



SAN DIEGO HIV PLANNING GROUP (HPG)

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

COUNTY OPERATIONS CENTER

5500 OVERLAND AVE, SAN DIEGO, CA 92123 (ROOM 120)

The Charge of the HIV Planning Group: The HIV Planning Group Committee Charge is to set priorities & allocate funds to provide services for people living with HIV/AIDS.

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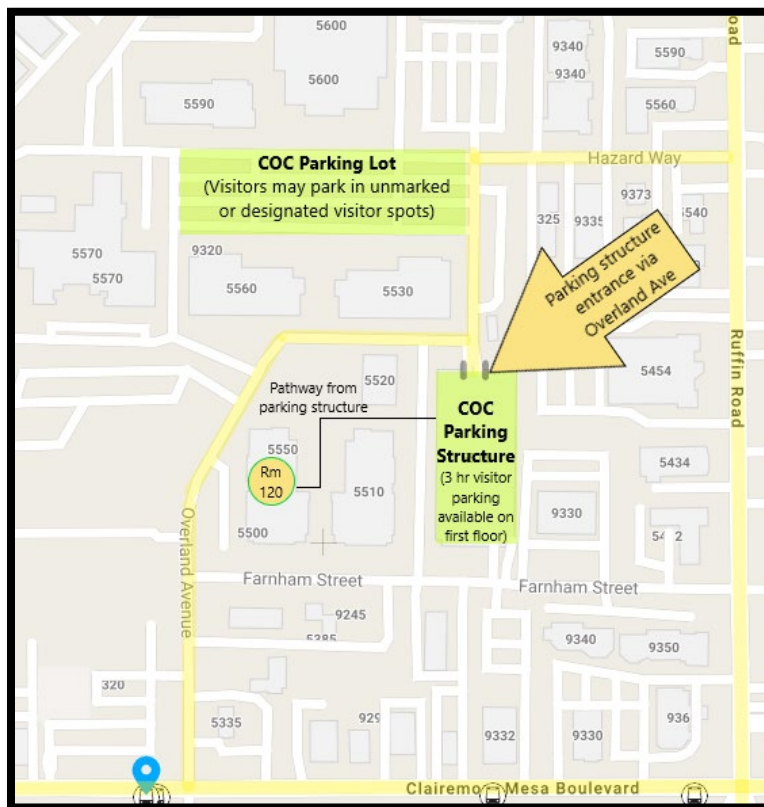
HIV Planning Group

When: Wednesday, June 28, 2023, from 3:00 PM – 5:00 PM

Where: San Diego County Operations Center (COC)

5500 Overland Avenue San Diego, CA 92123

Training Room 120 (5500 Building)



Parking is free. 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.

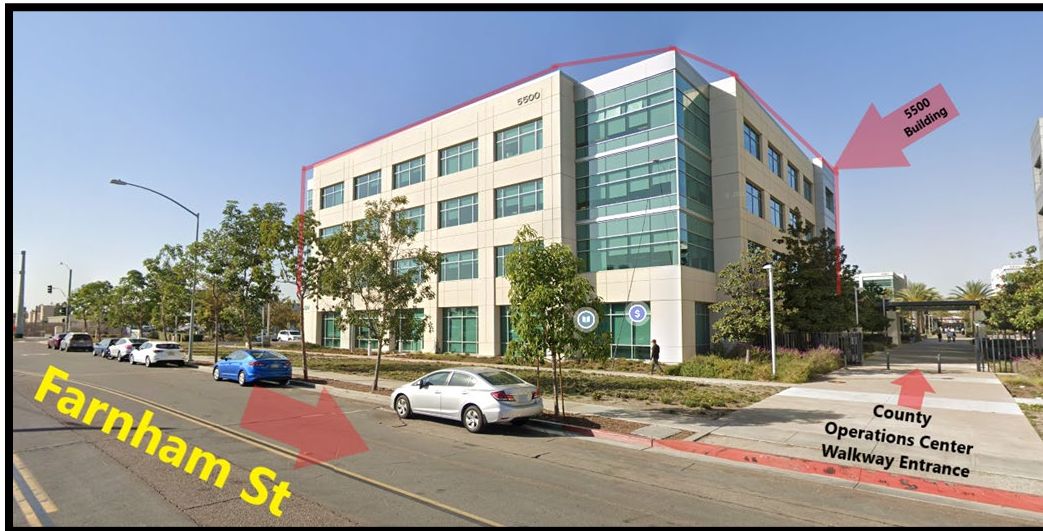
Refer to HPG directions and County Operations Center map provided for detailed instructions on how to get to meeting location. Additional resource map available from County Operations Center on **PAGE 4**.

Via MTS/Public Transportation:

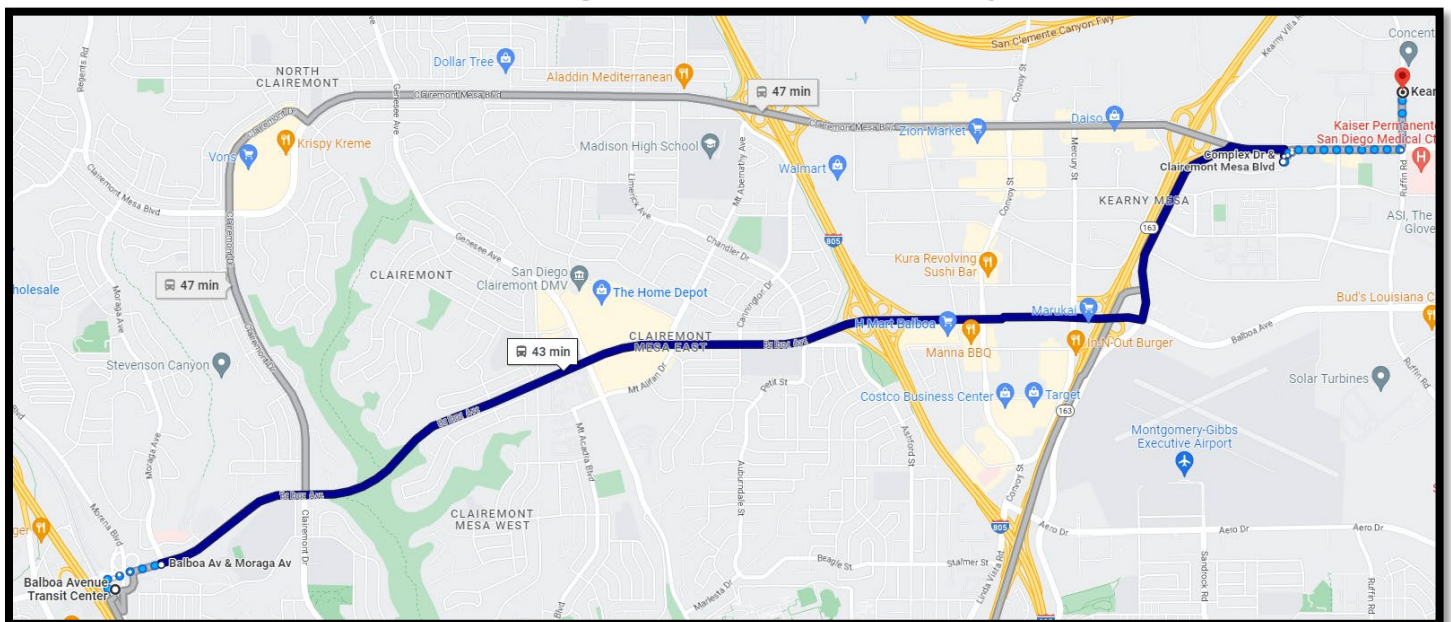


From Clairemont Mesa Blvd & Overland Ave Bus stop:

1. Head east on Clairemont Mesa Blvd toward Overland Ave.
2. Turn left onto Overland Ave.
3. Turn right onto Farnham St.
4. Turn left into County Operations Center walkway entrance. Destination will be on the left side in Building 5500. Main entrance will be in COC walkway.



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



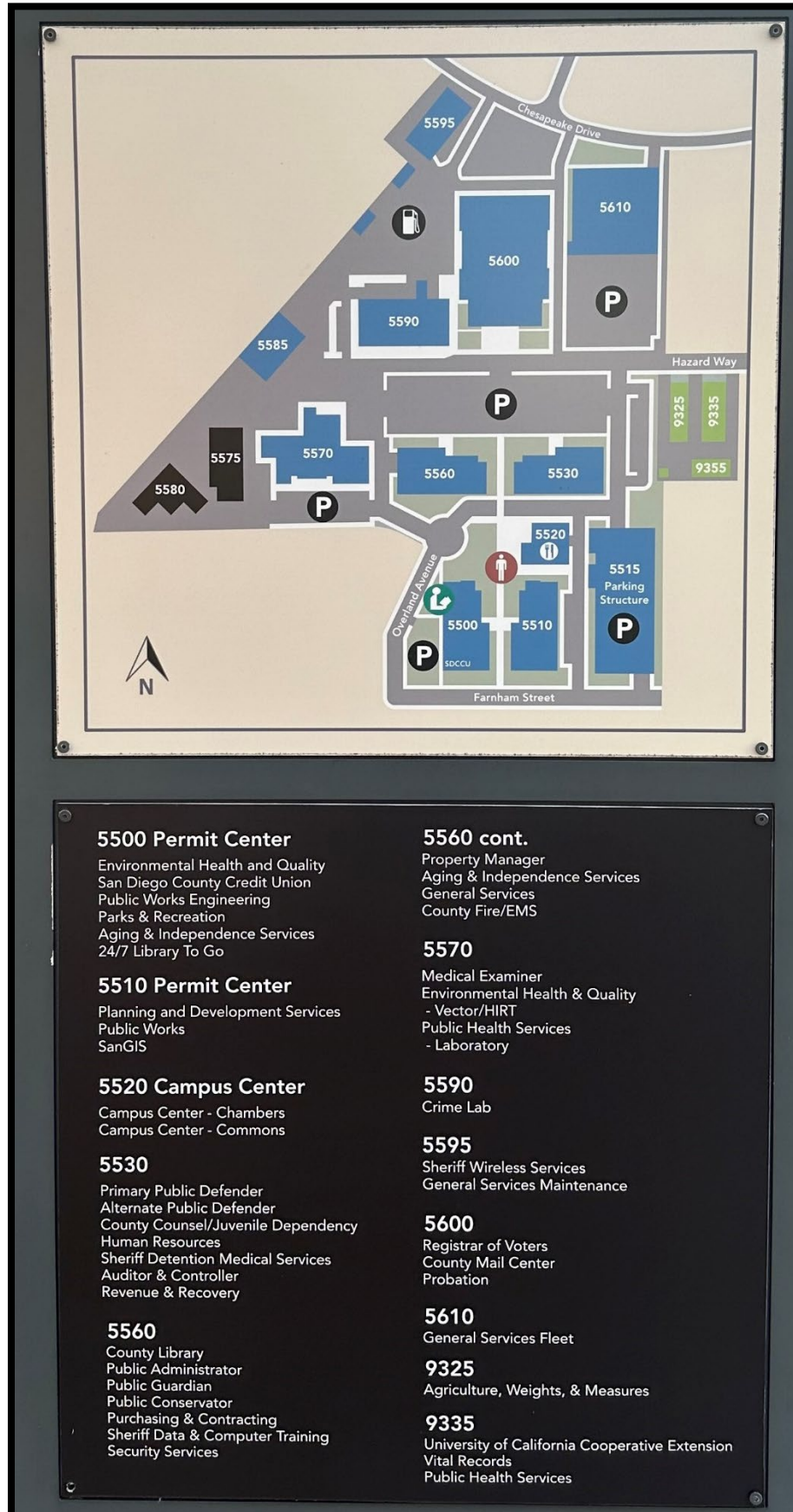
If Using Trolley & Bus:

1. Take the [Blue Trolley Line](#) to the [Balboa Avenue Transit Center](#).
2. Walk to **Balboa Ave & Moraga Ave** bus stop (about 7-minute walk, 0.3 miles).
3. Take **Route 27** bus from **Balboa Ave & Moraga Ave** to **Complex Dr & Clairemont Mesa Blvd**.
4. Head north on Complex Dr.

County Operations Center (COC) CAMPUS MAP



County Operations Center (COC) CAMPUS DIRECTORY



Procedure of HPG Public Requests During HPG Meetings

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

The process/procedure for responding is as follows.

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

Explain the process for a response and indicate that:

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



SAN DIEGO HIV PLANNING GROUP (HPG)
MEETING AGENDA
WEDNESDAY, JUNE 28, 2023, 3:00 PM – 5:00 PM
COUNTY OPERATIONS CENTER
5500 OVERLAND AVE, SAN DIEGO, CA 92123 (ROOM 120)

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, Esteban Duarte, Tyra Fleming, Felipe Garcia-Bigley, David Grelotti, Pamela Highfill, Delores Jacobs, Cinnamon Kubricky, Robert Lewis, Michael Lochner, Moira Mar-Tang, Venice Price, Shannon Ransom, Raul Robles, James Rucker, Stephen Spector, Winston Tilghman, Karla Quezada-Torres, Regina Underwood, Rhea Van Brocklin, Freddy Villafan, Jeffrey Weber, Michael Wimpie, Abigail West, 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. **ACTION:** Approve Ryan White Part A carryover funds from Fiscal Year (FY) 22-23 in amount of \$370,533 towards Emergency Housing
 - b. **ACTION:** Approve reallocation of funds for FY23 (current year, March 1, 2023 – February 29, 2024) – Priority Setting and Resource Allocation Committee
 - c. **ACTION:** Approve FY24 (March 1, 2024 – February 28, 2025) Service Priority Rankings
7. Review AB2449 and teleconferencing requirements
8. Border Health Presentation – Alicia Espinoza and Izzybeth Rodriguez
9. Amended HPG Bylaws

- 10.ACTION:** Approve Mpox Recommendations for Vaccine Equity
- 11.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; Strategies and Standards Committee: April 4, 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)
12. HIV, STD, and Hepatitis Branch (HSHB) Reports – Patrick Loose, Lauren Brookshire, Maritza Herrera
13. HPG Support Staff Report – Dr. Ken Riley
- a. Administrative Budget Review
 - b. Key Data Finding Reports
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

HPG Conflict of Interest (COI) Sheet

Name	Conflict of Interest	Name	Conflict of Interest
Acevedo, Allan Duarte, Esteban Fleming, Tyra Jacobs, Dr. Delores Kubricky, Cinnamen Lochner, Michael (Mikie) Quezada-Torres, Karla Robles, Raul Weber, Jeffery West, Abigail Wimpie, Michael	<ul style="list-style-type: none"> None 	Grelotti, Dr. David Mar Tang, Moira Ransom, Shannon Spector, Dr. Stephen	<ul style="list-style-type: none"> Medical Case Management Mental Health: Psychiatric Medication Management Non-Medical Case Management Service Outpatient Ambulatory Health Services: Medical Specialty Outpatient Ambulatory Health Services: Primary Care Transportation: Assisted and Unassisted
		Highfill, Pam	<ul style="list-style-type: none"> Substance Use Treatment; Residential
		Underwood, Regina	<ul style="list-style-type: none"> EIS: Minority AIDS Initiative EIS Regional Services Medical Case Management Mental Health Groups/Therapy Non-Medical Case Management Service Outreach Services Peer Navigation (Referral for Healthcare and Support Services) Substance Use Disorder Treatment: Outpatient Transportation: Assisted and Non-Assisted
Applebaum, Amy Tilghman, Dr. Winston Villafan, Freddy Yancey, Adrienne	<ul style="list-style-type: none"> Medical Case Management Substance Use Disorder Treatment: Residential Transportation: Assisted and Unassisted 		
Garcia-Bigley, Felipe Lewis, Robert Rucker, James	<ul style="list-style-type: none"> Early Intervention Services, Regional Services EIS: Minority AIDS Initiative Home-Based Health Care Coordination Medical Case Management Mental Health Counseling/Therapy Mental Health: Psychiatric Medication Management Non-Medical Case Management Service Oral Health Outpatient Ambulatory Health Services: Medical Specialty Outpatient Ambulatory Health Services: Primary Care Peer Navigation (Referral for Healthcare and Support Services) Transportation: Assisted and Non-Assisted 		
Cortes, Alberto	<ul style="list-style-type: none"> Emergency Financial Assistance Foodbank/Home Delivered Meals Medical Nutrition Therapy 		
Davenport, Dr. Beth	<ul style="list-style-type: none"> Mental Health: Counseling/Therapy Non-Medical Case Management Medical Case Management Peer Navigation 	Price, Venice Van Brocklin, Rhea	<ul style="list-style-type: none"> Coordinated HIV Services for Women, Infants, Children, Youth and Families (CHS: WICYF)

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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 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: 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.
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.

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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

21. 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.

32. 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 subcommittees, ad hoc committees and task force meetings
3. Appoints the chair and members to the subcommittees
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 subcommittees 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: SUBCOMMITTEES

- Section A: Use of Subcommittees.** The HIV Planning Group has the authority to establish and to disband, as appropriate, standing and ad hoc subcommittees/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 committees may bring an action item to the HIV Planning Group for approval.
- Section B: Composition and Chairs.** All standing and ad hoc subcommittee 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 subcommittees 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 subcommittee 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 subcommittees shall operate under the bylaws of the HIV Planning Group. Each subcommittee 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 subcommittee 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.



County of San Diego

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PUBLIC HEALTH OFFICER

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

HIV PLANNING GROUP (HPG) ACTION ITEM INFORMATION SHEET APPLICATION FOR CARRYOVER FUNDS

DATE: June 28, 2023

ITEM: Consider and vote to approve the Priority Setting and Resource Allocation Committee's (PSRAC) recommendation to apply for \$370,533 in Part A carryover funds from FY22-23 (last fiscal year, March 1, 2022 – February 28, 2023) and to apply those from to the service category Emergency Housing in FY 23-24 (the current fiscal year, March 1, 2023 – February 29, 2024).

BACKGROUND:

Carry over dollars are funds that were unspent during the previous year. The Ryan White legislation provides that the Recipient may request up to 5% of unspent formula funds from the previous year to be "carried over" into the current period, with the HIV Planning Group having responsibility for allocating these funds.

The recommendation was discussed at the PSRAC meeting of June 8, 2023, where the committee added the recommendation to apply those funds to Emergency Housing due to the increase service utilization and expenditure in that service category.

RECOMMENDATIONS:

Approve the PSRAC's recommendation to seek Part A carryover funds from FY22-23 in amount of \$370,533 and apply to the service category Emergency Housing.

This comes to the HIV Planning Group as a seconded motion, open for discussion.



County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

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

HIV PLANNING GROUP ACTION ITEM INFORMATION SHEET PRIORITY SETTING AND RESOURCE ALLOCATION COMMITTEE APPROVAL OF FY 24 PRIORITY RANKINGS

DATE: June 28, 2023

ITEM: Approve the recommended FY 24 (for next fiscal year; March 1, 2024 – February 28, 2025) priority rankings and service delivery recommendations from the Priority Setting and Resource Allocation Committee.

RECOMMENDATIONS:

1. **Action Item (Priority Setting and Resource Allocation Committee):** Rank Outpatient Ambulatory Health Services (Primary Care) at **priority #1.**
2. **Action Item (Priority Setting and Resource Allocation Committee):** Rank Medical Specialty at **priority #2.**
3. **Action Item (Priority Setting and Resource Allocation Committee):** Rank Oral Health at **priority #3.**
4. **Action Item (Priority Setting and Resource Allocation Committee):** Rank Medical Case Management at **priority #4.**
5. **Action Item (Priority Setting and Resource Allocation Committee):** Rank Non-Medical Case Management at **priority #5.**
6. **Action Item (Priority Setting and Resource Allocation Committee):** Rank Non-Medical Case Management for Housing at **priority #6.**
7. **Action Item (Priority Setting and Resource Allocation Committee):** Rank Housing: Emergency Housing at **priority #7.**
8. **Action Item (Priority Setting and Resource Allocation Committee):** Rank Housing Location, Placement and Advocacy at **priority #8.**
9. **Action Item (Priority Setting and Resource Allocation Committee):** Rank Housing: Partial Assistance Rental Subsidy (PARS) at **priority #9.**
10. **Action Item (Priority Setting and Resource Allocation Committee):** Rank Mental Health: Counseling/Therapy at **priority #10.**
11. **Action Item (Priority Setting and Resource Allocation Committee):** Rank Substance Use Treatment Services: Outpatient at **priority #11.**
12. **Action Item (Priority Setting and Resource Allocation Committee):** Rank Psychiatric Medication Management at **priority #12.**

Action Item Info Sheet
 FY 24 Priority Rankings
 June 28, 2023

13. **Action Item (Priority Setting and Resource Allocation Committee):** Rank Coordinated HIV Services for Women, Infants, Children, Youth and Families (CHS: WICYF) *(formerly Early Intervention Services: Countywide Services for Women, Children & Families)* at **priority #13.**
14. **Action Item (Priority Setting and Resource Allocation Committee):** Rank Childcare services at **priority #13a** (a subcategory of CHS: WICYF).
15. **Action Item (Priority Setting and Resource Allocation Committee):** Rank Early Intervention Services: Regional Services at **priority #14.**
16. **Action Item (Priority Setting and Resource Allocation Committee):** Rank Health Education & Risk Reduction at **priority #14 a** (a subcategory of Early Intervention Services: Regional Services).
17. **Action Item (Priority Setting and Resource Allocation Committee):** Rank Outreach Services at **priority #14 b** (a subcategory of Early Intervention Services: Regional Services).
18. **Action Item (Priority Setting and Resource Allocation Committee):** Rank Referral Services at **priority #14 c** (a subcategory of Early Intervention Services: Regional Services).
19. **Action Item (Priority Setting and Resource Allocation Committee):** Rank Health Education and Risk Reduction (a separate service category, independent of Early Intervention Services: Regional Services) at **priority # 15.**
20. **Action Item (Priority Setting and Resource Allocation Committee):** Rank Peer Navigation (Referral to Health and Support Services) at **priority #16.**
21. **Action Item (Priority Setting and Resource Allocation Committee):** Rank Psychosocial Support Services at **priority #17.**
22. **Action Item (Priority Setting and Resource Allocation Committee):** Rank Substance Use Treatment Services: Residential at **priority #18.**
23. **Action Item (Priority Setting and Resource Allocation Committee):** Rank Home-based Health Care Coordination at **priority #19.**
24. **Action Item (Priority Setting and Resource Allocation Committee):** Rank Transportation: Assisted and Unassisted at **priority #20.**
25. **Action Item (Priority Setting and Resource Allocation Committee):** Rank Food Services: Food Bank/Home-Delivered Meals at **priority #21** and rank Medical Nutrition Therapy at **priority #22.**
26. **Action Item (Priority Setting and Resource Allocation Committee):** Rank Legal Services at **priority #23.**
27. **Action Item (Priority Setting and Resource Allocation Committee):** Rank Emergency Financial Assistance at **priority #24.**
28. **Action Item (Priority Setting and Resource Allocation Committee):** Rank Home Health Care at **priority #25**; Rank Early Intervention Services: HIV Counseling and Testing at **priority #26** ; Rank Cost-Sharing Assistance at **priority #27**; and Rank Hospice at **priority #28.**

These come to the HIV Planning Group as seconded motions, open for discussion.

Information on the rationales for priority rankings is contained in the key data findings by service category document (attached), which are also included on the FY 24 priority ranking worksheet. .

HIV PLANNING GROUP FY 24 SERVICE PRIORITY RANKING WORKSHEET

SERVICE CATEGORY	HPG Approved FY 22 Priority Ranking	HPG Approved FY 23 Priority Ranking	PSRAC Recommended FY 24 Priority Ranking	HPG Approved FY 24 Priority Ranking	Key Data Findings
© Outpatient Ambulatory Health Services: Primary Care	1	1	1		Core service; ranked #2 in 2020 - 21 Survey of HIV Impact. (HIV/AIDS Medications a core service linked to Primary Care and is #1 ranked in 2020 - 21 Survey of HIV Impact).
© Outpatient Ambulatory Health Services: Medical Specialty	2	2	2		Core service; linked to Primary Care; ranked #4 in 2020 - 21 Survey of HIV Impact; 7% of respondents noted as a service gap ("need but can't get"). Co-occurring health conditions make providing medical care more complex, require greater provider expertise, and increase the cost of care for people living with HIV/AIDS (PLWH/A).
© Oral Health	4	4	3		Core service #3 ranked in 2020 - 21 Survey of HIV Impact and largest service gap (22% need but can't get). Many PLWH/A lack dental insurance.
© Medical Case Management	5	5	4		Core service; #5 ranked in 2020 - 21 Survey of HIV Impact; 9 th largest service gap (9%), Links clients to other services, including Primary Care. Many PLWH/A have co-occurring health conditions that require additional services/assistance. Reaches diverse groups/regions. Links PLWHA to care and helps sustain PLWHA in care.
Non-Medical Case Management	6	6	5		#5 ranked in 2020 - 21 Survey of HIV Impact, 9 th largest service gap (9%)
Non-Medical Case Management for Housing	7	7	6		Rental Assistance #6 ranked in 2020 - 21 Survey of HIV Impact & the 2 nd prev. largest service gap (20%) in NA survey; Emergency Housing #10 ranked in 2020 - 21 Survey of HIV Impact & the 7 th largest service gap (10%), 25% of PLWHA unstably housed or homeless in 2020 & poverty prevalent among PLWHA (72% at or below 500% FPL in 2020; Links PLWHA to care and helps sustain PLWHA in care
Housing: Emergency Housing	8	8	7		#10 ranked in 2020 - 21 Survey of HIV Impact; The 7 th largest service gap (10%), Homelessness: 25% unstably housed or homeless in 2020 & poverty prevalent among PLWH/A (72% at or below 400%

HIV PLANNING GROUP

FY 24 SERVICE PRIORITY RANKING WORKSHEET


SERVICE CATEGORY	HPG Approved FY 22 Priority Ranking	HPG Approved FY 23 Priority Ranking	PSRAC Recommended FY 24 Priority Ranking	HPG Approved FY 24 Priority Ranking	Key Data Findings
					FPL; Links PLWHA to care and helps sustain PLWHA in care.
Housing Location, Placement and Advocacy Services	9	9	8		As noted above in Non-Medical Case Management for Housing.
Housing: Partial Assistance Rental Subsidy (PARS)	10	10	9		#6 ranked in 2020 - 21 Survey of HIV Impact; the 2 nd largest service gap (20%; in NA survey (20%). (25% of PLWHA unstably housed or homeless in 2020 & poverty prevalent among PLWHA (72% at or below 500% FPL in 2020; Links PLWHA to care and helps sustain PLWHA in care
☺ Mental Health: Counseling/Therapy	15	15	10		Core service; #8 ranked in 2020 - 21 Survey of HIV Impact; 3 rd largest service gap (15%) “need but can’t get”; 40% of PLHWA diagnosed or treated for mental health condition (cf. 20.6% in general population); 20% of survey respondents reported a history of chronic mental illness; Links PLWHA to care and helps sustain PLWHA in care; increased need noted in focus groups
☺ Substance Use Treatment Services: Outpatient	17	17	11		Core Service. #14 ranked, 50% of survey respondents reported a history of substance use; frequent co-occurring condition among PLWH/A. Links PLWHA to care and helps sustain PLWHA in care. RW service not available in East or North regions PWID have stat. signif. lower % of viral suppression; increased need noted in focus groups
☺ Mental Health: Psychiatric Medication Management	3	3	12		Core service; linked to Primary Care. #12 ranked in 2020 - 21 Survey of HIV Impact. Links PLWHA to care and helps sustain PLWHA in care; also 5 th largest service gap (12%; of those with history of mental illness, top ranked for 16%; 37.1% of PLHW diagnosed or treated for mental health condition (cf. 19.1% in general population); increased need noted in focus groups

HIV PLANNING GROUP

FY 24 SERVICE PRIORITY RANKING WORKSHEET




SERVICE CATEGORY	HPG Approved FY 22 Priority Ranking	HPG Approved FY 23 Priority Ranking	PSRAC Recommended FY 24 Priority Ranking	HPG Approved FY 24 Priority Ranking	Key Data Findings
© Coordinated HIV Services for Women, Infants, Children, Youth, and Families (CHS: WICYF) <i>(Formerly “Early Intervention Services (EIS): Countywide Services for Women, Children & Families” (WCF)</i>	11	11	13		Core service; includes direct provision of Medical Case Management, Mental Health, Family/Peer Advocacy, Outreach, Childcare/Babysitting & Mentor/Buddy Support. Females represent 10% of PLWH/A. Reaches diverse groups/regions. Links PLWHA to care and helps sustain PLWHA in care. #16 ranked in 2020 - 21 Survey of HIV Impact; 4 th largest service gap (13%) of 2021 survey respondents reported “need but can’t get”; Central and South regions have largest proportion of recent HIV disease among women (>50% of total in the two regions); Countywide the proportion of female HIV disease diagnoses has increased slightly over the last 5 years to about 13.6%
* Early Intervention Services for WICYF <i>(subcategory of CHS: WICYF)</i>					
* Medical Case Management for WICYF <i>(subcategory of CHS: WICYF)</i>					
* Non-Medical Case Management for WICYF <i>(subcategory of CHS: WICYF)</i>					
* Mental Health for WICYF <i>(subcategory of CHS: WICYF)</i>					
* Childcare services <i>(subcategory of CHS: WICYF)</i>	11a	11a	13a		#20 ranked in 2020 - 21 Survey of HIV Impact, in 2017 ranked top ranked by 62% of those with children, 1% of total sample “need but can’t get”.

