County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES
3851 ROSECRANS STREET, MAIL STOP P-578

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

HIV PLANNING GROUP
STRATEGIES & STANDARDS COMMITTEE
MEETING PACKET

Tuesday, September 13, 2022 11:30 AM

NOTE: This meeting is audio and video recorded.

Online meeting

The Charge of the Strategies & Standards Committee (updated June 4, 2019): To oversee the Getting to Zero (GTZ) Plan to direct objectives, strategies, and activities to get to zero new infections and continue to support those living with and vulnerable to HIV in living well in San Diego.

A quorum for this committee is 7

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Effective October 1, 2021, a new law, AB 361, amends Government Code section 54953 to add subsection (e) ("Special Teleconferencing Rule") which, under specific circumstances, will allow continued suspension of the General Teleconferencing Rule. A recent modification to the Brown Act (the rules regarding open meetings in California) allows the HPG and Committees to continue to meet virtually while a state of emergency is in effect. In - person meetings will return when the state of emergency is over.

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. <u>There is a proclaimed state of emergency and state or local officials have imposed or recommended measures to promote social distancing</u>; 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

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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, MD

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

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PUBLIC HEALTH OFFICER

SAN DIEGO HIV PLANNING GROUP

Medical Standards and Evaluation Committee

Tuesday, September 13, 2022 at 4:00 PM

Meeting by Zoom

Group Charge: Ensure that HIV Primary Care services provided through local Ryan White-funded clinics meet or exceed established HIV clinical practice standards and Public Health Services (PHS) guidelines, assuring availability and access to state-of-the-art medical care for all eligible PLWHA.

Members: Dr. Jeannette Aldous (Co-chair) / Dr. Laura Bamford / Dr. David Grelotti / Bob Lewis / Dr. Susan Little / Mikie Lochner / Katherine Penninga / Shannon Ransom / Dr. Stephen Spector / Lisa Stangl / Dr. Winston Tilghman (Chair) / Karla Torres / Dr. Adam Zweig

Quorum: Seven (7)

Agenda:

1) Welcome and moment of silence, comments from the Chair
2) **Action:** Continuance 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 have recommended measures to promote social distancing
3) Public comment
4) Sharing our concerns
5) Approval of the September 13, 2022 meeting agenda
6) Approval of the May 10, 2022 meeting minutes
7) Old Business:
    a. None
8) New Business:

County of San Diego

a. Workgroup Recommendations: Consider Getting to Zero 3-Year Action Plan Recommendations

b. **Discussion:** MSEC Leadership

c. **Discussion:** Chart Review Tool – questions or clarifications needed before finalization in November (e.g., Viral Load revised to less than 200 vs less than 1000)

d. **Discussion:** 2023 committee priorities and work plan

9) Other Updates:

a. STD Update (Dr. Tilghman)

b. HIV Update (Dr. Tweeten)

10)Agenda items for future meeting

11) Reminder of upcoming meeting date:

a. **Tuesday, November 8, 2022 at 4:00 PM via Zoom**

12) Adjournment

WORK PLAN

February 8, 2022 • No Meeting
May 10, 2022 • Review the Getting to Zero 3-Year Action Plan – MSEC Responsibilities • Chart Review
September 13, 2022 •
November 8, 2022 •

For more information email support staff at HPG.HHSA@sdcounty.ca.gov
Or visit the website at www.sdplanning.org

County of San Diego

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

SAN DIEGO HIV PLANNING GROUP
MEDICAL STANDARDS & EVALUATION COMMITTEE (MSEC)

Tuesday, May 10, 2022
4:00 PM

Meeting via teleconference (Zoom)

DRAFT MINUTES

Quorum = Eight (8)

Members Present: Dr. Jeannette Aldous (Co-chair) / Samantha Bowen / Dr. David Grelotti / Bob Lewis / Mikie Lochner / Katherine Penninga / Shannon Ransom / Dr. Stephen Spector/ Lisa Stangl / Dr. Winston Tilghman (Chair) / Karla Quezada-Torres

Members Absent: Dr. Laura Bamford / Dr. Susan Little / Dr. Adam Zweig

Agenda Item	Action	Follow-up
1. Welcome and moment of silence, comments from the Chair	Dr. Tilghman called the meeting to order at 4:02 p.m. and noted the presence of a quorum. HPG Support Staff did roll call. A moment of silence was observed.	
2. Action: Authorization of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e)	**Action:** Find the HPG has reconsidered the circumstances of the state of emergency and State and local officials have imposed or recommended measures to promote social distancing authorizing teleconferenced meetings pursuant to Government Code section 54953(e). **Motion/Second/Count (M/S/C):** Lochner/Ransom, 10/0 **Discussion:** A member of the public shared their thought about voting on this action for the next meeting as opposed to today's meeting. **Abstentions:** Tilghman **Motion carries**	
3. Public Comment	A member of the public noted that the Medical Standards and Evaluations Group was voted in to becoming a full committee under the HPG. Because of this, they expressed that this committee should be chaired by a medical profession that is an HPG member and not a staff member of the recipient's office. They also addressed the concern of how frequently the	Include leadership of MSEC as part of a future agenda.

