



SAN DIEGO HIV PLANNING GROUP (HPG)

TABLE OF CONTENTS

WEDNESDAY, September 27, 2023, 3:00 PM – 5:00 PM

SOUTHEASTERN LIVE WELL CENTER, TUBMAN CHAVEZ ROOM A
5101 MARKET STREET, SAN DIEGO, CA 92114

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

TABLE OF CONTENTS

Document	Page Number(s)
Parking Instructions	001
Procedure of HPG Public Requests During HPG Meetings	002
HPG Agenda 09/27/23	003 – 004
Action Item Information Sheet – FY 23-24 Reallocations	005 – 006
Action Item Information Sheet – Appointment to HPG	007
Action Item Information Sheet – Approval for Submission of Core Medical Services Waiver for FY24	008 – 009
Action Item Information Sheet – HIV/AIDS Services Board Letter	010 – 011
Authorization to Accept HIV/AIDS Services Grant Funding Agreements	012 – 019
Report on Anti-Racism Assessment, Training and Recommendations	020 – 031
Summary and Recommendations GTZ Community Engagement Project: Consumer Recommendations and Implementation 2023	032 – 039
2023 Work Plan	040 – 045
Committee Reports – September 2023	046 – 047
HSHB Monthly Report	048 – 055
July-August 2023 Goldenrods	056 – 057
HPG Budget and Expenditure Report	058 – 061
Monthly Utilization Report	062 – 069
Monthly Attendance	070 – 071
HPG Vacant Seats	072
Conflict of Interest (COI)	073
HPG Committee Meeting Schedule	074 – 076
HPG Assessment of the Administrative Mechanism	077 – 083
Getting to Zero Mobile App and Resource Guide Presentation	084 – 091
HPG Recruitment Flyer	092 – 093
Truax Awards – Call for Nominations and Form	094 – 097
AB 2449 Reminder	098 – 099

Meeting Location & Directions:

HIV Planning Group

Wednesday, September 27, 2023

3:00 PM - 5:00 PM

Southeast Live Well Center

5101 Market St.

San Diego, CA 92114

Tubman Chavez Room A



FROM I-805 SOUTH:

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

FROM I-805 NORTH:

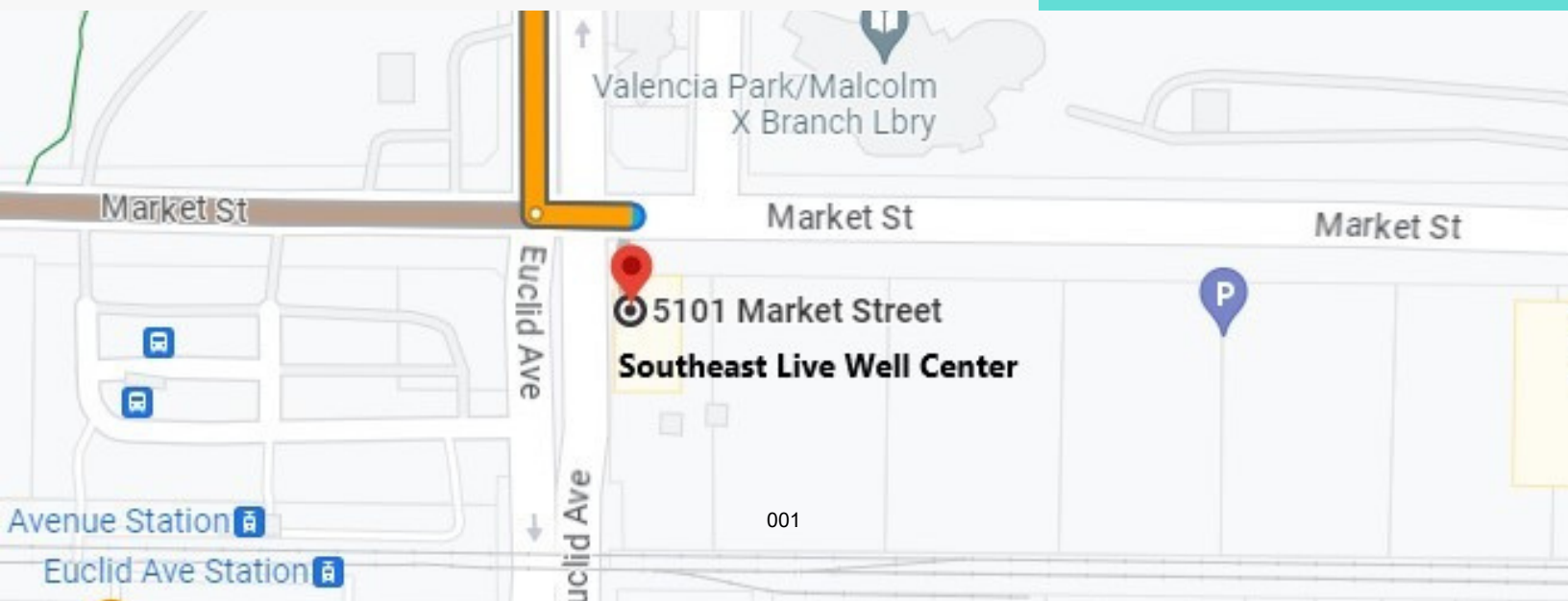
1. Head southeast on I-805 South.
2. Take exit 13A for CA-94-E/M L King Jr. Fwy.
3. Merge onto CA-94 E.
4. Take exit 4A for Euclid Ave.
5. Turn left onto Euclid Ave.
6. Use the left 2 lanes to turn left onto Market St.
7. The destination will be on your right.



**PUBLIC
TRANSPORTATION**

MTS Trolley:
Orange Line

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



Procedure of HPG Public Requests During HPG Meetings

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

The process/procedure for responding is as follows.

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

Explain the process for a response and indicate that:

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



SAN DIEGO HIV PLANNING GROUP (HPG)
MEETING AGENDA
WEDNESDAY, SEPTEMBER 27, 2023, 3:00 PM – 5:00 PM
SOUTHEASTERN LIVE WELL CENTER (ROOM A)
5101 MARKET STREET, SAN DIEGO, CA 92114

To participate remotely via Zoom:

<https://us06web.zoom.us/j/85368987291?pwd=KnO1bBlgoyR53sVY04E8ymyNo6OUq4.1>

Call in: +1-669-444-9171 (US)

Meeting ID (access code): 853 6898 7291 **Password:** SDHPG

Language translation services are available upon request at least 96 hours prior to the meeting. Please contact HPG Support Staff at 619-403-8809 or via e-mail at hpg.hhsa@sdcounty.ca.gov.

A quorum for this meeting is fourteen (14).

HPG Members: Allan Acevedo, Amy Applebaum, Alberto Cortes, Beth Davenport, Esteban Duarte, Tyra Fleming, Felipe Garcia-Bigley, David Grelotti, Pamela Highfill, Delores Jacobs, Cinnamen Kubricky, Robert Lewis, Michael Lochner, Moira Mar-Tang, Venice Price, Shannon Ransom, Raul Robles, Stephen Spector, Winston Tilghman, Karla Quezada-Torres, Regina Underwood, Rhea Van Brocklin, Freddy Villafan, Jeffrey Weber, Michael Wimpie, Abigail West, Adrienne Yancey

ORDER OF BUSINESS

1. Call to order, roll call, chair comments, and a moment of silence
2. Public comment (for members of the public)
3. Sharing our concerns/comments on items not on the agenda (for HPG members)
4. **ACTION:** Approve the HPG agenda for September 27, 2023
5. Old Business: None
6. New Business:
 - a. **ACTION** (Membership Committee): Approve recommendation(s) for HPG membership
 - i. Appoint Marco Aguirre for a 4-year term to Seat 10
 - b. **ACTION** (Priority Setting and Resource Allocation Committee): Approve reallocation of funds for FY 23 (the current fiscal year; March 1, 2023 – February 29, 2024)
 - c. **ACTION** (Steering Committee): Approve the Core Medical Services waiver
 - d. **ACTION** (Steering Committee): Approve HIV/AIDS Services Funding Board Letter
7. Assessment of the Administrative Mechanism Report – Carlie Catolico
8. County of San Diego Getting to Zero mobile application demonstration – Felipe Ruiz
9. Needs Assessment Working Group
10. HIV, STD, and Hepatitis Branch (HSHB) Report

11. Celebration of Life

Greg Knoll, CEO of Legal Aid Society

Irene Milton, Founder of Christie's Place

Carole Norman, 4th Chair of HPC/HPG

Ruth Riedel, CEO of Alliance Healthcare Foundation

James Rucker, HPG Member

12. Announcements

a. Request for Truax Nominations

b. Gas cards

13. Next Meeting Date: **Wednesday, October 25, 2023**, from **3:00 PM – 5:00 PM**.

Location: In-person at the **South Region Live Well Center, 690 Oxford Street, Chula Vista, CA 91911 (Conference Room 1)** and via Zoom.

14. Adjournment



County of San Diego

ERIC C. MCDONALD, MD, MPH, FACEP
INTERIM AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES
5469 KEARNY VILLA ROAD, SUITE 2000, MAIL STOP P-578
SAN DIEGO, CA 92123
(619) 531-5800 • FAX (619) 542-4186

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

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

HIV PLANNING GROUP ACTION ITEM INFORMATION SHEET

Recommendations for Re-Allocation for FY 23-24 (03-01-2023 to 02-29-2024)

DATE: September 14, 2023

ITEM: Approve the Recipient recommendations for re-allocating Part A funds in fiscal year 2023-2024.

BACKGROUND:

The HIV, STD, and Hepatitis Branch (HSHB) is seeing high utilization of Outpatient Ambulatory Health Services, Medical Case Management, Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF), Early Intervention Services and Emergency Housing Assistance (EHA). We are recommending an increase to avoid any future potential interruption of the availability of these key services.

The reduction to Case Management Non-Medical for Housing, Housing: Location, Placement and Advocacy Services, and Psychosocial Support Services is recommended because these service categories will not be deployed until FY24. We also recommend funding be reduced in Mental Health: Counseling/Therapy and re-allocate a portion of the funds to WICYF to specifically serve Mental Health services for Women, Infants, Children, Youth, and Families. The reduction in Home Delivered Meals is to support a needed increase in Emergency Financial Assistance – Food Bags.

RECOMMENDATIONS:

1. **Action Item:** Decrease Case Management Non-Medical for Housing by **\$250,000**, from **\$250,000** to **\$0**.
2. **Action Item:** Decrease Housing: Location, Placement and Advocacy Services by **\$100,000**, from **\$100,000** to **\$0**.
3. **Action Item:** Decrease Psychosocial Support Services by **\$60,000** from **\$60,000** to **\$0** (includes \$29,015 recipient action).
4. **Action Item:** Decrease Mental Health Services by **\$155,000**, from **\$1,061,062** to

\$906,062.

5. **Action Item:** Decrease Home Delivered Meals by **\$19,500**, from **\$536,073** to **\$516,573**.
6. **Action Item:** Increase Primary Care by **\$250,000**, from **\$852,630** to **\$1,102,630**.
7. **Action Item:** Increase Medical Case Management by **\$115,000**, from **\$1,168,338** to **\$1,053,338**.
8. **Action Item:** Increase Women, Infants, Children, Youth, and Families (WICYF) by **\$50,000**, from **\$943,317** to **\$993,317**.
9. **Action Item:** Increase Early Intervention Services by **\$35,000**, from **\$800,386** to **\$835,386**.
10. **Action Item:** Increase Emergency Housing by **\$115,000**, from **\$960,000** to **\$1,075,000** (includes \$50k recipient action).
11. **Action Item:** Increase Emergency Financial Assistance by **\$19,500**, from **\$36,856** to **\$56,356**.



County of San Diego

ERIC C. MCDONALD, MD, MPH, FACEP
INTERIM AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES
5469 KEARNY VILLA ROAD, SUITE 2000, MAIL STOP P-578
SAN DIEGO, CA 92123
(619) 531-5800 • FAX (619) 542-4186

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

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

SAN DIEGO HIV PLANNING GROUP MEMBERSHIP COMMITTEE ACTION ITEM INFORMATION SHEET

RECOMMENDATION FOR APPOINTMENT TO THE HIV PLANNING GROUP (HPG)

DATE: September 27, 2023

ITEM: Consider and vote to recommend an appointment to the HIV Planning Group (HPG).

BACKGROUND: The Membership Committee interviewed Marco Aguirre Mendoza on September 13, 2023, and voted to recommend him for a new appointment to the HPG.

RECOMMENDATIONS:

Action Item (Membership Committee): Approve the recommendation to approve the appointment of Marco Aguirre Mendoza to the HIV Planning Group as a General Member, Seat 10. If approved by the HPG, the recommendation will be forwarded to the County Board of Supervisors for appointment.

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

Biographical information:

Marco Aguirre Mendoza

Marco Aguirre Mendoza has 5 years of experience working within HIV community planning settings and has worked in several coalitions, creating safe spaces and eliminating gaps in HIV services. Marco is an Honors Student at San Diego City College and plans to transfer to San Diego State University as an Accounting major. He graduated from the Peers Promoting Equity, Advocacy, and Resources through Leadership (Project PEARL) program, where he learned leadership skills and advocated for people living with HIV. Marco's motivation to join the HPG is to share his life experiences with others and to ensure that Ryan White's services can be distributed to everyone, especially those who are underrepresented and undocumented communities.



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

HIV PLANNING GROUP (HPG) ACTION ITEM INFORMATION SHEET

APPROVAL FOR SUBMISSION OF CORE MEDICAL SERVICES WAIVER FOR FY24

DATE: September 27, 2023

ITEM: Consider the recommendation to approve submission of a waiver of the Core Medical Services requirement for Ryan White fiscal year 2024 funding (March 1, 2024 - February 28, 2025).

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

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

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

Based on FY 24 allocations for the Ryan White award, Core Medical Services account for 58% of services. Actual expenditures often reflect a lower percentage as dollars are re-allocated mid-year due to savings. A waiver has been approved for the past ten years.

RECOMMENDATION: Approve the submission of a Waiver of Core Medical Services Requirement for Ryan White fiscal year 2024 (March 1, 2024 - February 29, 2025). A list of Core Medical Services is noted on page 2.