HIV PLANNING GROUP FY 24 SERVICE PRIORITY RANKING WORKSHEET

SERVICE CATEGORY	HPG Approved FY 22 Priority Ranking	HPG Approved FY 23 Priority Ranking	PSRAC Recommended FY 24 Priority Ranking	HPG Approved FY 24 Priority Ranking	Key Data Findings
* Outreach to WICYF (subcategory of CHS: WICYF)					
* Peer Navigation for WICYF (subcategory of CHS: WICYF)					
* Transportation for WICYF (subcategory of CHS: WICYF)					
 Early Intervention Services: Regional Services	12	12	14		Core service; addresses HRSA focus on identifying PLWHA not in care and linking them to care. CM is a central component. #16 ranked in 2020 - 21 Survey of HIV Impact, 4 th largest service gap (13% of 2021 survey respondents reported “need but can’t get”; Co-located with HIV Primary Care in Southeast SD, South Bay, and North County. Links PLWHA to care and helps sustain PLWHA in care; RW service not available in the East region of county.
* Health Education & Risk Reduction (subcategory of EIS:RS)	12a	12a	14a		
* Outreach Services (subcategory of EIS:RS)	12b	12b	14b		#13 ranked in 2020 - 21 Survey of HIV Impact, 5 th highest service gap (12%)
* Referral Services (subcategory of EIS:RS)	12c	12c	14c		#13 ranked in 2020 - 21 Survey of HIV Impact, 5 th highest service gap (12%); RW service not available in South or Southeast regions.
Health Education & Risk Reduction (stand-alone)	13	13	15		30% of HIV+ respondents in the 2020 - 21 Survey of HIV Impact did not use condoms during sex in preceding 12 months; 9% of HIV negative/unaware reported that “they have never heard of PrEP”
Peer Navigation (Referral for Health Care and Support	14	14	16		#17 ranked in 2020 - 21 Survey of HIV Impact, 5 th highest service gap (12%), not available in

HIV PLANNING GROUP

FY 24 SERVICE PRIORITY RANKING WORKSHEET

SERVICE CATEGORY	HPG Approved FY 22 Priority Ranking	HPG Approved FY 23 Priority Ranking	PSRAC Recommended FY 24 Priority Ranking	HPG Approved FY 24 Priority Ranking	Key Data Findings
Services)					Southeast or South regions; recommendation for increased use in focus groups.
Psychosocial Support Services	16	16	17		40% of PLHW diagnosed or treated for mental health condition (cf. 20.6% in general population)
Substance Use Treatment Services: Residential	18	18	18		#14 ranked, 50% of survey respondents reported a history of substance use Links PLWHA to care and helps sustain PLWHA in care. RW service not available in East, South or North regions; PWID (prev. IDU and MSM+IDU) have stat. signif. lower % of viral suppression; increased need noted in focus groups
 Home-based Health Care Coordination	19	19	19		Core service; #18 ranked in 2020 – 21 Survey of HIV Impact, 5% “need but can’t get
Transportation: Assisted and Unassisted	20	20	20		#8 ranked in 2020 - 21 Survey of HIV Impact; 8 th largest service gap (9%).
Food Services: Food Bank/Home-Delivered Meals	21	21	21		#7 ranked in 2020 - 21 Survey of HIV Impact; 6 th largest service gap (11 %), 5% of respondents stated “too sick to make own meals”
 Medical Nutrition Therapy	22	22	22		Core service;
Legal Services	23	23	23		#10 ranked in 2020 - 21 Survey of HIV Impact; 3 rd largest service gap (15%).
Emergency Financial Assistance	24	24	24		Emergency Utility Payment #15 ranked in 2020 - 21 Survey of HIV Impact; and 5 th largest service gap (12%) in the survey. Links PLWHA to care and helps sustain PLWHA in care.
Home Health	25	25	25		Core service; #18 ranked in 2020 – 21 Survey of HIV Impact, 5% need but can’t get
 Early Intervention Services: HIV Counseling and Testing	26	26	26		Core service; important to getting persons unaware of status aware and linked to and retained in care if needed. Improves availability of HIV testing and links PLWHA to care.

HIV PLANNING GROUP FY 24 SERVICE PRIORITY RANKING WORKSHEET

SERVICE CATEGORY	HPG Approved FY 22 Priority Ranking	HPG Approved FY 23 Priority Ranking	PSRAC Recommended FY 24 Priority Ranking	HPG Approved FY 24 Priority Ranking	Key Data Findings
Cost-Sharing Assistance	27	27	27		Core service; Focus group participants stated “lack of access to healthcare or resources to get the medication refilled” was a primary reason for not taking HIV medication
© Hospice	28	28	28		Core service;

© = Core Service

Light Blue lettering = service categories with \$0 allocated currently



County of San Diego

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SAN DIEGO HIV PLANNING GROUP MPOX TASK FORCE ACTION ITEM INFORMATION SHEET

APPROVE THE MPOX TASK FORCE RECOMMENDATIONS TOWARDS ACHIEVING VACCINE EQUITY

DATE: June 28, 2023

ITEM: Consider and vote to approve the recommendations of the MPOX Task Force towards achieving vaccine equity.

BACKGROUND: A task force consisting of HIV Planning Group (HPG) members, community members, providers and consumers met six times beginning on September 11, 2022 through June 15, 2023 and developed a set of recommendation to address the then MPOX health emergency, make recommendations regarding MPOX vaccine deployment, and address inequities of vaccine update, particularly among communities of color.

The task force developed specific recommendations towards achieving MPOX vaccine equity and finalized the recommendations below at its June 15, 2023 meeting. These recommendations are being forwarded to the HPG for approval followed by review and approval by the County Board of Supervisors.

RECOMMENDATIONS:

1. Conduct an internal review of how gender identity and sexual orientation data are being collected and to what extent.
2. Promote the availability and benefits of the MPOX vaccine to communities that have been disproportionately impacted.
3. Deliver messages by partnering with organizations, businesses, community groups, and others who are trusted by impacted communities.
4. Utilize multiple channels to deliver health education via print materials (print media, flyers, brochures, and other written health information), social media (Instagram, TikTok, Grindr, etc.), and in-person outreach.

5. Incorporate MPOX messaging into existing HIV outreach and health education/risk reduction contracts.
6. Normalize MPOX vaccine by making vaccination a standard of care for persons being treated for HIV. Coordinate with the Medical Standards and Evaluation Committee of the HPG to discuss inclusion of MPOX in care standards.
7. Normalize MPOX vaccine status by assessing for vaccine status in County STD clinics and providing the vaccine to individuals who are vulnerable to acquisition.
8. Explore feasibility of including MPOX vaccine during vaccine events such as the flu, COVID, or other diseases.

RECOMMENDATION:

1. Approve the above recommendations for MPOX towards achieving vaccine equity, which will be forwarded to the County Board of Supervisors.

These come to the HPG as a set of recommendations, requiring a motion and second to proceed.

Mpox Task Force Recommended Action Items for Vaccine Equity:

1. Conduct an internal review of how gender identity and sexual orientation data are being collected and to what extent.
2. Promote the availability and benefits of the Mpox vaccine to communities that have been disproportionately impacted.
3. Deliver messages by partnering with organizations, businesses, community groups, and others who are trusted by impacted communities.
4. Utilize multiple channels to deliver health education via print materials (print media, flyers, brochures, and other written health information), social media (Instagram, TikTok, Grindr, etc.), and in-person outreach.
5. Incorporate Mpox messaging into existing HIV outreach and health education/risk reduction contracts.
6. Normalize Mpox vaccine by making vaccination a standard of care for persons being treated for HIV.
 - Coordinate with the Medical Standards and Evaluation Committee to discuss inclusion of Mpox in care standards.
7. Normalize Mpox vaccine status by assessing for vaccine status in County STD clinics and providing the vaccine to individuals who are vulnerable to acquisition.
8. Explore feasibility of including Mpox vaccine during vaccine events such as the flu, COVID, or other diseases.



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

Updates are in **bold**.

Items for HPG Follow-Up

- None.

Coronavirus (COVID-19) Impacts and Updates

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

MPOX (Monkeypox) Updates

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

Ryan White Parts A/HRSA Updates/Clinical Quality Management

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

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

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

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

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

Ryan White Part B

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

Ending the HIV Epidemic (HRSA 20-078)

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

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

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

CDC 18-1802

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

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

Ending the HIV Epidemic (CDC PS20-2010)

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

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

Service Utilization

- **Ryan White Parts A and B**
 - **Ryan White Part A Service Utilization Report provides data regarding clients and service utilization through May 31, 2023.**
 - **To date, the Ryan White Part A system of care provided services to 1,956 clients. This number represents an increase in the number of clients served during the prior grant period, which was 1,947.**
 - **Viral suppression of clients receiving services in the month of May 2023 was 93% for clients who have viral load tests documented in ARIES.**
 - **HSHB continues to assess the capacity of the Ryan White system on a monthly basis in critical core medical services. We also include non-medical case management due to its important role in linking clients to needed services. The system capacity assessment looks at the availability of services by measuring the time until the third available appointment. Because of our Core Medical Services Waiver, we must ensure that there are no waiting lists for any core medical service that are longer than 30 days.**
 - **Outpatient/Ambulatory Health Services: No concerns.**
 - **Oral Health: No concerns.**
 - **Psychiatry: No concerns.**
 - **Mental Health: No concerns.**
 - **Medical Case Management: No concerns.**
 - **Non-Medical Case Management: No concerns.**

Procurements

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

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

Budget

- In general, one of the primary measures we use to assess spending is to compare the percent of the year elapsed with the percent of the service category that has been spent. For a 12-month period, around 8% of funding should be spent each month to ensure funding is fully spent by the end of the grant period. When the percent of funds spent is higher than the percent of year elapsed, it means that funding might run out before the end of the grant period. When the percent of funds spent is less than the percent of the year elapsed, there is the possibility of savings and unspent grant dollars at the end of the period. For purposes of this analysis, a variance that is less than 4% (approximately two weeks) is used to determine whether service categories are displaying accelerated or slower-than-expected expenditure.
- **Ryan White Part A**
 - For the period (3/1/23 – 2/29/24), **the report reflects expenditures through April, representing 16.67% of the grant period.**
 - The following service categories are under target for the fiscal year:
 - Medical Specialty (2%)
 - Psychiatric Medication Management (9%)
 - Oral Health (9%)
 - The following services are over target for the fiscal year:

- Primary Care (18%)
 - Emergency Housing (19%)
 - Emergency Financial Assistance (22%)
- Ryan White Part B
 - For the period (4/1/22 – 3/31/23), the report reflects expenditures through April, representing 8% of the grant period.
 - No concerns.
- HIV Prevention (PS 18-1802 Funding)
 - The report reflects expenditures through April 2023, representing 33% of the funding period.
 - No concerns.
- HRSA EHE (20-078 Funding)
 - The report reflects 17% of the grant year elapsed (March 1, 2023-February 29, 2024). HRSA will allow carryover of funds from Years 1 and 2 of the project to Years 3-5.
 - No concerns.
- CDC/CDPH (PS20-2010 Funding)
 - This report reflects 75% of the grant year elapsed (August 1, 2022-July 31, 2023).
 - No Concerns.

Policy Updates

- No Updates.

SUMMARY OF SERVICES FOR FY23

080
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: Coordinated Care	Visits	64	620	532
	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

081
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

082

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

083

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

Program: HIV Planning Group Support-County

DETAILED INTERNAL BUDGET

Budget Period: 03/01/2023 to 2/28/2024 CFDA#: 93.914 Updated - 3/2023 Expenditures for 06/2023 Meeting	TASK 008 S&S TASK 026 S&B TASK 001 Office Expenses/Zoom/Equipment	% of Year Elapsed	16.66%		16.66 % of Year Elapsed	
		Budget Revision 5/11/23	Expenditures April 2023	YTD Total Expenditures	16.66% Expended	Remaining Balance
Personnel Expenses (Salary&Benefits)		\$ 251,492.00	\$ 30,595.15	\$ 61,180.95	24.33%	\$ 190,311.05
Needs Assessment		\$ 75,000.00		\$ -	0.00%	\$ 75,000.00
Translation Services		\$ 11,000.00	\$ 399.81	\$ 1,179.81	10.73%	\$ 9,820.19
Food Purchases		\$ -		\$ -	#DIV/0!	\$ -
Meeting Space		\$ -		\$ -	#DIV/0!	\$ -
Transportation, Mileage & Gas Cards		\$ 4,500.00		\$ -	0.00%	\$ 4,500.00
Training for HPG Staff		\$ -		\$ -	#DIV/0!	\$ -
Office Supplies		\$ 4,000.00	\$ 664.09	\$ 2,940.82	73.52%	\$ 1,059.18
Food Purchases		\$ 5,000.00		\$ 359.25	7.19%	\$ 4,640.75
Transcription (Written) Services		\$ 500.00		\$ -	0.00%	\$ 500.00
WebEx (monthly) 47.86 HPG charge		\$ 750.00		\$ 47.86	6.38%	\$ 702.14
Zoom (anually)		\$ 950.00		\$ -	0.00%	\$ 950.00
Equipment (Meeting Owl Office Max)		\$ 5,000.00		\$ 1,948.23	38.96%	\$ 3,051.77
Trainings/Consultants		\$ 1,500.00		\$ -	0.00%	\$ 1,500.00
WiFi (MiFi) Monthly Service @ \$286/month (6)		\$ 2,000.00	\$ 286.44	\$ 572.88	28.64%	\$ 1,427.12
Mail Chimp		\$ 504.00				
TOTAL PC BUDGET		\$ 362,196.00	\$ 31,945.49	\$ 68,229.80	18.84%	\$ 293,966.20

RW 2023-24 PART A AWARD INFORMATION

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

RW 2023-24
YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-
DOWN AS OF APRIL 2023

FY23-24 ALLOCATION BREAK DOWN

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

Ryan White Part A Allocations

Service Categories	HRSA Ranking	Priority Ranking	RW 2023-24 HPG Allocation as of 08/11/22	%	HPG Approved Actions +/-	RW 2023-24 HPG Total as of today	%	RW 2023-24 Year to Date Expenditure	RW 2023-24 Year-to-Date - The % below is the % of the Budget Spent 16.67% of Year Elapsed/Invoiced)	RW 2023-24 Balance	Comments
Outpatient Ambulatory Health Services: Primary Care	1l	1	962,630.00	10%	\$ (110,000.00)	852,630.00	9%	149,748.18	18%	702,881.82	\$110,000 decrease by HPG 01/26/23
Outpatient Ambulatory Health Services: Medical Specialty	1l	2	273,386.00	3%		273,386.00	3%	6,517.76	2%	266,868.24	
Psychiatric Medication Management	1j	3	28,036.00	84%	(15,000.00)	13,036.00	0%	1,131.13	9%	11,904.87	\$15,000 decrease by HPG 01/26/23
Oral Health	1k	4	300,940.00	84%	(100,000.00)	200,940.00	2%	17,371.00	9%	183,569.00	\$100,000 decrease by HPG 01/26/23
Medical Case Management	1h	5	1,268,338.00	13%	(100,000.00)	1,168,338.00	12%	214,598.05	18%	953,739.95	\$100,000 decrease by HPG 01/26/23
Case Management-Non-Medical for Housing NEW		7	250,000.00	3%	-	250,000.00					
Housing: Emergency Housing	2e	8	530,000.00	5%	430,000.00	960,000.00	10%	177,900.20	19%	782,099.80	\$430,000 increase by HPG 01/26/23
Housing: Location, Placement and Advocacy Services NEW		9	100,000.00	1%	-	100,000.00					
Housing: Partial Assistance Rental Subsidy (PARS)	2e	10	807,507.00	100%		807,507.00	8%	129,557.36	16%	677,949.64	
Non-Medical Case Management	2h	6	392,021.00	4%		392,021.00	4%	70,885.21	18%	321,135.79	
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF)	1c	11	943,317.00	10%		943,317.00	10%	168,850.63	18%	774,466.37	
Childcare Services	2a	11a	-	0%		-	0%	-	0%	-	
Early Intervention Services: Regional Services	1c	12	800,386.00	8%	-	800,386.00	8%	138,321.84	17%	662,064.16	
Health Education & Risk Reduction	2d	12a	-	0%		-	0%	-	0%	-	
Outreach Services	2j	12b	-	0%		-	0%	-	0%	-	
Referral Services	2l	12c	-	0%		-	0%	-	0%	-	
Referral to Health and Supportive Services (Peer Navigation)		14	400,000.00	4%		400,000.00	4%	36,241.19	9%	363,758.81	
Mental Health: Counseling/Therapy & Support Groups	1j	15	1,061,062.00	11%		1,061,062.00	11%	124,646.04	12%	936,415.96	
Psychosocial Support Services		16	60,000.00	1%	15,759.00	75,759.00	1%	-	0%	75,759.00	\$60,000 decrease by HPG 01/26/23 \$75,759 increase by HPG 04/26/23
Substance Abuse Services: Outpatient	1m	17	315,127.00	3%	(45,000.00)	270,127.00	3%	50,814.14	19%	219,312.86	\$45,000 decrease by HPG 01/26/23

Service Categories	HRSA Ranking	Priority Ranking	RW 2023-24 HPG Allocation as of 08/11/22	%	HPG Approved Actions +/-	RW 2023-24 HPG Total as of today	%	RW 2023-24 Year to Date Expenditure	RW 2023-24 Year-to-Date - The % below is the % of the Budget Spent 16.67% of Year Elapsed/Invoiced)	RW 2023-24 Balance	Comments		
Substance Abuse Services: Residential	2o	18	-	0%	-	-	0%	-	0%	-			
Home-based Health Care Coordination	1e	19	228,500.00	2%		228,500.00	2%	33,855.84	15%	194,644.16			
Transportation: Assisted and Unassisted	2g	20	142,830.00	1%		142,830.00	1%	19,290.44	14%	123,539.56			
Food Services: Food Bank/Home-Delivered Meals	2c	21	536,073.00	5%	-	536,073.00	5%	39,545.25	7%	496,527.75			
Medical Nutrition Therapy	1i	22	35,542.00	0%		35,542.00	0%	5,552.85	16%	29,989.15			
Legal Services	2i	23	285,265.00	3%		285,265.00	3%	44,301.02	16%	240,963.98			
Emergency Financial Assistance	2b	24	28,730.00	0%		28,730.00	0%	6,430.65	22%	22,299.35			
Home Health Care	1f	25	-	0%		-	0%	-	0%	-			
Early Intervention Services: HIV Counseling and Testing	1c	26	-	0%		-	0%	-	0%	-			
Cost-Sharing Assistance	1d	27	-	0%	-	-	0%	-	0%	-			
Hospice	1g	28	-	0%		-	0%	-	0%	-			
Subtotal			9,749,690.00	356%	75,759.00	9,825,449.00	96%	1,435,558.78	15%	8,389,890.22			
Ryan White Part A Minority AIDS Initiative (MAI)			RW 2023-24 Allocation as of 08/11/22		HPG Approved Actions +/-	RW 2023-24 MAI Total as of today	%	RW 2022-23 Year to Date Expenditure	RW 2022-23 Year-to-Date - The % below is the % of the Budget Spent 16.67% of Year Elapsed/Invoiced)	RW 2022-23 Balance	Comments		
Case Management (Non-Medical)			71,333.00		-	71,333.00	11%	11,113.44	16%	60,219.56			
Medical Case Management			258,925.00		-	258,925.00	38%	33,944.02	13%	224,980.98			
Mental Health Services			175,739.00		-	175,739.00	26%	5,769.02	3%	169,969.98			
Outreach Services			23,337.00		-	23,337.00	3%	6,357.38	27%	16,979.62			
Substance Abuse Services (Outpatient)			43,912.00		-	43,912.00	7%	11,539.30	26%	32,372.70			
Housing: Emergency Housing			100,000.00		-	100,000.00	15%	1,380.73	1%	98,619.27			
Subtotal			673,246.00		-	673,246.00	100%	70,103.89	10%	603,142.11			
TOTAL			10,422,936.00		75,759.00	10,498,695.00		1,505,662.67	14%	8,993,032.33			
CORE and Support Services allocation break-down								0.00 variance					
Total Allocation				Total Expenditure		Total Balance							
CORE Medical Services				4,687,977.00		655,056.04						4,032,920.96	
Support Services				5,137,472.00		780,502.74						4,356,969.26	
TOTAL		9,825,449.00		1,435,558.78		8,389,890.22							

YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN AS OF APRIL 2023							
RW 2223 & 2324 SERVICE DOLLAR ALLOCATIONS AND EXPENDITURES							
Funding Source	RW 2022/2023 & RW 2023/2024 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 2023-March 2024		8.33%	0.00%	407,426.00	Part A Payment Summary, Part B tracking as of April 2023 invoices.
Early Intervention Services (Expanded HIV Testing)	-		-	8.33%	-	-	
Early Intervention Services (Focused Testing)	187,900.00		17,139.53	8.33%	9.12%	170,760.47	Part B Payment Summary as of April 2023 invoices.
Medical Case Management (Emergency Financial Assistance)	88,858.00		8,713.00	8.33%	9.81%	80,145.00	Part B Payment Summary as of April 2023 invoices.
Housing (Substance Abuse Services-Residential)	259,316.00		37,775.00	8.33%	14.57%	221,541.00	Part B Payment Summary as of April 2023 invoices.
Non-medical Case Management (Rep Payee)	25,000.00		3,162.60	8.33%	12.65%	21,837.40	Part B Payment Summary as of April 2023 invoices.
CoSD Medical Case Management				8.33%	#DIV/0!	-	Q1 available 8/15/23.
CoSD Early Intervention Services				8.33%	#DIV/0!	-	Q1 available 8/15/23.
Ryan White Part B Total	968,500.00		66,790.13	8.33%	6.90%	901,709.87	
Ryan White Part B-MAI Bridge	97,277.00	April 2023-March 2024	6,463.17	8.33%	6.64%	90,813.83	Part B-MAI Payment Summary as of April 2023 invoices.
Prevention 2023							
Counseling and Testing	180,000.00	January 2023 -December 2023	57,005.00	33.32%	31.67%	122,995.00	Prevention Payment Summary as of April 2023 invoices.
Evaluation/ Linkage Activities/ Needs Assessment	904,008.00		233,789.38	33.32%	25.86%	670,218.62	Prevention Payment Summary as of April 2023 invoices.
Prevention Total	1,084,008.00		290,794.38			793,213.62	
CDPH Ending the HIV Epidemic- Component A	\$4,496,525	August 2022- July 2023	272,589.00	74.97%	6.06%	4,223,936.00	Only three contracts - 211SD, Peraton Itrack and Xerox. Payment Summary as of April 2023 invoices.
CDPH Ending the HIV Epidemic- Component C	\$240,000	August 2022- July 2022	60,655.30	74.97%	25.27%	179,344.70	CDPH EHE Comp C No Contract.
HRSA Ending the HIV Epidemic- 20-078 FY2324	\$2,555,761	March 2023 - February 2024	145,255.00	16.66%	5.68%	2,410,506.00	HRSA EHE Payment Summary as of Apr 2023
TOTAL	9,442,071.00		842,546.98		8.92%	8,599,524.02	

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
<p>Principles Guiding Decision Making (Priorities should reflect the Principles)</p> <ol style="list-style-type: none"> 1. Decisions are made in an open, transparent process 2. Decisions are based on documented needs (Needs assessment, etc.) 3. Decisions are based on overall needs within the service area, not narrow single focus concerns 4. Decisions include reports from the Needs Assessment committee of the HIV Planning Group. 5. Services should be responsive to the epidemiology of HIV in San Diego, including demographics and region 6. Services must be culturally and linguistically appropriate and responsive 7. Services should focus on the needs of low-income, underserved, and disproportionately impacted populations 8. Services should minimize disparities in the availability and quality of treatment for HIV/AIDS 9. Equitable access to services should be provided across subpopulations and regions 	<p>Criteria for Priority Setting</p> <ol style="list-style-type: none"> 1. Documented Need based on: <ol style="list-style-type: none"> a. Epidemiology of San Diego epidemic (Epi data) b. Needs and unmet needs expressed in needs assessment, including the needs expressed by consumers, not in care and/or from historically underserved communities (Needs assessment data) 2. Minimize disparities in the availability and quality of treatment for HIV/AIDS (Demographic service utilization data compared to HIV/AIDS demographic) 3. Quality, outcome effectiveness, and cost-effectiveness of services (Measured by service category outcomes, CQM, and client satisfaction data by service category) 4. Consumer preferences or priorities for interventions or services, particularly for populations with severe need, historically underserved communities, or those who know their status but are not in care 5. Consistency with the continuum of care

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.

DRAFT Final 2023 Report

**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 same-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 persons; Immigrants who may be under-documented or undocumented; those struggling with mental health symptoms or alcohol/substance use challenges or those without stable housing.
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 accomplishments and progress toward 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

Communications Task Force

- Enhanced Communications Work Plan drafted which now includes weekly emails and social media posts, including: monthly ICYMI, HIV & Health, Engagement and Participation opportunities. Also includes website enhancement and continuing work to target and expand lists.

Strategies & Standards

- Acknowledge and Address Hesitation & 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 additional items
- Attempting to build an HPG culture of consistent, ongoing Recruitment opportunities for consumers to learn about HPG and receive personal invitations to join HPG & HPG Committees

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 is 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. Consult with the Recipient's office regarding the potential tools (standards, contract language, etc.) to provide guidance to contracted HIV service providers as they educate and support consumers in their awareness of and participation in planning opportunities with HPG.
 - b. 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 an effective vehicle for consumer awareness, education and opportunity to seek participation.
 - c. Additionally, pursuing non-RW, private funds to subsidize small stipends for those with lived experience may increase consumer interest in participation.
2. Continue to focus upon building and sustaining a welcoming, inclusive, and supportive HPG culture
3. Continue to complete work on items (listed below) 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 below)
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 app 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.

