

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

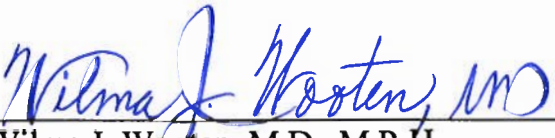
HEALTH OFFICER TELECONFERENCING RECOMMENDATION

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



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PUBLIC HEALTH OFFICER

SAN DIEGO HIV PLANNING GROUP (HPG) STEERING COMMITTEE

Tuesday, September 20, 2022 11:00 a.m.
Meeting by WebEx

This meeting is audio and video recorded.

The Charge of the Steering Committee: Establish the agenda for full meetings of the HIV Planning Group, address issues of HIV Planning Group governance. and administer the Assessment of the Administrative Mechanism.

A quorum for this committee is 4

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

Participants Requesting Spanish Translation: *(Must notify support staff 96 hours in advance). They will receive an email with the number to call in.*

DRAFT AGENDA

1. Call to order
2. **Action:** Continuance of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e).
 - a. Find that the Committee 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. Comments from the Chair and moment of silence
4. Public comment (for members of the public)
5. Sharing our concerns (for committee members)
6. Review/approve Steering Committee agenda for September 20, 2022
7. **Action:** Review/approve HPG meeting agenda for September 28, 2022 (included in the meeting packet)
8. Committee Reports and Recommendations:
 - a. Membership Committee:
 - i. Recommendation(s) for HPG membership
 - ii. **Action Item:** Recommend Waiver for new member
 - b. Priority Setting and Resource Allocations Committee:
 - i. Recommendation(s) for reallocation of funds in FY 22 (the current fiscal year, March 1, 2022 – February 28, 2023)
 - c. Consumer Group:
 - d. Strategies and Standards Committee:

- e. Medical Standards and Evaluation Committee:
- 9. Process/governance issues:
 - a. Review: Public comments/HPG member comments/Suggestions to the Steering Committee from previous HPG meeting(s)
 - b. Update: GTZ Community Engagement Project – 3-Year HIV Planning Group (HPG) Action Plan (Dr Jacobs – Contractor hired to oversee.)
 - c. Update: Status of proposed changes to HPG Bylaws
 - d. **Action:** COI Policy and Conflict of Interest Disclosure Form for Planning Group Member, Members Elect, and non-HPG Committee member
 - i. Training on new policy for all HPG and Committee members added to training list below
 - e. Discussion: Plan for committees to address discrimination/anti-racism (based on GTZ Action Plan and concerns related to requirement for signed Confidentiality Agreement)
 - f. Update: Preparation for in-person meetings / Retreat Planning
 - g. Update: Integrated Statewide Strategic Plan
 - h. Discussion: Consider recommending the Strategies and Standards Committee conduct an in-depth review of transportation standards to assure the everything required for the service category to function efficiently is in place
 - i. Update: Committee Review/Members terms - HPG Roster that includes when terms expire will be included in HPG meeting packets twice per year (March/Oct)
 - j. Discussion: Standardized practice for Public Comment at HPG and Committees
 - k. Discussion: Recognition for exiting HPG members
 - l. Follow-up: Assessment of the Administrative Mechanism report
 - m. Review the 2022 HPG Work Plan - Add the following presentations as future agenda items
 - i. From Aging and Independent Services; Assistance available for finding assisted living facilities
 - ii. From Community Based Organization (CBO); Service available for aging PLWH and needs of long-term survivors
 - iii. From Support Staff and Recipient's Office; Programs and resource for the Transgender community; Data available for RW planning
 - iv. From Support Staff; Training regarding new COI policy and documents
 - v. From County Counsel, prior to Priority Ranking process; General COI Training for advisory board members
 - vi. From Recipient's Office; RW Parts C, D, and F and how they interact with Parts A & B
- 10. Update and budget review from the HIV, STD, and Hepatitis Branch (HSHB) – Patrick Loose
 - a. HSHB Monthly Report – September 2022
 - b. FY 22 Expenditure/Budget review
 - c. Service Utilization Summary Report – through August 2022
 - d. Monthly Goldenrods CQM update – August 2022
 - e. HRSA, CDC and CDPH policies and procedures updates
 - f. Administrative Budget review – Rodney von Jaeger
- 11. Approve committee meeting minutes from June 14, 2022 and July 19, 2022 meetings.
- 12. Review follow-up items from the minutes
- 13. Review committee attendance
- 14. Future agenda items for consideration
 - a. Border Health (2023)
 - b. Recommend HSHB work with providers to educate Consumers about all changes to Temporary Housing assistance
- 15. Announcements
- 16. Confirm next meeting date: **October 18, 2022**, Location: **WebEx**
- 17. Adjournment



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SAN DIEGO HIV PLANNING GROUP

Wednesday, September 28, 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 13

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 September 28, 2022 (5 min)
7. Review follow-up items from meeting minutes (5 min)
8. Old Business: None
9. New Business
 - a. **ACTION:** (Membership Committee): Review and approve recommendation(s) for HPG membership. (3 min)
 - b. **ACTION:** (Membership Committee): Approval of Membership Waiver (10 min)
 - c. Presentation: HPG Membership – Bob Lewis (15 min)
 - d. **ACTION:** (Priority Setting Committee): Review and approve recommendations for reallocation of funds in FY 22 (the current year, March 1, 2022 – February 28, 2023) (15 min)
 - e. **ACTION:** Approval of HPG Minutes from July 27, 2022; August 3, (5 min)

You may also obtain more information on our web page: www.sdplanning.org

2022, August 10, 2022, August 24, 2022.

- f. **ACTION:** Approval of HPG consent agenda for September 28, 2022, (5 min) which includes acceptance of the following committee minutes: Strategies and Standards Committee: July 5, 2022; Membership Committee: July 13, 2022; Priority Setting and Resource Allocation Committee: June 23, 2022; July 7, 2022; July 14, 2022; July 21, 2022; July 28, 2022, and August 4, 2022 (Included for your information, not for acceptance; Consumer Group: ??? CARE Partnership: July 18, 2022; Faith-Based Action Coalition: July 7, 2022)

10. HIV, STD, and Hepatitis Branch (HSHB) Reports – Patrick Loose (15 min)
- HSHB Monthly Report: Sept 2022
 - HRSA, CDC and CDPH policies and procedures updates
 - Expenditure/budget review
 - Service Utilization Summary Report – through August 2022
 - Monthly Client Service Evaluation (Goldenrod) Summary Report CQM update – August 2022
11. Reports
- Committee Reports (Consumer, Membership, Strategies & Standards, PSRAC, Medical Standards) (12 min)
 - Planning Group Support Staff (PGSS) Report – Rodney von Jaeger (2 min)
 - Administrative budget review
 - Update: In-person meetings
 - Report from State Office of AIDS (OA) and AIDS Drug Assistance Program (ADAP) – (included in meeting packet) - Abigail West and Jesse Peck by teleconference, 1616 Capitol Ave, 6th Fl, Ste 616, Sacramento, CA 95814) (2 min)
 - GTZ Community Engagement Project Updates (6 min)
 - California HIV Planning Group (CHPG) (2 min)
 - Faith-Based Action Coalition (2 min)
12. Suggestions to Steering Committee for consideration of future items (2 min)
13. Announcements (2 min)
14. Next Meeting Date: **Wednesday, October 26, 2022** Location: **WebEx**
15. 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 IVI 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).



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HIV PLANNING GROUP MEMBERSHIP COMMITTEE ACTION ITEM INFORMATION SHEET

APPROVAL OF RECOMMENDATION FROM THE MEMBERSHIP COMMITTEE REGARDING WAIVER FOR HPG MEMBER

DATE: September 28, 2022

ITEM: Consider and vote to approve the recommendation from the Membership Committee regarding a waiver for a potential HIV Planning Group (HPG) member.

BACKGROUND: At the Membership Committee meeting on September 14, 2022 the appointment of Ivvan Reyna to fill the Board of Supervisors - District 1 representative (seat #33) was reviewed. Because there are currently four (4) HPG members from UC San Diego, a waiver will be required. Two waivers have been previously granted for HPG members from UCSD.

According to the HIV Planning Group Bylaws, a waiver is required if there are more than two (2) individuals from one agency; however, the Membership Committee can consider the needs of the HIV Planning Group, including subject matter expertise, and recommend a waiver to consider more than two (2) individuals from a single agency/entity. The waiver must provide justification for why having an additional member from a single agency/entity outweighs the membership requirement. The waiver will be reviewed and voted on by the HIV Planning Group.

A review of policy by the Health Resources and Services Administration (HRSA) by consultants indicates that this is allowable.

RATIONALE: The candidate was appointed by the County Supervisor for District 1.

RECOMMENDATION: Approve waiver for the following appointed member of the HPG:

1. Ivvan Reyna – UC San Diego

This comes to the HPG as a seconded motion, open for discussion



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HIV PLANNING GROUP PRIORITY SETTING AND RESOURCE ALLOCATION COMMITTEE (PSRAC) ACTION ITEM INFORMATION SHEET

Recommendations for Re-Allocation for FY 22-23

DATE: September 28, 2022

ITEM: Approve the PSRAC's recommendations for re-allocating Part A funds in fiscal year 22-23.

BACKGROUND:

The HIV, STD, and Hepatitis Branch (HSHB) is continuing to see high utilization of Emergency Housing Assistance (EHA) and recommended an increase to avoid any future potential interruption of the availability of this key service. Additionally, the HSHB Office recommended an increase for Coordinated HIV Services for Women, Infants, Children, Youth, and Families (CHS: WICYF) (priority #11).

HSHB reviewed expenditure trends and recommended that funding be reduced in Medical Specialty and Primary Care and be re-allocated to EHA to continue addressing critical housing needs of persons living with HIV in San Diego County. They also recommended funding be reduced in Mental Health: Counseling/Therapy and Support Groups (priority #15) and re-allocate to CHS: WICYF to specifically serve Mental Health services within the service category CHS: WICYF (priority #11).

The PSRAC reviewed the information and made the following recommendations at its September 8, 2022 meeting.

RECOMMENDATIONS:

1. **Action Item:** Decrease funding to Outpatient Ambulatory Health Services: Medical Specialty (priority #2) by **\$50,000**, from **\$243,386** to **\$193,386**.
2. **Action Item:** Decrease funding to Outpatient Ambulatory Health Services: Primary Care (priority #1) by **\$100,000**, from **\$932,630** to **\$832,630**.
3. **Action Item:** Decrease funding to Mental Health: Counseling/Therapy (priority #15) by **\$50,000**, from **\$1,061,062** to **\$1,011,062**.

Action Item Info Sheet

Reallocations

September 28, 2022

4. **Action Item:** Increase Emergency Housing Assistance (priority #8) by **\$150,000**, from **\$630,000** to **\$780,000**.
5. **Action Item:** Increase funding to Coordinated Health Services for Women, Infants, Children, Youth, and Families (CHS: WICYF) (priority #11) by **\$50,000**, from **\$943,317** to **\$993,317** with an intent to increase capacity in mental health services within the service category.

These come to the HPG as seconded motions, open for discussion.

**Public Comment/Sharing Concerns/Suggestions to the Steering Committee from
July-August 2022 HPG meetings**

July 27, 2022 HPG meeting		
Agenda Item	Comment	Steering Committee response
Public Comment:	<ul style="list-style-type: none"> A member of the public thanked the staff for taking the roll call vote. 	<ul style="list-style-type: none">
Sharing Our Concerns:	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none">
Suggestions to the Steering Committee for consideration of future items	<ul style="list-style-type: none"> None (tabled) 	<ul style="list-style-type: none">

**Public Comment/Sharing Concerns/Suggestions to the Steering Committee from
July-August 2022 HPG meetings**

August 3, 2022 HPG meeting		
Agenda Item	Comment	Steering Committee response
Public Comment:	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none">
Sharing Our Concerns:	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none">
Suggestions to the Steering Committee for consideration of future items	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none">

**Public Comment/Sharing Concerns/Suggestions to the Steering Committee from
July-August 2022 HPG meetings**

August 10, 2022 HPG meeting		
Agenda Item	Comment	Steering Committee response
Public Comment:	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none">
Sharing Our Concerns:	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none">
Suggestions to the Steering Committee for consideration of future items	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none">

**Public Comment/Sharing Concerns/Suggestions to the Steering Committee from
July-August 2022 HPG meetings**

August 24, 2022 HPG meeting		
Agenda Item	Comment	Steering Committee response
Public Comment:	<ul style="list-style-type: none"> A member of the public stated the racial categories on the HPG membership application do not conform with those of the Health Resources and Services Administration (HRSA); they stated Chicano is not a race. 	<ul style="list-style-type: none">
Sharing Our Concerns:	<ul style="list-style-type: none"> A member of the HPG thanked Mikie Lochner for the Townhall meeting on Monkeypox. A member of the HPG noted consumer rents may increase by 10% and the costs of utilities and food are also increasing; Emergency financial services may become a more important service category. 	<ul style="list-style-type: none">
Suggestions to the Steering Committee for consideration of future items	<ul style="list-style-type: none"> An HPG member recommended more on programs and data for the Transgender community, specifically what programs and data are available? An HPG member recommended information on long-term survivors of HIV and addressing all health issues, in addition to HIV. 	<ul style="list-style-type: none">

San Diego HIV Planning Group



Title: Conflict of Interest (COI) Policy and Procedure

Approved:

Revised: ~~06-15~~07.26.22

References:

RWHAP Legislation: Section 2602(b)(5)

State Laws or Regulations: California Political Reform Act (Government Code Sections 81000-91015); California Fair Political Practices Commission Statement of Economic Interests (FPPC Regulation 18730) (Form 700) Requirements.

