



SAN DIEGO HIV PLANNING GROUP (HPG)
PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

MEETING PACKET

THURSDAY, June 13, 2024, 1:00 PM – 4:00 PM
County Administration Center
1600 Pacific Hwy, San Diego, CA 92101 (Rm 310- BOS Chamber)

The Charge of the Priority Setting and Resource Allocation Committee: To review, analyze and consider available data and make recommendations to the HIV Planning Group based upon that data regarding service priorities, service delivery, and funding allocation by service category, including the commitment to addressing racial/ethnic disparities for Black/African American MSM (retention in care, viral load suppression), Latinx MSM (late and simultaneous diagnoses) and transgender/Non-Binary persons (lack of data and non-representative participation).

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Priority Setting & Resource Allocation Committee (PSRAC)

When: Thursday, June 13, 2024 from 1:00 PM – 4:00 PM

Where: San Diego County Administration Center (CAC)

1600 Pacific Highway, San Diego, CA 92101

Room 310 – Board of Supervisors Chamber (Third Floor)

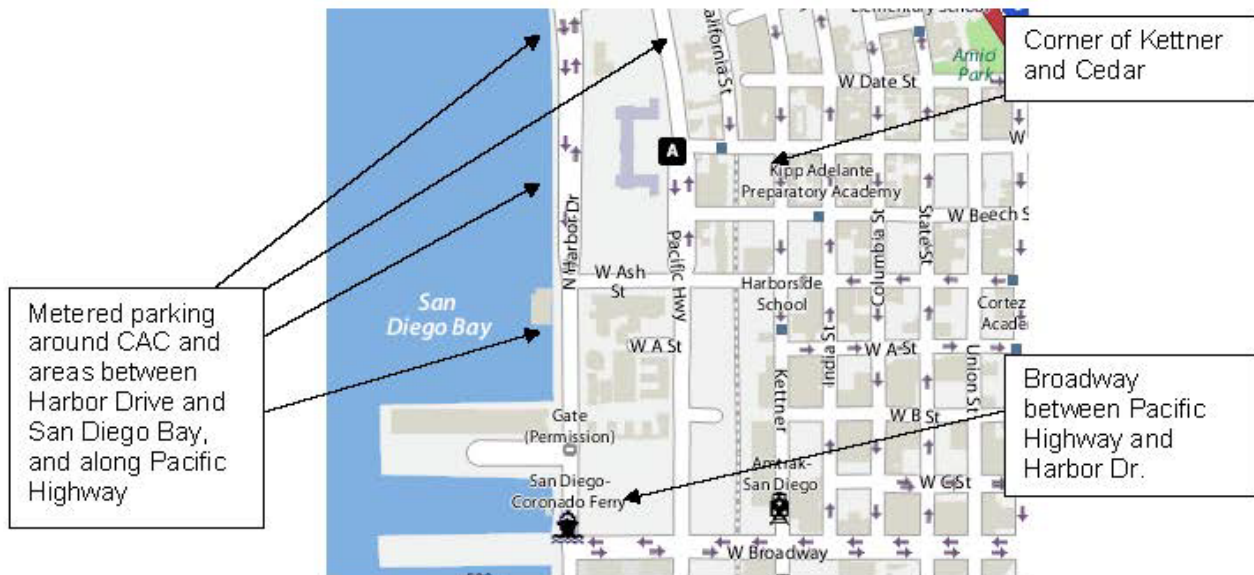


Public parking for the County Administration Center (CAC) is available in the underground parking structure, with the entrance located on Ash Street.

SAN DIEGO COUNTY ADMINISTRATION CENTER
1600 Pacific Highway, San Diego, 92101
PARKING REGULATIONS

- **Public Parking (green spaces)** is reserved for the public while conducting county business. There is a 3-hour limit. Vehicles illegally parked or over the time limit will be cited.
- **Disabled Parking (blue spaces)** is reserved for vehicles displaying a Disabled placard or license plate. Vehicles illegally parked will be cited.
- **Reserved Parking (yellow spaces)** is for the exclusive use of the person or department to whom issued or for use indicated on the spaces, such as commercial vehicles. Vehicles illegally parked will be cited.
- **Employee Permit Parking** (white spaces) is for county employees assigned to the CAC and requires a valid regular or temporary permit. Vehicles illegally parked will be cited.

ALTERNATIVE PUBLIC PARKING



This information is provided as a courtesy. The County does not have any arrangements with these alternate sites and assumes no responsibility for any loss resulting from such use.

For bus lines and trolley information, contact the Metropolitan Transit System at 511. The nearest trolley stop is the **County Center/Little Italy** stop on the corner of W. Cedar Street and Kettner Boulevard.

****ATTN:**

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

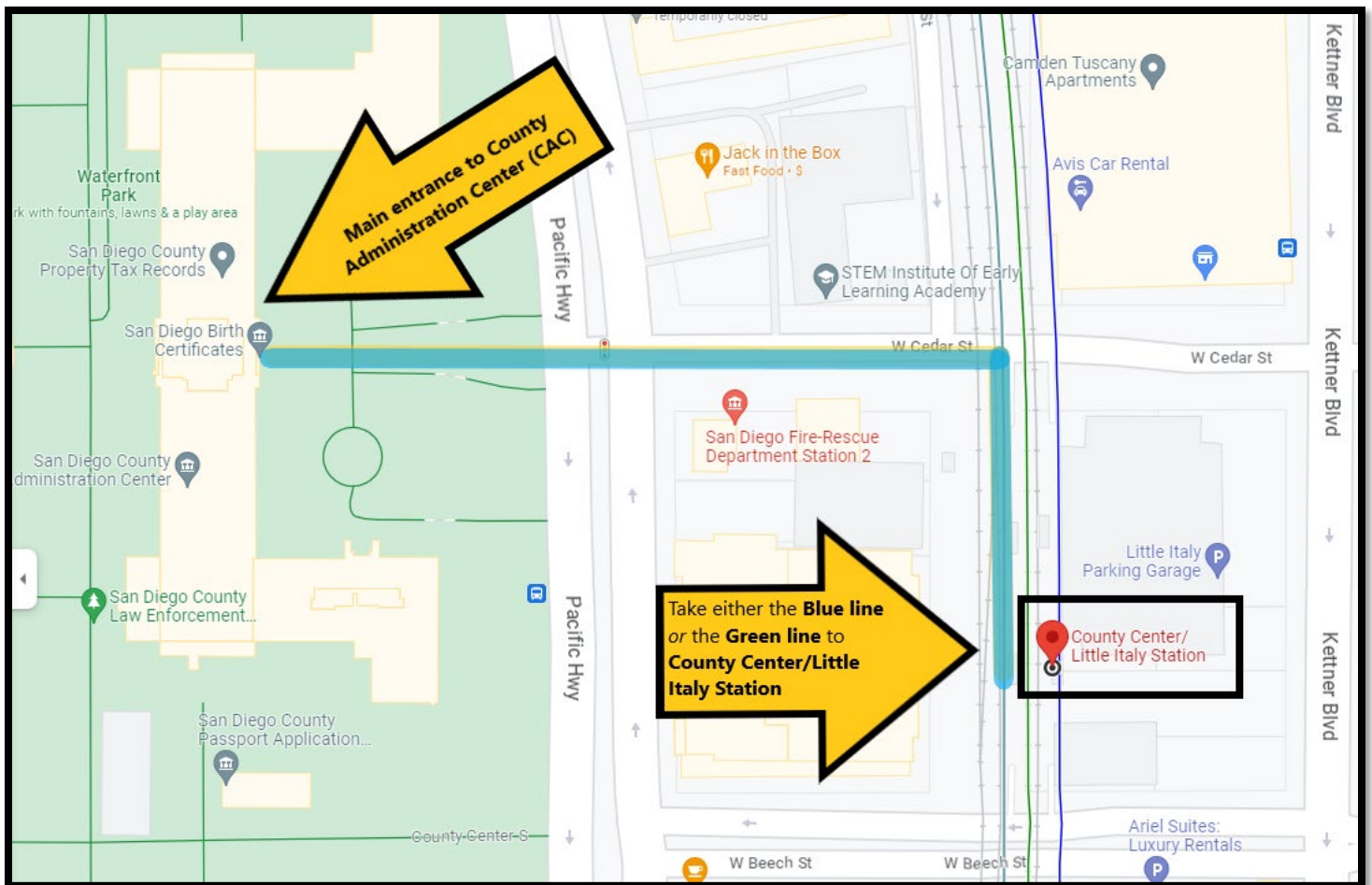
Additional resources and details available on **PAGE 4**.

Via MTS/Public Transportation:

The following transit lines have routes that pass near
“County Center / Little Italy Trolley Station”

Bus : 11, 120, 215, 923, 992

Cable Car: **BLUE**, **GREEN**



ADDITIONAL RESOURCES:

During peak hours, your route may be delayed due to train and trolley traffic, construction on Kettner Blvd., fire station activity, and/or traffic congestion on Cedar Street. As you plan ahead for meetings to the County Administration Center (CAC), here are some strategies to consider:

- Build in additional time to park in and exit the garage.
- Use **public transit, carpooling or other transit options** to get to the CAC.