Agenda Item	Action	Follow-up
	committee meets and the number of absences that occur with so few meetings.	
4. Sharing our Concerns	A member of the committee shared their concerns about the treatment of clients and how unacceptable it was to talk down to clients. A request was made to treat each person as human-beings, regardless of socio-economic status.	
5. Review and approve the May 10, 2022 meeting agenda	**Motion:** Approve the May 10, 2022 meeting agenda with the amendment to table Dr. Samantha Tweeten's HIV Update to September. **M/S/C:** Ransom/Lochner, 10/0 **Discussion:** There is currently no updated HIV data. Dr. Samantha Tweeten will provide the report in September. **Abstentions:** Tilghman **Motion carries**	
6. Review and approve the November 16, 2021 meeting minutes	**Motion:** Approve the November 16, 2021 meeting minutes as presented. **M/S/C:** Lochner/Grelotti, 8/0 **Discussion:** Dr Winston Tilghman spoke to the recipient's office regarding dental night guards and was open to including this discussion for future meetings if needed. **Abstentions:** Aldous, Spector, Tilghman **Motion carries**	
7. Old Business:		
a. None	None	
8. New Business:		
a. **Discussion:** Getting to Zero 3-Year Action Plan – Dr. Delores Jacobs	Dr. Delores Jacobs provided an overview of the Getting to Zero 3-Year Action Plan and focused on the items that were relevant to this committee, which included: 1. Update the Primary Care Standards to ensure clients (when appropriate and if interested) can have equitable access to virtual medical and psychiatric visits including the provision of the necessary hardware, equipment, and internet access 2. Update Primary Care Standards including requirements for serving transgender clients that include whole health and whole person care (e.g., hormone therapy, STD testing and treatment) 3. Update client rights & responsibilities to include and support inclusion of family members in supporting care The following items are requested for review and discussion by the Medical Standards and Evaluations Committee: 1. Review models and resource requirements that would support drop-in services for primary care, mental health, and substance use treatment. 2. Explore potential effectiveness and feasibility of mobile health clinics.	Add Medical Service Standards to agenda next meeting. HPG Support Staff to work with Dr. Tilghman to create a small working group to discuss the Medical Standards and the 3-Year Action Plan.

Agenda Item	Action	Follow-up
	Dr. Jacobs also noted that a consultant was recommended to work with each of the committee to address the action plan. **Discussion:** The committee discussed the following items: • Regarding the provision of devices and internet use, it is necessary to have this access, but it is not the role of this committee to provide those items and to investigate the process for providing that access. The committee will investigate what resources are already being funded and how so they can refer clients to these resources. • The committee should be thoughtful of the medical standards and standards of HIV care in San Diego County. There are certain things the committee may not have control over, such as rescinding telehealth due to Medi-Cal. However, a standard of care should be a gender-affirming environment. • It was recommended that the committee review what is contained in the standards of care and what is provided under Ryan White Funding. • Recommendations being made from this committee will be brought to Steering, and Steering will bring the recommendations to the appropriate committee. It was also noted that if clients needed access to electronic devices, they could reach out to the Recipient's office. • A best practice might be to address this plan by creating an ad hoc or working group. Because this committee meets less frequently throughout the year, this may be a good suggestion to expedite the work needed to complete these deliverables. **Motion:** Convene a small working group to review the medical standards and compare it with the Getting to Zero 3-Year Action Plan. **M/S/C:** Lochner/Grelotti, 10/0 **Abstentions:** Tilghman **Motion carries**	
b. **Discussion:** Chart Review – Jeanette Johnson	Jeanette Johnson of United Healthcare presented data from the Report on Compliance with Practice Guidelines from 2021. The report presented was sent to the committee before the meeting. A member of the community questioned the threshold for Viral Load being at 1,000. Jeanette Johnson took note of this for the discussion of the chart review. Within the next few weeks, the individual reports will be available to the providers and Jeanette Johnson will work with her team to include data of patients whose Viral Load is above 200.	Jeanette Johnson will meet with her nurse to extract data of patients with a viral load of less than 200 and send that data to HPG Support Staff. Dr. Tilghman to review the chart review tool and September's

Agenda Item	Action	Follow-up
		agenda to discuss any ambiguity.
c. **Discussion**: Change in HRSA Guidance	Dr. Tilghman noted that the change in the Health Resources and Services Administration (HRSA) Guidance allows services delivered in urgent/mobile care settings to be covered by Ryan White.	
d. **Discussion:** 2022 Committee Priorities and Workplan	In September, the committee will focus on work that will look at the medical standards and the Getting to Zero 3-yr action plan. Should the working group meet before the September meeting, the group will present any recommendations they have. The committee may look at the Chart Review Tool depending on the availability of Jeanette Johnson and her team with the goal to have it finalized by November.	
9. Other Updates:		
a. STD Update (Dr. Tilghman)	Dr. Tilghman gave an overview of the Monthly STD Reports. There were some delays in publishing the 2020 surveillance data, but the full data set slide is available online at Reports and Statistics (sandiegocounty.gov). If the committee would like Dr. Tilghman to provide an overview of the surveillance data, please let him know. Monthly STD reports were provided in the meeting packets. The 2021 STI surveillance data is on track to be published by summer 2022. Earlier in May, an HIV home-testing program called "Take Me Home" was developed by the "Building Healthy Online Communies" group. It is a website that allows users to order home tests for HIV and bacterial STIs. Please click here to learn more: https://takemehome.org/. If anyone tests as positive, they will have information that will direct them to Ryan White services. The committee strongly recommended all providers to bring back this information to their clinics with an HIV-Status neutral approach as we enter Pride season in San Diego County. Another committee member noted that the County has moved providers towards drawing blood for HIV testing which is not convenient. It was recommended that this committee comment on the importance having a wide variety of testing options to ensure a broad engagement in HIV testing.	
b. HIV Update (Dr. Tweeten)	Tabled.	
10. Agenda items for future meeting	The main STD clinic is permanently closed due to the closure of the Public Health Services building at Rosecrans. While looking for a new space, services have increased in the Central and South regions. A weekly clinic is available in the North Coastal region. For additional information, visit the website: STD Clinical Services (sandiegocounty.gov)	

Agenda Item	Action	Follow-up
11. Upcoming meeting date:	**Date:** Tuesday, September 13, 2022 at 4:00 PM. **Location:** Zoom	
12. Adjournment	5:39 PM	

Delores Jacobs, PhD, Consultant
Getting to Zero Community Engagement Project
(619) 379-8491
djacobsphd@gmail.com

From: Delores Jacobs, PhD, Consultant
To: Medical Standards Committee Members
R/E Memo Materials For your meeting Tuesday 9/13

The MSEC Work Group has met twice to address the four areas of consumer concerns/recommendations for Universal Standards clarifications.

Enclosed please find:

1. A listing of the 4 Items/objectives suggested by the Medical Standards Work group for your consideration. Additionally, the specific GTZ action plan/consumer recommendation is provided for your reference in red. Each item contains the existing language, followed by the clarification language now recommended. The change is provided in bold.
2. For your convenience the summary of the GTZ recommendations are provided at the end of thi document.

Thank you for all of your work and dedication. I look forward to the work to operationalize and implement these consumer recommendations!

