

COMMUNITY ENGAGEMENT GROUP (CEG)



Wednesday, July 16, 2025, from 3:00 PM – 5:00 PM
Southeastern Live Well Center
5101 Market St, San Diego, CA 92114; Tubman Chavez Room A

NOTE: This meeting is audio and video recorded.

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

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Meeting Location & Directions:

Community Engagement Group

Wednesday, July 16, 2025

3:00 PM - 5:00 PM

Southeastern Live Well Center

5101 Market Street

San Diego, CA 92114

Tubman Chavez Room A



Visitor/Employee parking available in parking structure. Main entrance can be accessed by exiting the parking structure on the 2nd floor and walking down the sidewalk to the left.

FROM I-805 SOUTH:

1. Head northwest on I-805 North.
2. Take exit 12B for Market St.
3. Turn right onto Market St.
4. The destination will be on your right.

FROM I-805 NORTH:

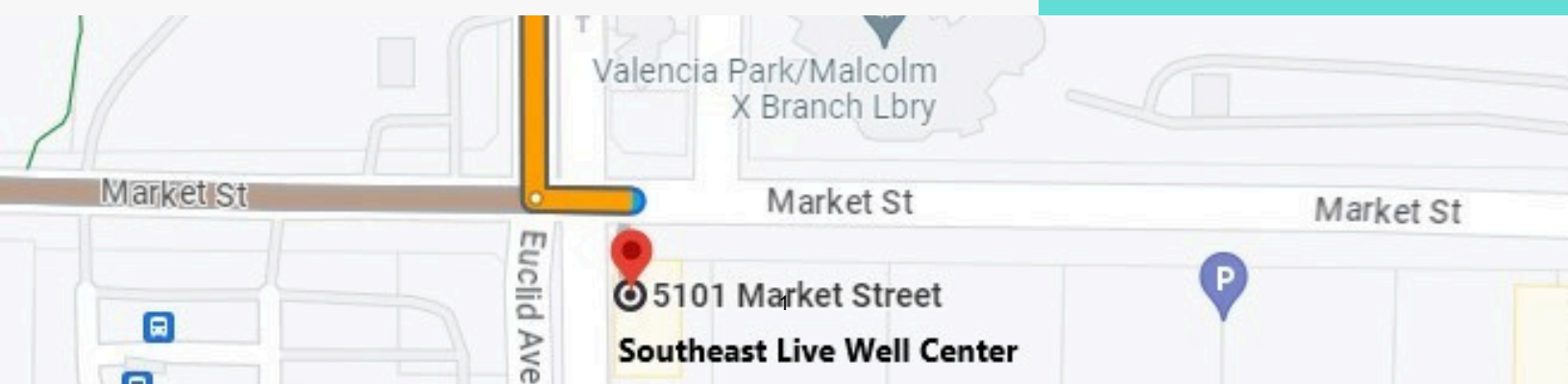
1. Head southeast on I-805 South.
2. Take exit 13A for CA-94-E/M L King Jr. Fwy.
3. Merge onto CA-94 E.
4. Take exit 4A for Euclid Ave.
5. Turn left onto Euclid Ave.
6. Use the left 2 lanes to turn left onto Market St.
7. The destination will be on your right.



PUBLIC TRANSPORTATION

MTS Trolley:
Orange Line

MTS Bus Routes:
3, 4, 5, 13, 60, 916,
917 and 955





Wednesday, July 16, 2025, from 3:00 PM – 5:00 PM
Southeastern Live Well Center
5101 Market St, San Diego, CA 92114
(Tubman Chavez Room A)

To participate remotely via Zoom:

<https://us06web.zoom.us/j/89778142157?pwd=5G57jMW0b1b1V8l8KVbljbAgedPsWV.1>

Call in: US Toll +1 669 444 9171

Meeting ID: 897 7814 2157

Passcode: 106514

Language translation services are available upon request at least 96 hours prior to the meeting.

Please contact HPG Support Staff via e-mail at hpg.hhsa@sdcounty.ca.gov.

A quorum for this meeting is three (3)

Committee Members: Michael Donovan (Chair) | Hector Garcia | Jen Lothridge (Co-Chair) | Skyler Miles | Veronica Nava

**MEETING AGENDA
ORDER OF BUSINESS**

1. Call to order, roll call, comments from the chair, and a moment of silence
2. Review Background, Mission Statement, Goals, and Agreement of Meeting Decorum
3. Introductions and Icebreaker
4. Public comment (for members of the public)
5. Sharing our concerns (for committee members)
6. **Action:** Approve the consent CEG agenda (which includes the July 16, 2025 agenda and the June 11, 2025 minutes)
7. Updates
 - a. Committee Updates:
 - i. Membership Committee
 - ii. Strategies and Standards Committee
 - iii. Medical Standards and Evaluation Committee
 - iv. Priority Setting and Resource Allocation Committee
 - v. Steering Committee
 - vi. HIV Planning Group
 - b. Community Updates:
 - i. CARE Partnership
 - ii. HIV Housing Committee/Housing Opportunities for Persons with AIDS (HOPWA)
8. Old Business
 - a. Committee Attendance
 - b. Review 2025 CEG workplan
9. New Business
 - a. **Training:** Happyville Exercise/"Another Day in Happyville"
10. Announcements

11. **Next meeting date:** Wednesday, August 20, 2025, from 3:00 PM – 5:00 PM
Location: TBD

12. Adjournment

Community Engagement Group Charge:

1) Educate Community Members

- Educate/train community members about the HIV Planning Group's local HIV services planning process and prepare them for and support them in increased involvement throughout the HIV Planning Group Process: committees, task forces, working groups, and other opportunities, as well as HIV Planning Group membership.