Core Medical Services

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



County of San Diego

ERIC C. MCDONALD, MD, MPH, FACEP
INTERIM AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES
5469 KEARNY VILLA ROAD, SUITE 2000, MAIL STOP P-578
SAN DIEGO, CA 92123
(619) 531-5800 • FAX (619) 542-4186

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

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

SAN DIEGO HIV PLANNING GROUP (HPG) STEERING COMMITTEE ACTION ITEM INFORMATION SHEET

APPROVE HIV/AIDS SERVICES BOARD LETTER

DATE: September 27, 2022

ITEM

Approve Board Letter: *AUTHORIZATION TO ACCEPT HIV/AIDS SERVICES GRANT FUNDING AGREEMENTS, ACCEPT HIV/AIDS NO COST EXTENSION AGREEMENT, EXTEND OUTPATIENT AMBULATORY HEALTH SERVICES CONTRACTS, COMPETITIVELY PROCURE FOR HIV/AIDS SERVICES AND APPLY FOR NEW FUNDING*

BACKGROUND

The HIV, STD, and Hepatitis Branch (HSHB) is going to the Board of Supervisors on November 7, 2023 to request authorization of several items:

- 1) authorization to Waive Board Policy B-29 Fees, Grants and Revenue Contracts;
- 2) accept *A Status Neutral Approach to Improve HIV Prevention and Health Outcomes for Racial and Ethnic Minorities – Implementation Sites* grant funding (\$1,250,000 for September 1, 2023 through August 31, 2026);
- 3) accept *Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) Initiation and Retention (PPIR) Initiative* grant funding (\$600,000 for July 1, 2023 through June 30, 2027);
- 4) accept a no-cost extension for *Integrated HIV Surveillance and Prevention funding for Health Departments* grant funding (estimated \$703,000 for January 1, 2024 through May 31, 2024);
- 5) authorize extension of current Outpatient Ambulatory Health Services contracts by one year;
- 6) authorize competitive procurements for Outpatient Ambulatory Health Services, Oral Health and Psychiatric Services; and
- 7) authorize application for additional funding opportunities that would support testing, prevention, and care and treatment needs of individuals and families in San Diego County who are impacted by HIV.

HSHB requests approval to proceed with items 1, 2, 3, 4 and 7. Items 5 and 6 will go before the Health Services Advisory Board because HPG does not take action on items related to contracts or procurements.

The Steering Committee reviewed and approved this action item at its September 19, 2023 meeting.

RECOMMENDATION

1. Approve the Board Letter requesting authorization of items 1, 2, 3, 4 and 7.

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



COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

NORA VARGAS
First District

JOEL ANDERSON
Second District

TERRA LAWSON-REMER
Third District

VACANT
Fourth District

JIM DESMOND
Fifth District

DATE: November 7, 2023

XX

TO: Board of Supervisors

SUBJECT

AUTHORIZATION TO ACCEPT HIV/AIDS SERVICES GRANT FUNDING AGREEMENTS, ACCEPT HIV/AIDS NO COST EXTENSION AGREEMENT, EXTEND OUTPATIENT AMBULATORY HEALTH SERVICES CONTRACTS, COMPETITIVELY PROCURE FOR HIV/AIDS SERVICES AND APPLY FOR NEW FUNDING (DISTRICTS: ALL)

OVERVIEW

For over 30 years, the San Diego County Board of Supervisors (Board) has authorized grants and agreements with the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) and the California Department of Public Health (CDPH) to provide a variety of testing, treatment and prevention services to persons living with or vulnerable to HIV.

HRSA awarded the County of San Diego funding in response to HRSA 23-126 *A Status Neutral Approach to Improve HIV Prevention and Health Outcomes for Racial and Ethnic Minorities – Implementation Sites (Status Neutral Approach)* in the amount of \$1,250,000 for the time period September 1, 2023 through August 31, 2026. *Status Neutral Approach* is a new funding source created by HRSA to help local health jurisdictions like the County of San Diego to integrate HIV testing, treatment and prevention into a single system. This funding will improve the County of San Diego's ability to provide care coordination to Black and Hispanic gay, bisexual and other men who have sex with men and vulnerable to HIV acquisition. These two populations are the most disproportionately impacted by HIV both in San Diego County and in the United States. The County of San Diego was one of only four jurisdictions in the United States to be awarded this funding.

CDPH awarded the County of San Diego funding in response to RFA 23-10016 *Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) Initiation and Retention (PPIR) Initiative* in the amount of \$600,000 for the period July 1, 2023 through June 30, 2027. PPIR was created by CDPH to support PrEP and PEP navigation and retention coordinators utilizing evidence informed approaches to increase organizational capacity and to prioritize services for communities disproportionately impacted by HIV. Work will start with developing policies, Legistar v1.0

SUBJECT: AUTHORIZATION TO ACCEPT HIV/AIDS SERVICES GRANT FUNDING AGREEMENTS, ACCEPT HIV/AIDS NO COST EXTENSION AGREEMENT, EXTEND OUTPATIENT AMBULATORY HEALTH SERVICES CONTRACTS, COMPETITIVELY PROCURE FOR HIV/AIDS SERVICES AND APPLY FOR NEW FUNDING

procedures and protocols for implementation of PrEP and PEP in the County STD clinics and then transition to providing navigation and follow-up services.

CDPH has issued a no-cost extension for *Integrated HIV Surveillance and Prevention funding for Health Departments* grant funding for the time period January 1, 2024 through May 31, 2024. While this is currently presented as a no-cost extension, we expect that we will receive approximately \$703,000 in funding for this period; however, notice of funding has not yet been provided. This funding provides the core of the County of San Diego’s HIV prevention activities, including funding for HIV testing, disease intervention, outreach, health education, linkage to prevention and care services (antiretroviral therapy, pre-exposure prophylaxis and post exposure prophylaxis), and social marketing and media.

Finally, HRSA funds the County of San Diego to provide medical and support services for persons living with HIV through our Ryan White HIV/AIDS Extension Act Part A funding (“Ryan White Part A”). Your Board previously accepted this funding on June 27, 2023 (04). Three of the most important services that are funded by Ryan White Part A include outpatient ambulatory health services (OAHS), oral health, and psychiatry services. The County currently holds eight contracts for these services: AIDS Healthcare Foundation (contract 556170), Family Health Centers of San Diego (contract 556172), North County Health Project (dba TruCare) (contract 563284), San Diego American Indian Health Center (contract 556154), San Ysidro Health (contract 556154), UCSD Mother, Child and Adolescent Program (contract 556172), University of California San Diego (UCSD) Owen Clinic (contract 556212), and Vista Community Clinic (contract 556211). There is a need to extend these contracts for fourteen months, through February 28, 2025. During this period, we are also seeking authorization to conduct a competitive procurement for these services, with new services to begin March 1, 2025.

Today’s requests include: 1) authorization to Waive Board Policy B-29 Fees, Grants and Revenue Contracts; 2) accept *A Status Neutral Approach to Improve HIV Prevention and Health Outcomes for Racial and Ethnic Minorities – Implementation Sites* grant funding; 3) accept *Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) Initiation and Retention (PPIR) Initiative* grant funding; 4) accept a no-cost extension for *Integrated HIV Surveillance and Prevention funding for Health Departments* grant funding; 5) authorize extension of current Outpatient Ambulatory Health Services contracts by one year; 6) authorize competitive procurements for Outpatient Ambulatory Health Services, Oral Health and Psychiatric Services; and lastly, 7) authorize application for additional funding opportunities that would support testing, prevention, and care and treatment needs of individuals and families in San Diego County who are impacted by HIV.

These items support the County of San Diego’s (County) vision of a just, sustainable, and resilient future for all, specifically those communities and populations in San Diego County that have been

SUBJECT: AUTHORIZATION TO ACCEPT HIV/AIDS SERVICES GRANT FUNDING AGREEMENTS, ACCEPT HIV/AIDS NO COST EXTENSION AGREEMENT, EXTEND OUTPATIENT AMBULATORY HEALTH SERVICES CONTRACTS, COMPETITIVELY PROCURE FOR HIV/AIDS SERVICES AND APPLY FOR NEW FUNDING

historically left behind, as well as the ongoing commitment to the regional *Live Well San Diego* vision of healthy, safe, and thriving communities. This will be accomplished through education, prevention and intervention to interrupt transmission of disease in the region. This item also supports the County's Getting to Zero initiative by planning and allocating resources dedicated to services for residents who are living with or vulnerable to HIV.

RECOMMENDATION(S)
CHIEF ADMINISTRATIVE OFFICER

1. Waive Board Policy B-29, Fees, Grants, Revenue Contracts – Department Responsibility for Cost Recovery, which requires prior approval of revenue agreement applications and full-cost recovery of grants.
2. Authorize the acceptance of \$1,250,000 in *A Status Neutral Approach to Improve HIV Prevention and Health Outcomes for Racial and Ethnic Minorities – Implementation Sites* grant funds from the Health Resources and Services Administration for the period of September 1, 2023 to August 31, 2026 for status neutral HIV services, and authorize the Clerk of the Board to execute all required grant documents, upon receipt, including any annual extensions, amendments or revisions that do not materially impact or alter the services or funding level.
3. Authorize the acceptance of \$600,000 in *Pre-Exposure Prophylaxis and Post-Exposure Prophylaxis Initiation and Retention Initiative* grant funds from the California Department of Public Health for the period of July 1, 2023 to June 30, 2027 for HIV services that relate to prevention, and authorize the Clerk of the Board to execute all required grant documents, upon receipt, including any annual extensions, amendments or revisions that do not materially impact or alter the services or funding level.
4. Authorize the acceptance of a no-cost agreement from the California Department of Public Health for the period of January 1, 2024 through May 31, 2024, for an anticipated amount of \$703,000, and authorize the Clerk of the Board to execute all required grant documents, upon receipt, including any extensions, amendments or revisions that do not materially impact or alter the services or funding level.
5. In accordance with Board Policy A-87, Competitive Procurement, and Administrative Code Section 401, authorize the Director, Department of Purchasing and Contracting, subject to successful negotiations and a determination of a fair and reasonable price, to amend contracts 556170, 556172, 563284, 556175, 556154, 556172, 556212, and 556211 to extend the contract term for fourteen months; and amend the contracts as required in order to reflect changes to services and funding allocations, subject to the approval of the Agency Director, Health and Human Services Agency.
6. In accordance with Section 401, Article XXIII of the County Administrative Code, authorize the Director, Department of Purchasing and Contracting, to issue Competitive Solicitations for Outpatient Ambulatory Health Services, Oral Health and Psychiatric Services, and upon successful negotiations and determination of a fair and reasonable price,

SUBJECT: AUTHORIZATION TO ACCEPT HIV/AIDS SERVICES GRANT FUNDING AGREEMENTS, ACCEPT HIV/AIDS NO COST EXTENSION AGREEMENT, EXTEND OUTPATIENT AMBULATORY HEALTH SERVICES CONTRACTS, COMPETITIVELY PROCURE FOR HIV/AIDS SERVICES AND APPLY FOR NEW FUNDING

award contracts for a term of one year and four option years, and up to an additional six months if needed, pending availability of funds, and to amend the contracts as needed to reflect changes to services and funding, subject to the approval of the Agency Director, Health and Human Services Agency.

7. Authorize the Interim Agency Director, Health and Human Services Agency to apply for any additional funding opportunity announcements, if available, to address the prevention, testing, care and treatment needs of those impacted by HIV.

EQUITY IMPACT STATEMENT

Since the beginning of the epidemic, HIV has disproportionately impacted some of our most vulnerable residents. Gay, bisexual, and other men who have sex with men, for instance, are currently estimated to comprise less than 2% of the adult population (LGBTQ+ Identification Rises to 5.6% in Latest U.S. Estimate, gallup.com), and yet they comprise 62% of recent HIV diagnoses and 71% of persons living with HIV. Moreover, in San Diego County, like much of the rest of the United States, HIV has disproportionately impacted Black and Hispanic communities. Blacks comprise less than 5% of the county's population but comprise 12% of recent HIV diagnoses. Hispanics comprise 34% of the population of the county yet comprise 48% of recent HIV diagnoses.

SUSTAINABILITY IMPACT STATEMENT

The proposed actions align with the County of San Diego's Sustainability Goal #2 to provide just and equitable access and Sustainability Goal #4 to protect health and wellbeing. This will be done by increasing capacity and services aimed to prevent, identify, and treat HIV. Testing, identification, and treatment of HIV will improve the overall health of communities, reduce the demand of associated care services, while increasing effectiveness of care providers and lowering operating costs.

FISCAL IMPACT

Funds for *A Status Neutral Approach to Improve HIV Prevention and Health Outcomes for Racial and Ethnic Minorities – Implementation Sites* grant funds from the Health Resources and Services Administration for the period of September 1, 2023 to August 31, 2026 are not included in the Fiscal Year 2023-25 Operational Plan in the Health and Human Services Agency. If approved, this request will result in an estimated costs of \$431,181 and revenue of \$416,667 in Fiscal Year 2023-24, and costs of \$409,622 and revenue of \$395,833 in Fiscal Year 2024-25, and costs of \$388,063 and revenue of \$375,000 in Fiscal Year 2025-26, and costs of \$64,677 and revenue of \$62,500 in Fiscal Year 2026-27. This federally funded grant is allocated on a Federal Fiscal Year and the amounts have been prorated to correspond with the County of San Diego Operational Plan and County Fiscal Year. There will be no change in net General Fund cost and no additional staff years.

SUBJECT: AUTHORIZATION TO ACCEPT HIV/AIDS SERVICES GRANT FUNDING AGREEMENTS, ACCEPT HIV/AIDS NO COST EXTENSION AGREEMENT, EXTEND OUTPATIENT AMBULATORY HEALTH SERVICES CONTRACTS, COMPETITIVELY PROCURE FOR HIV/AIDS SERVICES AND APPLY FOR NEW FUNDING

Funds for *Pre-Exposure Prophylaxis and Post-Exposure Prophylaxis Initiation and Retention Initiative* grant funds from the California Department of Public Health for the period of July 1, 2023 to June 30, 2027 are not included in the Fiscal Year 2023-25 Operational Plan in the Health and Human Services Agency. If approved, this request will result in an estimated costs of \$160,268 and revenue of \$150,000 in Fiscal Year 2023-24, and costs of \$160,268 and revenue of \$150,000 in Fiscal Year 2024-25, and costs of \$160,268 and revenue of \$150,000 in Fiscal Year 2025-26, and costs of \$160,268 and revenue of \$150,000 in Fiscal Year 2026-27. There will be no change in net General Fund cost and no additional staff years.

Funds for a *no-cost agreement* grant funds from the California Department of Public Health for the period of January 1, 2024 through May 31, 2024 are not included in the Fiscal Year 2023-25 Operational Plan in the Health and Human Services Agency. If approved, this request will result in approximately costs of \$884,819 and revenue of \$703,000 in Fiscal Year 2023-24. There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

The HIV Planning Group reviewed this item at its meeting on September 27, 2023 and recommended approval of items 1-4 and 7 (under Ryan White legislation, they cannot recommend approval of the contract-related issue of items 5 and 6). The Health Services Advisory Board reviewed this item at its meeting on October 3, 2023 and recommended approval of the recommendations of items 5 and 6.