Delores Jacobs, PhD

Tuesday 9/13/22 4 Items for discussion/approval

⇒ **Objective 1: Update Universal Standards** to ensure that clients, if interested, can participate in virtual medical visits, if appropriate and generally offered to clients. This change is intended to offer an opportunity for more equitable access vis-à-vis the provision of necessary equipment and some limited internet support. Resources are obtained either through Emergency Financial Services or Medical/Non-medical Case management services.

⇒ [GTZ Consumer Recommendation 3: Ensure HIV services (Primary Care, Mental Health, Case management) assess client capacity to access to telehealth appointments]

Universal Standard, **Current language**: *"Also, at the time of intake, providers are required to assess needs of client and their ability to meet these needs through Ryan White services or offer appropriate referrals. Additionally, providers are required to review client rights and responsibilities, complaint and grievance policies and confidentiality and sharing of protected health information. At intake, providers also assess client access issues, including linguistic, literacy and cultural needs, physical accessibility, and service location and available transportation".*

Proposed language addition in bold: Also, at the time of intake, providers are required to assess needs of client and their ability to meet these needs through Ryan White services or offer appropriate referrals. **To the degree that telehealth appointments are appropriate for, continue to be allowable by third party payors and are provided to clients, information regarding the potential availability of telehealth services as well as the availability of assistance with the provision of necessary equipment**

and some limited internet access will be provided. Additionally, providers are required to review client rights and responsibilities, complaint and grievance policies and confidentiality and sharing of protected health information.

⇒ **Objective 2: Update Universal Standards/Intake Requirements** to include specific service information and assessments of food security, housing stability, transportation needs and emergency financial assistance

⇒ [GTZ Consumer Recommendation 5: *Provide service information and rapid access to basic support services]*

Universal Standard, Current language: "Also, at the time of intake, providers are required to assess needs of client and their ability to meet these needs through Ryan White services or offer appropriate referrals. Additionally, providers are required to review client rights and responsibilities, complaint and grievance policies and confidentiality and sharing of protected health information. At intake, providers also assess client access issues, including linguistic, literacy and cultural needs, physical accessibility, and service location and available transportation".

Proposed language addition in bold:: Also, at the time of intake, providers are required to assess needs of client and their ability to meet these needs through Ryan White services or offer appropriate referrals. **To the degree that telehealth appointments are appropriate for, continue to be allowable by third party payors and provided to clients; information regarding the potential availability of telehealth services as well as the availability of assistance with the provision of necessary equipment and Internet access will be provided**.

Within 90 days of intake or recertification, providers also assess client access issues, including linguistic, literacy and cultural needs, physical accessibility, and service locations. **Service information and assessment is also provided regarding temporary housing services, food services, emergency financial assistance, mental health services and substance abuse treatments** and transportation services. **Such information will be provided to clients and documented in ARIES at least once a year thereafter.**

[Measure: ARIES note indicating date service information/referrals were provided.]

Additionally, providers are required to review client rights and responsibilities, complaint and grievance policies and confidentiality and sharing of protected health information.

⇒ **Objective 3: Update Client Rights and Responsibilities** to support inclusion of family and/or other identified support persons for clients in supporting their care.

Current language: Client Rights and Responsibilities
Proposed language addition in bold:
Clients have the right to receive services that address their needs, as well as refuse services. Clients may actively engage in decision making. **Clients also have the right to involve their family members and/or other identified support persons in support of their care, if they wish. Consent will be required in**

order for any information to be shared directly by providers with such persons. All providers must have written policies and procedures regarding client rights and responsibilities. Clients are informed of these rights and responsibilities during intake and a written copy is made available.

⇒ **Objective Four: Update Universal Standards** to include requirements for serving transgender clients, including whole-person care, hormone therapy and STD testing and treatment.
⇒ While the approach taken below (use of HRSA memo to frame the language) was approved by the Medical Standards Task Force, the exact 2 sentences have not yet been seen/approved by them, until the Medical Standards meeting 9/13.

Existing Standard:, current language

Cultural and Linguistic Competency

All providers must have an understanding of cultural nuances of communication and the ability to provide appropriate and acceptable services to potential and current clients, including people of color, gay and men who have sex with men, men or women vulnerable to HIV, bisexual men and women, transgender individuals, gender non-binary individuals, persons who use substances, persons with mental health concerns, persons of differing abilities, and others. Providers who serve any of these groups will make reasonable accommodations in service provisions.

Recommended clarification in bold *(Edited and summarized from HRSA memo on gender-affirming care, dated 12/16/21:*

All providers must have an understanding of cultural nuances of communication and the ability to provide appropriate and acceptable services to potential and current clients, including people of color, gay and men who have sex with men, men or women vulnerable to HIV, bisexual men and women, transgender individuals, gender non-binary individuals, persons who use substances, persons with mental health concerns, persons of differing abilities, and others. Providers who serve any of these groups will make reasonable accommodations in service provisions.

This competency includes ensuring that eligible, RW-certified transgender people with HIV have access to care, treatment and support services that improve their health and decrease risk of morbidity and mortality related to HIV. All providers will help to ensure eligible, RW certified transgender clients living with HIV are provided with access to *gender-affirming services* including but not limited to: hormone therapy, gender-affirming mental health services and STD testing and treatment.

[GTZ Consumer Recommendation 8: Increase the number of HIV service sites that have the capacity for whole person-whole health services including PrEP, mental health services, substance abuse treatment services, hormone treatment, case management, and housing resources.]

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Getting to Zero Community Engagement Project
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GTZ Consumer Recommendations: Results of 160 consumers participating February 2020 – June 2021 in formal large group setting, small groups settings and individual interviews.
Interview demographics: ¾ living with HIV, ¼ at higher risk for HIV; 77% of color; 15% Transgender; ages 20-71; Equal # of recently diagnosed and long-term survivors.
Results yielded 12 broad HIV community recommendations, some with multiple parts.
Recommendations are listed below.