2) Increase Community Members' Participation

- Increase the level and diversity of community involvement, including from under-served and under-represented populations.
- Represent the needs of all community members, including those unable to participate in meetings.
- Provide linkages to regional and population-specific community groups and ensure communication between those groups and the Community Engagement Group.
- Identify and seek to overcome barriers to community participation.

3) Represent Community Member Needs Throughout the HIV Planning Group Process

- Provide community representation on HIV Planning Group committees, task forces, etc., and ensure the flow of information from those groups to the Community Engagement Group.
- Encourage maximum community involvement in the Priority Setting Committee and other established venues for the annual priority setting and budget allocations process; the Community Engagement Group will not develop separate budget recommendations.
- Serve as a venue for providing community feedback regarding HIV Planning Group issues (e.g., task forces).



Wednesday, June 11, 2025, 3:00 PM – 5:00 PM
 Southeastern Live Well Center; 5101 Market St, San Diego,
 CA 92114; Tubman Chavez Room A

A quorum for this meeting is three (3).

Committee Members Present: Michael Donovan (Chair) | Hector Garcia | Jen Lothridge (Co-Chair) | Veronica Nava

Committee Members Absent: Skyler Miles

MEETING MINUTES

| Agenda Item | Discussion/Action | Follow-Up |
|--|---|-----------|
| 1. Call to order, roll call, comments from the chair, and a moment of silence | <p>The chair called the meeting to order at 3:05PM and noted the presence of an in-person quorum.</p> <p>Comments from the Chair: The chair did not attend the statewide meeting in San Diego and therefore has no direct updates but did acknowledge that there is still no resolution on HIV-related funding.</p> | |
| 2. Review Background, Mission Statement, Goals, and Agreement of Meeting Decorum | Committee members read the Mission Statement and the Community Engagement Group (CEG) Charge. Donovan, Lothridge, Nava reviewed the meeting decorum. | |
| 3. Introductions (Name, Role with HPG/Consumer, Pronouns), Icebreaker | Members and participants introduced themselves. | |
| 4. Public comment (for members of the public) | None. | |
| 5. Sharing our concerns (for committee members) | None. | |
| 6. ACTION: Approve the consent CEG agenda (which includes the June 11, 2025 agenda and the May 21, 2025, minutes) | <p>Motion: Approve the consent CEG agenda (which includes the June 11, 2025 agenda and the May 21, 2025 minutes) with switching old and new business.</p> <p>Motion/Second/Count (M/S/C): Lothridge/Nava/3-0</p> <p>Public comment:</p> | |

| Agenda Item | Discussion/Action | Follow-Up |
|--|--|-----------|
| | Abstention(s): Donovan Motion carries | |
| Follow-Up Items from minutes: | None. | |
| 7a. Committee Updates | | |
| I. HIV Planning Group | The HPG meeting scheduled for May was canceled. The next meeting is set for June 25. There have been no new updates since the last committee meeting. | |
| II. Strategies and Standards Committee | The committee met earlier this month to review several standards. They decided to form an ad hoc working group to further examine universal standards, trauma-informed language. The introductory paragraph of the service standards packet and non-medical case management language were also reviewed. | |
| III. Steering Committee | The Committee now meets every two months. They have not met since the last committee meeting. Their next meeting will take place in July. | |
| IV. Membership Committee | Two reappointments (Nicole and Ivy) are scheduled for approval by the County Clerk on the 24th. Applications for Michael, Jennifer, and Hector are pending submission to the Clerk of the Board. The updated membership application is now available online, and a few new applications have been received and will be followed up on. | |
| V. Priority Settings and Resource Allocation Committee (PSRAC) | PSRAC's budgeting and reallocation season has begun. Tomorrow they will be reviewing the County's most recent data with the epidemiology team. | |
| VI. Medical Standards and Evaluation Committee (MSEC) | The committee will next meet in September to continue the revisions of dental documents and move forward to mental health. | |
| 7b. Community Updates | | |
| I. CARE Partnership | CARE had a presentation on the HPG and membership recruitment. They will meet again in September. | |
| II. HIV Housing Committee/Housing | None. | |

