SAN DIEGO HIV PLANNING GROUP (HPG)

STEERING COMMITTEE

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TUESDAY, JUNE 20, 2023, 11:00 AM – 1:00 PM

COUNTY OPERATIONS CENTER

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

The Charge of the Steering Committee: The Steering Committee charge is to establish the agenda for meetings of the full Planning Group and to address matters of Planning Group governance.

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Steering Committee

When: Tuesday, June 20, 2023, from 11:00 AM – 1:00 PM
Where: San Diego County Operations Center (COC)
5570 Overland Avenue San Diego, CA 92123
Room 1047 – Medical Examiner's Office

Parking is <u>free</u>. All visitors parking more than the allotted time must park in an unmarked space. There is very limited street parking along Farnham St.

Driving Directions:

From 163 Freeway:

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

From I-15 Freeway:

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

Or

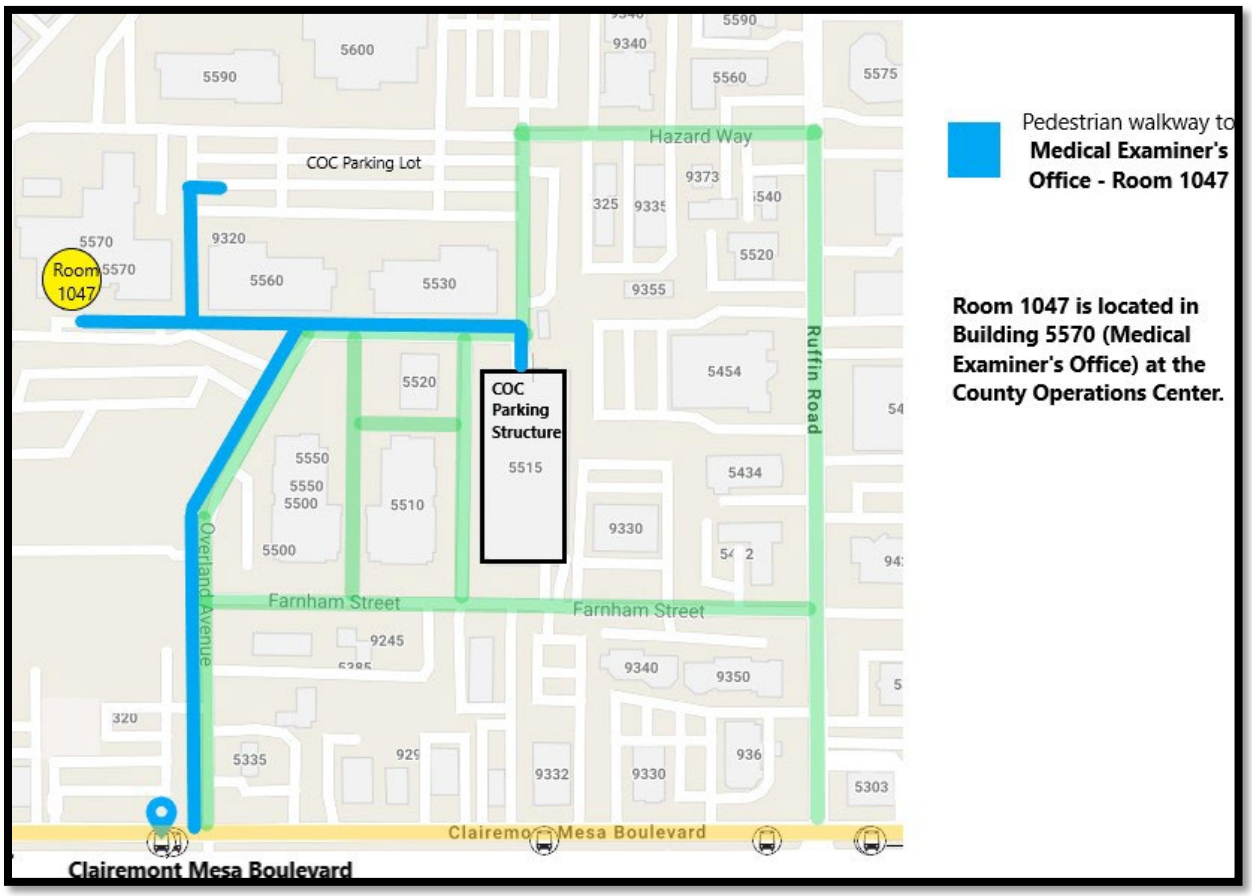
1. From 15, exit onto Clairemont Mesa Blvd – *Westbound*
2. Turn right onto Overland Ave

****ATTN:**

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

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

Via MTS/Public Transportation:



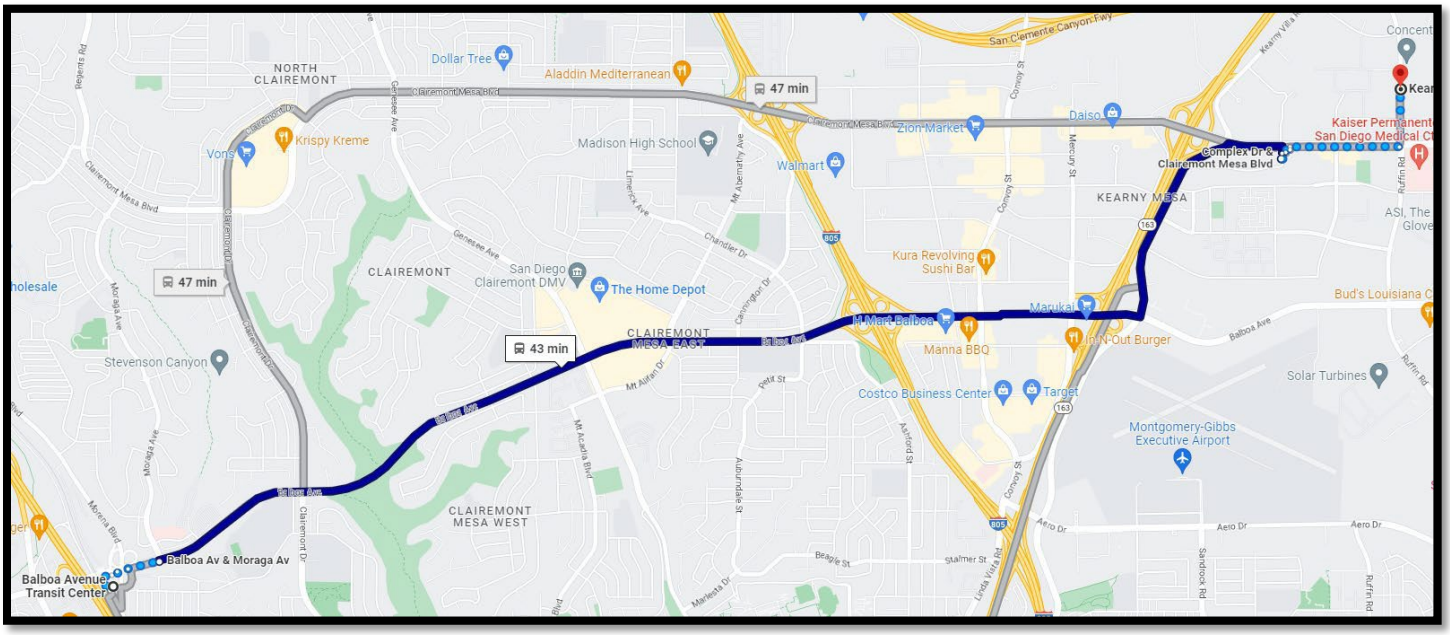
From Clairemont Mesa Blvd & Overland Ave Bus stop:

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

If Using Trolley & Bus:

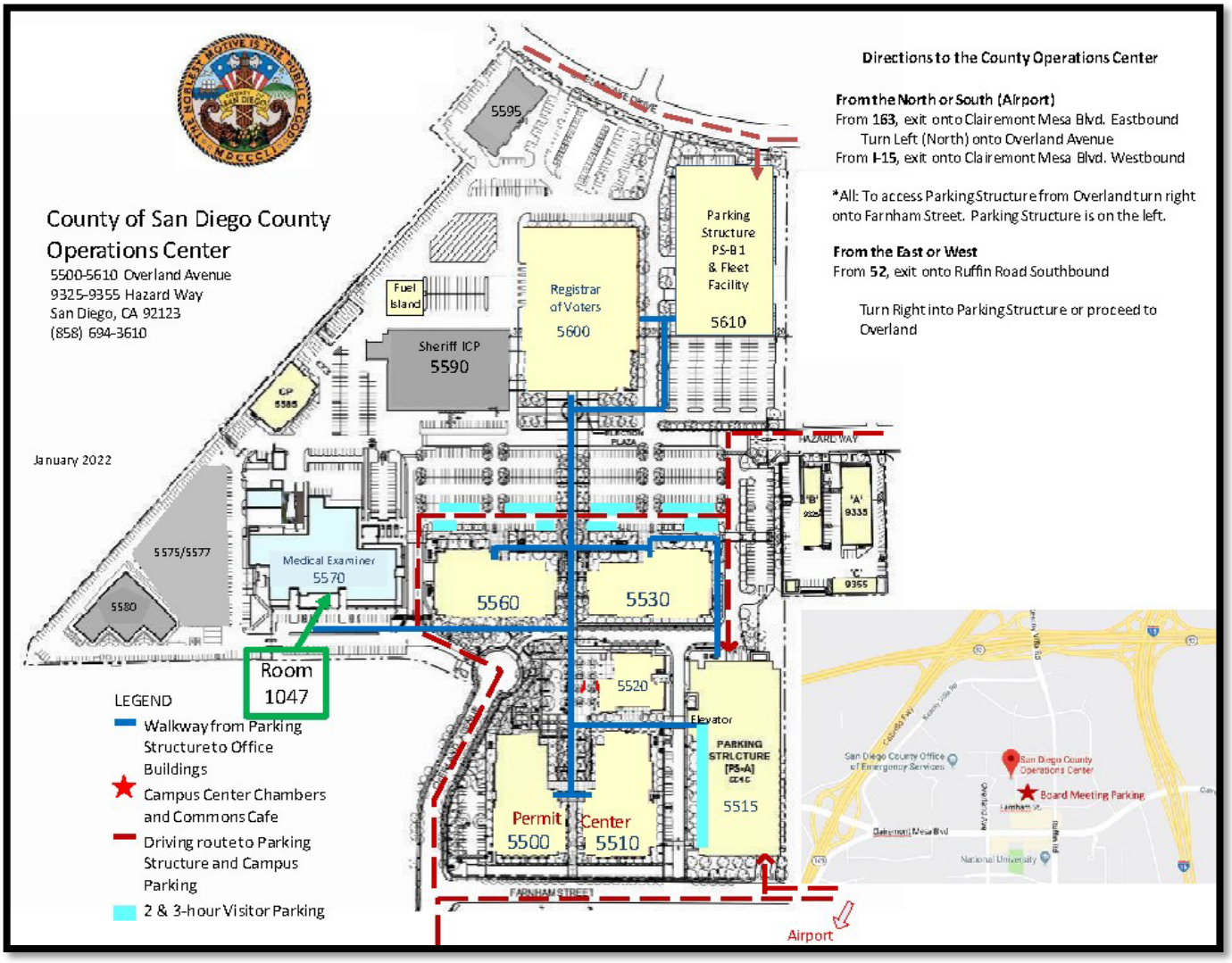
1. Take the **Blue Trolley Line** to the **Balboa Avenue Transit Center.**
2. Walk to **Balboa Ave & Moraga Ave** bus stop (about 7-minute walk, 0.3 miles).
3. Take **Route 27** bus from **Balboa Ave & Moraga Ave** to **Complex Dr & Clairemont Mesa Blvd**.
4. Head north on Complex Dr.
5. Cross the street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

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



ADDITIONAL RESOURCES:

County Operations Center (COC)
CAMPUS MAP



County Operations Center (COC)
CAMPUS DIRECTORY

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

SAN DIEGO HIV PLANNING GROUP (HPG)

STEERING COMMITTEE

MEETING AGENDA

TUESDAY, JUNE 20, 2023, 11:00 AM – 1:00 PM

COUNTY OPERATIONS CENTER

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

To participate remotely via WebEx:

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

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

Meeting ID (access code): 133 805 7740 **Password:** Steer.20

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

A quorum for this meeting is four (4).

Committee Members: Allan Acevedo, Dr. Delores Jacobs, Bob Lewis, Mikie Lochner, Shannon Ransom, Dr. Winston Tilghman, Rhea Van Brocklin

ORDER OF BUSINESS

1. Call to order, roll call, comments from the chair and a moment of silence
2. Public comment (for members of the public)
3. Sharing our concerns (for committee members)
4. **ACTION:** Approve the Steering Committee agenda for June 20, 2023
5. **ACTION:** Approve the HIV Planning Group agenda for June 28, 2023
6. Committee reports and recommendations
7. Process/governance issues
    a. Public comments/HPG member comments/Suggestions to the Steering Committee from previous HPG meeting(s)
    b. AB2449 and teleconferencing requirements
    c. Approval of Amended HPG By-Laws
    d. Translation services and update from the Community Engagement Group
    e. HPG meeting schedule for August 2023
    f. Planning for the Needs Assessment Survey of HIV Impact and other components (provider survey, regional meetings/focus groups)
    g. Planning for the Assessment of the Administrative Mechanism
    h. Getting to Zero Community Engagement Project and next steps
    i. Leadership transition process and mentorship training

    j. Integrated Statewide Strategic Plan
8. Updates and budget review from the HIV, STD, and Hepatitis Branch (HSHB)
    a. Administrative budget review
9. **ACTION**: Approve committee meeting minutes from May 16, 2023 / review follow-up items from the minutes
10. Review committee attendance
11. Future agenda items for consideration
12. Announcements
13. Next meeting date: **July 18, 2023, from 11:00 AM – 1:00 PM.**
    Location: **5570 Overland Ave., San Diego, CA 92123 (Room 1047, Medical Examiner's Office)** AND via WebEx.
14. Adjournment

SAN DIEGO HIV PLANNING GROUP (HPG)

MEETING AGENDA

WEDNESDAY, JUNE 28, 2023, 3:00 PM – 5:00 PM

COUNTY OPERATIONS CENTER

5530 OVERLAND AVE, SAN DIEGO, CA 92123 (ROOM 124)

To participate remotely via WebEx:

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

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

Meeting ID (access code): 133 917 9274 **Password:** HIVPG.20

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 fifteen (15).

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

ORDER OF BUSINESS

1. Call to order, roll call, chair comments, and a moment of silence
2. Public comment (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 June 28, 2023
5. Old Business: None
6. New Business:
    a. Membership Committee – Member recruitment
    b. Recruitment for Needs Assessment Working Group
7. Review AB2449 and teleconferencing requirements
8. Border Health Presentation – Alicia Espinoza and Izzybeth Rodriguez
9. Amended HPG ByLaws
10. **ACTION:** Approve Ryan White Part A carryover funds from FY22-23 in amount of $370,533 towards Emergency Housing
11. **ACTION:** Approve Mpox Recommendations for Vaccine Equity
12. **ACTION:** Approval of consent agenda for June 28, 2023, which includes: Approval of HPG minutes from February 22, 2023, April 26, 2023, May 24, 2023; Acceptance of the following

committee minutes: Steering Committee: February 14, 2023; April 18, 2023, May 18, 2023; Strategies and Standards Committee: February 7, 2023, Membership Committee: February 8, 2023, March 8, 2023; Priority Setting and Resource Allocation Committee: February 9, 2023, March 9, 2023; May 11, 2023, June 8, 2023; Community Engagement Group: February 15, 2023, March 15, 2023, April 19, 2023, May 17, 2023; Mpox Task Force: January 19, 2023; (Included for your information, not for acceptance; CARE Partnership: February 13, 2023, March 20, 2023; April 17, 2023, May 15, 2023; HIV Housing Committee: January 18, 2023, and March 15, 2023; Faith-Based Action Coalition: January 5, 2023, February 2, 2023, and March 2, 2023)

13. Updates and budget review from the HIV, STD, and Hepatitis Branch – Patrick Loose, Lauren Brookshire, Maritza Herrera
    a. Administrative Budget Review – Dr. Ken Riley
14. Committee Reports
    a. Community Engagement Group, Membership Committee, Strategies & Standards Committee, Priority Setting and Resource Allocation Committee, Medical Standards and Evaluation Committee, Mpox Task Force, Hepatitis C Task Force
    b. State Office of AIDS (OA) and AIDS Drug Assistance Program (ADAP) – Abigail West and Jesse Peck by teleconference, 1616 Capitol Ave, 6th Fl, Ste 616, Sacramento, CA 95814)
    c. Getting To Zero Community Engagement Project Updates – Dr. Delores Jacobs
    d. Communication Plan
        i. California HIV Planning Group (CHPG) – Mikie Lochner
        ii. Faith-Based Action Coalition – Kenyatta Parker
15. Review committee attendance
16. Suggestions to the Steering Committee for future agenda items for consideration
17. Announcements
18. Next Meeting Date: **Wednesday, July 26, 2023,** from **3:00 PM – 5:00 PM.**
    Location: **In-person** at the **Malcolm X / Valencia Park Library**
    148 Market St. San Diego, CA 92114 (Multipurpose Room) and via WebEx.
19. Adjournment

Committee Reports – June 2023

Community Engagement Committee: None

Membership Committee: None

Mpox Task Force: None

Strategies and Standards Committee: The Strategies and Standards Committee will be meeting in August 2023. The June 2023 meeting was canceled due to a lack of quorum.

Steering Committee: None

Priority Setting and Resource Allocation Committee (PSRAC): See attached PSRAC report.

Medical Standards and Evaluation Committee (MSEC): The committee has not met since the May 18, 2023 report to the Steering Committee. Please refer to that report for further information about committee activities. See attached MSEC report.