BRIEF GTZ RECOMMENDATION SUMMARY LISTING

Recommendation 1: Acknowledge and address medical system mistrust
REPRESENTATION WORKFORCE **1a. Ensure ongoing recruitment, support and retention of a representative workforce**
1b. Acknowledge systemic racism, missteps, mistakes and harms of the past and ensure plans are created and implemented to ensure this past is not repeated.
1c. WORKFORCE TRAINING CULTURAL HUMILITY, TRAUMA INFORMED CARE Provide enhanced, skill-based trainings to HIV service-delivery staff to improve the ability to consistently communicate cultural respect, knowledge and humility, as well as the skills required for trauma-informed care.
Recommendation 2: Improve communications and outreach strategies for those living with and at higher risk for HIV who live, work or participate in historically-underserved, Low Information communities.
2a. Better provide HIV services information to HIV community members and historically-underserved communities impacted in San Diego County. **This recommendation is intended to proactively provide the information to the community rather than having the burden of information seeking fall to the consumers.**
2b. Provide increased and readily available **basic health information** to low information, historically-underserved community members and communities.
Recommendation 3: Ensure each HIV service assesses client capacity to access to telehealth appointments to ensure that all HIV community members have equitable access to tele-health appointments
3a. Updating Primary Care standards to ensure that clients, if interested, can participate in virtual medical visits, including intake assessment and provision of necessary equipment and Internet access. This is intended to provide the service, if desired, rather than burdening the client with information seeking.
3b. Resources are obtained either through Emergency Financial Services or Medical/Non-medical Case management services.
Recommendation 4: Provide increased mental health and alcohol/substance misuse treatment opportunities for those living with or at higher risk for HIV. Additionally, more widely communicate information about these opportunities to HIV community members.
4a. **Coordinating** with the existing harm reduction task force, provide **guidance** to contracted HIV service providers designed to **increase the availability of harm reduction services** for substance misuse treatment.

4b. Expand and augment the current syringe exchange program(s) in San Diego County to allow services to be provided for an increased number of community members (including HIV community members) and to include more opportunities for connection to additional needed services (i.e., wound care, MAT, Case management, vaccinations, etc.)
4c. **Coordinating** with County drug and alcohol services personnel, ensure the design and implementation of a **coordinated system for rapid response** for HIV community members who desire to enter substance misuse residential or out-patient treatment.
4d. In light of reported treatment disruptions which often occur for those without secure housing, design and deploy more rapid interventions for consumers, **particularly when insecure housing and either substance misuse or mental health symptoms are co-occurring**.
4e. Investigate the current opportunities for substance misuse treatment for methamphetamine and, if inadequate opportunities exist, expand those available.
4f. Continue to increase the opportunities for s**ame-site location of medical providers, mental health providers and alcohol/substance misuse counselors** for those living with or at higher risk for HIV.
4g. **In collaboration with UCSD and AETC,** provide links and resources for **skill-based training for HIV service personnel** regarding the stigmatizing behaviors faced by substance misusing HIV community members and ways to reduce those stigmatizing behaviors within the health care system itself.
Recommendation 5: More consistently provide rapid access to **basic support services: housing, food, transportation, emergency financial assistance including shut-off** & **eviction prevention. Additionally, more widely communicate information about these opportunities and the processes to access them.**
Recommendation 6: Continue to expand the opportunities to hire, support and utilize peer navigators, peer health educators, peer outreach specialists, benefits navigators, and housing specialists.
Recommendation 7: Design, integrate and deploy strategies to address the stigmas faced by HIV community members;
7a. Increase opportunities/programs for social support of those living with or at higher risk for HIV who may, as a function of family or community stigma, have fewer social supports.
Recommendation 8: Increase the number of HIV service sites that have the capacity for whole person-whole health services including PrEP, mental health services, substance misuse services, hormone treatment, case management, and housing resources.
Recommendation 9: Design, create and execute improved community engagement and outreach strategies that utilize community organizing and personal relationship building. Strategies should include: transportation and meal reimbursements as well as appropriate and respectful incentives, engaging, interesting meeting opportunities for planning participation and routine report-outs regarding what has been done with HIV community feedback.
Recommendation 10: Revise and refine the documentation processes that create a barrier to access services for persons living with or at increased risk for HIV.
10a. Reduce the duplication of forms and paperwork required to access HIV services.
Recommendation 11: Design and deploy a variety of brief, on-line trainings for those living with or at higher risk for HIV. Trainings include but are not be limited to: what is the HIV Planning Group and options for involvement; What is the HPG Consumer group and how to get involved; What are HPG committees and how to get involved; How to effectively advocate for the HIV community.

RYAN WHITE PRIMARY CARE PROGRAM
Practice Guidelines Compliance Chart Review: 10/1/20 – 9/30/21

Case ID: _____ Reviewer: _____ Date: _____

HIV + ☐ AIDS DX ☐

Question 1 - Appointments -

Number of in-person visits in review period: _____ Number of telehealth visits in review period: _____
Follow-Up Appointment Documented: ☐ Yes ☐ No
Number of appointments (in-person or telehealth) missed by > 30 days: _____

Patient compliant (Did not miss more than one appointment (in-person or telehealth by 30 days): ☐ Yes ☐ No

Question 2 – Documentation that Antiretroviral Therapy was Prescribed

Was antiretroviral therapy prescribed: ☐ Yes ☐ No
Outcome: ❑ Prescribed ❑ Refused

Question 3 – Resistance Testing

Previous treatment with antiretroviral therapy: ☐ Yes ☐ No

Section 3A
VL > 1000? ☐ Yes ☐ No

Stable ART for at least 1 month prior to the VL >1,000 copies/mL? ☐ Yes ☐ No

Treatment Experienced Genotype: ☐ Yes ☐ No ☐ Not applicable

Section 3B
Date first diagnosis _____
Treatment Naïve Genotype: ☐ Yes ☐ No ☐ Not applicable

Question 4 – CD4 and VL Tests

Number of CD4 tests: _____ Number of VL tests: _____

Date: 1st test _____	Value _____	Date: 1st test _____	Value _____
Date: 2nd test _____	Value _____	Date: 2nd test _____	Value _____
Date: 3rd test _____	Value _____	Date: 3rd test _____	Value _____
Date: 4th test _____	Value _____	Date: 4th test _____	Value _____
Date: 5th test _____	Value _____	Date: 5th test _____	Value _____
Date: 6th test _____	Value _____	Date: 6th test _____	Value _____
Date: 7th test _____	Value _____	Date: 7th test _____	Value _____