| Agenda Item | Discussion/Action | Follow-Up |
|---|---|---|
| Opportunities for Persons with AIDS (HOPWA) | | |
| 8. Old Business | | |
| a. Committee Attendance | None. | |
| b. Discussion: Review 2025 CEG workplan | <p>The 2025 CEG workplan was reviewed and the committee had the following discussion around a townhall/open forum:</p> <ul style="list-style-type: none"> • The chair plans to host an open forum focused on prevention and is tentatively set for August 20 at The Center. It will be co-sponsored by The Center's senior services and Pozabilities. The event aims to be more engaging than traditional meetings typically governed by Robert's Rules of Order and the Brown Act. • This will then be followed by a shortened CEG meeting, covering essentials like approval of minutes, work plan review, committee reports, limited or no new business. • Compliance and quorum concerns: The quorum for this committee is 3 people. If only 2 members attend, it avoids quorum. If a 3rd member is present, they cannot participate but may observe quietly. Clarification is still needed from the County. | HPG SS will follow-up with clarification regarding logistics of an open forum meeting format. |
| 9. New Business | | |
| a. Epidemiology data, using to make decisions | Katie Emmel introduced definitions of basic epidemiological terms to help members navigate the epidemiology activity. She also explained Countywide and central data sets for members to utilize during the worksheet. Members compared modes of transmission, race/ethnicity, birth sex, and age group of persons living with HIV disease (PLWH) and recent cases. The group then discussed how data is used to make informed decisions in relation to the budgeting and resource allocation process. | |

| Agenda Item | Discussion/Action | Follow-Up |
|---|---|-----------|
| b. Understanding Expenditure Sheets and Budget worksheets | Dasha Dahdouh reviewed the expenditure and budget spreadsheets in detail, explaining what each column represented and how they may be used to make informed decisions. | |
| 10. Announcements | <ul style="list-style-type: none"> • Christie's Place Backpack Drive on July 3rd. Accepting donations for backpacks, notebooks, pens, etc. • Long-term survivors' contingent will be walking in the pride parade anyone is willing to participate. T shirts and water are provided along with golf cards for those unable to walk the entire trip. | |
| 11. Next meeting date | <p>Next Meeting: Wednesday, July 16, 2025, from 3:00 PM – 5:00 PM</p> <p>Location: Southeastern Live Well Center; 5101 Market St, San Diego, CA 92114; Tubman Chavez Room A</p> | |
| 12. Adjournment | The meeting was adjourned at 4:50PM. | |

A Day in Happyville 2025

Narrator/Moderator (Lori Jones): Today in Happyville we have the opportunity to learn about how to provide input on services standards.

We need five volunteers for this exercise. [When seeking volunteers, suggest having providers or administrators be services recipients, and services recipients be outreach workers/health educators. [If needed, who is willing to be]:

Services Recipient #1: TBD

Services Recipient #2: TBD

Outreach Worker/Health Educator #1: TBD

Outreach Worker/Health Educator #2: TBD

County Staff #1: TBD

Prevention Services Role Play:

Services Recipient #1 (TBD): So, what is a service standard?

County Staff #1 (TBD): Let me define what a services standard is and provide you a one-page handout. It is a standard for what people who receive services (Consumers) can expect to receive when they get any type of HIV services. Today in Happyville, we will look at prevention service standards. Let's review some of the prevention services including outreach, Pre-Exposure Prophylaxis (PrEP) and Anti-Retroviral Therapy (ART) linkage, condoms, and social media.

Outreach Worker/Health Educator #1: Hi, my name is **TDB**. How are you doing today? It's nice to see you and your friend hanging out at this amazing coffee shop in Happyville. Did you see you guys can get free condoms and lube in the back next to the restroom?

Service Recipient #1: Hi, I am great. My name is **TBD**. I didn't know this place gave out free condoms and lube for the community! What other services do you all provide?

Outreach Worker/Health Educator #2: Good morning, I am **TBD**! I help this coffee shop order condoms and lube so they can provide them for free. Today we are also talking to people about how to get on PrEP

Service Recipient #2: Hi there, my name is TBD. I am already on PrEP. I got help from the University of Happyville Program down the street.

Service recipient #1: That is great! How did you know where to go?

Service recipient #2: I was online, and I saw it on Facebook. The University of Happyville PrEP Program posted on social media about where to call to do telehealth and they gave me an appointment to get an HIV test. You need to have a negative HIV test to get on PrEP. So I went in to get an HIV test and when I tested negative, they introduced me to this great woman who was a PrEP navigator named Dasha Dahdouh. Dasha made an appointment with the nurse practitioner, Jen Lothridge, that same day and I got the prescription and started taking it daily.

Service recipient #1: I need to do that too. My friend Jack tried to get on PrEP but when he got tested, he found out he was HIV positive. He told me he got his HIV medication/ART from the City Heights Medical Center Program the same day too.

Lori: Let's look at this scenario

1. Identify all the prevention services referenced in the above scenario. What services did you hear about? [Let participants brainstorm...] You are correct, the prevention services demonstrated included: outreach, condoms and lube, social media, and linkage to PrEP and HIV treatment/ART.
2. Now let's look at the prevention services. Now, pretend you are providing these HIV prevention services as they are written.
 - a. Would you make any changes to the guidelines (service standards) for how the services should be provided?
 - b. Tell us what changes you would make.