Priority Setting and Resource Allocation Committee (PSRAC)

The **Priority Setting and Resource Allocation Committee (PSRAC)** is meeting twice in the month of June for two four-hour sessions. These meetings continued review of the available reports and data (for example, Epi data, Co-occurring conditions, service eligibility, regional distribution of services, etc.) and began the annual process for setting Priority rankings and making Budget recommendations to HPG for the next year (year beginning March 2024).

PSRAC also continues to monitor the expenditures and utilization of the specific categories of interest expressed by consumers in the GTZ recommendations, including but not limited to: Housing categories (Emergency Housing and PARS) as well as, Mental Health and Substance use treatment services, Peer Navigation services and Psychosocial Support Group services.

- **Next meeting is Thursday, June 22nd 1-5pm. Location: (COC) 5500 Overland Ave. San Diego, CA 92123**

All interested HPG members, as well as any members of the interested public, are invited, encouraged and welcome to attend!

Principles for PSRA Decision-Making process	**Criteria for the PSRA Decision-Making process**
Principles Guiding Decision Making (Priorities should reflect the Principles) 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	**Criteria for Priority Setting** 1. Documented Need based on: 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

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.

Public Comment/Sharing Concerns/Suggestions to the Steering Committee from May 24, 2023

Agenda Item	Comment	Steering Committee response
Public Comment:	A member of the public voiced concern about being able to conduct a meeting without a Chair or Vice-Chair present; requested microphones during meetings as it is hard to hear for virtual participants and commented regarding the count for quorum.	
Sharing Our Concerns:	None	
Suggestions to the Steering Committee for consideration of future items	None	

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

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**"	▪ 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 **<u>two (2)</u>** virtual attendances based on "just cause" per calendar year
"**Emergency Circumstances**"	**"*A physical or family medical emergency that prevents a member from attending the meeting in person.*"** A member is ***<u>not</u>*** required to disclose any medical diagnosis or disability, or any personal medical information that is already exempt from existing law.	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. A request from a member to attend remotely due to an emergency circumstance requires that the legislative body take action and <u>approve</u> the remote attendance at the start of the meeting for the member to be allowed to participate remotely for that meeting[1].

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

Additional Requirements for a Member Participating Remotely:

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

1. Before any action is taken during the meeting, the member must publicly disclose whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member’s relationship with any such individuals.

2. A member of the legislative body participating from a remote location must participate through both audio and visual technology.

3. A member’s remote participation cannot be for more than three consecutive months or 20 percent of the regular meetings for the local agency within a calendar year. And if the legislative body regularly meets fewer than 10 times per calendar year, a member’s participation from a remote location cannot be for more than two meetings.

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 and in person	Call-in or internet-based and 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

HIV Planning Group Bylaws
Table of Contents

ARTICLE 1: PURPOSE AND AUTHORITY

Section A: **Establishment.** On December 15, 2015, the San Diego County Board of Supervisors established the County of San Diego HIV Planning Group (HPG).

Section B: **Purposes.** The HIV Planning Group is established in order to participate in the Federal Ryan White HIV/AIDS Treatment Extension Act of 2009, and any subsequent amendments. The HIV Planning Group is also established in accordance with guidance from the Centers for Disease Control and Prevention (CDC) for purposes of developing an engagement process to plan for services to prevent new HIV infections, identify, inform, link and retain people with HIV in care to achieve viral suppression.

Section C: **Getting to Zero Initiative.** Finally, the HIV Planning Group provides planning and coordination of the County of San Diego's Getting to Zero initiative. This initiative was adopted in recognition that, due to advances in HIV treatment as well as development of highly effective HIV prevention interventions, HIV has become a winnable battle. Getting to Zero focuses on:

1. Ensuring the wide availability of testing in community-based and health care settings;
2. Providing access to treatment and supportive services that promote retention in care for all persons living with HIV;
3. Preventing new infections through a combination of evidence-based interventions; and
4. Engaging communities in developing strategies to improve health outcomes related to HIV.

Section D: **Type of Organization.** The HIV Planning Group is a non-partisan, non-sectarian, non-profit making organization. It does not take part officially in, nor does it lend its influence to any political issues.

ARTICLE 2: MEMBERSHIP AND TERM OF OFFICE

Section A: Open Nomination Process

1. **Nomination of New Members**

   a. The HIV Planning Group shall solicit nominations for consideration for appointment to the HIV Planning Group through an open nominations process, and as required by the Ryan White legislation.
   b. Nominees shall be recommended for membership based on legislative requirements and criteria publicized by the HIV Planning Group. The criteria shall include representation, reflectiveness and Conflict of Interest standards.
   c. Each county supervisor selects an individual to represent that district. The HPG assists with identification of such individuals as appropriate. If no representative is named, the Membership Committee shall recruit and nominate an individual from that district using the open nominations process.

2. **Renominations**

   a. HIV Planning Group members who have served only one term and are in good standing are eligible for renomination by the HPG for a second 4-year term. These members may express interest in renomination and will be considered for reappointment in accordance with HPG-established standards, policies, and procedures. Renomination is not automatic.
   b. After completion of two consecutive terms, an individual must be off the HPG for at least one year before they may be renominated.
   c. Supervisors will be informed when the term of their representative is nearing an end, and asked whether they are renaming an eligible representative for a second term or naming a new representative.
   d. If the supervisor does not respond, or indicates that the current representative will not be renamed but does not name a successor, after several contacts and offers of assistance from the HPG, the HPG will identify an individual from that supervisorial district to nominate to the Board of Supervisors using the open nominations process.
   e. In such a situation, the member will be considered a representative of the district, but not a representative of the supervisor.
   f. A performance assessment will be conducted with all HPG members at the end of their first term, regardless of how they are nominated.

3. **Authority of Board of Supervisors**

   a. Requirements for open nomination process do not eliminate or change the authority of the County Board of Supervisors to appoint members of the HIV Planning Group.
   b. The County Board of Supervisors will approve and/or appoint as HIV Planning Group members only individuals who have gone through the open nomination process.

Section B **Membership Composition.** The membership of the HIV Planning Group consists of up to forty-four (44) members. The HIV Planning Group will limit the number of individuals from HIV, STD and Hepatitis Branch of Public Health Services (HSHB) or a single agency/entity to two (2); however, the Membership Committee will consider the needs of the HIV Planning Group, including subject matter expertise, and recommend a waiver to consider more than two (2) individuals from HSHB or a single agency/entity. The waiver must provide justification for why having an additional member from HSHB or single agency/entity outweighs the membership requirement. The waiver will be reviewed and voted on by the HIV Planning Group.

Members who presently are on the HIV Planning Group in which there are more than two (2) members from HSHB or a single agency may fulfill their current term. The Membership Committee will consider appointments when seats are being renewed and/or filled.

HIV Planning Group members shall be appointed by the Board of Supervisors, as follows:

1. General Member (#1)*
2. General Member (#2)*
3. General Member (#3)*
4. General Member (#4)*
5. General Member (#5)*
6. General Member (#6)*
7. General Member (#7)*
8. General Member (#8)*
9. General Member (#9)*
10. General Member (#10)*
11. General Member (#11)*
12. General Member (#12)*

13. General Member (#13)*
14. General Member (#14)*
15. General Member (#15)*
16. Chairperson
17. Health care provider, including Federally Qualified Health Center (FQHC)
18. Community-based organizations serving affected populations and/or AIDS service organizations (one seat)
19. Social service provider, including providers of housing and homeless services
20. Mental health provider
21. Substance abuse treatment provider
22. Local public health agency – Health and Human Services Director or designee
23. Local public health agency – Public Health Officer or designee
24. Hospital planning agency or health care planning agency
25. Non-elected community leader
26. Prevention services consumer/advocate
27. Prevention services consumer
28. State government—State Medicaid
29. State government— California Department of Public Health (CDPH) Office of AIDS (OA) Part B
30. Recipient of Ryan White Part C
31. Recipient of Ryan White Part D
32. Representative of individuals who formerly were federal, state or local prisoners, were released from custody of the penal system during the preceding 3 years, and had HIV/AIDS as of the date of release
33. Board of Supervisors – District 1 representative
34. Board of Supervisors – District 2 representative
35. Board of Supervisors – District 3 representative
36. Board of Supervisors – District 4 representative
37. Board of Supervisors – District 5 representative
38. Recipient of other federal HIV programs – prevention provider

39. Recipient of other federal HIV programs – Part F, AIDS Education and Training Center and/or Ryan White dental provider
40. Recipient of other federal HIV programs – Housing Opportunities for Persons with AIDS (HOPWA)/Housing and Urban Development (HUD)
41. Recipient of other federal HIV programs – Veterans Administration
42. HIV testing representative
43. Prevention intervention representative
44. General Member (#16)

Up to 16 "General Member" seats are available for individuals who provide needed expertise and representation to the HPG and ensure that all federal requirements are met.

At least thirty-three percent (33%) of HPG members must be unaligned consumers of Ryan White Part A services.*

At least two of these unaligned consumers must publicly disclose their status.

The membership shall include the following: member of a federally recognized Indian tribe as represented in the population, individual co-infected with hepatitis B or C, and representatives of historically underserved groups and/or subpopulations.

As required by the legislation, the HIV Planning Group shall reflect in its composition the demographics of the population of individuals with HIV in San Diego County, with particular consideration given to disproportionately affected and historically underserved groups and subpopulations.

* Section 2602 (b)(5)(C) of the Public Health Services Act defines unaffiliated consumers as consumers who:

- "are receiving HIV-related services" from Ryan White Part A-funded providers;
- "are not officers, employees, or consultants" to any providers receiving Ryan White Part A funds, and "do not represent any such entity;" and
- "reflect the demographics of the population of individuals with HIV/AIDS" in the eligible metropolitan area.

Section C: <u>Term of Office</u>

1. Members shall serve a term of four years.

2. A member shall be appointed to no more than two consecutive four-year terms. The terms shall begin on the day of appointment by the Board of Supervisors and end in four years. For the purpose of this term limitation, a term shall include any appointment for one-half or more of a four-year term.
3. Members whose terms have expired and who have not been reappointed are no longer on the HPG and may not vote.

Section D: **General Members-Elect.** The Board of Supervisors may appoint three General Members-elect, recommended by the HIV Planning Group. Each General Member-elect shall be able to participate in the HIV Planning Group discussions. Term limit shall be four-years from the date of appointment. Persons appointed under this subsection shall not be officers, employees, or consultants to, and may not represent, any entity that receives Ryan White Part A funding.

Section E: **Requirements**

1. Each newly appointed member shall file a Statement of Economic Interest (Form 700). Annual Statements of Economic Interest shall be filed within 30 days of appointment and no later than March 31 of each year.

2. Each member shall also complete the following forms no later than March 31 of each year: an annual HIV Planning Group Disclosure Form, a Statement of Confidentiality, a form confirming their continued eligibility for the membership seat they currently occupy, and other required documents included in the Membership Policies and Procedures.

3. Members are required to complete periodic Ethics Training as required by the Fair Political Practices Commission and California Law AB 1234.

4. New members are required to attend an orientation session at the beginning of their appointment and to participate in annual mandatory training.

5. Voting members are expected to meet HPG attendance requirements and to serve actively on a standing committee. Exceptions to the requirement for committee membership can be made by the Steering Committee in unusual circumstances, primarily for members who live and work outside San Diego County and for the public health officer's representative.

6. HPG members are expected to meet stated attendance requirements for HPG meetings and for committee meetings for all committees of which they are members.

7. HPG members are expected to follow the Code of Conduct at all times.

8. Members who meet these requirements are considered to be in good standing.

9. Members who have not met requirements 1 -3 within 30 days of appointment or by March 31 of each year shall not be considered in good standing. Member who are out of compliance with requirements 4 - 6 for more than 90 days shall likewise not be considered in good standing.

10. Members who are not in good standing shall not be permitted to vote on matters before the HIV Planning. Membership Committee shall review all members who are not in good standing and develop a plan to assist the member in meeting the requirements and/or consider referring the member to the HPG for a vote to recommend termination from the HIV Planning Group to the Board of Supervisors.

ARTICLE 3: CONFLICT OF INTEREST

Section A: **Conflict of Interest Definition and Scope**

1. As defined in the Ryan White Part A Manual, Conflict of Interest (COI) is "an actual or perceived interest in an action that will result or has the appearance of resulting in a personal, organizational, or professional gain" for the HPG member or their immediate family members. Conflict of Interest does not refer to persons living with HIV disease whose sole relationship to a Part A funding provider is as a client receiving services or an uncompensated volunteer.

2. Ryan White legislation does not permit the HPG to "be directly involved in the administration of a grant," or to "designate (or otherwise be involved in the selection of) particular entities as recipients of any of the amounts provided in the grant." In addition, the legislation states that: "A Planning Body member who has a financial interest in an entity, is an employee of or consultant to a public or private entity, or is a Board member of a public or private organization that receives or is seeking funding from Ryan White [Part A] grant funds, will not participate, directly or in an advisory capacity, in the process of selecting entities to receive such funding for such purposes." [Ryan White HIV/AIDS Treatment Extension Act, Section 2602(b)(5)(A) and (B)]

Section B: **Management of Conflict of Interest.** Members may be appointed to the HIV Planning Group who will, from time to time, have conflicts of interest in matters before the HIV Planning Group. Conflicts of interest shall be managed as follows:

1. Per Article 2, Section G (1), each newly appointed member of the HIV Planning Group shall file a statement of economic interest, pursuant to the Conflict of Interest Code adopted by the HIV Planning Group. Failure to file a statement of economic interest in the specific time period is subject to vacancy provisions in Article 2, Section G.
2. Member responsibility during meetings: HPG members are expected to follow applicable local, state and federal rules governing COI. It is the responsibility of each HPG member to disclose all conflicts of interest.
3. Members shall refrain at all times from referring to specific agencies that are funded or seeking funds.
4. The HIV Planning Group is prohibited from participating in the making of contracts.
5. Members who have a conflict of interest, or who appear to have a conflict of interest shall abstain from all voting on the action item. HPG who have a COI may speak to points of information to provide subject matter

expertise in response to a question and as requested from the Chair. A subject matter expert may ask permission to speak on a subject for which he/she has expertise. The member must raise their hand for discussion, and once called upon by the Chair, shall state their conflict prior to speaking on the matter.

6. If the HIV Planning Group discovers a member was in conflict subsequent to the vote, the vote is invalid and shall be retaken.

ARTICLE 4: DUTIES

Section A: **Determination of Duties.** Duties and responsibilities of the HIV Planning Group shall be as set forth in the Ryan White HIV/AIDS Treatment Extension Act legislation and the Centers for Disease Control and Prevention planning guidance as listed below:

Section B: **Needs Assessment.** Assess needs, with particular attention to:

1. Individuals who are at high-risk for acquiring HIV;
2. Individuals who are unaware of their HIV status;
3. Individuals living with HIV disease who know their HIV status and are not receiving HIV-related services;
4. Individuals at risk of falling out of care;
5. Communities that experience disparities in access and services; and
6. Establishing methods for obtaining input on community needs and priorities, which may include surveys, public meetings, focus groups, and ad hoc panels.

Section C: **Priority Setting and Resource Allocation.** Establish priorities for the allocation of Ryan White HIV/AIDS Treatment Extension Act funds. The HIV Planning Group should consider the following:

1. Size and demographics of the population of individuals with HIV disease and needs of such population;
2. Demonstrated (or probable) cost effectiveness and outcome effectiveness of proposed strategies and interventions, to the extent that data are reasonably available;
3. Priorities of the communities with HIV disease for whom the services are intended;
4. Coordination of services with HIV prevention and substance abuse treatment, mental health services and housing;
5. Availability of other governmental and non-governmental resources to cover health care costs; and
6. Capacity development needs resulting from disparities in the availability of HIV-related services in historically underserved communities.

Section D: **Comprehensive/Integrated Planning.** Develop a comprehensive plan for individuals living with or at risk of acquiring HIV for the delivery of health services in accordance with applicable Health Resources and Services Administration (HRSA)/HIV/AIDS Bureau (HAB) Ryan White HIV/AIDS

Program legislation and guidance, Centers for Disease Control and Prevention requirements and compatible with the Statewide Coordinated Statement of Need.

Section E: **Assessment of the Administrative Mechanism.** Assess the efficiency of the administrative mechanism in rapid allocation of Ryan White HIV/AIDS Treatment Extension Act funds to the areas of greatest need within San Diego County and assess the effectiveness of the services offered in meeting the identified needs.

Section F: **Statewide Coordinated Statement of Need.** Participate in the development of the Statewide Coordinated Statement of Need initiated by the California Department of Public Health, Office of AIDS.

Section G: **Coordination of Services.** Coordinate with other federally funded programs that provide HIV-related services in San Diego County.

Section H: **Compliance with Legislation.** Assist the Board of Supervisors in ensuring San Diego County's full and complete compliance with the Ryan White HIV/AIDS Treatment Extension Act and its subsequent amendments.

Section I: **System of Care.** Advise and make recommendations to the San Diego County Board of Supervisors pertaining to the HIV continuum of care.

Section J: **HIV Prevention.** Gather information to support/inform health department decisions regarding HIV prevention priorities and interventions.

ARTICLE 5: OFFICERS

Section A: **Chairperson.** The chairperson of the HIV Planning Group shall be appointed by the chairperson of the Board of Supervisors, and cannot be an employee of HSHB or the County of San Diego, for a length of term decided upon by the Board of Supervisors. The chairperson acts as the sole spokesperson for the HIV Planning Group.

Section B: **Vice-Chairpersons**. HIV Planning Group members will elect two vice-chairpersons, one of whom shall be a Ryan White consumer. An employee of HSHB cannot be a vice-chair. The vice-chairpersons shall serve a term of two years.