Question 4A – PCP Prophylaxis
PCP Prophylaxis: ❑ Yes ❑ No ❑ Exempt ❑ Refused/declined

RYAN WHITE PRIMARY CARE PROGRAM
Practice Guidelines Compliance Chart Review: 10/1/20 – 9/30/21

Case ID: _____ Reviewer: _____ Date: _____

Question 5 - Sexually Transmitted Diseases

MSM ☐ Sexually Active ❑ Documented STD within last 12 months ❑ Newly enrolled in care

Urogenital GC/CT**:** ❑ Yes ❑ No ❑ Refused/declined

GC Culture/NAAT (Throat): ❑ Yes ❑ No ❑ Refused/declined

GC Culture/NAAT (Rectal): ❑ Yes ❑ No ❑ Refused/declined

Chlamydia NAAT (Rectal): ❑ Yes ❑ No ❑ Refused/declined

Syphilis testing: ☐ Yes Dates: _____ _____ _____ _____ _____ _____ _____ ☐ No ❑ Refused/declined

Sexual Risk and Drug Use Assessment:

☐ Yes Dates: _____ _____ _____ _____ _____ _____ _____ ☐ No

Question 6 – Cervical Cancer Screening

Was cervical cancer screening status addressed? ❑ Yes ❑ No TAH ❑
Date of last Pap smear _____

Question 7 – Hepatitis A and B

Hep A screening? ❑ Yes _____ _____ _____
❑ No ❑ Immune/Vaccinated ❑ Refused/declined

Hep B screening? ❑ Yes _____ _____ _____
❑ No ❑ Immune/Vaccinated ❑ Refused/declined ❑ Active infection

Question 8 – Hepatitis C

Lifetime Hep C Screening? ❑ Yes ❑ No
❑ Prior confirmed Hep C ❑ Refused/declined

Is there ongoing risk of Hepatitis? ❑ Yes ❑ No. If Yes list risks
1. _____
2._____
3._____
4._____

Injection drug use (active or previous history, but not tested)? ❑ Yes ❑ No

Sexually active MSM? ❑ Yes ❑ No

Annual Hep C Screening during audit period? ❑ Yes ❑ No ❑ Refused/declined ❑ Active infection ❑Not applicable

RYAN WHITE PRIMARY CARE PROGRAM
Practice Guidelines Compliance Chart Review: 10/1/20 – 9/30/21

Case ID: _____ Reviewer: _____ Date: _____

Question 9 – Lipid screening

Lipid screening? ❑ Yes ❑ No ❑ Refused/declined

Question 10 – Tuberculosis Assessment

Screening test (PPD or QuantiF) ordered during audit year? ❑ Yes ❑ No ❑ Prior positive ❑ Refused/declined

Type of test: ❑ PPD ❑ QuantiFERON
Documentation that PPD was placed? ❑ Yes ❑ No
Documentation that PPD was read? ❑ Yes ❑ No

Annual risk assessment done? ❑ Yes ❑ No (check if only prior positive)

10A –If positive, documentation of CXR or notation that CXR was done previously? ❑ Yes ❑ No (check if only TB positive)

Question 11 –Vaccination

Influenza vaccine? ❑ Yes ❑ No ❑ Refused/declined ❑ Exempt

Pneumococcal vaccine? ❑ Yes ❑ Pneumovax ❑ Prevnar
❑ No ❑ Refused/declined ❑ Exempt

Meningococcal vaccine (lifetime)? ❑ Yes ❑ No ❑ Refused/declined ❑ Exempt

COVID-19 vaccine ❑ Yes/addressed ❑ No/not addressed

Question 12 – Treatment Adherence and HIV Risk Counseling

Treatment adherence counseling? ❑ Yes ❑ No ❑ N/A (not on treatment) ❑ Refused/declined
HIV Risk Counseling? ❑ Yes ❑ No ❑ Refused/decline

Counseling regarding disclosure to sex and needle sharing partners and/or referral to HIV Partner Services? ❑ Yes ❑ No ❑ Refused/declined
❑ N/A (Patient is virally suppressed)

Question 13 – Dental

Documentation of Dental Referral/Recommendation/Dental Care addressed: ❑ Yes ❑ No

County of San Diego Monthly STD Report

Volume 14, Issue 5: Data through December 2021; Report released May 26, 2022.

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO

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	2020		2021	
	Dec	*Previous 12-Month Period**	*Dec*	*Previous 12-Month Period**
Chlamydia	1397	18341	1451	18124
Female age 18-25	494	6953	489	6495
Female age ≤ 17	35	650	52	613
Male rectal chlamydia	118	1166	163	1584
Gonorrhea	582	6210	626	8124
Female age 18-25	98	985	89	1254
Female age ≤ 17	10	117	12	138
Male rectal gonorrhea	96	785	105	1399
Early Syphilis (adult total)	116	1113	87	1254
Primary	25	178	11	189
Secondary	34	372	31	425
Early latent	57	563	45	640
Congenital syphilis	2	15	2	29

* Cumulative case count of the previous 12 months.

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	All Races*		Asian/PI		Black		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	18124	542.1	469	127.1	653	409.9	1751	153.2	2182	142.0
Gonorrhea	8124	243.0	243	65.9	630	395.5	1311	114.7	1545	100.6
Early Syphilis	1257	37.6	68	18.4	122	76.6	566	49.5	398	25.9
Under 20 yrs										
Chlamydia	2765	313.4	45	46.3	115	274.1	279	92.5	311	76.8
Gonorrhea	690	78.2	14	14.4	69	164.5	93	30.8	90	22.2
Early Syphilis	20	2.3	2	2.1	2	4.8	12	4.0	3	0.7

Note: Rates are calculated using 2020 Population Estimates; County of San Diego, Health and Human Services Agency, Public Health Services Division, Community Health Statistics Unit. 8/2021.