BACKGROUND

On March 1, 2016 (25), the San Diego County Board of Supervisors adopted the Getting to Zero initiative, which seeks to end the HIV epidemic. Since its adoption, the Getting to Zero initiative has evolved into a comprehensive approach to ending the HIV epidemic, with five core strategies:

1. **Test:** Identify everyone living with HIV in San Diego County and link them to HIV treatment and other services that provide support for remaining in treatment.
2. **Treat:** Ensure that everyone living with HIV in San Diego County has access to HIV treatment services so that persons living with HIV can achieve viral suppression.
3. **Prevent:** Identify everyone at risk for HIV infection in San Diego County and link them to HIV prevention resources and other services that provide support for remaining HIV-negative.
4. **Engage:** Continue partnering with communities disproportionately impacted by HIV to achieve collective impact and improve outcomes along the HIV care continuum.
5. **Improve:** Engage in continuous quality improvement activities to achieve the objectives

SUBJECT: AUTHORIZATION TO ACCEPT HIV/AIDS SERVICES GRANT FUNDING AGREEMENTS, ACCEPT HIV/AIDS NO COST EXTENSION AGREEMENT, EXTEND OUTPATIENT AMBULATORY HEALTH SERVICES CONTRACTS, COMPETITIVELY PROCURE FOR HIV/AIDS SERVICES AND APPLY FOR NEW FUNDING

of the Getting to Zero plan.

As of December 31, 2022, there were approximately 15,000 people living with HIV in the county and an estimated 1,300 persons living with HIV who are unaware of their HIV status. While there had been significant gains in reducing new HIV cases in San Diego County prior to 2020, utilization of HIV testing declined significantly in 2020 and is only now beginning to return to levels seen prior to the COVID-19 pandemic. In 2022, there were 469 new HIV diagnoses. This was a substantial increase over the prior two years and likely represents disruptions to HIV testing activities created by the COVID-19 pandemic.

Despite some of the temporary setbacks created by COVID-19, ending the HIV epidemic is still possible due to substantial advances in HIV treatment and HIV prevention. Treatment for persons living with HIV, known as anti-retroviral therapy (ART) is highly effective at suppressing the amount of HIV that can be detected in a milliliter of blood, known as the viral load. The vast majority of persons living with HIV and taking ART will achieve viral suppression, a point at which HIV can no longer do any additional damage to the person's immune system and at which they can no longer transmit HIV to others through sexual contact. Some of the same drugs that are used to treat HIV can also prevent infection in those who have not acquired the infection. Through HIV pre-exposure prophylaxis (PrEP), HIV drugs can be taken to any potential exposure prophylaxis (PEP), HIV drugs can prevent HIV infection in persons who are HIV-negative but have had a very recent high-risk exposure, within prior 72 hours, to HIV.

On August 17, 2023, the County of San Diego (County) was notified of a funding award from the Health Resources and Services Administration (HRSA) for *A Status Neutral Approach to Improve HIV Prevention and Health Outcomes for Racial and Ethnic Minorities – Implementation Sites* in the amount of \$1,250,000 for the time period of September 1, 2023 to August 31, 2026. The County was one of four sites awarded funding out of 52 eligible jurisdictions. Funding will be used to develop and implement a “status neutral approach” to HIV service delivery for racial and ethnic minorities. *Status-neutral* refers to an approach for systems design that integrates HIV testing, care, treatment and prevention into a single system, thus breaking down the silos between HIV care and HIV prevention. For a long time, one of the limits of HIV prevention efforts has been the much smaller amount of funding received for prevention when compared with the funding received for care and treatment. This award will allow implementation of three activities: 1) deploy care coordination/case management services for persons vulnerable to HIV acquisition allowing for more substantial work with HIV-negative individuals; 2) deploy a Social Networking Strategy to identify, engage, and motivate people who are unaware of their HIV status to accept HIV testing and engage in available care and prevention services; and 3) support the HIV Planning Group in shifting its approach to encompass a status-neutral approach by updating its service standards and reducing or eliminating distinctions between services for persons living with HIV and persons who are vulnerable to HIV.

SUBJECT: AUTHORIZATION TO ACCEPT HIV/AIDS SERVICES GRANT FUNDING AGREEMENTS, ACCEPT HIV/AIDS NO COST EXTENSION AGREEMENT, EXTEND OUTPATIENT AMBULATORY HEALTH SERVICES CONTRACTS, COMPETITIVELY PROCURE FOR HIV/AIDS SERVICES AND APPLY FOR NEW FUNDING

On March 22, 2023, the County was notified of a funding award by the California Department of Public Health (CDPH) for *Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) Initiation and Retention Initiative* for \$600,000 for the time period of July 1, 2023 through June 30, 2027. This funding is to support PrEP and PEP initiation and retention among individuals at perceived higher risk of new HIV infection. Four strategies have developed to accomplish these goals: 1) promote knowledge about PrEP/PEP among priority population(s) and service providers; 2) engage priority population(s) and increase PrEP/PEP accessibility; 3) navigate priority population participants to PrEP/PEP and other necessary services; and 4) retain priority population participants in PrEP/PEP services. The County will focus primarily on PrEP and PEP uptake and retention among Black and Hispanic gay, bisexual and other men who have sex with men as well as transgender men and women.

The County also receives funding for HIV prevention services from the CDPH Office of AIDS, that originates from the Centers for Disease Control and Prevention. CDPH then awards these funds to local health jurisdictions in California most impacted by HIV using a formula based upon the number of persons living with HIV in each jurisdiction. On May 23, 2023 (05), the Board authorized the acceptance of funding from CDPH for HIV prevention services funded under the PS18-1802 funding for the time period of January 1, 2023 through December 31, 2023. Notice was received on September 7, 2023 stating that a no-cost extension for these services would be implemented for the time period of January 1, 2024 through May 31, 2024. Estimated funding for this extension is approximately \$703,000, but the County of San Diego has not yet received notice of the exact amount we will receive for this extension. This funding will support existing HIV prevention contracts providing HIV testing, outreach, social marketing and media, health education, and linkage to ART, PrEP and PEP and other resources. Annually, these contracts provide 20,000 HIV testing encounters, 3,500 outreach encounters and 500 linkages to PrEP and PEP. During calendar year 2022, contracted websites had over 377,000 hits and social media impressions and the number of times content was displayed was over 472,000.

HRSA also funds the County of San Diego to provide an array of medical and support services for persons living with HIV through our Ryan White HIV/AIDS Treatment Extension Act funding (“Ryan White Part A”). Three of the most important services that are funded by Ryan White Part A include outpatient ambulatory health services (OAHS), oral health, and psychiatric services. OAHS medical providers prescribe and monitor antiretroviral therapy to reduce the viral load in persons living with HIV. Viral suppression is the key measure of success for a person living with HIV. Someone who is not virally suppressed would expect to have 50,000 or more copies of HIV in a milliliter of blood. However, when treated, the number can drop below 200, at which point the virus is deemed “suppressed.” When that happens, HIV can no longer do any further damage to the immune system. When a person living with HIV has been virally suppressed for six months or longer, they cannot transmit HIV sexually to anyone else. Oral Health services are an important

SUBJECT: AUTHORIZATION TO ACCEPT HIV/AIDS SERVICES GRANT FUNDING AGREEMENTS, ACCEPT HIV/AIDS NO COST EXTENSION AGREEMENT, EXTEND OUTPATIENT AMBULATORY HEALTH SERVICES CONTRACTS, COMPETITIVELY PROCURE FOR HIV/AIDS SERVICES AND APPLY FOR NEW FUNDING

component of health, particularly for persons living with HIV, for whom dental problems can progress more quickly, lead to reduced quality of life, and potentially interrupt HIV treatment outcomes. Likewise, Psychiatric Services for persons living with HIV can be an important component of overall health, particularly for person who experience episodic or chronic mental health conditions. Untreated, mental health conditions can diminish quality of life and interfere with treatment. Moreover, some medications used to treat mental health conditions can interact with medications needed to treat HIV, requiring expertise and ongoing monitoring. Current unduplicated enrollment in these services is just over 1,000 per year. Authorization is requested to extend eight Outpatient Ambulatory Health Services contracts for fourteen months, from January 1, 2024 through February 28, 2025. Authorization is also requested to conduct a competitive solicitation of OAHS, Oral Health and Psychiatric Services, with new services expected to begin March 1, 2025.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today’s proposed actions supports the Equity (Health) and Community (Quality of Life) Initiatives in the County of San Diego’s 2023-2028 Strategic Plan. This is accomplished by improving access to high-quality HIV testing and other prevention services that contribute to improved physical and behavioral health.

Respectfully submitted,

USE “INSERT PICTURE”
FUNCTION TO INSERT
SIGNATURE

HELEN N. ROBBINS-MEYER
Interim Chief Administrative Officer

ATTACHMENT(S)

N/A

The County of San Diego, Health and Human Service Agency (HHS)
San Diego HIV Planning Group
Report on Anti-Racism Assessment, Training & Recommendations
June 2023

Prepared by Equity & Impact Solutions

Executive Summary

In collaboration with the San Diego County's Health & Human Services Agency, the San Diego (SD) HIV Planning Group (HPG) is dedicated to assist in the design, endorsement, and implementation of a comprehensive Ending the HIV Epidemic (EHE) response plan. The SD EHE response plan provides a roadmap to addressing the HIV epidemic in SD County, ensuring that the communities disproportionately impacted by the HIV epidemic have a voice in the planning of and implementation of the local response. To support with SD EHE's plan, the SD HPG is responsible for planning services for people living with and affected by HIV/AIDS in San Diego, and for allocating funding for these services under the federal Ryan White HIV/AIDS Treatment Extension Act of 2009 (RWTEA), Parts A and B.¹ Comprised of community members and HIV service providers, the SD HPG has a vision for creating a supportive environment where all members can feel heard, valued, and respected, and are encouraged to contribute; particularly as it pertains to ensure communities most impacted by the HIV epidemic have equitable access to HIV prevention and care and other essential services. The San Diego County Health & Human Services Agency contracted with Equity & Impact Solutions, a Black and women-owned consulting firm, to assess the needs of the SD HPG to successfully develop an antiracism approach in their work, develop and deliver anti-racism training, and offer recommendations to improve the SD HPG's equity efforts.

Acknowledging the existence and impact of systemic racism, socioeconomic disparities, and inequities experienced in Black and Hispanic/Latinx communities, the San Diego HIV Planning Group is utilizing the principles of justice, equity, diversity, and inclusion as a framework for mindful practice and systems among HPG members, contracted HIV Service providers, and community partners of interest. Racism has been deemed as a public health concern and is a barrier for culturally responsive and relevant delivery of HIV prevention and care services. Creating a strategy that addresses racism is critical to ensure that those most impacted by the HIV epidemic are engaged and heard.

1

https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/hiv_std_hepatitis_branch/HIV_Planning_Group/Welcome/

Introduction & Background

The mission of the San Diego (SD) HIV Planning Group (HPG) is to plan for the delivery of HIV services throughout the continuum of care to reduce the impact of HIV. The SD HPG is responsible for planning services for people infected and affected by HIV/AIDS in SD, and for allocating funding for these services under the federal Ryan White HIV/AIDS Treatment Extension Act of 2009 (RWTEA), Parts A and B. All meetings of the SD HPG and its committees are open to the public. Comprised of 44 members who represent specific seats, the SD HPG members are appointed by the SD County Board of Supervisors. One-third of the SD HPG members must be “unaffiliated consumers” defined as someone who:

- Receives HIV-related services from at least one Ryan White Part-A funded provider;
- Is not an officer, employee, or consultant to any agency receiving Ryan White Part A funds, and do not represent such an entity; and
- Reflects the demographics of the population of individuals living with HIV/AIDS in San Diego County.²

San Diego county has the third highest HIV rates the state of California (472.9 per 100,000 residents)³, Black/African American (32.8 per 100,000 residents) and Hispanic/Latino (23.3 per 100,000 residents) persons aged 13 years and older are disproportionately impacted.⁴ Based on the data, the voices of Black/African American and Hispanic/Latino are critical. In collaboration with the SD County’s Health & Human Services Agency (HHSA), the SD HPG is dedicated to creating and supporting an inclusive culture for members and others supporting HIV service contractors, with the commitment to:

- Giving all HPG members an equal voice in developing policy;
- Honoring diverse views;
- Including representatives from communities affected by HIV in San Diego County; and
- Ensuring our HPG membership and the HIV workforce of our supporting HIV service contractors are reflective of those living with and at higher risk for HIV in San Diego County.

While understanding the existence and impact of systemic racism, socioeconomic disparities, and inequities experienced in communities of color, the SD HPG has a vision for creating a supportive environment where all members can feel heard, valued, and respected, and are encouraged to contribute. SD HPG’s mission statement is to use the principles of justice, equity, diversity, and inclusion (JEDI) as a framework for mindful practice among HPG members, contracted HIV Service providers, and stakeholders. The JEDI principles consist of the following:

- Affirm the right to dignity & strive to keep mutual respect for each other
- Value and celebrate cultural diversity of HPG
- Adapt responsibly to cultural differences (Cultural differences are commonly defined as the various beliefs, behaviors, languages, practices and expressions considered unique to members of a specific ethnicity, race or national origin.)
- Acknowledge historical & divisive biases based on race, ethnicity, sex, gender identity, age, disability, sexual orientation, religion, and political beliefs & seek understanding among individuals and groups
- Continue commitment to achieving proportional demographic representation among the HPG and its HIV service contractor workforce
- Commit to promoting & supporting a community where all people can work and learn together in a safe & welcoming place

²https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/hiv_std_hepatitis_branch/HIV_Planning_Group/HPG_About_Us.html

³<https://www.chprc.org/ehe-map/>

⁴https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/CHS/dips/HIVAIDS_Slide%20Set_08.22.pdf

- Reject acts of any discrimination and will address/respond to such acts appropriately
- Affirm the right to freedom of expression at the HPG
- Commit to the development & enforcement of policies that promote the fulfillment of these principles

To support with operationalizing the JEDI principles, Equity & Impact Solutions provided a three-hour anti-racism training. Prior to the three-hour training, Equity & Impact Solutions conducted interviews (see Appendix A for interview questions) with various HPG members to further inform the training's content and design.

