

Continuation of Remote Meetings for Brown Act Boards and Commissions

State law requires local agency legislative bodies (which includes the HPG) to comply with the state's open meeting law referred to as the Ralph M. Brown Act (also called the "Brown Act"). Since March 2020, most legislative bodies have been operating under Executive Orders which suspended certain Brown Act provisions on teleconferencing allowing members to participate remotely. That Executive Order ended on September 30, 2021.

As of October 1, 2021, AB 361 allows for a continuation of teleconference meetings in certain circumstances. Following is a summary of AB 361 and its impact on public meetings and the steps required to utilize the teleconferencing option offered in AB 361.

At the next meeting, the HPG or Committee will need to take the actions detailed below if the members desire to continue meeting remotely.

I. Ordinary Brown Act Rules for Teleconferencing ("General Teleconferencing Rule")

Under the ordinary operation of the Brown Act (Gov. Code §54953(b)) a legislative body may use teleconferencing under the following circumstances:

- a. Post agendas at all teleconference locations;
- b. All teleconferenced locations are listed in the notice and agenda of the meeting;
- c. At least a quorum of members are located within the jurisdiction of the legislative body; and
- d. Members of the public are allowed to speak at each teleconferenced location.

II. Governor's Executive Orders Authorized Simplified Teleconferencing Rules, But These Ended on Sept. 30, 2021.

The County and other legislative bodies throughout the state have been using a simplified teleconferencing method, authorized by the Governor's Executive Orders related to the COVID-19 pandemic. This allowed members of legislative bodies attend meetings remotely without following the General Teleconferencing Rule set forth above.

III. New Teleconferencing Method Available Effective October 1, 2021, and Actions HPG and Committees Can Take ("Special Teleconferencing Rule")

Effective October 1, 2021, AB 361 amends Government Code section 54953 to add subsection (e) which allows suspension of the General Teleconferencing Rule listed above if any of the following circumstances exist (underlining added):

- a. There is a proclaimed state of emergency and state or local officials have imposed or recommended measures to promote social distancing; or
- b. Legislative body, during a proclaimed state of emergency, holds a meeting for the purposes of determining by majority vote, that as a result of the emergency meeting in person would present imminent risks to the health or safety of attendees; or

- c. Legislative body, during a proclaimed state of emergency, has previously determined (by majority vote) that as a result of the emergency meeting in person would present imminent risks to the health or safety of attendees.

After the first meeting, to continue to suspend the General Teleconferencing Rule and use the Special Teleconferencing Rule, the legislative body must make findings, at least every 30 days after that first meeting. The specific findings required are: 1) that legislative body has reconsidered the circumstances of the state of emergency; and 2) i. the state of emergency continues to directly impact the ability of members to meet safely in person; or ii. state or local officials continue to impose or recommend measures to promote social distancing.

IV. Operation of the Special Teleconferencing Rule

If a Brown Act body suspends the General Teleconferencing Rule as allowed under subsection (e), then the legislative body must (underlining added):

- a. Notice the meeting as otherwise required by the Brown Act;
- b. Agenda must identify and include an opportunity for all persons to attend via a call-in option or an internet based service option;
- c. Allow members of the public to access meetings and an opportunity to address the legislative body directly as provided in the notice (call in or internet);
- d. Conduct teleconferenced meetings in a manner that protects the statutory and constitutional rights of the parties;
- e. In the event of a disruption that prevents broadcasting or call-in or internet based service; actions cannot be taken. Any action taken during a disruption may be challenged pursuant to 54960.1;
- f. If a legislative body provides a timed public comment period for each agenda item, it cannot close the public comment period for the agenda or the ability to register on that item until the timed public comment period has elapsed (not likely applicable);
- g. If a legislative body provides a general public comment period, public comment must remain open until public comment period closes; and
- h. If a legislative body provides public comment on each agenda item, it must allow a reasonable time to register and speak (so likely until the matter is voted on).

V. Dr. Wooten has Issued a Social Distancing Recommendation, So Findings Have Been Met In Order to Use the Special Teleconferencing Rule

As of October 1, 2021, the elements to meet under the Special Teleconferencing Rule have been met. There is currently a State of Emergency and Dr. Wooten, the County's Public Health Officer, released a health recommendation on September 23, 202, which stated that utilizing teleconferencing options for public meetings is an effective and recommended social distancing measure to facilitate participation in public affairs and encourage participants to protect themselves and others from the COVID-19 disease.

VI. Next Steps

Under AB 361, on or after October 1, 2021, the first meeting of a legislative body under AB 361 can occur under the Special Teleconferencing Rule without anything

in particular on the agenda. In this case, Staff should note to the board that it is meeting pursuant to the Special Teleconferencing Rule and staff will bring back any future findings the board may need to take to continue to operate under the Special Teleconferencing Rule (i.e. within 30 days).

Alternatively, if time allows and the Chair approves, when the HPG or Committee first meets, an item will be placed on the agenda to determine whether the board wants to utilize the Special Teleconference Rule and if so, to adopt the initial Resolution.



County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES

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


HEALTH OFFICER TELECONFERENCING RECOMMENDATION

COVID-19 disease prevention measures, endorsed by the Centers for Disease Control and Prevention, include vaccinations, facial coverings, increased indoor ventilation, handwashing, and physical distancing (particularly indoors).

Since March 2020, local legislative bodies—such as commissions, committees, boards, and councils—have successfully held public meetings with teleconferencing as authorized by Executive Orders issued by the Governor. Using technology to allow for virtual participation in public meetings is a social distancing measure that may help control transmission of the SARS-CoV-2 virus. Public meetings bring together many individuals (both vaccinated and potentially unvaccinated), from multiple households, in a single indoor space for an extended time. For those at increased risk for infection, or subject to an isolation or quarantine order, teleconferencing allows for full participation in public meetings, while protecting themselves and others from the COVID-19 virus.

Utilizing teleconferencing options for public meetings is an effective and recommended social distancing measure to facilitate participation in public affairs and encourage participants to protect themselves and others from the COVID-19 disease. This recommendation is further intended to satisfy the requirement of the Brown Act (specifically Gov't Code Section 54953(e)(1)(A)), which allows local legislative bodies in the County of San Diego to use certain available teleconferencing options set forth in the Brown Act.

September 23, 2021


Wilma J. Wooten, M.D., M.P.H.
Public Health Officer
County of San Diego

SAN DIEGO HIV PLANNING GROUP

Wednesday, August 24, 2022 - 3:00 PM

Meeting via WebEx

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 14

DRAFT AGENDA

ORDER OF BUSINESS

1. Call to Order/Establish Quorum; (2 min)
2. Continuance of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e). (4 min)
 - a) Find 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.
3. Chair Comments; Ground Rules & Abstentions (5 min)
4. Public Comment (See page 2 of agenda for rules) (5 min)
5. Sharing our concerns/Comments on Items not on the agenda (for HPG members) (5 min)
6. **ACTION:** Approval of HIV Planning Group (HPG) agenda for August 24, 2022 (5 min)
7. Old Business: None
8. New Business
 - a. **ACTION:** (Membership Committee): Review and approve recommendation(s) for HPG membership. (0 min)
 - b. **ACTION:** (Priority Setting Committee): Review and approve recommendations for reallocation of funds in FY 22 (the current year, March 1, 2022 – February 28, 2023) (0 min)
 - c. **ACTION:** Approve the recommendation to request a Medical Core Services Waiver for FY 23. (5 min)
 - d. **ACTION:** Review the Assessment of the Administrative Mechanism report and move to accept with any questions forwarded to the HSHB. (10 min)
 - e. **ACTION:** Discuss and approve the recommendation to form an HPG task force for Monkeypox. (10 min)
 - f. **ACTION:** Approval of the HPG minutes from July 27, 2022, August 3, 2022, and August 10, 2022.