County of San Diego Conflict of Interest Code (Ordinance No. 9803)

HPG Bylaws: Article 3: Conflict of Interest; and Article 2, Section G.1.d. Statement of Economic Interest

Other: Ryan White HIV/AIDS Program Part A Manual, Section X., Chapter 8. Conflict of Interest

Purpose

To manage Conflict of Interest (COI) within the San Diego HIV Planning Group (HPG) in order to minimize the potential for COI to influence HPG's deliberations or decisions or public confidence in those decisions.

I. Background

A. Overview

Ryan White legislation expressly prohibits a ~~Part A~~Part ARW planning council from direct involvement in the administration of ~~Part A~~Part B funds [Section 2602(b)(5)(A)]. Neither the HPG [Section 2602(b)(5)(A)] nor its individual members [Section 2602(b)(5)(B)] are permitted to participate in procurement for selection of entities to serve as subrecipients (service providers) to provide HIV care and treatment.

As San Diego's ~~Part A~~Part B planning council, the HIV Planning Group (HPG) decides on service priorities, allocates ~~Part A~~ funds to specific service categories, develops directives on how to best meet service needs, and makes other decisions that greatly influence the system of HIV care. Its decisions determine the use of millions of dollars in federal funds. To ensure that these decisions are based on data and not on the interests of individual HPG members or organizations with which they are affiliated, the Health Resources and Services (HRSA) expects every planning council to include in its Bylaws and operating procedures "provisions for handling conflict of interest in carrying out all planning council activities. These provisions should define conflict of interest and outline ways to manage it." [Part A Manual, p 147]. The HPG is expected to fully and consistently implement these policies and procedures to manage actual and perceived conflicts of interest.

B. Definitions

1. **Conflict of Interest:** As defined in the Ryan White Part A Manual, Conflict of Interest (COI) is “an actual or perceived interest in an action that will result – or has the appearance of resulting – in personal, organizational, or professional gain” for the HPG member or an immediate family member. [Part A Manual, p 143]. Conflict of Interest generally does not apply to persons living with HIV “whose sole relationship to a Part A-funded provider is that of a client receiving services or an uncompensated volunteer” [Part A Manual, p 148].
2. **Immediate family member:** For the HPG, immediate family members include the member’s spouse, committed domestic partner, father, mother, son, daughter, brother, sister, brother-in-law, sister-in-law, father in-law, and mother-in-law.
3. **Statement of Economic Interest (Form 700):** The form used by the County of San Diego to meet the requirements of California’s Political Reform Act, which requires most county officials, employees, and members of boards and commissions to publicly disclose their personal assets and income and disqualify themselves from participating in decisions that may affect their personal financial interests.
4. **Conflict of Interest Disclosure Form:** The form used by the San Diego HIV Planning Group to disclose any affiliations that could create a conflict of interest for the HPG member based on Ryan White HIV/AIDS Program (RWHAP) legislation and guidelines. It goes beyond financial interests to include any organization personal, organizational, or professional gain for the HPG member or an immediate family member.
5. **Part A Subrecipient:** A non-federal entity selected and contracted by the Part A recipient to serve as a Part A service provider.

II. Policy

HIV Planning Group and its individual members and members-elect shall comply with all federal, state, and local laws, regulations, and guidance regarding Conflict of Interest. This includes the following:

1. An HIV Planning Group member must state their conflict if one exists and may not vote on any issue addressed by the HPG on which the member or an immediate family member has a real or perceived conflict of interest. The member is considered to have a conflict of interest if the member or an immediate family member serves as a Board member, employee, or paid consultant of a Part A-funded subrecipient (service provider. With regard to service priorities or resource allocations, a member). If an action involves all service categories (for example an across-the-board reduction), members

with a conflict in one or more of interestthe affected categories may ~~NOT~~ vote ~~on items related to all service categories.~~

2. Conflict of Interest rules also apply in committee meetings, regardless of whether the HPG member is a member of the committee or attending as a member of the public.

2.3. As specified in the Ryan White legislation and the Part A Manual, the HPG as a planning council is not permitted to be involved in:

- a. The administration of Part A grant funds or subrecipient contracts
- b. The review or selection of particular entities for Part A/Part B funding – it may not name, recommend, or approve their funding

3.4. Because of their relationship to the planning council, individual HPG members may not serve on external review panel for the selection of RWHAP Part A/Part B providers.

4.5. An HPG member who has a financial interest in a public or private organization that receives or is seeking funding as a Part A/Part B subrecipient or contractor may not participate in the process of selecting entities to receive funding; this includes selection of contractors to provide services to the HPG.

III. Procedures

Conflicts of interest shall be managed as follows:

1. Each newly appointed member of the HIV Planning Group must file a Statement of Economic Interest and the within 30 days of appointment, annually by March 31 of each year, and upon termination or resignation so the form can be filed with the County Clerk of the Board. Any member who has not filed a Statement of Economic Interest by the deadline will ~~be recorded in HPG meeting minutes as absent and will not be permitted to vote. If any member is more than 90 days late in filing a Statement of Economic Interest, the HPG will send the Board of Supervisors a written recommendation that the individual be terminated from the HPG.~~not be permitted to vote.
2. Each HPG member and member-elect must complete and sign an HIV Planning Group Conflict of Interest (COI) Disclosure Form within 30 days following appointment and again annually by March 31 of each calendar year. If a member's affiliations change, the member must file an updated COI Disclosure Form before the member's next HPG or committee meeting. An updated Form is required anytime a member:
 - a. Has a new affiliation that may create a conflict of interest.

- b. Loses a conflict of interest. However, the member shall continue to follow COI requirements for a period of six (6) months after the conflict of interest no longer exists.

3. If any member is more than 90 days late in filing a Statement of Economic Interest and/or HIV Planning Group Conflict of Interest (COI) Disclosure Form, the HPG Membership Committee will work with the member on a plan to address the issue or recommend that the HPG send the Board of Supervisors a written recommendation that the individual be terminated from the HPG.

3.4. Members conflict of interest shall be posted or stated when conflicts exist.

4.5. During HPG and committee meetings, HPG members shall not refer by name to any service provider that has or is seeking Part A funds. Discussion will focus on service categories rather than individual subrecipients. Members will not use information about individual providers in meetings or decision making, even if the information is available to members through the Public Records and Freedom of Information Act or other sources.

5.6. When the HPG is developing of a Statement of Work or helping to select a contractor to assist in its work, no member who has an affiliation with an applicant or probable applicant for such a contract may participate in the service standards planning or selection process related to that contract.

6.7. During HPG or committee deliberations that involve decisions that may affect the funding of an entity where a member has ~~ea~~ conflict of interest – such as priority setting, resource allocation, reallocations, development of directives, or authorization of a new service model – that member may share subject matter expertise only in response to a direct question from another member along with a specific request from the Chair to respond. If the recipient or another member without a conflict of interest cannot answer the question, the member may answer the question. If a member with a conflict of interest has expertise and considers it important to share relevant information, the member should consult first with the Chair, who will decide whether the member should speak on the issue. The member must always begin by stating the service category(ies) for which the member has a conflict of interest.

7.8. If the HPG discovers after a vote was taken that a member with a conflict of interest improperly spoke or voted, that vote shall be considered invalid and shall be retaken.

8.9. When the HPG or a committee is discussing the system of care or specific services but is not making decisions, input is welcome from members with subject matter expertise, regardless of their affiliation. Such members should state their conflicts of interest before they first speak on the topic.

IV. Attachments

- A. Conflict of Interest Disclosure Form for Planning Group Members and Members-Elect
- B. Conflict of Interest Disclosure Form 700 (Required by the San Diego County Clerk of the Board)

Questions for clarification:

- ~~1. When HPG is participating in a committee but is not a committee member, they respond as a member of "the public". Aren't HPG members who are participating also required to follow COI policies and procedures?~~
- ~~2. Does this apply to part A and Part B funds? To EHE funds, even if HPG doesn't allocate those funds?~~

Conflict of Interest Disclosure Form for Planning Group Members and Members-Elect

Conflict of Interest (COI) is an actual or perceived interest in an action that will result – or has the appearance of resulting – in personal, organizational, or professional gain for the HIV Planning Group member or an immediate family member. Conflict of Interest generally does not apply to persons living with HIV whose sole relationship to a Part A-funded provider is that of a client receiving services or an uncompensated volunteer.

Conflict of Interest Disclosure

By my signature below, I, _____ certify that:

[Print name]

1. I have read, understand, and support the San Diego HIV Planning Group Policy and Procedures regarding Conflict of Interest and understand the definition provided here.

AND

2. Please check one:

<input type="checkbox"/>	I have no conflict(s) of interest.
<input type="checkbox"/>	My immediate family member serves as a director, employee, or consultant for a service provider that currently receives or is a current applicant for Ryan White Part A funding, and therefore have an actual or perceived conflict of interest.
<input type="checkbox"/>	I serve as a director, employee, or consultant for a service provider that currently receives or is a current applicant for Ryan White Part A funding, and therefore have an actual or perceived conflict of interest.

For each entity, please provide the following information:

Name of Organization: _____	
Type of Affiliation: _____	Board Member _____ Employee _____ Consultant _____
Explanation, if needed: _____	
Status: _____	Affiliation is current _____ Affiliation ended less than six months ago on _____ Date

Name of Organization: _____	
Type of Affiliation: _____	Board member _____ Employee _____ Consultant _____
Explanation, if needed: _____	
Status: _____	Affiliation is current _____ Affiliation ended less than six months ago on _____ Date

Name of Organization: _____	
Type of Affiliation: _____	Board member _____ Employee _____ Consultant _____
Explanation, if needed: _____	
Status: _____	Affiliation is current _____ Affiliation ended less than six months ago on _____ Date

[Add pages as necessary]

Service Categories for Which the Member has a Conflict of Interest

If you indicated that you have a conflict of interest, please check the funded service categories (Part A or Part A MAI) for which you have a conflict of interest, considering all affiliations listed on the previous page:

Core Medical- Services	
<input type="checkbox"/>	Coordinated HIV Services for Women, Infants, Children
<input type="checkbox"/>	Early Intervention Services: HIV Counseling and Testing
<input type="checkbox"/>	Early Intervention Services: EIS Regional Services
<input type="checkbox"/>	Home-based Health Care Coordination
<input type="checkbox"/>	Hospice Services
<input type="checkbox"/>	Medical Case Management
<input type="checkbox"/>	Medical Nutrition Therapy
<input type="checkbox"/>	Mental Health: Counseling/Therapy & Support Group
<input type="checkbox"/>	Mental Health: Psychiatric Medication
<input type="checkbox"/>	Oral Health
<input type="checkbox"/>	Outpatient/Ambulatory Health Services: Medical Specialty
<input type="checkbox"/>	Outpatient/Ambulatory Health Services: Primary Care
<input type="checkbox"/>	Substance Abuse Services: Outpatient

Support Services	
<input type="checkbox"/>	Cost Sharing Assistance
<input type="checkbox"/>	Emergency Financial Assistance
<input type="checkbox"/>	Food Services: Food Bank/Home Delivered Meals
<input type="checkbox"/>	Health Education/Risk Reduction
<input type="checkbox"/>	Home Health Care
<input type="checkbox"/>	Housing: Emergency Housing
<input type="checkbox"/>	Housing: Location, Placement and Advocacy Services
<input type="checkbox"/>	Housing: Partial Assistance Rental Subsidy (PARS)
<input type="checkbox"/>	Legal Services
<input type="checkbox"/>	Non-Medical Case Management
<input type="checkbox"/>	Non-Medical Case Management for Housing
<input type="checkbox"/>	Peer Navigation (Referral for Health Care and Support Srvs)
<input type="checkbox"/>	Psycho/social Support Services
<input type="checkbox"/>	Substance Abuse Services (Residential)
<input type="checkbox"/>	Transportation: Assisted & Unassisted

By signing below, I attest that this information is complete and accurate to the best of my knowledge. I understand that if my affiliations change, I must provide a modified COI Disclosure Form to the HPG Support Manager before the next HPG or committee meeting I attend, or within ten (10) working days, whichever comes sooner.