Video: “Now You Know – Parking at the County Administration Center”



HOW TO PARK AT THE
COUNTY ADMINISTRATION
CENTER

<https://youtu.be/pFp7iuzMWv8>

Conflict of Interest Priority Setting and Resource Allocation Committee

Name	Conflict of Interest
Davenport, Beth	<ul style="list-style-type: none"> • Mental Health • Non-Medical Case Management Services • Medical Case Management • Peer Navigation
Fleming, Tyra	<ul style="list-style-type: none"> • None
Garcia-Bigley, Felipe	<ul style="list-style-type: none"> • EIS: Minority AIDS Initiative • Early Intervention Services, Regional Services • Home-Based Health Care Coordination • Medical Case Management • Mental Health Counseling/Therapy • Mental Health: Psychiatric Medication Management • Non-Medical Case Management Service • Oral Health • Outpatient Ambulatory Health Services: Medical Specialty • Outpatient Ambulatory Health Services: Primary Care • Peer Navigation (Referral for Healthcare and Support Services) • Transportation: Assisted and Non-Assisted
Highfill, Pam	<ul style="list-style-type: none"> • Substance Use Treatment: Residential
Jacobs, Dr. Delores	<ul style="list-style-type: none"> • None
Kubricky, Cinnamen	<ul style="list-style-type: none"> • None
Mendoza Aguirre, Marco	<ul style="list-style-type: none"> • None
Mueller, Chris	<ul style="list-style-type: none"> • Medical Case Management, including Treatment Adherence Services • Outpatient/Ambulatory Health Services (Primary Care) • Medical Transportation • Non-Medical Case Management Service • Medical Specialty • Psychiatric Services
Quezada-Torres, Karla	<ul style="list-style-type: none"> • None

Name	Conflict of Interest
Robles, Raul	<ul style="list-style-type: none"> • None
Underwood, Regina	<ul style="list-style-type: none"> • Medical Case Management, including Treatment Adherence Services • Mental Health Services • Substance Abuse Outpatient Care • Medical Transportation • Non-Medical Case Management Service • Outreach Services • Peer Navigation • EIS: Regional • EIS: Minority AIDS Initiative
Van Brocklin, Rhea	<ul style="list-style-type: none"> • Coordinated HIV Services for Women, Infants, Children, Youth, and Families (CHS: WICYF)
Villafan, Freddy	<ul style="list-style-type: none"> • Substance Use Disorder Treatment: Residential • Transportation: Assisted and Unassisted

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)



Thursday, June 13, 2024, 1:00 PM – 4:00 PM
County Administration Building
1600 Pacific Hwy, San Diego, CA 92101 (Rm 310- BOS Chamber)

To participate remotely via Zoom:

<https://us06web.zoom.us/j/82979385521?pwd=ucUoVVtBupxbdBxothszYHHIP2luoC.1>

Join the meeting via phone: 1-669-444-9171 United States Toll

Meeting ID: 829 7938 5521

Password: PSRAC

Language translation services are available upon request at least 96 hours prior to the meeting. Please contact HPG Support Staff at 619-403-8809 or via e-mail at hpg.hhsa@sdcounty.ca.gov.

A quorum for this meeting is seven (7)

Committee Members: Dr. Beth Davenport | Tyra Fleming (Co-Chair) | Felipe Garcia-Bigley | Pam Highfill | Dr. Delores Jacobs | Cinnamen Kubricky | Marco Aguirre Mendoza | Chris Mueller | Karla Quezada-Torres | Raul Robles | Regina Underwood | Rhea Van Brocklin (Chair) | Freddy Villafan

ORDER OF BUSINESS

1. Call to order, roll call, comments from the chair
2. Reminders
 - a. **Review of Committee Charge**
 - b. **Committee members' Conflicts of Interest:** Disclose areas of financial interest (e.g., employment); Refrain from participation in related votes
 - c. **Areas NOT the purview of this committee:** Selection of contractors; contract details; how contractors implement contracted services (staff salaries, etc.) These are the sole purview of the Recipient.
 - d. **Focus on service priorities, not on specific service providers.**
 - e. **Rules for the meeting** (as necessary): Committee members are limited to two (2) minutes per comment and limited to two (2) comments per item; public comments are welcome at the beginning and prior to each agenda item, limited to two minutes so that all have an opportunity to participate.
3. Public comment on non-agenda items (for members of the public)
4. Sharing our concerns (for committee members)
5. **ACTION:** Approve the Priority Setting & Resource Allocation Committee agenda for June 13, 2024
6. **ACTION:** Approve the Priority Setting & Resource Allocation Committee Minutes from June 6, 2024
7. Review follow-up items from the last meeting
8. New Business:

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

- a. **ACTION:** Recommendations for reallocations for FY 24 (the current fiscal year, March 1, 2024 – February 28, 2025).
 - b. Summarize/Finalize/Approve Key Finding data on HIV Care Continuum/Unaware Estimate
 - c. Review information on **non-Ryan White services in the community**, esp. **mental health and drug and alcohol services** (The county's budget includes some of this detail)
<https://www.sandiegocounty.gov/openbudget/>
 - d. Review data on **Co-occurring Conditions, Poverty, and Insurance** and discuss findings
 - e. Review the Preliminary 2024 **Survey of HIV Impact of the Needs Assessment** and discuss findings (including Out-Of-Care data)
 - f. Review, summarize, and finalize data on **regional focus groups** and **GTZ Action Plan Community Feedback Report** and discuss findings
9. Routine Business:
- a. Committee Attendance
 - b. Review Monthly and Year-to-Date expenditures and assess for recommended reallocations
 - c. Partial Assistance Rent Subsidy Program (PARS) and Emergency Housing update
 - d. Review Monthly and Year-to-Date service utilization report
10. Suggested items for the future committee agenda
11. Announcements
- Next meeting date: **July 11, 2024, from 1:00 PM – 4:00 PM**
Location: County Administration Building 1600 Pacific Hwy, San Diego, CA 92101 (Room 310- BOS Chamber)
12. Adjournment

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

Principles for PSRA Decision-Making Process	Criteria for the PSRA Decision-Making Process
<p>Principles Guiding Decision Making (Priorities should reflect the Principles)</p> <ol style="list-style-type: none"> 1. Decisions are made in an open, transparent process 2. Decisions are based on documented needs (Needs assessment, etc.) 3. Decisions are based on overall needs within the service area, not narrow single focus concerns 4. 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 region 6. Services must be culturally and linguistically appropriate and responsive 7. Services should focus on the needs of low-income, underserved, and disproportionately impacted populations 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 	<p>Criteria for Priority Setting</p> <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 underserved communities, or those who know their status but are not in care 5. Consistency with the continuum of care

For more information, visit our website at www.sdplanning.org



San Diego HIV Planning Group
Priority Setting & Resource Allocation Committee
2024 Key Data Findings
Care Continuum/Viral Suppression
Draft June 13, 2024

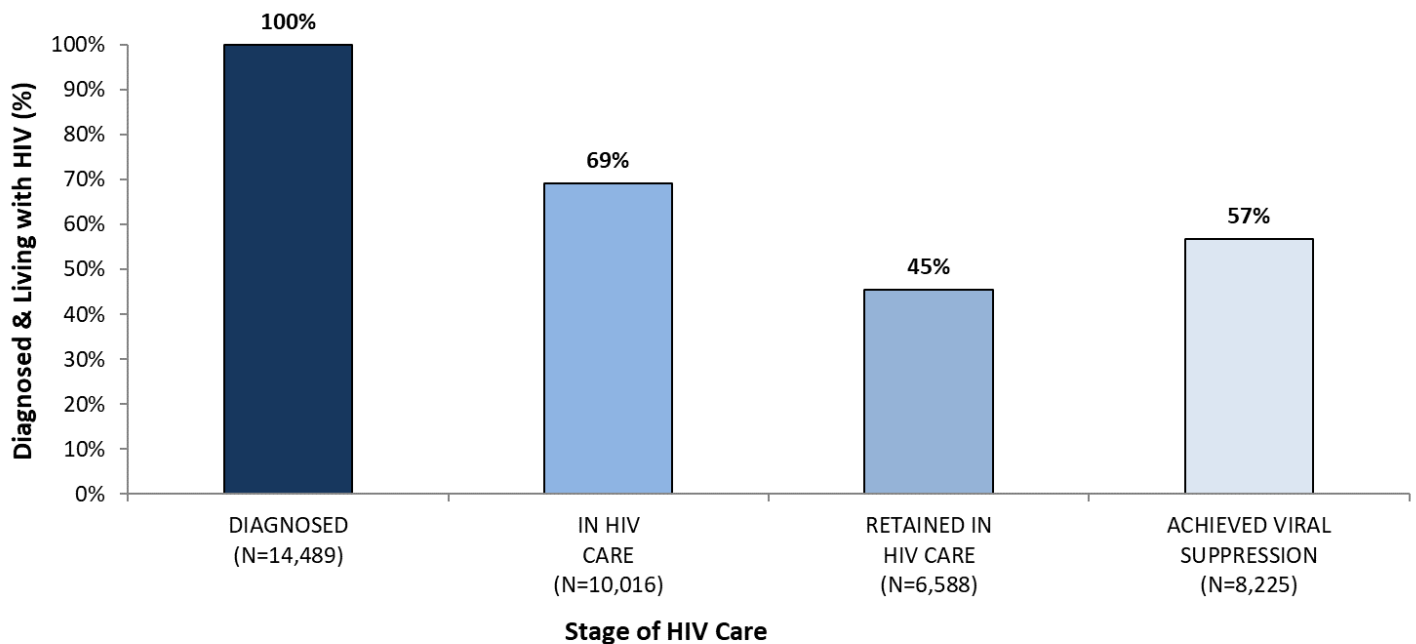


San Diego Data: Diagnosed with HIV infection through 12/31/2023 and living through 12/31/2023 (excluding military and VA diagnoses).