Listing 2022-23 Completed Items and 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 Recommendation1: 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 clinics**
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**



County of San Diego

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

San Diego HIV Planning Group (HPG)

Wednesday, February 22, 2023

3:00 PM

Meeting occurred via video teleconference (WebEx)

MINUTES

Quorum is 14

HPG Members Present: Allan Acevedo / Amy Applebaum / Dr. Beth Davenport / Felipe Garcia-Bigley / Dr. David Grelotti / Dr. Elizabeth Hernandez / Dr. Delores Jacobs / Mikie Lochner / Moira Mar-Tang / Karla Quezada-Torres / Shannon Ransom / Raul Robles / James Rucker / Dr. Stephen Spector / Regina Underwood / Rhea Van Brocklin / Freddy Villafan / Jeffery Webber / Abigail West

HPG Members Absent: Alberto Cortes / Alfredo De Jesus / Pam Highfill / Cinnamen Kubricky / Robert Lewis / Dr. Winston Tilghman / Venice Price / Michael Wimpie

Agenda Item	Action/Discussion	Follow-up
1. Call to Order/ Establishment of Quorum	Mikie Lochner, HPG Chair, called the meeting to order at 3:01 p.m. and noted the presence of a quorum.	
2. Action: Continuation of Teleconferencing	All votes at the meeting were taken by roll call; HPG members' names were called out verbally, then individual voice votes were noted and recorded. Action: Continuation of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e). a. Find HPG has reconsidered the circumstances of the State of Emergency b. Find that State and local officials continue recommending measures to promote social distancing. Motion/Second/Count (M/S/C): Van Brocklin/Garcia-Bigley 14/0 Abstentions: Hernandez, Lochner, West Motion carries	
3. Chair Comments; Ground Rules & Abstentions	Mikie Lochner reviewed the rules of meeting participation, the Code of Civil Conduct, Conflict of Interest guidelines, thanked participants and acknowledged February birthdays.	

Agenda Item	Action/Discussion	Follow-up
4. Public Comment (See page 2 of agenda for rules)	A member of the public noted the chair spoke of collaboration and partnership, but for the Retreat, the public was initially excluded.	
5. Sharing our concerns/Comments on Items not on the agenda (for HPG members)	None	
6. Action: Approval of the HIV Planning Group (HPG) agenda for February 22, 2023	Action: Approve the HPG Meeting agenda for February 22, 2023 as presented. M/S/C: Jacobs/Rucker 16/0 Abstentions: Hernandez, Lochner, West Motion carries	
7. Old Business		
None		
8. New Business		
a. ACTION: (Membership Committee): Review and approve recommendation for appointment to the HPG for Esteban Duarte and reappointment for .	Mikie Lochner reviewed the action item; the action item Info sheet was included in the meeting materials packet. Action: Recommend the appointment of Esteban Duarte for HPG membership. M/S/C: Membership Committee 14/0 Abstentions: Applebaum, Hernandez, Lochner, West Motion carries	
	Action: Recommend the reappointment of Abigail West for HPG membership. M/S/C: Membership Committee 15/0 Abstentions: Applebaum, Hernandez, Lochner, West Motion carries	
b. ACTION: (Recipient Recommendations) Review and approve recommendations for reallocation of funds in FY 23 (next fiscal year, March 1, 2023 – February 28, 2024)	There are no reallocation recommendations currently.	
c. ACTION: (Steering Committee): Approve proposed changes to HPG Bylaws and modification of quorum	Mikie Lochner reviewed the action item; the action item information sheet was included in the meeting materials packet. Action: Approve the recommended changes to the HPG bylaws, including the modification of quorum. M/S/C: Steering Committee 15/0 Abstentions: Hernandez, Lochner, Mar-Tang	

Agenda Item	Action/Discussion	Follow-up
	<p>Motion carries</p> <p>Action: Approve the recommended change of the name of the Consumer Group to the Community Engagement Group. M/S/C: Steering Committee 16/0 Abstentions: Lochner Motion carries</p>	
d. ACTION: (Steering Committee): Elect two (2) HPG Vice Chairs	<p>Mikie Lochner reviewed the action item; the action item information sheet was included in the meeting materials packet. Rhea Van Brocklin was nominated as a Vice Chair to serve 1 year. Action: Elect Rhea Van Brocklin as one of the HPG Vice Chairs. M/S/C: Steering Committee 15/0 Abstentions: Lochner Motion carries</p>	
e. ACTION: (Strategies and Standards Committee) Approve the recommendations for Competency in service design and delivery to be added to the Universal Standards.	<p>Allan Acevedo reviewed the action item; the action item information sheet was included in the meeting materials packet. Action: Approve the recommendation to add Competency in service design and delivery to the Universal Standards. M/S/C: Strategies and Standards Committee 16/0 Abstentions: Lochner Motion carries</p>	
f. Update: AB 2449 and return to in-person meetings	<p>Dr. Ken Riley reviewed the details of AB 2449, the meeting room locations for the March and April 2023 HPG and committee meetings and answered questions.</p>	
g. ACTION: Approve the Consent Agenda for February 22, 2023.	<p>Action: Approve the Consent Agenda for February 22, 2023, which included: Approval of HPG Minutes from October 26, 2022 and January 25, 2023; Acceptance of the following committee minutes: Steering Committee: June 14, 2022, July 19, 2022, September 20, 2022, October 18, 2022 and January 17, 2023; Strategies and Standards Committee: October 4, 2022, November 1, 2022, and December 6, 2022; Membership Committee: October 5, 2022, November 9, 2022, December 14, 2022 and January 11, 2023; Priority Setting and Resource Allocation Committee: October 13, 2022, December 8, 2022, and January 12, 2023; Community Engagement Group: November 9, 2022, December 7, 2022, and January 18, 2023 Monkeypox Task Force: September 15, 2022; October 6, 2022; October 27, 2022; and November 10, 2022 (Included for your information, not</p>	

Agenda Item	Action/Discussion	Follow-up
	<p>for acceptance; CARE Partnership: October 17, 2022, December 12, 2022, and January 9, 2023; HIV Housing Committee: September 2022; Faith-Based Action Coalition: October 6, 2022 and November 3, 2022)</p> <p>M/S/C: Jacobs/Acevedo 12/0</p> <p>Abstentions: Applebaum, Garcia-Bigley, Lochner, Mar-Tang, Rucker</p> <p>Motion carries</p>	
h. Presentation: Highlights of the National Harm Reduction Conference – Lori Jones	Lori Jones presented highlights from the National Harm Reduction Conference in October 2022 and discuss local harm reduction programs.	
i. HIV, STD, and Hepatitis Branch (HSHB) Reports – Patrick Loose		
a. Program updates (Maritza Herrera)	Maritza Herrera presented highlights from the HSHB Report, which was included in the meeting materials packet.	
b. Service Utilization Summary Report – January 2023	Through January 2023 there were 3,262 new Ryan White (RW) clients seen, an approx. 10% reduction compared to the previous year. Viral Suppression for RW clients with a viral load test was 92%.	
c. Monthly Client Service Evaluation (Goldenrod) Summary Report CQM update – January 2023	There were no Goldenrods received in January 2023.	
d. Procurements (Lauren Brookshire)	Maritza Herrera review procurements which are outlined on page 7 of the HSHB Report that was included in the meeting materials packets.	
e. Expenditure/budget review	Maritza Herrera reviewed the expenditure/budget reports, which were included in the meeting materials packet, and highlighted for RW Part A expenditures there was decreased spending in several service categories and increased spending in Emergency Housing.	
f. HRSA, CDC and CDPH policies and	No updates	

Agenda Item	Action/Discussion	Follow-up
procedures updates		
10. Reports		
a. Committee Reports (Community Engagement (Consumer), Membership, Strategies & Standards, PSRAC, Medical Standards and Evaluation)	Committee reports were included in the meeting materials packet.	
b. Planning Group Support Staff (PGSS) Report – Dr. Ken Riley i. Administrative budget review ii. Updated: HPG member required documents.	Dr. Ken Riley reviewed the Administrative budget and reminded HPG and all committee members that several documents are due, preferably by March 1, 2023 including the HPG Conflict of Interest Disclosure form, the HPG Conduct Agreement form, Form 700 (Statement of Economic Interest, submit electronically to the Clerk of the Board of Supervisors), and Ethics training.	
c. Report from State Office of AIDS (OA) and AIDS Drug Assistance Program (ADAP) – Abigail West and Jesse Peck	Abigail West highlighted topics that were in the February 2023 OA Voice Newsletter, which was included in the meeting materials packet.	
d. Getting to Zero (GTZ) Community Engagement Project Updates	GTZ Community Engagement Project reports were included in some of the committee reports, which was included in the meeting materials packet.	
e. California HIV Planning Group (CHPG)	Mike Lochner shared that CHPG has developed an Aging Community Group, which is working on creating an information brochure on aging with HIV.	
f. Faith-Based Action Coalition (FBAC)	Dr. Ken Riley note the FBAC participated in community National Black HIV/AIDS Awareness Day events, including a presentation by Gilead Pharmacy.	
11. Suggestions to Steering Committee for consideration of future items	None	
12. Announcements	<ul style="list-style-type: none"> The Women's Voice Conference is Saturday, March 11, 2023 at the Handerly Hotel and via 	

Agenda Item	Action/Discussion	Follow-up
	<p>live screening; it is free to women living with HIV for more information please go to www.awomansvoice.info.</p> <ul style="list-style-type: none"> • There is an article by Allan Acevedo on National Black HIV/AIDS Awareness Day in LGBTQ San Diego County News. • Mama's Kitchen was noted by the White House. 	
13. Next meeting date	<p>Next Meeting:(Weekly) Wednesday, March 22, 2023 Location: For the HPG Annual Retreat at the Valencia Park/Malcom X Library 10:00 a.m. – 2:00 p.m. 5148 Market St, San Diego, CA 92114 (Multi-purpose Room) Note: The regular HPG meeting is <u>cancelled</u>.</p>	
14. Adjournment	5:10 p.m.	



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

SAN DIEGO HIV PLANNING GROUP (HPG)

Wednesday, April 26, 2023, 3:00 PM – 5:00 PM

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

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

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

Meeting Number/Access Code: 133 917 9274

Password: HIVPG.20

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

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

This meeting is audio and video recorded.

A quorum for this meeting is thirteen (13)

HPG Members Present: Allan Acevedo / Amy Applebaum / Alberto Cortes / Beth Davenport / Felipe Garcia-Bigley / Dr. David Grelotti / Pam Highfill / Dr. Delores Jacobs / Cinamen Kubricky / Robert Lewis / Mikie Lochner / Moira Mar-Tang / Venice Price / Shannon Ransom / James Rucker / Dr. Stephen Spector / Dr. Winston Tilghman / Regina Underwood / Rhea Van Brocklin / Freddy Villafan / Jeffery Weber / Michael Wimpie

HPG Members Absent: Alfredo De Jesus / Raul Robles / Karla Quezada-Torres

MINUTES

Agenda Item	Action/Discussion	Follow-up
1. Call to order, chair comments, and a moment of silence	<p>Mikie Lochner, HPG Chair, called the meeting to order at 3:05 PM and noted the presence of a quorum. Roll call was performed.</p> <p>Delio Ladron de Guevara was given a certificate of appreciation for his time serving as an HPG support staff. Delio has transitioned to a full-time position at The Center.</p> <p>The Chair reminded members of the importance of quorum and to respond to emails from support staff. The Chair also recognized members and staff who had birthdays for March and April.</p> <p>Announcements were made regarding the number of open seats on the HPG. Members were also invited to join the</p>	

Agenda Item	Action/Discussion	Follow-up
	<p>Hepatitis C Task Force. An announcement was made about the number of Wi-Fi devices that have been distributed and for those who would like a Wi-Fi_ device to notify support staff.</p> <p>The Chair reviewed the new HPG Procedure for Public Requests the Steering Committee approved.</p>	
2. Public comment (see page 2 of agenda for rules for members of the public)	A member of the public expressed concerns about consumers being unwelcomed by the HPG Chair. An example highlighted the food distribution policy from the 2023 HPG Annual Retreat.	
3. Sharing our concerns/comments on items not on the agenda (for HPG members)	<p>The Chair suggested that the healthcare system needs to do better with allowing patients to choose their own preferred medical providers rather than being assigned to one they may not be comfortable with.</p> <p>An HPG member voiced concerns about needing more equitable access to support services for all consumers.</p>	
4. ACTION: Approval of HPG agenda for April 26, 2023	<p>Action: Approve the HPG agenda for April 26, 2023 M/S/C: Jacobs, Acevedo, 19-0 Abstentions: Lochner Motion carries</p>	
5. Old Business		
None		
6. New Business		
a) ACTION: (Membership Committee): Review and approve recommendation for HPG membership	<p>Action: Recommend appointment of Michael Wimpie for HPG membership (second term) M/S/C: Steering Committee, 19-0 Abstentions: Lochner, Applebaum Motion carries</p> <p>Action: Recommend appointment of Tyra Fleming for HPG membership (new appointment) M/S/C: Steering Committee, 19-0 Abstentions: Applebaum, Lochner Motion carries</p>	
b) ACTION: (Priority Setting and Resource Allocation Committee): Review and approve recommendations for allocation of FY 23 funds (\$78,759)	<p>Action: Approve allocation of FY 23 funds (\$75,759) towards psychosocial support groups M/S/C: Cortes, Villafan, 12-0 Abstentions: Garcia-Bigley, Grelotti, Highfill, Lochner, Mar-Tang, Ransom, Rucker, Spector, Van Brocklin Motion carries</p>	

Agenda Item	Action/Discussion	Follow-up
c) ACTION: Approve HIV Prevention Board Letter	Action: Approve HIV Prevention Board Letter M/S/C: Steering Committee, 15-0 Abstentions: Applebaum, Garcia-Bigley, Grelotti, Mar-Tang, Tilghman Motion carries	
d) County of San Diego Response to Fentanyl as a Public Health Crisis Presentation – Dr. Jessica Kattan and Stephanie Lao from Behavioral Health Services	Dr. Jessica Kattan and Stephanie Lao from Behavioral Health Services (BHS) presented on the County of San Diego's Response to Fentanyl as a Public Health Crisis	BHS staff will follow up with questions from members regarding their presentation.
e) Housing Presentation – Freddy Villafan	Freddy Villafan provided a list of the County of San Diego housing opportunities and resources. .	HPG Support Staff will email the housing resource list and PowerPoint slides to the HIV Planning Group Members.
f) Update: AB 2449 and return to in-person meetings	Tabled	
g) Update: HPG Orientation on May 18, 2023, from 2:00 PM – 4:00 PM at the Malcolm X Library – Carlie Catolico	Tabled	
7. ACTION: Approval of consent agenda for April 26, 2023,	Tabled	
8. Updates and budget review from the HIV, STD, and Hepatitis Branch – Patrick Loose, Lauren Brookshire, Maritza Herrera	A member of the Recipient's office noted that there was no critical information to report regarding HSHB updates.	
a. Administrative Budget	Tabled	

Agenda Item	Action/Discussion	Follow-up
Review – Carlie Catolico		
9. Committee Reports		
a. (Community Engagement (Consumer), Membership, Strategies & Standards, PSRAC, Medical Standards, and Evaluation)	Tabled	
b. Report from State Office of AIDS (OA) and AIDS Drug Assistance Program (ADAP) – Abigail West and Jesse Peck	Tabled	
c. GTZ Community Engagement Project Updates	Tabled	
d. Communication Plan	Tabled	
i. California HIV Planning Group (CHPG)	Tabled	
ii. Faith-Based Action Coalition – Kenyatta Parker	Tabled	
10. Suggestions to the Steering Committee for consideration of future items	Tabled	
11. Announcements	<p>The HPG Orientation will be conducted on May 18, 2023, from 2:00 PM – 4:00 PM at the Malcolm X Library.</p> <p>Christie’s Place will be recruiting for Project PEARL as the next cohort will begin in June 2023.</p> <p>The Center has partnered with around 80 restaurants in San Diego for the Dining Out for Life event. A portion of those proceeds will go to The Center.</p> <p>Rhea Van Brocklin (Co-Chair) will conduct the May 2023 HPG meeting.</p>	
12. Next meeting date	<p>Next Meeting: Wednesday, May 24, 2023, from 3:00 PM – 5:00 PM</p> <p>Location: In-person at County Operations Center (COC)</p>	

Agenda Item	Action/Discussion	Follow-up
	5530 Overland Ave. San Diego, 92123 (Training Room 124) and via WebEx.	
13. Adjournment	4: 58 PM	



County of San Diego

NICK MACCHIONE, FACHE
DIRECTOR

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

SAN DIEGO HIV PLANNING GROUP (HPG)

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

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

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

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

Meeting Number/Access Code: 133 917 9274

Password: HIVPG.20

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

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

This meeting is audio and video recorded.

A quorum for this meeting is fourteen (15)

HPG Members Present: Allan, Acevedo, Amy Applebaum, Alberto Cortes, Dr. Beth Davenport, Esteban Duarte, Felipe Garcia-Bigley, Dr. David Grelotti, Pamela Highfill, Dr. Delores Jacobs, Robert Lewis, Moira Mar-Tang, Venice Price, Shannon Ransom, James Rucker, Dr. Stephen Spector, Dr. Winston Tilghman, Karla Torres, Regina Underwood, Freddy Villafan, Abigail West, Michael Wimpie, Adrienne Yancey

HPG Members Absent: Alfredo De Jesus, Cinnamen Kubricky, Michael Lochner, Raul Robles, Rhea Van Brocklin, Jeffrey Weber

Agenda Item	Action/Discussion	Follow-up
1. Call to order, chair comments, and a moment of silence	<p>Carlie Catolico, HPG Support Staff, called the meeting to order at 3:05 PM. Carlie Catolico informed the members that due to the HPG Chair and Vice-Chair not being present, the members can select and vote for a pro tem to preside over the meeting.</p> <p>Action: Approve Dr. Delores Jacobs as pro tem to preside over the May 24, 2023 HPG meeting. M/S/C: Acevedo/Cortes 16-0 Abstentions: Jacobs Motion carries</p>	

Agenda Item	Action/Discussion	Follow-up
	Action: Approve remote participation due to Emergency Circumstance for Pamela Highfill, Dr. Stephen Spector, and Adrienne Yancey. M/S/C: Acevedo/Rucker 18-0 Abstentions: Jacobs, Spector, West Motion carries	
2. Public comment (see page 2 of agenda for rules for members of the public)	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.	
3. Sharing our concerns/comments on items not on the agenda (for HPG members)	None	
4. ACTION: Approval of HPG agenda for May 24, 2023	Action: Approve the HPG Meeting agenda for May 24, 2023 as presented. M/S/C: Ransom/Lewis, 20-0 Abstentions: Jacobs, West Motion carries	
5. Old Business		
None		
6. New Business		
a) ACTION: Accept Board Letter for Ryan White Part A funding for FY 23	Action: Accept Board Letter for Ryan White Part A funding for FY 23 M/S/C: Steering Committee, 18-0 Abstentions: Applebaum, Garcia-Bigley, Jacobs, West Motion carries	
7. ACTION: Revise Quorum in HPG in By-Laws	Action: Revise Quorum in HPG By-Laws to remain at greater than 50% M/S/C: Steering Committee, 20-0 Abstentions: Jacobs, West Motion carries	
8. Presentation: HPG Goals and Objectives for Establishing an Anti-Racism Approach – Raniyah Copeland	<p>Final Recommendations on HPG Goals and Objectives for Establishing an Anti-Racism Approach was presented by Raniyah Copeland and Aunsha Hall. A final report will be provided to the HPG.</p> <p>Allan Acevedo, Chair of the Community Engagement Group (CEG), reported that the CEG committee had discussions around how to measure success and</p>	

Agenda Item	Action/Discussion	Follow-up
	<p>what does it mean to successfully complete the recommended goals and objectives.</p>	
<p>9. Presentation: Biomedical HIV Prevention Fellowship Introduction – Allan Acevedo</p>	<p>Allen Acevedo gave a presentation of the Gay Men of Color Fellowships in Biomedical HIV Prevention of the National Minority AIDS Council. He recently attended the Biomedical Prevention Summit in Las Vegas, Nevada.</p> <p>The Gay Men of Color Fellowship in Biomedical HIV Prevention trains 20 gay men of color who are part of identified jurisdictions via the Getting to Zero Action Plan. The goal is to train fellows to become educators and advocates for Biomedical HIV prevention in their communities.</p> <p>The next scholarship opportunity deadline is on June 5, 2023.</p> <p>As part of the application process for prospective applicants, an HPG member suggested to provide a writing workshop and have HPG write letters of recommendations for potential candidates.</p> <p>A concern was voiced regarding how much publicity these resources would have should they become available for the public to access. An internal process to ensure publicity and accessibility of these resources would need to be developed.</p>	<p>Support Staff will continue sending resources in their weekly announcement emails.</p> <p>HPG will keep an eye out for future developmental and fellowship opportunities and provide additional resources or workshops to support those who are interested in applying.</p> <p>HPG will improve promoting developmental opportunities via Support Staff and within our networks.</p>
<p>10. Training: Ryan White HIV/AIDS Program & Parts – Patrick Loose</p>	<p>Patrick Loose provided a training on the Ryan White HIV/AIDS Program and Parts C and D.</p>	
<p>11. Updates and budget review from the HIV, STD, and Hepatitis Branch (HSHB) – Patrick Loose, Lauren Brookshire, Maritza Herrera</p>	<p>Maritza Herrera provided a HSHB report, including a service utilization report and budget overview, the reports of which were included in the meeting materials packet.</p>	

Agenda Item	Action/Discussion	Follow-up
a. Administrative Budget Review – Carlie Catolico	Carlie Catolico provided an overview of what the HPG Support Staff has purchased for in-person meetings and as well as anticipated purchases for FY23.	
12. Suggestions to Steering Committee for consideration of future items	None	
13. Announcements		
14.. Next meeting date	<p>Wednesday, June 28, 2023, from 3:00 PM – 5:00 PM.</p> <p>Location: In-person at County Operations Center (COC) 5500 Overland Ave. San Diego, 92123 (Training Room 120) and via WebEx.</p>	
15. Adjournment	4:53 PM	



County of San Diego

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

SAN DIEGO HIV PLANNING GROUP (HPG) STEERING COMMITTEE

Tuesday, February 14, 2023

11:00 a.m.

WebEx Meeting

DRAFT MINUTES

Quorum = 4

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

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

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

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

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

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

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

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



County of San Diego

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

SAN DIEGO HIV PLANNING GROUP (HPG) STEERING COMMITTEE

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

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

A quorum for this committee is four (4)

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

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

MINUTES

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

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You may also visit our website at sdplanning.org

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

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

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

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 You may also visit our website at sdplanning.org

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

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

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

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County of San Diego

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

**SAN DIEGO HIV PLANNING GROUP (HPG)
STRATEGIES AND STANDARDS COMMITTEE
Tuesday, April 4, 2023
11:30 AM – 1:00 PM**

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

MINUTES
Quorum = Six (6)

Committee Members Present: Lucia Franco, Moira Mar-Tang, Joseph Mora, Venice Price, Shannon Ransom (Chair), Dr. Winston Tilghman, Jeffery Weber, Michael Wimpie

Committee Members Absent: Allan Acevedo (Co-Chair), Amy Applebaum, Dr. Beth Davenport

Agenda Item	Action	Follow-up
1. Call to order	Shannon Ransom established that a quorum was present and called the meeting to order at 11:34 AM.	
2. Public Comment/Sharing our Concerns	A member of the public expressed concerns regarding possible meeting times for the Priority Settings and Resource Allocation Committee (PSRAC).	
3. Review and approve the agenda for April 4, 2023	Motion: Approve the agenda for the April 4, 2023 meeting as presented. M/S/C: Tilghman/Weber 6/0 Abstention(s): Ransom Motion carries	
4. Review and approve the Minutes for February 7, 2023	Motion: Approve the minutes for the February 7, 2023 meeting as presented. M/S/C: Franco/Tilghman 6/0 Abstentions: Ransom Motion carries	
5. Review follow up items from the last meeting.	The draft changes to universal standards on trauma-informed care is in progress and will be ready to present at the next scheduled meeting.	

Agenda Item	Action	Follow-up
a) Draft changes to trauma-informed care		
6. Old Business		
a) Getting to Zero (GTZ) Community Engagement Plan i. Justice, Equity, Diversity, and Inclusion (JEDI) Principles Implementation	<p>The Recipient's Office is awaiting recommendations from the consultant so that they can put it forward to HPG and Steering Committee regarding scheduling follow up training and future dialogs.</p> <p>Changes to universal standards were previously discussed and had approved competence in service design and delivery standards. Trauma-informed standards are a part of this standard. There are six (6) explicit points to be approved.</p> <p>Patrick Loose, Recipient's Office, reminded that a client cannot receive a service until a whole-person wellness assessment has been completed. Also, Ryan White case managers are not required to enroll people in MediCal as not all contractors can enroll clients to MediCal.</p> <p>Mikie Lochner, Chair of the HPG, explained that individuals enrolled under MediCal need to recertify due to the COVID Emergency ending.</p> <p>Regarding standards, at the next meeting the committee will review revisions to trauma-informed care. In addition, several areas of standards would follow:</p> <ol style="list-style-type: none"> 1) Review and update the standards for emergency financial assistance. 2) To reevaluate the eligibility criteria for basic needs support. 3) Mental health standard – access mental health weekly instead of monthly or every six (6) weeks <p>Dr. Delores Jacobs to provide language based on some consumer suggestions.</p> <p>The current version of the universal standards uploaded on the HPG website include changes to Housing Case Management from October 2022. It does not include the recently updated competence in service design and delivery</p>	HPG Support Staff to update the Universal Standards online to include the approved competence in service design and delivery standards in English and Spanish.

Agenda Item	Action	Follow-up
	standards, as it will need to be translated into Spanish.	
ii. Follow-up: Consultant for HPG's JEDI Workforce	JEDI Principles task force will formally start and receive recommendations and do follow up work.	
b) Update: Integrated Statewide Strategic Plan	<p>An overview of the integrated plan is included in the meeting packet.</p> <p>Mikie Lochner, Chair of the HPG, reached out to the California Department of Public Health (CDPH), to provide an update on the Integrated Statewide Strategic Plan. They have offered to present at the following Strategies and Standards Committee. They have also been asked to present at the next HIV Planning Group meeting.</p> <p>Meeting date of the presentation from CDPH will be determined later due to the motion to update the Strategies & Standards Committee meeting frequency (Item 7b on the agenda).</p>	
c) Consider changes to Transportation Standards i. Review key findings from Clinical Quality Management (CQM) Committee	<p>Patrick Loose, Recipient's office, provided background on Policy Clarification guidance from HRSA in 2016, which defines how Ryan White dollars are spent. For example, one of the questions regarding transportation is whether medical transportation includes staff time required to arrange for transportation.</p> <p>The Project Officer will make an official determination regarding transportation. There was a suggestion to create a budget proposal.</p> <p>The recipient's office will assign staff to research recommendations for allocating funds towards transportation category.</p> <p>Changes to transportation standards will remain on the agenda for the next meeting.</p>	<p>Recipient's office to follow up with the Health Resources and Services Administration (HRSA) Project Officer to let them know the intention to make changes to transportation services.</p> <p>Recipient's office will assign staff to research recommendations.</p>
d) Review draft changes to Universal Standards: i. Discussion: Review draft changes to	As mentioned in Agenda Item 5a, draft changes to trauma-informed care are currently in progress.	Shannon Ransom, Strategies & Standards Committee Chair, and Rhea Van Brocklin, Vice-Chair of the HIV Planning

Agenda Item	Action	Follow-up
Trauma-Informed Care		Group, are to present draft changes to trauma-informed care at the next meeting.
7. New Business		
<p>a) Discussion: Annual review of data requests to the Recipient</p> <p>i. Review the Priority Setting & Resource Allocation Committee 2023 Workplan</p>	<p>Recommendations for data requests include:</p> <ul style="list-style-type: none"> ▪ HIV Testing Reports ▪ Breakdown of vulnerable populations ▪ Trends of people testing/not testing <p>Concerns were expressed that some folks currently do not know their status.</p> <p>Transgender data is getting better over time.</p> <p>In 2020, testing rates dropped significantly. Also, the younger you are, the less likely you are to have positive health outcomes. It was recommended to investigate data on racial groups by age, housing categories, or housing status, as well as where people are not achieving these health outcomes.</p>	<p>Lori Jones, County of San Diego - HIV, STD, and Hepatitis Branch (HSHB) Office of Prevention, to find out additional information on testing data and gap analysis.</p> <p>Recipient's Office to reach out to Dr. Samantha Tweeten regarding data on predictors of nonviral suppression.</p>
Connection lost from 12:26 PM – 12:33 PM.		
<p>b) Discussion: Meeting Frequency</p>	<p>PSRAC decided to meet every other month in alteration with the Strategies & Standards Committee. A new committee time will be determined at their next PSRAC meeting.</p> <p>Mikie Lochner, Chair of HPG, reminded that the chairs of each committee must ensure that work is completed should they choose to change the frequencies of their meetings. The intent is to move away from Hybrid settings and move to in-person. On December 31, 2025, committee meetings will be entirely in-person upon expiration of policy AB 2449.</p>	
	<p>Motion: Alternate meeting frequency with PSRAC to meet every other month.</p> <p>M/S/C: Franco/Weber 6/0</p> <p>Abstentions: Ransom</p> <p>Motion carries</p>	
	<p>Motion: Approve Strategies & Standards Committee meeting time change to 3:00 PM.</p> <p>M/S/C: Wimpie/Weber 6/0</p> <p>Abstentions: Ransom</p>	

Agenda Item	Action	Follow-up
	Motion carries	
8. Update Committee Work Plan		
a) Upcoming Trainings	None.	
9. Recommendations to HPG, HPG committees, and requests of recipient	None.	
10. Suggested items for the future committee agenda	None.	
11. Announcements	<p>University of California, San Diego - Mother, Child & Adolescent HIV Program (MCAP) is going to be having a community gathering to recognize Youth HIV AIDS Awareness Day and to recognize the launch of structural changes that are being made to service provided to youth, including a program called 'LYF-HAC.'</p> <p>This Friday, 4/7, there will be a Transgender Day of Empowerment event at the LGBT Community Center. Venice Price will be one of the keynote speakers for the event.</p>	
12. Confirm the next meeting date and time	<p>Tuesday, June 6, 2023 at 3:00 PM</p> <p><u>Location:</u> County Operations Center (COC) 5560 Overland Ave. San Diego, CA 92123 (Training Room 171 – Building 5560)</p>	
13. Adjournment	Meeting adjourned at 1:06 PM.	