Prevention Services Overview

HIV Prevention Services reduce the transmission of HIV by reaching and serving populations of focus vulnerable to HIV, including both people living with HIV (PLWH) and HIV negative individuals. The specific service categories are defined by those providing funding to the County of San Diego, Public Health Department – HIV, STD & Hepatitis Branch, including the Centers for Disease Control and Prevention and the State of California Department of Public Health. Currently funded services include, but are subject to change based upon guidance from funders:

- Outreach
- Condom Distribution
- Social Media
- Linkage/Navigation
- Partner Services
- HIV Testing

In addition to adhering to all guidance from funders, service providers shall involve PLWH and HIV negative individuals who are disproportionately impacted by HIV, in planning, design, and implementation of HIV prevention activities. Providers are expected to maintain the priority population's ongoing involvement in an advisory capacity.

Outreach

Service Category Definition

Outreach services promote access to and engagement in appropriate services for people vulnerable to HIV infection, people newly diagnosed or identified as living with HIV and those lost or returning to HIV medical care. Services include identification and providing information/education and referral. When appropriate, staff conducting outreach may accompany clients to initial visits to medical care, case management or navigation services. These services must align with all funder requirements.

Purpose and Goals

Outreach services identify persons who might benefit from a range of HIV services, educate prospective clients about the benefits of the services, and provide linkage to services for clients who agree to participate. For those unaware of their status to make them aware of their status and link them to care or, for those that know their status, to engage or reengage them in prevention and care as appropriate. Outreach activities are focused on individuals in priority populations. Outreach contacts may be conducted one-on-one in person and online (depending on the funding source).

Initial Contact

Outreach contacts are for:

- Individuals who do not know their HIV status and need referral to HIV testing
- Individuals who are vulnerable to HIV that would benefit from Pre-Exposure Prophylaxis (PrEP) education and/or navigation services
- Individuals living with HIV that are not in care and need assistance to engage or re-engage in HIV primary medical care

Exclusions

- Outreach conducted under Ryan White Part A funds may not include online outreach activities
- Outreach conducted under Centers of Disease Control and Prevention (CDC) funds may include online outreach activities
- Outreach programs cannot pay for HIV counseling or testing services.

| Standard | Measure |
|---|--|
| Individuals that are vulnerable to acquiring or transmitting HIV are contacted through outreach | Document all in person and online outreach activities with location of contact |

Key Service Components and Activities

Outreach services include the provision of the following three activities:

- Identification of people who do not know their HIV status and if eligible linkage into Ryan White Outpatient/ Ambulatory Health Services or other HIV prevention, care, and treatment services
- Provision of additional information and education on health care coverage options
- Reengagement of people who know their status if eligible into Ryan White Outpatient/Ambulatory Health Services or other HIV prevention, care, and treatment services

Outreach services are:

- Conducted at times and in places where there is a high probability that individuals vulnerable to or living with HIV infection congregate
- Designed to provide quantified program reporting of activities and outcomes to inform local evaluation of effectiveness
- Planned and delivered in coordination with local HIV continuum of prevention and care and treatment outreach programs to avoid duplication of effort and to address any gaps in services
- Focused on populations known, through local epidemiologic data or review of service utilization data or strategic planning process, to be disproportionately vulnerable to HIV infection

| Standard | Measure |
|---|--|
| Contact appropriate priority and vulnerable populations for services and ensure services are effective and applicable | <p>Document outreach services:</p> <ul style="list-style-type: none">• Are planned and delivered in coordination with all local HIV outreach programs to avoid duplication of effort and address any service gaps• Are conducted with priority populations known to be at disproportionately vulnerable to HIV infection• Are conducted with priority communities whose residents have disproportionate risk or establishments frequented by individuals vulnerable to HIV infection• Are designed so that activities and results can be quantified for program reporting and evaluation of effectiveness |

Assessment and Service Plan

Outreach workers will determine each individual's knowledge of their HIV status, vulnerability to acquire or transmit HIV and direct the individual to the appropriate service or resources.

- For individuals who do not know their HIV status, refer them to HIV testing
- For individuals who know their status and are negative, refer them to the appropriate prevention resources and services
- For individuals who know their status, are positive, are not in care and need assistance help them engage or re-engage in HIV primary medical care through the appropriate service, as determined by the circumstances

| Standard | Measure |
|--|--|
| Direct individuals to the appropriate services and resources | Document all individuals are directed to the appropriate services based on the HIV status and need |

Condom Distribution

Service Category Definition

Venue-based distribution is an HIV and sexually transmitted disease (STD) prevention strategy that helps increase the availability and accessibility of condoms and lubricant in an effort to prevent the spread of HIV. All activities align with funder requirements and the County of San Diego San Diego Condom Distribution Partner Program protocol.