9. HIV, STD, and Hepatitis Branch (HSHB) Reports – Patrick Loose (15 min)
 - a. HSHB Monthly Report: August 2022
 - b. HRSA, CDC and CDPH policies and procedures updates
 - c. Expenditure/budget review
 - d. Service Utilization Summary Report – through July 2022
 - e. Monthly Client Service Evaluation (Goldenrod) Summary Report CQM update – July 2022
10. Suggestions to Steering Committee for consideration of future items (2 min)
11. Announcements (2 min)
12. Next Meeting Date: **Wednesday, September 28, 2022** Location: **WebEx**
13. Adjournment

Public comment rules:

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

Name	Conflict of Interest	Name	Conflict of Interest
Acevedo, Allan De Jesus, Alfredo Jacobs, Dr. Delores Kubricky, Cinnamon Lochner, Michael (Mikie) Price, Venice Robles, Raul Rucker, James Torres, Karla West, Abigail Wimpie, Michael Zilvinskis, Joe	<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
		Pam Highfill	<ul style="list-style-type: none"> Substance Use Treatment; Residential
Applebaum, Amy Hernandez, Dr. Elizabeth Tilghman, Dr. Winston Villafan, Freddy	<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
Lewis, Robert	<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, Beth	<ul style="list-style-type: none"> Mental Health: Counseling/Therapy Non-Medical Case Management Medical Case Management Peer Navigation 	Van Brocklin, Rhea	<ul style="list-style-type: none"> Coordinated HIV Services for Women, Infants, Children, Youth and Families (CHS: WICYF)

HIV PLANNING GROUP (HPG) ACTION ITEM INFORMATION SHEET

APPROVAL FOR SUBMISSION OF CORE MEDICAL SERVICES WAIVER FOR FY23

DATE: August 24, 2022

ITEM: Consider the recommendation to approve submission of a waiver of the Core Medical Services requirement for Ryan White fiscal year 2023 funding (March 1, 2023 - February 28, 2024).

BACKGROUND: The Ryan White legislation requires that a minimum of 75% of Ryan White Part A funding be allocated to core medical services. Up to 25% may be allocated to support services. This requirement may be waived if there are no waiting lists for the AIDS Drug Assistance Program (ADAP) and core medical services are available to all individuals identified who are eligible.

There is no penalty associated with applying for this waiver. However, receipt of this waiver would ensure that there are no financial penalties for the Part A award if we are not able to spend at least 75% on core medical services for the upcoming fiscal year.

RATIONALE: With Medi-Cal expansion and Covered California, fewer Ryan White dollars are needed for core medical services, including HIV primary care, medical specialty and dental services. Considering the impact the COVID-19 pandemic has had on the delivery of Ryan White services, there is a greater need for support services, such as housing and non-medical case management. The shift in utilization of services over the years increases the importance of obtaining the waiver.

Based on FY 23 allocations for the Ryan White award, Core Medical Services account for 66% of services. Actual expenditures often reflect a lower percentage as dollars are re-allocated mid-year due to savings. A waiver has been approved for the past nine years.

RECOMMENDATION: Approve the submission of a Waiver of Core Medical Services Requirement for Ryan White fiscal year 2023 (March 1, 2023 - February 29, 2024). A list of Core Medical Services is noted on page 2.

Core Medical Services

- Outpatient Ambulatory Health Services: Primary Care
- Outpatient Ambulatory Health Services: Medical Specialty
- Mental Health: Psychiatric Medication Management
- Oral Health
- Medical Case Management
- Coordinated HIV Services for Women, Infants, Children, Youth, and Families (CHS: WICYF)
- Early Intervention Services: Regional Services
- Mental Health: Counseling/Therapy
- Substance Use Treatment Services: Outpatient
- Home-based Health Care Coordination
- Medical Nutrition Therapy

**SAN DIEGO HIV PLANNING GROUP
ACTION ITEM INFORMATION SHEET**

**CONSIDER ASSESSMENT OF THE ADMINISTRATIVE MECHANISM
(3/2021 - 2/2022)**

DATE: August 24, 2022

ITEM: Assessment of the Administrative Mechanism

ACTION: Consider Assessment of the Administrative Mechanism for FY 22

BACKGROUND: One of the mandated roles and responsibilities of the HIV Planning Group as outlined in the Ryan White Treatment Extension Act is a yearly assessment of the administrative mechanism. The Health Resources & Services Administration (HRSA) Part A manual says:

“Its purpose is to assure that funds are being contracted for quickly and through an open process, and that providers are being paid in a timely manner...

Generally, assessments are based on time-framed observations of procurement, expenditure, and reimbursement processes. For example, the assessment could identify the percent of funds obligated within a certain time period (e.g., 90 days) from the date of grant award and the percent of providers that are reimbursed within a specified number of days following submission of an accurate monthly invoice. Reimbursement processes can be tracked from date of service delivery through invoicing to payment, with documentation of delayed payments and, where feasible, any adverse impact on clients or providers. This information is usually obtained from the grantee in aggregate form.” [p 101]

DESCRIPTION:

The HIV, STD and Hepatitis Branch of the Public Health Services has provided HPG with the following:

- **Procurement Process:** A narrative description of the procurement process and specific data regarding Ryan White Part A procurements that have been conducted during the past year, including how the opportunity was advertised, how many entities downloaded the procurement documents and attended the pre-proposal conference, and the number of proposals received.
- **Contracting:** A narrative description of the number of contracts that were in place at the beginning of the current Ryan White grant period.
- **Reimbursement of Subrecipients:** A narrative describing how subrecipients bill for services and the timeline for reimbursement, along with some specific information from a single contract to illustrate timelines.
- **Use of Funds:** A narrative description of the monthly expenditure reports that were provide to HPG.

RECOMMENDATIONS:

1. Review the report based on information provided by the Recipient's Office
2. Consider any recommendation to the Recipient's Office
3. Consider motions from the floor regarding Assessment of Administrative Mechanism for FY 21.



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PUBLIC HEALTH OFFICER

HIV PLANNING GROUP ACTION ITEM INFORMATION SHEET MONKEYPOX TASK FORCE

August 24, 2022

ITEM: Convene Monkeypox Task Force under the leadership of the HIV Planning Group to advise the County of San Diego on preventing the spread of monkeypox (MPX) and equitable distribution of vaccine. The Task Force will also serve as a forum where members of the community can share information with the County about concerns.

BACKGROUND:

HPG has over 30 years of experience in reaching gay, bisexual, and other men who have sex with men and transgender communities. Further, there is enormous overlap between the communities most vulnerable and impacted by HIV and those vulnerable to MPX. Currently, at a global, national and local level, MPX is spreading almost entirely among MSM and transgender persons. A Monkeypox Task Force would leverage existing HPG expertise and infrastructure. Meetings of the Task Force will be held according to the requirements of the Brown Act.

RECOMMENDATION:

1. **Action Item:** Establish a 12-member Monkeypox Task Force that includes members from the HIV Planning Group, community-based organizations serving MSM, County public health professionals, and other key stakeholders. The Task Force will advise the County on:
 - a. Preventing the spread of MPX using outreach, health education and risk reduction
 - b. Advising the County regarding messages and channels to ensure that messages are clear, direct, and culturally proficient
 - c. Advising the County regarding the equitable distribution of vaccines

The Task Force will end within one year unless extended by the HPG.



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PUBLIC HEALTH OFFICER

San Diego HIV Planning Group (HPG)

Wednesday July 27, 2022

3:00 PM

Meeting occurred via video teleconference (WebEx)

MINUTES

Quorum is 15

HPG Members Present: Allan Acevedo / Amy Applebaum / Alberto Cortes / Beth Davenport / Dr. David Grelotti / Dr. Delores Jacobs / Cinnamon Kubricky / Robert Lewis / Mikie Lochner / Moira Mar-Tang / Venice Price / Karla Quezada-Torres / Shannon Ransom / Raul Robles / Dr. Stephen Spector / Dr. Winston Tilghman / Regina Underwood / Rhea Van Brocklin / Freddy Villafan / Abigail West / Michael Wimpie / Joe Zilvinskis

HPG Members Absent: Alfredo De Jesus / Dr. Elizabeth Hernandez / Pam Highfill / James Rucker

Agenda Item	Action/Discussion	Follow-up
1. Call to Order/ Establishment of Quorum	Mikie Lochner, HPG Chair, called the meeting to order at 3:03 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): Jacobs/Villafan 18/0 Abstentions: Lochner, West, Zilvinskis Motion carries	
3. Chair Comments; Ground Rules & Abstentions	The Chair thanked participants, led a moment of silence, and announced staff and HPG members' July birthdays.	
4. Public comment	A member of the public thanked the staff for taking the roll call vote.	
5. Sharing our concerns/ Comments on Items not on the agenda	A member of the HPG noted the cost of utilities continues to rise and they noted some consumers might be resorting to activities they have previously stopped doing, possibly including illegal things to make money.	