Interview Findings

Equity & Impact Solutions interviewed 6 HPG members, with lengths of time involved with the SD HPG ranging from 5yrs – 23yrs. HPG members expressed the need for integrating the JEDI Principles in their efforts including their Ending the HIV Epidemic (EHE) response plan. Based on responses, many interviewees reported low representation of youth and people of color involved, though 56% of the SD HPG members identify as Latinx/Hispanic. Inequities such as the low representation of key community members can be a result of the power imbalance within the HPG, as there are significantly more HIV providers than community members on the planning body. Some of the interviewed HPG members saw the need for more efforts addressing social determinants of health and bureaucratic red tape to help increase community involvement. Conflict between some HPG members has been seen as a reason for the resignation of past members, specifically out of fear of being deemed as 'racism' by disgruntled HPG and community members. People from diverse backgrounds often have unique experiences shaped by their racial or ethnic identities. These experiences can influence their perception of what constitutes racism. HPG leadership that was interviewed discussed the need for strategies and approaches to respond to these instances of being 'called out' with respect and an open mind to engage in constructive dialogue, actively listen, and learn from others' perspectives.

Interviewed HPG members shared that email communications have helped with making HPG members feel included as well as having access to pertinent information. HPG members also do phone check-ins to gauge how members are doing or their involvement in the HPG and acknowledge HPG members' birthdays at each monthly meeting. Expressed desired outcomes for the SD HPG included – robust participation, more involvement from community members/consumers, increased productivity, and strategy for addressing racial and health inequities.

Technical Assistance Approach

The training was held in-person on March 22, 2023, from 10:30am – 1:30pm. Addressing anti-racism can seem intimidating and complex and can elicit strong emotions and opinions. The interactive training introduced participants to guiding theoretical frameworks to support with implementing the JEDI principles and activities to initiate immediate next steps. Training objectives included:

- Review Anti-Racism Frameworks, Theories, and Approaches
- Contextualize the HIV Response and How to End HIV by Responding to Racism
- Identify ways to operationalize anti-racism approaches in San Diego's HPG work over the next 12 months
- Discuss strategies that ensure safety in having conversations about racism

To conduct a training on a sensitive topic, Equity & Impact Solutions utilized two theoretical frameworks, Equity Centered Decision-Making, and Arnstein's Ladder of Participation, helping to facilitate meaningful discussions of strategies/next steps for the SD HPG to effectively operationalize the identified JEDI Principles.

Equity-Centered Community Design is a unique creative problem-solving process based on equity, humility-building, integrating history and healing practices, addressing power dynamics, and co-creating with the community. This framework emphasizes community's culture and needs to explore ways of dismantling anti-racism, allowing for equitable opportunities in decision-making, employing the following tenets:

1. Inviting Diverse Co-Creators: Bringing together people with different perspectives, values, experiences, and expertise to a design scenario, ensuring that community members most impacted by the design scenario are not only invited but included and heard.
2. Building Humility & Empathy: Examining how our own identities, values, biases, assumptions, and relationships to power and privilege impact how we engage with ourselves, each other's, and the communities we work with.
3. Defining & Assessing Topic and Community Needs: Learning about the specific needs, goals, values, and perspectives of those community members.
4. Ideating Approaches: Brainstorming ideas for potential approaches to the topic of focus.
5. Rapid Prototyping: Bringing ideas to life.
6. Testing and Learning: Having others evaluate the prototype, gathering their feedback, and using their feedback to adjust the prototype. Testing and learning should be continuous.
7. History and Healing: Understanding the motives behind - and the potential impact, as the personal history and trauma of each individual must be considered while integrating healing practices within the process.
8. Acknowledging, Sharing, and Dismantling Power Constructs: Power must be acknowledged, dismantled, and/or shared. The sharing of power is necessary from the members with traditional access. Accepting power is beneficial for the historically under supported.⁵

Arnstein's Ladder of Participation is a guide to seeing who has power when important decisions are being made. The Ladder of Participation helps us understand the importance of moving up the ladder and increasing citizen participation to ensure that everyone's voices are heard, and their needs are met.⁶ The ladder is comprised of these participatory steps:

1. Manipulation and 2 Therapy: Both are non-participative. The aim is to cure or educate the participants. The proposed plan is best and the job of participation is to achieve public support through public relations.
2. Informing: A most important first step to legitimate participation. But too frequently the emphasis is on an one-way flow of information. No channel for feedback.
3. Consultation: A legitimate step attitude surveys, neighborhood meetings and public enquiries. But Arnstein still feels this is just a window dressing ritual.
4. Placation: It allows citizens to advise or plan ad infinitum but retains for power holders the right to judge the legitimacy or feasibility of the advice.
5. Partnership: Power is in fact redistributed through negotiation between citizens and power holders. Planning and decision-making responsibilities are shared through joint committees.
6. Delegation: Citizens holding a clear majority of seats on committees with delegated powers to make decisions. Public now has the power to assure accountability of the program to them.

⁵ <https://crxlab.org/our-approach>

⁶ <https://www.commonplace.is/blog/arnsteins-ladder-of-citizens-participation-explained#:~:text=It's%20like%20a%20ladder%2C%20with,a%20partnership%20or%20citizen%20control.&text=Think%20of%20it%20this%20way,re%20planning%20a%20surprise%20party.>

7. Citizen Control: Have-nots handle the entire job of planning, policy making and managing a program with no intermediaries between it.⁷

After being introduced to and discussing the guiding theoretical frameworks, the SD HPG members engaged in a JEDI Mapping Art Activity - to visually express ways to operationalize anti-racism approaches in the SD HPG over the next 12 months. Once creating and sharing collective JEDI visions, the SD HPG were divided in their respective sub-committees to identify 1 annual goal along with SMART objectives to meeting those goals (see Appendix C of SD HPG draft goals and objectives). Equity & Impact Solutions concluded the training by providing the SD HPG w/ tips for having conversations about race, specifically a conceptual framework called the Press Model which answers the following questions:

- Do I understand what the problem is and where it comes from?
- Do I care about the problem and the people it harmed?
- Do I know how to correct the problem and am I willing to do it?⁸

Recommendations

Whether intentional or unintentional, racism affects everyone and manifests in institutional settings, policies and procedures, and structural frameworks. The JEDI principles provide a framework for the SD HPG that will support with operationalizing anti-racism approaches to successfully diversify SD HPG membership, including its leadership. The following recommendations will further strengthen SD HPG's capacity with implementing anti-racism strategies:

- SD HPG to host or attend quarterly anti-racism trainings to continue identifying strategies and approaches that supports a culture of justice, equity, diversity, and inclusion.
- Participate in events and activities held by civic engagement groups to increase knowledge of the social, economic, and political barriers of communities disproportionately impacted by the HIV epidemic, as well as understanding other racial inequities experienced by communities.
- Avoid using stereotypical and micro-aggressive comments to ensure all HPG members are valued, seen, heard, and contributors (example of offensive terms/phrases - <https://www.throughlinegroup.com/2021/03/02/21-offensive-words-you-should-avoid/>).
- Establish accountability measures to ensure successful implementation of SD HPG's goals and objectives.
- Peer-to-peer exchange with HIV Planning Groups from other jurisdictions across the country. This helps to identify existing effective anti-racism strategies implemented by HPGs across the country.
- Document and share the HPG's strategy to respond to anti-racism internally and externally with clear goals and outcomes to monitor progress.
- Allocate long-term resources and support to HPG subcommittees and leadership to support the ongoing anti-racism work of the HPG.

Conclusion

In summary, the technical assistance provided was designed to support the SD HPG with infusing their JEDI Principles in their planning and response efforts, particularly with addressing racism to ending the HIV epidemic. The interviews conducted prior to the 3-hour training helped to inform training activities including identifying theoretical and conceptual frameworks that will leverage operationalizing the JEDI Principles. From the training, the use of Equity-Centered Decision-Making and Arnstein's Ladder of Participation helped gauge the involvement of HPG members and how their voices have been utilized to inform critical decisions. The two theoretical frameworks also help to allow space for alternate ways to

⁷ <https://www.citizenshandbook.org/arnsteinsladder.html>

⁸ <https://hbr.org/2020/09/how-to-promote-racial-equity-in-the-workplace>

give input that encourages meaningful and robust participation among HPG members, helping to diversify membership. The established goals and objectives in Appendix C were developed by HPG members and provides a roadmap to help recruit new SD HPG members with the aim to diversify its leadership and increase its members understanding of approaches to respond to racism. To be successful in this effort, on-going support and resources should be provided to support the HPG in its efforts towards centering equity in its HIV response.

Appendix A: Interview Questions

Informant Interview Guide Questions

- What does racism look, sound and feel like for you?
- How does structural racism function w/in SD's health department?
 - How does that manifest within your team/program/department?
 - How does structural racism affect SD's response to ending the HIV epidemic?
- What does equity in SD's HPG look like for you?
- How does SD HPG approach racial equity with its members?
- How does SD HPG ensure you are included?
- What has been useful and challenging in the San Diego's HPG journey towards an anti-racism approach?
- How culturally humble are HPG members?
- What are the desired outcomes HPG members have out of this training and engagement?

Appendix B: Training Agenda

Training Agenda – 10:40-1:30

10:40am – 10:50am:	Welcome, Introductions, & Group Agreements
10:50am – 11:00am	Tips to Being a Better White Ally
11:00am – 11:05am	Review of Definitions
11:05am – 11:15am	Reflection/Discussion of Pre-Work Materials <ol style="list-style-type: none">1. What were the emerging/common themes from pre-work materials?2. What ideas/thoughts can support SD HPG with implementing anti-racism approaches?3. What ideas/thoughts can help to contextualize a more equitable HIV response?
11:15am – 11:25am:	Share Back of common themes from individual assessments/interviews - <ol style="list-style-type: none">1. What was your reaction to the findings shared?2. What from the shared findings resonate with you or reminded you of personal/professional experiences?3. Do the shared findings change or shape your perspective? If so, how?
11:25am – 11:30am: Centered	Introduce Critical Race Theory, Amstein’s Ladder of Participation, and Equity- Decision-Making
11:30am – 11:45am:	JEDI Mapping Art Activity: In groups of 4-5 people, work together to provide a JEDI mapping illustration on a black newsprint/canvas, using a combination of images, metaphors, and words. This is not about fine art, but rather a way to visually express as a collective of ways to operationalize anti-racism approaches in San Diego’s HPG work over the next 12 months.
11:45am – 12:00pm:	Presentation of JEDI Mapping w/ the following discussion questions: <ol style="list-style-type: none">1. How might we support one another serving on SD’s HPG as allies?2. How might we support our White colleagues as allies3. How might we change our ways of working to create more room for imagination and creativity?4. How might we deepen relationships within SD’s HPG so that we can surface our own experiences and challenges as a planning body and support the racial equity work of SD HD?5. How might we tell the story of SD HPG’s learning journey around anti-racism in a way that contextualize SD HD’s response to ending the HIV epidemic?6. How might we promote a culture of JEDI within SD’s HPG?
12:00pm – 12:30pm	Lunch
12:30pm - 12:50pm	Goals, Objectives, and Key Results: With the guiding frameworks and based on JEDI mapping illustrations and discussions, identify 1 annual goal (or 2) along with at least 3 SMART objectives to meeting those goals. With the established objectives, provide key performance indicators that inform how objectives will be met.

- 12:50pm – 1:05pm Share Back of Goals, Objectives, Key Results
1. How confident are we with implementing discussed goals and OKRs?
 2. What support is needed to implement the discussed goals and OKRs?
 3. What will safety look like to ensure participation from all HPG members to implement the discussed goals and OKRs?
- 1:05pm – 1:15pm Provide SD HPG w/ tips for having conversations about race – PRESS Model
- 1:15pm – 1:20pm: Recommended Next Steps
- 1:20pm – 1:30pm: Questions and wrap up

Appendix C: SD HPG Anti-Racism Goals and Objectives

Background

Addressing racism is essential to ending the HIV epidemic, which require effective collaboration and communication between community members and HIV service providers. The existence and impact of systemic racism, socioeconomic disparities, and inequities affect the most vulnerable, especially Black and Hispanic/Latinx consumers. To achieve health equity and execute San Diego County's Ending the HIV Epidemic response plan, the San Diego HIV Planning Group is utilizing the principles of justice, equity, diversity, and inclusion as a framework for mindful practice among HPG members, contracted HIV Service providers, and community partners of interest. The goals and objectives developed by SD HPG with the assistance of Equity and Impact Solutions aim to meet the following commitments that supports an inclusive planning body:

- Giving all HPG members an equal voice in developing policy;
- Honoring diverse views;
- Including representatives from communities affected by HIV in San Diego County; and
- Ensuring our HPG membership and the HIV workforce of our supporting HIV service contractors are reflective of those living with and at higher risk for HIV in San Diego County.

Goals & Objectives

Goal 1: Increase communications for the SD HPG that supports an inclusive culture for members and others supporting HIV service contractors and community partners.

*To be carried out by the **SD HPG's Steering Committee**, the goal and aligned objectives are designed to meet the commitment that gives all HPG members an equal voice in developing policy which ensure equitable and evidence-based decision-making.*

- Obj: By November 2023, the SD HPG will develop a communications schedule and ensure information is shared internally to HPG members.
 - Key indicator for success - Development of an internal communications schedule
- Obj: By January 2024, the SD HPG will develop a communications schedule and ensure information is displayed externally on all media outlets
 - Key indicator for success - Development of an external communications schedule
- Obj: By March 2024, each of the HPG subcommittees will have developed a value/anti-racism statement.
 - Key indicators for success - Development of a value/anti-racism statement by each SD HPG's subcommittee; SD HPG developed an overall anti-racism statement

Goal 2: Increase community engagement by the SD HPG to garner diverse voices and perspectives from communities most impacted by the HIV epidemic.

*To be carried out by the **SD HPG's Community Engagement Committee**, the goal and aligned objectives are designed to meet the commitment in honoring diverse views that ensures a supportive environment where all members can feel heard, valued, and respected, and are encouraged to contribute.*

- Obj: By November 2023, review existing needs assessment data to gauge needs of key communities of colors to increase their leadership in SD HPG.
 - Key indicators for success: Number of existing needs assessment data reviewed; Needs identified of communities seeking to have increased involvement in SD HPG.
- Obj: By March 2024, determine support needs from key communities aiming to engage in the SD HPG.
 - Key indicators for success: Services/programs identified to support with addressing identified community needs; Community partners identified to support with addressing identified community needs;

- Obj: By March 2024, identify and support informal group networking activities in key communities disproportionately impacted by the HIV epidemic in SD County as a means to recruit diverse voices and perspectives.
 - Key indicators for success: Number of group networking activities identified; Number of group networking activities attended; Number of new HPG members recruited from group networking activities.