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

SAN DIEGO HIV PLANNING GROUP (HPG) MEMBERSHIP COMMITTEE

Wednesday, February 8, 2023
11:00 AM – 1:00 PM Meeting via WebEx

DRAFT MINUTES

Quorum = Three (3)

Present: Mikie Lochner, Regina Underwood, Bob Lewis (Chair), Rhea Van Brocklin

Agenda Item	Action	Follow-up
1. Call to order	Bob Lewis called the meeting to order at 11:00 AM and noted that a quorum was established.	
2. ACTION ITEM: Continuance of Teleconferencing Meeting Option Under Government Code Section 54953(e)	Motion: Recognize that there is a constant proclaimed state of emergency, and State and local officials have imposed or recommended measures to promote social distancing authorizing teleconferenced meetings pursuant to Government Code section 54953(e). M/S/C: Lochner/Van Brocklin 3/0 Abstentions: Bob Lewis Motion carries	
3. Public Comment/Non-committee members' comment	None	
4. Action: Review and approve the February 8, 2023 agenda	Motion: Approve the February 8, 2023 meeting agenda with changes to remove Michael Wimpie from agenda item 6. due to no application and move Abigail West interview to application review discussion M/S/C: Van Brocklin /Underwood 3/0	The committee recommended making one more attempt to obtain a membership application from Michael Wimpie for his second term.

Agenda Item	Action	Follow-up
	Abstentions: Lochner Motion carries	
5. Action: Review and approve the January 11, 2023 meeting minutes	Action: Approve the January 11, 2023 meeting minutes as presented. M/S/C: Lochner/Van Brocklin 3/0 Abstentions: Lochner Motion carries	
6. Review Follow-Up Items	Mikie Lochner briefly talked with Recipient's office regarding the possible position for leadership training and community engagement. The recommendation will be forwarded to Steering Committee for discussion.	
i. Review Applications ii. Tyra Fleming (new) iii. Jen Lothridge (new) iv. Abigail West (2 nd term)	<p>HPG staff informed the committee that the March 2023 HPG committee meetings would be tentatively held at South Live Well Center, 690 Oxford St, Chula Vista, CA 91911.</p> <p>HPG staff informed members about location suggestions and the AB 2449 guidelines.</p> <p>The committee agreed to move forward with interviewing Tyra Fleming and Jen Lothridge</p> <p>The committee briefly discussed the application review process and considered changing the process instead of waiting for the entire membership committee; the committee chair and HPG Chair will review the application and decide to interview the applicant. This would require a change in the Membership Committee Operating Procedures, which the committee recommended reviewing and adding to the committee agenda for March 8, 2023.</p>	<p>HPG staff will follow up with Tyra Fleming and Jen Lothridge to schedule interviews for March 8, 2023. The committee will ask applicant Jen Lothridge about her commitment to HPG meetings.</p> <p>Add a review and edit the Committee Operating Guidelines document for March 8, 2023 meeting agenda.</p> <p>Forward recommendation to reappoint Abigail West to the HPG for approval at the February 22, 2023 HPG meeting.</p>

Agenda Item	Action	Follow-up
	The committee reviewed the application for Abigail West and recommended reappointment for a second term.	
7. Membership Interview I. Esteban Martin Duarte (new)	The committee interviewed Esteban Duarte and recommended an appointment as the HIV Prevention Consumer/Advocate representative (Seat #26).	HPG Staff will follow up with Esteban on the subsequent application steps and ask if his dog is registered as a service animal. Forward to the HIV Planning Group for approval at the February 22, 2023 HPG meeting.
8. Old Business		
a. Focused Recruitment i. Open Seats	Mikie Lochner discussed that District 1 has one application in process, and District 5, Jim Desmond, will soon decide on the applicants.	HPG Staff will inform Esteban about the different application processes for the District 1 seat if he is interested in that seat.
ii. Underrepresented groups (demographics)	The committee suggested adding zip code demographics	HPG Staff will add the zip code data.
iii. New committee members	Mikie Lochner informed the committee that he would remove himself from Membership Committee and Community Engagement Group. In addition, he discussed the Questionnaire survey asking the member to identify their top 2 choices. Once all information is gathered, he may move some HPG members to different	

Agenda Item	Action	Follow-up
	<p>committees. The Membership Committee recommended five (5) members for its committee.</p> <p>Freddy Villafan has resigned from Membership Committee. This resulted in no changes in the quorum.</p>	
b. Terms expired dates	No updates	
9. New Business		
<p>a. Discuss unconscious bias and how to create a safe meeting environment</p> <p>b. Discuss the transition of in-person meeting requirements</p>	<p>Dr. Jacobs discussed at the HPG retreat that there would be a facilitated conversation regarding unconscious bias and racism, followed in the next few months by a training series on that topic.</p> <p>The committee recommended everyone clearly understand the requirements in moving back to an in-person meeting for March. Mikie Lochner will request detailed information on AB2449 from County Counsel.</p> <p>The committee discussed the in-person meeting AB 2449 rules; several members are concerned about the ability to achieve a quorum and having to cancel meetings. HPG Staff encouraged members to consider temporary meeting spaces for April and May.</p> <p>Rhea Van Brocklin offered Christie's Place to host the April and May Membership Committee meetings.</p>	<p>HPG staff will follow up with Rhea Van Brocklin regarding the meeting location.</p>
10. Review Attendance		
a. HPG Attendance	No updates	
<p>b. Committee Attendance</p> <p>i. Review the MSEC attendance policy</p>	<p>For the MSEC attendance policy, Dr. Tilghman has provided edits; the next step is to update the Committee Operating Guidelines to reflect these changes.</p>	
11. Routine Business		

Agenda Item	Action	Follow-up
<p>a. Getting to Zero (GTZ) 3-Year Action Plan</p> <p>i. Membership Committee plan/strategy for recruitment (Dr. Jacobs)</p>	<p>Dr. Jacobs discussed the retreat's possible agenda.</p> <p>Suggested to ensure enhanced food and beverages at committee meetings, and have information on reimbursements for mileage, bus passes, and childcare as we return to in-person meetings.</p>	<p>HPG Staff will follow up with HSHB Fiscal regarding mileage, travel, and childcare reimbursements. Mikie Lochner will communicate with County regarding purchasing food for HPG meetings.</p>
<p>b. Mentor Appointments</p> <p>i. Evaluation for Mentors/Prospective Mentors</p> <p>ii. Brief discussion:</p> <p>1. Whom to assign to new members, and 2. How to bring current members into the program.</p>	<p>No changes.</p>	
<p>12. Agenda items for future meetings</p>	<p>Review Membership Operating Procedures</p>	
<p>13. Announcement</p>	<p>Groundbreaking for the AIDS Memorial Garden at the Olive St. Park Canyon Friday, February 10, 2023, at 9:30 AM</p> <p>Women's Conference, taking place on Saturday, March 11, 2023, 9:00 AM – 3:00 PM</p> <ul style="list-style-type: none"> • HPG will have a table available for the Women's Retreat if feasible. 	
<p>14. Next Meeting Date</p>	<p>Wednesday, March 8, 2023, 11:00 AM Location: Hybrid meeting at 690 Oxford St., Chula Vista, CA 91911 (Room 194) and via WebEx</p>	
<p>15. Adjournment</p>	<p>The meeting adjourned at 12:48 PM.</p>	



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

SAN DIEGO HIV PLANNING GROUP (HPG) MEMBERSHIP COMMITTEE

Wednesday, March 8, 2023
11:00 AM – 1:00 PM Meeting
In-person at
County Operations Center (COC)
5500 Overland Ave. (Training Room 120) San Diego, CA 92123
and remotely/virtually via WebEx

DRAFT MINUTES

Quorum = Two (2)

Present: Mikie Lochner (Acting Committee Chair), Regina Underwood, Rhea Van Brocklin

Agenda Item	Action	Follow-up
1. Call to order	Mikie Lochner called the meeting to order at 11:05 a.m. and noted that a quorum was established. The Chair also mentioned that Bob Lewis would be removed from the committee until he returns mid-April.	
2. Public Comment/Non-committee members' comment	<ul style="list-style-type: none"> A member of the public recommended that the HPG chair and vice chair invoke the ex-officio rule. Dr. Ken Riley reviewed some meeting logistics, including the QR code to download the meeting packet electronically. 	HPG Support Staff to review meeting directions and make ensure they are clear.
3. Action: Review and approve the March 8, 2023 agenda	<p>Motion: Approve the March 8, 2023 meeting agenda as presented.</p> <p>M/S/C: Van Brocklin/Underwood 2/0</p> <p>Abstentions: Lochner</p> <p>Motion carries</p>	
4. Membership Interview <ul style="list-style-type: none"> i. Tyra Fleming ii. Jen Lothridge 	<p>a. The committee interviewed Tyra Fleming and recommended her for HPG membership.</p> <p>The committee interviewed Jen Lothridge and recommended moving forward application after the HPG Bylaws were changed to allow</p>	HPG Support Staff will forward Tyra Fleming's recommendation to HPG for approval at the April 2023 HPG meeting.

Agenda Item	Action	Follow-up
	<p>General members. During the interview, Jen mentioned she is now an employee of Christie's Place. Currently, no seat is available until the Board of Supervisors approves changes to Membership.</p> <p>The committee reviewed Michael Wimpie's application and recommended moving forward with an interview for April 12, 2023.</p>	<p>The committee will hold Jen Lothridge's appointment until the changes are approved in the HPG Bylaws, then forward it to the HPG.</p> <p>Mikie Lochner will appoint Tyra Fleming, Jen Lothridge, and Esteban Duarte to the Community Engagement Group.</p> <p>HPG Support Staff will follow up with Tyra Fleming and Jen Lothridge with the next step Membership Application process</p>
5. Action: Review and approve the February 8, 2023 meeting minutes	Action: Approve the February 8, 2023 meeting minutes as presented. M/S/C: Van Brocklin/Underwood 2/0 Abstentions: Lochner Motion carries	
6. Old Business		
a. Focused Recruitment		
a. Open Seats	The committee discussed the possibility of Project PEARL (Peers Promoting Equity, Advocacy, and Resources through Leadership) graduates assisting with outreach as part of their community-based project.	
b. Underrepresented groups (demographics)	Staff noted that the demographic document would be updated once the Clerk of the Board of Supervisors has updated the HPG roster.	HPG Support Staff will update the Demographic data for next month's meeting
c. New committee members	No updates	
b. Terms expired dates	Staff reviewed the HPG members whose terms will expire in 2023.	
7. New Business		
a. Membership Operating Guidelines	a. Staff discussed the Membership Operating Guidelines document. The committee decided to review it, make any	HPG Support Staff will send the document to the

Agenda Item	Action	Follow-up
	recommendations for changes, and discuss it again at the April 2023 meeting.	committee as an MS Word document for review and editing.
b. HPG Orientation	b. HPG Staff discussed the tentative date for the next HPG Orientation of Thursday, May 18, 2023, and will review this at the Community Engagement Group. Once the date is confirmed, HPG Support Staff will coordinate with Rhea to invite Project Pearl graduates.	HPG Support Staff will discuss the planned date for the HPG Orientation with the Community Engagement Group.
8. Review Attendance		
i. HPG Attendance	<p>Reviewed.</p> <p>HPG Members below have missed up to three (3) absences.</p> <ul style="list-style-type: none"> • Pam Highfill • Cinnamen Kubricky • Dr. Stephen Steven Spector • Abigail West <p>The committee asked if Alfredo De Jesus could resign instead of being removed.</p> <p>The Chair reminded the committee that members who are leaving the HPG are required to complete Form 700.</p>	HPG Support staff will follow up with those members who have missed more than three (3) absences.
ii. Committee Attendance	Reviewed	
9. Routine Business		
i. Getting to Zero (GTZ) 3-Year Action Plan a. Membership Committee plan/strategy for recruitment (Dr. Jacobs)	Dr. Jacobs discussed that several committees are reviewing parts of the GTZ Action Plan, including meeting times. For membership recruitment, the recommendation is to take advantage of the response from Project PEARL and ensure that it continues and consider expanding it. The committee recommended a 10-minute training on Project PEARL at an HPG meeting.	HPG Support Staff will add the Project PEARL training to the March 2023 Steering agenda for discussion.
i. Mentor Appointments a. Evaluation for Mentors/Prospective Mentors b. Brief discussion: How to bring	a. The committee discussed the potential recommended mentors for newly recommended HPG candidates. b. The committee recommended discussing this topic at the next meeting.	HPG Staff will email the Membership Mentor memo to committee members for review and continued discussion

Agenda Item	Action	Follow-up
current HPG members into the Mentorship program.		for the next meeting agenda.
10. Agenda items for future meetings	Review and vote on changes to the Membership Operating Guidelines document.	
11. Announcement	San Diego Women's HIV Conference is scheduled for Saturday, March 11, 2023, from 9:00 AM – 3:00 PM.	HPG Support Staff will provide the HPG Trifold brochure to Rhea Van Brocklin
12. Next Meeting Date	Wednesday, April 12, 2023, 11:00 AM Location: In-person at 5530 Overland Ave. San Diego, CA 92123 (Room 124) and via WebEx	
13. Adjournment	Meeting adjourned at 1:07 p.m.	



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PUBLIC HEALTH OFFICER

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

Thursday, February 9, 2023
3:00 PM – 5:00 PM

WebEx Meeting

DRAFT MINUTES

Quorum is Seven (7)

Members Present: Dr. Beth Davenport / Felipe Garcia-Bigley / Pam Highfill / Dr. Delores Jacobs (Chair) / Cinnamon Kubricky / Chris Mueller/ James Rucker (Co-Chair) / Karla Quezada-Torres / Regina Underwood / Rhea Van Brocklin

Absent: Alberto Cortes / Raul Robles/ Freddy Villafan

Agenda Item	Action	Follow-up
1. Call to order	Dr. Jacobs called the meeting to order at 3:00 p.m. and noted that a quorum was established.	
2. Continuance of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e)	Action: Continuance of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e) a. Find that the HPG has reconsidered the circumstances of the State of Emergency b. Find that State and local officials continue to recommend measures to promote social distancing. Motion/Second/Count (M/S/C): Garcia-Bigley/Davenport 8/0 Abstentions: Jacobs Motion carries	
3. Reminders:	Dr. Jacobs reviewed the conflict of interest, the committee's purview, the focus on service priorities, and the meeting rules with participants. A committee member read the Committee Charge.	
4. Public Comment on non-agenda items (for members of the public)	<ul style="list-style-type: none">A member of the public commented that teleconferencing meeting options were too liberal and that	

Agenda Item	Action	Follow-up
	<p>some members were abusing the privilege. He also commented that the new rules under AB 2449 would affect the quorum.</p> <ul style="list-style-type: none"> Reginald Carroll has requested to rejoin the Priority Setting and Resource Allocation Committee (PSRAC) in March 2023. A member of the public shared their concerns about the Food Stamps program ending in March, which will impact clients. 	
5. Sharing our concerns (for committee members).	None	
6. Action: Review and approve the agenda for February 9, 2023	<p>Action: Approve the February 9, 2023 meeting agenda as presented with the noted changes: Adding in-person meetings discussion as item agenda item 11a and under Old business add 9c add Needs assessment as an ongoing discussion. M/S/C: Van Brocklin/ Davenport 8/0 Abstentions: Jacobs Motion carries</p>	
7. Approve the meeting minutes from January 12, 2023;	<p>Action: Approved January 12, 2023; meeting minutes as presented M/S/C: Rucker/Highfill 9/0 Abstentions: Jacobs Motion carries</p>	
8. Review committee attendance	No comments	
9. Old Business		
a. Getting to Zero (GTZ) Community Action Plan		
1. Expand Ryan White funded mental health services capacity: Increasing rapid access to regional availabilities, decreasing wait times	Consumers need clarification on how to access different locations and systems. Some education would be helpful and may be further discussed at the Steering Committee and the Strategies and Standards Committee.	
2. Explore the feasibility and cost of creating walk-in medical services, mental health	This committee's Getting-to-Zero agenda explores the feasibility of creating walk-in or drop-in medical, mental health, and substance use treatment services. Some	

Agenda Item	Action	Follow-up
services, and substance use treatment services	systems can accommodate walk-in appointments better than others. In the next few months, we will discuss what is working and what we could do to increase the ability that someone would have to walk in and receive a medical or mental health service.	
b. Expenditure data review for the PSRAC process for FY23-24 (Process for review of the previous year (FY22-23) reallocations and data upon which they were based compared to the approved budget for upcoming ((FY23-24) year and accompanying data to address potential needs/changes which may be required). Recipient reallocations reviewed and approved by HPG.	Reallocation process to continue as the new contract year begins on March 1, 2023 and go through the year-end review.	
c. Needs Assessment process	<p>The committee discussed the following:</p> <ul style="list-style-type: none"> • A contractor will conduct the Needs Assessment, and the goal would be to improve response rates. • The Committee discussed the efforts from the 2017 survey distribution plan pushing out to all HPG members, providers, and community members and having more printed copies of the survey available. • The importance of the outreach, communication, and distribution strategy. • Members recommended having a scoring QR code; the survey should be short but also consider the option of a longer survey, possibly incentivized. Encourage participation at committee meetings. • Focus groups could bring more detailed data. 	

Agenda Item	Action	Follow-up
	Incentives were recommended and have HPG staff provide support with completing a survey if needed.	
10. Routine Business		
a) Review Monthly and YTD expenditures and examine for any recommended reallocations 1. Review of over/under spending	Reviewed, the reports were included in the meeting materials packet.	
b) Review Monthly and YTD service utilization report	HSHB provided presentation of data through Dec. 2022. There were 3,426 clients served, a 10% decline compared to the previous year. Viral suppression for RW clients with a viral load test was 92%. The longest wait was for Psychiatric Medication Management services in the south region, for an in-person appointment is 28 days, but an evening appointment is available in five (5) days.	
c) COVID-19/Monkeypox (MPOX) update	<ul style="list-style-type: none"> • The COVID state of emergency will expire at the end of February 2023; the case rate is below 100 • Regarding MPOX, no new cases since January 7, 2023. The next MPOX Task Force meeting will focus on vaccine distribution and vaccine uptake, particularly among Hispanics/Latinx and African American/Black communities. 	
Affordable Care Act (ACA) update	CalAIM (California Advancing Innovation in Medi-Cal) includes whole-person care and wellness for better outcomes. One of the essential requirements is enhanced care management, which focuses on specific vulnerable populations, people living with substance abuse and unhoused. In addition, the medical systems will have case management for services to help navigate the care services.	The Recipient's Office will follow up on information regarding the CalAIM billing process.
d) HIV Prevention update	Focused testing for those at risk for HIV, 4,800 tested – 46 tested positive, with less than a 1% positivity rate.	

Agenda Item	Action	Follow-up
	<p>Routine/opt-out testing in healthcare settings is generally primary. 15,000 tested, 8 individuals newly diagnosed, which is a 1.5% positivity rate. The committee requested demographic breakouts of the testing data, specifically, race/ethnicity and gender data of those who have been newly diagnosed.</p>	
<p>e) Partial Assistance Rental Subsidy (PARS) Report</p>	<ul style="list-style-type: none"> • 120 people are enrolled in PARS • 37 people are on the waitlist due to a lack of funds. • 5 persons are on the wait list due to incomplete applications. <p>The Recipient discussed the housing crisis in California, rents are increasing, and restrictions have been lifted and impacting program ability.</p>	
<p>f) Review the PSRAC FY 23 Work Plan</p>	<p>Reviewed, the report was included in the meeting materials packet.</p>	
<p>11. New Business</p>		
<p>a) Action Item: Approve the recommendation(s) for the reallocation of Part A funds in FY 23-24 (fiscal year; March 1, 2023 – February 28, 2024).</p>	<p>No reallocation currently since we are at the end of the fiscal year, and March begins a new fiscal year; FY 23, March 1, 2023 – February 28, 2024,</p>	
<p>b) Review Co-occurring conditions, poverty, and insurance data and discuss findings</p>	<p>Tabled until next month</p>	
<p>c) Discussion on HPG in-person meeting/ Memo AB2449</p>	<p>Staff reviewed the in-person meeting. Legislation AB 2449 teleconference remote meetings</p> <ul style="list-style-type: none"> • A quorum must be present in person for a meeting –exemptions 1. Emergency, or 2. Just Cause, committee members cannot exceed more than 3 in a row or 20% of the meetings. exemptions. The HPG or the committee must approve Emergency Circumstance, but not Just Causes 	

Agenda Item	Action	Follow-up
	<ul style="list-style-type: none"> Location must be open to the public, who must be allowed to participate remotely via teleconference. <p>HPG committee meetings will be held in March at 690 Oxford St, Chula Vista office. April meeting locations are TBD.</p> <p>In March, the HPG meeting would be the Retreat on March 22, 2023, at the Malcolm X Library.</p> <p>The committee was requested to look for meeting locations for the April meeting. County space is limited. Therefore, meetings will be at different locations.</p> <p>If a meeting is to occur at a location other than a County or public space, that location must be approved by the county; the approval process takes approx. 8 weeks.</p> <p>Travel and childcare reimbursement will be available, and gas cards will be provided. HPG Staff is working on those logistics since some of the procedures have changed</p> <p>Childcare services for people living with HIV to attend HPG and committee meetings are believed to possibly be processed as a PLWH receiving childcare for a Ryan White appointment. Staff will investigate this further.</p> <p>The committee recommends having a flyer with all reimbursement standards.</p>	
12. Suggested items for the PSRAC agenda	Review the work plan	
13. Next Meeting:	<p>14. Thursday March 9, 2023.</p> <p>Location: South Live Well Center (room 194), 690 Oxford Street, Chula Vista, CA 91911</p>	HPG Staff will provide a map, directions, and parking information for the next meeting
15. Announcements	None	

Agenda Item	Action	Follow-up
16. Adjournment	4:43 pm	



County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

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

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

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

Thursday, March 9, 2023
3:00 PM – 5:00 PM

County Operations Center (COC)
5500 Overland Ave. (Training Room 120) San Diego, CA 92123
And remotely/virtually via WebEx

MINUTES

Quorum is Seven (7)

Members Present: Reginal Carroll / Alberto Cortes (via WebEx) / Dr. Beth Davenport / Felipe Garcia-Bigley / Pam Highfill (via WebEx) / Dr. Delores Jacobs (Chair) / Cinnamon Kubricky / Chris Muller/ Raul Robles (via WebEx) / James Rucker / Karla Quezada-Torres / Regina Underwood / Rhea Van Brocklin / Freddy Villafan

Agenda Item	Action	Follow-up
1. Call to order	Dr. Jacobs called the meeting to order at 5:00 p.m. and noted that a quorum was established.	
2. Reminders:		
3. Public Comment on non-agenda items (for members of the public)	Mikie Lochner: Interviews were conducted yesterday at the Membership Committee meeting. There are several HPG open seats.	
4. Sharing our concerns (for committee members).	None	
5. Action: Review and approve the agenda for March 9, 2023	Action: Approve the March 9, 2023 meeting agenda as presented. M/S/C: Van Brocklin/Davenport 10/0 Abstentions: Jacobs Motion carried	
6. Approve the meeting minutes from February 9, 2023;	Action: Approved February 9, 2023; meeting minutes as presented M/S/C: Carroll/Rucker 10/0 Abstentions: Cortes, Jacobs	HPG Support Staff will update the HIV positivity rate

Agenda Item	Action	Follow-up
	<p>Motion carries</p> <p>A member of the committee pointed out that the minutes state that the HIV positivity rate of 1.5% positivity rate is not accurate. The percentage should be 0.5%</p>	statistic to 0.5 %
7. Review committee attendance	Reviewed	
8. Old Business		
a. Getting to Zero (GTZ) Community Action Plan	Dr. Jacobs discussed the goal of increasing the capacity of mental health services and decreasing waiting times.	
1. Return to in-person meetings.	The committee discussed the impact of AB2449 and returning to in-person meetings. “Just Cause, and Emergency Cause” attendance by committee members information will be tracked.	HPG Support Staff will track the number of times a member uses Just Cause or Emergency Circumstances
2. Discussion and Action: consider suggestions regarding adjusting the time’s committee meets and frequency of meetings	<p>Dr. Jacobs discussed the frequency of meetings. The committee decided to meet every other month in alteration with the Strategies and Standards Committee from September 2023 – May 2024. The committee discussed the following concerns:</p> <ul style="list-style-type: none"> • Want to receive up-to-date data still if meetings meet every other month. • Ability to reallocate funds in a timely manner. • Perhaps leaving the meeting on the calendar if an urgent need arises. <p>Action: The committee recommended: Reducing meetings from September through May to every other month</p> <ul style="list-style-type: none"> • Shorten regularly scheduled meetings Sept/ May from 2 hrs. to 1.5 hours. • Reducing meetings during priority setting and budget allocation in June and July to 2 meetings per month, each 4-hours. 	Data reports (including service utilization, expenditure reports, and the HSHB report is available to the public and presented at every Steering and HPG meeting.

Agenda Item	Action	Follow-up
	M/S/C: Cortez/Villafan 10/0 Abstentions: Carroll, Jacobs Motion: carries	
3. Expand Ryan White funded mental health services capacity: Increasing rapid access to regional availabilities, decreasing wait times	None	
4. Explore the feasibility and cost of creating walk-in medical services, mental health services, and substance use treatment services	None	
b. Process for review of the previous year's reallocations and data upon which they were based compared to the approved budget for the upcoming (FY23) year and accompanying data to address potential needs/changes which may be required. Recipient reallocations reviewed and approved by HPG	Completed for FY 22, the committee will review again as it prepares for FY 23 reallocations and the FY 24 priority setting and budget allocation process.	
c. Review data on co-occurring conditions, poverty, and insurance and discuss findings	Dr. Ken Riley presented and reviewed the draft; it was included in the meeting materials packet. There was a question regarding the numbers for syphilis and a recommendation that male and female data be included. In addition, there was a comment that data used a point-in-time count for homelessness and suggested considering a different source for the data.	HPG Support Staff will discuss syphilis data with Reginald Carroll. HPG Support Staff communicates with Dr.