Signature: _____ Date: _____

San Diego HIV Planning Group



Title: Conflict of Interest (COI) Policy and Procedure

Approved:

Revised: 07.26.22

References:

RWHAP Legislation: Section 2602(b)(5)

State Laws or Regulations: California Political Reform Act (Government Code Sections 81000-91015); California Fair Political Practices Commission Statement of Economic Interests (FPPC Regulation 18730) (Form 700) Requirements.

County of San Diego Conflict of Interest Code (Ordinance No. 9803)

HPG Bylaws: Article 3: Conflict of Interest; and Article 2, Section G.1.d. Statement of Economic Interest

Other: Ryan White HIV/AIDS Program Part A Manual, Section X., Chapter 8. Conflict of Interest

Purpose

To manage Conflict of Interest (COI) within the San Diego HIV Planning Group (HPG) in order to minimize the potential for COI to influence HPG's deliberations or decisions or public confidence in those decisions.

I. Background

A. Overview

Ryan White legislation expressly prohibits a RW planning council from direct involvement in the administration of Part A/Part B funds [Section 2602(b)(5)(A)]. Neither the HPG [Section 2602(b)(5)(A) nor its individual members [Section 2602(b)(5)(B)] are permitted to participate in procurement for selection of entities to serve as subrecipients (service providers) to provide HIV care and treatment.

As San Diego's Part A/Part B planning council, the HIV Planning Group (HPG) decides on service priorities, allocates Part A funds to specific service categories, develops directives on how to best meet service needs, and makes other decisions that greatly influence the system of HIV care. Its decisions determine the use of millions of dollars in federal funds. To ensure that these decisions are based on data and not on the interests of individual HPG members or organizations with which they are affiliated, the Health Resources and Services (HRSA) expects every planning council to include in its Bylaws and operating procedures "provisions for handling conflict of interest in carrying out all planning council activities. These provisions should define conflict of interest and outline ways to manage it." [Part A Manual, p 147]. The HPG is expected to fully and consistently implement these policies and procedures to manage actual and perceived conflicts of interest.

B. Definitions

- 1. Conflict of Interest:** As defined in the Ryan White Part A Manual, Conflict of Interest (COI) is “an actual or perceived interest in an action that will result – or has the appearance of resulting – in personal, organizational, or professional gain” for the HPG member or an immediate family member. [Part A Manual, p 143]. Conflict of Interest generally does not apply to persons living with HIV “whose sole relationship to a Part A-funded provider is that of a client receiving services or an uncompensated volunteer” [Part A Manual, p 148].
- 2. Immediate family member:** For the HPG, immediate family members include the member’s spouse, committed domestic partner, father, mother, son, daughter, brother, sister, brother-in-law, sister-in-law, father in-law, and mother-in-law.
- 3. Statement of Economic Interest (Form 700):** The form used by the County of San Diego to meet the requirements of California’s Political Reform Act, which requires most county officials, employees, and members of boards and commissions to publicly disclose their personal assets and income and disqualify themselves from participating in decisions that may affect their personal financial interests.
- 4. Conflict of Interest Disclosure Form:** The form used by the San Diego HIV Planning Group to disclose any affiliations that could create a conflict of interest for the HPG member based on Ryan White HIV/AIDS Program (RWHAP) legislation and guidelines. It goes beyond financial interests to include any organization personal, organizational, or professional gain for the HPG member or an immediate family member.
- 5. Part A Subrecipient:** A non-federal entity selected and contracted by the Part A recipient to serve as a Part A service provider.

II. Policy

HIV Planning Group and its individual members and members-elect shall comply with all federal, state, and local laws, regulations, and guidance regarding Conflict of Interest. This includes the following:

1. An HIV Planning Group member must state their conflict if one exists and may not vote on any issue addressed by the HPG on which the member or an immediate family member has a real or perceived conflict of interest. The member is considered to have a conflict of interest if the member or an immediate family member serves as a Board member, employee, or paid consultant of a Part A-funded subrecipient (service provider). If an action involves all service categories (for example an across-the-board reduction), members with a conflict in one or more of the affected categories may vote.

2. Conflict of Interest rules also apply in committee meetings, regardless of whether the HPG member is a member of the committee or attending as a member of the public.
3. As specified in the Ryan White legislation and the Part A Manual, the HPG as a planning council is not permitted to be involved in:
 - a. The administration of Part A grant funds or subrecipient contracts
 - b. The review or selection of particular entities for Part A/Part B funding – it may not name, recommend, or approve their funding
4. Because of their relationship to the planning council, individual HPG members may not serve on external review panel for the selection of RWHAP Part A/Part B providers.
5. An HPG member who has a financial interest in a public or private organization that receives or is seeking funding as a Part A/Part B subrecipient or contractor may not participate in the process of selecting entities to receive funding; this includes selection of contractors to provide services to the HPG.

III. Procedures

Conflicts of interest shall be managed as follows:

1. Each newly appointed member of the HIV Planning Group must file a Statement of Economic Interest and the within 30 days of appointment, annually by March 31 of each year, and upon termination or resignation so the form can be filed with the County Clerk of the Board. Any member who has not filed a Statement of Economic Interest by the deadline will not be permitted to vote.
2. Each HPG member and member-elect must complete and sign an HIV Planning Group Conflict of Interest (COI) Disclosure Form within 30 days following appointment and again annually by March 31 of each calendar year. If a member's affiliations change, the member must file an updated COI Disclosure Form before the member's next HPG or committee meeting. An updated Form is required anytime a member:
 - a. Has a new affiliation that may create a conflict of interest.
 - b. Loses a conflict of interest. However, the member shall continue to follow COI requirements for a period of six (6) months after the conflict of interest no longer exists.
3. If any member is more than 90 days late in filing a Statement of Economic Interest and/or HIV Planning Group Conflict of Interest (COI) Disclosure Form, the HPG Membership Committee will work with the member on a plan to address the issue or recommend that the HPG send the Board of Supervisors a written recommendation that the individual be terminated from the HPG.

4. Members conflict of interest shall be posted or stated when conflicts exist.
5. During HPG and committee meetings, HPG members shall not refer by name to any service provider that has or is seeking Part A funds. Discussion will focus on service categories rather than individual subrecipients. Members will not use information about individual providers in meetings or decision making, even if the information is available to members through the Public Records and Freedom of Information Act or other sources.
6. When the HPG is developing of a Statement of Work or helping to select a contractor to assist in its work, no member who has an affiliation with an applicant or probable applicant for such a contract may participate in the service standards planning or selection process related to that contract.
7. During HPG or committee deliberations that involve decisions that may affect the funding of an entity where a member has a conflict of interest – such as priority setting, resource allocation, reallocations, development of directives, or authorization of a new service model – that member may share subject matter expertise only in response to a direct question from another member along with a specific request from the Chair to respond. If the recipient or another member without a conflict of interest cannot answer the question, the member may answer the question. If a member with a conflict of interest has expertise and considers it important to share relevant information, the member should consult first with the Chair, who will decide whether the member should speak on the issue. The member must always begin by stating the service category(ies) for which the member has a conflict of interest.
8. If the HPG discovers after a vote was taken that a member with a conflict of interest improperly spoke or voted, that vote shall be considered invalid and shall be retaken.
9. When the HPG or a committee is discussing the system of care or specific services but is not making decisions, input is welcome from members with subject matter expertise, regardless of their affiliation. Such members should state their conflicts of interest before they first speak on the topic.

IV. Attachments

- A. Conflict of Interest Disclosure Form for Planning Group Members and Members-Elect
- B. Conflict of Interest Disclosure Form 700 (Required by the San Diego County Clerk of the Board)

Conflict of Interest Disclosure Form for Planning Group Members and Members-Elect

Conflict of Interest (COI) is an actual or perceived interest in an action that will result – or has the appearance of resulting – in personal, organizational, or professional gain for the HIV Planning Group member or an immediate family member. Conflict of Interest generally does not apply to persons living with HIV whose sole relationship to a Part A-funded provider is that of a client receiving services or an uncompensated volunteer.

Conflict of Interest Disclosure

By my signature below, I, _____ certify that:

[Print name]

1. I have read, understand, and support the San Diego HIV Planning Group Policy and Procedures regarding Conflict of Interest and understand the definition provided here.

AND

2. Please check one:

<input type="checkbox"/>	I have no conflict(s) of interest.
<input type="checkbox"/>	My immediate family member serves as a director, employee, or consultant for a service provider that currently receives or is a current applicant for Ryan White Part A funding, and therefore have an actual or perceived conflict of interest.
<input type="checkbox"/>	I serve as a director, employee, or consultant for a service provider that currently receives or is a current applicant for Ryan White Part A funding, and therefore have an actual or perceived conflict of interest.

For each entity, please provide the following information:

Name of Organization: _____	
Type of Affiliation: _____	Board Member _____ Employee _____ Consultant _____
Explanation, if needed: _____	
Status: _____	Affiliation is current _____ Affiliation ended less than six months ago on _____ Date

Name of Organization: _____	
Type of Affiliation: _____	Board member _____ Employee _____ Consultant _____
Explanation, if needed: _____	
Status: _____	Affiliation is current _____ Affiliation ended less than six months ago on _____ Date

Name of Organization: _____	
Type of Affiliation: _____	Board member _____ Employee _____ Consultant _____
Explanation, if needed: _____	
Status: _____	Affiliation is current _____ Affiliation ended less than six months ago on _____ Date

[Add pages as necessary]

Service Categories for Which the Member has a Conflict of Interest

If you indicated that you have a conflict of interest, please check the funded service categories (Part A or Part A MAI) for which you have a conflict of interest, considering all affiliations listed on the previous page:

Core Medical- Services	
<input type="checkbox"/>	Coordinated HIV Services for Women, Infants, Children
<input type="checkbox"/>	Early Intervention Services: HIV Counseling and Testing
<input type="checkbox"/>	Early Intervention Services: EIS Regional Services
<input type="checkbox"/>	Home-based Health Care Coordination
<input type="checkbox"/>	Hospice Services
<input type="checkbox"/>	Medical Case Management
<input type="checkbox"/>	Medical Nutrition Therapy
<input type="checkbox"/>	Mental Health: Counseling/Therapy & Support Group
<input type="checkbox"/>	Mental Health: Psychiatric Medication
<input type="checkbox"/>	Oral Health
<input type="checkbox"/>	Outpatient/Ambulatory Health Services: Medical Specialty
<input type="checkbox"/>	Outpatient/Ambulatory Health Services: Primary Care
<input type="checkbox"/>	Substance Abuse Services: Outpatient

Support Services	
<input type="checkbox"/>	Cost Sharing Assistance
<input type="checkbox"/>	Emergency Financial Assistance
<input type="checkbox"/>	Food Services: Food Bank/Home Delivered Meals
<input type="checkbox"/>	Health Education/Risk Reduction
<input type="checkbox"/>	Home Health Care
<input type="checkbox"/>	Housing: Emergency Housing
<input type="checkbox"/>	Housing: Location, Placement and Advocacy Services
<input type="checkbox"/>	Housing: Partial Assistance Rental Subsidy (PARS)
<input type="checkbox"/>	Legal Services
<input type="checkbox"/>	Non-Medical Case Management
<input type="checkbox"/>	Non-Medical Case Management for Housing
<input type="checkbox"/>	Peer Navigation (Referral for Health Care and Support Srvs)
<input type="checkbox"/>	Psycho/social Support Services
<input type="checkbox"/>	Substance Abuse Services (Residential)
<input type="checkbox"/>	Transportation: Assisted & Unassisted

By signing below, I attest that this information is complete and accurate to the best of my knowledge. I understand that if my affiliations change, I must provide a modified COI Disclosure Form to the HPG Support Manager before the next HPG or committee meeting I attend, or within ten (10) working days, whichever comes sooner.