Agenda Item	Action/Discussion	Follow-up
6. Action: Approval of the HIV Planning Group (HPG) agenda for July 27, 2022	Action: Approve the HPG Meeting agenda for July 27, 2022 as presented. M/S/C: Cortes/Wimpie 16/0 Abstentions: Davenport, Lochner, West, Zilvinskis Motion carries	
7. Review follow-up items from meeting minutes	Reviewed	
8. Old Business		
None		
9. New Business		
a. Action Item: (Membership Committee): Review and approve recommendation(s) for HPG membership.	Bob Lewis presented the action item. The Action Item Information Sheet was included in the meeting materials packet. Action: Approve the recommendation to nominate Felipe Garcia-Bigley for HPG membership as the Prevention Provider representative (Seat #38) M/S/C: Membership Committee 16/0 Abstentions: Lewis, Lochner, West, Zilvinskis Motion carries	
b. ACTION: (Priority Setting and Resource Allocation Committee) (PSRAC): Review and approve recommendations for reallocation of funds in FY 22 (the current year, March 1, 2022 – February 28, 2023)	Dr. Jacobs presented the action item. The Action Item Information Sheet was included in the meeting materials packet. Action: Approve a decrease in funding to Medical Specialty (priority #2) of \$ \$30,000, from \$273,386 to \$243,368. M/S/C: PSRAC 10/0 Abstentions: Grelotti, Jacobs, Lewis, Mar-Tang, Price, Ransom, Spector, Villafan, West, Wimpie, Zilvinskis Motion carries	
	Action: Approve a decrease in funding to Oral Health (priority #4) of \$100,000, from \$300,940 to \$200,940. M/S/C: PSRAC 11/0 Abstentions: Grelotti, Jacobs, Kubricky, Lewis, Lochner, Mar-Tang, Price, Ransom, Spector, West, Zilvinskis Motion carries	
	Action: Approve an increase in funding to Emergency Housing (priority #8) \$100,000, from \$530,000 to \$630,000. M/S/C: PSRAC 16/0 Abstentions: Jacobs, Lochner, Price, West, Zilvinskis Motion carries	

Agenda Item	Action/Discussion	Follow-up
	<p>Action: Approve an increase in funding to Psychosocial Support Services (priority #16) by \$30,000 from \$30,000 to \$60,000.</p> <p>M/S/C: PSRAC 13/0</p> <p>Abstentions: Applebaum, Grelotti, Jacobs, Lochner, Ransom, Van Brocklin, Villafan, West, Zilvinskis</p> <p>Motion carries</p>	
<p>c. ACTION: (Priority Setting and Resource Allocation Committee) (PSRAC): Review and approve recommendations for priority rankings and service directions for FY 23 (next fiscal year, March 1, 2023 – February 28, 2024)</p>	<p>Dr. Jacobs presented the action item. The Action Item Information Sheet was included in the meeting materials packet.</p> <p>Action: Approve ranking Outpatient Ambulatory Health Service: Primary Care as priority #1.</p> <p>M/S/C: PSRAC 13/0</p> <p>Abstentions: Grelotti, Jacobs, Lewis, Lochner, Mar-Tang, Ransom, Spector, West, Zilvinskis</p> <p>Motion carries</p>	
	<p>Action: Approve ranking Outpatient Ambulatory Health Service: Medical Specialty as priority #2.</p> <p>M/S/C: PSRAC 13/0</p> <p>Abstentions: Grelotti, Jacobs, Lewis, Lochner, Mar-Tang, Ransom, Spector, West, Zilvinskis</p> <p>Motion carries</p>	
	<p>Action: Approve ranking Psychiatric Medication Management as priority #3.</p> <p>M/S/C: PSRAC 13/0</p> <p>Abstentions: Grelotti, Jacobs, Lewis, Lochner, Mar-Tang, Ransom, Spector, West, Zilvinskis</p> <p>Motion carries</p>	
	<p>Action: Approve ranking Oral Health as priority #4.</p> <p>M/S/C: PSRAC 17/0</p> <p>Abstentions: Jacobs, Lewis, Lochner, Price, West, Zilvinskis</p> <p>Motion carries</p>	
	<p>Action: Approve ranking Medical Case management as priority #5, Non-medical Case Management as priority #6, and Non-medical Case Management for Housing as priority #7.</p> <p>M/S/C: PSRAC 9/0</p> <p>Abstentions: Applebaum, Davenport, Grelotti, Jacobs, Lewis, Lochner, Mar-Tang, Ransom, Spector, Tilghman, Underwood, West, Zilvinskis</p> <p>Motion carries</p>	
	<p>Action: Approve ranking Emergency Housing as priority #8.</p> <p>M/S/C: PSRAC 15/0</p> <p>Abstentions: Jacobs, Lochner, Price, West, Zilvinskis</p> <p>Motion carries</p>	
	<p>Action: Approve ranking Housing Location, Placement, and Advocacy Services as priority #9; and ranking Partial Assistance Rental Subsidy (PARS) as priority #10.</p>	

Agenda Item	Action/Discussion	Follow-up
	<p>M/S/C: PSRAC 14/0 Abstentions: Jacobs, Lewis, Lochner, Price, Underwood, West, Zilvinskis Motion carries</p>	
	<p>Action: Approve ranking Coordinated Health Services for Women, Infants, Children, Youth, and Families (CHS:WICYF) Housing Location, Placement, and Advocacy Services as priority #11, and ranking Childcare services (a subcategory of CHS:WICYF) as priority #11a. M/S/C: PSRAC 14/0 Abstentions: Applebaum, Jacobs, Lochner, Price, Tilghman, Van Brocklin, West, Zilvinskis Motion carries</p>	
	<p>Action: Approve ranking Early Intervention Services: Regional Services (EIS:RS) as priority #12; ranking Health Education and Risk Reduction (a subcategory of EIS:RS) as priority #12a; ranking Outreach Services (a subcategory of EIS:RS) as priority #12b; ranking Referral Services (a subcategory of EIS:RS) as priority #12c; and ranking Health Education and Risk Reduction (a stand-alone service category) as priority #13. M/S/C: PSRAC 14/0 Abstentions: Acevedo, Applebaum, Jacobs, Lochner, Price, Underwood, West, Zilvinskis Motion carries</p>	
	<p>Action: Approve ranking Peer Navigation (Referral for Health Care and Support Services) as priority #14; ranking Mental Health: Counseling/Therapy as priority #15; ranking Psychosocial Support Groups as priority #16; and ranking Substance Use Treatment services: Outpatient as priority #17. M/S/C: PSRAC 8/0 Abstentions: Acevedo, Applebaum, Davenport, Grelotti, Jacobs, Lewis, Lochner, Mar-Tang, Price, Ransom, Spector, Underwood, West, Zilvinskis Motion carries</p>	
	<p>Action: Approve ranking Substance Use Treatment services: Residential as priority #18. M/S/C: PSRAC 9/0 Abstentions: Applebaum, Grelotti, Jacobs, Lewis, Lochner, Mar-Tang, Price, Ransom, Spector, Tilghman, Underwood, West, Zilvinskis Motion carries</p>	
	<p>Action: Approve ranking Food Services: Home-delivered Meals as priority #21; ranking Medical Nutrition Therapy as priority #22; ranking Legal services as priority #23; and ranking Emergency Financial Assistance as priority #24. M/S/C: PSRAC 15/0 Abstentions: Acevedo, Applebaum, Jacobs, Lochner, Price, West, Zilvinskis Motion carries</p>	