DEFINITIONS:

Care Continuum (aka Continuum of Care), includes:

1. **Receipt of care** (sometimes called “Linkage to Care” or “In Care”): Of those diagnosed with HIV disease, persons who had ≥ 1 CD4 or viral load tests during 2022
2. **Retention in care:** Of those diagnosed with HIV disease, persons who had ≥ 2 CD4 or viral load tests at least 3 months apart during 2022.
3. **Viral suppression:** Of those diagnosed with HIV disease, persons virally suppressed (<200 copies/mL) at most recent test during 2022.



CARE CONTINUUM/VIRAL SUPPRESSION OVERALL

“In care” for all PLWH = 69% and “Retained in care” for all PLWH = 45%. **Viral Suppression** of all persons living with HIV (PLWH) in San Diego County was **56.8%** which includes those without a viral load (VL) test on record).

For **Ryan White (RW) clients**, viral suppression was (92.3%) (for those who had a VL test on record).

*Note: 27.1% of all PLWH, and 9.3% of RW clients, did not have a viral load test on record.

AGE

There was **no significant difference** in % “In care” among age groups (compared to all PLWH = 69.2%) 13 - 24 (70%), 25 - 44 (69%), 45 - 64 (69%), or 65+ (68%), “Retained in care” (compared to all PLWH = 45%) 13 - 24 (51%), 25 - 44 (42%), 45 - 64 (46%), or 65+ (49%) or “Viral suppression” (compared to all PLWH = 57%) among age groups[13 - 24 (53%), 25 - 44 (55%), 45 - 64 (58%), or 65+ (58%)

*for ages 0 - 12, n = 15

GENDER

There was **no significant difference** in viral suppression between cis men (57%) and cis women (54%) compared to all PLWH (57%); but there was a **significant difference** for **trans women** (49%). (For trans men, n = 4, no statistical inference possible)

RACE/ETHNICITY

For all PLWH African Americans/Blacks had a **significantly lower level of viral suppression (47%,** compared to all PLWH (57%), but not for all RW clients 90% compared to 92% for all RW clients) .

For all PLWH there was no significant difference in viral suppression among Latinx/Hispanics (55%), Native Americans/Alaskan Native 43%, but n =35), Whites (61%), Asian/API (61%), Native Hawaiians/Pacific Islanders (60%) or Multiple race (65%) compared to all PLWH (57%).

There was a **significantly lower level of viral suppression for Latinx/Hispanics** (55%) compared to Whites (61%).

Among **all RW clients** there was a **significantly lower level of viral suppression for Multiple race** (81%) compared to 92%).

TRANSMISSION RISK CATEGORY

The following risk categories had significantly lower viral suppression compared to all PLWH (57%):

Persons Who Inject Drugs (PWID) (45%), **Men who have sex with men (MSM) + PWID** (46%), **Heterosexual contact (46%),** and **Unknown risk (33%).**

****Risk category for persons in Unknow risk may change as additional information becomes available.**

San Diego HIV Planning Group
Priority Setting & Resource Allocation Committee



2024 Key Data Findings

Unaware Estimate/Unmet Need Estimate/Simultaneous Diagnoses

Draft June 13, 2024

Unaware Estimate:

- **Definition:** Percentage of persons living with HIV disease (PLWH) who do not know/are unaware of their HIV status.
 - The estimated number of persons living with HIV disease (PLWH) and **unaware of their status** in San Diego County in 2023 is **1,277 (8.5%)*** (of 15,035 estimated PLWH in San Diego County)

Methodology/Limitations: This Unaware estimate was previously based on the proportion CDC estimates unaware nationwide- this is no longer supported. Current recommendations are to develop a method based on local data. The new method is based on the proportion unaware from National HIV Behavioral Surveillance survey conducted in San Diego. One of the limitations is the NHBS survey does not use a random sample or weighted sample; self-reported status subject to social desirability bias.

*The number of PLWH and Unaware of their status in San Diego County was calculated by multiplying the percent unaware of HIV status in most recent NHBS survey by the prevalence from the most recent HIV Care Continuum dataset by each subgroup to get the estimate of those unaware of their status; 1,277.

Unmet Need Estimate:

- **Definition:** Percentage of persons living with HIV disease (PLWH) who are aware of their status but are not in care in San Diego County.
 - The estimate of **Unmet Need** among PLWH (person who live with HIV disease, are aware of their status, but are not in care) in San Diego County for 2023 is **4,661 (31%)** (of 15,035 estimated PLWH in San Diego County).

Simultaneous Diagnosis:

- Three time-markers are used for the time interval between HIV and AIDS** diagnoses:
 - <12 months (less than a year) - Originally used
 - Within 3 months - Being used more often
 - Simultaneous - <30 days)
- Overall, **15.7%** of all PLWH had simultaneous diagnoses (<30 days)
- The groups with significantly higher percentages of simultaneous diagnoses (<30 days) were: (comparing each result with 15.7% for all PLWH)
 - **Age groups 40 – 49** (23.6%), **50 – 59** (25.5%), **60 – 69%** (31.6%) and **70+** (43.5%)
 - **Females** (17.4%)
 - **Hispanic/Latino** (17.8%)
 - **South Region** (20.4%), **North Inland** (19.4%) and **North Central** (17.4%)
 - **Heterosexual** (19.1%)
- Late testing represents missed opportunities to test clients and subsequent entry into care.

** AIDS case definition (as of March 4, 2014): CD4 <200 (percent not used unless count is missing). CD4 <200 is not diagnostic for AIDS if patient had a negative test within 180 days of HIV diagnosis.



San Diego HIV Planning Group
Priority Setting and Resource Allocation Committee



2024 Key Data Findings

**SAN DIEGO COUNTY MENTAL HEALTH AND SUBSTANCE USE
TREATMENT SERVICES WITH A PARTICULAR FOCUS ON
HIV/PLWH/LGBTQ COMPETENCIES**

Draft June 13, 2024

The following is a list of some **non-Ryan White** mental health and substance use treatment service providers in San Diego County (SDC). Some of the providers on this list also receive Ryan White funds for services and may also provide services using non-Ryan White funds.

In addition to the programs listed below, all programs operated or contracted through the COUNTY OF SAN DIEGO'S BEHAVIOR HEALTH SERVICES (BHS) are required to provide services and support that respect diverse beliefs, identities, cultures, preferences, and linguistic diversity of those served. Programs are responsible for evaluating the need for culturally/linguistically specialized services, linking individuals with those services, or making appropriate referrals.

(See attachment on County Behavior Health Services)

1.	<p><u>FAMILY HEALTH CENTERS OF SAN DIEGO INC. SOLUTIONS FOR RECOVERY</u></p> <p>Address: 4094 4th Ave. San Diego, CA 92103 (Hillcrest location providing LGBTQ-focused services) Phone: 619-515-2300 Website www.fhcsd.org/lgbt-services</p> <ul style="list-style-type: none">• Outpatient alcohol and other drug treatment, recovery, ancillary, and supportive services for individuals who identify as lesbian, gay, bisexual, transgender, or questioning/queer (LGBTQ). Additional special early intervention casework is also provided for clients who voluntarily disclose that they are HIV positive.
2.	<p><u>SAN YSIDRO HEALTH (SYH):</u></p> <p>Address: CASA 3045 Beyer Blvd., Suite D-101, San Diego, CA 92154 Phone: (619) 662-4161 Address: Our Place 286 Euclid Ave., Suite 309, San Diego, CA 92114 Phone:(619) 527-7390 Website: https://www.syhealth.org/lgbtq</p> <ul style="list-style-type: none">• San Ysidro Health offers an array of support and clinical services for people who identify as LGBTQ+, people living with HIV, and people who use substances. Services include patient navigation, case management, counseling, primary care, gender-affirming care, and medication-assisted treatment for substance use disorders.