For any inquiries, please send an email to HPG.HHSA@sdcounty.ca.gov
 You may also visit our website at sdplanning.org

Agenda Item	Action	Follow-up
		Davenport regarding homeless data sources.
9. New Business		
a) Action Item: Approve the recommendation(s) for the reallocation of Part A funds in FY 23 (March 1, 2023 – February 28, 2024)	None	
b) UCSD - TRIUMPH Community Survey – Dr. Kiyomi Tsuyuki, UCSD	Presented by Dr. Kiyomi Tsuyuki, UCSD	HPG and Recipient will continue discussing with UCSD regarding the next steps for the survey
c) Review Integrated (Comprehensive) Plan/Getting to Zero Plan goals related to PSRAC	Tabled	
d) Address change in FY 23 Part A funding (if needed)	Tabled; FY 21 funding announcement still needs to be received.	
e) PARS Report	Tabled	
f) Presentation: Housing services – HOPWA and Housing Resources by Freddy Villafan	Tabled	
10. Routine Business		
a) Review Monthly and YTD expenditures and examine for any recommended reallocations.	Reviewed expenditure reports were included in the meeting materials packet.	

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 You may also visit our website at sdplanning.org

Agenda Item	Action	Follow-up
1. Review of over/under spending		
b) Review Monthly and YTD service utilization report	Reviewed; the report was included in the meeting materials packet. The number of clients served is approx. 10% decrease compared to the previous year.	
c) COVID-19/Monkeypox update	Table	
d) Affordable Care Act (ACA) update	Table	
e) HIV Prevention update	Table	
f) Review the PSRAC FY 23 Work Plan	Table	
11. Suggested items for the PSRAC agenda	Suggest having a Housing Operations for Persons with Aids (HOPWA) presentation at the HPG meeting. Staff will forward it to the Steering committee to add to the HPG meeting on April 26 th .	
12. Next Meeting: Thursday April 13, 2023. Location: Location: County Operations Center (COC), Training Room 124: 5530 Overland Ave San Diego, CA 92123	The meeting for April 2023 is canceled. Our next meeting will be on May 11, 2023.	HPG Support Staff will be sending out the room reservation details to the members
13. Announcements		
14. Adjournment	Adjourned at 5:03 PM	



SAN DIEGO HIV PLANNING GROUP (HPG)
PRIORITY SETTING AND RESOURCE ALLOCATION COMMITTEE (PSRAC)
DRAFT MINUTES

THURSDAY, May 11, 2023, 3:00 PM – 5:00 PM
 COUNTY OPERATIONS CENTER
 5500 OVERLAND AVE, SAN DIEGO, CA 92123 (TRAINING ROOM 120, BUILDING 5500)

To participate remotely via Zoom:

<https://sdcountyca.webex.com/sdcountyca/j.php?MTID=m3d9bb770d109f1ea7d905327732b7729>

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

Meeting Number (access code): 2632 293 8629

Password: PSRAC.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 eight (8).

Committee Members: Reginald Carroll / Alberto Cortes / Dr. Beth Davenport / Dr. Delores Jacobs (Chair) / Pam Highfill / Raul Robles / James Rucker (Co-Chair) / Karla Quezada-Torres / Regina Underwood / Freddy Villafan

Committee Members Absent: Felipe Garcia-Bigley / Cinnamen Kubricky / Chris Mueller/ Rhea Van Brocklin

ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order	Dr. Delores Jacobs called the meeting to order at 3:01 PM and noted that a quorum was established.	
2. Reminders	James Rucker read the committee charge. Next, Dr. Jacobs reviewed the guidelines for conflicts of interest (COI), the committee's purview, and the meeting rules.	
3. Public Comment on non-agenda items (for members of the public)	None	

Agenda Item	Discussion/Action	Follow-Up
4. Sharing our concerns (for committee members).	<ul style="list-style-type: none"> • A committee member shared concerns regarding meeting every other month. • A committee member shared concerns regarding limitations and rules of meeting attendance. 	
5. Action: Review and approve the agenda for May 11, 2023	<p>Action: Approve the May 11, 2023 meeting agenda as presented with the noted changes:</p> <ul style="list-style-type: none"> • Move agenda item 9. g. The HIV Epidemiology presentation, to 9. a. • Move agenda item 9. a. Discussion: Retreat Work Plan to agenda item 8. a. <p>M/S/C: Villafan/Rucker 7/0 Abstentions: Jacobs Motion carries</p>	
6. Old Business		
a. Discussion: Retreat work plan - Raniyah Copeland	<p>Raniyah Copeland and Dr. Aunsha Hall reviewed the Retreat Work Plan “Establishing an anti-racist approach for the SD HPG.” The committee discussed goals and objectives focusing on the following:</p> <ul style="list-style-type: none"> • Goal 1 – Increase communications for the SD HPG that supports an inclusive culture for members and others supporting HIV service contractors. • Goal 3 - Diversify the SD HPG Leadership so there are representations from communities affected by HIV in San Diego County as key decision-makers • Goal 4 - Diversify HPG membership to be reflective of those living with and at 	<p>HPG Support Staff will send the slides to the PSRAC members for review and feedback.</p>

Agenda Item	Discussion/Action	Follow-Up
	<p>higher risk for HIV in San Diego County</p> <p>The committee recommended:</p> <ul style="list-style-type: none"> • Integrate/codify diversity into the HPG Bylaws and Policies & Procedures, particularly around seeking leadership for the HPG. <p>Send the slides to the committee members and provide an opportunity for additional feedback.</p>	
<p>b. Discussion/Action:</p> <p>Potential meeting time changes for September through May meetings 11:30 AM - 1:00 PM or 5:00 PM - 6:30 PM and a new schedule of 2 or 3 4-hour meetings in June/July for priority rankings and budget allocations</p>	<p>The committee discussed planned meeting time and frequency changes, including the following meetings for June 2023:</p> <ul style="list-style-type: none"> • June 8, 2023, 1:00 – 5:00 PM, place and room TBD • June 22, 2023, 1:00 – 5:00 PM County Operations Center (COC), Training Room 120 <p>Staff will perform quorum checks for each meeting.</p>	
<p>c. Leadership development recommendation from HPG Retreat</p>	<p>The committee discussed the recommendations:</p> <ul style="list-style-type: none"> • Have the committee co-chairs more involved in activities, including leading meetings. • Provide support and training for co-chairs. • Have a short portion of each meeting on a dialogue regarding co-chair leadership. <p>This is particularly important as, in 16 months, ~ ¼ of the HPG membership will term off for at least 1 year.</p>	
<p>d. Getting to Zero (GTZ) Community Action Plan</p>	<p>The PSRAC is focusing on two primary goals in the GTZ action plan:</p>	

Agenda Item	Discussion/Action	Follow-Up
	<ul style="list-style-type: none"> Increasing Housing resources for persons living with HIV (PLWH) Increase capacity for Mental Health services and Substance Use Treatment services. <p>The Membership Committee wants the PSRAC to help with HPG member recruitment, especially recruiting PLWH.</p>	
7. New Business		
a. Review updated HIV/AIDS Epidemiology data & discuss findings (if available)	<p>Dr. Samantha Tweeten presented data on HIV Epidemiology from 2022:</p> <p>The number of PLWH in SDC as of 12.31.22 is 14,634.</p> <p>The number of incident cases (since 1983) = 24,958</p> <p>The number of recent cases (2018 – 2022) = 2,139.</p> <p>The data was further broken down by Race/Ethnicity, Sex/Gender, Age, and Geographic Region</p> <p>2021 data on Viral Suppression was provided; more detailed data on this will be at a future meeting.</p>	HPG Support Staff will summarize the data into a Key Data Findings (KF) document for review.
b. Action: Allocation of FY 22 Carry Overfunding	Tabled until the next meeting.	
c. Address change in FY 23 Part A funding (if needed)	Tabled.	
d. Summarize/finalize data on co-occurring conditions, poverty, and insurance	<p>The committee reviewed the updated KF report and recommended the following:</p> <ul style="list-style-type: none"> Double check the COVID statement for PLWH <p>Add a statement regarding age-related diseases as the population of PLWH is aging.</p>	HPG Support Staff will make the recommended changes and return the document to the next meeting.
e. Review data on the regional distribution of Ryan White Treatment Extension Action	<p>The committee began reviewing the KF document.</p> <p>At 4:53 p.m. quorum was lost, and the committee adjourned.</p>	

Agenda Item	Discussion/Action	Follow-Up
(RWTEA) Part A services & discuss findings		
f. Review data on Ryan White's service eligibility criteria & other service guidelines and discuss findings	Tabled	
g. PARS Report	Tabled	
8. Routine Business		
a. Review Monthly and YTD expenditures and examine for any recommended reallocations. i. Review of over/under spending	Tabled	
b. Review Monthly and YTD service utilization report	Tabled, the report was included in the meeting materials packet.	
c. COVID-19/MPOx update	Tabled	
d. Affordable Care Act (ACA) update	Tabled	
e. HIV Prevention update	Tabled	
f. Review the PSRAC FY 23 Work Plan	Tabled	
9. Approve the meeting minutes from March 9, 2023;	Tabled	
10. Review committee attendance	Tabled, the report included in the meeting materials packet.	
11. Suggested items for the PSRAC agenda	Tabled	
12. Next Meeting: TBD Location: TBD		
13. Announcements	Tabled	
14. Adjournment	Adjourned at 4:53 PM	



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

**TUESDAY, June 8, 2023, 1:00 PM – 5:00 PM
COUNTY ADMINISTRATION CENTER (CAC)
1600 PACIFIC HIGHWAY, SAN DIEGO, CA 92101 (ROOM 310)**

To participate remotely via WebEx:

<https://sdcountyca.webex.com/sdcountyca/j.php?MTID=mce02f5e2385802245551cb2e49c8844e>

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

Meeting ID: 2632 373 9384

Password: PSRAC.20

A quorum for this meeting is eight (8)

Committee Members: Beth Davenport, Reginald Carroll, Alberto Cortes, Felipe Garcia-Bigley, Pam Highfill, Dr. Delores Jacobs (Chair), Cinnamen Kubricky, Chris Mueller, Raul Robles, James Rucker (co-chair), Karla Quezada-Torres, Regina Underwood, Rhea Van Brocklin, Freddy Villafan

ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order, roll call, comments from the chair, and a moment of silence	Dr. Jacobs called the meeting to order at 1:02 p.m. and noted that a quorum was established.	
2. Reminders	The Committee Charge was read by Rhea Van Brocklin. Reminders were provided regarding Conflict-of-Interest guidelines, areas that are not the purview of the committee, the committee's focus on service priorities, and public comment criteria.	
3. Public Comment on non-agenda items (for members of the public)	None	
4. Sharing our concerns (for committee members).	A public member commented that those who are hard of hearing need	

Agenda Item	Discussion/Action	Follow-Up
	<p>participants to speak loudly during meetings.</p> <p>HPG Support Staff announced that parking passes for this meeting are available.</p>	
<p>5. ACTION: Approve the agenda for June 8, 2023</p>	<p>Motion: Approve the agenda for the June 8, 2023 meeting as presented.</p> <p>Motion/Second/Count: Davenport/Villafan 9/0</p> <p>Abstention(s): Jacobs</p> <p>Motion carries</p>	
<p>6. ACTION: Approve the Minutes for May 11, 2023</p>	<p>Motion: Approve the May 11, 2023, meeting minutes as presented.</p> <p>Motion/Second/Count: Davenport/Garcia-Bigley 9/0</p> <p>Abstention(s): Jacobs</p> <p>Motion carries</p>	
<p>7. Review follow-up items from the last meeting</p>	<p>Additional feedback is needed from Dr. Tweeten on the key data findings summary for HIV Epidemiology; the document should be available at the next PSRAC meeting.</p> <p>Dr. Tweeten will present data on the Continuum of Care/Unmet Need/Unaware Estimate at the June 22, 2022, PSRAC meeting.</p>	<p>HPG Support Staff will email the slide set from Raniyah Copeland to PSRAC members</p> <p>Add 'Continuum of Care/Unmet Need/Unaware Estimate to the next meeting agenda.</p>
8. Old Business		
<p>a. Getting to Zero Community (GTZ) Engagement Plan</p>	<p>Dr. Jacobs review the following GTZ Community Engagement Plan.</p> <ul style="list-style-type: none"> Communications – changes coming weekly and continuing to be flushed out; “What does HPG mean?” “When are the meetings.” 	

Agenda Item	Discussion/Action	Follow-Up
	<ul style="list-style-type: none"> • An invitation to “What is HPG?” and send recommended definitions of “What is HPG” to HPG.HHSA@sdcounty.ca.gov • Telehealth disparity has been addressed through the standards. • Increase ease of access to mental health and substance use treatment opportunities. - Housing is being addressed by stabilizing Emergency Housing and Partial Assistance Rental Subsidy (PARS). Design and deploy strategies to address stigma, but we are still waiting for action to move forward. Will likely address this with social media posts and education <p>The recipient’s Office informed the following:</p> <ul style="list-style-type: none"> ▪ The California Department of Public Health is transitioning the AIDS Regional Information and Evaluation System (ARIES), which has been present for 22 years, to be old and replaced by HIV Care Connect. ▪ The Getting to Zero application will be deploying potentially on June 21, 2023. The App is a free, multi-lingual resource to increase HIV-related information access. App users can search and connect to resources across San Diego County from any mobile device. The App caters to user needs by 	

Agenda Item	Discussion/Action	Follow-Up
	<p>location, language, services, transportation routes, etc. Programs that are included support HIV prevention, care, treatment, and basic needs such as food, housing, transportation, and resources behavioral and emotional health resources application can use to create an account and as a visitor</p> <ul style="list-style-type: none"> ▪ The Office of AIDS website has resources; The state is working on a webinar to address those who are turning 64, especially; if you miss the window of enrolling for Medicare. 	
<p>b. ACTION: Finalize and approve the data on co-occurring conditions, poverty, and insurance</p>	<p>Reviewed, and new suggestions were recommended.</p> <ul style="list-style-type: none"> • update on the prevalence of homelessness data on the general population: • For people with HIV 50+, some of the emerging data that is coming out appreciate the comorbidities that are included; one of the other areas that are important to consider is functionality • Please include some data on HIV and aging. <p>The committee discussed possibly looking further into aging and HIV</p> <ul style="list-style-type: none"> • There were requests for creating an Aging task force. • Add to a survey of HIV impact • The field of HIV and aging is an emerging field right now • HRSA has funded SPNS programs nationwide – 	<p>Staff will make additional changes to Co-Occurring Key Findings.</p> <p>Dr. Beth Davenport will email the updated homeless data to the HPG Support Staff.</p> <p>The committee approved the document by consensus and recommended moving it forward to the HIV Planning Group (HPG).</p>

Agenda Item	Discussion/Action	Follow-Up
	<p>working to develop working interventions for those with HIV and aging.</p> <p>Other organizations and agencies have gotten more funding to work with those aging with HIV.</p>	
<p>c. ACTION: Review and approve data on the regional distribution of Ryan White Treatment Extension Act (RWTEA) Part A services & discuss findings</p>	<p>Outpatient Substance Use Treatment services are not countywide.</p> <ul style="list-style-type: none"> • The Outpatient services offered by Behavior Health Services can provide services for the unhoused. • Neither Southeast nor South Bay has peer advocacy available • 	<p>The committee approved the document by consensus and recommended moving it forward to the HIV Planning Group (HPG).</p>
<p>d. ACTION: Review and approve data on Ryan White's service eligibility criteria & other service guidelines and discuss finding</p>	<p>Reviewed, and new suggestions were recommended.</p> <ul style="list-style-type: none"> • Possible alphabetize categories • Organize by priority ranking; possibly add a column to identify the category ranking • Add a list of what is a medical provider • Add an asterisk for clinical provider vs. primary care provider <p>The Chair questioned:</p> <ul style="list-style-type: none"> • Is it standard practice noted within the service standards for the staff person providing the care to tell a client that transportation could be available if eligible? <p>The Recipient Office confirmed the following:</p>	<p>HPG Support Staff will update Ryan White's service eligibility criteria & other service guidelines and discuss the findings.</p> <p>The committee approved the document by consensus and recommended moving it forward to the HIV Planning Group (HPG).</p>

Agenda Item	Discussion/Action	Follow-Up
	<ul style="list-style-type: none"> It is required in dental and specialty medical care to arrange transportation. <p>The committee members discussed some of the barriers to transportation services information:</p> <ul style="list-style-type: none"> Medical services do not assess for transportation or language barriers; it is placed back on the referring primary care provider (PCP) or the patient. People were being referred elsewhere but were not being told about transportation. Is it possible to combine their case management with HIV? A list of transportation support is outlined in a pamphlet given by Family Health Centers San Diego Service delivery landscape differs from years ago; the recipient will bring a report back with benefits navigation. Case managers do not have all the information about the services provided. 	
9. New Business		
a. ACTION: Allocation of FY 22 (March 1, 2022 – February 28, 2023) Carryover funding	<p>Motion: Approve \$370,533 in carryover funding from FY 22 to put into Emergency Housing.</p> <p>Motion/Second/Count: Kubricky/Highfill</p> <p>Abstention(s): Dr. Jacobs</p> <p>Motion carries</p>	
b. Review 2021 Survey of HIV Impact data & discuss findings, esp. Out-Of-Care data	The committee reviewed the data from the 2021 Survey of HIV Impact, which will be redone later this year.	

Agenda Item	Discussion/Action	Follow-Up
	The survey is given to anyone in the county living with or vulnerable to HIV.	
c. Review Regional Community Focus Group data and discuss findings	Dr. Jacobs reviewed the main findings from the 2021 Regional Community Focus groups.	
d. Review HRSA and Ryan White Part A guidelines (PCN #16-02)	<p>The Health Resources and Services Administration (HRSA) created the Policy Clarification Notice (PCN) 1602 document to explain what is allowable for the program and funding for Ryan White, and It's divided into two essential categories: core medical services and support services.</p> <p>Medical Services: psychiatric, case management, intervention service, outpatient substance abuse treatment; provide medical care or ensure patients have received medical services.</p> <p>Support services- non-medical case management, home meals, housing program,</p> <p>The PCN 1602 indicates:</p> <ul style="list-style-type: none"> • For most service categories, only HIV patients can receive medical care services, not partners or relatives. There are a few exceptions to this. • Differences in how services are covered and funded. 	
e. ACTION: Review and approve the summary of HIV/AIDS Epidemiology data & discuss findings (if available)	Tabled, to be reviewed at the next PSRAC meeting.	
f. Partial Assistance Rental Subsidy (PARS) Report- Lauren Brookshire	<p>Maritza Herrera provided an oral PARS report:</p> <ul style="list-style-type: none"> • 41 currently on the waitlist • 9 previously enrolled • 32 new applicants • Demographics of clients on the waitlist: 	The recipient's office will send the PARS report to HPG Support to distribute to all members.

Agenda Item	Discussion/Action	Follow-Up
	<ul style="list-style-type: none"> Participants are primarily Hispanic, Male, age 45+, in the Central region 106 currently enrolled <p>A public member asked when someone applies for PARS if the roommate's income counts. Recipient officed answer; Yes, we do look at Household Income for PARS</p>	<p>Recipient's office to add the total after the year to review for trends</p> <p>The recipient office will provide a breakdown by gender and the total of people who have applied.</p>
10. Routine Business		
a. Review Monthly and Year-to-Date (YTD) expenditures and examine for any recommended reallocations	The updated report is not available due to the early meeting date of the meeting.	The recipient office will provide a report for the following June 22, 2023, meeting
b. Review Monthly and YTD service utilization report.	Reviewed by Maritza Herrera, the report was included in the meeting materials packet.	
c. HIV Testing Report- Lauren Brookshire	<p>Routine testing in detention facilities is only for January.</p> <p>Rosecrans is no longer operating, and all tests go through third-party testing.</p> <p>A member of the committed questioned. How many routine testing sites are there?</p> <ul style="list-style-type: none"> Probably 50-60 that are testing for HIV, including county resources. <p>Data is only included in County-funded testing.</p>	<p>The recipient's office will provide the number of female positive results.</p> <p>Lauren Brookshire will update the correction- Correction: 0.29% = possibly 0.029%</p>

Agenda Item	Discussion/Action	Follow-Up
	<ul style="list-style-type: none"> - There may be more sites. Since there are other funding sources <p>Correction: 0.29% = possibly 0.029%</p>	
d. COVID-19/MPox update	<p>The County continues counting cases for COVID-19. The County website is available, and data was last updated on 5/27/2023. The county continues to stay updated with vaccines and boosters. Local Situation (sandiegocounty.gov)</p> <p><u>MPOX:</u></p> <ul style="list-style-type: none"> • There is wide availability of vaccines. • Anyone who has yet to get the second dose is recommended to receive it, even if it has been over a year. • Individuals can make an appointment to schedule a vaccine for either COVID-19 and/or MPOX: • https://myturn.ca.gov/ • The intradermal vaccination – is not required this year. • The MPOX Task Force’s final meeting is on Thursday, June 15, from 3:30 – 5:00 PM. • Outbreak Chicago 30 cases, and 1/3 were fully vaccinated; it’s important to have the 2 courses because it protects about 85%.t 	
e. Affordable Care Act (ACA) update	On January 1, 2024, those enrolled in Medi-Cal and eligible will have 100% medical care.	
f. HIV Prevention update	<p>Prevention and Testing Report:</p> <p>San Diego County receives funding from the Centers for Disease Control and Prevention (CDC) administered</p>	Lori Jones to provide information on the August

Agenda Item	Discussion/Action	Follow-Up
	<p>by the California Department of Public Health (CDPH) for HIV prevention and testing.</p> <ul style="list-style-type: none"> • Current funding cycle started in 2018 and is expected to end May 2024. • Expecting changes for next cycle of funding in 2024. • End the HIV Epidemic funds available until the end of 2024. • Notice of Funding Opportunity (NOFO) from CDC will be responded to by CDPH and will inform future prevention and testing services in San Diego County. <p>Heidi Aiern has accepted a promotion within the County; she will be working with HSHB until the end of this month.</p> <p>Partner Services training information to be distributed when available. A committee member commented that several clinics may benefit from the training and recommended that information to access training be included in the weekly Community Events and Opportunities email.</p> <p>The members discussed the Difference between Opt-In/Opt-Out testing.</p> <p>A committee member commented on the need for basic HIV training. A committee member asked about test counselors being certified from out-of-state who cannot work.</p> <ul style="list-style-type: none"> • Requirement comes from California law 	<p>motivational training.</p>

Agenda Item	Discussion/Action	Follow-Up
	<ul style="list-style-type: none"> County staff can bring up at future Office of AIDS Stakeholders meetings 	
g. Review the PSRAC FY 23 Work Plan	<p>Reminder to review the current priority ranking for services before the next meeting.</p> <ul style="list-style-type: none"> Recommendations for ranking must come based on the data. We are going to attempt a two-year budget. 	
11. Suggested items for the future committee agenda	None	
12. Announcements	<p>The FDA has revised its guidelines for donating blood.</p> <ul style="list-style-type: none"> They will no longer ban gay/bisexual/MSM from giving blood. Will no longer have time constrictions. Will ask risk-based questions to everybody regardless of sexual orientation, including. <ul style="list-style-type: none"> Number of sex partners in the next nine days Number of sex partners you have had anal sex with. <p>However,</p> <ul style="list-style-type: none"> Those who are on PrEP will be prohibited from giving blood; this includes Persons using Injectable prep and Oral PrEP are prohibited from giving blood for 2 years. <p>Christie's Place is having its annual fundraiser. Friday, June 23, 2023, at</p>	

Agenda Item	Discussion/Action	Follow-Up
	<p>4:00 PM. The film premiere of “Even Me.”</p> <p>Pride Parade, for more information, please contact Felipe Garcia-Bigley if you would like to table in the Health Resources section of the Pride Parade. Those attending would not have to pay and would come in as volunteers.</p>	
13. Next meeting date	<p>Next meeting date: June 22, 2023, from 1:00 – 5:00 PM.</p> <p>Location: County Operations Center (COC), 5500 Overland Ave. (Room 120) San Diego, CA 92123</p>	
14. Adjournment	4:33 PM	



County of San Diego

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

SAN DIEGO HIV PLANNING GROUP (HPG) COMMUNITY ENGAGEMENT GROUP

Join Zoom Meeting

<https://zoom.us/j/95469032405?pwd=cnJuUUVrVjRhdlByS21LWkQ1blIzd09>

Wednesday, February 15, 2023

3:00 PM – 5:00 PM

DRAFT MINUTES

Quorum = Three (3)

Members Present: Allan Acevedo (Chair) / Alfredo De Jesus / Michael Donovan

Members Absent: Mikie Lochner (HPG Chair)

Agenda Item	Action	Follow-up
1. Call to order/ Moment of Silence	Allan Acevedo called the meeting to order at 3:00 PM and noted that a quorum was established. The chair would like to remind everyone that this month is Black History Month. A moment of silence was observed.	
2. Action: Continuance of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e)	<p>Action: Recognize that there is a continued proclaimed state of emergency, and State and local officials have imposed or recommended measures to promote social distancing authorizing teleconferenced meetings pursuant to Government Code section 54953(e).</p> <p>Motion/Second/Count (M/S/C): Donovan/De Jesus 1/0</p> <p>Abstentions: 0</p> <p>Motion: Carries</p>	
3. Zoom Housekeeping	Reviewed by Allan Acevedo.	
4. Review		
a. Background, mission	Read out loud by participants.	

Agenda Item	Action	Follow-up
statement, goals, and ground rules		
5. Introductions, icebreaker		
6. Public Comment – For Non-HPG Member Participants	<p>A participant mentioned that the Partial Assistance Rent Subsidy (PARS) only covers 30% of the rent and that the amount stays the same for the entire program period and does not change if the rent is increased. They also mentioned that HOPWA uses the Section 8 paperwork which asks for criminal history even though the Housing Operations for Persons with AIDS (HOPWA) has no limitations on services due to criminal record. Because of this, Section 8 paperwork should not be used. They want to work with the committee to address homelessness for LGBTQ+ individuals.</p> <p>The county has put out a request for proposal Home T3, a statewide initiative to eliminate homelessness.</p> <p>Another participant was here as staff for UCSD to see how they could work with the committee to increase community engagement.</p>	
7. Sharing our Concerns For all Participants	A member wanted to thank the City of San Diego for their accomplishment in the new AIDS Memorial on Grape Street.	
8. Routine Business		
a. Review/approval of meeting agenda for January 18, 2023	<p>Motion: Approve the meeting agenda for February 15, 2023 as presented.</p> <p>M/S/C: Donovan/De Jesus 3/0</p> <p>Abstentions: None</p> <p>Motion: Carries</p>	
b. Review/approval of meeting minutes for December 7, 2022 (Review follow-up items)	<p>Motion: Approve the meeting minutes for January 18, 2023 as presented.</p> <p>M/S/C: Donovan/De Jesus 3/0</p> <p>Abstentions: None</p>	

Agenda Item	Action	Follow-up
	Motion: Carries	
c. Review: Community Engagement Group Working/Training Plan		
d. Co-Chair Opening/Nominations	Nominations are still open.	
9. Old Business		
a. None		
10. New Business		
a. Review: Service Categories: Housing – Maritza Herrera	<p>Maritza reviewed the housing categories: Category 7: Case Management Non-medical for Housing (New Category) Category 8: Housing: Emergency Housing Category 9: Housing: Location, Placement, and Advocacy Services (New Category) Category 10: Housing: PARS</p> <p>Members requested that the recipient's office present information on service utilization and trends over time, list of programs that are looked at when considering permanent housing, and success failure rates.</p>	Speak to recipient's office about the request.
b. Discussion: Community Engagement Group In-person Meetings	<p>The next meeting will be held in person, and food will be available. The location will be at the South Live Well center at 690 Oxford St. in Chula Vista, which can hold up to 24 participants.</p> <p>AB2449, the new rules for public meetings, will be discussed in March and will include items such as quorum requirements and attendance of committee members, and public participation both in-person and virtually.</p>	
11. Updates		
a. CARE Partnership	<p>The Woman's Conference is on March 11, 2023. It will be a hybrid meeting and is open to anyone who identifies as female. HPG will be there to table at the event. For information go to: https://awomansvoice.info/</p>	

Agenda Item	Action	Follow-up
b. Membership Committee	Membership reviewed several applications. Esteban Duarte will be moved forward to appointment. Two interviews are scheduled for their March meeting.	
c. Strategies & Standards	They reviewed the draft of Universal Standards for Competency and Service Design and Delivery. It will move forward to HPG for approval. Trauma Informed Care is being reviewed to be presented in the future. JEDI Principles Taskforce is pending as they are waiting for information of the facilitator.	
d. Medical Standards and Evaluation (MSEC)	Discussed what the workplan should look like for the rest of the year. This included Service Standards and Dental Services and are waiting for the financial analysis before proceeding.	
e. Priority Settings and Resource Allocation Committee (PSRAC)	In-person meetings were discussed, and they also talked about the annual data review that will begin in March. They also discussed the Needs Assessment and the distribution of that survey.	
f. Steering	At their last meeting, they discussed vice-chair elections which still have an open nomination that will serve for two years. After that, they must be a consumer of services. They will be looking at the bylaws this month.	
g. HPG	The agenda for this month is full with four action items, a presentation from Lori Jones from the National Harm Reduction Conference, and a backlog of approval of committee meetings as they were tabled numerous times.	
h. MPOX Taskforce	MPOX is no longer an emergency. The last time the taskforce met was on January 19, 2023 and we will be moving to a quarterly meeting to continue to address any future issues. Next meeting will be in April 2023.	
i. Housings Operations for Persons with AIDS (HOPWA)	The last meeting was canceled due to a lack of quorum—no other updates.	