Signature: _____ Date: _____

Clinical Quality Management Committee Report on Transportation Barriers

Discussion Participants

1. Vista Community Clinic
2. Family Health Centers
3. San Ysidro Health
4. UCSD MCAP
5. National Alliance on Mental Illness
6. Neighborhood House Association
7. AIDS Healthcare Foundation
8. Mama's Kitchen
9. LGBT Community Center
10. HSHB staff

Questions

1. Which options does each agency provide?
2. Do/should clients understand logistics or admin burden of obtaining transportation?
3. What external (HSHB- or HRSA-required) admin burdens exist for each?
4. What internal (agency specific) admin burdens exist for each option?
5. Which option most/least burdensome administratively?
6. Staff comfortable defining and explaining MTS "disability"?
7. What admin changes can HSHB authorize unilaterally, and which require HPG approval?
8. Prefer (de)centralized service delivery?

Summary of discussion

Ryan White providers currently offer medical transportation via ridesharing, daily and monthly bus passes, and assisted transportation vouchers.

Providers acknowledged that administering medical transportation services is a complex and time-consuming process that to outside observers, however, appears to be simple and straightforward. They also shared how messaging related to accessing medical transportation services can further exacerbate this issue. Providers believe this disconnect between the realities of administration, which included budgetary limitations, agency enrollment requirements, and third-party contractual obligations, and the perceived ease of access influences how consumers interpret issues related to accessing and utilizing medical transportation services. Just as important, providers explicitly condemned creating additional barriers for their clients and, instead, desire to use this quality improvement project as an opportunity to simultaneously streamline administrative burdens and increase access and ease of access to medical transportation services when possible.

Providers identified several internal and external administrative burdens that ultimately complicate the provision of medical transportation services. Even though providers would prefer to easily offer medical transportation to all of their clients and/or the referrals they receive from other providers, budgetary limitations and eligibility requirements disallow that from occurring. For referrals in particular, each client must be treated as “new,” so no one can just walk into a clinic and access a bus pass, for example, even though they have already received a Ryan White-funded service at another agency. This is further complicated by MTS processes and procedures, which includes requiring each provider to establish and maintain a contractual relationship with MTS.

Even though providers acknowledge that many of the administrative burdens associated with medical transportation stem from rules and regulations created by HRSA, HSHB, and/or the HPG, they explained how administrative and budgetary limitations on staff time allocations forced agencies to identify and draw upon additional resources to administer medical transportation services, thereby creating even higher costs and limiting medical transportation service provision even further. For example, agency staff (which often includes case managers, accounting/fiscal/billing, administrators, and legal) spends significant amounts of time scheduling and coordinating/monitoring ridesharing, tracking rides and appointments in transportation logs, collecting and storing receipts, soliciting client signatures, and identifying and allocating additional monies to purchase monthly and daily bus passes. Providers outlined how these administrative requirements, among others, essentially demand that clients “plan” out their transportation needs in advance, and unfortunately when emergency situations arise, they are basically disallowed from accommodating a client’s urgent medical transportation need.

Providers shared conflicting responses to which medical transportation option was more or less burdensome. Some thought ridesharing was administratively easier, but they also shared how ridesharing was costlier and more difficult to utilize for clients who face housing insecurities. Some providers also explained how they attempt to identify clients who live along MTS bus routes in an effort to maximize budgetary allocations—a very time/labor intensive task. Others shared how they view the various medical transportation options as equally burdensome as their staff performs various “uncompensated” labor on phoning clients, tracking ridesharing in real time, purchasing MTS rides, completing agency reimbursement procedures, sharing data with IT, uploading services into ARIES, invoicing expenditures with accounting and, when needed, replacing Pronto cards. They also detailed how interacting with MTS can be time-consuming and counterproductive as they’ve found MTS’ customer service to be less than helpful and quick to blame Ryan White providers when interacting with clients. Providers have also found that the ease of obtaining a monthly MTS disability pass depends on what documentation a client provides to MTS.

HSHB shared how many of the administrative practices identified and discussed above, even if technically a HSHB policy, were established in response to

observations made during HRSA site visits and/or legislative requirements established in the Ryan White Treatment Extension Act. HSHB admin has expressed interest, though, in alleviating administrative burdens on medical transportation when appropriate and possible.

Providers concluded the conversation by acknowledging past and present attempts at identifying and resolving issues related to the accessibility and utilization of medical transportation services. Several reinforced the importance of creating and maintaining consistent messaging to help level consumers understanding of and expectations for accessing medical transportation services. And given the vast amount of expertise and experience their members collectively represent, they also suggested sharing this information with one or more HPG committees, especially since they view medical transportation as a necessary component for linking (or relinking) and retaining clients in HIV care and maintaining higher viral load suppression rates.

	Name	SEAT NAME	Member Term Expires:	Term 1&2
1	Michael Wimpie	Unaffiliated consumer 1	5/21/2023	1
2	Afredo De Jesus	Unaffiliated consumer 2	1/26/2025	1
3	VACANT	Unaffiliated consumer 3		
4	Cinnamen Kubricky	Unaffiliated consumer 4	11/2/2025	1
5	James Rucker	Unaffiliated consumer 5	1/26/2025	1
6	VACANT	Unaffiliated consumer 6		
7	Raul Robles	Unaffiliated consumer 7	9/13/2024	2
8	Allan Acevedo, JD	Unaffiliated consumer 8	4/6/2025	1
9	VACANT	Unaffiliated consumer 9		
10	VACANT	Unaffiliated consumer 10		
11	VACANT	Unaffiliated consumer 11		
12	VACANT	Unaffiliated consumer 12		
13	VACANT	Unaffiliated consumer 13		
14	VACANT	Unaffiliated consumer 14		
15	VACANT	Unaffiliated consumer 15		
16	Mikie Lochner	Chairperson	6/23/2024	1
17	Robert Lewis	Healthcare Provider, including Federally Qualified Health Center (FQHC)	9/13/2024	2
18	Rhea Van Brocklin	Community-based organization serving affected populations and AIDS service organization	10/15/2023	1
19	Regina Underwood	Social Service Provider, including providers of housing and homeless services	9/13/2024	2
20	Dr. Delores Jacobs, PhD	Mental Health Provider Formerly a combined seat; now just Mental Health	9/13/2024	2
21	Pamela Highfill	Substance Abuse Treatment Provider Formerly a combined seat; now just Substance Abuse	2/8/2026	1
22	Dr. Elizabeth Hernandez, PhD	Local Public Health Agency: HHSA Director or Designee	3/12/2023	2
23	Dr. Winston Tilghman	Local Public Health Agency: Public Health Officer or Designee	10/18/2024	2
24	VACANT	Hospital Planning Agency or Health Care Planning Agency		
25	Karla Torres	Non-Elected Community Leader	9/13/2024	2
26	VACANT	Prevention Services Consumer/Advocate		
27	VACANT	Prevention Services Consumer		
28	VACANT	State Government-State Medicaid		
29	Abigail West	State Government-CDPH Office of AIDS (OA) Part B	3/12/2024	1

30	Dr. David Grelotti	Recipient of RW Part C	3/10/2024	1
31	Dr. Stephen Spector	Recipient of RW PART D	1/14/2024	1
32	Amy Applebaum	Rep of individuals who formerly were federal, state, or local prisoners who were released from custody of the penal system during the preceding 3 yrs. and had HIV/AIDS as of date of release	9/13/2024	2
33	Ivvan Reyna	Board of Supervisors Designee: District 1	8/30/2026	1
34	Alberto Cortes	Board of Supervisors Designee: District 2	7/19/2024	2
35	Beth Davenport	Board of Supervisors Designee: District 3	2/9/2025	1
36	Shannon Ransom (Hansen)	Board of Supervisors Designee: District 4	9/13/2024	2
37	VACANT	Board of Supervisors Designee: District 5		
38	Felipe Garcia-Bigley	Recipient of other Federal HIV Programs- Prevention Provider	Pending	1
39	Moirra Mar-Tang	Recipient of other Federal HIV Programs- Part F, AIDS Education and Training center and/or Ryan White Dental Provider	9/13/2024	2
40	Freddy Villafan	Recipient of other Federal HIV Programs- HOPWA / HUD	1/11/2026	1
41	Jeffrey Weber	Recipient of other Federal HIV Programs- Veterans Administration	Pending	1
42	VACANT	HIV Testing Representative		
43	VACANT	Prevention Intervention Representative Formerly: Risk Reduction Activities Representative		
44	Venice Price	Affected community including people with HIV/AIDS, member of a federally recognized Indian tribe as represented in the population, individual co-infected with Hep B or C, and historically underserved group and/or subpopulation	8/17/2025	1

San Diego HIV Planning Group Assessment of the Administrative Mechanism

Data from Fiscal Year 21/22

8/23/2022 with HPG questions and HSHB responses added on 9/14/2022



INTRODUCTION

The Ryan White HIV/AIDS Program (RWHAP) legislation requires each Part A program planning council to:

assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area and at the discretion of the planning council, assess the effectiveness, either directly or through contractual arrangements, of the services offered in meeting the identified needs.” [Section 2602(b)(4)(E)].

This responsibility is referred to as the “assessment of the administrative mechanism.” This is the only task that allows for planning groups to look at procurement and contracting.

The purpose of the Fiscal Year 2022 Assessment of the Administrative Mechanism (AAM) is to ensure that the needs of people living with HIV/AIDS (PLWH) are being met by assessing the process used by HIV, STD and Hepatitis Branch (HSHB) of the County of San Diego (Recipient) to identify, contract with, and pay providers for delivering HIV-related services

METHODOLOGY

HPG Support staff conducted a desk audit of the contracting process. The Recipient was asked to provide information on the fiscal and procurement process from March 1, 2021 through February 28, 2022. The following information was requested from the recipient by August 18, 2022 to allow staff to analyze the information:

- Procurement process: a narrative description of the procurement process, and specific data regarding Ryan White Part A procurements that have been conducted during the report period, 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 deidentified information from a single contract to illustrate timelines.
- Use of funds: a narrative description of the monthly expenditure reports that are provided to HPG.

FINDINGS

Procurement

- One Request for Proposals (RFP) for Ryan White Part A services was issued during the reporting period:
 1. **RFP 11207:** HIV Clinical Quality Management and HIV Data Support (2 lots)
 - Posted on 10/15/2021
 - Closed on 11/29/2021
 - Advertised on Buynet
 - Number of RFP documents downloaded was 41
 - Number who attended the proposal conference was 0
 - Number of proposals received was 1 for each lot
 - Notice of Intent to Award was posted on 2/18/2022
 - Contract start date was 3/1/2022
- No Request for Quotation (RFQ) for Ryan White Part A services was issued during the period.
- The Recipient provides a Procurement update in the monthly report to Steering Committee and HPG.
- Additional information about RFP and RFQ is in the “Description of Processes and Definitions” section below.

Contracting

- There have been no interruptions to any Ryan White service categories related to procurement processes during the past 10 years.
- Between March 1, 2021 and February 28, 2022, there were twenty-three RW contracts in place: 12 RW Part A; 3 RW Part A & Part A-MAI, and 8 RW Part A & B OAHS
- Contract revisions typically require 30 days to implement. However, in situations where additional funding is added, more time may be needed to assess and plan for any increased capacity that may be necessary.

Reimbursement

- Approved invoices were paid in a timely manner
- Most contracts are net-30 terms. One provider was set up for net-15 payment terms to ensure timely payments for Emergency Housing Assistance, Partial Assistance Rental Subsidy (PARS) and Emergency Financial Assistance services.
- During the ongoing COVID-19 epidemic, the system for processing invoices entirely through electronic means remained in place. This system enabled Ryan White Part A

invoices to be processed within the contract terms while staff worked remotely and established a protocol to follow in the event of future need.

- The following actual data is an illustrative example of the timeline: Invoice Dated 4/30/2021; Invoice Received by HSHB on 5/20/2021; Payment made on 6/8/2021.

Use of Funds

- The Recipient provides Part A/B Ryan White fund expenditure monthly reports to the Steering Committee, the Priority Setting and Resource Allocation Committee (PSRAC) and the HPG. This allows timely reallocation of funds from service categories that are underspending to those that are overspending.
- Monthly Service utilizations report and updates are provided to PSRAC and HPG.
- “Reallocation of Part A funds” is a standing agenda item for Steering Committee, PSRAC, and HPG meetings.
- The Recipient or recipient staff are available at Steering Committee, PSRAC, and HPG meetings to answer questions, respond to request for data, or reallocation of funds.