3.	<p><u>THE SAN DIEGO LESBIAN GAY BISEXUAL TRANSGENDER (LGBT) COMMUNITY CENTER:</u> Address: 3909 Centre St, San Diego, CA 92103 Phone: (619) 692-2077, Website: The San Diego LGBT Community Center (thecentersd.org)</p> <ul style="list-style-type: none"> • Non-Ryan White (RW) mental health and substance use relapse prevention services (support group) at the main site (Central) and two youth centers (Central and South). They also have two new grants (SAMHSA and Sierra Health Foundation) to address stigma related to opioid and stimulant use in the LGBTQ community and substance misuse prevention in the LGBTQ community.
4.	<p><u>SAN DIEGO YOUTH SERVICES OUR SAFE PLACE:</u> Address: 3255 Wing Street San Diego, CA 92110 Phone: 619-221-8600 Website: www.sdyouthservices.org</p> <ul style="list-style-type: none"> • Individual/group/family services provided at schools, home, drop-in centers, or office/clinic locations. Utilizing a team approach that when indicated, offers case management, family or youth partner support, and/or co-occurring substance treatment. Supportive services at 4 drop-in centers. Our Safe Place provides necessary mental health services and drop-in centers for LGBTQ+ youth up to age 21 and their families.
5.	<p><u>YMCA YOUTH AND FAMILY SERVICES: OUR SAFE PLACE NORTH:</u> Address: <u>1050 N Broadway, Escondido CA, 92026</u> Phone: (760) 271 – 4855 Hours: Monday - Friday, 2:00 - 6:00 pm and Saturday - Sunday, 4:00 - 8:00 pm.</p> <ul style="list-style-type: none"> • A certified outpatient behavioral health program that provides a welcoming and supportive environment for LGBTQ+ youth, ages 12-21, and their families. Services include support groups for youth and family members, case management, mentorship, community outreach, training, skill development, and educational workshops. We also have opportunities for experienced individuals to work as Connection Coaches and Support Specialists. Services include: <ul style="list-style-type: none"> • Individual and group psychotherapy • Psychiatric services • Case management for children, adolescents, young adults, and their families and guardians <p>Our Safe Place has five drop-in centers throughout San Diego County, two of which are operated by the YMCA TAY Academy. Centers are open midday during the week and some hours on weekends, with extended evening and holiday hours.</p>

6.	<p><u>SOUTH BAY COMMUNITY SERVICES (SBCS) Trolley Trestle Youth Hub</u> Address: 746 Ada Street, Chula Vista, CA 91911 Phone: 619-628-2444 Website: https://sbcssandiego.org/our-safe-place/ Email: OurSafePlace@csbcs.org Instagram: @sbcs.ospsouth</p>
7.	<p><u>VISTA COMMUNITY CLINIC (VCC):</u> Address: 1000 Vale Terrace Dr Vista Ca 92084, Phone: (760)631-5000 HIV Clinical Manager - Teresa Gomez ext.7194 Website: https://www.vistacommunityclinic.org/</p> <ul style="list-style-type: none"> • VCC – Valuable Connected Care: Meeting community our community health and wellness needs.
8.	<p><u>UNIVERSITY OF CALIFORNIA, SAN DIEGO (UCSD): OWEN CLINIC</u> Address: 4168 Front St 3rd Floor, San Diego, CA 92103, phone: 619-543-3995, Website: HIV Care Owen Clinic UC San Diego Health (ucsd.edu)</p> <ul style="list-style-type: none"> • At the Owen Clinic, care is led by doctors and nurses with expertise in HIV care; the Owen Clinic also offers on-site substance use disorder counseling and has a part-time psychologist, co-occurring conditions support groups twice a week, and psychiatry support.
9.	<p><u>STEPPING STONE OF SAN DIEGO INC. STEPPING STONE OF SAN DIEGO</u> Address: 3767 Central Avenue San Diego, CA 92105 Phone: 619-278-0777 Website: https://steppingstonesd.org/</p> <ul style="list-style-type: none"> • State DHCS-licensed residential alcohol and other drug (AOD) treatment, recovery, case management, and MH counseling for adults (18+) with alcohol and other drug-induced problems. Stepping Stone has been serving the LGBTQ community since 1976.
10.	<p><u>CHOICES IN RECOVERY:</u> Address: 733 S Santa Fe Ave, Vista, CA 92083 Phone: (760) 945-5290 Website: Choices in Recovery (choicesinrecoveryvista.org)</p> <ul style="list-style-type: none"> • Has a residential placement for men living with HIV in North County. Residential treatment, term long-term, and outpatient treatment, Case manager assigned through the county of San Diego for PLWHIV.

11.	<p><u>SUBSTANCE USE DISORDER INTENSIVE OUTPATIENT MCALISTER INSTITUTE FOR TREATMENT AND EDUCATION (MITE) - NORTH CENTRAL TEEN RECOVERY CENTER (TRC)</u></p> <p>Address: 7625 Mesa College Drive, Ste. 115b, San Diego, CA 92111</p> <p>Phone: 858-277-4633</p> <p>Website: www.mcalisterinc.org/ programs/</p> <ul style="list-style-type: none"> • Provides outpatient substance abuse treatment and education to adolescents between the ages of 12-17. Offers individual counseling, family counseling, family groups, random drug testing, and education classes consisting of life skills, relapse prevention, goal setting, crisis intervention, conflict resolution for teens, introduction to recovery, health, recovery issues, employment preparation, HIV/AIDS, and nutrition.
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2024 Needs Assessment Survey of HIV Impact: Summary of Responses by Region

PRELIMINARY DATA as of 5/31/24

Out of 215, 64% (138) respondents provided their zip codes, which were categorized into six different regions in San Diego County.

The highest response rate:
Central region

Lowest response rate:
North Coastal, North Inland, and North Central regions

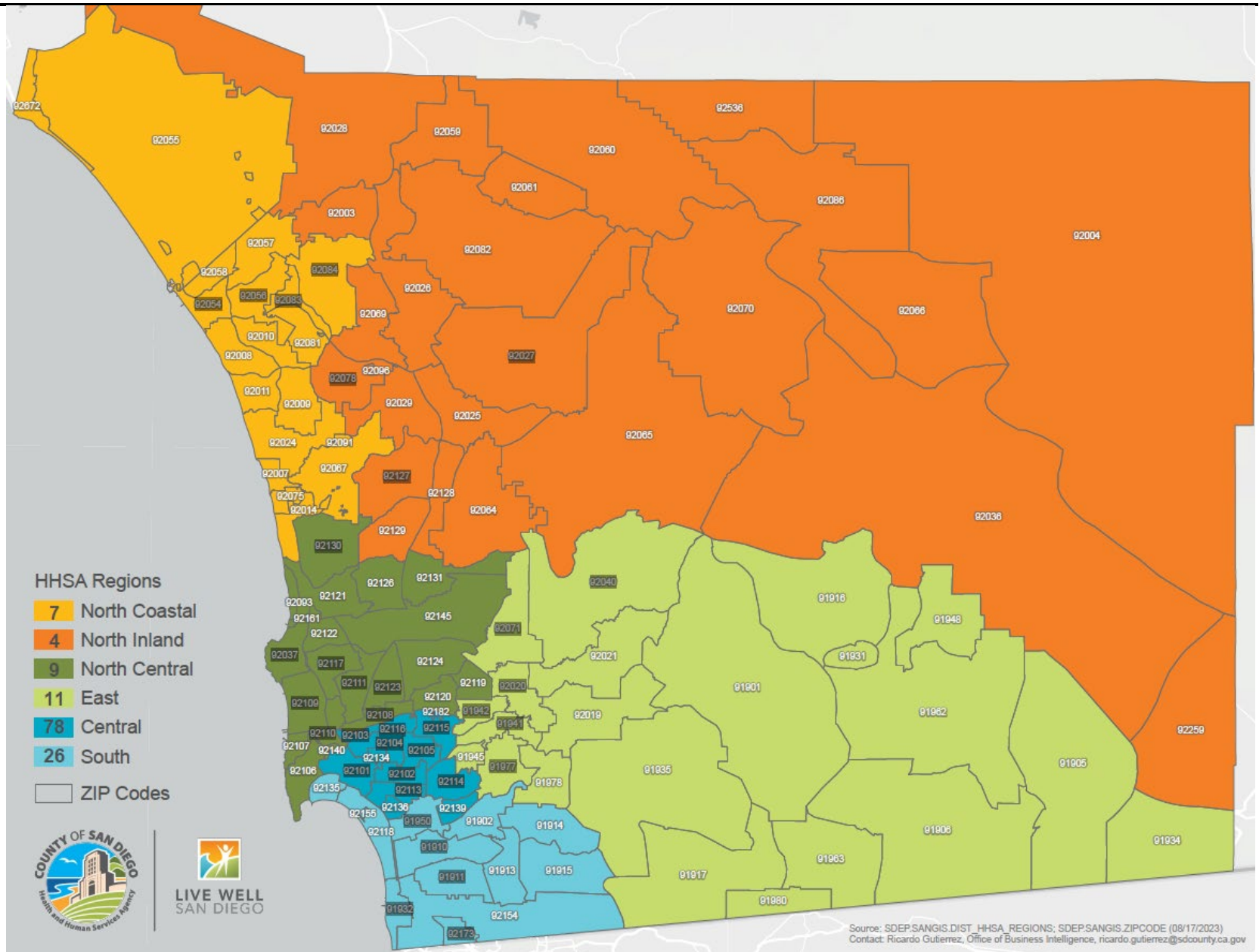
Others		North Coastal	North Inland	North Central	East	Central	South					
90011	1	92007	92003	92037	1	91901	92101	10	91902			
90044	1	92008	92004	92093		91905	92102	4	91910	8		
97204	1	92009	92025	92106		91906	92103	12	91911	4		
		92010	92026	92107		91916	92104	21	91913			
		92011	92027	2	92108	2	91917	92105	15	91914		
		92014	92028		92109	1	91931	92113	2	91915		
		92024	82029		92110	1	91934	92114	7	91932	3	
		92054	1	92036	92111	1	91935	92115	4	91950	4	
		92055		92059	92117	1	91941	1	92116	3	92118	
		92056	3	92060	92119		91942	1	92134		92135	
		92057		92061	92120		91945		92136		92154	
		92058		92064	92121		91948		92139		92155	
		92067		92065	92122		91962		92182		92173	7
		92075		92066	92123	1	91963					
		92081		92069	92124		91977	3				
		92083	2	92070	92126		91978					
		92084	1	92078	1	92130	1	91980				
		92091		92082		92131		92019				
		92672		92086		92140		92020	1			
				92096		92145		92021				
				92127	1	92161		92040	2			
				92128				92071	3			
				92129								
				92259								
				92536								
Total:	3	7	4	9	11	78	26					