Agenda Item	Action	Follow-up
12. Announcements	<p>Christie's Place is partnering with Gilead to provide a presentation for National Black HIV Awareness Day at Café Coyote. For more information, contact Christie's Place at https://christiesplace.org/</p> <p>The next HPG orientation will be in May instead of the regular schedule of March due to HPG Support Staff needing to be more staffed. The new lead staff person has been hired and will start on February 24, 2023. Her name is Carlie Catolico.</p>	
13. Confirm next meeting date Wednesday, January 18, 2023 via Zoom	Next Meeting: Wednesday, March 15, 2023 via Zoom and In-Person	
14. Adjournment	Meeting was adjourned at 4:56 PM	



County of San Diego

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PUBLIC HEALTH OFFICER

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

SAN DIEGO HIV PLANNING GROUP (HPG) COMMUNITY ENGAGEMENT GROUP

In-person meeting at: County Operations Center (COC)
5500 Overland Ave. San Diego, CA 92123 (Training Room 120)
AND via Zoom

<https://zoom.us/j/95469032405?pwd=cnJuUUVrVjRhdlByS21LWkQ1bllzdz09>

Wednesday, March 15, 2023
3:00 PM – 5:00 PM

DRAFT MINUTES

Quorum = Four (4)

Members Present: Allan Acevedo (Chair) / Alfredo De Jesus / Michael Donovan (via Zoom) / Esteban M. Duarte (via Zoom) / Tyra Fleming / Mikie Lochner / Jen Lothridge

Agenda Item	Action	Follow-up
1. Call to order/ Moment of Silence	Allan Acevedo called the meeting to order at 3:23 PM and noted that a quorum was established and led a moment of silence.	
2. Zoom Housekeeping	Reviewed by Allan Acevedo.	
3. Review		
a. Background, mission statement, goals, and ground rules	Read aloud by participants.	
4. Introductions, icebreaker	Introductions were made. Icebreaker: Tell the group something about yourself.	
5. Public Comment – For Non-HPG Member Participants	A participant mentioned they had lost their permanent housing and was presently in an Emergency Housing hotel unit.	
6. Sharing our Concerns For all Participants	None	
7. Routine Business		
a. Review/approval of meeting agenda for March 15, 2023	Motion: Approve the meeting agenda for March 15, 2023 as presented. M/S/C: Lochner/De Jesus 5/0 Abstentions: None Motion: Carries	
b. Review/approval of meeting minutes for February 15, 2023 (Review follow-up)	Motion: Approve the meeting minutes for February 15, 2023 as presented. M/S/C: Donovan/De Jesus 5/0 Abstentions: None	

Agenda Item	Action	Follow-up
items)	Motion: Carries	
c. Review: Community Engagement Group Working/Training Plan	Reviewed; recommendations for additions included: <ul style="list-style-type: none"> • Medical care through Ryan White (RW) Part A and the intersection of Medi-Cal and Covered California. • How to analyze Epidemiological (Epi) data (May 2023) • Substance Use and Harm Reduction services. • Needle exchange and the status of existing programs. 	
d. Co-Chair Opening/Nominations	Nominations remain open for the co-chair position. There was a nomination for Jen Lothridge for committee co-chair.	
8. Old Business		
a. None		
9. New Business		
a. Review: AB 2449 ad return to in-person meetings – Dr. Ken Riley	Dr. Riley reviewed the checklist, table, and summary of Just Cause and Emergency Circumstance that outlines the Assembly Bill 2449 and were included in the meeting materials packet. This included quorum in person requirements for meetings, and participation of committee members, and public participation in-person and virtually. He also discussed documents created by staff for meeting locations and directions and the process staff will use to confirm quorums for all meetings (by 72 hours prior to each meeting).	
b. Discussion: Planned HPG Orientation	Dr. Riley reviewed the tentative planned HPG Orientation for May 18, 2023 and encouraged the Community Engagement Group to assist with recruitment of participants for the training.	
10. Updates		
a. CARE Partnership	The Woman's Conference was held on Saturday March 11, 2023, and was a huge success with several updates.	
b. Membership Committee	The Membership Committee interviewed Tyra Fleming and Jen Lothridge and recommended forwarding Tyra Fleming to the HPG for recommendation for HPG membership and decided to hold the application of Jen Lothridge until the change in the HPG Bylaws from Unaffiliated Consumer to General Membership, as Ms. Lothridge now works for a RW Part A	

Agenda Item	Action	Follow-up
	provider. The committee discuss recruitment plans and will have graduates of the Project PEARL assist with outreach.	
c. Strategies & Standards Committee	The committee reviewed the Getting to Zero (GTZ) plan, will review the Transportation service standards, and is planning for the JEDI (Justice, Equality, Diversity, and Inclusion/Intention) Implementation Taskforce.	
d. Medical Standards and Evaluation Committee (MSEC)	Met in February, discussed possibly in including occlusal (mouth) guards in the dental services, but is awaiting utilization data from the Recipient, at the next meeting in May they will review the Primary Care Practice Guidelines.	
e. Priority Settings and Resource Allocation Committee (PSRAC)	Changing to meeting every other month and having two 4-hour meetings in June and July to review data and complete the priority setting and budget allocation process. Reviewed data on Co-Occurring Conditions.	
f. Steering Committee	No meeting yesterday due to concerns with attaining quorum; planning for the HPG Retreat on March 22, 2023.	
g. HIV Planning Group (HPG)	No meeting in March in lieu of the HPG Retreat. In Feb the HPG elected one Vice-Chair and the other Vice-Chair position is open and is for a Consumer member of the HPG.	
h. MPOX Taskforce	The next meeting will be in April 2023.	
i. HIV Housing Committee/ Housings Opportunities for Persons with AIDS (HOPWA)	There is a representative to HIV Housing Committee from the HPG, Cinnamon Kubricky, and a representative from the Community Engagement Group, Allan Acevedo.	
11. Announcements	<ul style="list-style-type: none"> ▪ The North County LGBTQ Resource Center will begin hosting in-person meetings for a new HIV+ Group on Saturdays. Their first meeting is on April 8 at 2 PM. ▪ Allan Acevedo was accepted to a National Minority AIDS Council (NMAC) Gay Men of Color Fellowship. 	
12. Confirm next meeting date Wednesday, April 19, 2023 via Zoom	Next Meeting: Wednesday, April 19, 2023 In-person at: County Operations Center (COC), Training Room 124: 5530 Overland Ave San Diego, CA 92123 AND via Zoom	
13. Adjournment	Meeting was adjourned at 4:58 PM	



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SAN DIEGO HIV PLANNING GROUP (HPG) COMMUNITY ENGAGEMENT GROUP

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

Members of the Public may attend in-person or virtually via Zoom:
<https://zoom.us/j/95469032405?pwd=cnJuUUVrVjRhdlByS2t1WkQ1bllzd09>

Wednesday, April 19, 2023
3:00 PM – 5:00 PM

MINUTES

Quorum = Four (4)

Members Present: Allan Acevedo (Chair) / Michael Donovan / Esteban M. Duarte / Tyra Fleming / Mikie Lochner / Jen Lothridge

Members Absent: Alfredo De Jesus

Agenda Item	Action	Follow-up
1. Call to order/ Moment of Silence	Allan Acevedo called the meeting to order at 3:14 PM, noted that a quorum was established, and led a moment of silence.	
2. Zoom Housekeeping	Reviewed by Allan Acevedo.	
3. Review		
a. Background, mission statement, goals, and ground rules	Read aloud by participants.	
4. Introductions, icebreaker	Introductions were made during the icebreaker.	
5. Public Comment – For Non-HPG Member Participants	No public comment.	
6. Sharing our Concerns For all Participants	A Celebration of Life for Irene Milton of Christie's Place will take place sometime in June for Irene Milton. The date and time will be determined and shared later.	
7. Routine Business		

For any inquiries, please send an email to HPG.HHSA@sdcounty.ca.gov
You may also visit our website at sdplanning.org

Agenda Item	Action	Follow-up
a. Review/approval of meeting agenda for April 19, 2023	Motion: Approve the meeting agenda for April 19, 2023 as presented. M/S/C: Lochner/Donovan 4/0 Abstentions: Acevedo Motion: Carries	
b. Review/approval of meeting minutes for March 15, 2023 (Review follow-up items)	Motion: Approve the meeting minutes for March 15, 2023 as presented. M/S/C: Lochner/Donovan 4/0 Abstentions: Acevedo Motion: Carries	
c. Review: Community Engagement Group Working/Training Plan	<p>Trainings were not scheduled previously when there needed to be more members.</p> <p>Suggestions for trainings include:</p> <ol style="list-style-type: none"> 1. Homeless and Housing <ul style="list-style-type: none"> ○ This item will be tabled for next year. 2. Happyville Exercise <ul style="list-style-type: none"> ○ This exercise is completed every year to allow consumers to rank service categories for presentation to the Priority Setting & Resource Allocation Committee. 3. Explain California's management health care plans. <ul style="list-style-type: none"> ○ It was suggested to invite an attorney from the Legal Aid Society 4. Ryan White Program <ul style="list-style-type: none"> ○ There was a suggestion to include information for members to view. 5. Epidemiology Data 6. Transportation 7. Substance Use 8. Transition from the ARIES program to HIV Connect <ul style="list-style-type: none"> ○ This is a data management system for those in HIV care. The ARIES program is going away, and HIV Care Connect will be the new program. There was a suggestion to speak with Dustin Walker, County of San Diego, and Chair of the Clinical Quality Management (CQM) Committee. There was an added suggestion to have someone from the Office of AIDS discuss this item. Mikie Lochner, Chair of the HIV Planning Group, to follow up on this. 	<p>HPG Support Staff search for a document that describes all service categories.</p> <p>Mikie Lochner, Chair of the HIV Planning Group, to follow up with the Office of AIDS regarding potentially presenting on the HIV Care Connect Program that is replacing ARIES.</p> <p>Chair will follow up with Support Staff to identify speakers to train members on suggested topics.</p>
d. Co-Chair Opening/Nominations	Nominations remain open for the co-chair position to assist with creating the agenda and attending	

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You may also visit our website at sdplanning.org

Agenda Item	Action	Follow-up
	Steering Committee meetings in the event the Chair is unable. There were no co-chair nominations.	
8. Old Business		
a. None		
9. New Business		
a. Presentation: Correlation between substance use and HIV infection (Lori Jones, County of San Diego)	A Harm Reduction presentation was given by Lori Jones, County of San Diego. Behavioral Health Services will be doing a presentation on fentanyl at the next scheduled HIV Planning Group meeting on Wednesday, April 26.	HPG Support Staff will distribute links and videos from presentations to members after the meeting.
10. Updates		
a. CARE Partnership	The CARE Partnership will continue to meet virtually until membership has increased.	
b. Membership Committee	The committee scheduled for April did not occur due to a loss of quorum. The committee recommends Michael Wimpie for a second term and will be voted upon at the meeting on Wednesday, April 26. The Membership Committee will begin looking at changes to consumer participation. If the HIV Planning Group bylaws are approved on June 13 during the Board of Supervisors meeting, membership will be changed to "General Membership."	
c. Strategies & Standards Committee	The committee has decided to meet in alternation with the Priority Settings and Resource Allocation Committee. They have also changed their meeting time to 3:00 PM – 5:00 PM. The committee is awaiting an update from the Health Resources and Services Administration (HRSA) Project Officer regarding a budget proposal for transportation. Draft changes to trauma-informed care in the universal service standards will be reviewed at the next meeting in June.	
d. Medical Standards and Evaluation Committee (MSEC)	MSEC last met in February and discussed possibly including occlusal (mouth) guards in the dental services, but is awaiting utilization data from the Recipient; at the next meeting in May they will review the Primary Care Practice Guidelines.	
e. Priority Settings and Resource Allocation Committee (PSRAC)	There was no scheduled PSRAC meeting in the month of April. There is an increase in this year's award for Ryan White Part A Funding. Dr. Delores Jacobs will lead a discussion at the next HIV Planning Group meeting on potential areas for	

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 You may also visit our website at sdplanning.org

Agenda Item	Action	Follow-up
	allocation. The committee has decided for the Budget Allocation process to hold two (2) 4-hour meetings in June and July. They will discuss the change of meeting times to the lunch hour at their next meeting in May.	
f. Steering Committee	The Steering Committee discussed transportation and awaiting clarification from the HRSA Project Officer. Suggestions for administrative processes were also discussed. Support Staff will submit a quorum check via email to committee members one (1) week prior to the meeting. In addition, committee members will let Support Staff know their preferences for communication are.	
g. HIV Planning Group (HPG)	<p>The next HPG meeting is on Wednesday, April 26, from 3:00 PM – 5:00 PM. The committee will vote on the approval of two (2) Board Letters:</p> <ol style="list-style-type: none"> 1) Accepting the award from Ending the Epidemic (EHE) 2) Accepting Ryan White Part A funding from HRSA <p>One HPG membership action item for approval. There will be a discussion on changing the HPG's meeting time to the lunch hour.</p>	
h. MPOX Task Force	The meeting on Thursday, April 20 was canceled and will be rescheduled for Monday, May 8. This will be the last meeting of the MPOX Task Force.	
i. HIV Housing Committee/ Housings Opportunities for Persons with AIDS (HOPWA)	The Housing Commission held its meeting last month and included the interview and approval process for a new member, Cinnamen Kubricky. There are currently two (2) consumers from the HIV Planning Group who are serving at this committee. Allan Acevedo, Chair of Community Engagement Group, to include written reports from this committee moving forward.	
11. Announcements	The HIV Planning Group Orientation will occur on Thursday, May 18, 2023, from 2:00 PM – 4:00 PM at the Malcolm X Library. The flyer to the event may be found in the meeting packet.	
12. Confirm the next meeting date Wednesday, May 17, 2023 via Zoom	<p>Next Meeting: Wednesday, May 17, 2023 County Operations Center (COC) 5530 Overland Ave. San Diego, CA 92123 Training Room 124 (Building 5530)</p>	
13. Adjournment	The meeting was adjourned at 5:03 PM.	



**SAN DIEGO HIV PLANNING GROUP (HPG)
COMMUNITY ENGAGEMENT GROUP
DRAFT MINUTES**

WEDNESDAY, May 17, 2023, 3:00 PM – 5:00 PM

COUNTY OPERATIONS CENTER

5560 OVERLAND AVE, SAN DIEGO, CA 92123 (TRAINING ROOM 171, BUILDING 5560)

To participate remotely via Zoom:

<https://us06web.zoom.us/j/83782242388?pwd=MTFqZitVcC9hNnFPRkhkcV3dGpKdz09>

Call in: US Toll +1 669 444 9171

Meeting ID (access code): 837 8224 2388

Password: 106514

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 (Chair), Alfredo De Jesus, Michael Donovan, Esteban Duarte, Jen Lothridge, Tyra Fleming (virtual – Just Cause)

Committee Members Absent: Michael Lochner (HPG Chair)

ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order, roll call, comments from the chair, and a moment of silence	Allan Acevedo called the meeting to order at 3:04 PM and noted the presence of a quorum via Zoom video teleconference.	
2. Background, mission statement, goals, and Agreement of Meeting Decorum	The Mission Statement and Community Engagement Group Charge were read by committee members. The meeting decorum was reviewed by the Chair.	
3. Introductions (Name, role with HIV Planning Group/Consumer, Pronouns), Icebreaker	Members and those in attendance introduced themselves.	
4. Public comment	No public comment.	
5. Sharing our concerns	A committee member asked how the Community Engagement Group can support the implementation of Doxy-prep post-exposure prophylaxis.	HPG Support Staff will follow up with identifying a speaker to

Agenda Item	Discussion/Action	Follow-Up
		provide a doxycycline post-exposure prophylaxis training to members and to provide additional information.
6. Review and approve the agenda for May 17, 2023	Motion: Approve the agenda for the May 17, 2023 meeting as presented. Motion/Second/Count (M/S/C): Donovan/Lothridge 5/0 Abstention(s): Acevedo Motion carries	
7. Review and approve the Minutes for April 4, 2023	Motion: Approve the minutes for the April 4, 2023 meeting as presented, with the correction in attendance for Michael Donovan and Jen Lothridge. M/S/C: Lothridge/Duarte 5/0 Abstention(s): Acevedo Motion carries	
8. Review follow up items from last meeting:		
a. HPG Support Staff search for a document that describes all service categories.	Policy Clarification Notice (PCN) #16-02 was presented at the meeting and included in the meeting packet. The #16-02 policy clarification notice provides information on eligible individuals and the description of allowable service categories for Ryan White HIV/AIDS Program and program guidance for implementation.	
9. Review: Community Engagement Group Working/Training Plan	The Chair reviewed the Working Plan and provided an overview of the Happyville Exercise which will take place at the June 2023 CEG meeting.	<p>HPG Support Staff will create an infographic for the Happyville exercise.</p> <p>HPG Support Staff will provide a resource link to Robert's Rule of Order, understanding member roles and responsibilities, and</p>

Agenda Item	Discussion/Action	Follow-Up
		understanding service standards. HPG Support Staff will follow-up about potentially providing a virtual presentation on Epi data, prior to the Happyville exercise.
10. Co-Chair Opening/Nominations	Jen Lothridge nominated themselves as Community Engagement Group Co-Chair. Action: Approve Jen Lothridge as Community Engagement Group Co-Chair. M/S/C: Lockridge/Duarte/5-0 Abstentions: Acevedo Motion carries	
11. Old Business		
a. None.		
12. New Business		
a. Presentation: HIV Planning Group Goals and Objectives – Raniyah Copeland	Several concerns and questions were shared with the group regarding the goals and objectives presented.	
b. Presentation: Epidemiology Data – Dr. Ken Riley	Tabled to next meeting.	Deferred to June meeting.
c. Discussion: Translation Services	Committee members were asked if there were a preference for how to offer translation services for the Community Engagement Group meeting. Several committee members recommended maintaining availability of translation services with a 96-hour notice.	
13. Committee Updates:		
a. CARE Partnership	Deferred to next meeting.	
b. Membership Committee	Deferred to next meeting.	
c. Strategies & Standards Committee	Deferred to next meeting.	
d. Medical Standards and Evaluation Committee	Deferred to next meeting.	

Agenda Item	Discussion/Action	Follow-Up
(MSEC)		
e. Priority Settings & Resource Allocation Committee (PSRAC)	Deferred to next meeting.	
f. Steering Committee	Deferred to next meeting.	
g. HIV Planning Group (HPG)	Deferred to next meeting.	
h. MPOX Task Force	Deferred to next meeting.	
i. HIV Housing Committee/Housing Opportunities for Persons with AIDS (HOPWA)	<p>Cinnamen Kubricky and Allan Acevedo to have a written update for the next meeting.</p> <p>There are 250,000 housing applications open. HOPWA recently finished a funding allocation and should be coming out in the next two weeks.</p>	
14. Announcements	<p>There was a recommendation to change the day of the week for the Community Engagement Group meeting.</p> <p>There was a recommendation to distribute a flyer for Project PEARL as the new cohort will be starting on June 1, 2023.</p>	HPG Support Staff to include change to meeting day on the next meeting agenda for discussion. For any suggestions, please email HPG Support Staff.
15. Next meeting date	<p>Date: June 21, 2023</p> <p>Time: 3:00 PM – 5:00 PM</p> <p>Location: In-person</p> <p>To be determined and remotely/virtually via Zoom.</p>	
16. Adjournment	5:02 PM	



County of San Diego

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

San Diego HIV Planning Group (HPG)

MPox Task Force

Thursday, January 19, 2023

3:00 PM

Meeting occurred via video teleconference (Zoom)

MINUTES

Quorum is 6

Task Force Members Present: Allan Acevedo, Dr. Ankita Kadakia, Bob Lewis, Mikie Lochner (Chair), Patrick Loose, Antonio Page-Kahn, Dr. Ken Riley, Dr. Stephen Spector

Task Force Members Absent: Alberto Cortes, Max Disposti, Brenda Huerta, Cinnamen Kubricky, Raul Robles

Agenda Item	Action/Discussion	Follow-up
1. Call to Order/ Establishment of Quorum	Mikie Lochner, HPG Chair, called the meeting to order at 3:01 PM and noted the presence of a quorum.	
2. Action: Continuation of Teleconferencing	All votes at the meeting were taken by roll call; HPG members' names were called out verbally, then individual voice votes were noted and recorded. Action: Continuation of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e). a. Find HPG has reconsidered the circumstances of the State of Emergency b. Find that State and local officials continue recommending measures to promote social distancing. Motion/Second/Count (M/S/C): Dr. Ken Riley/Dr. Spector 7/0 Abstentions: Mikie Lochner Motion carries	
3. Chair Comments; Ground Rules & Abstentions	Reviewed by Mikie Lochner.	

Agenda Item	Action/Discussion	Follow-up
4. Public Comment (See page 2 of agenda for rules)	No public comment.	
5. Sharing our concerns/Comments on items not on agenda (for task force members)	No concerns.	
6. Action: Approval of the Task Force agenda for January 19, 2023	Action: Approve Task Force agenda for January 19, 2023 as presented. M/S/C: Allan Acevedo/Dr. Ken Riley 7/0 Abstentions: Mikie Lochner Motion carries	
7. Action: Approve Task Force meeting minutes	Action: Approve Task Force meeting minutes from November 10, 2022 M/S/C: Patrick Loose/Bob Lewis 7/0 Abstentions: Mikie Lochner Motion carries	
8. Old Business		
	<p>a. Data Report: Vaccine equity data</p> <p>Report presented by Dr. Ankita Kadakia. Two (2) additional cases since report was last updated. New update will take place next Tuesday. Since October 2022, the County has been below 10 cases.</p> <p>State of California is ending MPOX State of Emergency by the end of this month. Efforts (vaccinations, focus on health equity, education, outreach, etc.) will be ongoing.</p> <p>Compilation of California MPOX in state of California was shared. Percentage of persons vaccinated in Latino population is lower than total cases of MPOX in California. Black/African American vaccinations are lower than total cases of MPOX in California.</p> <p>Hospitals would have information on data regarding length of hospital stay. County would have data on demographics.</p>	<p>Dr. Kadakia to find data on demographics of admitted MPOX patients and trends in hospitalization frequency and duration of hospital stays.</p>
	<p>b. Review Report of Vaccinations; Outreach, Health Education and Risk Reduction Activities; and Social Media Activities</p>	

Agenda Item	Action/Discussion	Follow-up
	Report on MPOX Outreach 2022: Health and Risk-Reduction Education presented by Kym Hodge.	
	<p>c. Review of Work Plan</p> <p>Despite the count ending local emergency on November 10th, primarily due to number of vaccines available, services available have not changed.</p> <p>Do we need to continue the taskforce; if so, what is our mission going to be? Closing equity gaps is going to take more time and effort.</p> <p>We would expect to meet at least meeting two (2) more times. There was suggestion to meet either quarterly or every six (6) months.</p>	Mikie, Kelsey, and Patrick to review minutes and develop list of recommendations forward to present to Public Health Services.
	<p>d. Discussion: Ongoing Data and Reporting Requests to Support Work of Task Force</p> <p>Report on key findings from 5 different EMAs presented by Dr. Ken Riley.</p> <p>Key Strategies and barriers from other EMAs in the United States were noted.</p> <p>New York Meeting: Lengthy Zoom meeting with them to discuss their MPOX Strategies on outreach. NY had to use a two-pronged approach (targeting LGBT community alone would miss target populations). Instead, they targeted focused communities.</p> <p>Geographical access, privacy and convenience are facilitators to vaccine access. Medical mistrust and stigma are major factors in barriers to vaccinations.</p>	
	e. Discussion: Additional Training Required to Support Work of Task Force	
9. New Business		
	a. Recommendations for vaccine equity	
10. Suggestions to Task Force for consideration of future items	Suggestions need to have clear expectations for funding to take place.	