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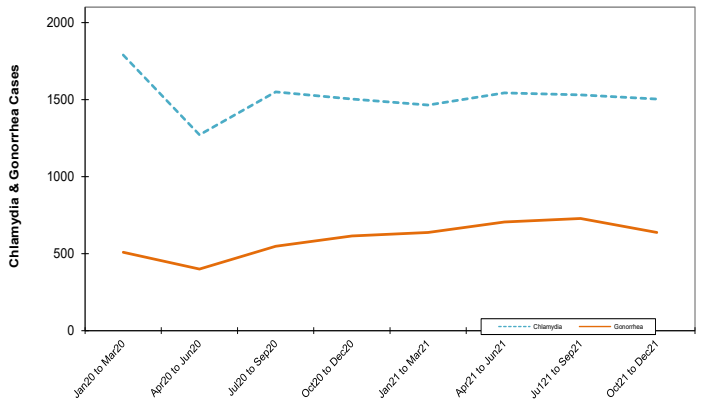

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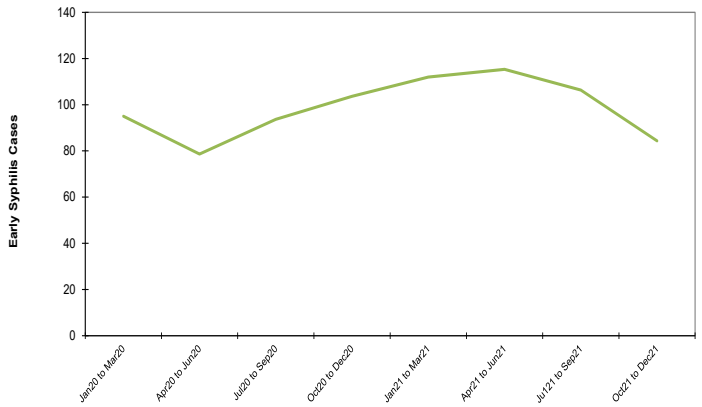

Editorial Note: Monkeypox Virus Infection in the United States and Other Non-Endemic Countries

Recently, cases and clusters of monkeypox have been identified in several countries among persons without a history of travel to endemic countries, including nine confirmed or presumed cases, as of May 25, 2022, in the United States. Unlike previous cases of monkeypox, which were identified following travel to or among residents of West or Central African countries, most recent cases do not have direct travel-associated risk, and some have been identified among men who have had close or intimate contact with other men. For further details, please see recent health advisories from the Centers for Disease Control and Prevention (CDC), the California Department of Public Health, and the California Health Alert Network San Diego.

Some recent monkeypox cases have begun in the genital and perianal regions, in the absence of fever and prodromal symptoms (i.e., fever, lymphadenopathy, malaise, headache, muscle aches), and some patients may present with proctitis. Therefore, cases may be easily mistaken for common sexually transmitted infections (STIs), such as syphilis and anogenital herpes, or varicella-zoster virus. Typical monkeypox lesions are deep-seated and well-circumscribed lesions, often with central umbilication, and progress through specific sequential stages: macules, papules, vesicles, pustules, and scabs. Synchronized progression occurs at specific anatomic sites, and scabs eventually fall off. Lesions may occur on the palms and soles.

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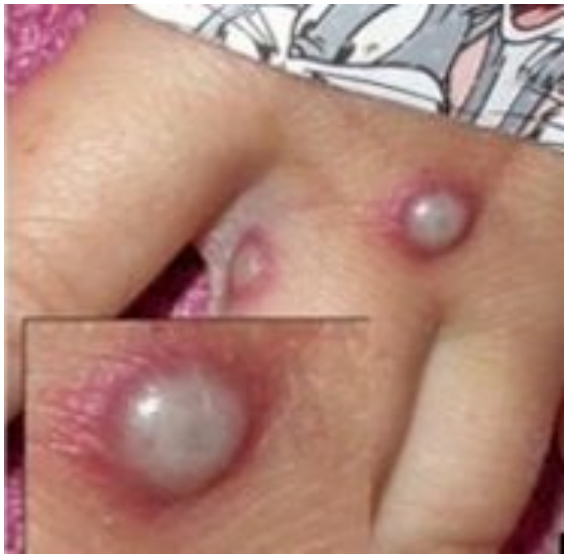
Editorial Note (Continued):

Transmission occurs most efficiently through large respiratory droplets, which requires prolonged face-to-face exposure, and direct contact with rash lesions or body fluids. A person is considered infectious from the onset of symptoms (prodrome or lesions) and is presumed to be infectious until all lesions have crusted, the crusts have separated, and a fresh layer of healthy skin has formed underneath them.

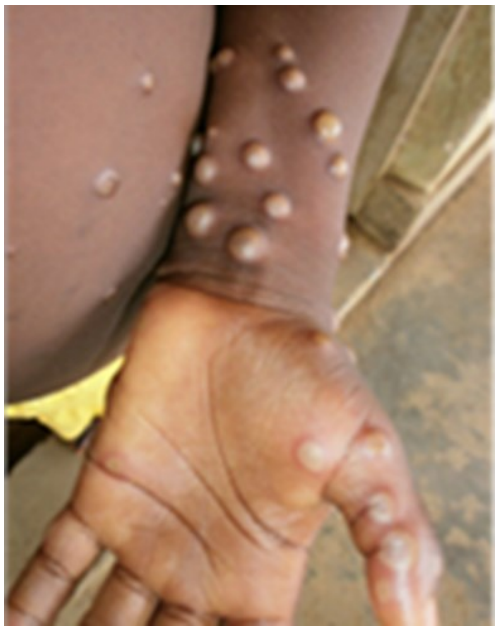
A diagnosis of monkeypox should be considered in people who present with the characteristic rash and who, in the month preceding illness:

- Have traveled to countries where monkeypox cases have been recently reported;
- Have had direct or indirect contact with someone who is arriving or returning from Africa, has a similar rash, and/or has received a diagnosis of confirmed or suspected monkeypox; or
- Are men who have had close or intimate in-person contact with other men.

Suspected cases should be reported immediately by telephone to the San Diego County Epidemiology Unit by calling (619) 692-8499 (8:00am-5:00pm, Monday through Friday) or (858) 565-5255 (after hours, weekends, holidays) prior to testing. Confirmatory monkeypox virus-specific testing requires a dry lesion swab specimen. Collect multiple specimens from different lesions for preliminary and confirmatory testing.