2024 Needs Assessment Survey of HIV Impact: Summary of Responses by Region

PRELIMINARY DATA as of 5/31/24

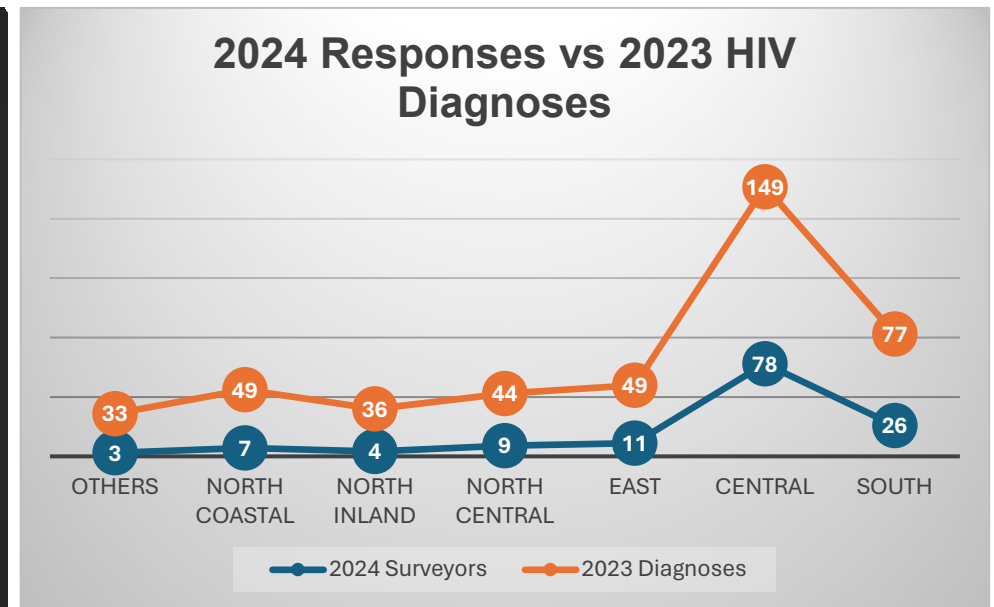
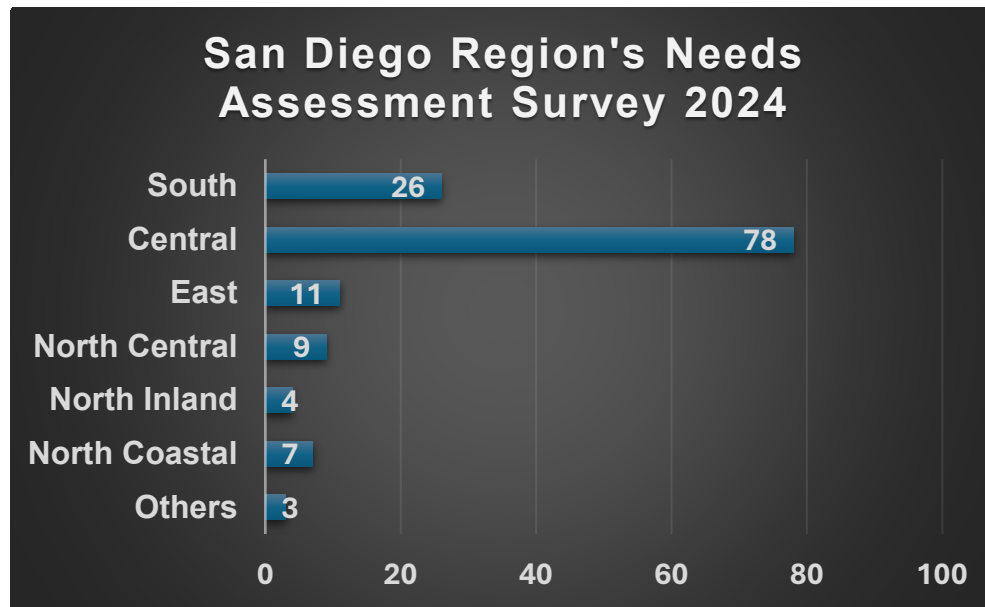
The 2024 respondents reside in the highlighted San Diego zip codes.

Most **clusters** start from the North Central (south) and extend to the Central to South regions.



2024 Needs Assessment Survey of HIV Impact: Summary of Responses by Region

PRELIMINARY DATA as of 5/31/24



- The **bar chart** highlights the significant differences in response rates across the region.
- The **line chart** compares the *preliminary* 2024 survey data to 2023 HIV diagnoses.*
- The 2023 HIV diagnoses and 2024 responses showed a **similar pattern**.

*Source: HIV Epidemiology Data presented by Samantha Tweeten, PhD, MPH, on May 9, 2024.

San Diego County HIV Needs Assessment

Key Findings | June 2021

Prepared by **Harder+Company** Community Research

Background

A total of eight focus groups, two interviews, and 182 surveys were completed as part of the HIV Needs Assessment between November 2020 and March 2021. The focus groups and interviews were targeted to specific priority populations identified by the HIV Planning Group. The populations engaged were: Black/African American HIV positive individuals, HIV positive women, Latina HIV positive women, Latinx HIV positive individuals (in English and Spanish), MSM, trans/non-binary HIV positive individuals, and Older HIV positive individuals. The number of participants was relatively small compared to previous years; however, the results are consistent with previous needs assessment focus groups. The following are high level findings from these engagements with members of the persons living with HIV/AIDS (PLWHA) community in San Diego County.

226

total community member participants

182 survey respondents
42 focus group participants
2 interviewees

160

survey respondents living with HIV/AIDS

87% of survey respondents

22

survey respondents HIV negative/unsure of status

13% of survey respondents

Access to Treatment and Care

98%

of PLWHA who completed the survey report **having current medical care**

3%

of PLWHA who completed the survey report **not having medical care**

13%

of PLWHA who completed the survey reported **being out-of-care for at least 1 year** in the past



(n=154-158)

Access to Treatment and Care

Top **six** services survey respondents who identified as PLWHA **need** but **cannot access**.



Dental Care

22%



Help to pay rent

20%



Legal Services

15%



Counseling / Therapy

15%



Peer advocacy or navigation

13%



Coordinated services center

13%

(n=150-154)

Across all eight focus groups, respondents talked in length about access to care; most of them shared having been connected to case management services at some point but did share that at times it can be **difficult to find a case manager they feel comfortable with and that built trust is critical but takes time**. Focus group participants find they often must jump around to find one they feel accepted by and who holds compassion and patience. When they do find a case manager that feels like a right fit and they are able to connect them to resources relevant to their needs, they find the support very helpful.

Focus group participants from five of the eight focus groups shared **the need for more cultural sensitivity training** for case managers or **more community-based peer navigator/support programs with navigators who have similar lived experiences**.

Access to Treatment and Care

While consistency with HIV medication is key to a healthy life for HIV positive individuals, several participants across all eight groups shared they stopped taking medication at some point and one common thread shared was pill fatigue. Other top reasons cited for **not taking HIV medication** are:

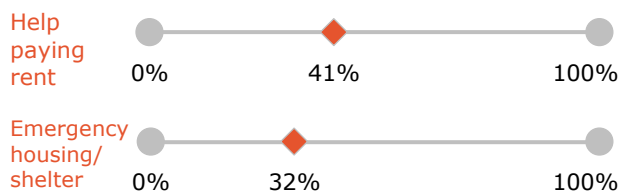
- ❖ Lack of access to healthcare or resources to get the medication refilled;
- ❖ Experiences with homelessness;
- ❖ Side effects of HIV medication;
- ❖ Drug use, addiction, experiences with relapse;
- ❖ Forgetting to take the medication; and
- ❖ Experiences of mental health issues, such as depression.

Stigma continues to affect the PLWHA community, despite all the information available about HIV. Participants in all eight focus groups mentioned that **stigma often affects their willingness to seek treatment, testing or services**, because they are afraid of being judged by others.

According to focus group participants, stigma affects all groups of PLWHA, however, there are added layers of challenges **for trans women, Latinx, and Black/African American HIV positive men**. Family dynamics and cultural beliefs often result in additional challenges around being open about an HIV diagnosis.

Housing

Out of 140 PLWHA who shared their housing status, 26% (n=37) reported unstable housing. Of those **41% (n=15)** selected help paying rent as a top priority and **32% (n=12)** selected emergency housing/shelter as a priority.