DESCRIPTION OF PROCESSES AND DEFINITIONS

Procurement Process

Ryan White is funded by the federal government and is subject to federal regulations (45 CFR Part 75). These regulations are 150 pages long and they govern how the County of San Diego must procure contracts for services. Per these guidelines, there are two primary types of procurement activities that apply to Ryan White Part A funds: requests for qualifications and requests for proposals.

Request for Proposals (RFP): RFPs are used for most service contracts that involve federal funding and are the most common procurement method used for Ryan White Part A service categories funded by the HIV Planning Group. An RFP is a time-intensive process that requires the efforts of HSHB,

Public Health Services Administration, Agency Contract Support, and the Department of Purchasing and Contracting. The time between initiation of an RFP and award of a contract is generally 6 to 12 months.



As with all County procurements, RFPs are posted on the County's procurement portal, BuyNet (<https://buynet.sdcounty.ca.gov/>). BuyNet allows entities to register to receive automatic notification of any potential procurement that might be interesting to that entity. BuyNet also allows the County to know how many entities view and download RFP documents, which provides data regarding interest in the procurement. The RFP document specifies the date and time that proposals are due. By County ordinance, a proposal that is submitted even one minute after the deadline cannot be considered for funding unless it was the only proposal received. Procurements associated with Ryan White funding are also advertised through the HIV Planning Group email distribution list.

Eligible proposals are evaluated by a Source Selection Committee (SSC). The SSC is made up of five non-conflicted voting members, up to two alternates, and technical advisors. SSC voting members are selected from other areas in HHSA or the County and are selected for subject matter expertise or experience in evaluating proposals. Alternates are selected in case any voting member of the SSC is unable to complete the RFP process. All voting members are required to complete a conflict of interest. Technical advisors include program and contract analysts from HSHB and a representative from Public Health Services Administration contracting unit. The members of SSCs are kept confidential until after a notice of intent to award (NOI) has been posted in order to avoid the potential for bidders to attempt to influence the outcomes of SSC deliberations.

Depending upon the number and complexity of proposals received, the SSCs might meet once or over several months until all proposals have been reviewed and evaluated. The SSC uses a comprehensive tool to evaluate all proposals received and determine best value to the County. The tool is confidential until after an NOI is posted, but the evaluation criteria are clearly specified in the RFP documents provided on BuyNet. At the conclusion of deliberations, the SSC will determine which entity or entities will be awarded contracts and will generate a

comprehensive report that outlines the strengths and weaknesses of each proposal. After a report is written, it is reviewed by the Chief of HSHB, the Director of Public Health Services (Dr. Elizabeth Hernandez), and the Agency Director (Nick Macchione or Patty Kay Danon, HHSA Chief Operating Officer), and then returned to the Director of the Department of Purchasing and Contracting, Jack Pellegrino, for award.

A NOI is posted on BuyNet, and all successful and unsuccessful bidders receive individual communication from the County regarding the outcome of their proposals. All unsuccessful bidders have the option to schedule a debrief with the SSC Chair. During a debrief, the Chair will review the noted strengths and weaknesses of an unsuccessful proposal and answer questions from the bidder. Debriefs are also available to successful bidders, although these are rarely requested. There is a five-day protest period immediately following the posting of the NOI. After five days have passed, if no protest is received, the County will move to execute contracts.

Request for Quotation (RFQ): RFQ is a faster procurement method, but it has several important limitations. Generally, HHSA/PHS/HSHB will use RFQs to bring on consultants for time-limited activities. Any contract awarded through an RFQ process that contains federal funds cannot last longer

than five years, cannot have expenses more than \$100,000 in a single year, and cannot exceed \$250,000 in total expenditures during the life of the contract. The time between issuance of an RFQ and implementation of a contract is generally 60 to 90 days.



As with an RFP, an RFQ will be posted on BuyNet with a set due date. By ordinance, the County cannot consider any bid submitted after the due date and time unless it is the only bid received.

Once received, bids are sent directly to HSHB for evaluation by staff within HSHB and PHS. The relative strengths and weaknesses of each bid are considered for best value to the County and successful entities will be selected. Once selected, HSHB will send a report to the Department of Purchasing and Contracting, who in turn will issue an NOI. As with an RFP, after five days have passed, if there are no protests the County will move to execute contracts. No protest of an RFQ has been submitted to HSHB.

Contracting Process

Per local ordinance, the County must wait five days after posting a notice of intent to award (NOI) before taking any further action so that any unsuccessful bidder has the opportunity to file a protest. Unsuccessful bidders cannot protest the outcome; they must assert that the County

did not follow its published process in making its determination, and they must specify what process or processes were not followed. If a bidder files a protest, the County is required to investigate the protest and make a determination. A bidder can request successive levels of review, including a final determination, if necessary, by the Chief Administrative Officer. Under County ordinance, no contracts can be awarded until a protest has been resolved. If the time required to resolve any protests might delay the expected beginning of a contract, the County will generally extend an existing contract to ensure that there is no interruption to services. There has only been one protest of a Ryan White Part A procurement during the past five years, and the protest was ultimately determined to be without merit and was dismissed. Although there was a significant delay in the implementation of the new contract, existing contracts were extended to ensure service provision during the protest period and there was no interruption in services.

If an NOI is posted and there is no protest (or once a protest is resolved), the County must then negotiate contracts. All proposals for contracts are considered “Best and Final Offers” (BAFO), which means the County can issue a contract without negotiation as long as the County does not make any changes to what a bidder proposed. Occasionally, however, bidders request deviations from County requirements or Statement of Work requirements, and those instances might require negotiation. Contract negotiations are typically completed within one week but may take longer. If the County cannot successfully negotiate an award, it can issue a new NOI if there are other proposals that were deemed acceptable. If not, the County might need to repeat the procurement process.

Reimbursement Process

Subrecipients are required to use the HSHB invoice template to submit invoices by the 10th calendar day after the end of the reporting month in which services are



provided. Upon receipt by HSHB, invoices are date-stamped, reviewed and, if no issues are identified, reasonable, allocable, and allowable expenditures are given preliminary approval. If issues are identified, the Administrative Analyst will contact the subrecipient for clarification or additional documentation to support an invoice. If the issue cannot be resolved, the Administrative Analyst will forward their concerns to the Fiscal Administrative Analysts and Principal Administrative Analyst. Once a review has been completed, and any requested clarification/documents have been received, the invoice is forwarded to the Contracting Officer's Representative (COR) for final approval, signature, and payment authorization. Per HSHB policy, any disallowed expenses are reported to the subrecipient. A Fiscal Administrative

Analysts enters COR approved invoices into the internal payment tracking spreadsheet, and they are forwarded to the Financial Support Services Division (FSSD) for payment processing. FSSD personnel date-stamps invoices upon receipt and processes the invoices for payment in the County's accounting system (ORACLE), using contract terms. Invoices are paid via check or Electronic Fund Transfer to the subrecipient. The Fiscal Administrative Analysts forwards invoice payment documentation to an Administrative Analysts who will check ORACLE to confirm the date and amount that the subrecipient has been paid. Once an Administrative Analyst has confirmed that a payment has been made, a copy of the invoice will be maintained in the subrecipient files.

Outpatient Ambulatory Health Services providers claims are managed by a financial intermediary who is set up to make immediate payment to assure timely claim reimbursements. The intermediary pays the providers claims from a bank account funded for claim reimbursements. On a bi-monthly basis, the intermediary draws down the bank account for the total amount of provider claims and sends a funding request to the County with details of the invoice. The invoice request is processed, and payment is made to replenish the bank account.

In the final month of the Ryan White fiscal year, invoices forwarded to FSSD are flagged as "Priority Validation", identifying the invoice as one that should be given priority for processing. By using this method, payments can be issued quickly and reflected in ORACLE. This practice assists with preparing the Ryan White Part A final quarterly cost report and yearend reporting requirements.

To ensure that invoices for the County fiscal year ending June 30 are paid in a timely manner, subrecipients are requested to submit a preliminary invoice with June expenditures. Any variances with June actuals are addressed with final June invoice submission.

Use of Funds

The Recipient provides a monthly expenditure report at PSRAC, Steering Committee and HPG meetings. The presentation enables an assessment on spending by comparing the percent of the year elapsed with the percent of the service category that has been spent. Service Categories that are underspending or overspending are highlighted to ensure members are aware of categories to watch in case reallocation of funds may be needed.

The expenditure report is distributed in the packet of materials provided each month along with a monthly written report from the Recipient that provides a written recap of the budget and lists upcoming Requests for Proposal's (RFPs) that the Recipient is procuring or has procured during the current FY.

QUESTIONS FROM THE HIV PLANNING GROUP

Based on the report findings, the HIV Planning Group and the Recipient continue to work in partnership to ensure that the needs of consumers are met. To strengthen this partnership, the HPG requested some additional information.

Question from the HPG to the HSHB:

- What was the average time from Notice of Award in FY 21 for Ryan White (RW) Part A/MAI services to start of contract for services in new RW service categories?

HSHB's Responses to HPG Question:

No contracts for new services were started in FY 21.

- For Health Education & Risk Reduction (stand-alone, independent of EIS:RS) – To address the FY 21 award reduction, the HPG voted on June 23, 2021, to rescind the previous reduction funding scenario for FY 21 and decrease Health Education and Risk Reduction by \$33,000, from \$33,000 to \$0.
- For Peer Navigation (Referral for Health Care and Support Services) – Ryan White contracts were already in place and HSHB did not start any new contracts. Services are ongoing to current/existing RW providers.
- For Psychosocial Support Services – HPG voted on March 24, 2021, to reduce allocation to the service category Psychosocial Support (priority #25) by \$63,090 from \$67,000 to \$3,910 to fund a short-term, temporary Partial Assistance Rental Subsidy (PARS) extension for 90 days in FY 21 for clients on the Housing: Partial Assistance Rental Subsidy (PARS) waiting list.

2022 Work Plan
HPG, Steering Committee, and Support Staff

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPGSS	• RECIPIENT ACTIVITY
January	<ul style="list-style-type: none"> • Training: Housing; • Review HPG meeting calendar • Approve priorities for meeting venue 	<ul style="list-style-type: none"> • Data Requests to Recipient • Coordinate with Recipient and California Dept of Health re Integrated HIV prevention and Care plan • Oversee ad hoc Bylaws Committee • Decide on timing of HPG retreat • Recommend priorities for meeting location • Review and approve 2022 meeting calendar • Review HPG Work plan • Review HPG Training Schedule 	<ul style="list-style-type: none"> • Plan retreat with Chair (next in Nov or have earlier to make up for missed last year) • Develop HPG and Committees meeting calendar • Priority options for meeting locations • Planning for in-person meetings (Set up, Food, Gas card distribution) • Develop HPG and Steering Committee training schedule • Support ad hoc bylaws committee and develop procedures • Begin developing KF documents for PSRAC 	<ul style="list-style-type: none"> •

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPGSS	• RECIPIENT ACTIVITY
			<ul style="list-style-type: none"> Information to HPG members regarding ethics training 	
February	<ul style="list-style-type: none"> Review and approve plan to develop Integrated HIV prevention and Care plan Rank meeting locations Training: HPG Roles and responsibilities and Membership recruiting Training from HSHB - Needle Exchange (or alternate) 	<ul style="list-style-type: none"> Review timing for updating of Service Standards Recommend new appointment to CPG Work with Recipients office re NOA and letter to BOS to accept funds Membership Recruitment Plan Integrated HIV prevention and Care plan 	<ul style="list-style-type: none"> Begin preparing for HRSA Program Officer site visit (date TBD) Watch for RW NOA FY22 Continue developing KF documents for PSRAC Send out information re Form 700 and continue to track Ethics Training Tracking HPG Code of Conduct Follow up with MSEC to see if there will be a report of results for chart review to Steering or full HPG (if so, add to the Work Plan) Review and start preparing "HHSA Advisory Board/Committee Annual Review" form 	<ul style="list-style-type: none">