Source: CDC



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County of San Diego Monthly STD Report

Volume 14, Issue 6: Data through January 2022; Report released July 5, 2022.

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Female age 18-25	545	6691	455	6405
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Gonorrhea	645	6270	403	7882
Female age 18-25	93	972	105	1266
Female age ≤ 17	14	122	8	132
Male rectal gonorrhea	98	819	116	1417
Early Syphilis (adult total)	133	1136	80	1201
Primary	24	185	8	173
Secondary	54	395	23	394
Early latent	55	556	49	634
Congenital syphilis	2	15	4	31

* Cumulative case count of the previous 12 months.

Table 2. Selected STD Cases and Annualized Rates per 100,000 Population for San Diego County by Age and Race/Ethnicity, Year-to-Date.

	All Races*		Asian/PI		Black		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	1269	455.5	32	104.1	36	271.2	122	128.1	167	130.4
Gonorrhea	632	226.8	19	61.8	49	369.1	85	89.2	118	92.2
Early Syphilis	80	28.7	1	3.3	7	52.7	39	40.9	19	14.8
Under 20 yrs										
Chlamydia	186	253.0	5	61.7	9	257.4	22	87.5	25	74.1
Gonorrhea	62	84.3	0	0.0	7	200.2	8	31.8	2	5.9
Early Syphilis	1	1.4	0	0.0	1	28.6	0	0.0	0	0.0

Note: Rates are calculated using 2020 Population Estimates; County of San Diego, Health and Human Services Agency, Public Health Services Division, Community Health Statistics Unit. 8/2021.

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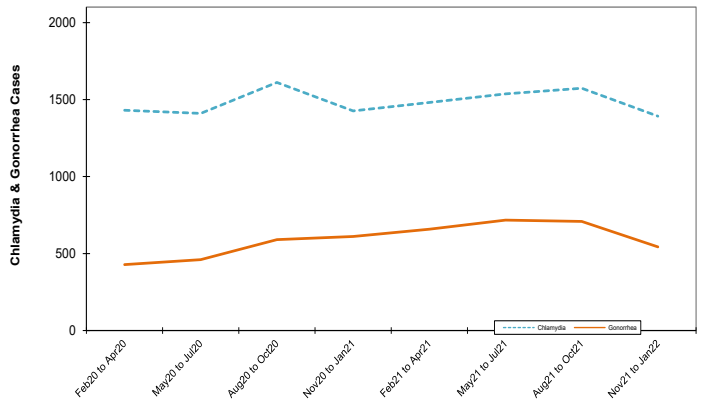

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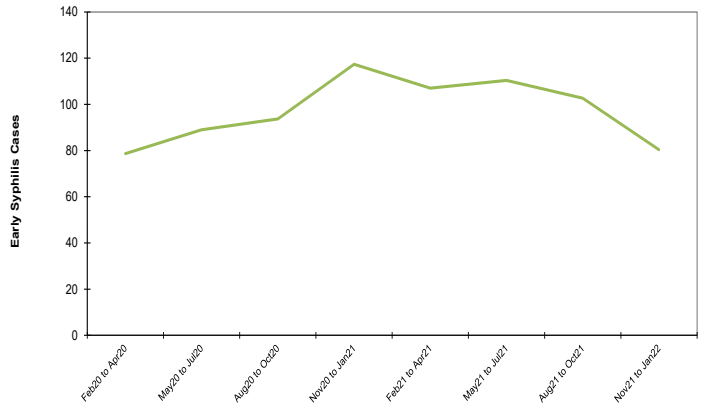

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As of June 24, 2022, no cases of IMD associated with the Florida outbreak have been reported in San Diego County. However, in anticipation of large gatherings during the Pride month and given previous outbreaks that have occurred in MSM, outreach is recommended to increase awareness and prevent infection in the region.

CDC currently recommends that gay, bisexual, and other MSM receive the meningococcal conjugate vaccine (MenACWY), if they live in Florida or discuss vaccination with their healthcare provider if traveling to Florida [1]. On June 6, 2022, the California Department of Public Health issued recommendations for clinicians to offer MenACWY to MSM and transgender persons who have sex with men, citing particular benefit for MSM who plan to travel to Florida or to attend gatherings, especially crowded venues, with MSM and transgender persons who have sex with men from around the country [2].

Further, persons with ongoing risk of exposure whose most recent dose of MenACWY was at least five years ago should receive a booster dose of MenACWY, since vaccine-induced immunity wanes over time. Adults living with HIV, who were vaccinated with a two-dose primary series at least 5 years ago, should receive a single booster dose [1]. Meningococcal vaccines can be given at the same time as a COVID-19 vaccine. Full meningococcal vaccination recommendations are available through the CDC website. Nonpharmaceutical strategies to reduce risk of IMD include avoiding sharing drinks, cigarettes, or other smoking equipment and avoiding contact with saliva or other fluids from the mouth or nose of other persons [3].

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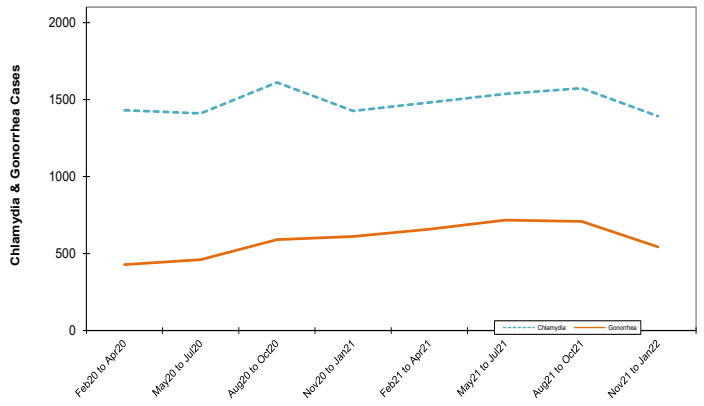