Agenda Item	Action/Discussion	Follow-up
	<p>Action: Approve ranking Home Health as priority #25; ranking Early Intervention Services: HIV Counseling and Testing as priority #26; ranking Cost-sharing Assistance as priority #27; and ranking Hospice as priority #28. M/S/C: PSRAC 15/0 Abstentions: Jacobs, Lewis, Lochner, Price, Underwood, West, Zilvinskis Motion carries</p> <p>The committee requested Steering Committee to look at ways in the future to handle priority rankings more efficiently and still avoid conflicts.</p>	Staff will add the topic to the September Steering Committee agenda.
d. Update: Revision of Bylaws	Mikie Lochner noted the Ad hoc committee met and addressed some issues recommended during the Health Resources and Services Administration (HRSA) site visit. The bylaws are being reviewed by County Counsel.	
e. ACTION: (Steering Committee): Elect HPG representative to Housing Committee	<p>Action: Elect Cinnamen Kubricky as the HPG representative to the Housing Committee. M/S/C: Acevedo/Villafan 17/0 Abstentions: Jacobs, Kubricky, Lochner, West, Zilvinskis Motion carries</p>	
f. ACTION: Approval of HPG Minutes from June 22, 2022	<p>Action: Approve the HPG minutes from June 22, 2022 as presented. M/S/C: Jacobs/Van Brocklin 14/0 Abstentions: Lochner, Mar-Tang, Price, Spector, West, Zilvinskis Motion carries</p>	
g. Action: Approval of HPG consent agenda for July 27, 2022	<p>Action: Approval of HPG consent agenda for July 27, 2022, which includes acceptance of the following committee minutes: Strategies and Standards Committee: June 7, 2022; Membership Committee; June 8, 2022; Priority Setting and Resource Allocation Committee: May 11, 2022, June 2, 2022 and June 9, 2022 June 16, 2022; (Included for your information, not for acceptance; CARE Partnership: June 13, 2022; Faith-Based Action Coalition: June 2, 2022) M/S/C: Acevedo/Ransom 15/0 Abstentions: Applebaum, Lochner, West, Zilvinskis Motion carries</p>	
10. HIV, STD, and Hepatitis Branch (HSHB) Reports – Patrick Loose		
a. HSHB Monthly Report: July 2022	<p>Lauren Brookshire reviewed the report which was included in the meeting materials packet. She highlighted the following:</p> <ul style="list-style-type: none"> • Several Procurements/Requests for Proposals (RFPs) are active/in development. • The HSHB has not yet received the report from the HRSA site visit. 	

Agenda Item	Action/Discussion	Follow-up
	<ul style="list-style-type: none"> The system capacity report reveals most service categories have good capacity; there is a 2 – 3 months wait for a psychiatry appt in the South region and a waiting period in the North region for Mental Health services; for both service categories appointments are available in other regions in-person and telehealth. 	
b. HRSA, CDC, and CDPH policies and procedures updates	No updates	
c. Expenditure/budget review	The expenditure report, through June 2022, which is 33% of the fiscal year expended some services have lower spending including Primary Care (22%), Medical Specialty (16%), Psychiatric Med. Mgmt. (10%), Oral Health (13%), Med. Case Mgmt. (27%), and Peer Navigation (21%).	
d. Service Utilization Summary Report – through June 2022	Service utilization through June 2022 shows an approx. 12% decrease compared to June 2021. Viral suppression among Ryan White clients who have a test on file is 92%.	
e. Monthly Client Service Evaluation (Goldenrod) CQM update – June 2022	One goldenrod was received in June with positive remarks.	
11. Reports		
a. Committee Reports	<ul style="list-style-type: none"> Priority Setting and Resource Allocation Committee: Making FY 23 allocation recommendations; all are welcome. Strategies & Standards Committee: Working to implement the HPG approved Justice, Equity, Diversity, and Inclusion/Identity (JEDI) principles. Consumer Group: No meeting in July; next meeting in September. Medical Standards and Evaluation Committee: Developing a workgroup to review the Getting to Zero Action Plan items pertinent to the committee. Membership Committee: Reviewing vacant seats and attempting to fill them; HPG members are needed on the committee. 	
b. Planning Group Support Staff (PGSS) Report	i. Administrative budget review – Tabled, report included in meeting materials packet. ii. Update: In-person meetings – Tabled	
c. Report from State Office of AIDS (OA) and AIDS Drug Assistance Program (ADAP)	Tabled – report included in meeting materials packet.	
d. Getting to Zero (GTZ) Community Engagement Project Updates	Tabled	
e. California HIV Planning Group	Tabled	

Agenda Item	Action/Discussion	Follow-up
f. Faith-Based Action Coalition	Tabled	
12. Suggestions to Steering Committee for consideration of future items	Tabled	
13. Announcements	<p>Rodney von Jaeger announced:</p> <ul style="list-style-type: none"> Christie's Place is having HIV Advocacy training starting August 30, 2022 at 4:00 p.m. The California Department of Public Health's Medication Assistance Program is inviting feedback from clients; for more information contact Tracy.Lee@cdph.ca.gov July 28th is World Hepatitis Day, for testing information contact the FHCSD website. 	
14. Next meeting date	<p>Next Meeting:(Weekly) Wednesday, August 3, 2022</p> <p>Location: WebEx</p>	
15. Adjournment	5:05 PM	



County of San Diego

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DIRECTOR

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

San Diego HIV Planning Group (HPG)

Wednesday, August 3, 2022

3:00 PM

Meeting occurred via video teleconference (WebEx)

MINUTES

Quorum is 14

HPG Members Present: Allan Acevedo / Beth Davenport / Dr. David Grelotti / Pam Highfill / Dr. Delores Jacobs / Cinnamen Kubricky / Robert Lewis / Mikie Lochner (Chair) / Venice Price / Karla Quezada-Torres / Shannon Ransom / James Rucker / Dr. Winston Tilghman / Rhea Van Brocklin / Freddy Villafan / Michael Wimpie / Joe Zilvinskis

HPG Members Absent: Amy Applebaum / Alberto Cortes / Alfredo De Jesus / Dr. Elizabeth Hernandez / Moira Mar-Tang / Raul Robles / Dr. Stephen Spector / Regina Underwood / Abigail West

Agenda Item	Action/Discussion	Follow-up
1. Call to Order/ Establishment of Quorum	Mikie Lochner, HPG Chair, called the meeting to order at 3:05 p.m. and noted the presence of a quorum.	
2. Chair Comments; Ground Rules & Abstentions	The chair led a moment of silence, reviewed the rules for teleconference meetings, discussed conflicts of interest rules, shared August staff and HPG member birthdays and thanked participants of the meeting.	
3. Public Comment (See page 2 of agenda for rules)	A member of the public referenced the HPG ground rules against personal attacks and stated that in the past they felt that they were verbally attacked in an HPG meeting by HPG members.	
4. Sharing our concerns/Comments on Items not on the agenda	A member of the HPG stated that California landlords can raise rents by 10% and noted that many people are living check to check. They stated that they were meeting more people who were having difficulty making ends meet and others who are using Fentanyl illegally.	
5. Action: Approval of the HIV Planning Group (HPG) agenda for August 3, 2022	Action: Approve the HPG meeting agenda for August 3, 2022 as presented. M/S/C: Villafan/Acevedo 14/0 Abstentions: Lochner, Zilvinskis Motion carries	
6. Old Business		

Agenda Item	Action/Discussion	Follow-up
None		
7. New Business		
a. ACTION: (Membership Committee): Review and approve recommendation(s) for HPG membership.	There are no Membership Committee recommendations currently.	
b. ACTION: (Priority Setting and Resource Allocation Committee) (PSRAC): Review and approve recommendations for reallocation of funds in FY 22 (the current year, March 1, 2022 – February 28, 2023)	There are no PSRAC reallocation recommendations currently.	
c. ACTION: (Priority Setting and Resource Allocation Committee): Review and approve recommendations for budget allocation in FY 23 in level and reduction funding scenarios (next fiscal year, March 1, 2023 – February 28, 2024)	<p>Public Comment: A member of the public noted the PSRAC made its best effort for the FY 23 budget allocations and some reallocation may be needed during the year.</p> <p>Dr. Jacobs explained there was a misunderstanding at the PRSAC meeting of July 28, 2022 on some aspects of the FY 23 level-funding scenario recommendations. The total additional amount recommended for the service category Partial Assistance Rental Subsidy (PARS) in the FY 23 level funding scenario was \$140,000. It was not clear at the time, that \$100,000 had been already added to PARS in June 2022 as part of the action item to address the increase in the FY 22 Part A grant award. In the FY 23 level-funding scenario recommendations coming from the PSRAC four service categories were affected by the misunderstanding:</p> <ul style="list-style-type: none"> • Outpatient Ambulatory Health Services: Primary Care • Medical Case Management • PARS • Psychosocial Support 	