Agenda Item	Action/Discussion	Follow-up
	<p>Knowing that the state is going to be ending the emergency, what are the needs of this group?</p> <p>The task force agreed to meet on a quarterly basis, instead of monthly. Next meeting will be in-person in accordance with AB2449.</p>	
11. Announcements		
12. Next meeting date	<u>Next Meeting:</u> TBD	
Adjournment	4:00 PM	



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

CARE PARTNERSHIP

Monday, February 13, 2023
11:00 AM – 1:00 PM

Meeting URL: <https://zoom.us/j/95445978475?pwd=bmRSNEI3Z2pnRVY3U3g5ZmRZYVN6dz09>

Meeting ID: 954 4597 8475

DRAFT MINUTES

Attendees: Gloria Alonzo, Reginald Carrol, Tammelita Colton-Pineda, Pablo Corona, Sarah Darmon, Denise De La Mora, Lauren Goldstein, Stephanie Holder, Johneisha Jones (Chair), Lori Jones, Helen Kim, Alex Lippman, Patricia Lopez, Rosalva Martha-Patten, Myiesha Phelps, Venice Price (Co-Chair), Shannon Ransom, Rhea Van Brocklin, Denice Williams

HPG Support Staff: Joyce Ann Eclarino, Delio Ladron de Guevara, Carlos Diaz de Leon (Interpreter), America Gonzalez Castañeda

Spanish Interpretation available, call: 1-888-582-3528 (toll free) /1-847-944-7361 (US toll) – Pass Code 9150 983#

Agenda Item	Action	Follow-up
1. Welcome and introductions	Johneisha Jones started the meeting at 11:00AM and participants introduced themselves.	
2. Comments from the Chair/	The chair introduced herself and the two other co-chairs, reminded everyone to enter their information on the chat for attendance purposes, and how to use the interpretation services.	
a. Respectful Engagement	Read by Myiesha Phelps	
3. Moment of silence	Observed	
4. Review Mission Statement	Read by Patty Lopez	
5. Public comment/ Sharing our Concerns	<p>A participant that is working with Proyecto PEARL (Peers Promoting Equity, Advocacy, and Resources through Leadership) found no translation of information on the Ryan White program and its parts in the HRSA website.</p> <p>Another participant found out that the Partial Assistance Rental Subsidy (PARS) program has a wait list of 30 people when there was consensus at the HIV Planning Group (HPG) that there were funds to clear the list. Consumers were invited to discuss this matter with their case managers. The cost of rent</p>	

Agenda Item	Action	Follow-up
	<p>that PARS covers may also be lower than what is needed.</p> <p>Another participant reported a friend was removed from Case Management because they were incarcerated. The participant suggested that case management be barred from doing it in these cases.</p>	
6. Review & approval of the meeting agenda for February 13, 2023	Approved by consensus.	
7. Review & approval of January 9, 2023 meeting minutes	Approved by consensus.	
8. Discuss and update the training plan	<p>The training plan includes the following presentations for the year:</p> <p>March: Mother Child Adolescent Program (MCAP) April: Jewish Family Services June: San Diego Family Care July: Catholic Charities August: La Maestra September: San Ysidro Health La Casa October: Opening available November: Opening available December: Mindfulness</p>	
9. Cultural Competency/ Training Opportunities/ Updates	<p>Pacific AIDS Training Centers (PATC) has new Ending the HIV Epidemic (EHE) funds for training on Trauma Informed Care, Cultural Humility, Motivational Interviewing, and Social Determinants of Health. Christie's Place has partnered with PATC to offer the trainings to the community for free. They will be full day trainings. Contact Moira Mar Tang for a presentation to CARE Partnership if interested.</p>	
10. Old Business		
a. None		
11. New Business		
a. Presentation: UCSD Center for Mindfulness	<p>Participants learned what Mindfulness is, how it works to reduce stress and help with people's health. Afterwards the presenter, Helen Kim, guided all participants in a mindfulness exercise. For more information contact them at mindfulness@health.ucsd.edu or visit https://cih.ucsd.edu/mindfulness/free-sessions.</p>	
b. Discussion: In-Person Meetings	<p>HPG Support Staff informed the committee the need for further guidance on what CARE Partnership will need moving forward to meet in-person. Johneisha Jones to discuss further actions with Shannon</p>	

Agenda Item	Action	Follow-up
	Ransom and Patty Lopez from MCAP. A participant wanted to make sure to also take into consideration food, transportation, childcare, and community participation when discussing locations. Other participants also asked if Hybrid meetings would be an option for people who are unable to attend in person.	
12. Reports		
a. Women and Youth Out of Care Group Discussion	A participant requested if Dr. Tweeten could present in August about the positivity rate for women and children.	
b. HIV Planning Group (HPG) Planning Group Support Staff	HPG is discussing in-person meetings, in March 2023 HPG will have their Annual Retreat instead a regular business meeting.	
c. Housing Needs/Progress Cinnamon Kubricky	Cinnamon Kubricky was not available for the meeting however reported that the Section 8 program will send out notices via email and mail to people on the wait list to ensure client information is up to date. Clients need to respond within sixty (60) days, or they will be removed from the waiting list. San Diego Housing Commission Wait List Call Center: (619) 578-7640 or at https://www.sdhc.org	
d. Ryan White Part D Shannon Ransom	The Spring into Wellness event will be held on Thursday, March 2, 2023 from 10:00 AM to 2:00 PM. It will feature a health fair, wellness workshops, and more. Contact jcalavella@christiesplace.org for more information.	
e. Women's Conference 2023	Will be held on March 11, 2023 9:30 AM to 2:30 PM. It will be a hybrid conference with the in-person event held at the Handerly Hotel. For more information go to https://www.awomansvoice.info . Models for the fashion show have all been cast.	
f. Research • ACTG/AVRC • HNRP • MCAP	ACTG/AVRC: No updates. HNRP: No updates. MCAP: For information on studies, contact Rosalva Martha at 619-375-6678 (rmartha-patten@health.ucsd.edu)	
13. Agency updates/ Announcements	Black History Month event to be held at Christie's Place on Wednesday February 15, 2023 1:00-3:00PM. AVRC has many studies for older persons and will be meeting in-person. Next Meeting Date: Monday, March 20, 2023, 11:00 AM, Location TBD	
14. Adjournment	Adjourned at 1:02PM	



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

CARE PARTNERSHIP

Monday, March 20, 2023
11:00 AM – 1:00 PM

Meeting URL: <https://zoom.us/j/95445978475?pwd=bmRSNEl3Z2pnRVY3U3g5ZmRZYVN6dz09>

Meeting ID: 894 5823 2478

DRAFT MINUTES

Attendees: Reg Carroll, Maria Huerta, Felice Jimenez, AJ Johnson, Johnneisha Jones (Chair), Patty Lopez, Joe M, Kelsie Nuno, Nicole Pepper, Venice Price, Shannon Ransom, Rhea Van Brocklin, Denise Williams,

HPG Support Staff: Carlie Catolico, Joyce Ann Eclarino

Spanish Interpretation available; call: 1-888-582-3528 (toll-free) /1-847-944-7361 (US toll) – Pass Code 9150 983#

Agenda Item	Action	Follow-up
1. Welcome and introductions	Johneisha Jones started the meeting at 11:15 AM, and the participants introduced themselves.	
2. Comments from the Chair/		
a. Respectful Engagement	A participant read the Respectful Engagement list.	
3. Moment of silence	A moment of silence was made remembering those who have passed and those who are living with or affected by HIV/AIDS and COVID-19.	
4. Review Mission Statement	A participant read the Mission Statement	
5. Public comment/ Sharing our Concerns	Positive feedback is given from a participant who attended the Women's Conference. Chair Jones recommended having CARE Partnership meetings in-person/hybrid.	Chair Jones will follow up regarding in-person meetings with HIV Planning Group (HPG) Chair, Mikie Lochner.
6. Review & approval of the meeting agenda for March 20, 2023	The meeting agenda for March 20, 2023, was reviewed and approved via consensus.	
7. Review & approval of February 13, 2023 meeting minutes	Meeting minutes from February 13, 2023, were reviewed and approved via consensus.	

Agenda Item	Action	Follow-up
8. Discuss and update the training plan	<p>The training plan for January – Patty Lopez reviewed December 2023.</p> <p>2023 Schedule Updates:</p> <ul style="list-style-type: none"> • April – San Diego Family Jewish Services • May – Cancer program from UCSD • June – Family Care Clinic • July – Catholic Charities • August – La Maestra • September – Casa from San Ysidro Health (tentative) • October – San Diego Housing Commission (tentative) • November – San Diego Housing Commission (tentative) • December – Open 	
9. Cultural Competency/ Training Opportunities/ Updates	<p>The Annual HIV Planning Group Retreat will occur on Wednesday, March 22, 2023, from 10:00 AM – 2:00 PM.</p>	
10. Old Business		
a. None		
New Business		
a. Presentation: Mother Child Adolescent Program (MCAP) at University of California, San Diego (UCSD)	<p>UCSD Mother Child Adolescent HIV Program (MCAP) presentation from Nicole Pepper, Ph.D., LCSW, and Kelsie Nuno, LCSW.</p> <p>Join the UCSD Mother Child Adolescent HIV Program in launching their new project, LYF-HAC: LGBTQIA+ Youth Friendly HIV Accessible Clinic. The goal is to enhance affirming client-centered services to LGBTQIA+ youth to increase engagement and retention in HIV care.</p> <p>Registration Link: https://tinyurl.com/MCAPdragbrunch</p>	
b. Feedback: ARIES Database – Dustin Walker, Clinical Quality Manager at the County of San Diego HIV, STD, Hepatitis Branch (HSHB)	<p>Feedback requested by Dustin Walker about the AIDS Regional Information and Evaluation System (ARIES) Database.</p> <p>The California Office of AIDS has plans to replace ARIES in Fall 2023 with HIV Care Connect.</p> <p>Questions for discussion/feedback:</p> <ul style="list-style-type: none"> • What information do providers collect? • Understand why that specific information is collected? • What information do providers collect that you prefer they do not, and why? 	

Agenda Item	Action	Follow-up
	<p>Common concerns from committee members include the following:</p> <ul style="list-style-type: none"> • redundancy of paperwork, • reducing the burden on clients, • making specific components Health Insurance Portability and Accountability Act (HIPAA) compliant, • auditing standards need to be reviewed after the change occurs 	
11. Reports		
a. Women and Youth Out of Care Group Discussion	None	
b. HIV Planning Group (HPG) Planning Group Support Staff	<ul style="list-style-type: none"> • The annual HPG Retreat will be on Wednesday, March 22, 2023. Members of the public are welcome to observe the event in person or virtually via WebEx. • The Priority Setting and Resource Allocation Committee (PSRAC) will be transitioning to meeting once every other month from September through – May and will also be conducting two 4-hour meetings during June and July 2023 for the budget allocation process. • The HPG is pending approvals from the County of San Diego Board of Supervisors for the admittance and removal of members. 	
c. Housing Needs/Progress Cinnamen Kubricky	<p>None</p> <p>A public member expressed concerns about the San Diego County emergency housing budget and PARS program.</p>	
d. Ryan White Part D Shannon Ransom	None	
e. Women's Conference 2023	The Women's Conference took place on March 11, 2023, and received positive feedback. Planning for the 2024 conference will start during the summer of 2023.	
f. Research <ul style="list-style-type: none"> • AIDS Clinical Trials Group/Antiviral Research Center (ACTG/AVRC) • HIV Neurobehavioral 	<ul style="list-style-type: none"> • ACTG/AVRC: No updates • HNRP: No updates • MCAP: Studies are back open again. MCAP will continue to have longitudinal studies to look at both antiretroviral therapy (ART) medications for infants who are now adults and long-term studies to look at the outcome for children who are now adults. 	

Agenda Item	Action	Follow-up
Research Program (HNRP) <ul style="list-style-type: none"> • Mother Child Adolescent Program (MCAP) 		
12. Agency updates/ Announcements	<p>Open positions for Christie's Place:</p> <ul style="list-style-type: none"> ▪ Project Coordinator ▪ Program Manager <p>The Lotus Program will take place in April (English only) at Christie's Place. If providers would like to refer their clients, please get in touch with Christie's Place. This program provides women with information on how to be advocates in the community.</p> <p>Next Meeting Date: Monday, April 17, 2023, 11:00 AM Location: Zoom</p>	
13. Adjournment	Adjourned at 12:46 PM	



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

CARE PARTNERSHIP

Monday, April 17, 2023

11:00 AM – 1:00 PM

Meeting URL:

<https://zoom.us/j/95445978475?pwd=bmRSNEI3Z2pnRVY3U3g5ZmRZYVN6dz09>

Meeting ID: 894 5823 2478

DRAFT MINUTES

Attendees: Johneisha Jones (Chair), Venice Price (Co-Chair), Amanda Duffell (Co-Chair), Patty Lopez (UCSD-MCAP), Rhea Van Brocklin (Christie's Place), Tammelita Cotlon-Pineda (UCSD-MACP), Shannon Ransom (UCSD-MCAP), Gloria Alonzo (UCSD, MCAP), Lori Jones (HSHB), Pablo Corona (HICAP), Cinammen Kubricky, Rosalva Martha-Patten, Azmin Granados, Felice Jimenez, Loren G, Reginald Carroll, Samahara, Denise Williams.

HPG Support Staff: America Gonzalez Castaneda, Carlie Catolico, Joyce Ann Eclarino

Spanish Interpretation available, call: 1-888-582-3528 (toll-free) /1-847-944-7361 (US toll) – Pass Code 9150 983#

Agenda Item	Action	Follow-up
1. Welcome and introductions	Chair Johneisha Jones started the meeting at 11:01 AM, and the participants introduced themselves.	
2. Comments from the Chair/		
a. Respectful Engagement		
3. Moment of silence	Irene Milton, the founder of Christie's Place, helped many of the women in the community.	
4. Review Mission Statement	Read by a member of the public.	
5. Public comment/ Sharing our Concerns	A public member questioned about Housing consulting and supporting the housing crisis. A public member asked questions about resuming in-person meetings and the eligibility for travel reimbursement. Shannon Ransom provided the following input:	HPG Support Staff will update the CARE meeting flyer

Agenda Item	Action	Follow-up
	<ul style="list-style-type: none"> • In-person meetings will be on hold until more attendance and consumer participation. • Members recommended creating a flyer to inform the community about the meeting • Unfortunately, CARE is not reimbursed since it's not an HPG committee. • Shannon Ransom will communicate with the recipient office for consumer support funds <p>A public member commented that consumers should have Equitable access to quality services and care. Unfortunately, not all women are receiving this, and we need to ensure that all women, regardless of their status, race, or socioeconomic status, are welcome and receive services. We are just asking for equal access, to have all the services information, and to be treated equally all the way around.</p>	
6. Review & approval of the meeting agenda for April 17, 2023	Approved by consensus	
7. Review & approval of March 20, 2023 meeting minutes	Approved by consensus	
8. Discuss and update the 2023 training plan	<ul style="list-style-type: none"> • May 15th - UCSD Cancer program • June 12th - Family Care (Medi-Cal and Covered California) • July 17th - Catholic Charities • August 21st - La Maestra Community Clinic • September 18th San Ysidro CASA Tentative • October 16th Open • November 20, 2023: Open but consider a workforce • December 18th Self-care 	
9. Cultural Competency/ Training Opportunities/ Updates	<p>Christie's Place – Project PEARL Next cohort will be in Spanish. They are scheduled from 9 AM – 5 PM. Unfortunately, applications are closed, but Rhea Van Brocklin will email us when the next cohort opens.</p>	
10. Old Business		
a. None	None	
11. New Business		

Agenda Item	Action	Follow-up
<p>a. Presentation: Presentation: Jewish Family Services, Azmin Granados, MSW- Program</p>	<p>Azmin Granados presented on Jewish Family Services for Young Parents:</p> <ul style="list-style-type: none"> • Promote building young parents' strength • Home visit • access to education, • healthy relationships, family • safe sex. <p>Services are provided to young parents under the age of 21 who are not eligible for Cal Learn. For more information about JFS services, please visit www.ifssd.org FS Access Line: (858) 637-3210</p> <p>The Corner Market is located at the Kearny Mesa office off Balboa Ave. and provides the following services</p> <ul style="list-style-type: none"> • Immigration • High Education Legal Services <p>e. Service Area: Mainly the central region.</p>	
12. Reports		
<p>a. Women and Youth Out of Care Group Discussion</p>	<p>A member of the public requested the following:</p> <ul style="list-style-type: none"> • Age and Racial demographics of women who are out of care. • How many are newly diagnosed? <p>A member of the public commented that when people do not feel welcome, they are less inclined to appear for services.</p> <p>During the Strategies & Standards Committee meeting, the members discussed requesting the following data:</p> <ul style="list-style-type: none"> • Out-of-care data • Care Continuum data • Number diagnosed, number in care. • Subpopulations and groups to see if there is some attention needed. Youth, particularly around testing. • Transgender women's data <p>The committee has a brief conversation about some data elements and the gap analysis for all the services provided through Prevention funding. The goal is to complete the 2020-2021 date by this July, covering some basic demographics.</p>	

Agenda Item	Action	Follow-up
b. HIV Planning Group (HPG) Planning Group Support Staff	<ul style="list-style-type: none"> Support Staff – Delio Ladron de Guevara is no longer with HPG Support Staff as he got a promotion with the San Diego LGBT Community Center. Steering Committee April 18, 2023 Community Engagement Group Meetings April 19, 2023 MPOX Task Force April 20, 2023 HPG meeting next Wednesday, April 26th, 2023 HPG Orientation – May 18, 2023, at the Malcolm X Library 	
c. Housing Needs/Progress Cinnamen Kubricky	Reminder to update the housing application and contact the social worker to check for deadlines and any updated New youth apartments are available through The Center; more information will be provided when it is available.	
d. Ryan White Part D Shannon Ransom	A brief discussion on the Health Resources and Services Administration (HRSA) funds and Centers for Disease Control and Prevention (CDC) funds for the Ending the HIV Epidemics (EHE), and Ryan White funding from the State (Part B)	
e. Women's Conference 2023	The Women's Conference was on March 11, 2023; there was excellent feedback. Unfortunately, there is no information on the 2024 dates yet.	
f. Research <ul style="list-style-type: none"> AIDS Clinical Trials Group (ACTG)/ Antiviral Research Center (AVRC) HIV Neurobehavioral Research Program (HNRP) Mother, Child & Adolescent HIV Care (MCAP) 	<p>ACTG and HNRP have requirements for those who are HIV-negative.</p> <p>MCAP (Rosalva Martha-Patten): Smart protocols are still on; clinical trials with pregnant women evaluate the long-term safety of retroviral medications with children born without HIV.</p> <p>Open for enrollment for new participants to a new study on a vaccine against Respiratory Syncytial Virus (RSV). Please contact Rosalva Martha-Patten: (619) 375-6678</p> <p>All the HIV-negative Children/adolescents/adults that have been part of studies but are still coming for research studies; Sensitive to issues of those with HIV and would like to include them in our activities if they are willing to be participants in</p>	

Agenda Item	Action	Follow-up
	<p>conferences, meetings, or anything that would be beneficial.</p> <p>What can we do more for those who are HIV negative but may be caretakers or family members of those who are HIV positive?</p> <ul style="list-style-type: none"> • Center Ribbon new youth services in Hillcrest. • Rhea Van Brocklin is posting next June 2023 Project PEARL Training • HPG Orientation May 18, 2022, 2:00 – 4:00 p.m. • Thursday, April 20th, 11- 1 pm Kick off LGTQ youth at MCAT – free event. • Services for youth 	
13. Agency updates/ Announcements	<p>Next CARE Meeting Date: Monday, May 15, 2023, 11:00 AM Location: Virtually/online via Zoom until there is more participation.</p> <ul style="list-style-type: none"> • The next Project PEARL training is in June this year and will be done in English. • Youth Friendly HIV Accessible Clinics LYF-HAC Drag Brunch on Thursday, April 20, 2023 from 11 AM – 1 PM • RSVP https://tinyurl.com/MCAPdragbrunch • Tuesday, April 18, 2023 night for Andy's support group meeting to collaborate and pay tribute to Irene Milton at 7 PM 	
14. Adjournment	Adjourned at 12:47 PM	



County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES
3851 ROSECRANS STREET, MAIL STOP P-578
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WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

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

CARE PARTNERSHIP

Monday, May 15, 2023

11:00 AM – 1:00 PM

Meeting URL:

<https://zoom.us/j/95445978475?pwd=bmRSNEI3Z2pnRVY3U3g5ZmRZYVN6dz09>

Meeting ID: 894 5823 2478

MINUTES

Attendees: Lori Jones (County of San Diego), Rhea Van Brocklin (Christie's Place), Gloria Alonzo (Christie's Place), Shannon Ransom (MCAP), Nicole Pepper (MCAP), Rosalva Martha (MCAP), Patty Lopez (MCAP), Loren Goldstein (County of San Diego), Marvin Hanashiro (UCSD AVRC), Margaux Stack-Babich (UCSD Cancer Program), Carlos Diaz de Leon (Ogma Interpretation Services)

HPG Support Staff: Joyce Ann Eclarino, Carlie Catolico

Spanish Interpretation available, call: 1-888-582-3528 (toll free) /1-847-944-7361 (US toll) – Pass Code 9150 983#

Agenda Item	Action	Follow-up
• Welcome and introductions	Shannon Ransom started the meeting at 11:12 AM, and participants introduced themselves.	
• Comments from the Chair/	The Chair went over the process of how to access translation services.	
a. Respectful Engagement	Respectful engagement comments were read by a staff of the Antiviral Research Center.	
• Moment of silence	A moment of silence was observed, remembering those who have passed and those living with or affected by HIV/ADS and/or COVID-19.	
• Review Mission Statement	Rhea Van Brocklin read the mission statement.	
• Public comment/ Sharing our Concerns	No public comments were made.	

Agenda Item	Action	Follow-up
<ul style="list-style-type: none"> • Review & approval of the meeting agenda for May 15, 2023 	<p>The agenda for May 15, 2023, was approved per consensus.</p>	<p>HPG Support Staff will update the Zoom link on the agenda.</p>
<ul style="list-style-type: none"> • Review & approval of April 17, 2023 meeting minutes 	<p>Meeting minutes from April 17, 2023, were approved per consensus.</p> <p>HPG Support Staff reserved a room for an in-person meeting for June 2023. However, the Chair can only transition to in-person meetings once there is more consumer engagement.</p>	<p>Patty Lopez will follow up with a group about the logistics of meeting in person.</p>
<ul style="list-style-type: none"> • Discuss and update the training plan 	<p>Patty Lopez reviewed the 2023 Training Plan. Rhea Van Brocklin suggested adding a presentation about Housing availability by Freddy Villafan. Lori Jones suggested including a topic about Harm Reduction.</p>	<p>HPG Support Staff will follow up with Patty Lopez on the updated 2023 training plan schedule</p>
<ul style="list-style-type: none"> • Cultural Competency/ Training Opportunities/ Updates 	<p>San Diego Project Peers Promoting Equity, Advocacy, and Resource through Leadership (PEARL) will be conducting a training on June 1, 2023. A registration form link was provided to interested attendees.</p> <p>Sdprojectpearl.com</p>	
<ul style="list-style-type: none"> • Old Business 		
<ul style="list-style-type: none"> a. None 		
New Business		
<ul style="list-style-type: none"> a. Presentation: - Margaux Stack-Babich, MPH, Community Outreach and Engagement, UC San Diego Moores Cancer Center 	<p>Margaux Stack-Babich, MPH, Community Outreach and Engagement, UC San Diego Moores Cancer Center, gave a presentation.</p> <p>The UCSD Community Outreach team is available to educate and provide health promotion. They have also co-created “Cancer in the Trans Community” hybrid services with UCSD Transgender/Nonbinary Community Advisory Board (TCAB), taking place on June 1 and June 8, 2023. Additionally, they will be tabling with LGBTQIA+ focused cancer prevention materials at Trans Tuesday events. Lastly, they have created Human Papilloma Virus (HPV) fact sheets</p>	

Agenda Item	Action	Follow-up
	<p>for distribution at a monthly community event at Urban Mo's.</p> <p><u>Moore's Cancer Center Activities Coming Up:</u></p> <p><u>5/18 Cancer Prevention 101 at Copley YMCA:</u> https://forms.office.com/pages/responsepage.aspx?id=Exyd-3EKb0KnV87xivsRxjAH273N7p5GgiFI-zUNtuJUQkdWSVITTEpWOU1GTDNPT1NBWElaMTEyMi4u</p> <p><u>5/25 Behind the Science Forum:</u> https://uchealth.zoom.us/join/zoom-join?join=ZUsciehqTouG9fBEV6uCAk7BldGKTMU5MoJ</p> <p><u>6/7 Lung Cancer Screening Seminar:</u> https://docs.google.com/forms/d/e/1FAIpQLSfNQiGticPoBMWNtpU9pHE2sIACv6N2C9SMJSVSZRUVzV6fzw/viewform</p> <p><u>7/20 Cervical Cancer QI Learning Collaborative</u> https://uchealth.zoom.us/join/zoom-join?join=ZMldeuurTksH91y3amQLn7zXtAp51ODiRfd</p> <p><u>Ongoing Cervical Cancer Screening Needs Assessment</u> https://sdsu.co1.qualtrics.com/jfe/form/SVcCIDiEzx Aad2bBk</p> <p><u>About Liver Cancer Screening Study:</u> https://medschool.ucsd.edu/som/medicine/divisions/gastro/research/NAFLD/research/patient-oriented/Pages/San-Diego-Cirrhosis-Registry-Study.aspx</p>	
<ul style="list-style-type: none"> Reports 		
<p>a. Women and Youth Out of Care Group Discussion</p>	<p>The County issued another funding award for organizations that offer routine testing. The University of California, San Diego, will hire linkage-to-care positions to assist clients with a positive diagnosis to ensure they get connected to care.</p>	<p>HPG Support staff will follow up with Lori Jones on presenting the Ending the Epidemic funding services.</p>

Agenda Item	Action	Follow-up
	There will be upcoming benefits navigation services, wrap-around services for those injecting drugs, and wrap-around services for the trans population. Lori Jones, County of San Diego, offered to present on the upcoming services from Ending the Epidemic funding.	
b. HIV Planning Group (HPG) Planning Group Support Staff	HPG Orientation is scheduled for Thursday, May 18, 2023 from 2:00– 4:00 PM. Via: Zoom	
c. Housing Needs/Progress Cinnamen Kubricky	None	
d. Ryan White Part D Shannon Ransom	Benefits Navigation	
e. Research <ul style="list-style-type: none"> • AIDS Clinical Trials Group (ACTG)/ Antiviral Research Center (AVRC) • HIV Neurobehavioral Research Program (HNRP) • Mother, Child & Adolescent HIV Care (MCAP) 	<p>Marvin from the UCSD Antiviral Research Center (AVRC) presented opportunities for a few studies.</p> <p>HNRP has 3 outreach Representatives</p> <p>MCAP is now enrolling babies (6-24 months) for RSV studies. Contact marthapattern@health.ucsd.edu for more information.</p>	Marvin UCSD-AVRC will contact the HNRP representative to participate in the CARE Partnership meetings.
<ul style="list-style-type: none"> • Agency updates/ Announcements 	<p>A Celebration of Life event for Irene Milton, Founder of Christie's Place, will occur on June 5, 2023. A non-denominational service will be followed at 6:00 PM.</p> <p>The California Department of Public Health is looking to do turnkey MPOX vaccination events – they will provide the people and resources to do the event for providers interested in receiving or hosting their event.</p> <p>Next Meeting Date:</p>	

Agenda Item	Action	Follow-up
	Monday, June 12, 2023, 11:00 AM Location TBD	
• Adjournment	Adjourned at 12:34 PM.	