Purpose and Goals

Identify, engage, and collaborate with venues that are frequented by persons vulnerable to HIV and STD infections in communities disproportionately impacted by HIV and STDs. These communities include those marginalized by social, economic, or other structural conditions in addition to communities within the general population in areas of San Diego County with high HIV incidence. Making condoms and lubricant widely available through the program is integral to successful HIV prevention.

Venue Enrollment

Regional providers contact venues to assess readiness to participate in venue-based condom distribution program. Eligible venues, or locations that serve clients and patrons who are populations of focus vulnerable to HIV.

| Standard | Measure |
|--|---|
| Assess the venue for participation in the venue-based condom distribution program | Provider and venue complete Venue Readiness Assessment (VRA) |
| Enroll qualifying venue for participation in the venue-based condom distribution program | Based on the VRA, qualifying venue contact and provider complete the Participating Venue Information (PVI) form |
| Maintain up to date records of participating venues | Regional provider forwards documentation to the local program coordinators (Provider and County) |

Key Service Components and Activities

Venue-based condom and lubricant distribution is a structural intervention that provides communities with resources needed to prevent the spread of HIV. Venues are enrolled and contacted quarterly to ensure proper display and storage of condoms and lubricant.

| Standard | Measure |
|---|--|
| Venue orders condoms and lubricant directly | Complete customized order form for the California AIDS Clearinghouse (CAC) |
| Venue receive, display and store condoms and lubricant properly | Regional provider conducts quarterly Venue Progress Checks (VPC) |

Assessment and Service Plan

Maintain proper storage, ample supply, and diverse venue locations by tracking the venue sites monthly and performing venue progress checks (VPC) with each venue on a quarterly basis.

| Standard | Measure |
|---|---|
| Track and update list of venues | Document number and name of location in Monthly Progress Reports (MPR) |
| Venue ensures proper storage and placement of condoms and lubricant | Document on VPC storage and placement of condoms and report completed VPCs in MPR |

Social Media

Service Category Definition

Social media platforms and websites are utilized to provide information to communities vulnerable to or living with HIV including those marginalized by social, economic, or other structural conditions in addition to communities in the general population within San Diego County with high HIV incidence. All activities align with funder requirements and the San Diego Materials Review Panel and Site Certification protocols.

Purpose and Goals

Social media platforms and websites are utilized to engage and educate communities vulnerable to or living with HIV to reduce transmission through prevention education. This form of outreach creates access to information and how to access services. This structural intervention provides communities with resources needed to prevent the spread of HIV. Making sexual health education, testing information, and condom distribution sites widely available is integral to successful HIV prevention.

Website and Social Media Review and Certification

Regional websites are developed reviewed and maintained. Review is conducted by a local Materials Review Panel (MRP) composed of community members and public health representative to assess appropriateness based on community standards and accuracy of information.

| Standard | Measure |
|--|--|
| Websites and media information are reviewed and approved as appropriate based on community standards | Materials are submitted to MRP for review and documentation is provided and retained with suggested modification and/or approval |
| Websites and media platforms are certified based on the kind of information on the site/platform | Certification is documented and kept on file |
| Social/sexual networking sites are utilized for education, promotion, and resources | Social/sexual networking interactions are tracked and reported monthly |

Key Service Components and Activities

The regional websites and social media platforms provide accurate and relevant information Countywide to communities vulnerable to and living with HIV. This information is designed to connect community members with education, testing, navigation, and resources available within select regions of the County. These efforts are conducted with the support of a countywide technical assistance provider.

| Standard | Measure |
|--|--|
| Websites and media provide information on services related to HIV prevention, testing, primary medical care, and support services | Regional providers track and report web hits from regional websites and metrics from social media platforms monthly |
| Messaging is cross promoted, accurate and supports initiatives of the County (e.g. Getting to Zero and Undetectable=Untransmittable) | Countywide technical assistance provider reports aggregate web hits from regional websites and metrics from social media platforms monthly |

Assessment and Service Plan

Regional websites and social media platform information dissemination are tracked and reported monthly. Testing is conducted with messaging to assess the most effective way to reach priority populations.

| Standard | Measure |
|--|---|
| Social media activities contain current and accurate appropriate messaging | Content in regional websites is reviewed by MRP prior to posting. A/B testing informs messaging |

Linkage / Navigation

Service Category Definition

Navigation services link people to necessary services: medical care, health care benefits, and social support services. The term linkage incorporates the process for getting an HIV negative individual on PrEP or an HIV positive individual on Antiretroviral Therapy (ART) as well as providing any needed support services to obtain and be retained in care. These services must align with all funder requirements.

Purpose and Goals

Navigation is a service to help a person obtain timely, essential, and appropriate HIV-related medical care and social support services that will optimize their health and prevent HIV acquisition and transmission. Goals include linking HIV negatives individuals to PrEP to prevent the acquisition of HIV and HIV positives individuals to care to achieve and maintain HIV viral load suppression. This supports the scientifically proven facts that taking PrEP daily helps to prevent HIV. Those who are HIV positive and undetectable cannot transmit HIV (U=U). People with HIV who achieve an undetectable viral load cannot sexually transmit the virus.