Goal 3: Diversify HPG membership to be reflective of communities most impacted by the HIV epidemic in San Diego County.

*Under the responsibilities of the SD HPG's **Membership Committee**, this goal and its objectives aim to meet the commitment of including representatives from communities affected by HIV in SD County, which helps to further improve upon existing response strategies to ending the HIV epidemic in SD County.*

- Obj: By November 2023, expand membership outreach in key communities such as collaborating with Project Pearl for membership recruitment.
 - Key indicators for success: Partnership/Collaboration agreement established by SD HPG and Project Pearl; Number of HPG members recruited through Project Pearl.
- Obj: By February 2024, establish a mentorship program to support new members.
 - Key indicators for success: Development of a mentorship program; Number of recruited mentors; Number of new members engaged in mentoring activities.
- Obj: By June 2024, the SD HPG will have conducted an annual assessment of members involvement in the SD HPG.
 - Key indicators for success: Development of an annual HPG membership assessment; Number of members completing the annual membership assessment.

Goal 4: Diversify the SD HPG Leadership so there are representations from communities most impacted by the HIV epidemic in San Diego County as key decision-makers.

*Under the responsibilities of the SD HPG's **Membership Committee**, this goal and its objectives aim to ensure our HPG membership, and the HIV workforce of our supporting HIV service contractors are reflective of those living with and at higher risk for HIV in San Diego County.*

- Obj: By November 2023, current HPG chairs will develop of task descriptions of the respective chair roles.
 - Key indicator of success: Development of committee co-chairs' task descriptions.
- Obj: By June 2024, gauge the capacity and confidence of new and existing HPG members to take on leadership roles.
 - Key indicators for success: Capacity building opportunities identified from HPG members seeking to assume HPG co-chair positions; Capacity building resources identified to support HPG members seeking to assume HPG co-chair positions.
- Obj: By July 2024, existing HPG chairs should begin to transition to co-chairs who are reflective of the lived experiences of the communities served, with detailed and equitable support for their work.
 - Key indicator for success: Number of new co-chairs who are reflective of the lived experiences of the communities served; Number of resources identified to support new co-chairs.

**Summary & Recommendations GTZ Community Engagement Project:
 Consumer Recommendations & Implementation 2023**

Background

The San Diego County HIV Planning Group's (HPG) *Community Engagement Project for Getting to Zero and Ending the HIV Epidemic* began in January 2020 and the recommendations continue to help to guide HPG planning and HPG committee work. The Consumer Recommendations and the 2022-23 committee progress are contained in this report. HPG has envisioned a 3-year Action Plan to incorporate this consumer feedback and 2022-23 is year 1 of this 3-year Action Plan. A total of 30 Action Items were presented for HPG Committees to address: 40% of items (12 items) were fully completed, an additional 30% (9 items) are currently in various stages of completion in the committee process, and 30% (9 items) remain not yet addressed by the committees. Items and their completion status are listed in this report. Finally, consultant observations and recommendations are provided at the end of this report.

Community Engagement Methodology

This project included **160 community participants** living with or vulnerable to HIV. Participation included: 1 large group, in-person community member event (98 participants), 2 rounds of extended key informant telephone interviews (64 participants), 12 Advisory Committee meetings, 32 small regional team meetings, and a final framework for a 3-year action plan for HPG implementation. The final action plan contains 11 recommendations for addressing consumer needs and redressing disparities in late HIV diagnoses, retention in care, and viral suppression rates.

Participant Demographics & Descriptors

- ¾ participants living with HIV, ¼ participants vulnerable to HIV
- 78% identified as MSM, 8% of participants identified as women, and 14% as Transgender/Nonbinary.
- 77% of interview participants identified as community members of color: 36% as Black/African American; 36% as Latinx; 20% as White; and 6% as Bi-racial
- Ages of participants ranged from 20-71 years of age
- Among interview participants, 70% endorsed a history of **one of the following experiences** -
 - Substance use (primarily alcohol and/or methamphetamine)
 - or homelessness & food insecurity,
 - or significant traumatic experiences
 - or mental health symptoms.
- For 11% of the 70% indicating at least one of the above difficulties, the use of drugs included injection drug use.
- Further, among the 70% endorsing at least one of above, 83% of those participants discussed a history **that included all of the above experiences** - not only drug and alcohol use, but also struggles with homelessness, food insecurity, significant traumatic experiences, and mental health symptoms.
- 90% of **those indicating all of the experiences** above also indicated periodic struggles to remain in HIV care and adherent to medication protocols.

Consumer Recommendations Overview

Participants appeared very engaged and thoughtful. Responses were focused both on broad themes including: experiences which have created and reinforced care system mistrust; the need for greater transparency and improved communication about available resources; and the need for greater access to mental health and substance use treatment resources. Participants also offered descriptions of their every-day challenges in

prioritizing their healthcare and the barriers to accessing the systems of HIV care, as well as their suggestions for improvements that might reduce those barriers. These suggestions included improved workforce representation, enhanced communications and improved access to service and health information, greater and more rapid access to mental health and substance use treatments, greater and more rapid access to basic support resources (housing, food, transportation, emergency financial assistance), improved access to peer navigators, access to social support groups, and reduced duplicative, confusing bureaucratic barriers to service.

Brief Listing Consumer Recommendations & Committee Progress thru June 2023

Recommendation 1: Acknowledge and address medical system mistrust
REPRESENTATION
1a. Ensure progress toward a contracted HIV service-delivery workforce representative of those living with and at higher risk for HIV in San Diego County and ensure ongoing recruitment, support and retention of this representative workforce
PROGRESS: Completed. Cultural Humility and Competence Standards including instruction to service providers to “Recruit staff members with lived experience at all levels of the organization and provide appropriate supports to ensure their success.”
1b. Acknowledge systemic racism, missteps, mistakes and harms of the past and ensure plans are created and implemented to ensure ongoing training to help to ensure this past is not repeated.
PROGRESS: Partially completed. Anti-racist Retreat conducted, now awaiting consultant recommendations for further training or dialogues.
1c. WORKFORCE TRAINING CULTURAL HUMILITY, TRAUMA INFORMED CARE
Provide access via links to enhanced, skill-based trainings to HIV service-delivery staff which improve the ability to consistently communicate cultural respect, knowledge, and humility , as well as the skills required for trauma-informed care .
Recommendation 2: Improve communications and outreach strategies for those living with and at higher risk for HIV who live, work or participate in historically-underserved, Low Information communities.
2a. Use multiple communications platforms and outreach strategies to better provide HIV services information to HIV community members and historically-underserved communities impacted in San Diego County, including the following HIV services information: What services are available? Where are services located? Who is eligible for services? What is the cost of services to the eligible community member? What is the contact information for scheduling or for more information? This recommendation is intended to proactively provide the information to the community rather than placing the burden of information seeking solely on consumers.
PROGRESS: Partially completed and ongoing. Enhanced Communication Plan begun and continuing weekly via email and social media. Awaiting app completion and deployment. Awaiting completion of services App.
2b. Provide increased and readily available basic health information to low information, historically-underserved community members and communities, including: What is early disease detection and why is it important? Where is HIV, HCV, STD testing available? What is PrEP and who is eligible? Importance of early connection to HIV treatment and medication, What does an undetectable viral load mean for transmission of HIV? Information regarding mental health or substance use treatment (both out-patient and residential treatment).
PROGRESS: Completed and ongoing. Health messaging via social media begun and continuing X2 monthly.
Recommendation 3: Ensure that all HIV community members have opportunities for equitable access to tele-health appointments and to participation in public meetings, address the digital disparities present for those with lower-income who are also living with or at higher risk for HIV
3a. For low-income HIV consumers, and HPG members who have not been able to access County or City digital resource programs, provide opportunities to gain access to affordable or no-cost, broadband internet connectivity and the hardware necessary to participate in healthcare appointments and public meeting opportunities.
PROGRESS: Completed and ongoing. Addressed via standards to allow telehealth to continue (as appropriate) and to provide for access to internet and hardware to those who need it.

3b. For those HIV community members who have experienced digital disparities, provide information regarding virtual training opportunities to learn digital/virtual skills that can allow them to more easily participate in virtual meetings and resources.
Recommendation 4: Provide increased mental health and alcohol/substance use treatment opportunities for those living with or at higher risk for HIV. Additionally, more widely communicate information about these opportunities to HIV community members.
4a. Coordinating with the existing harm reduction task force, provide guidance to contracted HIV service providers designed to increase the availability of harm reduction services for substance misuse treatment.
PROGRESS: Completed and ongoing. Guidance provided
4b. Expand and augment the current syringe exchange program(s) in San Diego County to allow services to be provided for an increased number of community members (including HIV community members) and to include more opportunities for connection to additional needed services (i.e., wound care, MAT, Case management, vaccinations, etc.)
PROGRESS: Completed approval syringe exchange (BOS), 2 programs up in County and ongoing.
4c. Coordinating with County drug and alcohol services personnel, ensure the design and implementation of a coordinated system for rapid response for HIV community members who desire to enter substance use residential or out-patient treatment.
4d. In light of reported treatment disruptions which often occur for those without secure housing, design and deploy more rapid interventions for consumers, particularly when insecure housing and either substance misuse or mental health symptoms are co-occurring.
4e. Investigate the current opportunities for substance use treatment for methamphetamine and, if inadequate opportunities exist, expand those available.
4f. Continue to increase the opportunities for same-site location of medical providers, mental health providers and alcohol/substance use counselors for those living with or at higher risk for HIV.
4g. In collaboration with UCSD and AETC , provide links and resources for skill-based training for HIV service personnel regarding the stigmatizing behaviors faced by substance using HIV community members and ways to reduce those stigmatizing behaviors within the health care system itself.
Recommendation 5: More consistently provide rapid access to basic support services: housing, food, transportation, emergency financial assistance including shut-off & eviction prevention. Additionally, more widely communicate information about these opportunities and the processes to access them.
5a. Chief among those mentioned above and directly related to community members' ability to meaningfully participate consistently in health care is Housing.
PROGRESS: Partially completed and continuing. Emergency Housing resources increased and continuing to monitor. Continuing to monitor PARS. Awaiting guidance/outcome of transportation recommendations.
Recommendation 6: Continue to expand the opportunities to hire, support and utilize peer navigators, peer health educators, peer outreach specialists, benefits navigators, and housing specialists.
PROGRESS: Partially completed. Peer Navigation deployed, awaiting housing case management and benefits specialists.
Recommendation 7: Design, integrate, and deploy strategies to address the stigmas faced by HIV community members including: the multiple layers of stigma faced by those living with HIV who are also Black and Latino MSM; Transgender person;, Immigrants who may be under-documented or undocumented; those struggling with mental health symptoms or alcohol/substance use challenges or those without stable housing.
7a. Increase opportunities/programs for participation in Psychosocial Support Groups for those living with or at higher risk for HIV who may, as a function of family or community stigma, have fewer social supports.
PROGRESS: Partially completed. Provided funding for Psychosocial support groups category, but not yet deployed.
Recommendation 8: Increase the number of HIV service sites that have the capacity for whole person-whole health services including PrEP, mental health services, substance use treatment services, hormone treatment, case management, and housing resources. This should include the capacity for coordinated, integrated, same-day, appointments when requested.

PROGRESS: Partially completed. Standard approved to ensure inclusion of Transgender/Nonbinary clients and hormone treatments. Coordinated service centers include mental health and substance use treatment services. Same-day appts not yet widely available to those who prefer them.

Recommendation 9: Design, create and execute **improved community engagement and outreach strategies** that utilize community organizing principles and personal relationship building. Strategies should include: transportation and meal reimbursements, as well as appropriate and respectful incentives, engaging, interesting meeting opportunities for planning participation and routine report-outs regarding what has been done with HIV community feedback.

Recommendation 10: Revise and refine the documentation processes that create a barrier to access services for persons living with or at increased risk for HIV.

10a. Reduce the duplication of forms and paperwork required to access HIV services.

PROGRESS: Awaiting completion of reduced paperwork process for initial/renewal RW eligibility.

10b. Explore use of an electronic signature system that does not require in-person, wet signatures for eligibility or authorization forms.

PROGRESS: Not available at this time in RW or County systems.

Recommendation 11: Design and deploy a variety of brief, on-line trainings for those living with or at higher risk for HIV. Trainings include but are not be limited to: what is the HIV Planning Group and options for involvement; What is the HPG Consumer group and how to get involved; What are HPG committees and how to get involved; How to effectively advocate for the HIV community.

Additional Data

Several of the community/consumer recommendations listed above are likely familiar to HPG members as they mirror findings from other relevant sources. These findings and their sources are listed below.

- San Diego County and City remain in a “Housing Crisis” with very limited availability of “affordable” housing options, an ever-growing unhoused and insecurely housed population, as well as ten-year wait-lists for government subsidized housing options (Section 8, HOPWA). Further, in Needs Assessment data, consumers continue to endorse being insecurely housed or unhoused in concerning numbers.
- Previous findings contained in Needs Assessment data have found that in order to remain in care, priority populations need basic support services (disproportionately Black MSM, Latinx MSM, Transgender populations and additionally women, specifically black and Latinx women). These support categories include: housing, food, transportation and emergency financial assistance.
- Additionally, the need for improved access to mental health and substance use service opportunities continues to be reflected in Needs Assessment focus groups discussion and themes. Needs Assessment data contained in the Co-Occurring Conditions report also reflects rates of mental health symptoms and substance use challenges that far exceed those endorsed by the non-HIV community sample.
- Two additional data points are provided by several 2021 consumer comments to the HIV Planning Group. These include 1) the need and desire for increased availability of Peer Navigators and/or Educators and 2) the need for Psychosocial Support Groups, particularly for those without familial support in their HIV health pursuits.

Overview HPG & Committee Progress 2022-23

Below listed are the 2022-23 HPG and HPG Committee activities addressing the Consumer Recommendations.

HPG

- Continuing to build a more welcoming, inclusive and supportive HPG culture
- HPG Retreat (initial anti-racist training/dialogue completed) and awaiting consultant recommendations for further dialogue training r/e anti-racist activities)

- Approved below-listed Standards
- Approved allocations for increased Housing Funds, Psychosocial Support Groups and Peer Navigation

Strategies & Standards

- Acknowledge and Address Mistrust
 - Crafted JEDI Principles
 - Potential JEDI Task Force (awaiting future consultant recommendations regarding JEDI Trainings/Dialogue)
- Crafted and approved Standards to ensure:
 - Access to Telehealth
 - Access to Primary Care, including Transgender clients
 - Cultural humility & culturally competent care
 - * Note that this **Standard includes below language:**
 - “Clients receive education and support to advocate for what they need, speak out when their needs are not being adequately addressed, and receive timely and adequate responses and supports to address their needs.”
 - “Client support needs are assessed and reasonable accommodations are available to allow clients to participate in and receive benefit from services.”
 - “Recruit staff members with lived experience at all levels of the organization and provide appropriate supports to ensure their success.”