Agenda Item	Action/Discussion	Follow-up
	<p>HPG members may want to make some changes to the recommendations coming from PSRAC for these service categories based on this revised information. These changes would need to be made as motions from the floor.</p>	
	<p>Action: Decrease funding to Outpatient Ambulatory Health Services: Primary Care (priority #1) by \$100,000 from \$1,032,630 to \$932,630. M/S/C: PSRAC 3/4 Abstentions: Davenport, Jacobs, Lochner, Lewis, Ransom, Villafan, Zilvinskis Motion fails</p>	
	<p>Action: Decrease funding to Outpatient Ambulatory Health Services: Primary Care (priority #1) by \$70,000 from \$1,032,630 to \$962,630. M/S/C: Kubricky/Rucker 6/0 Abstentions: Davenport, Grelotti, Jacobs, Lochner, Lewis, Price, Ransom, Villafan, Zilvinskis Motion carries</p>	
	<p>Action: Level-funding to Outpatient Ambulatory Health Services: Medical Specialty (priority #2) at \$273,386. M/S/C: PSRAC 8/0 Abstentions: Grelotti, Jacobs, Lochner, Lewis, Ransom, Villafan, Zilvinskis Motion carries</p>	
	<p>Action: Level-funding to Mental Health: Psychiatric Medication Management (priority #3) at \$28,036. M/S/C: PSRAC 9/0 Abstentions: Grelotti, Jacobs, Lochner, Lewis, Quezada-Torres, Ransom, Villafan, Zilvinskis Motion carries</p>	
	<p>Action: Level-funding to Oral Health (priority #4) at \$300,940. M/S/C: PSRAC 12/0 Abstentions: Jacobs, Lochner, Lewis, Villafan, Zilvinskis Motion carries</p>	
	<p>Action: Decrease funding to Medical Case Management (priority #5) by \$70,000 from \$1,268,338 to \$1,198,338. M/S/C: PSRAC 0/7 Abstentions: Davenport, Grelotti, Jacobs, Lochner, Lewis, Price, Ransom, Tilghman, Villafan, Zilvinskis Motion fails</p>	
	<p>Action: Level-funding to Medical Case Management (priority #5) at \$1,268,338. M/S/C: Kubricky/Rucker 8/0 Abstentions: Davenport, Grelotti, Jacobs, Lochner, Lewis, Ransom, Tilghman, Villafan, Zilvinskis</p>	

Agenda Item	Action/Discussion	Follow-up
	Motion carries	
	Action: Level-funding to Non-medical Case Management (priority #6) at \$392,021. M/S/C: PSRAC 8/0 Abstentions: Davenport, Grelotti, Jacobs, Lochner, Lewis, Ransom, Tilghman, Villafan, Zilvinskis Motion carries	
	Action: Level-funding to Non-medical Case Management for Housing (priority #7) at \$250,000; Level-funding to Emergency Housing (priority #8) at \$530,000; and Level-funding to Housing Placement, Location, and Advocacy Services (priority #9) at \$100,000. M/S/C: PSRAC 7/0 Abstentions: Grelotti, Highfill, Jacobs, Lochner, Lewis, Ransom, Tilghman, Van Brocklin, Villafan, Zilvinskis Motion carries	
	Action: Increase funding to Partial Assistance Rental Subsidy (PARS) (priority #10) by \$140,000 from \$767,507 to \$907,507. M/S/C: PSRAC 0/11 Abstentions: Jacobs, Lochner, Price, Villafan, Zilvinskis Motion fails	
	Action: Increase funding to Partial Assistance Rental Subsidy (PARS) (priority #10) by \$40,000 from \$767,507 to \$807,507. M/S/C: Grelotti/Rucker 12/0 Abstentions: Jacobs, Lochner, Villafan, Zilvinskis Motion carries	
	Action: Level-funding to Coordinated Health Services for Women, Infants, Children, Youth, and Families (CHS:WICYF) (priority #11) at \$943,317. This service category includes several subcategories, including Childcare services. M/S/C: PSRAC 7/0 Abstentions: Jacobs, Lochner, Lewis, Ransom, Tilghman, Van Brocklin, Villafan, Zilvinskis Motion carries	
	Action: Level-funding to Early Intervention Services: Regional Services (EIS:RS) (priority #12) at \$800,386 (this service category includes 3 subcategories); Zero funding to Health Education and Risk Reduction (HERR) (stand-alone HERR, independent of EIS:RS) (priority #13) at \$0; and Level-funding to Peer Navigation (Referral to Health Care and Support Services) (priority #14) at \$400,000. M/S/C: PSRAC 6/0	

Agenda Item	Action/Discussion	Follow-up
	Abstentions: Davenport, Jacobs, Lochner, Lewis, Price, Ransom, Villafan, Zilvinskis Motion carries	
	Action: Level-funding to Mental Health: Counseling and Therapy/Support Groups (priority #15) at \$1,061,062. M/S/C: PSRAC 7/0 Abstentions: Davenport, Jacobs, Lochner, Lewis, Price, Villafan, Zilvinskis Motion carries	
	Action: Increase funding to Psychosocial Support services (priority #16) by \$30,000 from \$30,000 to \$60,000. M/S/C: PSRAC 9/0 Abstentions: Jacobs, Lochner, Lewis, Ransom, Villafan, Zilvinskis Motion carries	
	Action: Level-funding to Substance Use Treatment services: Outpatient (priority #17) at \$315,217; Zero funding to Substance Use Treatment services: Residential (priority #18) at \$0; and Level-funding for Home-based Health Care Coordination (priority #19) at \$228,500. M/S/C: PSRAC 8/0 Abstentions: Jacobs, Lochner, Lewis, Price, Tilghman, Villafan, Zilvinskis Motion carries	
	Action: Level-funding to Transportation: Assisted and Unassisted (priority #20) at \$142,830; Level-funding to Food: Home-delivered Meals (priority #21) at \$536,073; and Level-funding to Medical Nutrition Therapy (priority #22) at \$35,542. M/S/C: PSRAC 7/0 Abstentions: Jacobs, Lochner, Lewis, Price, Ransom, Tilghman, Villafan, Zilvinskis Motion carries	
	Action: Level-funding to Legal services (priority #23) at \$285,265; and Level-funding to Food: Emergency Financial Assistance (priority #24) at \$28,730 M/S/C: PSRAC 11/0 Abstentions: Jacobs, Lochner, Price, Villafan, Zilvinskis Motion carries	
	Action: Zero funding to Home Health Care (priority #25) at \$0; Zero funding to Early Intervention Services: HIV Counseling and Testing (priority #26) at \$0; Zero funding to Cost Sharing Assistance (priority #27) at \$0; and Zero funding to Hospice (priority #28) at \$0. M/S/C: PSRAC 11/0	

Agenda Item	Action/Discussion	Follow-up
	Abstentions: Jacobs, Lochner, Price, Villafan, Zilvinskis	
	At the next meeting PSRAC will address the FY 23 MAI level funding budget, the FY 23 reduction funding scenario budget and service directives.	
d. ACTION: (Priority Setting Committee): Review and approve recommendations for service directives for FY 23 (next fiscal year, March 1, 2023 – February 28, 2024)	There are no PSRAC service directive recommendations currently.	
8. HIV, STD, and Hepatitis Branch (HSHB) Reports – Patrick Loose		
a. Expenditure/budget review	<p>The expenditure report was included in the meeting materials packet. Patrick Loose highlighted the following:</p> <p>Part A funding: At the end of June 2022, 33% of the fiscal year elapsed, some services had decreased expenditures, including Primary Care (22%), Medical Specialty (16%), Psych. Med. Mgmt (10%), Oral Health (13%), Med. Case Mgmt (27%), Peer Navigation (21%), Home-Based Health Care Coord. (26%), Emergency Financial Assistance (14%)</p> <p>Other funding: The Ending the HIV Epidemic (EHE) grants from HRSA and CDC are both underspending, however there is an anticipation of carrying over all the funds from years 1 – 2 of the grants into years 3, 4, & 5.</p>	
b. Service Utilization Summary Report – through June 2022	<p>The report was included in the meeting materials packet. There was an approx. 10% decrease in the number of clients served compared to the same time the previous year. There is increased utilization in Medical Specialty and Oral Health.</p> <p>There are 54 probable cases of Monkeypox in San Diego County, the majority among men who have sex with men. The virus is spread by skin-to-skin. For more information on Monkeypox visit the website https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/human-monkeypox/</p>	
9. Suggestions to Steering Committee for consideration of future items	None	

Agenda Item	Action/Discussion	Follow-up
10. Announcements	<ul style="list-style-type: none"> Christie's Place is hosting "Dancing With Hope" A <i>Strength for the Journey Women's Empowerment Retreat</i> September 23, 24 & 25 2022 in Julian. For more information contact Rhea Van Brocklin at rvbrocklin@christiesplace.org. Christie's Place is hosting a training, The Project PEARL, to train persons living with HIV in advocacy on August 30, 2022 4:00 p.m. For more information, please contact Jessica Sanchez at jsanchez@christiesplace.org. Mikie Lochner noted that Rhea Van Brocklin presented at the International AIDS Conference. 	
10. Next meeting date	Next Meeting: Wednesday, August 10, 2022 Location: WebEx	
11. Adjournment	4:53 p.m.	