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPGSS	• RECIPIENT ACTIVITY
			(ref County Policy A-74)	
March	<ul style="list-style-type: none"> • Update from MSEG on plan to update service standards • Approve appointment of representative to CHPG • Accept RW FY22 Funds; Approve letter to BOS to accept funds • Reallocation based on FY22 funding, if needed • HRSA Site Visit (rescheduled) • Training: Ending the HIV Epidemic (EHE) update • Training: Comprehensive or Integrated Plan for HIV Prevention and Treatment 	<ul style="list-style-type: none"> • Review recommendation of the ad hoc Bylaws and procedures and make recommendation to the HPG • Review Procedures for HPG and committees • Review HPG training plan • Integrated HIV prevention and Care plan 	<ul style="list-style-type: none"> • New Member Orientation • Finalize and submit procedures to Steering for approval • Continue developing KF documents for PSRAC • Form 700 due by the end of March and ethics training 	<ul style="list-style-type: none"> • Submit Ryan White Service Report (RSR)
April	<ul style="list-style-type: none"> • Training: Information about Minority AIDS Initiative and Anti-Racism training 	<ul style="list-style-type: none"> • Review and make a recommendation to HPG on the recommendations of the ad hoc Bylaws committee • Adopt Procedures for HPG and Committees • Integrated HIV prevention and Care plan 	<ul style="list-style-type: none"> • Continue developing KF documents for PSRAC • Start preparing logistics for weekly PSRAC in June and July (venue, gas cards, food, childcare etc.) • Prep site visit scheduled May 24 and help Consumer Committee prep for 	<ul style="list-style-type: none"> •

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPGSS	• RECIPIENT ACTIVITY
			Consumer listening session with Project Officer	
May	<ul style="list-style-type: none"> • HRSA Site Visit? • Consider or make recommendation of Integrated HIV prevention and Care plan if needed • Vote on recommendations from ad hoc Bylaws • Training: Using Data for Decision Making (D. Jacobs ?) • RW Part A Site visit scheduled for same week at HPG – facilitate Consumer check in with project officer 	<ul style="list-style-type: none"> • Review and consider Policies & procedures • Review plan for assessment of the Administrative Mechanism • Review progress on Integrated HIV prevention and Care plan 	<ul style="list-style-type: none"> • Convene past Truax recipients and start planning 2022 Truax Awards • FY22 Reflectiveness and Rooster • Service Priority assurance and endorsement letter • Begin Assessment of the Administrative Mechanism • Logistics for weekly HPG meetings in Aug • Per County Policy A-74, HPGSS Manager shall prepare "HHSA Advisory Board/Committee Annual Review" form and submit it to the Office of Strategy and Innovation in May of each year 	<ul style="list-style-type: none"> •
June	<ul style="list-style-type: none"> • Begin reviewing Key Finding documents from PSRAC • Consider recommendation for Core Medical Services Waiver 	<ul style="list-style-type: none"> • Make recommendation to HPG for Core Medical Services Waiver (if requested) 	<ul style="list-style-type: none"> • Work with Recipient to determine if HPG recommendation for Core Medical 	<ul style="list-style-type: none"> •

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPGSS	• RECIPIENT ACTIVITY
	<ul style="list-style-type: none"> • Training: Biomedical prevention topic 	<ul style="list-style-type: none"> • Formal review of progress on GTZ Community Engagement Plan • Integrated HIV prevention and Care plan 	Services Waiver will be requested <ul style="list-style-type: none"> • Work with Chair to review MOU with Recipient • Prepare Priority Ranking worksheets • Prepare Funding allocation worksheets 	
July	<ul style="list-style-type: none"> • FY 22 Funding Reallocations (if needed) • Vote on FY23 Service Priority Rankings • Start voting on FY23 Funding Allocations 	<ul style="list-style-type: none"> • Integrated HIV prevention and Care plan 	<ul style="list-style-type: none"> • Begin working on RW non-competitive renewal application • Determine if Recipient will need authorization to request 5% increase to RW Funding for FY23 	<ul style="list-style-type: none"> •
August	<ul style="list-style-type: none"> • FY 22 Funding Reallocations (if needed) • Final FY23 Funding Allocations • Final FY23 Reduction Funding Scenarios • 	<ul style="list-style-type: none"> • Integrated HIV prevention and Care plan • Consider authorization to request 5% increase to RW Funding for FY23 (if needed) 	<ul style="list-style-type: none"> • Continue formal planning of Truax Awards 	<ul style="list-style-type: none"> •
September	<ul style="list-style-type: none"> • FY 22 Funding Reallocations (if needed) • Approve planned use of funds in carryover request • Final Assessment of the Administrative Mechanism 	<ul style="list-style-type: none"> • Plan HPG retreat • Integrated HIV prevention and Care plan 	<ul style="list-style-type: none"> • Chairs signature on Waiver of Core medical if needed • Chair signature on Letter of 	<ul style="list-style-type: none"> • Carryover Request

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPGSS	• RECIPIENT ACTIVITY
	<ul style="list-style-type: none"> Members review RW non-competitive renewal application Action: Apply for 5% increase in RW Part A funds 		Concurrence for RW Part A application <ul style="list-style-type: none"> Begin preparations for HPG retreat 	
October	<ul style="list-style-type: none"> FY 22 Funding Reallocations (if needed) Training: Biomedical Prevention topics 	<ul style="list-style-type: none"> Integrated HIV prevention and Care plan 	<ul style="list-style-type: none"> New Member Orientation Continue to prepare for HPG retreat Start developing 2023 Work Plan 	<ul style="list-style-type: none">
November	<ul style="list-style-type: none"> FY 22 Funding Reallocations (if needed) HPG Retreat 	<ul style="list-style-type: none"> 2023 Work Plan Integrated HIV prevention and Care plan 	<ul style="list-style-type: none"> Chair's signature of carryover request, if needed 	<ul style="list-style-type: none">
December	<ul style="list-style-type: none"> FY 22 Funding Reallocations (if needed) Truax Awards Integrated HIV Prevention and Care Plan Dec 9, 2022 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">

SUMMARY OF SERVICES FOR FY22
August 2022, Total to Date, and Prior Year Total

RYAN WHITE SERVICES		Aug	Total to Date	Prior Year Total
FY 2022-2023				
Unduplicated clients served	Clients	1376	2,588	2,907
New	Clients	165		
Returning	Clients	1211		
VIRAL LOAD SUPPRESSION				
Virally suppressed	Clients	1039		
% Virally suppressed		91%		
With Test	Tests	1145		
Without Test	Tests	231		
PART-A SERVICES				
Outpatient Ambulatory Health Services: HIV Primary Care*	Visits	135	833	902
	Clients	122	505	548
Outpatient Ambulatory Health Services: Medical Specialty Care	Visits	0	133	91
	Clients	0	69	61
Psychiatric Medication Management	Visits	0	9	23
	Clients	0	7	15
Oral Health Care: Dental Care	Visits	76	546	445
	Clients	60	265	221
Early Intervention/Integrated Services for Women, Children & Families: Coordinated Care	Visits	84	1,113	871
	Clients	28	128	85
Early Intervention/Integrated Services for Women, Children & Families: Childcare	Visits	35	48	62
	Clients	35	36	50
Early Intervention Services: Regional Services	Visits	794	4,048	4,296
	Clients	369	885	1,030
Early Intervention Services: Peer Navigation Services	Visits	79	461	527
	Clients	23	116	125
Early Intervention Services: Outreach Services	Visits	0	0	0
	Clients	0	0	0
Medical Case Management Services	Visits	884	5,246	6,015
	Clients	410	680	744
Home-based Health Care Coordination	Visits	61	406	483
	Clients	17	39	47
Case Management -Non-Medical	Visits	479	2,635	3,500
	Clients	205	303	424
Mental Health Services: Counseling/Therapy	Visits	257	1,592	1,793
	Clients	109	189	225
Substance Abuse Treatment Services – Residential*	Visits	0	62	0
	Clients	0	21	0
Substance Abuse Treatment Services - Outpatient	Visits	312	1,933	1,417
	Clients	49	76	52

*Includes Part B funded services

SUMMARY OF SERVICES FOR FY22
August 2022, Total to Date, and Prior Year Total

RYAN WHITE SERVICES		Aug	Total to Date	Prior Year Total
Housing Services: Partial Assistance Rental Subsidy	Visits	111	656	765
	Clients	111	123	148
Medical Transportation Services - Assisted	Visits	1	4	6
	Clients	1	2	4
Medical Transportation Services - Unassisted	Visits	208	1,786	1,797
	Clients	148	374	413
Housing Services: Emergency Housing Assistance	Visits	91	476	619
	Clients	71	294	290
Food Services: Food Bank/ Home Delivered Meals	Meals	2874	17,220	23,567
	Clients	107	160	302
Medical Nutrition Therapy	Visits	0	68	88
	Clients	0	48	68

*Includes Part B funded services

SUMMARY OF SERVICES FOR FY22
August 2022, Total to Date, and Prior Year Total

RYAN WHITE SERVICES			Aug	Total to Date	Prior Year Total
PART-A SERVICES continued					
Legal Services	Visits		10	91	119
	Clients		9	67	69
Emergency Financial Assistance	Visits		38	146	377
	Clients		21	51	68
Internet Access	Visits		0	1	2
	Clients		0	1	2
Internet Equipment	Visits		0	4	18
	Clients		0	2	10
Collateral Contacts	Visits		284	1,457	2,069
	Clients		168	450	463
MAI SERVICES					
Medical Case Management Services	Visits		117	581	1,103
	Clients		58	110	144
Mental Health Services: Therapy/Counseling	Visits		72	456	249
	Clients		35	68	48
Substance Abuse Treatment Services - Outpatient	Visits		17	107	64
	Clients		7	22	13
Faciliated Referrals	Visits		0	0	0
	Clients		0	0	0
Outreach Encounters	Visits		0	0	0
	Clients		0	0	0
Medical Transportation Services - Assisted	Visits		0	0	0
	Clients		0	0	0
Medical Transportation Services - Unassisted	Visits		0	0	0
	Clients		0	0	0
Case Management -Non-Medical	Visits		107	539	490
	Clients		47	80	53

*Includes Part B funded services

August 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



County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

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

SAN DIEGO HIV PLANNING GROUP (HPG) STEERING COMMITTEE

Tuesday, June 14, 2022

11:00 a.m.

WebEx Meeting

DRAFT MINUTES

Quorum = 5

Committee Members: Roger Al-Chaikh, Vice-Chair / Bob Lewis, Membership Committee / Dr. Delores Jacobs, Priority Setting and Resource Allocation Committee / Mikie Lochner, Chair / Allan Acevedo, Consumer Group / Dr. Winston Tilghman, Medical Standards and Evaluations Committee / Rhea Van Brocklin, Vice-Chair

Absent: Shannon Ransom, Strategies & Standards Committee

Agenda Item	Discussion/Action	Follow-Up Needed
1. Call to order,	Mikie Lochner called the meeting to order at 11:00 a.m. and noted the presence of a quorum via WebEx video teleconference.	
2. Action: Continuance of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e).	All votes at the meeting were taken by roll call. For each vote committee members' names were called, and each member provided a verbal vote. The chair stated that he would abstain from all votes unless there was a tie. Action: Find that the Committee has reconsidered the State of Emergency and that State and local officials continue to recommend measures to promote social distancing authorizing teleconferenced meetings pursuant to Government Code section 54953(e). Motion/Second/Count (M/S/C): Van Brocklin/Jacobs 6/0 Abstentions: Lochner Motion carries	
3. Comments from the chair, moment of silence	The chair thanked attendees for their participation. A moment of silence was observed.	

Agenda Item	Discussion/Action	Follow-Up Needed
4. Public comment	A member of the public stated that they felt that the chair of the Medical Standards and Evaluation Committee should not be an employee of the Recipient's Office.	
5. Sharing our Concerns	None	
6. Review/Approval of Steering Committee agenda for Tuesday, June 14, 2022	Action: Approve Steering Committee agenda for June 14, 2022 as presented with the noted change: Move agenda item #8 (Committee Reports and Recommendations) before agenda item #7 (Approval of the HPG agenda): M/S/C: Van Brocklin/Lewis 5/0 Abstentions: Lochner Motion carries	
7. Committee Reports and Recommendations		
a. Membership Committee	The committee reviewed an application for a potential HIV Prevention provider seat, reviewed the terms of HPG members, and began planning a succession process as many HPG members will be completing their second term in 2024 and are not eligible for renomination until they have been off the HPG for at least one year.	
i. Recommendation for HPG Membership	Forwarding a recommendation to the HPG for Jeffrey Webber for the Representative of Federal HIV Programs/Veterans Administration seat.	Forward recommendation to the HPG for its June 23, 2022 meeting.
b. Priority Setting and Resource Allocations	The committee has been discussing allocations for fiscal year (FY) 22 based on the Part A and Minority AIDS Initiative (MAI) grant award; it will make recommendations on Thursday and forward those to the HPG. Preparing for the FY 23 priority setting and budget allocation process.	
i. Recommendations for reallocation of funds in FY 22 (the current fiscal year, March 1, 2022 – February 28, 2023)	None currently	
c. Consumer Group	Committee did not meet in May due to the inability to attain a quorum; will conduct priority setting and budget allocation training via the Happyville exercise at the June 15, 2022 meeting.	