Intake

Recruitment and initial contact with service recipients includes sharing information about navigation services, assessing eligibility for assistance programs and readiness to engage in services.

| Standard | Measure |
|--|--|
| All persons who are unaware of their HIV status are referred to HIV testing | Document referrals to HIV testing (see standard on testing) |
| All persons who test negative are eligible and referred to PrEP navigation and other support services as appropriate | Document HIV negative services recipients who are eligible, screened and accept or reason did not accept service |
| All persons who test or are known to be positive are eligible and referred to ART navigation and other support services as appropriate | Document HIV positive services recipients and any barriers to initiate and/or maintain engagement in care or reason did not accept service |

Key Service Components and Activities

Navigation activities include linking service recipients to the HIV prevention or care system and referral, linkage and assistance with insurance enrollment, transportation, and other supportive services. As well as efforts to dismantle barriers to timely and consistent care and treatment to prevent the acquisition and transmission of HIV as well as improve health outcomes. Navigation programs provide navigation to health care providers, health care benefits, drug assistance program and supportive services.

The training of navigators is essential to ensure staff can meet the needs of service recipients. Recommended approaches include involvement of priority populations in service delivery, safe and secure program environment, trauma-informed approach with consideration of intersectionality, sexual health education, harm reduction, health, and wellness with consideration of social determinants of health, and social networks.

| Standard | Measure |
|--|---|
| Identify HIV care and supportive service providers to which the clients will be referred as follows: <ul style="list-style-type: none">• People vulnerable to HIV are linked to PrEP navigation• People newly diagnosed with HIV are linked to HIV care and other services• People previously diagnosed with HIV and out of care are linked to HIV care and other services | Navigators maintain referral lists with PrEP providers, HIV primary care providers and providers of supportive services |

Assessment and Service Plan

Navigation and linkage activities are conducted with specific health outcomes related to engagement in care including screening, enrollment, referral to medical provider, acquiring and filling prescription, initiating medication, and following up for retention in care.

| Standard | Measure |
|---|---|
| Clinic/facility establish and update protocols to allow for vulnerable and newly diagnosed persons to be engaged in care as quickly as feasible | Revise and retain protocols as appropriate |
| Verify client attended the medical appointment | Document release of information and attendance at medical appointment |
| Link services recipients as quickly as feasible | Document and report on the time from diagnosis (negative or positive) to medical appointment, acquisition of prescription and initiation of medications (PrEP or ART) |
| Aid to address any barriers to engagement in care | Document efforts to address barriers and delivery or referral to supportive services |
| Follow up with services recipient as appropriate based on resources and aid address any barriers to retention in care | Document all follow up contacts and efforts to address any barriers |

Partner Services

Service Category Definition

HIV Partner Services is a service which assists HIV-positive persons in notifying their sexual and/or needle sharing partners of possible exposure to HIV. HIV Partner Services is always voluntary, client- centered and confidential for both the person living with HIV and their partner(s). HIV Partner Services is free and offered through local health departments. Many community-based organizations partner with the health department to offer HIV Partner Services for their clients and elicit partner locating and identifying information for submission to the health department for notification.

Note: Surveillance-based Partner Services are strictly a health department function and are not included in this service standard. Additionally, anonymous partner notification is a health department function that is not permitted to be performed by any other entity.

Purpose and Goals

Partner Services helps HIV positive people in notifying their sexual and/or needle sharing partners of possible exposure to HIV. Partners are offered and encouraged to test for HIV and STDs in order to ensure timely identification and linkage to care and are either linked to HIV primary care, if positive, or PrEP, if negative.

Intake / Initial Contact

Persons newly identified with HIV, as well as persons who are not virally suppressed are offered Partner Services. Staff will elicit partner locating information.

| Standard | Measure |
|--|--|
| All persons newly diagnosed with HIV will be offered partner services | Documentation that client was offered Partner Services |
| All persons living with HIV who are not virally suppressed will be offered partner services. | Documentation that client was offered Partner Services |

Key Service Components and Activities

HIV Partner Services provides three options for letting partners know they may have been exposed to HIV and/or STDs and provide linkages to testing and medical care.

- Anonymous Third Party: Specially trained local health department staff notifies partners without

- disclosing any information about the original client.
- Dual Disclosure: The client wants to disclose to partners themselves with the support of trained HIV Partner Services staff. Trained staff can provide immediate linkage to services once the client has told the partner of their exposure.
- Self-Disclosure: The client notifies their partner(s), after working with trained Partner Services staff to develop a disclosure plan.

| Standard | Measure |
|---|---|
| Increase number of HIV cases diagnosed | <ul style="list-style-type: none"> • # of new HIV cases identified |
| Increase number of people who participate in HIV partner services | <ul style="list-style-type: none"> • # of HIV positive people who undergo partner services interview |
| Increase number of partners elicited through HIV partner services | <ul style="list-style-type: none"> • # of partners elicited |