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

San Diego HIV Planning Group (HPG)

Wednesday, August 10, 2022

3:00 PM

Meeting occurred via video teleconference (WebEx)

MINUTES

Quorum is 14

HPG Members Present: Allan Acevedo / Amy Applebaum / Alberto Cortes / Dr. David Grelotti / Pam Highfill / Dr. Delores Jacobs / Robert Lewis / Mikie Lochner / Moira Mar-Tang / Venice Price / Shannon Ransom / James Rucker / Dr. Winston Tilghman / Regina Underwood / Freddy Villafan / Michael Wimpie / Joe Zilvinskis

HPG Members Absent: Beth Davenport / Alfredo De Jesus / Dr. Elizabeth Hernandez / Cinnamon Kubricky / Karla Quezada-Torres / Raul Robles / Dr. Stephen Spector / Rhea Van Brocklin / Abigail West

Agenda Item	Action/Discussion	Follow-up
1. Call to Order/ Establishment of Quorum	Mikie Lochner, HPG Chair, called the meeting to order at 3:02 p.m. and noted the presence of a quorum.	
2. Chair Comments; Ground Rules & Abstentions	The chair led a moment of silence, welcomed participants, reviewed the rules for a teleconference meeting and the rules for Conflicts of Interest.	
3. Public Comment (See page 2 of agenda for rules)	A member of the public was not aware that public comment occurred only at the beginning of an agenda item even if there were several parts/actions. They also stated the data in the service utilization reports does not make sense to them, noted that the PARS data is from March 2022, and that at present there is the lowest number of consumers on the HPG they have ever seen.	
4. Sharing our concerns/Comments on Items not on the agenda (for HPG members)	An HPG member stated that they were disappointed that a provider moved to a new location without notice to the community and that their phone number goes directly to voicemail.	
5. Action: Approval of the HIV Planning Group (HPG) agenda for August 10, 2022	Action: Approve the HPG meeting agenda for August 10, 2022 as presented. Public Comment: A member of the public stated there is no Consumer Vice-chair for the HPG and stated that this should have been added to the HPG agenda.	

Agenda Item	Action/Discussion	Follow-up
	M/S/C: Villafan/Rucker 13/0 Abstentions: Applebaum, Lochner, Underwood, Zilvinskis Motion carries	
6. Old Business		
None		
7. New Business		
a. ACTION: (Membership Committee): Review and approve recommendation(s) for HPG membership.	There are no Membership Committee recommendations currently.	
b. ACTION: (Priority Setting and Resource Allocation Committee) (PSRAC): Review and approve recommendations for reallocation of funds in FY 22 (the current year, March 1, 2022 – February 28, 2023)	Dr. Jacobs reviewed the PSRAC recommendations; the action item information sheet was included in the meeting materials packet.	
	Action: Decrease funding to Primary Care (priority #1) by \$100,000, from 1,032,630 to \$932,630. M/S/C: PSRAC 7/0 Abstentions: Applebaum, Grelotti, Jacobs, Lewis, Lochner, Mar-Tang, Ransom, Underwood, Villafan, Zilvinskis Motion carries	
	Action: Increase funding to Medical Case Management (priority #5) by \$50,000, from \$1,268,338 to \$1,318,338 M/S/C: PSRAC 6/0 Abstentions: Grelotti, Jacobs, Lewis, Lochner, Mar-Tang, Ransom, Underwood, Villafan, Zilvinskis Motion carries	
c. ACTION: (Priority Setting and Resource Allocation Committee): Review and approve recommendations for	Dr. Jacobs reviewed PSRAC recommendations for FY 23 Minority AIDS Initiative (MAI) funding in a level-funding scenario. The action item information sheet was included in the meeting materials packet. Action: Level-funding for Minority AIDS Initiative (MAI): \$574,238 for Multi-Disciplinary Teams and	

Agenda Item	Action/Discussion	Follow-up
budget allocation in FY 23 in level and reduction funding scenarios (next fiscal year, March 1, 2023 – February 28, 2024)	<p>\$100,000 for MAI Emergency Housing for a total of \$674,238.</p> <p>M/S/C: PSRAC 10/0</p> <p>Abstentions: Applebaum, Jacobs, Lewis, Lochner, Underwood, Villafan, Zilvinskis</p> <p>Motion carries</p>	
	<p>Dr. Jacobs reviewed the PSRAC recommendations for the FY 23 reduction-funding scenario. The action item information sheet was included in the meeting materials packet.</p> <p>Action: Use 1% of the combined FY 23 Part A and Minority AIDS Initiative (MAI) level-funding scenario total of \$10,423,948 for the reduced-funding scenario (= \$104,240).</p> <p>M/S/C: PSRAC 6/0</p> <p>Abstentions: Applebaum, Grelotti, Jacobs, Lewis, Lochner, Mar-Tang, Price, Ransom, Underwood, Villafan, Zilvinskis</p> <p>Motion carries</p>	
	<p>Action: Decrease funding to Outpatient Ambulatory Health Services: Primary Care (priority #1) by \$50,000 from \$932,630 to \$882,630.</p> <p>M/S/C: PSRAC 7/0</p> <p>Abstentions: Grelotti, Jacobs, Lewis, Lochner, Mar-Tang, Price, Ransom, Underwood, Villafan, Zilvinskis</p> <p>Motion carries</p>	
	<p>Action: Decrease funding to Medical Case Management (MCM) Services (Priority #5) by \$54,240 from \$1,198,338 to \$1,144,098.</p> <p>M/S/C: PSRAC 6/0</p> <p>Abstentions: Applebaum, Grelotti, Jacobs, Lewis, Lochner, Mar-Tang, Ransom, Tilghman, Underwood, Villafan, Zilvinskis</p> <p>Motion carries</p>	
d. ACTION: (Priority Setting Committee): Review and approve recommendations for service directives for FY 23 (next fiscal year, March 1, 2023 – February 28, 2024)	<p>Dr. Jacobs reviewed the PSRAC recommendations; the action item information sheet was included in the meeting materials packet.</p>	
	<p>Action: Carve out to Peer Navigation (Referral to Health Care and Support Services) (priority #14), to ensure that youth (those 26 years of age and under) have access to youth peer services while also keeping the Peer Navigation service category available for all in all five HHSA regions. Also request information regarding any additional funds needed to accomplish this service recommendation.</p> <p>M/S/C: PSRAC 7/0</p>	

Agenda Item	Action/Discussion	Follow-up
	<p>Abstentions: Applebaum, Jacobs, Lewis, Lochner, Mar-Tang, Ransom, Underwood, Villafan, Zilvinskis</p> <p>Motion carries</p>	
	<p>Action: Recommend to the Standards and Strategies Committee that the Universal Standards be modified to ensure that all clients are assessed regarding their interest in participating in telehealth and that those who are interested are assessed for capacity (phone, data service, pad, etc.) and provided with options to obtain what is needed.</p> <p>M/S/C: PSRAC 11/0</p> <p>Abstentions: Applebaum, Jacobs, Lochner, Villafan, Zilvinskis</p> <p>Motion carries</p>	
8. HIV, STD, and Hepatitis Branch (HSHB) Reports – Patrick Loose		
a. Expenditure/budget review	The report was included in the meeting materials packet and was reviewed at last week's HPG meeting. There were no questions regarding the report.	
b. Service Utilization Summary Report – through June 2022	The report was included in the meeting materials packet and was reviewed at last week's HPG meeting. There were no questions regarding the report.	
9. Suggestions to Steering Committee for consideration of future items	None	
10. Announcements	<ul style="list-style-type: none"> There will be an HPG meeting on August 24, 2022 to address the core medical services waiver, Assessment of the administrative Mechanism, and discuss an HPG task force for Monkeypox. There will <u>not</u> be an HPG meeting on August 17, 2022. There will be a Townhall Meeting/webinar on Monkeypox on Thursday, August 11, 2022 6:00 – 7:30 p.m. via tinyurl/Monkeypox.com or telephone 1-669-990-6833 Webinar ID: 849 2176 3751 Passcode: 576964 	
10. Next meeting date	<p>Next Meeting:(Weekly) Wednesday, August 24, 2022 3:00 p.m.</p> <p>Location: WebEx</p>	
11. Adjournment	4:02 p.m.	