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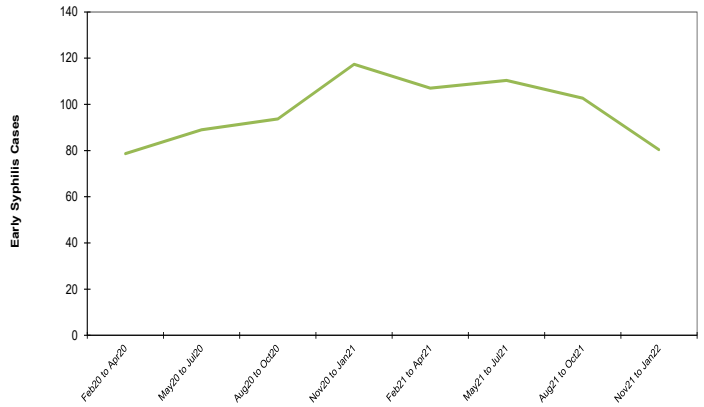

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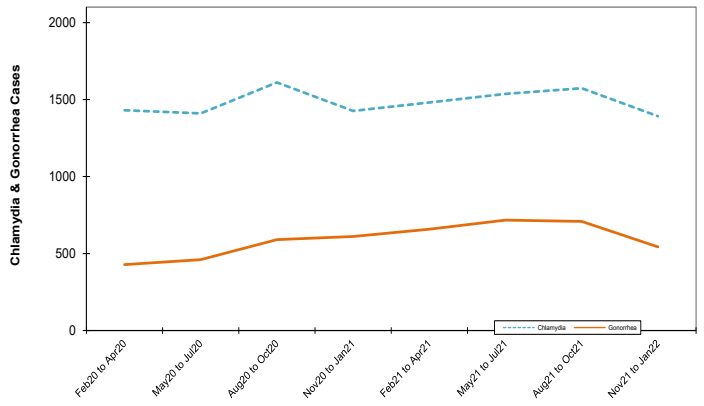

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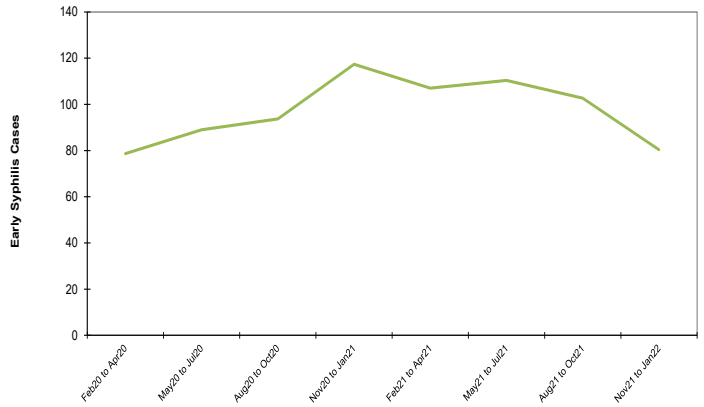

Editorial Note: Outbreak of Invasive Meningococcal Disease in Men Who Have Sex with Men in Florida

In April 2022, the Centers for Disease Control and Prevention (CDC) reported a large ongoing outbreak of serogroup C invasive meningococcal disease (IMD) in Florida, primarily among gay, bisexual, and other men who have sex with men (MSM), including those living with human immunodeficiency virus (HIV). The outbreak is mostly affecting people who live in Florida, but also has affected visitors to the state. It is the worst outbreak, to date, among MSM, with 24 MSM cases (out of 26 total outbreak cases) and seven deaths reported as of June 24, 2022.

As of June 24, 2022, no cases of IMD associated with the Florida outbreak have been reported in San Diego County. However, in anticipation of large gatherings during the Pride month and given previous outbreaks that have occurred in MSM, outreach is recommended to increase awareness and prevent infection in the region.

CDC currently recommends that gay, bisexual, and other MSM receive the meningococcal conjugate vaccine (MenACWY), if they live in Florida or discuss vaccination with their healthcare provider if traveling to Florida [1]. On June 6, 2022, the California Department of Public Health issued recommendations for clinicians to offer MenACWY to MSM and transgender persons who have sex with men, citing particular benefit for MSM who plan to travel to Florida or to attend gatherings, especially crowded venues, with MSM and transgender persons who have sex with men from around the country [2].

Further, persons with ongoing risk of exposure whose most recent dose of MenACWY was at least five years ago should receive a booster dose of MenACWY, since vaccine-induced immunity wanes over time. Adults living with HIV, who were vaccinated with a two-dose primary series at least 5 years ago, should receive a single booster dose [1]. Meningococcal vaccines can be given at the same time as a COVID-19 vaccine. Full meningococcal vaccination recommendations are available through the CDC website. Nonpharmaceutical strategies to reduce risk of IMD include avoiding sharing drinks, cigarettes, or other smoking equipment and avoiding contact with saliva or other fluids from the mouth or nose of other persons [3].

County of San Diego STD Clinics: www.STDSanDiego.org
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APPENDIX

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Effective October 1, 2021, a new law, AB 361, amends Government Code section 54953 to add subsection (e) ("Special Teleconferencing Rule") which, under specific circumstances, will allow continued suspension of the General Teleconferencing Rule. A recent modification to the Brown Act (the rules regarding open meetings in California) allows the HPG and Committees to continue to meet virtually while a state of emergency is in effect. In - person meetings will return when the state of emergency is over.

HIV PLANNING GROUP

12-MONTH COMMITTEE TRACKING

Feb 2021 - Sep 2022

Medical Standards & Evaluation Committee

MSEC	Nov	Feb	May	#
Total Meetings	1	0	1	2
Member				
Tilghman, Dr. Winston [C]	*	NM	*	**0**
Aldous, Dr. Jeannette [N CC]	**1**	NM	*	**1**
Bamford, Dr. Laura	*	NM	**1**	**1**
Bowen, Samantha	*	NM	*	**0**
Grelotti, Dr. David	*	NM	*	**0**
Lewis, Robert	*	NM	*	**0**
Little, Dr. Susan	**1**	NM	**1**	**2**
Lochner, Mikie	*	NM	*	**0**
Penninga, Katherine	*	NM	*	**0**
Ransom, Shannon	*	NM	*	**0**
Spector, Dr. Stephen	**1**	NM	*	**1**
Stangl, Lisa [N]	*	NM	*	**0**
Quezada-Torres, Karla	*	NM	*	**0**
Zweig, Dr. Adam [N]	*	NM	**1**	**1**

NM = Committee did not meet