spector, Stephen 31	1	*	1	*	1	1	*	1	*	NM	NM	*	*	1	*	4
Tilghman, Winston, 23	*	*	*	*	*	*	*	*	*	NM	NM	*	1	*	*	1
Underwood, Regina, 19	*	*	*	*	1	*	*	*	*	NM	NM	*	*	1	*	1
Van Brocklin, Rhea, 18	*	*	*	*	*	1	*	*	*	NM	NM	*	*	*	*	0
Villafan, Freddy 40	*	*	*	*	*	*	*	*	*	NM	NM	*	*	1	*	1
Weber, Jeffery, 41												*	*		*	0
West, Abigail, 29	*	*	1	*	1	1	1	1	*	NM	NM	1	*			
Wimpie, Michael, 1	*	*	*	*	*	*	*	*	*	NM	NM	*	1	*	*	1

To remain in good standing and eligible to vote, the HPG member may not miss 3 consecutive meetings or 6 meetings within 12 months.

* = Present

1 = Absent for the month

1 = Absent when there are multiple meetings in a month. The member needs to attend at least one meeting for attendance to count for the specific month.

JC = Just Cause

EC = Emergency Cause

May 2023 – HIV Planning Group Committee Meetings

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

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

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	**Budget Allocation Process – ⌚ Time TBD**	**Budget Allocation Process – Location TBD**
7	Priority Setting & Resource Allocation Committee (PSRAC)	Thursday, June 22, 2023	**Budget Allocation Process – ⌚ Time TBD**	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	County Operations Center (COC): 5560 Overland Ave. San Diego, CA 92123 – Training Room 172
2	Steering Committee	Tuesday, July 18, 2023	11:00 AM – 1:00 PM	County Operations Center (COC): 5570 Overland Ave. San Diego, CA 92123 – Room 1047 (Medical Examiner's Office)
3	Community Engagement Group	Wednesday, July 19, 2023	3:00 PM – 5:00 PM	County Operations Center (COC): 5560 Overland Ave. San Diego, CA 92123 – Training Room 172
4	Priority Setting & Resource Allocation Committee (PSRAC)	Thursday, July 20, 2023	**Budget Allocation Process –  Time TBD**	County Operations Center (COC): 5500 Overland Ave. San Diego, CA 92123 – Training Room 120
5	HIV Planning Group	Wednesday, July 26, 2023	3:00 PM – 5:00 PM	Location TBD
6	Priority Setting & Resource Allocation Committee (PSRAC)	Thursday, July 27, 2023	**Budget Allocation Process –  Time TBD**	**Budget Allocation Process – Location TBD**

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.

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
"Just Cause"	<ul style="list-style-type: none"> 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 A contagious illness prevents the member from attending the meeting in There is a need related to a defined physical or mental disability that is not otherwise accommodated for Traveling while on official business of the legislative body or another state or local agency 	A member is limited to two (2) virtual attendances based on "just cause" per calendar year
"Emergency Circumstances"	<p><i>"A physical or family medical emergency that prevents a member from attending the meeting in person."</i></p> <p>A member is <i>not</i> required to disclose any medical diagnosis or disability, or any personal medical information that is already exempt from existing law.</p>	<p>A member of the legislative body must make a request to the body to allow the member to meet remotely due to an emergency circumstance, and further must provide a general description of the circumstance 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 approve the remote attendance at the start of the meeting for the member to be allowed to participate remotely for that meeting¹.</p>

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

Additional Requirements for a Member Participating Remotely:

In addition to making a request either for “just cause” or due to an “emergency circumstance” for remote appearance, AB 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.