County of San Diego

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WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER
ELIZABETH A. HERNANDEZ, Ph.D.
ACTING DIRECTOR

HIV, STD and Hepatitis Branch of Public Health Services County of San Diego Health and Human Services Agency Monthly Report to the HIV Planning Group August 2022

Updates are in **bold**.

Items for HPG Follow-Up

- None.

Coronavirus (COVID-19) Impacts and Updates

- Meetings of the HIV Planning Group will continue virtually as long as there is a local emergency.
- HRSA publishes routinely updated FAQs related to Ryan White services:
<https://hab.hrsa.gov/coronavirus-frequently-asked-questions>
- The CDC also has a comprehensive COVID-19 guide:
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- The California Department of Public Health has also established a web page to provide COVID-19 updates:
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx>
- The County of San Diego has established 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. They can also find additional information about the virus and how to prepare themselves.
- For general questions about COVID-19, the County recommends reaching out to 2-1-1 San Diego (211sandiego.org).
- The continued increase in local coronavirus cases prompted the Centers for Disease Control and Prevention to move & keep San Diego County to its high-risk level for COVID-19.

Monkeypox Updates

- The County declared monkeypox a local health emergency on August 2, 2022.
- You can now receive text updates about monkeypox from the County. Text COSD MONKEYPOX to 468-311.
- A virtual Monkeypox Townhall was held on Thursday, August 11th. A recording is available on the monkeypox website.
- Additional information and resources including data now available on the Monkeypox website: www.SanDiegoCounty.gov/monkeypoxSD
- The HPG is asked to consider forming a Monkeypox task force for the next 12 months.

Procurements

- An RFP for low-barrier models of medical care on Buynet has closed.
- An RFP for peer-based mobile PrEP education and delivery is in development.
- 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.
- An RFQ for implementation funding for non-profit medical providers to implement routine HIV testing will soon be posted on Buynet.
- An RFP for benefits navigation has been developed and will soon be posted on Buynet.
- An RFP for comprehensive HIV services for transgender individuals has closed on Buynet.
- Later this year, there will be RFP's for Ryan White services. Procurements are currently under development.

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, 2022 to February 28, 2023.

Year	Formula	Supplemental	MAI	Total
20-21	\$7,201,641	\$3,439,807	\$773,149	\$11,414,597
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

- HSHB has received a core medical services waiver from HRSA for March 2022 to February 2023. 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 8 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. **HSHB is requesting a new Core Medical Services Waiver for FY 23/24.**
- A programmatic site visit with HRSA occurred the week of May 23-27, 2022. Final report was received. **Recipient’s office will submit Corrective Action Plan (CAP) addressing proposed resolution of the findings.**
 - HRSA noted the following strengths of the RW program:
 - Culturally responsive program
 - Leveraging of other funding sources
 - Internal tracking systems
 - Policies and procedures
 - Trauma-informed approach to services and contract administration/monitoring
 - The following findings are being addressed:
 - Program: Lack of compliance with reflectiveness and representation on the HIV Planning Group, specifically vacancies in the seats for Hospital Association, State Medicaid, and recipient of Federal Funding.
 - Program: Lack of documentation regarding HIV Planning Group seat for District 1 representative, specifically regarding expiration of seat and participation as a sub-committee co-chair.

- Fiscal: Lack of substantiating documentation for fiscal monitoring of contracts.
- Fiscal: Lack of compliance testing, policies and procedures do not outline federal cost principles.
- Clinical Quality Management: Lack of compliance with review of performance data evaluation on a quarterly basis.
- Clinical Quality Management: Lack of infrastructure related to evaluating the effectiveness of the clinical quality management program.
- **HRSA has released instructions for The Fiscal Year (FY) 2023 Non-Competing Continuation (NCC) Progress Report for Part A due October 3rd. Recipient's office is currently working on completing the NCC Progress Report.**

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.

2021 Ryan White Services Report (RSR)

- The RSR is a comprehensive report of key client and program data from everyone funded by Ryan White. The report describes the clients who receive Ryan White services, such as race, gender, age, and where they live. It also looks at health outcomes, like viral suppression.
- Key findings for San Diego County from the 2020 RSR summary report:
 - The Ryan White system in San Diego County (Parts A, B, C, D and F) provided services to 7,153 clients in calendar year 2020. That is the second largest number of patients served by Ryan White in California.
 - 80.2% of San Diego County Ryan White clients live at or below 100% of the federal poverty level. This percentage is by far the highest proportion in California.
 - 91.9% of persons living at or below 100% of FPL are virally suppressed.

- Almost four-fifths of Ryan White clients in San Diego County are stably housed (78.4%), with 11.2% in temporary housing and 10.4% unstably housed.
- 92.7% of San Diego County Ryan White clients have achieved viral suppression, which ranks seventh among all funded areas.

Ending the HIV Epidemic Funding (HRSA)

- 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.
- For HRSA Ending the HIV Epidemic funding, the County of San Diego has received a partial award for the period of 3/1/22 through 2/28/23. The amount of the award is \$508,583. According to HRSA, this amount should represent 31% of the eventual award. This means that we can expect a total of \$1,640,590, which is level with the previous year's funding. This funding supports community engagement, leadership development, low-barrier medical care, and improving linkage to care for persons living with HIV through the use of community-informed molecular epidemiology.
- HRSA conducted a virtual site visit at the end of February. We are awaiting the final report and will share with HPG once received.
- HRSA has notified all EHE funding recipients that due to the impacts of COVID-19, we will be allowed to carry forward all unspent funding from the first two years of the grant (March 1, 2020, through February 28, 2021) into Years 3-5 of the grant (March 1, 2022, through February 28, 2025). Instructions and timelines were provided by HRSA at the end of May, carryover must be submitted in August.
- **Final notice has been received. Funding for FY 22/23 was increased and is \$2,004,000.**

CDC 18-1802 Funding

- Current CDC funding for HIV prevention (known as "18-1802") has changed its framework, and it 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 with implementation of syringe services 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.

Ending the HIV Epidemic funding (CDC)

- The California Department of Public Health was successful in its application to the CDC for funding under the Ending the HIV Epidemic initiative. As a result, HSHB has been awarded \$1.9 million per year for five years. This new funding will support the following activities:
 - *Wrap-Around Services for Persons Who Inject Drugs:* Provide comprehensive testing—HIV, HCV, STDs— status-neutral health care navigation (for PrEP or ART), and linkage to substance use disorder treatment and mental health resources.
 - *Mobile PrEP + PrEP Champions:* Recruit Black and Latinx MSM and Transgender persons who are currently utilizing PrEP to become PrEP champions to support outreach and education efforts connected with mobile PrEP clinics. The mobile clinics will provide PrEP-related medical evaluation, including comprehensive testing (HIV, HCV, STDs and safety labs), ongoing PrEP medical care, linkage to Benefits Navigation, and prescriptions for PrEP.
 - *Routine HIV Testing Implementation Grants:* Provide competitive start-up grants for local community health centers and other non-profit health care providers to implement routine HIV testing in primary care, urgent care and emergency departments. The funding would pay for any needed revisions to electronic health record systems, training for all staff, educational materials for clients, funding for unfunded (uninsured) tests, and funding for linkage to care for clients who are diagnosed with HIV. The funding would last for a period of 12 months.
 - *Benefits Navigation:* Provide trained benefits counselors who can help clients enroll in necessary benefits programs, including Medi-Cal, Covered California, ADAP, PrEP-AP, CalFresh, pharmaceutical patient assistance programs, etc.