In four of the focus groups, housing came up as one important issue affecting the HIV positive community; while this problem is not unique to this community, many factors exacerbate access to affordable housing for PLWHA. Two focus group participants voiced concern that, despite the ongoing affordable housing crisis, the city continues to shift zoning requirements to fit in more housing and price new units at exorbitant rental prices.

Housing

“Condos in backyard alleyways...and charging three times [their] rent for those units. [They] can tell you [they feel they are] eventually going to have to move because [they] can't, [they're] not going to be able to afford it.”

– Focus Group Participant



Focus group participants also described that some individuals in charge of helping them navigate housing services, instead act as gatekeepers that create additional barriers for them. is gatekeeping from system navigators.

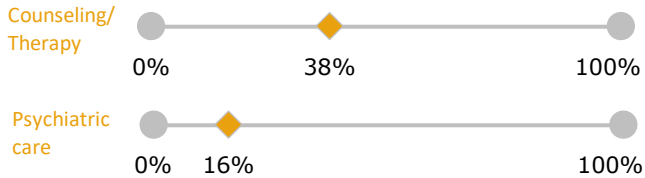
Along with these barriers, focus group participants also shared **many problems with existing programs designed to support the HIV positive community** specifically. When asked what kind of housing services or assistance are currently available for PLWHA in the San Diego community, focus group participants mentioned Mercy Housing, Partial Assistance Rental Subsidy (PARS), and Housing Opportunities for Persons with AIDS (HOPWA). Participants from all four of those groups also **expressed how difficult it is to access housing resources**, in general. Several participants highlighted various issues with PARS, and many have not heard anything about HOPWA in several years and would like to see more current information publicly available.

“When you go to some of these places, you have some people that will work with you and won't work with you. [...] And they're controlling those that get the first pick at housing vouchers and those that don't kind of thing.”

– Focus Group Participant

Mental Health

Out of 152 PLWHA who responded to the question, 37% (n=56) have seen a therapist or received counseling in the past 6 months. Of those, 38% (n=21) selected counseling/therapy as a top priority and 16% (n=9) selected psychiatric services as a top priority.



Mental health plays a big role in PLWHA's ability to lead a healthy life; this topic came up across all eight focus groups, regardless of the population. Additionally, participants shared many of the challenges faced around mental health in the HIV positive community. Focus group participants also highlighted the need for more open conversation and transparency around the use of medication to support mental health conditions.

Some focus group participants shared that **even when they have reached out for mental health support, they are met with barriers and inferior care.** Specifically, one participant talked about **not having been told about any mental health services** available to them when they were diagnosed. This was particularly difficult as they were very young and trying to navigate their diagnosis.

"For me, it was the mental health part. Fighting the depression and not knowing what to do or who to turn to or who to talk to. And, although now I know that there are plenty of resources to help with that, that was something that I didn't know in the beginning."

– Focus Group Participant

Important Services

Top **five** services survey respondents listed as **most important** to them when **getting care**.



HIV/AIDS Medication



HIV Primary Care



Dental Care



Medical Specialist (other than HIV)



Case Management



San Diego HIV Planning Group
Priority Setting and Resource Allocation Committee

Key Data Findings
Survey of HIV Impact 2021 of the Needs Assessment
Approved June 24, 2021



182 total respondents*
(164 completed online)

160 living with HIV/AIDS
(87% of respondents)

22 HIV negative/unaware/no
answer (13% of respondents)

Access to Care (n=154-158)

98% of PLWHA report **having current medical care**

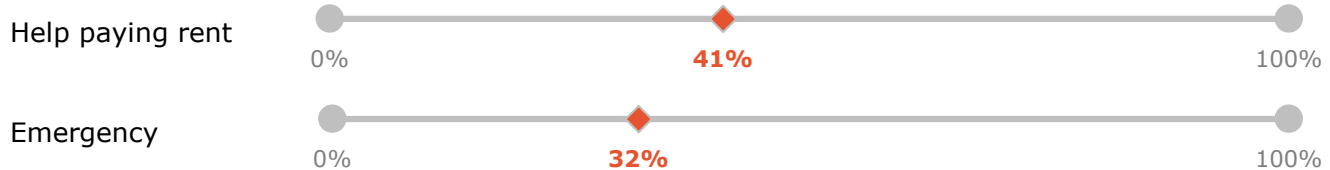
3% of PLWHA report **not having care**

13% of PLWHA reported **being out-of-care for at least 1 year** in the past

Top Ranked Needs

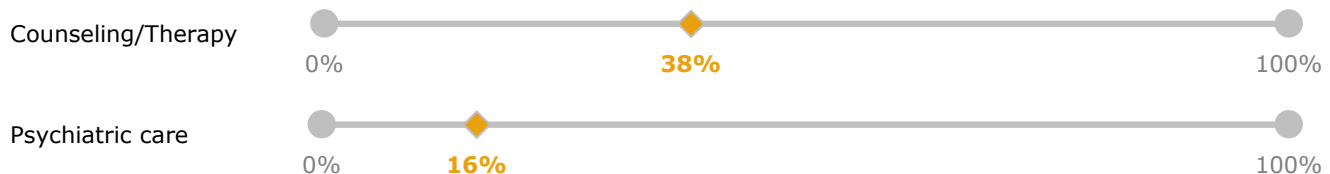
Housing

Out of 140 PLWHA who responded to the question, 26% (n=37) reported unstable housing. Of those 41% (n=15) selected help paying rent as a top priority and 32% (n=12) selected emergency housing/shelter as a priority.



Mental Health

Out of 152 PLWHA who responded to the question, 37% (n=56) have seen a therapist or received counseling in the past 6 months. Of those, 38% (n=21) selected counseling/therapy as a top priority and 16% (n=9) selected psychiatric services as a top priority.



Alcohol/drug use

Out of 142 PLWHA who responded to the question, 40% (n=57) indicated they had current or past issues with alcohol or drugs. Of those, 26% (n=15) selected alcohol/drug recovery as a top priority.



Top 5 services ranked as most important

Service Category	Rank of Category		
	2021	2017	2014
HIV/AIDS medication	#1	#1	#1
HIV primary care	#2	#2	#2
Dental care	#3	#3	#3
Medical specialist other than HIV	#4	#5	#7
Case management	#5	#4	#4

Top 6 service PLWHA ranked as “need, but can’t get”

Compared to the 2017 survey the “need but can’t get” percentages were higher for the top six categories including dental care, help to pay rent, legal services, counseling/therapy, peer advocacy or peer navigation and coordinated services center (n=150 to155).

Service Category	Percent of Respondents		
	2021 (n=150-154)	2017	2014
Dental care	22%	18%	24%
Help to pay rent	20%	18%	20%
Legal services	15%	12%	13%
Counseling/therapy	15%	11%	11%
Peer advocacy or peer navigation	13%	9%	8%
Coordinated services center	13%	7%	7%

*Note: The number of survey respondents is relatively small compared to previous surveys, however the results are consistent with previous needs assessment surveys.

San Diego HIV Planning Group Priority Setting and Resource Allocation Committee

A total of eight focus group and two interviews were conducted as part of the HIV Needs Assessment between January and March 2021. The focus groups and interviews were targeted to specific priority populations identified by the HIV Planning Group. The following are high level findings from these engagements with members of the PLWHA community.



Focus Group Participants

Population	Number of Focus Groups	Number of Participants
Black/African American HIV positive	2	5
HIV positive Women	1	11
Latina HIV positive Women	1	12
Latinx HIV positive (English and Spanish)	2	4
MSM	1	7
Older (65+) HIV positive	1	3
Total	8	42



Access to Treatment and Care

Focus group respondents talked in length about access to care; most of them shared having been connected to case management services at some point but did share that it was **very difficult to find a case manager they felt comfortable with**, and they often must “shop around” for the right one.

Related, focus group participants shared **the need for more cultural sensitivity training** for case managers, especially for case managers who serve Latinx and Trans women.

Being consistent with HIV medication is often a challenge. Many group participants shared they stopped taking medication at some point, citing that they feel like they **“live to take medication”**. The top reasons cited for **stopping HIV medication** are:

- Drug use and drug addiction;
- Forgetting to take the medication;
- Lack of access to healthcare or resources to get the medication refilled;
- Experiences of homelessness;
- Side effects of HIV medication; and
- Experiences of mental health issues, such as depression.

“Sometimes I’m out and about and I get home late or something and I lay down and I’m knocked out. And I forget to take it. I’m like, oh, I forgot to take my medication last night.”

Stigma continues to affect the PLWHA community, despite all the information available about HIV. All groups mentioned that **stigma often affects their willingness to seek treatment, testing or services**, because they are afraid of being judged by others.

According to focus group participants, stigma affects all groups of people living with HIV, however, there are added layers of challenges for trans women, Latinx, and Black/African American HIV positive men. Family dynamics and cultural beliefs often result in additional challenges around being open about an HIV diagnosis. Specifically, a participant shared:

"Just the stigma, fear of just coming out is, in a Black community...just growing up with my Black father and all that stuff just in a family dynamic, it's a very taboo thing to bring up. And no one wants to hear that."