Assessment and Service Plan

Community-based organizations are required to document provision of HIV Partner Services. This includes identifying and locating information for all partners to be notified via third party notification. Separate documentation is required for each partner requiring notification. Community-based organizations can request third party notification from the HIV, STD, and Hepatitis Branch Field Services Unit by calling 619-692-8501. Community-based organizations may contact the same number if assistance is needed eliciting partner information.

| Standard | Measure |
|--|--|
| Community-based organizations will provide and document referrals for HIV Partner Services | <ul style="list-style-type: none"> • Data for partners requiring dual- or third-party notification is documented on a form designated by the County of San Diego • Data must be entered into a database identified and maintained by the HIV, STD and Hepatitis Branch |

Happyville, USA FY 2025

RWTEA Part A Eligible Metropolitan Area (EMA)

The basics of Robert's Rules of order/Parliamentary Procedure

- Call for Motion: Call for Second.
- Call for Public comment:
- Call for Committee or HPG discussion:
- Call for a vote:

*All participants must be acknowledged by the chair before speaking and must not speak on area where they are conflicted.

**Members and participants may speak for a maximum of 2 minutes, and only 2 times on an issue, however they may speak a second time only after others have a chance to speak on the issue.

Some facts about Happyville (Data)

- The overall Happyville population is:
 - 50% Caucasian
 - 30% Latinx/o/a
 - 20% African American
- There are three distinct regions: City, Mountain, and Coast
- The Mountain region is large and mostly rural
- The City region has the most services, and the most people of color

| Planning Council's Priority Rank | Last year's Part A budget | | Last year's Part A expenses |
|----------------------------------|---------------------------------------|--------------------|-----------------------------|
| 1 | HIV Primary Care* | \$1,000,000 | \$1,100,000 |
| 2 | Medical Case Management* | \$875,000 | \$800,000 |
| 3 | Housing | \$325,000 | \$400,000 |
| 4 | Substance Abuse Treatment-Residential | \$150,000 | \$125,000 |
| 5 | Transportation | \$100,000 | \$50,000 |
| 6 | Outreach | \$50,000 | \$25,000 |
| Total | | \$2,500,000 | \$2,500,000 |

*Core Medical Services

Data

Epidemiology

- New HIV cases:

| Race/Ethnicity | % of PLWH | % of population |
|------------------------|-----------|-----------------|
| Caucasian/White | 30% | 50% |
| Latinx/Hispanic | 40% | 30% |
| African American/Black | 30% | 20% |

- Between last year and this year, the proportion of new HIV cases increased in the Mountain region
- Injection drug use accounts for an increasing proportion of new HIV cases in Happyville

Co-Occurring Conditions

| Condition | PLWH in Happyville | Overall Happyville population |
|-----------------|--------------------|-------------------------------|
| Substance abuse | 50% | 25% |
| Homelessness | 30% | 5% |
| Poverty | 70% | 25% |

- Case managers report that their clients experiencing homelessness often also use substances.
- Housing needs increased in Happyville in the past 3 years as a result of COVID.

Survey of HIV Impact of the Needs Assessment

Persons who live with HIV (PLWH) who responded to the Happyville Survey of HIV Impact of the Needs Assessment last year ranked the services in the following order (Outreach is not a direct client service, so it's not included on the Survey):

| | |
|---|---------------------------|
| 1 | Housing |
| 2 | HIV Primary Care |
| 3 | Medical Case Management |
| 4 | Transportation |
| 5 | Substance Abuse Treatment |

Resources

- About 50% of PLWH in Happyville have medical coverage through Medicare or Medicaid, and 10% have private insurance.
- Most Part A funded services are in the City region, though there are some services in the other two regions.
- Housing assistance is available through community resources and subsidies such as Section 8, though the waiting lists are long for most programs.
- There is a fairly efficient public transportation system. A monthly disabled bus pass costs \$40.

Service Utilization

- Utilization of all services increased last year, including 100 new clients in Primary Care
- Primary Care utilization:
 - 70% Caucasian
 - 20% Latinx
 - 10% Black/African American

HIV Care Continuum/Unaware/Unmet Need

- Viral suppression in Happyville among PLWH overall is 85%; is 55% for people of African descent and 65% for Latinx
- 19% of PLWH in Happyville are estimated to have HIV and not know their status. (Unaware Estimate)
- An estimated 25% of Happyville PLWH who know their status are **not** receiving HIV Primary Care (Unmet Need Estimate)

HRSA guidance

- The federal government considers HIV Primary Care, Medical Case Management and Substance Abuse Treatment to be core health services. All other services (Support Services) covered under RW must be limited to only 25% of the budget.
- HRSA has issued a new mandate that Planning Councils develop a strategy for identifying those with HIV/AIDS who do not know their status, make them aware of their status, and refer them into care.