Section C: **Duties of the Chairperson:**

1. Presides over the HIV Planning Group and Steering Committee
2. Recommends committees, ad hoc committees and task force meetings
3. Appoints the chair and members to the committees
4. Directs Planning Group Support Staff

Section D: **Duties of the Vice-Chairperson(s):**

1. If the chair is unable to perform the duties of the position for sixty days or more, the chair and/or Steering Committee shall provide a letter of designation to delegate the duties to the vice-chairperson(s).
2. The vice-chairperson(s) can assume responsibility for all meetings in the absence of the chair including conducting and convening meetings.

ARTICLE 6: ORGANIZATION PROCEDURES

Section A: **Robert's Rules of Order**. Robert's Rules of Order shall govern the operation of the HIV Planning Group in all cases not covered by the Ralph M. Brown Act, or these bylaws. The HIV Planning Group may formulate specific procedural rules of order to govern the conduct of its meetings.

Section B: **Voting.** Any group voting is on the basis of one vote per person and no proxy, telephone or absentee voting is permitted.

Section C: **Open Meetings**. All meetings of the HIV Planning Group and its committees are open to the public to the extent required by the Ralph M. Brown Act and the Ryan White HIV/AIDS Treatment Extension Act. Meetings are held in accessible, public places. Notice of all meetings shall be posted in a publicly accessible place for a period of 72 hours prior to the meeting. Special meetings require 24 hour notice. In addition, such notice will be emailed and posted on www.sdplanning.org. Notices will be mailed upon request.

Section D: **Regular Meetings.** The HIV Planning Group shall establish a regular meeting schedule, shall meet a minimum of six (6) times each year, and shall give public notice of the time and place of meetings in compliance with the requirements of the Ralph M. Brown Act and the Ryan White HIV/AIDS Treatment Extension Act.

Section E: **Quorum.** Greater than 50% of members currently appointed shall constitute a quorum and a simple majority must be participating in a meeting to take action. Unless otherwise indicated in the bylaws, an action by HIV Planning Group is considered to be consensus or majority vote of a quorum of voting members in a publicly noticed HIV Planning Group meeting. If a quorum cannot be established, no official business can be conducted. However, presentations may be made and public comments received.

Section F: **Minutes.** The HIV Planning Group shall keep detailed minutes of its meetings, electronic or hard copies of which shall be available for inspection and copying at the HIV, STD and Hepatitis Branch of Public Health Services. The minutes are also posted on the HIV Planning Group website, www.sdplanning.org. The accuracy of all minutes shall be certified by the chairperson of the HIV Planning Group, following approval of the meeting minutes by action of the HIV Planning Group.

ARTICLE 7: COMMITTEES

Section A: **Use of Committees.** The HIV Planning Group has the authority to establish and to disband, as appropriate, standing and ad hoc committees/task forces as necessary to conduct its business. The actions and recommendations of committees shall not be deemed the action of the HIV Planning Group or its members. A Standing and ad hoc committee may bring an action item to the HIV Planning Group for approval.

Section B: **Composition and Chairs.** All standing and ad hoc committee meetings shall be chaired by a member of the HIV Planning Group, shall consist of no fewer than three HIV Planning Group members. Where possible, at least one member will be a publicly disclosed unaligned consumer or another person with HIV. Standing committees and ad hoc committees may elect to establish a co-chair who does not have to be a member of the HIV Planning Group. The committee co-chairperson shall assume the role of the committee chairperson should the chairperson become unable to fulfill the role of committee chairperson for three (3) consecutive meetings. If the co-chairperson is not a member of the HIV Planning Group the co-chairperson may assume the role of committee chairperson and may attend the Steering Committee, but may not vote. If the committee chairperson is unable to attend three (3) consecutive meetings, a new committee chairperson may be appointed per Article 5, Section C of these bylaws.

Section C: **Appointments.** Members of the HIV Planning Group are appointed to a committee by the HIV Planning Group chairperson, after review and recommendation from the Membership Committee, which will include a discussion of member's preference, availability, and needs of the HIV Planning Group.

Section D: **Operations.** All committees shall operate under the bylaws of the HIV Planning Group. Each committee may adopt/establish ground rules and operating procedures, subject to review and approval by the Steering Committee.

Section E: **Steering Committee.** The HIV Planning Group shall establish a Steering Committee, led by the chairperson, to set the agenda for HIV Planning Group meetings and to address issues of HIV Planning Group governance. The Steering Committee shall be comprised of the HIV Planning Group chairperson, elected vice chairperson(s) and chairs of all standing committees. In the absence of a committee chairperson, a committee co-chairperson can attend to establish quorum. When the co-chairperson is not a member of the HIV Planning Group, they must abstain from voting. A quorum will be 33% of the number of current members of the Steering Committee and a simple majority must be participating in a meeting to take

action. Non-HIV Planning Group member committee co-chairpersons who attend the Steering Committee in place of the committee chairperson count towards establishing a quorum, but do not vote at the Steering Committee.

Section F: **Membership Committee.** The HIV Planning Group shall establish a Membership Committee to monitor membership, composition and attendance, recruit candidates for existing and anticipated vacancies, and recommend applicants for appointment through an open nominations process, which includes recruiting widely, clarifying the membership criteria, publicizing the membership criteria, addressing conflict of interest requirements, using an application form, maintaining an active Membership Committee and providing nominees to the Board of Supervisors as appropriate. All members of the Membership Committee shall be members of the HIV Planning Group. The Membership Committee shall forward recommendations to the HIV Planning Group for approval.

ARTICLE 8: GRIEVANCE PROCEDURES

Section A: **Grievances Related to Services.** HIV Planning Group Grievance Procedures as it relates to Ryan White services can be found in Attachment 1.

Section B: **Other Types of Grievances.** Other grievances based on outlined process for making decisions shall be addressed by the Steering Committee.

1. Members have the right to grieve any decision made by the HIV Planning Group they feel did not follow established process.
2. To file a grievance, member will contact HIV Planning Group Chairperson and HIV Planning Group support staff, who will forward to the Steering Committee.
3. Member will be invited to the Steering Committee to present grievance.
4. Steering Committee will decide on grievance or ask for more information.
5. Steering Committee will resolve grievance within two regularly scheduled meetings.

ARTICLE 9: STAFF ASSISTANCE

Section A: **Staff Assistance to the HIV Planning Group.** The HIV, STD and Hepatitis Branch of Public Health Services, Health and Human Services Agency shall provide staff assistance pursuant to the legislative requirements and guidelines. The HIV Planning Group oversees the work of the HIV Planning Group support staff who will report to non-Recipient County staff for supervision.

Section B: **Recordkeeping and Reporting.** HIV Planning Group support staff shall be responsible for the keeping of records of all actions and reports of the committee and shall submit these actions and reports to the HIV Planning Group on a regular basis.

ARTICLE 10: COMPENSATION AND EXPENSE

Section A: **Voluntary Service.** Members of the HIV Planning Group shall serve without compensation.

Section B: **Reimbursement for Expenses.** HIV Planning Group members and members-elect appointed pursuant to Article 2, Section B and D who are consumers of Ryan White services may be reimbursed for expenses incurred in performing their duties under this article, including mileage reimbursement in accordance with Administrative Code Section 472, provided that the HIV Planning Group allocates Ryan White HIV/AIDS Treatment Extension Act funds for this purpose. Transportation and childcare reimbursements shall be limited to those eligible members.

HIV Planning Group Bylaws
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ARTICLE 1: PURPOSE AND AUTHORITY

Section A: **Establishment.** On December 15, 2015, the San Diego County Board of Supervisors established the County of San Diego HIV Planning Group (HPG).

Section B: **Purposes.** The HIV Planning Group is established in order to participate in the Federal Ryan White HIV/AIDS Treatment Extension Act of 2009, and any subsequent amendments. The HIV Planning Group is also established in accordance with guidance from the Centers for Disease Control and Prevention (CDC) for purposes of developing an engagement process to plan for services to prevent new HIV infections, identify, inform, link and retain people with HIV in care to achieve viral suppression.

Section C: **Getting to Zero Initiative.** Finally, the HIV Planning Group provides planning and coordination of the County of San Diego's Getting to Zero initiative. This initiative was adopted in recognition that, due to advances in HIV treatment as well as development of highly effective HIV prevention interventions, HIV has become a winnable battle. Getting to Zero focuses on:

1. Ensuring the wide availability of testing in community-based and health care settings;
2. Providing access to treatment and supportive services that promote retention in care for all persons living with HIV;
3. Preventing new infections through a combination of evidence-based interventions; and
4. Engaging communities in developing strategies to improve health outcomes related to HIV.

Section D: **Type of Organization.** The HIV Planning Group is a non-partisan, non-sectarian, non-profit making organization. It does not take part officially in, nor does it lend its influence to any political issues.

ARTICLE 2: MEMBERSHIP AND TERM OF OFFICE

Section A: Open Nomination Process

1. **Nomination of New Members**

   a. The HIV Planning Group shall solicit nominations for consideration for appointment to the HIV Planning Group through an open nominations process, and as required by the Ryan White legislation.
   b. Nominees shall be recommended for membership based on legislative requirements and criteria publicized by the HIV Planning Group. The criteria shall include representation, reflectiveness and Conflict of Interest standards.
   c. Each county supervisor selects an individual to represent that district. The HPG assists with identification of such individuals as appropriate. If no representative is named, the Membership Committee shall recruit and nominate an individual from that district using the open nominations process.

2. **Renominations**

   a. HIV Planning Group members who have served only one term and are in good standing are eligible for renomination by the HPG for a second 4-year term. These members may express interest in renomination and will be considered for reappointment in accordance with HPG-established standards, policies, and procedures. Renomination is not automatic.
   b. After completion of two consecutive terms, an individual must be off the HPG for at least one year before they may be renominated.
   c. Supervisors will be informed when the term of their representative is nearing an end, and asked whether they are renaming an eligible representative for a second term or naming a new representative.
   d. If the supervisor does not respond, or indicates that the current representative will not be renamed but does not name a successor, after several contacts and offers of assistance from the HPG, the HPG will identify an individual from that supervisorial district to nominate to the Board of Supervisors using the open nominations process.
   e. In such a situation, the member will be considered a representative of the district, but not a representative of the supervisor.
   f. A performance assessment will be conducted with all HPG members at the end of their first term, regardless of how they are nominated.

3. **Authority of Board of Supervisors**

   a. Requirements for open nomination process do not eliminate or change the authority of the County Board of Supervisors to appoint members of the HIV Planning Group.
   b. The County Board of Supervisors will approve and/or appoint as HIV Planning Group members only individuals who have gone through the open nomination process.

Section B **Membership Composition.** The membership of the HIV Planning Group consists of up to forty-four (44) members. The HIV Planning Group will limit the number of individuals from HIV, STD and Hepatitis Branch of Public Health Services (HSHB) or a single agency/entity to two (2); however, the Membership Committee will ~~take into account~~ consider the needs of the HIV Planning Group, including subject matter expertise, and recommend a waiver to consider more than two (2) individuals from HSHB or a single agency/entity. The waiver must provide justification for why having an additional member from HSHB or single agency/entity outweighs the membership requirement. The waiver will be reviewed and voted on by the HIV Planning Group.

Members who presently are on the HIV Planning Group in which there are more than two (2) members from HSHB or a single agency may fulfill their current term. The Membership Committee will consider appointments when seats are being renewed and/or filled.

HIV Planning Group members shall be appointed by the Board of Supervisors, as follows:

1. ~~Unaffiliated consumer~~ General Member (#1)*
2. ~~Unaffiliated consumer~~ General Member (#2)*
3. ~~Unaffiliated consumer~~ General Member (#3)*
4. ~~Unaffiliated consumer~~ General Member (#4)*
5. ~~Unaffiliated consumer~~ General Member (#5)*
6. ~~Unaffiliated consumer~~ General Member (#6)*
7. ~~Unaffiliated consumer~~ General Member (#7)*
8. ~~Unaffiliated consumer~~ General Member (#8)*
9. ~~Unaffiliated consumer~~ General Member (#9)*
10. ~~Unaffiliated consumer~~ General Member (#10)*
11. ~~Unaffiliated consumer~~ General Member (#11)*

12. ~~Unaffiliated consumer~~ General Member (#12)*
13. ~~Unaffiliated consumer~~ General Member (#13)*
14. ~~Unaffiliated consumer~~ General Member (#14)*
15. ~~Unaffiliated consumer~~ General Member (#15)*
16. Chairperson
17. Health care provider, including Federally Qualified Health Center (FQHC)
18. Community-based organizations serving affected populations and/or AIDS service organizations (one seat)
19. Social service provider, including providers of housing and homeless services
20. Mental health provider
21. Substance abuse treatment provider
22. Local public health agency – Health and Human Services Director or designee
23. Local public health agency – Public Health Officer or designee
24. Hospital planning agency or health care planning agency
25. Non-elected community leader
26. Prevention services consumer/advocate
27. Prevention services consumer
28. State government—State Medicaid
29. State government— California Department of Public Health (CDPH) Office of AIDS (OA) Part B
30. Recipient of Ryan White Part C
31. Recipient of Ryan White Part D
32. Representative of individuals who formerly were federal, state or local prisoners, were released from custody of the penal system during the preceding 3 years, and had HIV/AIDS as of the date of release
33. Board of Supervisors – District 1 representative
34. Board of Supervisors – District 2 representative
35. Board of Supervisors – District 3 representative
36. Board of Supervisors – District 4 representative
37. Board of Supervisors – District 5 representative
38. Recipient of other federal HIV programs – prevention provider
39. Recipient of other federal HIV programs – Part F, AIDS Education and Training Center and/or Ryan White dental provider
40. Recipient of other federal HIV programs – Housing Opportunities for Persons with AIDS (HOPWA)/Housing and Urban Development (HUD)

41. Recipient of other federal HIV programs – Veterans Administration
42. HIV testing representative
43. Prevention intervention representative
44. ~~Affected community, including people with HIV/AIDS, member of a federally recognized Indian tribe as represented in the population, individual co-infected with hepatitis B or C, and historically underserved group and/or subpopulation.~~ General Member (#16)

Up to 16 "General Member" seats are available for individuals who provide needed expertise and representation to the HPG and ensure that all federal requirements are met.

At least thirty-three percent (33%) of HPG members must be unaligned consumers of Ryan White Part A services.*

At least two of these unaligned consumers must publicly disclose their status.

The membership shall include the following: member of a federally recognized Indian tribe as represented in the population, individual co-infected with hepatitis B or C, and representatives of historically underserved groups and/or subpopulations.

As required by the legislation, the HIV Planning Group shall reflect in its composition the demographics of the population of individuals with HIV in San Diego County, with particular consideration given to disproportionately affected and historically underserved groups and subpopulations.

* Section 2602 (b)(5)(C) of the Public Health Services Act defines unaffiliated consumers as consumers who:

- "are receiving HIV-related services" from Ryan White Part A-funded providers;
- "are not officers, employees, or consultants" to any providers receiving Ryan White Part A funds, and "do not represent any such entity;" and
- "reflect the demographics of the population of individuals with HIV/AIDS" in the eligible metropolitan area.

Section C: Term of Office

1. Members shall serve a term of four years.

2. A member shall be appointed to no more than two consecutive four-year terms. The terms shall begin on the day of appointment by the Board of Supervisors and end in four years. For the purpose of this term limitation, a term shall include any appointment for one-half or more of a four-year term.

~~2. In the event that a member with a four-year term completes eight years of service, that member may serve on the HIV Planning Group without voting rights until a successor has been appointed.~~

~~3. After the completion of two consecutive four-year terms, an individual may reapply after one year.~~

3. Members whose terms have expired and who have not been reappointed are no longer on the HPG and may not vote.

Section D: ~~**Consumer**~~ **General Members-Elect.** The Board of Supervisors may appoint three ~~consumer~~ General ~~m~~ Members-elect, recommended by the HIV Planning Group. ~~Steering Committee, who shall substitute, with voting authority, for any consumer member appointed under Article 2, Section A, seats 1-14~~. Each ~~consumer~~ General m Member-elect shall be able to participate in the HIV Planning Group discussions~~, and may substitute, with voting authority, in the absence of one of the designated consumer members.~~ Term limit shall be four-years from the date of appointment. Persons appointed under this subsection shall not be officers, employees, or consultants to, and may not represent, any entity that receives Ryan White Part A funding.

Section E: **Requirements**

1. Each newly appointed member shall file a Statement of Economic Interest (Form 700). Annual Statements of Economic Interest shall be filed within 30 days of appointment and no later than March 31 of each year.

2. Each member shall also complete ~~an annual HIV Planning Group Disclosure Form~~ the following forms no later than March 31 of each year: an annual HIV Planning Group Disclosure Form, a Statement of Confidentiality, a form confirming their continued eligibility for the membership seat they currently occupy, and other required documents included in the Membership Policies and Procedures.

3. Members are required to complete periodic Ethics Training as required by the Fair Political Practices Commission and California Law AB 1234.

4. New members are required to attend an orientation session at the beginning of their appointment~~.~~ and to participate in annual mandatory training.

5. Voting members are expected to meet HPG attendance requirements and to serve actively on a standing committee. Exceptions to the requirement for committee membership can be made by the Steering Committee in unusual circumstances, primarily for members who live and work outside San Diego County and for the public health officer's representative.

6. HPG members are expected to meet stated attendance requirements for HPG meetings and for committee meetings for all committees of which they are members.

7. HPG members are expected to follow the Code of Conduct at all times.

8. Members who meet these requirements are considered to be in good standing.

9. Members who have not met requirements 1 -3 within 30 days of appointment or by March 31 of each year shall not be considered in good standing. Member who are out of compliance with requirements 4 - 6 for more than 90 days shall likewise not be considered in good standing.

10. Members who are not in good standing shall not be permitted to vote on matters before the HIV Planning. Membership Committee shall review all members who are not in good standing and develop a plan to assist the member in meeting the requirements and/or consider referring the member to the HPG for a vote to recommend termination from the HIV Planning Group to the Board of Supervisors.