PSRAC

- Recommended allocations to increase access to Housing supports
- Continues to evaluate and focus upon capacity building for mental health services
- Recommended allocations for Peer Navigation and Psychosocial Support Groups

Membership

- Drafted HPG Recruitment Plan and continues to discuss list of items and to discuss in-person outreach
- Attempting to build an HPG culture of consistent, ongoing Recruitment for consumers to receive personal invitations to join HPG & HPG Committees

Communications Task Force

- Enhanced Communications Work Plan drafted which includes weekly emails and social media posts. Work to target and expand lists continues.

2022-23 Completed Tasks

Below listed are the specific tasks enumerated in this first Action Plan year and progress to date. (Initial Tasks Assigned are described in Bold)

1. **Completed initial retreat and awaiting consultant recommendations for ongoing trainings/dialogue, Completed Steering, Strategies, HPG. JEDI Principles & Taskforce.**
2. **Completed, Strategies, HPG. Equitable Access Telehealth: Updating Primary Care standards** to ensure that clients, if interested, can participate in virtual medical visits, including provision of necessary equipment and Internet access
3. **Completed, Strategies, HPG. Updating Primary Care standards** to include requirements for **servicing transgender clients**, including whole-person care, hormone therapy and STD testing and treatment.
4. **Completed, Strategies, HPG. Updating Client Rights and Responsibilities** to support inclusion of **family members/chosen others in supporting care.**
5. **Completed, Strategies, HPG. Cultural Humility & Competency: Updated Universal Standards including recruitment and retention of those with lived experience.**
6. **Completed, Strategies, PSRAC.** Requested expanded and completed epi data (including demographic data) and continuum of care (viral loads) as well as multivariate analysis. Strategies and Standards Committee to

identify any additional data needs to support planning and implementation of services to reduce disparities in health outcomes.

7. ***Completed, Steering and HPG.*** Establish clear processes and timelines for addressing requests from the public to the HIV Planning Group
8. ***Completed Membership. (for on-line recruitment, now discussing in-person recruitment)*** *With Community Engagement Committee, further develop and implement a Recruitment Plan for recruitment
9. ***Completed and ongoing, Communications.*** Develop and communicate a list of community engagement opportunities beyond the HIV Planning Group.
10. ***Completed and ongoing, Communications. Continue to refine frequency based on need as further described below.*** The frequency and modes of communications for Communications Plan.
11. ***Completed and ongoing, Communications. Continue to review: Post HPG meeting ICYMI emails, Community Events and participation emails at least twice monthly; HIV monthly themes(CDC); membership recruitment for HPG and committees once monthly*** Describe the types of messages that will be communicated
12. ***Completed and ongoing, Communications. Continue to review use of Instagram, Facebook, Twitter: Strategies for membership recruitment for HPG and committees and community awareness of HPG*** Describe strategies for use of social media platforms

Items in active committee process

1. ****In process; Trauma-Informed Care components draft to be submitted in August Strategies Committee.***
2. ****Strategies - Strategies and Standards Committee to review models and resource requirements that would support drop-in services for primary care, mental health, and substance use treatment. In process currently with contract awarded. Services began March 01 2023. Awaiting data to evaluate resource requirements, particularly with regard to drop-in mental health, substance use treatments.***
3. ****Strategies - Strategies and Standards Committee to explore the feasibility and effectiveness of further expanding HIV testing into nontraditional testing sites. In process currently with RFP/Award. Awaiting data to evaluate resources and effectiveness.***
4. ****Steering - Completed and awaiting ongoing consultant recommendations.*** Participate in HPG retreat focused on GTZ Recommendation1: Acknowledge and Address Mistrust (JEDI Principles & Task Force)
5. **** Membership - Discuss the feasibility and desirability of focusing recruitment efforts for service provider seats on frontline staff rather than supervisorial or managerial staff. Membership Committee discussing feasibility now.***
6. ****Community Engagement Committee - Membership committee with Community Engagement Committee to develop Community Engagement Outreach Plan. in process for in-person out-reach plans.***
7. ****Communications – Outline strategies for in-person and on-line outreach. Communications Task Force Currently working on continuing to identify on-line influencers and providers willing to help increase list for communications***
8. ****Communications- Strategies to expand and create consistent culturally respectful communications into high mistrust, low information communities, including communications in Spanish. Communications Task Force has identified review process for accuracy and appropriateness for Spanish translation but requires further standardization.***

Remaining Tasks Not yet addressed.

1. ****Not yet addressed. Strategies and Standards Committee*** to Update standards for emergency financial assistance to identify circumstances where same-day response is warranted
2. ****Not yet addressed. Strategies and Standards Committee*** to incorporate strategies for dismantling HIV-related stigma among Black, Hispanic and transgender persons living with or vulnerable to HIV
3. ****Not yet addressed Strategies and Standards Committee*** to review and re- evaluate eligibility criteria for basic needs support

4. *Not yet addressed. **Strategies and Standards Committee** to explore the potential effectiveness and feasibility of funding **mobile health clinics**
5. *Not yet addressed. **Steering Committee** - Discuss the feasibility and desirability of developing **an online orientation and training** for members of the HIV Planning Group
6. *Not yet addressed. ***Membership, Steering** - Strategies to **develop and maintain relationships in neighborhoods** and communities and to involve existing groups and community leaders
7. *Not yet addressed. **Steering** - develop an **evaluation plan** for the communications plan
8. *Not yet fully addressed. **Communications Task Force** - Strategies for development and dissemination of **printed materials**
9. *Not yet fully addressed. **Communications Task Force** - Needs standardization. *Strategies for ensuring that all messaging is accessible to people regardless of **literacy levels or health literacy levels**

Consultant Observations & Recommendations – HPG and HPG Committee Ongoing work

This year HPG and its committees, with the help of HPG support staff, has completed 40% of the 3-year Action Plan items, with an additional 30% introduced into the committee process. This is indeed an encouraging and promising beginning! However, with HPG membership at a reduced number of members (27) and a reduced number of committee participants (especially Membership and Community Engagement Committees), it appeared challenging for many members to consistently participate as fully as they would like. Further complicating this has been the recent transitions in HPG support staff personnel and the return to in-person meetings, which created the additional time demands of travel for members and staff. Additionally, next year (2024) brings the end of the HPG terms of ¼ of the current HPG members. Those members terming out are primarily long-term members, many of whom are existing committee members and chairs. These circumstances underline the **need for HPG recruitment, particularly consumer recruitment.**

Recruitment and Training. Consumer recruitment for both HPG and HPG committees seems a priority concern for HPG and likely will require active participation and focus by all HPG members and service providers. In addition, to better ensure success, recruitment will also be accompanied by a need for enhanced training and support. As longer-term members step back to provide training and support, newer members can more confidently step forward to begin their participation and leadership.

Consultant Recommendations for 2023-2024 work

1. Focus upon building the HPG recruitment culture, including fully utilizing the successful Project PEARL program. This focus can include encouraging all HPG members and service providers to reach out to consumers who may be interested in opportunities to participate in HPG and/or it's committees and personally invite them to apply to HPG.
 - a. It may be the case that small recruitment events (perhaps held in a variety of provider identified support groups in all regions) may also be effective.
2. Continue to focus upon building and sustaining a welcoming, inclusive, and supportive HPG culture
3. Continue to complete work on items (listed above) that are still in the committee processes
 - a. As a part of that work - receive consultant recommendations regarding trainings, dialogues r/e anti-racist work and begin to implement
4. Begin the designated committee work on items not yet addressed (listed above)
5. **Note:**
 - a. Unfinished work remains on Recommendation 10 - bureaucratic duplication for enrollment/recertification – Continue to routinely check on estimated completion
 - b. Unfinished work remains on Recommendation 2a - Services Availability application – Continue to routinely check on estimated completion

- c. Unfinished work remains on transportation service recommendation(s) – continue to check on progress
 - d. **Note also** the periodic consumer comments this year about difficulties in accessing mental health services including: uncertainties about whom to call to access, delays of weeks to obtain initial appointments and difficulties in scheduling timely routine appointments once treatment begins. It may be the case that Strategies and Standards needs to review and address Standards of Care for mental health services.
6. In both Steering Committee and Strategies Committees - Begin to discuss potential strategies to comprehensively address the ongoing, multiple **stigmas** encountered by HIV consumers/community members.
 7. As MediCal recipients renew and MediCal itself expands eligibility and enhanced services, the potential for decreased demands for RW Part A services exists. HPG can monitor service utilization and explore any potential for increasing funds in other service categories. If funds are available for the basic support services categories, it may help those with the greatest need to more consistently remain in care.

2023 Work Plan
HPG, Steering Committee, and Support Staff

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPGSS	• RECIPIENT ACTIVITY
January	<ul style="list-style-type: none"> • Review and approve HPG meeting calendar • Review In-person meeting plan • Elect HPG Vice-Chair • Training: HPG Roles and responsibilities and Membership recruiting 	<ul style="list-style-type: none"> • Data Requests to Recipient • Work with PSRAC to review Needs Assessment: Should the cycle be reset and how will this be implemented? • Plan to complete ad hoc Bylaws update • Set meeting locations • Review and approve 2022 meeting calendar • Review HPG Work plan • Review HPG Training Schedule • Finalize Training/Consultation on discrimination/anti-racism as related to Implementation of JEDI Principles 	<ul style="list-style-type: none"> • Distribute Committees meeting calendar • Implement in-person meetings (Set up, Food, Gas card distribution) • Develop HPG and Steering Committee training schedule • Track status of ad hoc bylaws • Begin developing KF documents for PSRAC • <u>Confirm with HPG Chair and reserve The Center or other venue for HPG Retreat on March 29, 2022 10:00 a.m. – 2:00 p.m.;</u> • <u>Ensure Strategies, Steering or whatever appropriate Committees or Task Group are working on</u> 	<ul style="list-style-type: none"> •

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPGSS	• RECIPIENT ACTIVITY
			California Integrated Strategic Plan Phase-2 document <ul style="list-style-type: none"> • Work with Chair to plan draft agenda for HPG retreat 	
February	<ul style="list-style-type: none"> • Training: Transgender community - From Support Staff and Recipient's Office - Data available for RW planning; Programs and resource available in the HIV community • Planning for Regional Community Meetings 	<ul style="list-style-type: none"> • Discuss plan for 2023 Integrated HIV prevention and Care plan • Review timing for updating of Service Standards • Work with Recipients office re NOA and letter to BOS to accept funds • Membership Recruitment Plan • Work with HSHB to ensure training for Providers to educate Consumers about all changes to Temporary Housing assistance. • Confirm agenda for HPG Retreat (March 29, 2022 10:00 a.m. – 2:00 p.m.;) that includes antiracism training 	<ul style="list-style-type: none"> • Watch for RW NOA FY23 • Continue developing KF documents for PSRAC • Send out information re Form 700, HPG COI Disclosure Form, 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) • "HHS Advisory Board/Committee Annual Review" form (ref County Policy A-74) every other year; next due 2024. 	<ul style="list-style-type: none"> •

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPGSS	• RECIPIENT ACTIVITY
March	<ul style="list-style-type: none"> • HPG Retreat (March 29, 2022 10:00 a.m. – 2:00 p.m.); Antiracism training • Form 700, COI disclosure, and Ethics training • Accept RW FY23 Funds; Approve letter to BOS to accept funds • Reallocation based on FY23 funding award, if needed • Training: Ending the HIV Epidemic (EHE) update • Training (prior to Priority Ranking process): From County Counsel, General Conflict of Interest (COI) Training for HPG and Committee members 	<ul style="list-style-type: none"> • Update from MSEG on plan to update service standards • Review recommendation of the ad hoc Bylaws and procedures and make recommendation to the HPG • Review Procedures for HPG and committees • Decide if HPG will develop a local Integrated HIV prevention and Care plan in 2023 to supplement Statewide 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 for all HPG members; Ethics training due for some HPG members 	<ul style="list-style-type: none"> • Submit Ryan White Service Report (RSR)
April	<ul style="list-style-type: none"> • Training: From Aging and Independent Services; Assistance available for finding assisted living facilities • Training: From Community Based Organization (CBO); Service available for aging PLWH and needs of long-term survivors • 	<ul style="list-style-type: none"> • Once new Bylaws are approved, review and adopt P&P for HPG and Committees 	<ul style="list-style-type: none"> • Continue developing KF documents for PSRAC • Start preparing logistics for weekly PSRAC in June and July 	<ul style="list-style-type: none"> •

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPGSS	• RECIPIENT ACTIVITY
May	<ul style="list-style-type: none"> • Training: From Recipient's Office; RW Parts C, D, and F and how they interact with Parts A & B 	<ul style="list-style-type: none"> • Review and consider Policies & procedures • Review plan for assessment of the Administrative Mechanism • Plan for Training outside regular HPG meeting time: Using Data for Decision Making (D. Jacobs ?) 	<ul style="list-style-type: none"> • Convene past Truax recipients and start planning 2023 Truax Awards • FY23 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 "HHS 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 • Training: Border Health (2023) • Training: Biomedical prevention topic 	<ul style="list-style-type: none"> • Make recommendation to HPG for Core Medical Services Waiver (if requested) • Formal review of progress on GTZ 	<ul style="list-style-type: none"> • Work with Recipient to determine if HPG recommendation for Core Medical Services Waiver will be requested 	<ul style="list-style-type: none"> •

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPGSS	• RECIPIENT ACTIVITY
		<ul style="list-style-type: none"> Community Engagement Plan 	<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 23 Funding Reallocations (if needed) Vote on FY24 Service Priority Rankings Start voting on FY24 Funding Allocations 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Begin working on RW non-competitive renewal application 	<ul style="list-style-type: none">
August	<ul style="list-style-type: none"> FY 23 Funding Reallocations (if needed) Final FY24 Funding Allocations in Level and Reduction Funding Scenarios 	<ul style="list-style-type: none"> Consider authorization to request 5% increase to RW Funding for FY24 (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 23 Funding Reallocations (if needed) Approve planned use of funds in carryover request Final Assessment of the Administrative Mechanism Members review RW non-competitive renewal application (If needed, Action: Apply for 5% increase in RW Part A funds) 	<ul style="list-style-type: none"> Plan HPG retreat 	<ul style="list-style-type: none"> Chairs signature on Waiver of Core medical if needed Chair signature on Letter of Concurrence for Noncompeting continuing review (or Part A application when applicable) 	<ul style="list-style-type: none"> Carryover Request

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPGSS	• RECIPIENT ACTIVITY
			<ul style="list-style-type: none"> • Begin preparations for HPG retreat 	
October	<ul style="list-style-type: none"> • FY 23 Funding Reallocations (if needed) • Training: New HPG and Committee members COI P&P and form 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • New Member Orientation • Continue to prepare for HPG retreat • Start developing 2024 Work Plan 	<ul style="list-style-type: none"> •
November	<ul style="list-style-type: none"> • FY 23 Funding Reallocations (if needed) • HPG Retreat OR Training: Biomedical Prevention topics 	<ul style="list-style-type: none"> • 2024 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 23 Funding Reallocations (if needed) • Truax Awards • 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •

Committee Reports – September 2023

Medical Standards and Evaluation Committee (MSEC):

The Medical Standards and Evaluation Committee (MSEC) met on September 19, 2023.