Agenda Item	Discussion/Action	Follow-Up Needed
d. Strategies and Standards	<p>i. Recommendation for approval of services standards for Housing Case Manager. A committee member recommended additional language may be needed to ensure that House Case Managers and clients understand and integrate with other housing resources in the community and that clients understand the need to complete other forms for non-RW resources. Action: Forward the draft Housing Case Management service standards to the HPG as presented. M/S/C: Acevedo/Al-Chaikh 4/0 Abstentions: Lewis, Lochner, Tilghman Motion carries</p> <p>ii. Recommendation for approval of the Justice, Equity, Diversity, and Inclusion (JEDI) document. Allan Acevedo discussed the documents and the process for updating and simplifying the language on the JEDI document and creating an Infographic document, which is a more visual representation of the larger document.</p> <p>iii. Recommendation to change Universal Standards - Deletion of requirement for “mid-year recertification at six months” to maintain eligibility for Ryan White services. Allan Acevedo discussed the recommended change.</p>	Forward the 3 action items to the HPG for its June 22, 2022 meeting.
e. Medical Standards and Evaluation	No updates	
8. Action: Review/Approval of HPG Agenda for June 22, 2022	Action: Approve HPG Agenda for June 22, 2022 meeting as presented. M/S/C: Tilghman/Van Brocklin 6/0 Abstentions: Lochner Motion carries	
9. Process and Governance Issues:		
a. Review: Public comments/HPG member comments/Suggestions to the Steering Committee from previous HPG meeting(s)	Rodney von Jaeger reviewed the public comments from the May 25, 2022 HPG meeting. For the comment regarding the request for benefits counseling, the Recipient noted Ending the HIV Epidemic (EHE) funds will provide benefits navigation.	

Agenda Item	Discussion/Action	Follow-Up Needed
b. Action: Approve the Board Letter to accept Ryan White Part A funds for FY 22.	Action: Recommend that HPG approve Board Letter to accept RW Part A and MAI funds for FY 22. M/S/C: Jacobs/Van Brocklin 6/0 Abstentions: Lochner Motion carries	
c. Action: Request for Letter of Support from HPG for UC San Diego grant application	The committee discussed the request for a Letter of Support from the HPG to the UCSD grant application and recommended the HPG not provide a letter of support, but the chair could provide a personal letter if they wished to do so.	
d. Action: Allow recommendations from Priority Setting and Resource Allocation Committee (PSRAC) for allocations to the FY 22 budget based on the Part A and MAI grant award to go directly to the HPG	The committee discussed this and noted no formal recommendation from Steering Committee was needed for the PSRAC to forward its recommendations directly to the HPG.	Forward any recommendations for allocations from the PSRAC to the HPG for approval at its June 22, 2022 meeting.
e. Information: Correction to reallocation approved by HPG on March 23, 2022	Rodney von Jaeger explained the error in the HPG approved action item from March 23, 2022, where the amounts used for each service category were taken from the RW Part A application; those numbers were 5% higher than the actual numbers, but the amount allocated to each service category was accurate and unchanged.	Provide an explanation at the HPG meeting on June 22, 2022.
f. Update: GTZ Community Engagement Project – 3-Year HIV Planning Group (HPG) Action Plan	i. Status of staff for overseeing/tracking progress. – No update.	
g. Update: Status of proposed changes to HPG Bylaws	The ad hoc committee for the HPG bylaws will reconvene to address two items from the findings of the Health Resources and Services Administration (HRSA) virtual site visit: <ul style="list-style-type: none"> • Per HRSA, a Statement of Confidentiality is required and this document needs to be added to list of documents required of new members and annually from all members in the bylaws. • The status of HPG members whose first or second term has expired must be outlined in the bylaws. Per HRSA, members may not vote or participate as an HPG 	

Agenda Item	Discussion/Action	Follow-Up Needed
	member once their term has expired even while pending reappointment to a second term or following expiration of the second term.	
h. Plan for review of COI Policy for SD HPG 09.12.19 and Conflict of Interest Disclosure Form for Planning Group Member and Members Elect	Rodney von Jaeger reviewed the draft COI policy and form from September 12, 2019 which the Steering Committee did not previously approve. The committee recommended double-checking the service categories listed in the document and show to the HPG for input.	Provide the updated COI policy and form to the HPG at the June 22, 2022 meeting.
i. Discussion: Plan for committees to address discrimination/anti-racism (based on concerns related to requirement for signed Confidentiality Agreement)	Dr. Jacobs discussed some potential facilitators to lead a discussion on race and culture and will share that information with staff.	Retain the topic on the July 2022 Steering Committee agenda.
j. Plan for Assessment of Administrative Mechanism	Rodney von Jaeger reviewed last year's process, including questions from the HPG members, a desk audit by the Recipient and a report generated by the Lead Health Planner. The committee recommended using this process again this year.	
k. Update: Preparation for in-person meetings	In San Diego COVID-19 cases are increasing and the Public Health Officer recommends County advisory bodies to continue meeting virtually; Rodney von Jaeger reviewed the special rules which currently allow meetings to occur virtually. If the conditions that allow virtual meetings to occur come to an end or the HPG decides to meet in person, staff would need to focus on logistics required to return to in-person meetings and would not be able to support hybrid meetings. feasible.	
l. Updated: Integrated Statewide Strategic plan	i. Strategies Committee and HSHB are planning to provide additional data from San Diego. The Recipient stated that a consultant is being identified to assist with the San Diego portion of the plan.	
m. Update: Filling HPG HOPWA seats	Mikie Lochner reported that there are two open seats on the HOPWA Housing Committee; one for an HPG member and one specifically for a Ryan White Part A Consumer.	

Agenda Item	Discussion/Action	Follow-Up Needed
n. Review 2022 HPG work plan	Rodney von Jaeger reviewed the HPG work plan, noting that a request for a waiver of core medical services is scheduled to come forward soon.	
10. Update and Budget Review from the HIV. STD. and Hepatitis Branch (HSHB) – Patrick Loose		
a. HSHB Monthly Report – May 2022	<p>The HSHB report was emailed out to committee members prior to the meeting and was included in the Power Point presentation. Patrick Loose highlighted:</p> <ul style="list-style-type: none"> • Several procurements are in progress, including one for Low-Barrier HIV Care, for clients unsuccessful in other models of care. • The notice of Part A and MAI grant award was received; there is an approximately \$600,000 increase over the previous year. The PSRAC will make recommendations to allocate and send to the HPG. • The virtual HRSA site visit went very well, with a few findings noted in the HSHB report. • The Capacity report is overall good; an outlier is that Psychiatry in the North and South regions have a wait of greater than 2 months. 	
b. Expenditure/Budget review – FY 22	The FY 21 budget ended with a \$586,581 balance in savings.	
c. Service Utilization Summary Report – May 2022	The report was included in the meeting materials packet.	
d. Monthly Client Service Evaluation (Goldenrod) report/CQM Update – May 2022	In May 2022; one Goldenrod was received for a RW provider; it was a positive remark.	
e. HRSA, CDC, and CDPH Policies and Procedures Updates	No updates	
f. Administrative Budget Review	No updated report available.	
11. Approval Meeting minutes from May 17, 2022	1:00 p.m. Quorum was lost, and the meeting ended. Approval of minutes tabled.	
12. Review committee attendance	Tabled	

Agenda Item	Discussion/Action	Follow-Up Needed
13. Future Agenda Items for Consideration		
<ul style="list-style-type: none"> a. Border Health (2023) b. Recommend HSHB work with providers to educated Consumers about all changes to Temporary Housing assistance 	Tabled	
14. Announcements:	Tabled.	
15. Confirm next meeting date and time/adjournment	Date: July 19, 2022 Time: 11:00 a.m. – 1:00 p.m. Location: WebEx	
16. Adjournment	1:00 p.m. due to loss of quorum.	



County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

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

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

SAN DIEGO HIV PLANNING GROUP (HPG) STEERING COMMITTEE

Tuesday, July 19, 2022

11:00 a.m.

WebEx Meeting

DRAFT MINUTES

Quorum = 4

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

Committee Members absent: Allan Acevedo, Consumer Group

Agenda Item	Discussion/Action	Follow-Up Needed
1. Call to order,	Mikie Lochner called the meeting to order at 11:01 a.m. and noted the presence of a quorum via WebEx video teleconference.	
2. Action: Continuance of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e).	All votes at the meeting were taken by roll call. For each vote committee members' names were called, and each member provided a verbal vote. The chair stated that he would abstain from all votes unless there was a tie. Action: Find that the Committee has reconsidered the State of Emergency and that State and local officials continue to recommend measures to promote social distancing authorizing teleconferenced meetings pursuant to Government Code section 54953(e). Motion/Second/Count (M/S/C): Jacobs/Ransom 5/0 Abstentions: Lochner Motion carries	
3. Comments from the chair, moment of silence	The chair thanked Pride parade participants; the long-term survivors contingent was well received.	
4. Public comment	None	
5. Sharing our Concerns	None	

Agenda Item	Discussion/Action	Follow-Up Needed
6. Action: Review/approve the Steering Committee agenda for July 19, 2022	Action: Approve Steering Committee agenda for July 19, 2022 as presented: M/S/C: Van Brocklin/Jacobs Abstentions: Lochner Motion carries	
7. Action: Review/approve HPG meeting agendas	Action: Review/approve HPG meeting agendas for July 27, 2022, August 3, 2022, August 10, 2022, August 17, 2022, August 24, 2022, and August 31, 2022 as presented with the following changes: For the July 27 agenda, remove the training by County Counsel. For the August agendas remove the items highlighted in yellow (routine reports, minutes, etc.) M/S/C: Van Brocklin/Lewis Abstentions: Lochner Motion carries	
8. Committee Reports and Recommendations		
a. Membership Committee	Looking at open seats and requesting HPG members to help with recruitment; discussed the difficulty with getting a County Supervisor District 1 representative appointed.	
i. Recommendation for HPG Membership	There is a recommendation for membership for Felipe Garcia-Bigley as the HIV Prevention Provider representative (seat #38)	Forward the recommendation to the HPG for the July 27, 2022 meeting.
b. Priority Setting and Resource Allocations Committee	The committee has completed the FY 23 priority rankings and will begin the FY 23 budget allocations in level and reduction funding scenarios.	
i. Recommendations for reallocation of funds in FY 22 (the current fiscal year, March 1, 2022 – February 28, 2023)	Will look at FY 22 reallocation recommendations on Thursday, July 21, 2022 and forward to the HPG.	When completed, forward to the HPG for approval for the July 27, 2022 meeting.
ii. Recommendation(s) for priority rankings and service directions for FY 23 (next fiscal	Completed the priority rankings.	Forward to the HPG for approval for the July 27, 2022 meeting.