~~**Section F: HIV Planning Group Attendance**~~

~~1. To remain in good standing, a member must have not more than three HIV Planning Group absences in a row or six absences in a 12 month period.~~
~~2. To remain in good standing with the right to vote at committees, members must meet committee attendance requirements, outlined in the committee operational guidelines. Attendance is tracked by support staff and reviewed at subcommittee meetings. Members not able to participate in the required number of committee meetings may participate as non-voting committee members.~~
~~3. For HPG members who do not meet the HIV Planning Group~~

attendance requirements, a recommendation will be forwarded to the Board of Supervisors for termination from the HPG.

Section G: Vacancies

1. A vacancy shall occur as a result of any one of the following events before expiration of a term:
   a. The death of the incumbent.
   b. The resignation of the incumbent.
   c. Termination of membership.
   d. Members who have not filed a Statement of Economic Interest within 30 days of appointment or by March 31 of each year shall be recorded in meeting minutes as absent, and shall not be permitted to vote on matters before the HIV Planning Group starting April 1. For members who are more than 90 days delinquent in filing a statement of economic interest, a recommendation will be forwarded to the Board of Supervisors for termination from the HIV Planning Group.
   e. Members who do not complete periodic ethics training as required by the Fair Political Practices Commission and California Law AB 1234 by the due date shall not be permitted to vote on matters before the HIV Planning Group. For members who are more than 90 days delinquent in completing the ethics training, or for any reasons specified in Government Code Section 1770, a recommendation will be forwarded to the Board of Supervisors for termination from the HPG.
2. When a vacancy occurs, both the member and the Clerk of the Board of Supervisors shall be notified by the HIV Planning Group Chair or designee. In the event of a vacancy of a consumer, a member-elect shall become a full voting member of the HIV Planning Group.

Section H: Standard of Conduct:

1. HIV Planning Group members shall conduct themselves in a professional and courteous manner at all times during an HIV Planning Group or committee meeting. Repeated failure to follow this standard of conduct adopted by the HPG may result in a two-thirds majority (not counting the vote of the affected member) of the HIV Planning Group voting to recommend to the Board of Supervisors for termination from the HPG. Any recommendation to terminate an HIV Planning Group member shall be placed on the HIV Planning Group's agenda and the member being recommended for termination shall be permitted to address the termination recommendation.

ARTICLE 3: CONFLICT OF INTEREST

Section A: ~~Members may be appointed to the HIV Planning Group who will, from time to time, have conflicts of interest in matters before the HIV Planning Group. Conflicts of interest shall be managed as follows:~~

~~1. Per Article 2, Section G (1), each newly appointed member of the HIV Planning Group shall file a statement of economic interest, pursuant to the Conflict of Interest Code adopted by the HIV Planning Group. Failure to file a statement of economic interest in the specific time period is subject to vacancy provisions in Article 2, Section G.~~

Conflict of Interest Definition and Scope

~~2~~1. As defined in the Ryan White Part A Manual, Conflict of Interest (COI) is "an actual or perceived interest in an action that will result or has the appearance of resulting in a personal, organizational, or professional gain" for the HPG member or their immediate family members. Conflict of Interest does not refer to persons living with HIV disease whose sole relationship to a Part A funding provider is as a client receiving services or an uncompensated volunteer.

~~3~~2. Ryan White legislation does not permit the HPG to "be directly involved in the administration of a grant," or to "designate (or otherwise be involved in the selection of) particular entities as recipients of any of the amounts provided in the grant." In addition, the legislation states that: "A Planning Body member who has a financial interest in an entity, is an employee of or consultant to a public or private entity, or is a Board member of a public or private organization that receives or is seeking funding from Ryan White [Part A] grant funds, will not participate, directly or in an advisory capacity, in the process of selecting entities to receive such funding for such purposes." [Ryan White HIV/AIDS Treatment Extension Act, Section 2602(b)(5)(A) and (B)]

Section B: **Management of Conflict of Interest.** Members may be appointed to the HIV Planning Group who will, from time to time, have conflicts of interest in matters before the HIV Planning Group. Conflicts of interest shall be managed as follows:

1. Per Article 2, Section G (1), each newly appointed member of the HIV Planning Group shall file a statement of economic interest, pursuant to the Conflict of Interest Code adopted by the HIV Planning Group. Failure to file a statement of economic interest in the specific time period is subject to vacancy provisions in Article 2, Section G.

2. Member responsibility during meetings: HPG members are expected to follow applicable local, state and federal rules governing COI. It is the responsibility of each HPG member to disclose all conflicts of interest.
3. Members shall refrain at all times from referring to specific agencies that are funded or seeking funds.
4. The HIV Planning Group is prohibited from participating in the making of contracts.
5. Members who have a conflict of interest, or who appear to have a conflict of interest shall abstain from all voting on the action item. HPG who have a COI may speak to points of information to provide subject matter expertise in response to a question and as requested from the Chair. A subject matter expert may ask permission to speak on a subject for which he/she has expertise. The member must raise their hand for discussion, and once called upon by the Chair, shall state their conflict prior to speaking on the matter.
6. If the HIV Planning Group discovers a member was in conflict subsequent to the vote, the vote is invalid and shall be retaken.

ARTICLE 4: DUTIES

Section A: **Determination of Duties.** Duties and responsibilities of the HIV Planning Group shall be as set forth in the Ryan White HIV/AIDS Treatment Extension Act legislation and the Centers for Disease Control and Prevention planning guidance as listed below:

Section B: **Needs Assessment.** Assess needs, with particular attention to:

1. Individuals who are at high-risk for acquiring HIV;
2. Individuals who are unaware of their HIV status;
3. Individuals living with HIV disease who know their HIV status and are not receiving HIV-related services;
4. Individuals at risk of falling out of care;
5. Communities that experience disparities in access and services; and
6. Establishing methods for obtaining input on community needs and priorities, which may include surveys, public meetings, focus groups, and ad hoc panels.

Section C: **Priority Setting and Resource Allocation.** Establish priorities for the allocation of Ryan White HIV/AIDS Treatment Extension Act funds. The HIV Planning Group should consider the following:

1. Size and demographics of the population of individuals with HIV disease and needs of such population;
2. Demonstrated (or probable) cost effectiveness and outcome effectiveness of proposed strategies and interventions, to the extent that data are reasonably available;
3. Priorities of the communities with HIV disease for whom the services are intended;
4. Coordination of services with HIV prevention and substance abuse treatment, mental health services and housing;
5. Availability of other governmental and non-governmental resources to cover health care costs; and
6. Capacity development needs resulting from disparities in the availability of HIV-related services in historically underserved communities.

Section D: **Comprehensive/Integrated Planning.** Develop a comprehensive plan for individuals living with or at risk of acquiring HIV for the delivery of health services in accordance with applicable Health Resources and Services

Administration (HRSA)/HIV/AIDS Bureau (HAB) Ryan White HIV/AIDS Program legislation and guidance, Centers for Disease Control and Prevention requirements and compatible with the Statewide Coordinated Statement of Need.

Section E: **Assessment of the Administrative Mechanism.** Assess the efficiency of the administrative mechanism in rapid allocation of Ryan White HIV/AIDS Treatment Extension Act funds to the areas of greatest need within San Diego County and assess the effectiveness of the services offered in meeting the identified needs.

Section F: **Statewide Coordinated Statement of Need.** Participate in the development of the Statewide Coordinated Statement of Need initiated by the California Department of Public Health, Office of AIDS.

Section G: **Coordination of Services.** Coordinate with other federally funded programs that provide HIV-related services in San Diego County.

Section H: **Compliance with Legislation.** Assist the Board of Supervisors in ensuring San Diego County's full and complete compliance with the Ryan White HIV/AIDS Treatment Extension Act and its subsequent amendments.

Section I: **System of Care.** Advise and make recommendations to the San Diego County Board of Supervisors pertaining to the HIV continuum of care.

Section J: **HIV Prevention.** Gather information to support/inform health department decisions regarding HIV prevention priorities and interventions.

ARTICLE 5: OFFICERS

Section A: **Chairperson.** The chairperson of the HIV Planning Group shall be appointed by the chairperson of the Board of Supervisors, and cannot be an employee of HSHB or the County of San Diego, for a length of term decided upon by the Board of Supervisors. The chairperson acts as the sole spokesperson for the HIV Planning Group.

Section B: **Vice-Chairpersons**. HIV Planning Group members will elect two vice-chairpersons, one of whom shall be a Ryan White consumer ~~member~~. An employee of HSHB cannot be a vice-chair. The vice-chairpersons shall serve a term of two years.

Section C: **Duties of the Chairperson:**

1. Presides over the HIV Planning Group and Steering Committee
2. Recommends ~~sub~~committees, ad hoc committees and task force meetings
3. Appoints the chair and members to the ~~sub~~committees
4. Directs Planning Group Support Staff

Section D: **Duties of the Vice-Chairperson(s):**

1. If the chair is unable to perform the duties of the position for sixty days or more, the chair and/or Steering Committee shall provide a letter of designation to delegate the duties to the vice-chairperson(s).
2. The vice-chairperson(s) can assume responsibility for all meetings in the absence of the chair including conducting and convening meetings.

ARTICLE 6: ORGANIZATION PROCEDURES

Section A: **Robert's Rules of Order**. Robert's Rules of Order shall govern the operation of the HIV Planning Group in all cases not covered by the Ralph M. Brown Act, or these bylaws. The HIV Planning Group may formulate specific procedural rules of order to govern the conduct of its meetings.

Section B: **Voting.** Any group voting is on the basis of one vote per person and no proxy, telephone or absentee voting is permitted.

Section C: **Open Meetings**. All meetings of the HIV Planning Group and its ~~sub~~committees are open to the public to the extent required by the Ralph M. Brown Act and the Ryan White HIV/AIDS Treatment Extension Act. Meetings are held in accessible, public places. Notice of all meetings shall be posted in a publicly accessible place for a period of 72 hours prior to the meeting. Special meetings require 24 hour notice. In addition, such notice will be emailed and posted on www.sdplanning.org. Notices will be mailed upon request.

Section D: **Regular Meetings.** The HIV Planning Group shall establish a regular meeting schedule, shall meet a minimum of six (6) times each year, and shall give public notice of the time and place of meetings in compliance with the requirements of the Ralph M. Brown Act and the Ryan White HIV/AIDS Treatment Extension Act.

Section E: **Quorum.** ~~A simple majority~~ Greater than 50% of members currently appointed shall constitute a quorum and a simple majority must be participating in a meeting to take action. Unless otherwise indicated in the bylaws, an action by HIV Planning Group is considered to be consensus or majority vote of a quorum of voting members in a publicly noticed HIV Planning Group meeting. If a quorum cannot be established for the HPG or a committee, ~~or no consumers are present at the meeting, the meeting shall not proceed~~ no official business can be conducted. However, presentations may be made and public comments received.

Section F: **Minutes.** The HIV Planning Group shall keep detailed minutes of its meetings, electronic or hard copies of which shall be available for inspection and copying at the HIV, STD and Hepatitis Branch of Public Health Services. The minutes are also posted on the HIV Planning Group website, www.sdplanning.org. The accuracy of all minutes shall be certified by the chairperson of the HIV Planning Group, following approval of the meeting minutes by action of the HIV Planning Group.

ARTICLE 7: ~~SUB~~COMMITTEES

Section A: **Use of ~~Subc~~Committees.** The HIV Planning Group has the authority to establish and to disband, as appropriate, standing and ad hoc ~~sub~~committees/task forces as necessary to conduct its business. The actions and recommendations of committees shall not be deemed the action of the HIV Planning Group or its members. A Standing and ad hoc committee~~s~~ may bring an action item to the HIV Planning Group for approval.

Section B: **Composition and Chairs.** All standing and ad hoc ~~sub~~committee meetings shall be chaired by a member of the HIV Planning Group, shall consist of no fewer than three HIV Planning Group members~~, at least one of whom must be a consumer~~. Where possible, at least one member will be a publicly disclosed unaligned consumer or another person with HIV. Standing ~~sub~~committees and ad hoc committees may elect to establish a co-chair who does not have to be a member of the HIV Planning Group. The committee co-chairperson shall assume the role of the committee chairperson should the chairperson become unable to fulfill the role of committee chairperson for three (3) consecutive meetings. If the co-chairperson is not a member of the HIV Planning Group the co-chairperson may assume the role of committee chairperson and may attend the Steering Committee, but may not vote. If the committee chairperson is unable to attend three (3) consecutive meetings, a new committee chairperson ~~will~~ may be appointed per Article 5, Section C of these bylaws.

Section C: **Appointments.** Members of the HIV Planning Group are appointed to a ~~sub~~committee by the HIV Planning Group chairperson, after review and recommendation from the Membership Committee, which will include a discussion of member's preference, availability, and needs of the HIV Planning Group.

Section D: **Operations.** All ~~sub~~committees shall operate under the bylaws of the HIV Planning Group. Each ~~sub~~committee may adopt/establish ground rules and operating procedures, subject to review and approval by the Steering Committee.

Section E: **Steering Committee.** The HIV Planning Group shall establish a Steering Committee, led by the chairperson, to set the agenda for HIV Planning Group meetings and to address issues of HIV Planning Group governance. The Steering Committee shall be comprised of the HIV Planning Group chairperson, elected vice chairperson(s) and chairs of all standing committees. In the absence of a ~~sub~~committee chairperson, a committee co-chairperson can attend to establish quorum. When the co-

chairperson is not a member of the HIV Planning Group, they must abstain from voting. A quorum will be ~~a simple majority~~ **33%** of the number of current members of the Steering Committee and a simple majority must be participating in a meeting to take action. Non-HIV Planning Group member committee co-chairpersons who attend the Steering Committee in place of the committee chairperson count towards establishing a quorum, but do not vote at the Steering Committee.

Section F: **Membership Committee.** The HIV Planning Group shall establish a Membership Committee to monitor membership, composition and attendance, recruit candidates for existing and anticipated vacancies, and recommend applicants for appointment through an open nominations process, which includes recruiting widely, clarifying the membership criteria, publicizing the membership criteria, addressing conflict of interest requirements, using an application form, maintaining an active Membership Committee and providing nominees to the Board of Supervisors as appropriate. All members of the Membership Committee shall be members of the HIV Planning Group. The Membership Committee shall forward recommendations to the HIV Planning Group for approval.

ARTICLE 8: GRIEVANCE PROCEDURES

Section A: **Grievances Related to Services.** HIV Planning Group Grievance Procedures as it relates to Ryan White services can be found in Attachment 1.

Section B: **Other Types of Grievances.** Other grievances based on outlined process for making decisions shall be addressed by the Steering Committee.

1. Members have the right to grieve any decision made by the HIV Planning Group they feel did not follow established process.

2. To file a grievance, member will contact HIV Planning Group Chairperson and HIV Planning Group support staff, who will forward to the Steering Committee.

3. Member will be invited to the Steering Committee to present grievance.

4. Steering Committee will decide on grievance or ask for more information.

5. Steering Committee will resolve grievance within two regularly scheduled meetings.

ARTICLE 9: STAFF ASSISTANCE

Section A: **Staff Assistance to the HIV Planning Group.** The HIV, STD and Hepatitis Branch of Public Health Services, Health and Human Services Agency shall provide staff assistance pursuant to the legislative requirements and guidelines. The HIV Planning Group oversees the work of the HIV Planning Group support staff who will report to non-Recipient County staff for supervision.

Section B: **Recordkeeping and Reporting.** HIV Planning Group support staff shall be responsible for the keeping of records of all actions and reports of the committee and shall submit these actions and reports to the HIV Planning Group on a regular basis.

ARTICLE 10: COMPENSATION AND EXPENSE

Section A: **Voluntary Service.** Members of the HIV Planning Group shall serve without compensation.

Section B: **Reimbursement for Expenses.** HIV Planning Group members ~~consumers~~ and members-elect appointed pursuant to Article 2, Section B and D who are consumers of Ryan White services may be reimbursed for expenses incurred in performing their duties under this article, including mileage reimbursement in accordance with Administrative Code Section 472, provided that the HIV Planning Group allocates Ryan White HIV/AIDS Treatment Extension Act funds for this purpose. Transportation and childcare reimbursements shall be limited to those eligible members.

Article 8 – Grievance Procedures

Section 1: Legislative Requirements

Ryan White legislation, 42 USC §300ff-12(b)(6), et seq, requires the HIV Planning Group to develop procedures for addressing grievances with respect to funding, including procedures for addressing grievances that cannot be resolved by binding arbitration. The legislation requires that these procedures be described in the by-laws and be consistent with model grievance procedures developed by the Health Resources and Services Administration (HRSA).

Section 2: Purpose

The HIV Planning Group's grievance policy is designed to provide a process that:

a. Enables eligible individuals or entities to exercise their rights to file informal or formal grievances with regard to specific HIV Planning Group policies and procedures and their implementation;

b. Prevents grievances and resolves complaints informally whenever possible;

c. Ensures that each grievance is addressed and resolved fairly and quickly; and

d. Meets HRSA requirements and represents sound practice for an Eligible Metropolitan Area (EMA).

Section 3: Who May File a Grievance

Entities and individuals within San Diego County who are directly affected by the outcome of a decision related to HIV Planning Group policies and processes ("grievant") are eligible to file a grievance, including:

a. Providers eligible to receive Ryan White HIV/AIDS program funding;

b. Consumer groups and people living with HIV (PLWH) caucuses; and

c. Individual PLWH who are eligible to receive Ryan White services.

Section 4: Eligible Grievances

Eligible grievances pertain only to the processing or establishing of priorities, allocating funds to those priorities, and any subsequent process to change the priorities or allocations. Directly affected parties may file a grievance with regard to either of the following:

a. Deviations from the HIV Planning Group's established, written priority setting and resource allocation process and related policies; and

b. Deviations from the HIV Planning Group's established, written process for any subsequent changes to priorities or allocations.