Getting to Zero (GTZ) Community Engagement: The Summary & Recommendations GTZ Community Engagement Project 2023 document was shared with and reviewed by members. The report contains no recommendations that are specifically assigned to MSEC; however, MSEC will keep the recommendations in mind during future business and ensure that medical service standards include mechanisms for clinics to receive and respond to client input. Previously, MSEC considered two recommendations from Dr. Delores Jacobs, which included: 1) how to better coordinate availability of non-urgent primary care, case management, and mental health services (e.g., batched appointments) and 2) how to achieve increased availability of drop-in/after hours. While MSEC is supportive of actions that facilitate engagement in care, no actions are ongoing or planned with respect to these items, as the Committee has concerns about making recommendations for which clinics may not have the necessary resources to implement.

Ryan White Primary Care Practice Guidelines Revision: MSEC spent most of the time during the last meeting deliberating over a draft revision of the Ryan White Primary Care Practice Guidelines, which were last updated/ revised on September 22, 2021. The document will be further revised, based on the input obtained, and the final draft will be reviewed at the next meeting on November 14, 2023, with the goal of approval by the HIV Planning Group before the end of the calendar year.

The next meeting will take place on November 14, 2023, from 4:00-5:30pm at the Southeastern Live Well Center on 5101 Market Street, San Diego, CA 92114. Priority activities will include: 1) review and approval of the final draft version of the practice guidelines and 2) review of the chart review tool that will be used for the next Ryan White Quality Assurance Chart Review.

Priority Setting & Resource Allocation Committee (PSRAC):

In addition to the Action Sheet detailing the reallocations approved, PSRAC decide upon the Need Assessment process for Survey of HIV Impact for 2024.

There will be two joint task forces (From Strategies and PSRAC): 1) working on the construction/revision of the Survey of HIV Impact and 2) working to conduct outreach and distribution of the survey once completed. The first task force will be co-chaired by Shannon Ransom and Dr. Beth Davenport and so far includes Dr. Ken Riley. The second task force will be co-chaired by individuals with lived experience who have yet to be named. These 2nd task force co-chairs and members will also be members from the consumer engagement group and/or general HPG members with lived experience living or working with those living with HIV.

Survey construction will begin in October 2023, and be completed on or about 12/31/23. Following completion, in January 2024 the survey instrument will go to the Consumer Engagement committee for comment, as well as to PSRAC, Strategies and the Steering Committees. Finally it will be provided for comment to HPG in January. When finalized, in February the survey instrument will be translated into Spanish for both online and paper and pencil distribution. Hopefully distribution will begin on or about March 01,2024.

Any HPG members interested in volunteering for either of the two task forces is encouraged and invited to send an email expressing their desired task force participation (Survey construction or outreach distribution) to Shannon Ransom before October 15.

Membership Committee:

None

Committee Reports – September 2023

Steering Committee:

None

Community Engagement Committee (CEG):

None

Strategies and Standards Committee:

None



County of San Diego

ERIC C. MCDONALD, MD, MPH, FACEP
INTERIM AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES
5469 KEARNY VILLA ROAD, SUITE 2000, MAIL STOP P-578
SAN DIEGO, CA 92123
(619) 531-5800 • FAX (619) 542-4186

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

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

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

Updates are **in bold**.

Items for HPG Follow-Up

- None.

Coronavirus (COVID-19) Impacts and Updates

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

MPOX (Monkeypox) Updates

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

Ryan White Parts A/HRSA Updates/Clinical Quality Management

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

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

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

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

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

Ryan White Part B

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

Ending the HIV Epidemic (HRSA 20-078)

- The federal Ending the HIV Epidemic (EHE) initiative focuses on achieving two ambitious goals: a 75% reduction in new HIV infections by 2025 and a 90% reduction in new HIV infections by 2030.
- HRSA conducted a comprehensive site visit from March 14-16, 2023. We are awaiting the final report that will be shared with HPG once received.

- The site visit report was received on May 18. A corrective action plan addressing the findings was submitted to HRSA and we are awaiting the Officer feedback. The Project Officer had returned the Corrective Action Plan to us, which we updated and resent to HRSA. The updated Corrective Action Plan was approved by HRSA on September 8, 2023.
- A new notice of award of \$343,068.00 was received on 1/24/2023 for Budget Period Start Date 03/01/2023 - End Date 02/28/2024. Final notice of award for Budget Period Date 03/01/2023 – End Date 02/28/2024 was received on 03/24/2023 and the total amount is \$2,555,761.00.
- EHE has funded a Leadership Training Program with the goal of engaging persons living with HIV infection in the community planning process. This includes having a role in priority setting and resource allocations, establishing service standards, in efforts to ensure that persons living with HIV receive high quality services to improve retention in care and viral suppression. Training with the pilot group began on 8/30/22. Seven participants attended each module in the month of September, and they all completed the training session. Cohort 1 of Leadership Training began on 11/7/2022 with a total of 13 participants registered and 9 participants attended and completed the session(s). Recruitment for the second cohort began in December and this cohort will be facilitated in Spanish. Out of the 9 participants who completed the first cohort of the Leadership Training, two were selected to apply for HPG as their community-based project (CBP), one decided to do outreach and six were selected as training facilitators. Recruitment for the second cohort began on 12/13/22 and as of 12/16/22 there were 7 participants registered.
- The Spanish-speaking cohort of Leadership Training graduated on 02/24. Participants are working on their community-based projects in collaboration with UCSD MCAP Health Educator. Two graduates will apply to the HPG. There are also several outreach opportunities planned for the next few weeks for graduates to recruit for the upcoming June cohort.
- **The Leadership Training program completed in June the first training cohort for the fiscal year 23-24. All participants have been highly engaged in discussion throughout all Project PEARL modules. Many are showing interest in participating in the HIV Planning Group. A few participants are already thinking ahead of what they want their Community-Based Project to look like.**

CDC 18-1802

- Current CDC funding for HIV prevention (known as “PS18-1802”), called High Impact Prevention (HIP) is currently focusing on three areas:
 - Strengthening disease intervention infrastructure;
 - Expanding and providing navigation services (medical care, benefits, support services); and
 - Expanding access to syringe services for persons who inject drugs.
- From January through March 2023:
 - There were 5,556 HIV tests conducted with 16 individuals newly identified with HIV. Of those, 880 were focused tests (11 positives); 4,676 were ROOT (6 positives), and 118 were tests conducted in the detention facilities (1 positive).
- **Between January and June 2023:**
 - **PrEP navigators served 455 individuals who requested help accessing HIV PrEP. Among those who had not yet seen a PrEP prescriber, navigators linked 92% (412/448) to appropriate medical care resulting in 353 individuals newly initiating PrEP. Of 455 served: MSM 87%, MSM/PWID <1%, Other sex risk 12%; 91% male, 5% female, 3% transgender, 1% other/unknown; 48% Hispanic, White 24%, Asian 8%, Black 6%, Unknown 13%, Native Hawaiian/Pacific Islander 1%.**
 - **Navigators also linked or re-linked 65 individuals living with HIV to medical care. Of these individuals, 26 were newly diagnosed, 32 were previously diagnosed and had fallen out of care and 7 who had not yet fallen out of care were aided in making their next appointment. Of 67 served, 65 linked: 90% MSM, 9% other sex risk, 1% MSM/PWID; 84% Male, 12% transgender, 4% Female; and 58% Hispanic, 21% White, 9% Asian, 7% Black, 3% Unknown, and 1% Native American.**
 - **Contractors outreached to 1,679 persons vulnerable to HIV and 40 persons living with HIV during the first half of 2023.**
 - **Contractors also successfully engaged and provided follow-up checks with 101 condom distribution sites throughout San Diego County frequented by people vulnerable to HIV infection.**
 - **Social media efforts aimed at providing PrEP and PEP information to social/sexual networking sites resulted in 123,926 regional website hits, 44,134 interactions/ impressions, and 9,197 followers on social media.**
 - **Syringe services were provided to 1,149 individuals during 3,682 sessions.**

Ending the HIV Epidemic (CDC PS20-2010)

- CDC Ending the HIV Epidemic (CDC EHE) is part of the federal Ending the HIV Epidemic Initiative to reduce new HIV infections in the United States by 75% in the next five years and by 90% in the next ten years.
- In 2020, HSHB was awarded \$1.9 million per year for five years to implement comprehensive HIV programs, that complement existing programs, such as CDC prevention, Ryan White and other HHS programs to accelerate efforts to reduce new HIV infections across San Diego County.
- **The Recipient's office has been actively procuring services to implement CDC EHE activities. Three contracts have been awarded as of 8/30/23:**
 - **Comprehensive HIV Prevention Services for Persons Who Inject Drugs:**
 - **Contract was awarded to Family Health Centers of San Diego. Funding will support the foundation of expansion of high-quality, stigma-free, community-based harm reduction services to underserved areas of the County. Services will aim to reduce barriers to HIV, STD and HCV testing and treatment, identify individuals who are at risk of HIV acquisition and link them to needed services, and increase referrals to behavioral and social support services.**
 - **HIV Prevention and Care Services for Transgender Persons**
 - **Contract was awarded to San Ysidro Health. Funding will support enhancement of their existing transgender system of healthcare which includes PrEP, HIV treatment, primary care, care coordination services, and linkages to evidence-based harm reduction services and social support services.**
 - **Benefits Navigation**
 - **Contract was awarded to Family Health Centers of San Diego. Funding will support HIV positive and negative individuals identify and enroll in timely, essential, and appropriate HIV-related medical and social services. Emphasis will be placed on assisting individuals experiencing unique and complex challenges engaging with health and social support systems.**
 - **Two additional procurements are in process:**
 - **Implementation Grants for Routine Optout Testing**
 - **Currently in the contract negotiations process.**
 - **Funding will help establish new service delivery systems for conducting routine HIV testing in settings that that are not**

currently conducting routine HIV testing (ex. emergency departments).

- **Mobile PrEP Services**
 - Currently in the contract awarding process.
 - Funding will aim to increase access to PrEP, provide culturally and gender responsive PrEP related services, and reduce disparities for our focus populations across the County via mobile units, street-based PrEP teams, and PrEP champions.

Status Neutral Approaches to Improve HIV Prevention and Health Outcomes for Racial and Ethnic Minorities - Implementation Sites (HRSA 23-126)

- HSHB was awarded funding from HRSA to develop and implement a “status-neutral approach” to HIV service delivery for racial and ethnic minorities. Status-neutral refers to an approach for systems design that integrates HIV testing, care, treatment and prevention into a single system, thus breaking down the silos between HIV care and HIV prevention. For a long time, one of the limits of our HIV prevention efforts has been the much smaller amount of funding we received for prevention when compared with the funding we receive for care and treatment.
- Deploying three major activities:
 - Deploy care coordination/case management services for persons vulnerable to HIV acquisition, providing us with an opportunity to engage in more substantial work with HIV-negative persons who might need additional support due to housing status, mental health, substance use or disability.
 - Deploy a Social Networking Strategy (SNS). SNS is an evidence-based approach to identify, engage, and motivate people who are unaware of their status to accept HIV testing and engage in available care and prevention services.
 - Support our HIV Planning Group in shifting its approach to encompass a status-neutral approach by updating its service standards and reducing or eliminating distinctions between services for persons living with HIV and persons who are vulnerable to HIV.
- **The total award for the first year is \$500,000, and \$375,000 in years 2 and 3.**

Service Utilization

- **Ryan White Parts A and B**
 - **Ryan White Part A Service Utilization Report provides data regarding clients and service utilization through August 31, 2023.**
 - **To date, the Ryan White Part A system of care provided services to 2,540 clients. This number represents a slight decrease in the number of clients served during the prior grant period, which was 2,588.**
 - **Viral suppression of clients receiving services in the month of August 2023 was 94% for clients who have viral load tests documented in ARIES.**
 - **HSHB continues to assess the capacity of the Ryan White system on a monthly basis in critical core medical services. We also include non-medical case management due to its important role in linking clients to needed services. The system capacity assessment looks at the availability of services by measuring the time until the third available appointment. Because of our Core Medical Services Waiver, we must ensure that there are no waiting lists for any core medical service that are longer than 30 days.**
 - **Outpatient/Ambulatory Health Services: No concerns.**
 - **Oral Health: No concerns.**
 - **Psychiatry: Seeing a waitlist in South and Southeast.**
 - **Mental Health: No concerns.**
 - **Medical Case Management: Waitlist for WICY.**
 - **Non-Medical Case Management: No concerns.**

Budget

- In general, one of the primary measures we use to assess spending is to compare the percent of the year elapsed with the percent of the service category that has been spent. For a 12-month period, around 8% of funding should be spent each month to ensure funding is fully spent by the end of the grant period. When the percent of funds spent is higher than the percent of year elapsed, it means that funding might run out before the end of the grant period. When the percent of funds spent is less than the percent of the year elapsed, there is the possibility of savings and unspent grant dollars at the end of the period. For purposes of this analysis, a variance that is less than 4% (approximately two weeks) is used to determine whether service categories are displaying accelerated or slower-than-expected expenditure.
- **Ryan White Part A**

- For the period (3/1/23 – 2/29/24), **the report reflects expenditures through July, representing 41.67% of the grant period.**
- The following service categories are under target for the fiscal year:
 - Peer Navigation (29%)
 - Mental Health (33%)
 - Oral Health (31%)
- The following services are over target for the fiscal year:
 - Primary Care (74%)
 - Emergency Housing (50%)
 - Emergency Financial Assistance (52%)
- Ryan White Part B
 - For the period (4/1/22 – 3/31/23), the report reflects expenditures through July, representing 33% of the grant period.
 - No concerns.
- HIV Prevention (PS 18-1802 Funding)
 - The report reflects expenditures through July 2023, representing 58% of the funding period.
 - No concerns.
- HRSA EHE (20-078 Funding)
 - The report reflects 42% of the grant year elapsed (March 1, 2023-February 29, 2024). HRSA will allow carryover of funds from Years 1 and 2 of the project to Years 3-5.
 - No concerns.
- CDC/CDPH (PS20-2010 Funding)
 - This report reflects 100% of the grant year elapsed (August 1, 2022-July 31, 2023).
 - No Concerns.