Agenda Item	Discussion/Action	Follow-Up Needed
year, March 1, 2023 – February 28, 2024)		
c. Consumer Group	Will not have quorum for July's meeting and will next meet in September.	
d. Strategies and Standards Committee	Working on the Getting to Zero (GTZ) Community Action Plan goals and the Justice, Equity, Diversity, and Inclusion/Intention (JEDI) principles implementation, will put forth recommendations to Steering in September and discuss a timeline.	
e. Medical Standards and Evaluation Committee (MSEC)	Volunteers are needed for the working group for the GTZ Action Plan components for the MSEC.	
9. Process and Governance Issues:		
a. Review: Public comments/HPG member comments/Suggestions to the Steering Committee from previous HPG meeting(s)	Rodney von Jaeger review comments from the June 22, 2022 HPG meeting. Amy Applebaum reviewed the process for getting ID cards paid for with Ryan White funds via Emergency Financial Assistance. The 3 suggestions to the Steering Committee are on today's meeting agenda to be discussed.	
b. Update: GTZ Community Engagement Project - 3-Year HIV Planning Group (HPG) Action Plan	Updates previously provided from the Strategies and Standards Committee and the MSEC.	
i. Status of staff for overseeing/tracking progress.	The Recipient's office is working on staff hiring.	
c. Update: Status of proposed changes to HPG Bylaws	The Ad hoc committee met to address 2 findings from the HRSA site visit. <ul style="list-style-type: none"> Conflict of Interest (COI) Policy and Disclosure Form HPG Members with expired terms. The revised Bylaws will be sent to County Counsel for review.	
d. Discussion/Potential Action: COI Policy and Conflict of Interest Disclosure Form for Planning	The committee reviewed the draft COI policy, which included feedback from an HPG member, and decided to include the following language: <ul style="list-style-type: none"> When an HPG member is not a committee member, but makes public comment at a 	Staff will include the recommended language to the policy and

Agenda Item	Discussion/Action	Follow-Up Needed
Group Member and Members Elect including feedback from HPG meeting	<p>committee meeting, the HPG member must declare their conflict.</p> <ul style="list-style-type: none"> COI may exist for RW Parts A and B funds, but not for other parts of RW or other funds for which the HPG has no allocation authority (Parts C, D, F, EHE funds, or CDC funds) <p>The committee decided the COI disclosure form is complete as presented and should be signed by HPG members.</p>	<p>return to the Steering Committee for review in September.</p> <p>After the policy has been approved, Staff will send the</p> <p>COI Disclosure form to HPG members to sign.</p>
e. Discussion: Plan for committees to address discrimination/anti-racism (based on concerns related to requirement for signed Confidentiality Agreement)	<p>Dr. Jacobs discussed her contact with potential facilitators, who each recommended the HPG do some work over a time period on this topic with short periods of time to process the information. She inquired what funding is available for consultants.</p> <p>The committee recommended requesting a proposal from prospective trainers regarding the time frame and cost.</p>	<p>Patrick Loose will check on the County's process for requesting proposals.</p>
f. Update: Preparation for in-person meetings	<p>No updates at present; there was concern expressed regarding in-person meetings because there is an increase in COVID-19 cases and hospitalizations.</p>	
g. Update: Integrated Statewide Strategic Plan		
i. Strategies Committee and HSHB planning to provide additional data from San Diego	<p>A request for quotation for a consultant to help with this work is in progress.</p>	
h. Action: Establish process for nomination of HPG member to Housing Committee	<p>The committee recommended the nomination process for representative seats include going to the HPG to request nominations for at least one month and the voting in a following month, reserving the right of the Chair to self-nominate/select.</p>	<p>Staff will add as an Action for the July 27, 2022 HPG agenda.</p>

Agenda Item	Discussion/Action	Follow-Up Needed
(Cinnamen Kubricky)	Housing Committee representative has been on the HPG agenda for the past 3 months. The committee recommended including the election as an action on the HPG agenda this month.	
i. Discussion: Clarification with Recipient's office regarding conflicts of interest for case managers.	Per clarification from the Recipient's Office, case managers are conflicted for service categories for which their agency receives Ryan White Part A/B funds but are not conflicted in service categories outside their agency that they arrange for clients.	
j. Project Officer Meeting Report: Difference between public comments and member discussion at meetings	Mikie Lochner explained that in HPG or committee meetings only HPG or committee members may participate in discussion and decision making. The public is welcome to provide comment before the action is discussed.	
k. Discussion: Consider recommending the Strategies and Standards Committee conduct an in-depth review of transportation standards to assure the everything required for the service category to function efficiently is in place	The committee discussed and recommended that the Strategies and Standards Committee develop a working group or task force to look at the Transportation service standards and review barriers to accessing transportation services; consider including an evaluation of transportation needs at appointments for all services. The Recipient recommended the CQM Committee first do a rapid review on barriers to accessing Transportation.	Review results of CQM Committee's rapid review in October.
l. Discussion: HPG member attendance, specifically members who only attend meeting for a brief time. Should there be a minimum time?	The committee discussed and decided to remind HPG members of their commitment to attend HPG and committee meetings and to inform staff if they will be late, absent or need to leave early to determine and maintain quorum requirements for each meeting.	
m. Trainings: Conflict of Interest (COI) Training from County Counsel; Training from Recipient regarding RW Parts C, D, and F and how they	Tabled	

Agenda Item	Discussion/Action	Follow-Up Needed
interact with Parts A & B		
n. Discussion: Status of August Steering Meeting	Tabled	
o. Review the 2022 HPG Work Plan	Tabled	
10. Update and Budget Review from the HIV. STD. and Hepatitis Branch (HSHB) – Patrick Loose		
a. HSHB Monthly Report - July 2022	Tabled	
b. FY 22 Expenditure/Budget review	Tabled	
c. Service Utilization Summary Report - through June 2022	Tabled	
d. Monthly Goldenrods CQM update - June 2022	Tabled	
e. HRSA, CDC and CDPH policies and procedures updates	Tabled	
f. Administrative Budget review - Rodney von Jaeger	Tabled	
11. Approval Meeting minutes from June 14, 2022	Tabled	
12. Review committee attendance	Tabled	
13. Future Agenda Items for Consideration		
a. Border Health (2023) b. Recommend HSHB work with providers to educated Consumers about all changes to Temporary Housing assistance	Tabled	
14. Announcements:	Tabled	
15. Confirm next meeting date and time/adjournment	Date: September 20, 2022 Time: 11:00 a.m. – 1:00 p.m. Location: WebEx	
16. Adjournment	1:02 p.m.	

HIV PLANNING GROUP
12-MONTH COMMITTEE TRACKING
Sep 2021 - Aug 2022

STEERING

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	#
Total Meetings	1	1	0	1	1	1	1	1	1	1	1	0	10
Consumer Group	*	1	NM	1	1	*	*	*	*	*	1	NM	4
Medical Standards		*	NM	*	1	*	*	*	*	*	*	NM	1
Membership	*	1	NM	*	*	*	*	1	*	*	*	NM	2
Priority Setting and Resource Allocation	*	*	NM	*	*	*	*	*	*	*	*	NM	0
Strategies & Standards	*	*	NM	*	*	*	*	*	1	1	*	NM	2
Chair- Mikie Lochner	*	*	NM	*	*	*	*	*	*	*	*	NM	0
Vice Chair - Roger Al-Chaikh ^U	*	*	NM	1	*	*	*	*	1	*			2
Vice Chair - Rhea Van Brocklin	*	*	NM	*	*	*	1	*	*	*	*	NM	1

To vote, a member may not miss 4 consecutive meetings or 6 total meetings in a 12 month period.

NA - no HPG member co-chair

U = Unaffiliated Consumer

= number of absences

C = Co-Chair

NM = Committee did not meet

* = present



JOIN US!

SAN DIEGO HIV PLANNING GROUP ORIENTATION

**THURSDAY, OCTOBER 20, 2022
2:00PM - 4:00 PM**

All HPG Members and anyone interested in learning more about the HIV Planning Group are welcome!

Si puede atender la orientación y le gustaría la disponibilidad de un traductor a español o alguna otra acomodación necesaria para su participación, por favor contacte al Equipo de Apoyo de HPG por lo menos 3 días antes de la junta al (619) 944-7341.

Register in advance for this webinar:

https://us06web.zoom.us/webinar/register/WN_488iv0cTSCCTUdjqWJqMDA

After registering, you will receive a confirmation email containing information about joining the webinar.



**For information, accessibility accommodations, or to RSVP, please reach us at:
E-mail: HPG.HHSA@sdcounty.ca.gov | Telephone: (619) 403-8809**



**Se les
invita!**

ORIENTACIÓN PARA EL GRUPO DE PLANIFICACIÓN PARA VIH DE SAN DIEGO

**JUEVES 20 DE OCTUBRE, 2022
2:00PM - 4:00 PM**

***Todos los miembros del HPG y cualquier persona interesada en aprender
mas sobre el Grupo de Planificación de VIH están bienvenidos.***

Si puede atender la orientación y le gustaría la disponibilidad de un traductor a español o alguna otra acomodación necesaria para su participación, por favor contacte al Equipo de Apoyo de HPG por lo menos 3 días antes de la junta al (619) 944-7341.

Regístrese por Avanzado para el seminario:

https://us06web.zoom.us/webinar/register/WN_488iv0cTSCCTUdjqWJqMDA

Después de registrarse, recibirá un correo electrónico de confirmación que contendrá la información necesaria para atender.



**Para más información, asistencia en accesibilidad, o para confirmar que atenderá, favor de contactarnos:
Correo electrónico: HPG.HHSA@sdcountry.ca.gov | Teléfono: (619) 944-7341**

DR. A. BRAD TRUAX AWARDS



Call for Nominations for the 2022 Dr. A. Brad Truax Awards

Each year, the San Diego HIV Planning Group recognizes individuals who have served the community and made outstanding contributions in the struggle against the HIV/AIDS epidemic. Nominations are made by people living with HIV/AIDS and affected community members.

The Selection Committee is composed of former Dr. A. Brad Truax Award winners. Awards will be presented at a reception honoring all nominees on World AIDS Day, Thursday, December 1, 2022.

From all nominations, awards are given in three service categories:

- HIV Education, Prevention and/or Counseling and Testing
- HIV Care, Treatment and/or Support Services for persons living with HIV/AIDS
- HIV Planning, Advocacy or Policy Development related to HIV education, prevention, counseling and testing, care, treatment and/or support services

The selection committee also selects one individual to receive the Dr. A. Brad Truax award. This award was named in honor of Dr. A. Brad Truax and in memory of his tireless dedication to the prevention and treatment of HIV/AIDS. Dr. Truax chaired the first advisory board on HIV/AIDS in San Diego County. He was a persistent and diplomatic person who encouraged people with different interests and agendas to work together to achieve goals that benefit the community.

Learn more at
<http://tiny.cc/truax>



Nominations

Who is Eligible:

- A volunteer, board member, or staff person who provides service that improves the quality of life of people living with HIV/AIDS in San Diego.
- Service provided during the last year.
- If the nominee is employed by an HIV service provider, the nomination must be for service above and beyond what is expected for their paid position.

Who Can Nominate:

- Anyone may submit a nomination.
- Self-nominations must include a letter of recommendation from a third party.

Nomination Procedure:

- Submit the Nomination Form (printed or typed).
- Attach relevant supporting information (please limit to 3 pages).
- Include a high-resolution picture of the nominee.

**Nominations are due by
3:30 pm on October 15, 2022**

Please submit by email to:
HPG.HHSA@sdcounty.ca.gov
Subject: Truax Nomination

DR. A. BRAD TRUAX AWARDS



INVITACIÓN A PROPONER NOMINACIONES PARA PREMIO A. BRAD TRUAX 2022

Todos los años, el Grupo de Planificación para el VIH de San Diego reconoce a las personas que ayudaron a la comunidad e hicieron contribuciones excepcionales en la lucha contra la epidemia de VIH/SIDA. Las nominaciones las realizan las personas con VIH/SIDA y los miembros de la comunidad afectados.

El Comité de Selección está compuesto por personas que previamente han ganado el premio Dr. A. Brad Truax. Los premios se presentarán en una recepción en honor a todas las personas nominadas en el Día Mundial del SIDA, que es el jueves 1º de diciembre de 2022.

De todas las nominaciones, se entregan premios en tres categorías de servicios:

- Educación, prevención y/o asesoría y pruebas de VIH
- Servicios de cuidado, tratamiento y/o apoyo del VIH para personas con VIH/SIDA
- Planificación, defensa o desarrollo de políticas sobre VIH relacionadas con la educación, prevención, asesoría y pruebas, cuidado, tratamiento y/o servicios de apoyo del VIH

Además, el comité de selección también elige a una persona para recibir el premio Dr. A. Brad Truax. Este premio recibe su nombre en honor al Dr. A. Brad Truax en memoria de su incansable dedicación a la prevención y el tratamiento del VIH/SIDA. El Dr. Truax presidió la primera junta de asesoría sobre VIH/SIDA en el Condado de San Diego. Fue una persona persistente y diplomática que alentó a personas con diferentes intereses y motivaciones a trabajar juntas para lograr objetivos que beneficiaran a la comunidad.

Para obtener más información,
visite la página web:
<http://tiny.cc/truax>



Nominaciones

A quién se puede nominar:

- Un voluntario, miembro de la junta o miembro del personal que brinde servicios que mejoren la calidad de vida de las personas con VIH/SIDA en San Diego.
- El servicio debe haberse brindado durante el último año.
- Si la persona nominada es empleada de un proveedor de servicios de VIH, la nominación debe ser por el servicio más allá de lo que se espera por su posición remunerada.

Quién puede nominar:

- Cualquier persona puede presentar una nominación.
- Las autonominaciones deben incluir una carta de recomendación de un tercero.

Procedimiento de nominación:

- Presente el Formulario de nominación (impreso o a mano).
- Adjunte información de respaldo relevante (límitese a 3 páginas)..
- Incluya una fotografía de alta resolución de la persona nominada.

Todas las nominaciones deben
presentarse antes del
15 de octubre de 2022
a las **3:30 pm**

Envíelas por correo electrónico a:
HPG.HHSA@sdcounty.ca.gov
Asunto: Nominación Truax