- *Getting to Zero App and Resource Guide*: Develop a mobile application that provides information and resources regarding medical and support services for persons living with or vulnerable to HIV. Once developed, conduct ongoing maintenance of all resources and information to ensure that it remains up-to-date, comprehensive and accurate. Create printed versions of the resource guide, as well, to ensure accessibility by a large proportion of the residents of San Diego County.
- *HIV Care and Prevention Services for Transgender Persons*: Provide trauma informed, linguistically and culturally appropriate support services for transgender persons including co-located HIV prevention and care services, gender-affirming care services, STD and HCV testing, behavioral and substance use treatment services, and social support services (e.g., housing, job training, and food supports).
- *Surveillance Program Improvements*: Increase the ability of the County of San Diego's HIV Epidemiology Surveillance Program (HESP) to detect potential clusters so that the HIV, STD and Hepatitis Branch and its contracted providers can respond timely, ensure linkage to ART and other resources for persons newly diagnosed or newly re-engaged, ensure linkage to PrEP for those who are HIV-negative but have ongoing vulnerability to HIV, and reduce onward transmission of HIV. Specifically, this funding will ensure timely entry and assignment of all new HIV case reports as well as entry of lab reports not received via electronic lab reporting.
- *Enhanced Support for HIV Planning Group/Ending the HIV Epidemic Advisory Committee*: Provide additional staff support to the HIV Planning Group to augment the group's ability to effectively plan for and evaluate HIV prevention efforts in alignment with the County of San Diego's Getting to Zero initiative and the federal Ending the HIV Epidemic initiative

Service Utilization

- **Ryan White Parts A and B**
 - **Ryan White Part A Service Utilization Report provides data regarding clients and service utilization through July 31, 2022.**
 - **In the first five months of this fiscal year, the Ryan White Part A system of care provided services to 2,396 clients. This number represents about a 11% decline from clients served during the prior grant period, which was 2,698.**

- **Viral suppression of clients receiving services in the month July 2022 was 91% 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 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: The wait for all psychiatric appointments (in-person and telehealth, day and evening) in South region is currently 2-3 months, but in-person and virtual day and evening appointments are available in other regions.**
 - **Mental Health: There is currently a wait list in North Region, but in-person and virtual day and evening appointments are available in other regions.**
 - **Medical Case Management: No concerns.**
 - **Non-Medical Case Management: No concerns.**

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 (3/1/22 – 2/28/23), the report reflects expenditures through June, representing 33% of the grant period.
- The following service categories are under target for the fiscal year:
 - Primary Care (22%)
 - Medical Specialty (16%)
 - Psychiatric Medication Management (10%)
 - Oral Health (13%)
 - Medical Case Management (27%)
 - Referral to Health Care and Support Services (Peer Navigation) 21%
 - Home-based Healthcare Coordination (24%)
 - Emergency Financial Assistance (14%)
- Ryan White Part B
 - For the period (4/1/22 – 3/31/23), the report reflects expenditures through June, representing 25% of the grant period.
 - No concerns.
- HIV Prevention (1802 Funding)
 - The report reflects expenditures through June 2022, representing 50% of the grant period.
 - No concerns.
- HRSA EHE (20-078 Funding)
 - The report reflects 33% of the grant year elapsed (March 1, 2022-February 28, 2023). HRSA will allow carryover of funds from Years 1 and 2 of the project to Years 3-5. Instructions for carryover submission was received late May 2022.
 - HSHB expects to fully spend out its grant funding in Year 3 (current year).
- CDC/CDPH (20-2010 Funding)
 - This report reflects 58% of the grant year elapsed (August 1, 2021-July 31, 2022) with 5% of the grant spent due to delays in release of procurements. CDPH will allow carryover of funds from Years 1 and 2 of the project to Years 3-5.

Policy Updates

- HRSA and CDPH continue to provide clarifications regarding uses of funding during the pandemic. Links to this revised guidance is provided above. New guidance will be provided as it is received.

SUMMARY OF SERVICES FOR FY22

Mar. 1, 2022- Feb. 28, 2023

RYAN WHITE SERVICES		Jul	Total to Date	Prior Year Total
FY 2022-2023				
Unduplicated clients served	Clients	1223	2,396	2,698
New	Clients	174		
Returning	Clients	1049		
VIRAL LOAD SUPPRESSION				
Virally suppressed	Clients	943		
% Virally suppressed		91%		
With Test	Tests	1037		
Without Test	Tests	186		
PART-A SERVICES				
Outpatient Ambulatory Health Services: HIV Primary Care*	Visits	84	665	773
	Clients	84	455	502
Outpatient Ambulatory Health Services: Medical Specialty Care	Visits	21	133	66
	Clients	15	69	43
Psychiatric Medication Management	Visits	1	9	15
	Clients	1	7	11
Oral Health Care: Dental Care	Visits	64	438	305
	Clients	52	228	165
Early Intervention/Integrated Services for Women, Children & Families: Coordinated	Visits	68	871	681
	Clients	23	117	77
Early Intervention/Integrated Services for Women, Children & Families: Childcare	Visits	2	13	16
	Clients	2	4	14
Early Intervention Services: Regional Services	Visits	649	3,254	3,669
	Clients	286	794	951
Early Intervention Services: Peer Navigation Services	Visits	12	312	439
	Clients	7	87	105
Early Intervention Services: Outreach Services	Visits	0	0	0
	Clients	0	0	0
Medical Case Management Services	Visits	892	4,394	5,131
	Clients	367	608	705
Home-based Health Care Coordination	Visits	56	345	423
	Clients	24	39	44
Case Management -Non-Medical	Visits	419	2,154	2,942
	Clients	191	291	394
Mental Health Services: Counseling/Therapy	Visits	164	1,258	1,381
	Clients	82	174	208
Substance Abuse Treatment Services – Residential*	Visits	15	62	0
	Clients	12	21	0

*Includes Part B funded services

SUMMARY OF SERVICES FOR FY22

Mar. 1, 2022- Feb. 28, 2023

RYAN WHITE SERVICES		Jul	Total to Date	Prior Year Total
Substance Abuse Treatment Services - Outpatient	Visits	262	1,621	1,162
	Clients	46	70	48
Housing Services: Partial Assistance Rental Subsidy	Visits	110	545	647
	Clients	110	122	147
Medical Transportation Services - Assisted	Visits	0	3	3
	Clients	0	1	3
Medical Transportation Services - Unassisted	Visits	219	1,535	1,504
	Clients	161	354	395
Housing Services: Emergency Housing Assistance	Visits	47	385	519
	Clients	41	246	258
Food Services: Food Bank/ Home Delivered Meals	Meals	2997	14,346	19,549
	Clients	107	154	266
Medical Nutrition Therapy	Visits	14	68	71
	Clients	14	48	60

SUMMARY OF SERVICES FOR FY22

Mar. 1, 2022- Feb. 28, 2023

RYAN WHITE SERVICES		Jul	Total to Date	Prior Year Total
PART-A SERVICES continued				
Legal Services	Visits	15	81	101
	Clients	14	62	59
Emergency Financial Assistance	Visits	30	99	373
	Clients	22	36	68
Internet Access	Visits	0	1	2
	Clients	0	1	2
Internet Equipment	Visits	1	1	11
	Clients	1	1	8
Collateral Contacts	Visits	230	1,172	1,739
	Clients	148	395	422
MAI SERVICES				
Medical Case Management Services	Visits	99	464	913
	Clients	54	100	134
Mental Health Services: Therapy/Counseling	Visits	82	384	191
	Clients	37	61	42
Substance Abuse Treatment Services - Outpatient	Visits	24	84	39
	Clients	11	20	12
Facilitated 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	432	412
	Clients	45	77	50

July 2022 Goldenrods	Total #
# Goldenrods Received	1
# of Providers	1
# of RW-funded services provided	1
# of Clients Contacted	0
# Given permission to use information	1
# Positive Remarks	1
# Remarks Requiring Follow-Up	0