Mental Health

Mental health plays a big role in PLWHA's ability to lead a healthy life; this topic came up across all focus groups, regardless of the population. Additionally, participants shared many of the challenges faced around mental health in the HIV positive community. Focus group participants also highlighted the need for more open conversation and transparency around the use of medication to support mental health conditions. As one focus groups participant shared:

"For me, it was the mental health part. Fighting the depression and not knowing what to do or who to turn to or who to talk to. And, although now I know that there are plenty of resources to help with that, that was something that I didn't know in the beginning."

Some focus group participants shared that **even when they have reached out for mental health support, they are met with barriers and inferior care**. Specifically, one participants talked about **not having been told about any mental health services** available to them when they were diagnosed. This was particularly difficult as they were very young and trying to navigate their diagnosis.

An additional consideration was shared for the Latinx Community, given mental health is not often openly spoken about in this community. One focus group participant shared:

"I feel like mental health is not really popular in the Latino community itself. And with HIV, there comes a lot of stigmas. Even if you don't live in the United States, but in Mexico, it's HIV equals gay, is you're gay, you get HIV. You're gay, you're this, you're gay, you're that. So, it comes with a lot of stigmas. So mental health overall will be another issue that can compare to HIV, that is as big as HIV."



Housing

Housing came up as one important issue affecting the HIV positive community; while this problem is not unique to this community, many factors exacerbate access to affordable housing for PLWHA. Focus group participants voiced concern that, despite the ongoing affordable housing crisis, the city continues to shift zoning requirements to fit **"Condos in backyard alleyways...and charging three times [their] rent for those units. [They] can tell you [they feel they are] eventually going to have to move because [they] can't, [they're] not going to be able to afford it."**

Focus group participants also shared barriers they encounter related to housing that are experienced by PLWHA. One barrier focus group participants highlighted is gatekeeping from system and patient navigators.

"When you go to some of these places, you have some people that will work with you and won't work with you. [...] And they're controlling those that get the first pick at housing vouchers and those that don't kind of thing."

Along with these barriers, focus group participants also shared many problems with existing programs designed to support the HIV positive community specifically. When asked what kind of housing services or assistance are currently available for PLWHA in the San Diego community, focus group participants mentioned Mercy Housing, Partial Assistance Rental Subsidy (PARS), and Housing Opportunities for Persons with AIDS (HOPWA). Participants also expressed how difficult it is to access housing resources, in general. A number of participants highlighted various issues with PARS, and many have not heard anything about HOPWA in several years and would like to see more current information publicly available.

Getting to Zero Consumer/Community Feedback & Progress: June 2024

HPG COMMITTEES: REMAINING WORK ITEMS

STEERING COMMITTEE

1: ACKNOWLEDGE AND ADDRESS OBSTACLES TO MEDICAL SYSTEM TRUST

1a. Ensure standards include contracted HIV service provider plans/strategies for **continued creation of an HIV service-delivery workforce including and representative of those living with and at risk for HIV in San Diego.**

Annually: Continue to review/revise reporting annually. Also follow up with progress on instruction provided to service providers to “Recruit staff members with lived experience at all levels of the organization and provide appropriate supports to ensure their success.”

1b. Acknowledge the obstacles to trust presented by systemic factors, discrimination, missteps, mistakes and harms of the past and ensure ongoing trainings to help to ensure this past is not repeated.

Progress: Completed JEDI Principles. Completed HPG initial HPG cultural inclusion, anti-racism training, continue to provide such trainings at least annually. *Steering Committee*

2: IMPROVE COMMUNICATIONS AND OUTREACH STRATEGIES FOR THOSE LIVING WITH AND AT RISK FOR HIV WHO LIVE, WORK OR PARTICIPATE IN HISTORICALLY- UNDERSERVED COMMUNITIES.

2a. Using multiple communications platforms and outreach strategies, better provide HIV services information to HIV community members and historically-underserved communities impacted in San Diego County. This recommendation is intended to proactively provide the information to the community rather than placing the burden of information seeking solely on consumers.

Progress: Completed HIV services app. Completed email and social media templates for information r/e HPG meetings and planning/community information. **Continues to require ongoing review, planning and discussion. Steering Committee with Planning Group Support.*

9: DESIGN, CREATE AND EXECUTE IMPROVED COMMUNITY ENGAGEMENT AND OUTREACH STRATEGIES. STRATEGIES SHOULD INCLUDE: TRANSPORTATION AND MEAL REIMBURSEMENTS, AS WELL AS APPROPRIATE AND RESPECTFUL INCENTIVES, ENGAGING, MORE INTERESTING HPG MEETINGS, INTERESTING OPPORTUNITIES FOR PLANNING PARTICIPATION AND ROUTINE COMMUNITY REPORT-OUTS REGARDING WHAT HAS BEEN DONE WITH HIV COMMUNITY FEEDBACK.

(0 of 1 completed)

Progress: Partially completed, some discussions held but no decisions yet for implementation. *Steering Committee. Membership Committee.*

10: REVISE AND REFINE THE DOCUMENTATION PROCESSES THAT CREATE A BARRIER TO ACCESSING SERVICES FOR PERSONS LIVING WITH OR AT INCREASED RISK FOR HIV.

(0 of 1 completed)

10a. Reduce the duplication of forms and paperwork required to access HIV services.

Progress: Partially completed but not yet implemented. *Steering Committee. Recipient.*

STRATEGIES AND STANDARDS

1c. Ensure standards include required workforce training for HIV service delivery staff on inclusion, cultural competency & humility, and trauma informed care. Such training can improve inclusion skills and ability to consistently communicate cultural respect, knowledge, and humility, as well as the skills required for trauma-informed care.

Progress: Completed standards for trainings cultural humility. **Awaiting Strategies & Standards for trauma-informed care standards.*

4: PROVIDE INCREASED MENTAL HEALTH AND ALCOHOL/SUBSTANCE USE TREATMENT OPPORTUNITIES FOR THOSE LIVING WITH HIV. ADDITIONALLY, MORE WIDELY COMMUNICATE INFORMATION ABOUT THESE OPPORTUNITIES TO HIV COMMUNITY MEMBERS.

(2 of 6 completed, 4 remaining)

4c. **Coordinating** with County drug and alcohol services personnel, ensure the design and implementation of a **coordinated system for rapid response** for HIV community members who desire to enter substance use residential or out-patient treatment.

*Progress: Initial conversations were held. *This item requires further discussion and strategizing to find a path toward priority intervention for people living with HIV seeking substance use treatment(s). Strategies & Standards.*

4d. In light of reported treatment disruptions which often occur for those without secure housing, design and deploy more rapid interventions for consumers, particularly when insecure housing and mental health symptoms are co-occurring.

*Progress: *This item requires further discussion and strategizing to more quickly identify those at risk of treatment disruption and to find pathways toward priority intervention for people living with HIV seeking mental health intervention(s). Also awaiting standards for mental health response times, "timely access". Strategies & Standards.*

4f. Continue to increase the availability of same-site integration of medical providers, mental health providers and alcohol/substance use counselors for those living with or at higher risk for HIV.

*Progress: *Standards and Strategies committee needs to further discuss routes to investigate and pilot ways to implement appropriate screening and operationalizing integration of this staffing pattern. Strategies & Standards.*

5: MORE CONSISTENTLY PROVIDE RAPID ACCESS TO BASIC SUPPORT SERVICES: HOUSING, FOOD, TRANSPORTATION, EMERGENCY FINANCIAL ASSISTANCE INCLUDING SHUT-OFF & EVICTION PREVENTION. ADDITIONALLY, MORE WIDELY COMMUNICATE INFORMATION ABOUT THESE OPPORTUNITIES AND THE PROCESSES TO ACCESS THEM.

*Progress: *Awaiting standards for client eligibility for rapid access to the listed support services. Strategies & Standards.*

RECIPIENT OFFICE

4e. Investigate the current opportunities for substance use treatment for methamphetamine and, if inadequate opportunities exist, expand those available.

*Progress: Initial review suggests both inadequate treatment opportunities for methamphetamine use and, for those available, inadequate communications of where they may be found. *A more systematic review, enlisting the help of the County of San Diego, is likely the next step. Recipient*

6: CONTINUE TO EXPAND THE OPPORTUNITIES TO HIRE, SUPPORT AND UTILIZE PEER NAVIGATORS, PEER HEALTH EDUCATORS, PEER OUTREACH SPECIALISTS, BENEFITS NAVIGATORS, AND HOUSING SPECIALISTS.

*Progress: Partially completed. Peer Navigation deployed, *Awaiting housing case management and benefits specialists to be fully deployed. Recipient / contracts and purchasing.*

7: DESIGN, INTEGRATE, AND DEPLOY STRATEGIES TO ADDRESS THE STIGMAS FACED BY HIV COMMUNITY MEMBERS INCLUDING: THE MULTIPLE LAYERS OF STIGMA FACED BY THOSE LIVING WITH HIV WHO ARE ALSO BLACK AND LATINO MSM; TRANSGENDER PERSONS; IMMIGRANTS WHO MAY BE UNDER-DOCUMENTED OR UNDOCUMENTED; THOSE STRUGGLING WITH MENTAL HEALTH SYMPTOMS OR ALCOHOL/SUBSTANCE USE CHALLENGES OR THOSE WITHOUT STABLE HOUSING.