Joint City/ County HIV Housing Committee Meeting Minutes

January 18, 2023

Housing and Community Development Services

Virtual Meeting

3989 Ruffin Road, San Diego, CA 92123

10:00 AM to 12:00 PM

Committee Members Present:	Representing:	Community Members Present	Representing:	Staff Present:	Representing:
James Cassidy	HOPWA Providers	Victor Esquivel	The Center SD	Manuel Q. Galvan	HCDS
Marc d'Hondt	San Diego Housing Commission	Chris Nolan	Mama's Kitchen	Roxana Lopez	HCDS
Juanita Villalvazo	Families and Children	Stacey Drew	Townspeople	Adriana Lara	HCDS
Allan Acevedo	Consumer	Jennifer Lothridge	211	Lolita Thomas	HCDS
Committee Members Absent:	Representing:	Melissa Peterman	Townspeople	Delio Ladron de Guevara	PHS
Alisia Sanchez	Advocate for new immigrants and undocumented persons	Cinnamen Kubricky	Guest		
Ricardo Vasquez	Homeless/formerly homeless	Dennis Dickens	FJV		
Verna Gant	Women	Bernadette Winter-Villaluz	FJV		
Patrick Anderson	Seniors	Pamela De Leon			
Chris Mueller	Substance Abuse				
Loren Goldstein	Formerly Incarcerated				

Joint City/ County HIV Housing Committee Meeting Minutes
January 18, 2023

Housing and Community Development Services

Virtual Meeting

3989 Ruffin Road, San Diego, CA 92123

10:00 AM to 12:00 PM

Item/ Topic	Discussion	Action
I & II Call to order/ Welcome and Moment of Silence	Meeting Called to order: 10:05 AM Moment of Silence Observed	
III. Public Comment & Introductions	Public Comment: No Public Comment	
IV. ACTION: Approval of Agenda: January 18, 2023	Time: 10:06 AM <ul style="list-style-type: none"> Unable to approve January 18, 2023 Agenda – No Quorum 	No Quorum
V. ACTION: Approval of Minutes: November 16, 2022	Time: 10:06 AM <ul style="list-style-type: none"> Unable to approve November 16, 2022 Meeting Minutes – No Quorum 	No Quorum
VI. Membership subcommittee update	Time: 10:06AM <ul style="list-style-type: none"> New member to fill the Permanent Position – HIV Planning Council Seat Candidate: Cinnamen Kubricky 	No Quorum
VII. ACTION: Recommendation for membership	Time: 10:06 AM <ul style="list-style-type: none"> Unable to approve Permanent Position – No Quorum 	No Quorum
VIII. HOPWA TBRA Lease-up and Waiting List update (HCDS)	Time: 10:07AM <ul style="list-style-type: none"> Housing Specialist reports: <ul style="list-style-type: none"> Currently 96 active cases (8 pending lease up) and 4,100 currently on our waiting list as of 1/2/2023 Last pool was completed on June 2022 	
IX. Updates: HOPWA Providers	Time: 10:08 AM <ul style="list-style-type: none"> San Diego Housing Commission – 	

Joint City/ County HIV Housing Committee Meeting Minutes January 18, 2023

Housing and Community Development Services

Virtual Meeting

3989 Ruffin Road, San Diego, CA 92123

10:00 AM to 12:00 PM

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| | <ul style="list-style-type: none"> ○ Academy classes being offered such as credit counseling, work readiness, resume writing, assistance with moving forward especially individuals looking for apartments with low credit score; also have digital media program and partnered with continuing ed regarding enrollment; workshop is every Thursday; first five starting parenting classes ○ Reminder that SDHC is purging the waitlist; notices went out last month; clients need to go online-clients were getting 21 days to complete; no longer than February ● Townspeople - <ul style="list-style-type: none"> ○ In process of leasing up several units at permanent supportive housing properties ○ Referrals must come through coordinated entry system ○ Emergency Housing program is full for January but probably taking about 5 referrals for February ○ New referral email for anyone needing emergency housing and housing navigation – referral@townspeople.org ● 211SD – <ul style="list-style-type: none"> ○ Continuing to move along well connecting clients and providing resources; nothing new ● FJV – <ul style="list-style-type: none"> ○ 64 of 78 beds filled; min 10 empty family beds ○ More people on waitlist than have beds ○ Giving tours to agencies to increase referral ○ Success story – family that was participating for about a year got jobs, enrolling in school, and was able to move into their own place ● Mama's Kitchen - <ul style="list-style-type: none"> ○ Dec had 30 clients enrolled receiving meals; provided 56 emergency food assistance bags ○ If you have clients needing food please enroll; home delivered meals; each delivery comes with 21 meals non-perishable items ● Being Alive - <ul style="list-style-type: none"> ○ Still accepting referrals for the utility assistance program ● Stepping Stone – <ul style="list-style-type: none"> ○ No update (Staff not present) | |
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Joint City/ County HIV Housing Committee Meeting Minutes

January 18, 2023

Housing and Community Development Services

Virtual Meeting

3989 Ruffin Road, San Diego, CA 92123

10:00 AM to 12:00 PM

	<ul style="list-style-type: none"> • HHS-ICM - <ul style="list-style-type: none"> ○ No update (Staff not present) • SBCS - <ul style="list-style-type: none"> ○ No update (Staff not present) • Fraternity House, Michelle House, and Independent Living Apartments (Fraternity House Inc.) - <ul style="list-style-type: none"> ○ No update (staff not present) • Ryan White – PHS <ul style="list-style-type: none"> ○ No update (staff not present) 	
X. Committee Member Comments on items not on Agenda	<ul style="list-style-type: none"> • Cinnamon Kubricky introduced herself and spoke briefly on her history/role. She wants to make sure all women are effectively and efficiently represented and has equitable access to resources. There was no quorum therefore will have to be voted at next meeting. • Allan was welcomed as this was his first meeting as a committee member. 	
XI. HCDS Staff Updates	<ul style="list-style-type: none"> • HCDS Update <ul style="list-style-type: none"> ○ HCDS plans to put out NOFA end of the month; different from before – handled in house instead of Department of Purchasing and Contracting – will be much faster; will give 4 weeks to complete and submit ○ Reminder that agencies should be half way through spending; please review budget and reach out to COR if needed ○ Very important to spend funds since end of contracts; will not be able to receive late invoices 	
XII. Adjournment	The meeting was adjourned at 10:26 AM	

Joint City/ County HIV Housing Committee Meeting Minutes

March 15, 2023

Housing and Community Development Services
 Virtual Meeting
 3989 Ruffin Road, San Diego, CA 92123
 10:00 AM to 12:00 PM

Committee Members Present:	Representing:	Community Members Present	Representing:	Staff Present:	Representing:
James Cassidy	HOPWA Providers	Victor Esquivel	The Center SD	Nicole Aguilar	HCDS
Patrick Anderson	Seniors	Chris Nolan	Mama's Kitchen	Roxana Lopez	HCDS
Juanita Villalvazo	Families and Children	Pamela De Leon	Mama's Kitchen	Maritza Herrera	HHSA/Office of AIDS
Allan Acevedo	Consumer	Samahara Morlet	Townspeople	Lolita Thomas	HCDS
Loren Goldstein	Formerly Incarcerated	Melissa Peterman	Townspeople	Ashley Huggins	HCDS
Chris Mueller	Substance Abuse	Melissa Hernandez	2-1-1		
Committee Members Absent:	Representing:	Dennis Dickens	FJV		
Alisia Sanchez	Advocate for new immigrants and undocumented persons	Prabha Singh	Steppingstone		
Ricardo Vasquez	Homeless/formerly homeless	Cinnamen Kubricky	Guest		
Verna Gant	Women	Analicia McKee-Chau	SBCS		
Marc d'Hondt	San Diego Housing Commission				

Joint City/ County HIV Housing Committee Meeting Minutes

March 15, 2023

Housing and Community Development Services

Virtual Meeting

3989 Ruffin Road, San Diego, CA 92123

10:00 AM to 12:00 PM

Item/ Topic	Discussion	Action
I & II Call to order/ Welcome and Moment of Silence	Meeting Called to order: 10:05 AM Moment of Silence Observed	
III. Public Comment & Introductions	Public Comment: No Public Comment	
IV. HOPWA TBRA Lease-up and Waiting List update (HCDS)	Time: 10:06AM <ul style="list-style-type: none"> As of March 1st there is 4,190 applicants on waitlist, 88 active lease ups, 7 pending Completed a pull on Feb 3rd, 2023 - 45 individuals were notified and now waiting for eligibility 	
V. Updates: HOPWA Providers	Time: 10:07 AM <ul style="list-style-type: none"> Being Alive - <ul style="list-style-type: none"> Taking referrals for moving program and utility assistance program Fraternity House, Michelle House, and Independent Living Apartments (Fraternity House Inc.) - <ul style="list-style-type: none"> Moved a resident on to higher level of care, moved another into an apartment May have 1 (Male) opening at Michelle House; all apartments are filled and doing fine Will be formally opening search for an executive director in upcoming weeks Stepping Stone – <ul style="list-style-type: none"> Anya House has 2 beds open; Alice’s house has 2 beds open; rain bought issues with power outage but working on it in timely manner Townpeople - <ul style="list-style-type: none"> 2 units working with eligible clients; 1 vacant unit has been matched, another about to move in SBCS - <ul style="list-style-type: none"> Movement in perm supportive program – 3 families have exited in last program year, 2 have been filled therefore 1 is open; opened in CES few days ago 	

Joint City/ County HIV Housing Committee Meeting Minutes

March 15, 2023

Housing and Community Development Services

Virtual Meeting

3989 Ruffin Road, San Diego, CA 92123

10:00 AM to 12:00 PM

	<ul style="list-style-type: none"> • Mama's Kitchen - <ul style="list-style-type: none"> ○ Provided 28 people in February (2,256 meals); ○ Still accepting applications for home delivery meal program and emergency food bags up to 24 bags per year with nonperishable food items each bag offers up to 21 meals • FJV – <ul style="list-style-type: none"> ○ Shelter and supportive services for 60 single adults, 8 clients on waitlist – 5 are scheduled in next few weeks ○ Process in re-applying for grant • HHSA-ICM - <ul style="list-style-type: none"> ○ 1 male bed available, no female; still taking referrals ○ Reach out if client is in jail • 211SD – <ul style="list-style-type: none"> ○ No update • San Diego Housing Commission – <ul style="list-style-type: none"> ○ No update • Ryan White – PHS <ul style="list-style-type: none"> ○ No update 	
VI. ACTION: Approval of Agenda: March 15, 2023	Time: 10:14 AM <ul style="list-style-type: none"> • March 15, 2023 Agenda 	Approved 1 st : Loren 2 nd : Juanita
VII. ACTION: Approval of Agenda: January 18, 2023	Time: 10:15 AM <ul style="list-style-type: none"> • January 18, 2023 Agenda 	Approved 1 st : Allan 2 nd : Juanita
VIII. ACTION: Approval of Minutes: January 18, 2023	Time: 10:16 AM <ul style="list-style-type: none"> • January 18, 2023 Agenda 	Approved 1 st : Allan 2 nd : Juanita

Joint City/ County HIV Housing Committee Meeting Minutes
March 15, 2023

Housing and Community Development Services
 Virtual Meeting
 3989 Ruffin Road, San Diego, CA 92123
 10:00 AM to 12:00 PM

IX. ACTION: Approval of Minutes: November 16, 2022	Time: 10:16 AM <ul style="list-style-type: none"> November 16, 2022 Meeting Minutes 	Approved 1 st : Loren 2 nd : Patrick
X. Membership subcommittee update	Time: 10:17AM <ul style="list-style-type: none"> New member to fill the Permanent Position – HIV Planning Council Seat Candidate: Cinnamen Kubricky 	
XI. ACTION: Recommendation for membership	Time: 10:18 AM <ul style="list-style-type: none"> Subcommittee recommends candidate - Passes with all committee members voting in favor Nicole (HCDS) will send recommendation to HCDS Director David Estrella for final approval 	
XII. Committee Member Comments on items not on Agenda	<ul style="list-style-type: none"> SDHC has eviction program that will help people pay rent if they were affected by the COVID pandemic https://www.sdhc.org/evictionban/ 	
XIII. HCDS Staff Updates	<ul style="list-style-type: none"> HCDS Update <ul style="list-style-type: none"> NOFA is due next week March 23rd, 2023 no later than 2pm COVID restriction has been lifted and will be rolling out in person meeting for next meeting in May; location is TBD Discussion on whether you must be in person to hold quorum, specific criteria for being virtual; limited times you can be virtual Committee members who have not attended meeting are being terminated per by-laws therefore next meeting we will need less attendees to hold quorum; Will need to recruit for open seats Shared the Housing Blueprint-Roadmap to guide response to housing affordability crisis – Video Suggestion to have someone from OHS to give a brief presentation at next meeting (Topic: what office does, what they offer, what direct services they offer and how to get them); also get someone to sit on the committee 	
XIV. Adjournment	The meeting was adjourned at 10:34 AM	



Faith-Based Action Coalition (FBAC)

Monthly Meeting

Time: 10am-12pm

Date: Thursday, January 5, 2023

Attendees	Dr. Ken Riley, Myleen Abuan, Kenyatta Parker, Delio Ladron de Guevara, Crystal Skerven, Angelle Maua, Kym Hodge
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Item	Discussion	Follow-Up
1. Call to order/Opening Prayer/Read the FBAC Mission Statement/Introductions	Kenyatta Parker called the meeting to order at 10:03 AM. Introductions were made. <ul style="list-style-type: none"> Opening Prayer by: Dr. Ken Riley Mission Statement by: Myleen Abuan 	
2. Review/Approve Agenda	The Thursday, January 5, 2023, meeting agenda was approved by consensus.	
3. Review/Approve Last Meeting's Minutes	The Thursday, November 3, 2022, meeting minutes was approved by consensus.	
4. Financial Report	None	
5. Old Business	None	
6. New Business		
a. Events Calendar	<p>i. Planning/Partnering with other Organization(s) for National Black HIV/AIDS Awareness Day 2023:</p> <p>a. February 7, 2023: Screening of <i>Black Is...Black Ain't</i> at 6:00 PM - 1420 Kettner Blvd., San Diego, CA 92101</p> <p>b. Saturday, February 11, 2023: Black LGBTQ Human Book Experience at the Valencia Park/Malcolm X Library – 5148 Market St, San Diego, CA 92114 (Testing will be available for HIV/AIDS and Monkey Pox)</p> <p>c. February 7 – March 8, 2023: Screening at the San Diego Central Library. (For more information, reach out to Jimmy Lovett Jr.)</p> <p>ii. Discussion: FBAC Mission/Plans/Direction: There may be consideration to re-brand the coalition and begin holding in-person meetings to get those previously involved as part of the process.</p>	FBAC to host a table on 02.11.23 and support as a sponsor. All are asked to invite artists interested in participating in the poetry slam or members from the LGBTQ community to be a part of the Human Book Experience.

	<p>meetings again, may spark something. Consider rebranding/renaming.</p> <p>iii. Potential Meeting Date Change Starting in March 2023: The coalition considered moving the meetings to the 2nd Thursday of the month. With existing scheduling conflicts, the coalition will continue with the 1st Thursday of each month.</p> <p>iv. Community Events for our Participation/Partnering with other Organizations:</p> <ul style="list-style-type: none"> a. The Epidemiology, Immunizations Service Branch (EISB) can help groups coordinate the distribution of Monkeypox (MPOX), COVID-19, and Flu vaccines. If you are interested in having these services at a next event, please connect with Kym Hodge. b. African American/Black Immunization Outreach Workgroup: The AA Blk IZ Outreach Workgroup meets every other month starting February 2, 2023 from 11:00 AM – 12:00 PM. <ul style="list-style-type: none"> i. Purpose and Goal of Efforts: Increase immunization rates among African American/Black community members for influenza and the COVID-19 vaccines. Ensure that our messaging resonates with the community, and that we are connecting in a meaningful way by working with and engaging the community and partnering with trusted organizations. If anyone is interested in participating in the AA Blk IZ Outreach Workgroup, you can reach out to Kym Hodge at kym.hodge@sdcounty.ca.gov. c. February 1, 2023: LWSD Faith-Based Organization Sector Telebriefing at 1:00 PM – Dr. Ken will be participating in a panel that afternoon and will share 	<p>Dr. Ken, Kenyatta, and Myleen to meet in an executive meeting to further discuss rebranding.</p>
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	a link to the coalition if you are interested in participating.	
7. HIV Planning Group/Ryan White/ HIV Prevention/ HIV, STD, and Hepatitis Branch (HSHB) Updates	<p>i. Monkeypox Task Force Updates: Although meetings have decreased, the taskforce continues to meet. Dr. Ken has volunteered to reach out to other health jurisdictions to see what they are doing to address disparities in the African American and Latino/a communities.</p> <p>ii. Ending the HIV Epidemic (EHE) Activities Update – Felipe Ruiz and Jean-Aine Pretanvil: None</p> <p>The Fiscal Year for Ryan White funding ends in February. The HIV Planning Group is looking to do allocation early next year to avoid an excess of savings.</p> <p>HIV Prevention: Funding and promotion for the MPOX vaccine was successful, although some did not get the vaccine because of how it was marketed to people. There is no funding going forward in 2023 for prevention but San Ysidro Health continues to do monthly MPOX vaccine clinics on Saturdays.</p>	The coalition is encouraged to reach out to members of the community that may be interested in joining the HIV Planning Group.
8. Next Meeting/Future Agenda Items	<ul style="list-style-type: none"> • Meeting Date: Thursday, December 8, 2022 • Time: 11:00 AM – 12:00 PM • Location: Zoom <p>Health Equity Presentation (February 2023) – Patrick Loose</p> <p>Harm Reduction Presentation (February 2023) – Lori Jones</p>	
9. Announcements	<ul style="list-style-type: none"> • Project PEARL at Christie's Place – January 20th, 2023 • Urban League Meetings – 2nd Tuesday of the month 	
10. Closing Prayer/Adjournment	<p>Closing Prayer by: Myleen Abuan</p> <p>Meeting was adjourned at 11:02 AM.</p>	



Faith-Based Action Coalition (FBAC)

Monthly Meeting

Time: 10am-12pm

Date: Thursday, February 2, 2023

Attendees	Dr. Ken Riley, Myleen Abuan, Lori Jones, Felipe Ruiz, Delio Ladron de Guevara
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Item	Discussion	Follow-Up
1. Call to order/Opening Prayer/Read the FBAC Mission Statement/Introductions	Dr. Ken Riley called the meeting to order AM. Introductions were made. <ul style="list-style-type: none"> Opening Prayer by: Lori Jones Mission Statement by: Myleen Abuan 	
2. Review/Approve Agenda	The Thursday, February 2, 2023, meeting agenda was approved by consensus.	
3. Review/Approve Last Meeting's Minutes	Tabled	
4. Financial Report	None	
5. Old Business	None	
6. New Business		
a. Presentation: Health Equity Presentation	Tabled	
b. Events Calendar	i. Planning/Partnering with other Organization(s) for National Black HIV/AIDS Awareness Day 2023: <ul style="list-style-type: none"> a. FBAC to be a sponsor for Christie's Place – Yesterday-Today-Tomorrow Black History Month Celebrations. A flyer will be sent through the FBAC Distribution List. b. Tuesday, Feb. 7, 2023 - Screening of Black is Black Ain't at 1420 Kettner Blvd. 92101 from 6:30 – 9:00 PM in honor of Black HIV awareness Day. ii. Discussion: FBAC Mission/Plans/Direction: Tabled	Dr. Ken Riley to connect with Kym Hodge regarding the Black Immunization Coalition. Dr. Ken Riley to share report from extensive conversation with NYC EMA.
	iii. Potential Meeting Date Change Starting in March 2023: Tabled	

“The mission of the Faith-Based Action Coalition is to engage communities in order to openly discuss, educate and actively address the needs and health disparities of people of African descent and others disproportionately impacted by HIV/AIDS and its cooccurring conditions, as well as other health conditions in San Diego County.”



	<p>iv. Community Events for our Participation/Partnering with other Organizations: Although FBAC is not hosting any events for National Black HIV/AIDS Awareness Day this year, FBAC is collaborating with other organizations by sponsoring existing events. A recommendation was made for FBAC to connect with the Black Immunization Coalition.</p>	
<p>7. HIV Planning Group/Ryan White/ HIV Prevention/ HIV, STD, and Hepatitis Branch (HSHB) Updates</p>	<p>i. Monkeypox Task Force Updates: Although the emergency for Monkeypox has ended, there is still an ongoing need to monitor vaccine uptake in African Americans and Latinos. Dr. Ken Riley has spoken with 6 different Eligible Metropolitan Areas (EMAs) with large African American and Latino Communities. New York City (NYC) EMA notes that the biggest problem is having to address stigma and historical mistrust.</p> <p>ii. Ending the HIV Epidemic (EHE) Activities Update – Felipe Ruiz and Jean-Aine Pretanvil: Family Health Centers of San Diego (FHCSD) was awarded the contract for Benefits Navigation. The purpose of this contract is to help clients navigate through all the recent changes within their medical insurance. Another contract to be released is for Wraparound Services for People who Inject Drugs (PID) and Transgender Services. A Notice of Intent (NOI) will be sent out within the next week with hopes of having a contract starting on March 1st or in April.</p> <p>a. Mobile App – The first generation of the application was tested, and a revised mockup of the mobile application should come out within the next month.</p> <p>b. EHE Symposium – A second EHE Symposium will be held in the summer.</p> <p>iii. HIV Planning Group (HPG): The HIV Planning Group will be approving their by-laws. The reallocation of funds from</p>	<p>If you know of any individuals living with HIV that may be interested in participating in the HIV Planning Group, please send recommendations to Dr. Ken Riley.</p>



	<p>underspent categories were moved to emergency housing at the last HPG meeting. The HPG will also begin moving towards in-person meetings in March 2023. A March retreat for HPG members is scheduled for March.</p> <p>iv. HIV Prevention: The California Department of Public Health (CDPH) met with HIV Prevention to discuss funding, which will be extended to May 2024. A request was made to invite FHCSD to Nav Collab.</p>	
8. Next Meeting/Future Agenda Items	<ul style="list-style-type: none"> • Meeting Date: Thursday, March 2, 2022 • Time: TBD • Location: Zoom 	
9. Announcements	None	
10. Closing Prayer/Adjournment	<p>Closing Prayer by: Myleen Abuan Meeting was adjourned at 11:10 AM.</p>	



Faith-Based Action Coalition (FBAC)

Monthly Meeting

Time: 10am-12pm

Date: Thursday, March 2, 2023

Attendees	Dr. Ken Riley, Myleen Abuan, Delio Ladron De Guevara, Mariah Williams, James Rucker
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Item	Discussion	Follow-Up
1. Call to order/Opening Prayer/Read the FBAC Mission Statement/Introductions	Dr. Ken Riley called the meeting to order 10:06 AM. Introductions were made. Mariah Williams briefly discuss initiative called <i>Faith in Motion</i> at Child Welfare Services. <ul style="list-style-type: none"> Opening Prayer by: Myleen Abuan Mission Statement by: Delio Ladron De Guevara 	
2. Review/Approve Agenda	The Thursday, March 2, 2023, meeting agenda was approved by consensus.	
3. Review/Approve Last Meeting's Minutes	The Thursday, February 2, 2023, and Thursday, January 5, 2023, meeting minutes were approved by consensus.	
4. Financial Report	None. Give \$100.00 sponsorship for Jimmy Lovett, also got request to sponsor 150.00 NBHD they did at Christie's Place.	
5. Old Business	None	
6. New Business		
a. Events Calendar/Community Events Update	<p>i. Debrief: Planning/Partnering with other Organization(s) for National Black HIV/AIDS Awareness Day 2023: There were no events planned by FBAC this year. However, FBAC participated in other events by sponsoring \$100.00 at the San Diego Public Library and \$150.00 for National Black History Day at Christy's Place. Karla Quezada-Torres provided a presentation on HIV and the impact on African Americans. Although lightly attended, the discussion included a conversation on finding solutions increasing participation and addressed deeply rooted issues in health inequity which include racism, social mistrust, poverty, and others.</p> <p>ii. Discussion: FBAC Mission/Plans/Direction: This will be discussed at a future meeting.</p>	

“The mission of the Faith-Based Action Coalition is to engage communities in order to openly discuss, educate and actively address the needs and health disparities of people of African descent and others disproportionately impacted by HIV/AIDS and its cooccurring conditions, as well as other health conditions in San Diego County.”



	<p>iii. Potential Meeting Date Change: A consideration was to change the meeting date to the fourth (4th) Thursday of each month.</p> <p>iv. Community Events for our Participation/Partnering with other Organizations: Various events have been scheduled for March, including Give Kids a Smile on March 4, 2023, and Spring into Health on March 2, 2023. Dr. Ken Riley will share any important events for FBAC to participate in. FBAC will also look at their brochure with the intent to update it for future events.</p>	
7. HIV Planning Group/Ryan White/ HIV Prevention/ HIV, STD, and Hepatitis Branch (HSHB) Updates	<p>i. Monkeypox Task Force Updates: The taskforce will presently meet quarterly, with their next meeting scheduled for April.</p> <p>ii. Ending the HIV Epidemic (EHE) Activities Update – Felipe Ruiz and Jean-Aine Pretanvil: No updates</p> <p>iii. HIV Planning Group (HPG): March 1, 2023 begins a new fiscal year for the HPG, and the group is waiting to hear the amount awarded from the Health Resources and Services Administration (HRSA) for the present fiscal year (FY 23). Once amount is given, the Priority Setting and Resource Allocation (PSRAC) committee will begin the budget allocation process in the summer. The HPG will also move to meetings in-person beginning in March.</p> <p>iv. HIV Prevention: The NavCollab is scheduled to meet on March 29, 2023. This is meant for HIV prevention services providers/navigators and those who help with HIV Care Navigation. A presentation will be given on that day for partner services for prevention and harm reduction.</p>	
8. Next Meeting/Future Agenda Items	<ul style="list-style-type: none"> • Meeting Date: Thursday, April 27, 2023 • Time: 10:00 – 11:30 AM • Location: Zoom <ul style="list-style-type: none"> ○ FBAC will revisit meeting in-person. 	
9. Announcements/ Open Forum	None	
10. Closing Prayer/Adjournment	<p>Closing Prayer by: Mariah Williams</p> <p>Meeting was adjourned at 11:00 AM.</p>	

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.

Name	Conflict of Interest	Name	Conflict of Interest
Acevedo, Allan De Jesus, Alfredo, Duarte, Esteban Jacobs, Dr. Delores Kubricky, Cinnamen Lochner, Michael (Mikie) Quezada-Torres, Karla Robles, Raul Weber, Jeffery West, Abigail Wimpie, Michael	<ul style="list-style-type: none"> None 	Grelotti, Dr. David Mar Tang, Moira Ransom, Shannon Spector, Dr. Stephen	<ul style="list-style-type: none"> Medical Case Management Mental Health: Psychiatric Medication Management Non-Medical Case Management Service Outpatient Ambulatory Health Services: Medical Specialty Outpatient Ambulatory Health Services: Primary Care Transportation: Assisted and Unassisted
		Highfill, Pam	<ul style="list-style-type: none"> Substance Use Treatment; Residential
Applebaum, Amy Tilghman, Dr. Winston Villafan, Freddy Yancey, Adrienne	<ul style="list-style-type: none"> Medical Case Management Substance Use Disorder Treatment: Residential Transportation: Assisted and Unassisted 	Underwood, Regina	<ul style="list-style-type: none"> EIS: Minority AIDS Initiative EIS Regional Services Medical Case Management Mental Health Groups/Therapy Non-Medical Case Management Service Outreach Services Peer Navigation (Referral for Healthcare and Support Services) Substance Use Disorder Treatment: Outpatient Transportation: Assisted and Non-Assisted
Garcia-Bigley, Felipe Lewis, Robert Rucker, James	<ul style="list-style-type: none"> Early Intervention Services, Regional Services EIS: Minority AIDS Initiative Home-Based Health Care Coordination Medical Case Management Mental Health Counseling/Therapy Mental Health: Psychiatric Medication Management Non-Medical Case Management Service Oral Health Outpatient Ambulatory Health Services: Medical Specialty Outpatient Ambulatory Health Services: Primary Care Peer Navigation (Referral for Healthcare and Support Services) Transportation: Assisted and Non-Assisted 		
Cortes, Alberto	<ul style="list-style-type: none"> Emergency Financial Assistance Foodbank/Home Delivered Meals Medical Nutrition Therapy 		
Davenport, Dr. Beth	<ul style="list-style-type: none"> Mental Health: Counseling/Therapy Non-Medical Case Management Medical Case Management Peer Navigation 	Price, Venice Van Brocklin, Rhea	<ul style="list-style-type: none"> Coordinated HIV Services for Women, Infants, Children, Youth and Families (CHS: WICYF)

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

HPG Member	1	1	1	1	1	1	1	1	0	0	1	1	1	1	1	11
Total Meetings	May	Jun	Jul	3-Aug	10-Aug	24-Aug	28-Sep	28-Oct	27-Nov	21-Dec	25-Jan	22-Feb	22-Mar	26-Apr	24-May	TOTAL
Acevedo, Allan, 8	1	*	*	*	*	1	1	*	NM	NM	*	*	*	*	*	2
Applebaum, Amy, 32	*	*	*	1	*	1	*	*	NM	NM	1	*	*	*	*	1
Cortes, Alberto, 34	*	*	*	1	*	*	*	1	NM	NM	*	1	*	*	*	2
Davenport, Elizabeth, 35	*	*	*	*	1	*	1	*	NM	NM	*	*	JC	*	*	1
De Jesus, Alfredo, 2	1	1	1	1	1	*	1	1	NM	NM	1	1	1	1	1	10
Duarte, M. Esteban															*	0
Garcia-Bigley, Felipe								1	NM	NM	*	*	*	*	*	1
Grelotti, David, 30	*	*	*	*	*	*	*	*	NM	NM	*	*	1	*	*	1
Highfill, Pamela, 21	*	1	1	*	*	*	*	*	NM	NM	*	1	*	*	EC	3
Jacobs, Delores, 20	*	*	*	*	*	*	*	*	NM	NM	*	*	*	*	*	0
Kubricky, Cinnamen, 4	1	*	*	*	1	*	1	1	NM	NM	*	1	*	*	1	5
Lewis, Bob, 17	*	*	*	*	*	*	*	1	NM	NM	*	1	1	1	*	4
Lochner, Mikie, 16	*	*	*	*	*	*	*	*	NM	NM	*	*	*	*	1	1
Mar-Tang, Moira, 39	*	*	*	1	*	*	1	*	NM	NM	1	*	1	*	*	3
Price, Venice, 44	*	*	*	*	*	*	*	*	NM	NM	*	1	*	*	*	1
Quezada-Torres, Karla, 25	*	*	*	*	1	*	*	*	NM	NM	1	*	*	1	*	2

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END

EC = Emergency Cause

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

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

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

Additional Requirements for a Member Participating Remotely:

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

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

AB 2449 Checklist

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

Procedures for Public Participation

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

Procedures for Member to Teleconference from a Remote Location

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

Procedures for the Board/Commission/Committee/Group

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

TELECONFERENCING RULES UNDER THE BROWN ACT

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