Section 5: Prospective Implementation of Settlements

Any settlement reached through mediation or arbitration shall involve prospective (future) change. It shall not require reversal of priorities or categorical allocations made during the process that is being grieved. For example, if a mediation or arbitration agreement specifies that an HIV Planning Group policy, process, or procedure should be revised, the revision shall be made and then applied in future decision making.

Section 6: Dispute Prevention

The HIV Planning Group strives to prevent circumstances or situations regarding the priority setting and resource allocation processes that could give rise to a grievance. Prevention efforts shall include the following:

a. Annual review and updating of priority setting and resource allocation procedures and related policies and procedures;

b. Use of written priority setting and resource allocation and related policies that describe how decisions are made and are available to both HIV Planning Group members and affected parties;

c. Training for new HIV Planning Group members and refresher training for all HIV Planning Group members, prior to the priority setting and resource allocation process each year, regarding priority setting and resource allocation and other HIV Planning Group policies and procedures;

d. Presentation of the process at the beginning of the priority setting and allocation (or reallocation) process, along with related policies, especially Conflict of Interest, that describes how they apply to and during the process;

e. Verbal instructions to HIV Planning Group members to immediately address any concern that the HIV Planning Group or its committees are not following established process to the Chair of the Planning Group;

f. Annually soliciting feedback on ways the priority setting and resource allocation process can be improved in future years.

Section 7: Informal Grievance Process

When potential grievances arise, first steps shall involve informal conflict resolution efforts before the concern becomes a grievance. When a grievance is filed, the initial approach will be non-binding negotiations. For cases that cannot be resolved in this manner, subsequent steps shall be undertaken, with binding arbitration as a last resort. Efforts to prevent formal grievances shall include the following:

a. The Vice Chair shall serve as the HIV Planning Group's designated point of contact for a grievant with an eligible grievance as defined in Section 5 above. A grievant that appears to have

standing to file a grievance and has concerns regarding adherence to established, written processes that are covered by these grievance procedures shall be encouraged to express these concerns to the Vice Chair directly or through the HIV Planning Group support staff at the earliest opportunity. In order for the informal process to have time to work, the contact must be made within ten business days after the disputed situation occurred.

b. In any situation where the Vice Chair has a real or perceived conflict of interest or inability to play a neutral role, the Chairperson will appoint a Steering Committee member without such a conflict to handle that situation.

c. The Vice Chair will log all such contacts and discussions, recording the date, affected party name and contact information, summary of grievance, and the date of the event that led to the grievance.

d. The Vice Chair shall meet with the grievant to review the expressed grievance. The discussion will occur within five business days after the grievance is brought to the Vice Chair or HIV Planning Group support staff. The Vice Chair or HIV Planning Group will explain the procedures used and the rationale for the decision in question, and will provide other information as appropriate. The Vice Chair may involve the Steering Committee as needed. Where possible, the grievance will be resolved through this discussion. The Vice Chair may not make commitments on behalf of the HIV Planning Group, but may agree to bring the grievance to the HIV Planning Group or the appropriate committee and will summarize the discussion in writing and provide the report to the Steering Committee and to the HIV Planning Group support staff for the files.

e. If these efforts do not resolve the grievance, the Vice Chair will ensure that the grievant receives written information about the grievance process, timeframes and how to file a formal grievance.

Section 8: Overview of Formal Grievance Process

Formal grievances will be handled through the following steps, each of which may lead to a resolution. If that step is not successful, the grievant may move to the next step. The steps are as follows:

a. An internal review of the grievance and grievant to determine whether the grievance and grievant have standing under these procedures,

b. An internal hearing to explore the facts and seek resolution,

c. Non-binding mediation, and

d. Binding arbitration.

Section 9: Filing a Grievance

a. The grievant must submit a written Grievance Intake Form within 20 business days after the event on which the grievance is based. If no Grievance Intake Form is submitted within this period, the grievant will lose the right to file a grievance.

b. The completed form may be submitted to the HIV Planning Group support staff office by U.S. mail with return receipt requested, electronic mail (with electronic signature), fax, or personal delivery during normal business hours.

c. HIV Planning Group support staff will log the grievance, and within three business days after receipt will inform the grievant that the grievance has been received and provide a written summary of the grievance process, including steps, forms, and timelines.

d. HIV Planning Group support staff will provide copies of the grievance to the Steering Committee and the Vice Chair within three business days after receipt.

Section 10: Determination of Standing

a. Upon receipt of a grievance, an ad hoc Grievance Committee shall be convened. Within five business days of receiving the grievance, the Grievance Committee shall determine whether the grievant or grievance have standing.

b. Conflict of interest provisions shall apply to selection of the Grievance Committee.

c. The grievant will be informed of the decision within two business days after the decision about standing is made.

    1. If the grievance is rejected, the letter must explain the reasons for the rejection and inform the grievant that he/she has ten business days after the date of the letter of rejection to contact HIV Planning Group support staff to appeal the decision. If no appeal is filed, the grievant is not entitled to further participation in the grievance process.

    2. If an appeal is filed, it will be heard by a majority of the HIV Planning Group Steering Committee, and their decision as to standing shall be final. The Steering Committee has ten business days to reach a decision on standing.

Section 11: Internal Review and Hearing

a. If a grievance and grievant are found to have standing, the committee shall conduct a review of the circumstances and information available regarding the grievance and in most cases schedule a meeting at which the grievant shall have the opportunity to provide additional information and answer questions posed by the panel as input to their decision making. The committee will typically make its decision regarding the grievance and how it should be resolved immediately after the meeting with the grievant. This meeting and decision making shall occur within ten business days after formation of the committee.

b. The Vice Chair shall arrange for staff to send the recommended resolution to the grievant, by certified mail, within three business days after the date of the review.

c. If the grievant finds the report satisfactory, the grievant will indicate acceptance by signing one copy of the report and returning it to the staff.

d. If the grievance is denied or if the grievant is not satisfied with the resolution in the report, the grievant may request formal non-binding mediation.

Section 12: Non-Binding Mediation

a. The grievant shall have ten business days from the date of receipt of the written report from the committee to request mediation, using a Request for Non-Binding Mediation Form. The form may be submitted to the HIV Planning Group support staff office by U.S. mail with return receipt requested, electronic mail (with electronic signature), fax, or personal delivery during normal business hours.

b. If the HIV Planning Group support staff does not receive a Request for Non-Binding Mediation Form from the grievant within ten business days, the grievant will waive all further rights to grieve the issue and all associated issues.

c. HIV Planning Group support staff shall log in the request for mediation, and within three business days after receipt, inform the grievant that the request has been received.

d. The HIV Planning Group shall seek a mediator with the assistance of the HIV Planning Group support staff. Within five business days after receipt of the request for mediation, the HIV Planning Group support staff shall provide the grievant the name of a neutral person who is skilled in mediation and lives in San Diego County. This neutral person shall not have been involved with the decision that is the subject of the grievance and shall have no direct interest in the outcome of the grievance process. The grievant and the HIV Planning Group shall each have the opportunity to request a different mediator if the grievant or anyone involved in the prior review of the grievance is acquainted with the mediator or feels he/she is not neutral. Any objection to the mediator must be received within five days of receipt of the name. If no objection is received, the grievant waives his/her right to challenge the mediator.

e. Upon appointment, the mediator shall, within five business days, contact the grievant and Vice Chair and agree on a day, time, and location of the initial mediation meeting. The Vice Chair may represent the HIV Planning Group or may ask another member of the review panel to represent the HIV Planning Group in the mediation. The mediation meeting shall be scheduled within ten business days after this first contact by the mediator. The mediator shall review the written report and other information on the circumstances and information available regarding the grievance. The mediator may ask the two parties to provide brief memoranda setting forth their positions with regard to the issue(s) that need to be resolved. The mediator may share one party's memorandum with the other party with the consent of the party who prepared the memorandum.

f. The mediator will facilitate a meeting between the parties to assist them in obtaining a resolution of the grievance. If the grievance is resolved, the mediator will prepare a statement of resolution which shall be provided to the grievant and the HIV Planning Group within five business days after the mediation meeting. The statement of resolution shall be presented for approval at the next HIV Planning Group meeting. If necessary, a special meeting shall be called to address the resolution.

g. If the mediator is unable to help the parties reach resolution or determines that an impasse has been reached, both parties will be informed in writing. The written statement of impasse will be provided to the grievant and HIV Planning Group within five business days after the mediation meeting.

h. At this point either party may request binding arbitration, with the understanding that the decision of the arbitrator will be final and binding on both parties.

Section 13: Binding Arbitration

a. The grievant may submit a Request for Binding Arbitration to the HIV Planning Group support staff. The completed form must be received by HIV Planning Group support staff within ten business days after the mediation ends. It may be submitted to the HIV Planning Group support staff by U.S. mail with return receipt requested, electronic mail (with electronic signature), fax, or personal delivery during normal business hours. If the HIV Planning Group support staff does not receive a written form requesting arbitration from the grievant within the specified period, the grievant will waive all further rights to grieve the situation.

b. HIV Planning Group support staff will log the grievance, and within two business days after receipt will inform the grievant that the grievance has been received.

c. HIV Planning Group support staff shall request a neutral arbitrator through the American Arbitration Association (AAA), and the arbitration will be in accordance with the standards of the AAA. The AAA will provide the name of a disinterested person who is skilled in the process of arbitration to the Vice Chair or designee and grievant within ten days after the Request for Binding Arbitration Form is received. This neutral person shall have had no involvement in the process that is the subject of the grievance nor will he/she have any direct interest in the outcome of the grievance process. The grievant and the HIV Planning Group representative shall each approve the arbitrator or request a different arbitrator if the grievant or HIV Planning Group representative is acquainted with the arbitrator or questions his/her selection.

d. Once the arbitrator has been accepted by both parties, he/she shall within three business days contact the grievant and Vice Chair or designee and agree on the date, time, and location for an arbitration meeting. A meeting will be scheduled within 15 business days.

e. The arbitrator will review correspondence, records, or documentation related to the process that is the subject of the grievance, including materials from the mediator. The arbitrator may ask the two parties to provide additional information related to the grievance.

f. Within seven business days after the arbitration meeting, the arbitrator will deliver to the grievant and the HIV Planning Group an arbitration summary and decision, signed by the arbitrator. This decision will resolve the grievance.

g. Within three business days of receipt of the arbitrator's decision, all parties shall be required to sign one copy of the decision, which shall be binding on both parties.

Section 14: Costs

Both parties will be responsible for costs related to their own participation in the grievance resolution process, including costs related to any witnesses or documents they choose to bring forward.

Section 15: HIV Planning Group Action Following Resolution of Grievances

Following any agreement reached regarding a grievance against the HIV Planning Group, the Vice Chair shall report to the HIV Planning Group regarding the nature of the grievance and the settlement. This shall include clarifying whether the agreement was made through internal dispute resolution efforts, mediation, or binding arbitration. The focus of the report will be on the terms of the agreement and the required or desirable actions to be taken by the HIV Planning Group to fully meet these terms and to avoid similar actions in the future. The HIV Planning Group will take action to ensure clear responsibility for ensuring that all provisions of the agreement are met within a specified time period.

Section 16: Confidentiality and Protections

a. Confidentiality:

    1. Mediators and arbitrators shall not divulge personal confidential information disclosed to them by the parties during mediation or arbitration, or share related records, reports, or other documents received, except that the mediator may provide such information to the arbitrator.

    2. The HIV Planning Group grievance panels shall share with the HIV Planning Group only a description of the grievance, the public agreement reached, if any, or the areas of disagreement that were not resolved.

    3. The Vice Chair shall summarize to the full HIV Planning Group the resolution of a grievance and the action required of the HIV Planning Group as described above, but shall not discuss personal confidential information shared during the meetings associated with dispute resolution.

b. Protections: a grievant shall not be discriminated against nor suffer retaliation as a result of filing a grievance.

Section 17: Involvement of County Counsel and the Ryan White Program

a. County Counsel: The Vice Chair and the HIV Planning Group support staff shall keep County Counsel, as a representative of the CEO, informed about all active grievances. At his/her discretion, County Counsel may receive copies of all written documents related to a grievance, and be present at meetings held at each level of the formal grievance process, including internal committee meetings, mediation, and arbitration. The Vice Chair shall request advice and assistance from County Counsel as needed throughout the grievance process.
b. Ryan White Program: the HIV Planning Group shall inform the Ryan White Program representative whenever a grievance is received, and shall keep him/her informed about the status of such grievances.

Agreement among the HIV Planning Group and committee members
regarding Conduct and Respectful Engagement
for the HIV Planning Group and committee meetings*

The HIV Planning Group (HPG) was established in order to participate in the federal Ryan White HIV/AIDS Treatment Extension Act of 2009, and any subsequent amendments. The HPG was also established in accordance with guidance from the Centers for Disease Control and Prevention (CDC) for purposes of developing an engagement process to plan for services to prevent new HIV infections, identify, inform, link and retain people with HIV in care to achieve viral suppression.

Members of the HPG and any of its committees play a vital role in the County's efforts to plan and coordinate its response to the local HIV epidemic. We are grateful that you are sharing your time, expertise, and experience for the purpose of ending the HIV epidemic. We need every member of the HPG and committees to ensure that the HIV Planning Group is responsive to the needs of San Diego County residents who are living with or at risk for HIV infection.

To ensure that all meetings of the HPG and its committees operate in a manner that upholds the right of all persons to be heard, valued, and respected, you agree to the following standards and guidelines:

1. The goal of the HPG is to help the County of San Diego achieve an end to the HIV epidemic, as described in the County's Getting to Zero plan. Specific responsibilities include:
    a. Needs assessment.
    b. Priority setting and resource allocation.
    c. Developing the comprehensive plan.
    d. Assessing the effectiveness of the services provided and the efficiency with which resources are deployed.
    e. Participating in the Statewide Coordinated Statement of Need.
    f. Coordinating with other federal funding sources addressing HIV.
    g. Ensuring compliance with all federal, state and local legislative requirements.
    h. Advising and making recommendations pertaining to the HIV Continuum of Care.
    i. Gathering information to inform and/or support decisions of Public Health Services regarding HIV prevention priorities and interventions.
2. The work of the HPG would not be possible without the active involvement of persons living with HIV or at risk for HIV infection, and the public is a vital component of the success of the work we do.
3. Everyone—HPG member, committee member and staff alike—must ensure the public enters into an environment where mutual respect and consideration are always observed. We all benefit when the public keeps coming back.
4. Members set the example. HPG uses a code of conduct that is reinforced at the beginning of each meeting. All HPG members are expected to follow that code of conduct.
5. Members agree to refrain from disrupting the proceedings. In practical terms, this means:
    a. The Chair and Committee Chairs will conduct meetings in accordance with the County Charter, Brown Act, the By-Laws of the HIV Planning Group, Roberts Rules of Order and any duly adopted guidelines.

b. The role of Roberts Rules of Order and the Consensus Model is to ensure that disagreement and debate can occur without getting personal.
c. All Chairs will remain neutral and treat all members respectfully and fairly according to the By-Laws and any operating procedures, codes of conduct or ground rules adopted by the HPG.
d. All Chairs will recognize all members who wish to speak on a topic one at a time. Members will not speak until they have been recognized by the Chair.
e. Chairs will rule on all points of order. The Chairs' rulings on all points of order are final, unless a member moves to appeal the ruling of the Chair and receives a second from another member. Once a point of order has been decided, it cannot be revisited.
f. Members cannot speak until they have been recognized by the Chair.
g. Once a member has spoken, they cannot speak again on the same topic until all other members have been given a chance to speak.
h. At the discretion of the chair, members will not speak more than twice on any topic or unless the group votes to suspend the rules.
i. Members will not interrupt each other. Chairs, however, can interrupt speakers to ensure order.
j. Members agree that it is in the best interests of the HPG and its committees that meetings proceed without interruption or obstruction because the right of the majority to have the meeting conducted according to the agenda is more important than any member's desire to speak out of turn.
k. It is okay to disagree. It is not okay to personally attack another member, staff, or a member of the public. Personal attacks and attacks questioning the motivations of anyone is unacceptable.
l. Members must treat each other with respect.
m. The By-Laws permit the HPG to make a recommendation to the Board of Supervisors for removal of members who are disruptive or fail to follow established guidelines.

I have read and understand this document:

Member Name:_____
Print

Member Signature:_____ **Date:**_____

*This is an agreement among HIV Planning Group (HPG) and committee members. This document does not supersede the HPG Bylaws, which is the official governance document for the HPG.

Consultant Memo: D. Jacobs, PhD
HPG Steering Committee
June 2023

DRAFT FOR STEERING COMMITTEE INPUT

Summary & Recommendations GTZ Community Engagement Project:
Consumer Recommendations & Implementation 2023

Background

The San Diego County HIV Planning Group's (HPG) *Community Engagement Project for Getting to Zero and Ending the HIV Epidemic* began in January 2020 and the recommendations continue to help to guide HPG planning and HPG committee work. The Consumer Recommendations and the 2022-23 committee progress are contained in this report. HPG has envisioned a 3-year Action Plan to incorporate this consumer feedback and 2022-23 is year 1 of this 3-year Action Plan. A total of 30 Action Items were presented for HPG Committees to address: 40% of items (12 items) were fully completed, an additional 30% (9 items) are currently in various stages of completion in the committee process, and 30% (9 items) remain not yet addressed by the committees. Items and their completion status are listed in this report. Finally, consultant observations and recommendations are provided at the end of this report.