Progress: Stigma strategies thus far not addressed. Strategies & Standards

7a. Increase opportunities/programs for participation in Psychosocial Support Groups for those living with or at higher risk for HIV who may, as a function of family or community stigma, have fewer social supports.

*Progress: Partially completed. Psychosocial support groups standards completed. *Awaiting RFP completion with psychosocial groups included. Recipient / contracts and purchasing.*

8: INCREASE THE NUMBER OF HIV SERVICE SITES THAT HAVE THE CAPACITY FOR INTEGRATED WHOLE PERSON-WHOLE HEALTH SERVICES INCLUDING PREP, GERONTOLOGY APPTS FOR THOSE OVER 60, MENTAL HEALTH SERVICES, SUBSTANCE USE TREATMENT SERVICES, HORMONE TREATMENT, CASE MANAGEMENT, AND HOUSING RESOURCES. THIS SHOULD ALSO INCLUDE THE CAPACITY FOR COORDINATED, INTEGRATED, SAME-DAY, APPOINTMENTS WHEN REQUESTED.

*Progress: Partially completed. Standards approved changes to ensure inclusion of Transgender/Nonbinary clients and hormone treatments. Coordinated service centers include mental health and substance use treatment services. Same-day appts not yet widely available for those who prefer/need them. *Awaiting coordinated services RFP completion. Recipient / contracts and purchasing.*

MEMBERSHIP COMMITTEE

Remaining Tasks

- ⇒ **Build and Sustain an HPG Recruitment Infrastructure, including Membership Committee itself**
 - When in-person outreach resumes, Membership and Steering Committee will explore the possibilities and options for returning to the previous HPG staffing model that included a dedicated HPG support staff member for Community Engagement and Outreach. This staff members' role will include helping to form and support an HPG consumer outreach group to assist in community engagement efforts.
- ⇒ **Enhance Communication efforts to HPG and external audience**
- ⇒ **Create welcoming culture of invitation/inclusion and begin In-person outreach**
 - Begin 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
 - HPG support staff, Membership and Steering Committee will investigate opportunities to ensure consumers and community members participating in HPG meetings and activities have available food and beverages (if activity or meeting in during or adjacent to meal time, transportation reimbursement, for HPG members, an opportunity to receive respectful recognition and payment for their time/participation. This may involve seeking small community engagement grants from other funding sources.

Progress Completed: Refresh and Enhance HPG Communications. All tasks below completed initially and continue to be reviewed and refined.

- ⇒ Continued to increase the welcoming, inviting appearance of website/digital communications ensuring **inclusion of HIV consumer/community voices**
- ⇒ Reviewed and revised membership application
- ⇒ Increased the amount of digital/social media communications that **explain/invite participation in HPG and HPG committees**
- ⇒ **Recreated/Recovered 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
- ⇒ Increased the amount of digital/social media communications that **explain/invite participation in HPG and HPG committees**
- ⇒ Increased the # of specifically targeted individuals and groups receiving HPG email communications, including multiple agency staff (and not just leadership staff)
- ⇒ Widened distribution of HIV **community activities, engagement opportunities & leadership training opportunities**, particularly for HIV positive or HIV vulnerable community members
- ⇒ Ensured 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

- ⇒ **Ensured 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.

HIV PLANNING GROUP
6-MONTH COMMITTEE TRACKING
June 2023 - June 2024

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE															
PSRAC	20-Jun	20-Jul	27-Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	6-Jun	#
Total meetings	1	1	1		1		1		1		0	1	1	1	8
Member															
Jacobs, Dr. Delores	*	*	*		*		*		*		NQ	*	*	*	0
Davenport, Beth	*	*	*		1		1		*		NQ	1	*	*	3
Fleming, Tyra ^{cc}											NQ	*	*	*	0
Garcia-Bigley, Felipe	*	*	*		*		1		*		NQ	*	*	*	1
Highfill, Pam	*	*	*		*		*		*		NQ	*	1	*	1
Kubricky, Cinnamon	*	*	*		*		1		*		NQ	*	*	*	1
Mendoza Aguirre, Marco											NQ	*	*	*	0
Mueller, Chris	*	*	*		1		*		*		NQ	*	*	*	1
Robles, Raul	*	*	*		1		*		*		NQ	1	*	*	2
Quezada-Torres, Karla	1	*	*		*		*		*		NQ	*	1	*	2
Underwood, Regina	*	*	*		*		1		*		NQ	*	*	1	2
Van Brocklin, Rhea ^c	*	*	*		1		1		*		NQ	*	*	*	2
Villafan, Freddy	*	*	*		1		1		*		NQ	*	*	*	2

To remain in good standing and eligible to vote, the committee member may not miss 3 consecutive meetings or 6 meetings within 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) meeting for attendance to count for that month.

JC = Just Cause

EC = Emergency Circumstance

NM = No Meeting

NQ = No Quorum

Ryan White Utilization Report

Summary of Services for FY 24

*(March 1, 2024 - February
28, 2025)*

HIV, STD and Hepatitis Branch





SAN DIEGO HIV PLANNING GROUP (HPG)
PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)
MEETING PACKET

APPENDIX

(Page 035-040)

ASSEMBLY BILL (AB) 2449: JUST CAUSE AND EMERGENCY CIRCUMSTANCES (2023)

If the physical attendance quorum requirement is met, AB 2449 permits a member who is not physically present to request virtual attendance at the local legislative body's meeting under two circumstances:

(1) for "just cause" and (2) due to "emergency circumstances".

Qualifying Reason	Provisions to attend remotely	Requirements/Limitations
Just Cause	<ul style="list-style-type: none">• There is a childcare or caregiving need (for a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner) that requires the member to participate remotely• A contagious illness prevents the member from attending the meeting in• 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>"A physical or family medical emergency that prevents a member from attending the meeting in person."</p> <p>A member is not 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 meeting*.</p>

**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 (3) 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 ten (10) times per calendar year, a member's participation from a remote location cannot be for more than two meetings.

AB 2449 Checklist

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

Procedures for Public Participation

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

Procedures for Member to Teleconference from a Remote Location

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

Procedures for the Board/Commission/Committee/Group

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

TELECONFERENCING RULES UNDER THE BROWN ACT

	Default Rule	Declared Emergency (AB 361)	Just Cause (AB 2449)	Emergency Circumstance (AB 2449)
In person participation	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 by 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 recommendations 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

YOUR VOICE MATTERS!

2024 COUNTY OF SAN DIEGO HIV NEEDS ASSESSMENT SURVEY

TELL US ABOUT:

- Access to HIV prevention and treatment services
- Things that work well
- Challenges and concerns
- Your well-being

TAKE THE SURVEY ONLINE!



Learning about the impact of HIV in San Diego County will help us improve HIV services and access!

CHECK OUT OUR NEW
APP FOR COUNTY'S
HIV RESOURCES



hpg.hhsa@sdcounty.ca.gov

¡TU VOZ IMPORTA!

2024 CONDADO DE SAN DIEGO ENCUESTA DE EVALUACIÓN DE LAS NECESIDADES RELACIONADAS CON EL VIH

CUÉNTANOS SOBRE:

- Acceso a la prevención del VIH y
- Servicios de tratamiento
- Coas que funcionan bien
- Desafíos y preocupaciones
- Tu bienestar

¡RESPONDA LA ENCUESTA EN LÍNEA!



Aprendiendo
acerca de el
impacto de la VIH
en Condado de
San Diego nos
ayudará mejorar
los servicios del
VIH y ¡acceso!

CONSULTE NUESTRA NUEVA
APLICACIÓN PARA OBTENER
RECURSOS SOBRE EL VIH
DEL CONDADO

036



hpg.hhsa@sdcounty.ca.gov

GETTING 2
ZERO
STOP HIV

THE HIV PLANNING GROUP WANTS YOU!

JOIN THE COMMUNITY ENGAGEMENT GROUP



ABOUT THE COMMUNITY ENGAGEMENT GROUP (CEG)

THE COMMUNITY ENGAGEMENT GROUP (CEG) PLAYS AN IMPORTANT ROLE BY INCREASING PARTICIPATION IN THE PLANNING FOR HIV PREVENTION AND TREATMENT SERVICES AND ENSURING THAT INDIVIDUALS AT RISK OF OR LIVING WITH HIV/AIDS HAVE INPUT INTO THAT PROCESS.

**JOIN OUR MONTHLY MEETINGS ON
EVERY 3RD WEDNESDAY!**

**OUR MEETINGS ARE OPEN TO THE
PUBLIC AND ARE IN-PERSON VIRTUAL**

TO JOIN US VIRTUALLY ON ZOOM, USE
THE LINK BELOW OR SCAN THE QR CODE
WITH YOUR MOBILE DEVICE'S CAMERA.

[https://us06web.zoom.us/j/83782242388?
pwd=MTFqZitVcC9hNnFPRkhkcV3dGpKdz09](https://us06web.zoom.us/j/83782242388?pwd=MTFqZitVcC9hNnFPRkhkcV3dGpKdz09)



**Meeting ID: 837
8224 2388
Passcode: 106514**