Happyville EMA's Part A priority ranking and budget for next year

1. First, decide priority rankings for the six service categories (Note: Other service categories can be added (or present ones not ranked), but remember, then the amount to some service categories may change)

| Priority Rank | Service Category | Why? |
|---------------|------------------|------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |

2. Next, decide next year's budget allocations. The total MUST BE \$2,500,000. (Note: Increasing allocation to a service category means another service category(ies) allocation(s) must be decreased)

| Priority Rank | Service | Last year's budget | Last year's expenses | Next year's budget | Why? |
|---------------|---------------------------|--------------------|----------------------|--------------------|------|
| | HIV Primary Care | \$1,000,000 | \$1,100,000 | | |
| | Medical Case Management | \$875,000 | \$800,000 | | |
| | Housing | \$325,000 | \$400,000 | | |
| | Substance Abuse Treatment | \$150,000 | \$125,000 | | |
| | Transportation | \$100,000 | \$50,000 | | |
| | Outreach | \$50,000 | \$25,000 | | |
| TOTAL | | \$2,500,000 | \$2,500,000 | | |

HIV PLANNING GROUP
12-MONTH COMMITTEE TRACKING
July 2024 - June 2025

| Community Engagement Group | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | # |
|-----------------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|----------|
| Total Meetings | 1 | 0 | 1 | 1 | 0 | 1 | 1 | 1 | 0 | 1 | 1 | 1 | 9 |
| (5) Members | | | | | | | | | | | | | |
| Donovan, Michael c | * | NM | * | * | NM | * | * | * | NM | 1 | * | * | 1 |
| Garcia, Hector | | | | | | | * | 1 | NM | 1 | * | * | 2 |
| Lothridge, Jen ^{cc} | * | NM | * | * | NM | * | * | * | NM | * | * | * | 0 |
| Miles, Skyler | * | NM | * | * | NM | * | 1 | 1 | NM | * | * | 1 | 3 |
| Nava, Veronica | * | NM | * | * | NM | * | * | * | NM | * | * | * | 0 |

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

* = Present

1 = Absent for the month

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

JC = Just Cause

EC = Emergency Circumstance

NM = No Meeting

NQ = No Quorum

2025 Training Plan

| Month | Presentation / Training |
|-----------|--|
| January | ▪ Conflict of Interest (Dr. Ken Riley) |
| February | <ul style="list-style-type: none"> ▪ Ryan White Program and in-depth review of 4-5 service categories (Maritza Herrera) ▪ County of San Diego Prevention Programs and Services (Carlie Catolico) |
| March | <i>No Meeting</i> |
| April | ▪ Review of the Qualitative Needs Assessment Data |
| May | ▪ HPG Outreach Materials and Activities |
| June | <ul style="list-style-type: none"> ▪ Epidemiology data (using to make decisions) (Katie Emmel) ▪ Expenditure Sheets and budget sheets (Dasha Dahdouh) |
| July | ▪ Happyville exercise / “Another Day in Happyville” |
| August | ▪ Open Forum Meeting: HIV Prevention |
| September | <ul style="list-style-type: none"> ▪ HIV and Aging (County Chief Gerontologist) <li style="padding-left: 20px;"><i>National HIV/AIDS and Aging Awareness Day</i> |
| October | ▪ Service Standards Exercise |
| November | ▪ Medicare/Medi-Cal Presentation |
| December | ▪ Holiday Party |

| Topics without a set date |
|--|
| <ul style="list-style-type: none"> ▪ Dental Services ▪ Transportation ▪ Tailored language from providers considering age, length of status, and history ▪ Presentations on barriers to accessing care ▪ In depth review of 4-5 service categories |

If the physical attendance quorum requirement is met, AB 2302 permits a member who is not physically present to request virtual attendance at the local legislative body's meeting under two circumstances: (1) for "just cause" and (2) due to "emergency circumstances".

| Qualifying Reason | Provisions to Attend Remotely | Requirements/Limitations |
|----------------------------------|--|---|
| "Just Cause" | <ul style="list-style-type: none"> There is a childcare or caregiving need (for a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner) that requires the member to participate remotely. A contagious illness prevents the member from attending the meeting in person. There is a need related to a defined physical or mental disability that is not otherwise accommodated for. Traveling while on official business of the legislative body or another state or local agency. | A member is limited to <u>two (2)</u> virtual attendances due to "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 <u>not</u> 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:</p> <ol style="list-style-type: none"> 1. Make a request to the body to allow the member to meet remotely due to an emergency circumstance; and 2. Provide a general description of no more than 20 words of the circumstance justifying such attendance. <p>A request from a member to attend remotely requires that the legislative body take action and <u>approve</u> the remote attendance at the start of the meeting for the member to be allowed to participate remotely for that 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 2302 imposes the following three (3) additional requirements on legislative body members seeking to appear remotely at public meetings:

1. The member:
 - o Notifies the legislative body at the earliest opportunity possible, including at the start of a regular meeting, of their need to participate remotely for just cause, including a general description of the circumstances relating to their need to appear remotely at the given meeting. **OR**
 - o Requests the legislative body to allow them to participate in the meeting remotely due to emergency circumstances and the legislative body takes action to approve the request. (See "requirements/limitations" for the use of emergency circumstances.)
2. The member shall publicly disclose at the meeting before any action is taken, 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.
3. The member shall participate through both audio and visual technology.