Community Engagement Methodology

This project included **160 community participants** living with or vulnerable to HIV. Participation included: 1 large group, in-person community member event (98 participants), 2 rounds of extended key informant telephone interviews (64 participants), 12 Advisory Committee meetings, 32 small regional team meetings , and a final framework for a 3-year action plan for HPG implementation. The final action plan contains 11 recommendations for addressing consumer needs and redressing disparities in late HIV diagnoses, retention in care, and viral suppression rates.

Participant Demographics & Descriptors

- ¾ participants living with HIV, ¼ participants vulnerable to HIV
- 78% identified as MSM, 8% of participants identified as women, and 14% as Transgender/Nonbinary.
- 77% of interview participants identified as community members of color: 36% as Black/African American; 36% as Latinx; 20% as White; and 6% as Bi-racial
- Ages of participants ranged from 20-71 years of age
- Among interview participants, 70% endorsed a history of **one of the following experiences** -
    - Substance use (primarily alcohol and/or methamphetamine)
    - or homelessness & food insecurity,
    - or significant traumatic experiences
    - or mental health symptoms.
- For 11% of the 70% indicating at least one of the above difficulties, the use of drugs included injection drug use.
- Further, among the 70% endorsing at least one of above, 83% of those participants discussed a history **that included all of the above experiences -** not only drug and alcohol use, but also struggles with homelessness, food insecurity, significant traumatic experiences, and mental health symptoms.
- 90% of **those indicating all of the experiences** above also indicated periodic struggles to remain in HIV care and adherent to medication protocols.

Consumer Recommendations Overview

Participants appeared very engaged and thoughtful. Responses were focused both on broad themes including: experiences which have created and reinforced care system mistrust; the need for greater transparency and improved communication about available resources; and the need for greater access to mental health and substance use treatment resources. Participants also offered descriptions of their every-day challenges in

prioritizing their healthcare and the barriers to accessing the systems of HIV care, as well as their suggestions for improvements that might reduce those barriers. These suggestions included improved workforce representation, enhanced communications and improved access to service and health information, greater and more rapid access to mental health and substance use treatments, greater and more rapid access to basic support resources (housing, food, transportation, emergency financial assistance), improved access to peer navigators, access to social support groups, and reduced duplicative, confusing bureaucratic barriers to service.

Brief Listing Consumer Recommendations & Committee Progress thru June 2023

Recommendation 1: Acknowledge and address medical system mistrust
REPRESENTATION **1a.** Ensure progress toward a contracted **HIV service-delivery workforce representative of those living with and at higher risk for HIV in San Diego County and ensure ongoing recruitment, support and retention of this representative workforce**
PROGRESS: Completed. Cultural Humility and Competence Standards including instruction 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 systemic racism, missteps, mistakes and harms of the past and ensure plans are created and implemented to ensure ongoing training to help to ensure this past is not repeated.
PROGRESS: Partially completed. Anti-racist Retreat conducted, now awaiting consultant recommendations for further training or dialogues.
1c. WORKFORCE TRAINING CULTURAL HUMILITY, TRAUMA INFORMED CARE Provide access via links to **enhanced, skill-based trainings** to HIV service-delivery staff which improve the ability to consistently communicate **cultural respect, knowledge, and humility**, as well as the skills required for **trauma-informed care**.
Recommendation 2: Improve communications and outreach strategies for those living with and at higher risk for HIV who live, work or participate in historically-underserved, Low Information communities.
2a. Use multiple communications platforms and outreach strategies to better provide HIV services information to HIV community members and historically-underserved communities impacted in San Diego County, including the following HIV services information: What services are available? Where are services located? Who is eligible for services? What is the cost of services to the eligible community member? What is the contact information for scheduling or for more information? **This recommendation is intended to proactively provide the information to the community rather than placing the burden of information seeking solely on consumers.**
PROGRESS: Partially completed and ongoing. Enhanced Communication Plan begun and continuing weekly via email and social media. Awaiting app completion and deployment. Awaiting completion of services App.
2b. Provide increased and readily available **basic health information** to low information, historically-underserved community members and communities, including: **What is early disease detection and why is it important? Where is HIV, HCV, STD testing available? What is PrEP and who is eligible? Importance of early connection to HIV treatment and medication, What does an undetectable viral load mean for transmission of HIV? Information regarding mental health or substance use treatment (both out-patient and residential treatment).**
PROGRESS: Completed and ongoing. Health messaging via social media begun and continuing X2 monthly.
Recommendation 3: Ensure that all HIV community members have opportunities for equitable access to tele-health appointments and to participation in public meetings, address the digital disparities present for those with lower-income who are also living with or at higher risk for HIV
3a. For low-income HIV consumers, and HPG members who have not been able to access County or City digital resource programs, provide opportunities to gain access to affordable or no-cost, broadband internet connectivity and the hardware necessary to participate in healthcare appointments and public meeting opportunities.
PROGRESS: Completed and ongoing. Addressed via standards to allow telehealth to continue (as appropriate) and to provide for access to internet and hardware to those who need it.

3b. For those HIV community members who have experienced digital disparities, provide information regarding virtual training opportunities to learn digital/virtual skills that can allow them to more easily participate in virtual meetings and resources.
Recommendation 4: Provide increased mental health and alcohol/substance use treatment opportunities for those living with or at higher risk for HIV. Additionally, more widely communicate information about these opportunities to HIV community members.
4a. **Coordinating** with the existing harm reduction task force, provide **guidance** to contracted HIV service providers designed to **increase the availability of harm reduction services** for substance misuse treatment.
PROGRESS: Completed and ongoing. Guidance provided
4b. Expand and augment the current syringe exchange program(s) in San Diego County to allow services to be provided for an increased number of community members (including HIV community members) and to include more opportunities for connection to additional needed services (i.e., wound care, MAT, Case management, vaccinations, etc.)
PROGRESS: Completed approval syringe exchange (BOS), 2 programs up in County and ongoing.
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.
4d. In light of reported treatment disruptions which often occur for those without secure housing, design and deploy more rapid interventions for consumers, **particularly when insecure housing and either substance misuse or mental health symptoms are co-occurring**.
4e. Investigate the current opportunities for substance use treatment for methamphetamine and, if inadequate opportunities exist, expand those available.
4f. Continue to increase the opportunities for s**ame-site location of medical providers, mental health providers and alcohol/substance use counselors** for those living with or at higher risk for HIV.
4g. **In collaboration with UCSD and AETC,** provide links and resources for **skill-based training for HIV service personnel** regarding the stigmatizing behaviors faced by substance using HIV community members and ways to reduce those stigmatizing behaviors within the health care system itself.
Recommendation 5: More consistently provide rapid access to **basic support services: housing, food, transportation, emergency financial assistance including shut-off** & **eviction prevention. Additionally, more widely communicate information about these opportunities and the processes to access them.**
5a. Chief among those mentioned above and directly related to community members' ability to meaningfully participate consistently in health care is **Housing**.
PROGRESS: Partially completed and continuing. Emergency Housing resources increased and continuing to monitor. Continuing to monitor PARS. Awaiting guidance/outcome of transportation recommendations.
Recommendation 6: Continue to expand the opportunities to hire, support and utilize peer navigators, peer health educators, peer outreach specialists, benefits navigators, and housing specialists.
PROGRESS: Partially completed. Peer Navigation deployed, awaiting housing case management and benefits specialists.
Recommendation 7: Design, integrate, and deploy strategies to address the stigmas faced by HIV community members including: the multiple layers of stigma faced by those living with HIV who are also Black and Latino MSM; Transgender person;, Immigrants who may be under-documented or undocumented; those struggling with mental health symptoms or alcohol/substance use challenges or those without stable housing.
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. Provided funding for Psychosocial support groups category, but not yet deployed.
Recommendation 8: Increase the number of HIV service sites that have the capacity for whole person-whole health services including PrEP, mental health services, substance use treatment services, hormone treatment, case management, and housing resources. This should include the capacity for coordinated, integrated, same-day, appointments when requested.

PROGRESS: Partially completed. Standard approved 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 to those who prefer them.
Recommendation 9: Design, create and execute improved community engagement and outreach strategies that utilize community organizing principles and personal relationship building. Strategies should include: transportation and meal reimbursements, as well as appropriate and respectful incentives, engaging, interesting meeting opportunities for planning participation and routine report-outs regarding what has been done with HIV community feedback.
Recommendation 10: Revise and refine the documentation processes that create a barrier to access services for persons living with or at increased risk for HIV.
10a. Reduce the duplication of forms and paperwork required to access HIV services.
PROGRESS: Awaiting completion of reduced paperwork process for initial/renewal RW eligibility.
10b. Explore use of an electronic signature system that does not require in-person, wet signatures for eligibility or authorization forms.
PROGRESS: Not available at this time in RW or County systems.
Recommendation 11: Design and deploy a variety of brief, on-line trainings for those living with or at higher risk for HIV. Trainings include but are not be limited to: what is the HIV Planning Group and options for involvement; What is the HPG Consumer group and how to get involved; What are HPG committees and how to get involved; How to effectively advocate for the HIV community.

Additional Data

Several of the community/consumer recommendations listed above are likely familiar to HPG members as they mirror findings from other relevant sources. These findings and their sources are listed below.

- San Diego County and City remain in a "Housing Crisis" with very limited availability of "affordable" housing options, an ever-growing unhoused and insecurely housed population, as well as ten-year wait-lists for government subsidized housing options (Section 8, HOPWA). Further, in Needs Assessment data, consumers continue to endorse being insecurely housed or unhoused in concerning numbers.
- Previous findings contained in Needs Assessment data have found that in order to remain in care, priority populations need basic support services (disproportionately Black MSM, Latinx MSM, Transgender populations and additionally women, specifically black and Latinx women).These support categories include: housing, food, transportation and emergency financial assistance.
- Additionally, the need for improved access to mental health and substance use service opportunities continues to be reflected in Needs Assessment focus groups discussion and themes. Needs Assessment data contained in the Co-Occurring Conditions report also reflects rates of mental health symptoms and substance use challenges that far exceed those endorsed by the non-HIV community sample.
- Two additional data points are provided by several 2021 consumer comments to the HIV Planning Group. These include 1) the need and desire for increased availability of Peer Navigators and/or Educators and 2) the need for Psychosocial Support Groups, particularly for those without familial support in their HIV health pursuits.

Overview HPG & Committee Progress 2022-23

Below listed are the 2022-23 HPG and HPG Committee activities addressing the Consumer Recommendations.

HPG

- Continuing to build a more welcoming, inclusive and supportive HPG culture
- HPG Retreat (initial anti-racist training/dialogue completed) and awaiting consultant recommendations for further dialogue training r/e anti-racist activities)

- Approved below-listed Standards
- Approved allocations for increased Housing Funds, Psychosocial Support Groups and Peer Navigation

Strategies & Standards

- Acknowledge and Address Mistrust
  - Crafted JEDI Principles
  - Potential JEDI Task Force (awaiting future consultant recommendations regarding JEDI Trainings/Dialogue)
- Crafted and approved Standards to ensure:
  - Access to Telehealth
  - Access to Primary Care, including Transgender clients
  - Cultural humility & culturally competent care
    - * Note that this Standard includes below language:
      - "Clients receive education and support to advocate for what they need, speak out when their needs are not being adequately addressed, and receive timely and adequate responses and supports to address their needs."
      - "Client support needs are assessed and reasonable accommodations are available to allow clients to participate in and receive benefit from services."
      - "Recruit staff members with lived experience at all levels of the organization and provide appropriate supports to ensure their success."

PSRAC

- Recommended allocations to increase access to Housing supports
- Continues to evaluate and focus upon capacity building for mental health services
- Recommended allocations for Peer Navigation and Psychosocial Support Groups

Membership

- Drafted HPG Recruitment Plan and continues to discuss list of items and to discuss in-person outreach
- Attempting to build an HPG culture of consistent, ongoing Recruitment for consumers to recieve personal invitations to join HPG & HPG Committees

Communications Task Force

- Enhanced Communications Work Plan drafted which includes weekly emails and social media posts. Work to target and expand lists continues.

2022-23 Completed Tasks

Below listed are the specific tasks enumerated in this first Action Plan year and progress to date. **(Initial Tasks Assigned are described in Bold)**

1. ***Completed initial retreat and awaiting consultant recommendations for ongoing trainings/dialogue, Completed Steering, Strategies, HPG.*** **JEDI Principles & Taskforce.**
2. ***Completed, Strategies, HPG.*** **Equitable Access Telehealth: Updating Primary Care standards** to ensure that clients, if interested, can participate in virtual medical visits, including provision of necessary equipment and Internet access
3. ***Completed, Strategies, HPG.*** **Updating Primary Care standards** to include requirements for **serving transgender clients,** including whole-person care, hormone therapy and STD testing and treatment.
4. ***Completed, Strategies, HPG.*** Updating **Client Rights and Responsibilities** to support inclusion of **family members/chosen others in supporting care.**
5. ***Completed, Strategies, HPG.*** **Cultural Humility & Competency: Updated Universal Standards including recruitment and retention of those with lived experience.**
6. ***Completed, Strategies, PSRAC.*** **Requested expanded and completed epi data (including demographic data) and continuum of care (viral loads) as well as multivariate analysis. Strategies and Standards Committee to**

identify any additional data needs to support planning and implementation of services to reduce disparities in health outcomes.

7. ***Completed, Steering and HPG.*** Establish clear processes and timelines for **addressing requests from the public** to the HIV Planning Group
8. ***Completed Membership. (for on-line recruitment, now discussing in-person recruitment)*** *With Community Engagement Committee, **further develop and implement a Recruitment Plan for recruitment**
9. ***Completed and ongoing, Communications*. Develop and communicate a list of community engagement opportunities** beyond the HIV Planning Group.
10. ***Completed and ongoing, Communications. Continue to refine frequency based on need as further described below.*** The frequency and modes of communications for Communications Plan.
11. **Completed and ongoing, Communications. Continue to review: Post HPG meeting ICYMI emails, Community Events and participation emails at least twice monthly; HIV monthly themes(CDC); membership recruitment for HPG and committees once monthly Describe the types of messages that will be communicated**
12. **Completed and ongoing, Communications. Continue to review use of Instagram, Facebook, Twitter: Strategies for membership recruitment for HPG and committees and community awareness of HPG Describe strategies for use of social media platforms**

Items in active committee process

1. ***In process; Trauma-Informed Care components draft to be submitted in August Strategies Committee.**
2. ***Strategies - Strategies and Standards Committee to review models and resource requirements that would support drop-in services for primary care, mental health, and substance use treatment. In process currently with contract awarded. Services began March 01 2023. Awaiting data to evaluate resource requirements, particularly with regard to drop-in mental health, substance use treatments.**
3. ***Strategies - Strategies and Standards Committee to explore the feasibility and effectiveness of further expanding HIV testing into nontraditional testing sites. In process currently with RFP/Award. Awaiting data to evaluate resources and effectiveness.**
4. ***Steering - Completed and awaiting ongoing consultant recommendations.** Participate in **HPG retreat focused on GTZ Recomendation1: Acknowledge and Address Mistrust (JEDI Principles & Task Force)**
5. ***Membership - Discuss the feasibility and desirability of focusing recruitment efforts for service provider seats on frontline staff rather than supervisorial or managerial staff. Membership Committee discussing feasibility now.**
6. ***Community Engagement Committee - Membership committee with Community Engagement Committee to develop Community Engagement Outreach Plan. in process for in-person out-reach plans.**
7. ***Communications – Outline strategies for in-person and on-line outreach. Communications Task Force Currently working on continuing to identify on-line influencers and providers willing to help increase list for communications**
8. ***Communications- Strategies to expand and create consistent culturally respectful communications into high mistrust, low information communities, including communications in Spanish. Communications Task Force *has identified review process for accuracy and appropriateness for Spanish translation but requires further standardization*.**

Remaining Tasks Not yet addressed.

1. *Not yet addressed. **Strategies and Standards Committee** to Update standards for **emergency financial assistance** to identify circumstances where same-day response is warranted
2. *Not yet addressed. **Strategies and Standards Committee** to incorporate strategies for **dismantling HIV-related stigma** among Black, Hispanic and transgender persons living with or vulnerable to HIV
3. *Not yet addressed **Strategies and Standards Committee** to review and **re- evaluate eligibility criteria for basic needs support**

4. *Not yet addressed. **Strategies and Standards Committee** to explore the potential effectiveness and feasibility of funding **mobile health clinic**s
5. *Not yet addressed. **Steering Committee -** Discuss the feasibility and desirability of developing **an online orientation and training** for members of the HIV Planning Group
6. *Not yet addressed.****Membership, Steering** - Strategies to **develop and maintain relationships in neighborhoods** and communities and to involve existing groups and community leaders
7. *Not yet addressed. **Steering** - develop an **evaluation plan** for the communications plan
8. *Not yet fully addressed. **Communications Task Force** - Strategies for development and dissemination of **printed materials**
9. *Not yet fully addressed. **Communications Task Force** - Needs standardization.*Strategies for ensuring that all messaging is accessible to people regardless of **literacy levels or health literacy levels**

Consultant Observations & Recommendations – HPG and HPG Committee Ongoing work

This year HPG and its committees, with the help of HPG support staff, has completed 40% of the 3-year Action Plan items, with an additional 30% introduced into the committee process. This is indeed an encouraging and promising beginning! However, with HPG membership at a reduced number of members (27) and a reduced number of committee participants (especially Membership and Community Engagement Committees), it appeared challenging for many members to consistently participate as fully as they would like. Further complicating this has been the recent transitions in HPG support staff personnel and the return to in-person meetings, which created the additional time demands of travel for members and staff. Additionally, next year (2024) brings the end of the HPG terms of ¼ of the current HPG members. Those members terming out are primarily long-term members, many of whom are existing committee members and chairs. These circumstances underline the **need for HPG recruitment, particularly consumer recruitment.**

Recruitment and Training. Consumer recruitment for both HPG and HPG committees seems a priority concern for HPG and likely will require active participation and focus by all HPG members and service providers. In addition, to better ensure success, recruitment will also be accompanied by a need for enhanced training and support. As longer-term members step back to provide training and support, newer members can more confidently step forward to begin their participation and leadership.

Consultant Recommendations for 2023-2024 work

1. Focus upon building the HPG recruitment culture, including fully utilizing the successful Project PEARL program. This focus can include encouraging all HPG members and service providers to reach out to consumers who may be interested in opportunities to participate in HPG and/or it's committees and personally invite them to apply to HPG.
    a. It may be the case that small recruitment events (perhaps held in a variety of provider identified support groups in all regions) may also be effective.
2. Continue to focus upon building and sustaining a welcoming, inclusive, and supportive HPG culture
3. Continue to complete work on items (listed above) that are still in the committee processes
    a. As a part of that work - receive consultant recommendations regarding trainings, dialogues r/e anti-racist work and begin to implement
4. Begin the designated committee work on items not yet addressed (listed above)
5. **Note:**
    a. Unfinished work remains on Recommendation 10 - bureaucratic duplication for enrollment/recertification – Continue to routinely check on estimated completion
    b. Unfinished work remains on Recommendation 2a - Services Availability application – Continue to routinely check on estimated completion

   c. Unfinished work remains on transportation service recommendation(s) – continue to check on progress
   d. **Note also** the periodic consumer comments this year about difficulties in accessing mental health services including: uncertainties about whom to call to access, delays of weeks to obtain initial appointments and difficulties in scheduling timely routine appointments once treatment begins. It may be the case that Strategies and Standards needs to review and address Standards of Care for mental health services.

6. In both Steering Committee and Strategies Committees - Begin to discuss potential strategies to comprehensively address the ongoing, multiple **stigmas** encountered by HIV consumers/community members.
7. As MediCal recipients renew and MediCal itself expands eligibility and enhanced services, the potential for decreased demands for RW Part A services exists. HPG can monitor service utilization and explore any potential for increasing funds in other service categories. If funds are available for the basic support services categories, it may help those with the greatest need to more consistently remain in care.

"What is HPG?" – Submissions

1) The San Diego County HIV Planning Group is a group of volunteers made up of service providers and community members who help steer the region's response to the HIV crisis. The Council's purpose is to identify local needs for HIV education and prevention and care and treatment services and ensure Ryan White funds are equitably distributed in the community, with the goal of eliminating new infections in San Diego County.

2) The San Diego HIV Planning Group (HPG) is a team of dedicated and caring community volunteers working to identify the needs of people impacted by HIV and ensure they have access to quality services. Committed to the principles of justice, equity, diversity and inclusion, this team collaborates to ensure services and resources are available to the people who need them most.

3) The San Diego HIV Planning Group is an all-volunteer collaborative body that consists of people living with HIV (PLWH), service providers, community members, government appointees, and representatives of private and public agencies providing a wide range of HIV-related services and programs in San Diego.

The group is responsible for determining the service needs of people living with HIV (PLWH) in San Diego County and planning the organization and delivery of HIV services funded by Part A of the Ryan White HIV/AIDS Treatment Extension Act.

4) The San Diego HIV Planning Group (HPG) is an advisory body to the County of San Diego and is comprised of various stakeholders and community members including persons living with HIV or who are vulnerable to HIV. HPG is responsible for identifying needs, planning, and allocating resources, and addressing health disparities with the overall goals of reducing new HIV infections and ensuring high quality care is available for those in need.

5) Using the principles of justice, equity, diversity, and inclusion to guide their decisions, the San Diego HIV Planning Group (HPG) is a uniquely empowered advisory and planning body. Comprised of volunteer community members, people impacted by, living with or vulnerable to the HIV virus, and local HIV service providers, the San Diego HPG allocates annual federal funds to ensure that people with or at risk for HIV have access to the quality services they need.

6) The HIV Planning Group (HPG) is a uniquely empowered advisory and planning body driven by the understanding that healthcare is a human right, and that the system of care should be built and adjusted based on the input of individuals served. At the forefront, the HPG is guided by commitment to the principles of justice, equity, diversity, and inclusion to guide their decisions. Local community volunteers, including people impacted by, living with or vulnerable to HIV as well as local HIV service providers; the San Diego HPG serves to allocate federal resources to ensure that people with or at risk for HIV have access to the high-quality services they want, need, and deserve.

June 2023 – HIV Planning Group Committee Meetings

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	**County Operations Center (COC):** 5560 Overland Ave. San Diego, CA 92123 - Training Room 171
2	Priority Setting & Resource Allocation Committee (PSRAC)	Thursday, June 8, 2023	1:00 PM – 5:00 PM* *Budget allocation process	**County Administration Center:** 1600 Pacific Highway, San Diego, CA 92101 - Room 310 (Board of Supervisors Chamber)
3	Membership Committee	~~Wednesday, June 14, 2023~~ **Meeting canceled**		
4	MPOX Task Force	Thursday, June 15, 2023	3:00 PM – 4:30 PM	**County Operations Center (COC):** 5560 Overland Ave. San Diego, CA 92123 - Training Room 171
5	Steering Committee	Tuesday, June 20, 2023	11:00 AM – 1:00 PM	**County Operations Center (COC):** 5570 Overland Ave. San Diego, CA 92123 - Room 1047 (Medical Examiner's Office)
6	Community Engagement Group	Wednesday, June 21, 2023	3:00 PM – 5:00 PM	**County Operations Center (COC):** 5560 Overland Ave. San Diego, CA 92123 - Training Room 171
7	Priority Setting & Resource Allocation Committee (PSRAC)	Thursday, June 22, 2023	1:00 PM – 5:00 PM* *Budget allocation process	**County Operations Center (COC):** 5500 Overland Ave. San Diego, CA 92123 - Training Room 120
8	HIV Planning Group	Wednesday, June 28, 2023	3:00 PM – 5:00 PM	5500 Overland Ave. San Diego, CA 92123 - 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.

As of 6/12/2023

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	1:00 PM – 5:00 PM	**County Administration Center (CAC):** 1600 Pacific Highway, San Diego, CA 92101 - Room 310 (Board of Supervisors Chamber)
5	HIV Planning Group	Wednesday, July 26, 2023	3:00 PM – 5:00 PM	**Malcolm X/Valencia Park Library:** 5148 Market St. San Diego, CA 92114 - Multipurpose Room
6	Priority Setting & Resource Allocation Committee (PSRAC)	Thursday, July 27, 2023	1:00 PM – 5:00 PM	**County Administration Center (CAC):** 1600 Pacific Highway, San Diego, CA 92101 - Room 310 (Board of Supervisors Chamber)

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.

As of 6/12/2023

SUMMARY OF SERVICES FOR FY23

Mar. 1, 2023 - Feb. 29 2024

RYAN WHITE SERVICES		May	End of Year Total	Prior Year Total
FY 2023-2024				
Total clients served each month	Clients	1,214		
New clients in FY23	Clients	223	**1,956**	**1,947**
Returning FY23 clients	Clients	991		
VIRAL LOAD SUPPRESSION				
Virally suppressed	Clients	952		
% Virally suppressed		93%		
With Test	Tests	1,028		
Without Test	Tests	186		
PART-A SERVICES				
Outpatient Ambulatory Health Services: HIV Primary Care*	Visits	214	**555**	**447**
	Clients	185	**411**	**355**
Outpatient Ambulatory Health Services: Medical Specialty Care	Visits	0	**0**	**37**
	Clients	0	**0**	**30**
Psychiatric Medication Management	Visits	0	**5**	**6**
	Clients	0	**4**	**5**
Oral Health Care: Dental Care	Visits	38	**243**	**247**
	Clients	25	**141**	**140**
Early Intervention/Integrated Services for Women, Children & Families:	Visits	64	**620**	**532**
Coordinated Care	Clients	28	**106**	**108**
Early Intervention/Integrated Services for Women, Children & Families: Childcare	Visits	0	**2**	**5**
	Clients	0	**1**	**2**
Early Intervention Services: Regional Services	Visits	772	**2,366**	**1,954**
	Clients	327	**613**	**601**
Early Intervention Services: Peer Navigation Services	Visits	95	**741**	**217**
	Clients	35	**160**	**72**
Early Intervention Services: Outreach Services	Visits	0	**0**	**0**
	Clients	0	**0**	**0**
Medical Case Management Services	Visits	1027	**3,096**	**2,627**
	Clients	412	**553**	**504**

*Includes Part B funded services

SUMMARY OF SERVICES FOR FY23

Mar. 1, 2023 - Feb. 29 2024

RYAN WHITE SERVICES		May	End of Year Total	Prior Year Total
Home-based Health Care Coordination	Visits	61	**203**	**213**
	Clients	20	**35**	**33**
Case Management -Non-Medical	Visits	374	**1,207**	**1,293**
	Clients	180	**243**	**262**
Mental Health Services: Counseling/Therapy	Visits	257	**899**	**846**
	Clients	114	**196**	**153**
Substance Abuse Treatment Services – Residential*	Visits	2	**23**	**0**
	Clients	2	**11**	**0**
Substance Abuse Treatment Services - Outpatient	Visits	315	**889**	**1,011**
	Clients	50	**64**	**57**
Housing Services: Partial Assistance Rental Subsidy	Visits	96	**305**	**243**
	Clients	96	**113**	**114**
Medical Transportation Services - Assisted	Visits	0	**2**	**2**
	Clients	0	**2**	**1**
Medical Transportation Services - Unassisted	Visits	136	**723**	**944**
	Clients	66	**240**	**299**
Housing Services: Emergency Housing Assistance	Visits	54	**180**	**239**
	Clients	42	**116**	**163**
Food Services: Food Bank/ Home Delivered Meals	Meals	1292	**4,565**	**9,052**
	Clients	71	**85**	**141**
Medical Nutrition Therapy	Visits	0	**19**	**44**
	Clients	0	**18**	**36**

*Includes Part B funded services

SUMMARY OF SERVICES FOR FY23

Mar. 1, 2023 - Feb. 29 2024

RYAN WHITE SERVICES		May	End of Year Total	Prior Year Total
PART-A SERVICES continued				
Legal Services	Visits	12	**38**	**47**
	Clients	12	**38**	**35**
Emergency Financial Assistance	Visits	0	**91**	**44**
	Clients	0	**49**	**18**
Internet Access	Visits	0	**1**	**1**
	Clients	0	**1**	**1**
Internet Equipment	Visits	3	**11**	**1**
	Clients	3	**8**	**1**
Collateral Contacts	Visits	264	**629**	**713**
	Clients	139	**256**	**309**
MAI SERVICES				
Medical Case Management Services	Visits	163	**449**	**268**
	Clients	62	**93**	**78**
Mental Health Services: Therapy/Counseling	Visits	35	**131**	**216**
	Clients	19	**41**	**46**
Substance Abuse Treatment Services - Outpatient	Visits	67	**201**	**38**
	Clients	39	**58**	**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	87	**254**	**253**
	Clients	45	**61**	**67**

*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)	431	22.03%	
Black or African American (not Hispanic)	250	12.78%	
Hispanic or Latino(a)	1163	59.46%	
Asian	28	1.43%	
American Indian/Alaska Native	10	0.51%	
Multi-Race	23	1.18%	
Native Hawaiian/Pacific Islander	4	0.20%	
Race data not in ARIES	47	2.40%	**1,956**
Gender			
Male	1508	77.10%	
Female	374	19.12%	
Transgender FTM	1	0.05%	
Transgender MTF	71	3.63%	
Other	2	0.10%	
Client Refused to Report	0	0.00%	**1,956**
Age Categories			
< 2	12	0.61%	
02-12	9	0.46%	
13-24	46	2.35%	
25-44	717	36.66%	
45-64	961	49.13%	
65 and over	211	10.79%	**1,956**
Poverty Level			
<138%	1540	78.73%	
138-199%	225	11.50%	
200-299%	136	6.95%	
300-399%	35	1.79%	
400-499%	9	0.46%	
>500%	11	0.56%	
Financial data not in ARIES	0	0.00%	**1,956**
HRSA Housing Status			
Stable/Permanent	796	40.70%	
Temporary	221	11.30%	
Unstable	114	5.83%	
Housing Status not in ARIES	825	42.18%	**1,956**
Insurance Status			
Private	22	1.12%	
Medicaid	341	17.43%	
Medicare	43	2.20%	
Other	101	5.16%	
No Insurance	316	16.16%	
Insurance not in ARIES	1133	57.92%	**1,956**
San Diego Region			
Central	667	34.10%	
East	131	6.70%	
South Bay	362	18.51%	
Southeast	171	8.74%	
North Coastal	214	10.94%	
North Inland	106	5.42%	
North Central	137	7.00%	
Zip Code may be outside SD County	85	4.35%	
Zip Code not in ARIES	83	4.24%	**1,956**

DETAILED INTERNAL BUDGET

Program: HIV Planning Group Support-County
Year: RW 2022
Budget Period: 03/01/2022 to 2/28/2023
CFDA#: 93.914
Updated - 12/2022 Expenditures for 02/2023 Meeting

TASK 008 S&S
TASK 026 S&B
TASK 001 Office Expenses/Zoom/Equipment

	% of Year Elapsed	99.96%		99.96% of Year	
	Budget Updated 04/26/23	Expenditures February 2022	YTD Total Expenditures	% Expended	Remaining Balance
Personnel Expenses (Salary&Benefits)	$ 298,787.00	$ 18,302.20	$ 290,674.33	97.28%	**$ 8,112.67**
Needs Assessment	$ 2,779.00		$ -	0.00%	**$ 2,779.00**
Translation Services	$ 24,000.00	$ 780.00	$ 9,990.00	41.63%	**$ 14,010.00**
Meeting Space	$ 8,200.00		$ -	0.00%	**$ 8,200.00**
Mileage & Gas Cards	$ 9,700.00		$ -	0.00%	**$ 9,700.00**
Training for HPG Staff	$ 1,500.00		$ -	0.00%	**$ 1,500.00**
Office Supplies	$ 325.00		$ 217.49	66.92%	**$ 107.51**
Food Purchases	$ 5,000.00		$ -	0.00%	**$ 5,000.00**
Transcription (Written) Services	$ 500.00		$ 487.80	97.56%	**$ 12.20**
WebEx (monthly)	$ 750.00		$ -	0.00%	**$ 750.00**
Zoom (anually)	$ 950.00		$ 849.70	89.44%	**$ 100.30**
Equipment (Meeting Owl Office Max)	$ 1,500.00		$ 1,141.86	76.12%	**$ 358.14**
Trainings/Consultants	$ 1,500.00		$ -	0.00%	**$ 1,500.00**
WiFi (MiFi) Monthly Service @ $286/month (6)	$ 3,800.00	$ 286.44	$ 3,723.72	97.99%	**$ 76.28**
	$ 359,291.00	**$ 19,368.64**	**$ 307,084.90**	85.47%	**$ 52,206.10**
TOTAL PC BUDGET	**$ 359,291.00**	**$ 19,368.64**	**$ 307,084.90**	85.47%	**$ 52,206.10**

RW 2022-23 PART A AWARD INFORMATION	
Funding Source	Total RW 2022-23 Award
Part A	11,183,176.00
Part A MAI	793,221.00
TOTAL AWARD AMOUNT	11,976,397.00

RW 2022-23

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

58.30%

FY22-23 ALLOCATION BREAK DOWN										
Funding Source	Admin. $		Admin. %	CQM $	CQM %	RW 2022-23 Service dollars	Total	CORE Medical Services	Support Services
Part A	1,118,316.00	1,118,316.00	10%	315,170.00	2.818%	9,749,690.00	11,183,176.00	70%	30%
Part A MAI	79,321.00	79,321.00	10%	39,661.00	5.0%	674,239.00	793,221.00		
TOTAL		1,197,637.00		354,831.00		10,423,929.00	11,976,397.00	70%	30%

Ryan White Part A Allocations

Service Categories	HRSA Ranking	Priority Ranking	RW 2022-23 HPG Allocation as of 08/11/21	%	HPG & Recipient Approved Actions +/-	RW 2022-23 HPG Total as of today	%	RW 2022-23 Year to Date Expenditure	RW 2022-23 Year-to-Date - The % below is the % of the Budget Spent 100% of Year Elapsed/Invoiced)	RW 2022-23 Balance	Comments
Outpatient Ambulatory Health Services: Primary Care	1l	1	1,307,630.00	14%	$ (220,620.00)	1,087,010.00	11%	1,058,989.67	97%	28,020.33	$275,000 decrease by HPG 03/23/22 $100,000 decrease by HPG 08/10/22 $100,000 decrease by HPG 09/28/22 $37,111 decrease by Recipient 01/26/23 $291,491 increase by Recipient 05/26/23.
Outpatient Ambulatory Health Services: Medical Specialty	1l	2	383,386.00	4%	(168,000.00)	215,386.00	2%	194,079.65	90%	21,306.35	$110,000 decrease by HPG 03/23/22 $30,000 decrease by HPG 07/27/22 $50,000 decrease by HPG 09/28/22 $50,000 increase by Recipient 01/26/23 $28,000 decrease by Recipient 05/26/23.
Psychiatric Medication Management	1j	3	28,036.00	84%	(22,500.00)	5,536.00	0%	5,486.47	99%	49.53	$22,500 decrease by Recipient 05/26/23.
Oral Health	1k	4	300,940.00	84%	(134,500.00)	166,440.00	2%	151,952.08	91%	14,487.92	$100,000 decrease by HPG 07/27/22. $34,500 decrease by Recipient 05/26/23.
Medical Case Management	1h	5	1,268,338.00	14%	126,246.00	1,394,584.00	14%	1,313,567.89	94%	81,016.11	$50,000 increase by HPG 08/10/22 $43,512 increase by HPG 10/26/22 $50,000 increase by Recipient 01/26/23 $17,266 decrease by Recipient 05/26/23.
Case Management-Non-Medical for Housing NEW		7	250,000.00	3%	(250,000.00)	-					$250,000 decrease by HPG 10/26/22
Housing: Emergency Housing	2e	8	280,000.00	3%	798,235.00	1,078,235.00	11%	1,044,259.77	97%	33,975.23	$250,000 increase by HPG 03/23/22 $100,000 increase by HPG 07/27/22 $150,000 increase by HPG 09/28/22 $298,235 increase by HPG 10/26/22
Housing: Location, Placement and Advocacy Services NEW		9	100,000.00	1%	(100,000.00)	-					$100,000 decrease by HPG 10/26/22
Housing: Partial Assistance Rental Subsidy (PARS)	2e	10	667,507.00	100%	126,000.00	793,507.00	8%	772,975.09	97%	20,531.91	$100,000 increase by HPG 06/22/22 $26,000 increase by Recipient 05/26/23.
Non-Medical Case Management	2h	6	392,021.00	4%	87,751.00	479,772.00	5%	407,487.02	85%	72,284.98	$50,000 increase by HPG 08/10/22 $10,360 increase by HPG 10/26/22 $35,000 increase by Recipient 01/26/23 $7,609 decrease by Recipient 05/26/23.
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF)	1c	11	943,317.00	10%	50,000.00	993,317.00	10%	993,157.28	100%	159.72	$50,000 increase by HPG 09/28/22
Childcare Services	2a	11a	-	0%		-	0%	-	0%	-	
Early Intervention Services: Regional Services	1c	12	800,386.00	9%	54,827.00	855,213.00	9%	833,532.86	97%	21,680.14	$991 increase by Recipient 01/26/23 $53,836 increase by Recipient 05/26/23.
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	300,000.00	3%	18,965.00	318,965.00	3%	248,378.02	78%	70,586.98	$100,000 increase by HPG 06/22/22 $50,000 decrease by Recipient 01/26/23 $31,035 decrease by Recipient 05/26/23.
Home-based Health Care Coordination	1e	19	228,500.00	2%		228,500.00	2%	193,490.31	85%	35,009.69	
Mental Health: Counseling/Therapy & Support Groups	1j	15	761,062.00	8%	17,524.00	778,586.00	8%	736,498.83	95%	42,087.17	$160,000 increase by HPG 03/23/22 $140,000 increase by HPG 06/22/22 $50,000 decrease by HPG 09/28/22 $47,893 increase by HPG 10/26/22 $50,000 decrease by Recipient 01/26/23 $230,369 decrease by Recipient 05/26/23.
Substance Abuse Services: Residential	2o	18	-	0%	-	-	0%	-	0%	-	
Substance Abuse Services: Outpatient	1m	17	269,959.00	3%	45,168.00	315,127.00	3%	255,036.55	81%	60,090.45	$45,168 increase by HPG 06/22/22
Transportation: Assisted and Unassisted	2g	20	127,830.00	1%	26,072.00	153,902.00	2%	121,344.61	79%	32,557.39	$15,000 increase by HPG 06/22/22 $10,000 increase by HPG 10/26/22 $1,120 decrease by Recipient 01/26/23 $48.00 decrease by Recipient 05/26/23.
Food Services: Food Bank/Home-Delivered Meals	2c	21	536,073.00	6%	(5,250.00)	530,823.00	5%	530,043.22	100%	779.78	$5,000 decrease by Recipient 01/26/23 $250.00 decrease by Recipient 05/26/23.
Medical Nutrition Therapy	1i	22	35,542.00	0%		35,542.00	0%	35,319.08	99%	222.92	
Legal Services	2i	23	285,265.00	3%		285,265.00	3%	279,141.93	98%	6,123.07	

Service Categories	HRSA Ranking	Priority Ranking	RW 2022-23 HPG Allocation as of 08/11/21	%	HPG & Recipient Approved Actions +/-	RW 2022-23 HPG Total as of today	%	RW 2022-23 Year to Date Expenditure	RW 2022-23 Year-to-Date - The % below is the % of the Budget Spent 100% of Year Elapsed/Invoiced)	RW 2022-23 Balance	Comments
Emergency Financial Assistance	2b	24	53,730.00	1%	(19,750.00)	33,980.00	0%	33,833.23	100%	146.77	$25,000 decrease by HPG 03/23/22 $5,000 increase by Recipient 01/26/23 $250.00 Increase by Recipient 05/26/23.
Home Health Care	1f	25	-	0%		-	0%	-	0%	-	
Early Intervention Services: HIV Counseling and Testing	1c	26	-	0%		-	0%	-	0%	-	
Cost-Sharing Assistance	1d	27	-	0%	-	-	0%	-	0%	-	
Hospice	1g	28	-	0%		-	0%	-	0%	-	
Psychosocial Support Services		16	-	0%	-	-	0%	-	0%	-	$30,000 increase by HPG 06/22/22 $30,000 increase by HPG 07/27/22 $60,000 decrease by HPG 10/26/22
Subtotal			9,319,522.00	357%	430,168.00	9,749,690.00	100%	9,208,573.56	94%	541,116.44	

Ryan White Part A Minority AIDS Initiative (MAI)	RW 2022-23 Allocation as of 08/11/21		HPG Approved Actions +/-	RW 2022-23 MAI Total as of today	%	RW 2022-23 Year to Date Expenditure	RW 2022-23 Year-to-Date - The % below is the % of the Budget Spent 100% of Year Elapsed/Invoiced)	RW 2022-23 Balance	Comments
Case Management (Non-Medical)	69,598.00		8,317.00	77,915.00	12%	74,164.00	95%	3,751.00	
Medical Case Management	252,610.00		14,234.00	266,844.00	40%	204,892.56	77%	61,951.44	
Mental Health Services	175,394.00		(26,328.00)	149,066.00	22%	120,632.69	81%	28,433.31	$1,337 increase HPG $9,007 increase HPG
Outreach Services	36,310.00		(7,383.00)	28,927.00	4%	23,612.47	82%	5,314.53	
Substance Abuse Services (Outpatient)	28,990.00		21,504.00	50,494.00	8%	46,524.04	92%	3,969.96	
Housing: Emergency Housing	100,000.00		-	100,000.00	15%	99,454.58	99%	545.42	
Subtotal	662,902.00		10,344.00	673,246.00	100%	569,280.34	85%	103,965.66	
TOTAL	9,982,424.00		440,512.00	10,422,936.00		9,777,853.90	94%	645,082.10	

CORE and Support Sevices allocation break-down	Total Allocation	Total Expenditure	Total Balance
CORE Medical Services	4,570,123.00	4,287,741.04	282,381.97
Support Services	5,179,567.00	4,920,832.53	258,734.48
TOTAL	9,749,690.00	9,208,573.56	541,116.44

0.00 variance

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

RW 2223 SERVICE DOLLAR ALLOCATIONS AND EXPENDITURES

Funding Source	RW 2022/2023 Service Dollars	Contract Year	Contract YTD Expenditure	% of Year Invoiced	% Spent	Balance	Comments
Ryan White Part B							
Outpatient Ambulatory Health Services (Medical)	407,426.00	April 2022-March 2023	407,426.00	92%	100%	-	Part A Payment Summary, Part B tracking as of February 2023 invoices.
Early Intervention Services (Expanded HIV Testing)	-		-	92%	-	-	
Early Intervention Services (Focused Testing)	187,900.00		162,373.51	92%	86%	25,526.49	Part B Payment Summary as of February 2023 invoices.
Medical Case Management (Emergency Financial Assistance)	177,716.00		148,494.60	92%	84%	29,221.40	Part B Payment Summary as of February 2023 invoices.
Housing (Substance Abuse Services-Residential)	518,632.00		501,838.42	92%	97%	16,793.58	Part B Payment Summary as of February 2023 invoices.
Non-medical Case Management (Rep Payee)	50,000.00		46,019.16	92%	92%	3,980.84	Part B Payment Summary as of February 2023 invoices.
CoSD Medical Case Management	403,173.24		338,607.66	75%	84%	64,565.58	Per Q3 Oct-Dec Qtrly invoice
CoSD Early Intervention Services	396,482.82		317,967.48	75%	80%	78,515.34	Per Q3 Oct-Dec Qtrly invoice
Ryan White Part B Total	**2,141,330.06**		**1,922,726.83**		**90%**	**218,603.23**	
Ryan White Part B-MAI Bridge	**97,277.00**	April 2022-March 2023	**96,819.61**	92%	**100%**	**457.39**	Part B-MAI Payment Summary as of February 2023 invoices.
Prevention 2023							
Counseling and Testing	180,000.00	January -December 2023	24,673.33	17%	14%	155,326.67	Prevention Payment Summary as of February 2023 invoices.
Evaluation/ Linkage Activities/ Needs Assessment	904,008.00		115,478.32	17%	13%	788,529.68	Prevention Payment Summary as of February 2023 invoices.
Prevention Total	**1,084,008.00**		**140,151.65**			**943,856.35**	
CDPH Ending the HIV Epidemic- Component A	**$4,496,525**	August 2022- July 2023	**154,193.46**	**58%**	3.43%	**4,342,331.54**	Only three contracts - 211SD, Peraton Itrack and Xerox. Payment Summary as of February 2023 invoices.
CDPH Ending the HIV Epidemic- Component C	**$240,000**	August 2021- July 2022	**-**	**0%**	0.00%	**240,000.00**	CDPH EHE Comp C No Contract.
HRSA Ending the HIV Epidemic- 20-078	**$1,800,360**	March 2022 - February 2023	**1,067,935.00**	**100%**	59.32%	**732,425.00**	HRSA EHE Payment Summary asPayment Summary as of February 2023 invoices.
TOTAL	**9,859,500.06**		**3,381,826.55**		**34%**	**6,477,673.51**	

County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

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

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

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

A quorum for this committee is four (4)

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

Committee Members absent: Mikie Lochner, Chair / Dr. Winston Tilghman, Medical Standards and Evaluations Committee

MINUTES

Agenda Item	Discussion/Action	Follow-Up Needed
1. Call to order, comments from the chair and a moment of silence	Rhea Van Brocklin called the meeting to order at 11:01 a.m. and noted the presence of an in-person quorum. The chair thanked attendees for their participation. A moment of silence was observed.	
2. Public comment (for members of the public)	None	
3. Sharing our concerns (for committee members)	None	
4. **ACTION:** Approve the Steering Committee agenda for Tuesday, May 16, 2023	**ACTION:** Approve Steering Committee agenda for May 16, 2023 **Motion/Second/County(M/S/C):** Jacobs/Lewis 3/0 **Abstentions:** Van Brocklin **Motion carries**	

Agenda Item	Discussion/Action	Follow-Up Needed
5. **ACTION:** Approve the HPG agenda for May 24, 2023	**ACTION:** Approve the HPG agenda for May 24, 2023 as presented with the noted changes: • Add Action Item: Approve change to quorum requirement in HPG Bylaws. **M/S/C:** Acevedo/Jacobs 4/0 **Abstentions:** Van Brocklin **Motion carries**	
6. **Committee Reports and Recommendations**		
a) **ACTION:** Approve the Board Letter to accept Ryan White Part A funding for FY 23	**ACTION:** Approve the Board Letter to accept Ryan White Part A funding for FY 23 **M/S/C:** Jacobs/Acevedo 4/0 **Abstentions:** Van Brocklin **Motion carries**	
7. **Process and Governance Issues**		
a. Review: Public comments / HPG member comments / Suggestions to the Steering Committee from previous HPG meeting(s)	The committee reviewed comments from the May 24, 2022 HPG meeting.	
b. Review 2023 HPG Work Plan	The committee reviewed the 2023 Work Plan and made the following recommendations: • A member of the Recipient's office will be providing a training on the Ryan White HIV/AIDS Program and Parts at the May 2023 HPG meeting. • A training on the San Diego Advancing and Innovating Medi-Cal (SD AIM) will be provided at the June 2023 HPG meeting. • A training from Border Health staff will be provided at the June 2023 HPG meeting. **ACTION:** Revise the May 2023 HPG agenda to include a training on the Ryan White HIV/AIDS Program and Parts **M/S/C:** Jacobs/Acevedo 4/0 **Abstentions:** Van Brocklin **Motion carries**	
c. Discussion: Proposed agenda format	A member of the HPG Support Staff presented a new formatted meeting agenda template. The committee suggested to add back committee	

Agenda Item	Discussion/Action	Follow-Up Needed
	names and quorum number, as well as removing the HPG Support Staff address in the footer. The new formatted agenda will be used at all committee and HPG meetings starting in June 2023.	
d. Discussion: Translation services	A member of the HPG Support Staff informed members that the CARE Partnership and Community Engagement meetings have automatic Spanish translation services. There was a discussion whether the committee recommended maintaining automatic translation services at $390.00 per meeting or adhere to the process of requesting language services at least 96 hours in advance for both CARE Partnership and Community Engagement Group meetings. Allan Acevedo, Chair of the Community Engagement Group (CEG), suggested that this topic be discussed at the next Community Engagement Group meeting. Feedback will be then brought back to the June 2023 Steering Committee meeting for further discussion.	HPG Support Staff will bring the item to the CEG meeting and return to the Steering Committee in June 2023.
e. Discussion: Planning for the Needs Assessment Survey of HIV Impact and other components (Provider Survey, Regional meetings/focus groups)	In preparation for the upcoming Needs Assessment, a request will be made to form an internal working group rather than seeking out an external consultant. Depending on who the working group consists of will determine whether the requirements of the Brown Act will apply to those meetings. A member of the Recipient's office suggested to hire a temporary Support Staff member to assist with the Needs Assessment process.	
f. Discussion: Steering Committee meeting schedule	The Vice Chair will reach out to the HPG chair for clarification on this agenda item.	
g. Discussion: HPG By-Laws quorum recommendation	For HPG By-Laws to become adopted, they will go forward in a board letter to the Board of Supervisors. As the upcoming changes to the HPG By-Laws were reviewed, County Council recommended that we reconsider our proposed change of lowering quorum to 33%, as lowering	

Agenda Item	Discussion/Action	Follow-Up Needed
	quorum to below 50% is not considered standard practice. There is a concern that a small number of members will be allowed to make legislative decisions on behalf of a full body. **ACTION:** Change quorum in the HPG By-Laws to greater than 50% **M/S/C: Jacobs/Ransom 4/0** **Abstentions:** Van Brocklin **Motion carries**	
h. Discussion: Planning for the Assessment of the Administrative Mechanism	The committee discussed and recommended beginning the process in June 2023.	Maintain on Steering Committee agenda.
i. **ACTION:** Approval of the Committee Operating Guidelines	**ACTION:** Approve the Committee Operating Guidelines as presented **M/S/C:** Acevedo/Jacobs 3/0 **Abstentions:** Lewis, Van Brocklin **Motion carries** Bob Lewis, Membership Committee Chair, shared concerns that both the Medical Standards and Evaluation Committee (MSEC) and Membership Committee have specific guidelines that do not apply to the Committee Operation Guidelines document. It was suggested that an Appendix and footnote noting these changes and differences be inserted into the Committee Operating Guidelines document.	HPG Support Staff will add information to the Appendix regarding the Membership Committee and MSEC.
j. Update: Getting to Zero Community Engagement Project – 3-Year HPG Action Plan	As Dr. Delores Jacob's contract to oversee the Getting to Zero Community Engagement Plan is scheduled to expire on June 20, 2023, Dr. Jacobs informed the committee that there are 12 out of 30 items that have been completed with 9 additional items that have not yet been addressed. The committee discussed and recommended to continue discussing these pending tasks and how are the HPG plans to accomplish them.	
i. Membership recruitment plan draft	The committee discussed and recommended develop a transition process for those who are transitioning out of their seat after 8 years,	

Agenda Item	Discussion/Action	Follow-Up Needed
	especially those with a leadership role, to assist in recruitment for their seat.	
k. Update: Integrated Statewide Strategic Plan	Tabled	
8. Updates and budget review from the HIV, STD, and Hepatitis Branch (HSHB)	No updates. The HSHB report is in the meeting packet.	
9. **ACTION:** Approval committee meeting minutes from February 14, 2023 and April 18, 2023.	**ACTION:** Approve meeting minutes from February 14, 2023, and April 18, 2023 as presented. **M/S/C:** Jacobs/Acevedo 4/0 **Abstentions:** Van Brocklin **Motion carries**	
10. Review committee attendance	Tabled	
11. Future agenda items for consideration	Tabled	
12. Announcements	Tabled	
13. Next meeting date	Date: **June 20, 2023** Time: **11:00 PM – 1:00 PM** Location: In-person meeting at: **5570 Overland Ave. San Diego, CA 92123 (Room 1047, Medical Examiner's Office)** AND remotely/virtually via **WebEx**	
14. Adjournment	1:05 pm	

HIV PLANNING GROUP
12-MONTH COMMITTEE TRACKING
May 2022 - May 2023

STEERING	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	#
Total Meetings	1	1	1	0	1	1	0	0	1	1	0	1	1	9
Community Engagement Group	*	*	**1**	NM	*	*	NM	NM	**1**	**1**	NM	**1**	*	**4**
Medical Standards	*	*	*	NM	**1**	**1**	NM	NM	*	*	NM	*	*	**2**
Membership	*	*	*	NM	*	**1**	NM	NM	*	**1**			*	**2**
Priority Setting and Resource Allocation	*	*	*	NM	*	*	NM	NM	*	*	NM	*	*	**0**
Strategies & Standards	**1**	**1**	*	NM	*	*	NM	NM	*	*	NM	*	*	**2**
Chair- Mikie Lochner	*	*	*	NM	*	*	NM	NM	*	*	NM	*	**1**	**1**
Vice Chair - Rhea Van Brocklin	*	*	*	NM	*	*	NM	NM	*	*	NM	*	*	**0**

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

***** = Present

1 = Absent for the month

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

JC = Just Cause

EC = Emergency Cause

NM = No Meeting