Policy Updates

- No Updates.

July 2023 Goldenrods	Total #
# Goldenrods Received	0
# of Providers	0
# of RW-funded services provided	0
# of Clients Contacted	0
# Given permission to use information	0
# Positive Remarks	0
# Remarks Requiring Follow-Up	0

August 2023 Goldenrods	Total #
# Goldenrods Received	1
# of Providers	1
# of RW-funded services provided	0
# of Clients Contacted	1
# Given permission to use information	1
# Positive Remarks	0
# Remarks Requiring Follow-Up	1

DETAILED INTERNAL BUDGET

Program: HIV Planning Group Support-County
Year: RW 2023

DETAILED INTERNAL BUDGET

Budget Period: 03/01/2023 to 2/28/2024
CFDA#: 93.914
Updated - 3/2023 Expenditures for 06/2023 Meeting

TASK 008 S&S
TASK 026 S&B
TASK 001 Office Expenses/Zoom/Equipment

		% of Year Elapsed	41.65%		41.65% Elapsed	
		Budget Revision 5/11/23	Expenditures July 2023	YTD Total Expenditures	Expended	Remaining Balance
Personnel Expenses (Salary&Benefits)		\$ 251,492.00	\$ 35,704.50	\$ 152,902.57	60.80%	\$ 98,589.43
Needs Assessment		\$ 75,000.00		\$ -	0.00%	\$ 75,000.00
Translation Services		\$ 11,000.00	\$ 853.67	\$ 3,209.35	29.18%	\$ 7,790.65
Meeting Space		\$ -		\$ -	#DIV/0!	\$ -
Transportation, Mileage & Gas Cards		\$ 4,500.00		\$ 1,686.65	37.48%	\$ 2,813.35
Training for HPG Staff		\$ -		\$ -	#DIV/0!	\$ -
Office Supplies		\$ 4,000.00	\$ 916.82	\$ 6,995.32	174.88%	\$ (2,995.32)
Food Purchases		\$ 5,000.00	\$ 260.34	\$ 1,349.40	26.99%	\$ 3,650.60
Transcription (Written) Services		\$ 500.00		\$ -	0.00%	\$ 500.00
WebEx (monthly) 47.86 HPG charge		\$ 750.00	\$ 47.86	\$ 239.30	31.91%	\$ 510.70
Zoom (anually)		\$ 950.00		\$ -	0.00%	\$ 950.00
Equipment (Meeting Owl Office Max)		\$ 5,000.00		\$ 1,948.23	38.96%	\$ 3,051.77
Trainings/Consultants		\$ 1,500.00		\$ -	0.00%	\$ 1,500.00
WiFi (MiFi) Monthly Service @ \$286/month (6)		\$ 2,000.00	\$ 286.44	\$ 1,432.20	71.61%	\$ 567.80
Mail Chimp		\$ 504.00		\$ -		
TOTAL PC BUDGET		\$ 362,196.00	\$ 38,069.63	\$ 169,763.02	46.87%	\$ 192,432.98

RW 2023-24 PART A AWARD INFORMATION

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

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

FY23-24 ALLOCATION BREAK DOWN

Funding Source	Admin. \$	Admin. %	CQM \$	CQM %	RW 202324 Service dollars	Total	CORE Medical Services	Support Services
Part A	1,129,969	10%	315,170	3%	9,854,560	11,299,699	70%	30%
Part A MAI	66,977	9%	32,932	4%	673,246	773,155		
TOTAL	1,196,945.90		348,102.00		10,527,806.10	12,072,854.00		

Ryan White Part A Allocations

Service Categories	HRSA Ranking	Priority Ranking	RW 2023-24 HPG Allocation as of 08/11/22	%	HPG Approved Actions +/-	RW 2023-24 HPG Total as of today	%	RW 2023-24 Year to Date Expenditure	RW 2023-24 Year-to-Date - The % below is the % of the Budget Spent 41.67 of Year Elapsed/Invoiced)	RW 2023-24 Balance	Comments
Outpatient Ambulatory Health Services: Primary Care	1l	1	962,630.00	10%	\$ (110,000.00)	852,630.00	9%	629,253.13	74%	223,376.87	\$110,000 decrease by HPG 01/26/23
Outpatient Ambulatory Health Services: Medical Specialty	1l	2	273,386.00	3%		273,386.00	3%	26,115.59	10%	247,270.41	
Psychiatric Medication Management	1j	3	28,036.00	84%	(15,000.00)	13,036.00	0%	2,160.99	17%	10,875.01	\$15,000 decrease by HPG 01/26/23
Oral Health	1k	4	300,940.00	84%	(100,000.00)	200,940.00	2%	62,048.78	31%	138,891.22	\$100,000 decrease by HPG 01/26/23
Medical Case Management	1h	5	1,268,338.00	13%	(100,000.00)	1,168,338.00	12%	514,251.62	44%	654,086.38	\$100,000 decrease by HPG 01/26/23
Case Management-Non-Medical for Housing NEW		7	250,000.00	3%	-	250,000.00					
Housing: Emergency Housing	2e	8	530,000.00	5%	480,000.00	1,010,000.00	10%	502,718.60	50%	507,281.40	\$430,000 increase by HPG 01/26/23 \$50,000 increase by Recipient 07/11/23
Housing: Location, Placement and Advocacy Services NEW		9	100,000.00	1%	-	100,000.00					
Housing: Partial Assistance Rental Subsidy (PARS)	2e	10	807,507.00	100%		807,507.00	8%	318,068.57	39%	489,438.43	
Non-Medical Case Management	2h	6	392,021.00	4%		392,021.00	4%	177,203.42	45%	214,817.58	
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF)	1c	11	943,317.00	10%		943,317.00	10%	397,933.46	42%	545,383.54	
Childcare Services	2a	11a	-	0%		-	0%	-	0%	-	
Early Intervention Services: Regional Services	1c	12	800,386.00	8%	-	800,386.00	8%	346,446.69	43%	453,939.31	
Health Education & Risk Reduction	2d	12a	-	0%		-	0%	-	0%	-	
Outreach Services	2j	12b	-	0%		-	0%	-	0%	-	
Referral Services	2l	12c	-	0%		-	0%	-	0%	-	
Referral to Health and Supportive Services (Peer Navigation)		14	400,000.00	4%		400,000.00	4%	115,826.60	29%	284,173.40	
Mental Health: Counseling/Therapy & Support Groups	1j	15	1,061,062.00	11%		1,061,062.00	11%	348,298.94	33%	712,763.06	
Psychosocial Support Services		16	60,000.00	1%	(13,256.00)	46,744.00	0%	-	0%	46,744.00	\$60,000 decrease by HPG 01/26/23 \$75,759 increase by HPG 04/26/23
Substance Abuse Services: Outpatient	1m	17	315,127.00	3%	(45,000.00)	270,127.00	3%	110,177.20	41%	159,949.80	\$29,015 decrease by Recipient 07/11/23 \$45,000 decrease by HPG 01/26/23
Substance Abuse Services: Residential	2o	18	-	0%	-	-	0%	-	0%	-	

Service Categories	HRSA Ranking	Priority Ranking	RW 2023-24 HPG Allocation as of 08/11/22	%	HPG Approved Actions +/-	RW 2023-24 HPG Total as of today	%	RW 2023-24 Year to Date Expenditure	RW 2023-24 Year-to-Date - The % below is the % of the Budget Spent 41.67 of Year Elapsed/Invoiced)	RW 2023-24 Balance	Comments
Home-based Health Care Coordination	1e	19	228,500.00	2%		228,500.00	2%	112,620.08	49%	115,879.92	
Transportation: Assisted and Unassisted	2g	20	142,830.00	1%		142,830.00	1%	57,031.68	40%	85,798.32	
Food Services: Food Bank/Home-Delivered Meals	2c	21	536,073.00	5%	-	536,073.00	5%	203,262.55	38%	332,810.45	
Medical Nutrition Therapy	1i	22	35,542.00	0%		35,542.00	0%	16,625.74	47%	18,916.26	
Legal Services	2i	23	285,265.00	3%		285,265.00	3%	135,197.57	47%	150,067.43	
Emergency Financial Assistance	2b	24	28,730.00	0%	8,126.00	36,856.00	0%	19,242.10	52%	17,613.90	\$8,126 increase by Recipient 06/07/23
Home Health Care	1f	25	-	0%		-	0%	-	0%	-	
Early Intervention Services: HIV Counseling and Testing	1c	26	-	0%		-	0%	-	0%	-	
Cost-Sharing Assistance	1d	27	-	0%		-	0%	-	0%	-	
Hospice	1g	28	-	0%		-	0%	-	0%	-	
Subtotal			9,749,690.00	356%	104,870.00	9,854,560.00	96%	4,094,483.31	42%	5,760,076.69	
Ryan White Part A Minority AIDS Initiative (MAI)			RW 2023-24 Allocation as of 08/11/22		HPG Approved Actions +/-	RW 2023-24 MAI Total as of today	%	RW 2023-24 Year to Date Expenditure	RW 2023-24 Year-to-Date - The % below is the % of the Budget Spent 41.67 of Year Elapsed/Invoiced)	RW 2023-24 Balance	Comments
Case Management (Non-Medical)			71,333.00		-	71,333.00	11%	27,393.97	38%	43,939.03	
Medical Case Management			258,925.00		-	258,925.00	38%	86,261.65	33%	172,663.35	
Mental Health Services			175,739.00		-	175,739.00	26%	32,667.84	19%	143,071.16	
Outreach Services			23,337.00		-	23,337.00	3%	15,970.37	68%	7,366.63	
Substance Abuse Services (Outpatient)			43,912.00		-	43,912.00	7%	28,816.77	66%	15,095.23	
Housing: Emergency Housing			100,000.00		-	100,000.00	15%	53,855.17	54%	46,144.83	
Subtotal			673,246.00		-	673,246.00	100%	244,965.77	36%	428,280.23	
TOTAL			10,422,936.00		104,870.00	10,527,806.00		4,339,449.08	41%	6,188,356.92	

CORE and Support Services allocation break-down

	Total Allocation	Total Expenditure	Total Balance
CORE Medical Services	4,687,977.00	1,947,298.94	2,740,678.06
Support Services	5,166,583.00	2,147,184.37	3,019,398.63
TOTAL	9,854,560.00	4,094,483.31	5,760,076.69

0.00 variance

YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN AS OF JUNE 2023

RW 2223 & 2324 SERVICE DOLLAR ALLOCATIONS AND EXPENDITURES

Funding Source	RW 2022/2023 & RW 2023/2024 Service Dollars	Contract YTD Expenditure	% of Year Invoiced	% Spent	Balance	Comments
Ryan White Part B						
Outpatient Ambulatory Health Services (Medical)	407,426.00	-	33.32%	0%	407,426.00	Part A Payment Summary, Part B tracking as of July 2023 invoices.
Early Intervention Services (Expanded HIV Testing)	-	-	33.32%	-	-	
Early Intervention Services (Focused Testing)	187,900.00	71,455.87	33.32%	38%	116,444.13	Part B Payment Summary as of July 2023 invoices.
Medical Case Management (Emergency Financial Assistance)	88,858.00	41,459.00	33.32%	47%	47,399.00	Part B Payment Summary as of July 2023 invoices.
Housing (Substance Abuse Services-Residential)	259,316.00	180,557.76	33.32%	70%	78,758.24	Part B Payment Summary as of July 2023 invoices.
Non-medical Case Management (Rep Payee)	25,000.00	13,382.18	33.32%	54%	11,617.82	Part B Payment Summary as of July 2023 invoices.
CoSD Medical Case Management	403,173.24	132,430.26	33.32%	33%	270,742.98	Per Q1 April to June 2023 Qtrly invoice
CoSD Early Intervention Services	396,482.82	137,339.11	33.32%	35%	259,143.71	Per Q1 April to June 2023 Qtrly invoice
Ryan White Part B Total	1,768,156.06	576,624.18		33%	1,191,531.88	
Ryan White Part B-MAI Bridge	39,330.00	28,814.18	33%	73%	10,515.82	Part B-MAI Payment Summary as of July 2023 invoices.
Prevention 2023						
<i>Counseling and Testing</i>	180,000.00	94,965.24	58.31%	53%	85,034.76	Prevention Payment Summary as of July 2023 invoices.
<i>Evaluation/ Linkage Activities/ Needs Assessment</i>	966,008.00	439,029.61	58.31%	45%	526,978.39	Prevention Payment Summary as of July 2023 invoices.
Prevention Total	1,146,008.00	533,994.85			612,013.15	
CDPH Ending the HIV Epidemic- Component A	\$4,496,525	814,725.28	100%	18%	3,681,799.72	Per Payment Summary as of July 2023 invoices.
CDPH Ending the HIV Epidemic- Component C	\$240,000	-	0%	0.00%	240,000.00	CDPH EHE Comp C No Contract.
HRSA Ending the HIV Epidemic- 20-078 FY2324	\$2,555,761	671,737.00	41.65%	26.28%	1,884,024.00	HRSA EHE Payment Summary as of July 2023
TOTAL	10,245,780.06	2,625,895.49		26%	7,619,884.57	

SUMMARY OF SERVICES FOR FY23

Mar. 1, 2023 - Feb. 29 2024

RYAN WHITE SERVICES		Jul	End of Year Total	Prior Year Total
FY 2023-2024				
Total clients served each month	Clients	1,242		
New clients in FY23	Clients	147	2,352	2,396
Returning FY23 clients	Clients	1,095		
VIRAL LOAD SUPPRESSION				
Virally suppressed	Clients	959		
% Virally suppressed		94%		
With Test	Tests	1,025		
Without Test	Tests	217		
PART-A SERVICES				
Outpatient Ambulatory Health Services: HIV Primary Care*	Visits	177	949	665
	Clients	167	585	455
Outpatient Ambulatory Health Services: Medical Specialty Care	Visits	0	0	133
	Clients	0	0	69
Psychiatric Medication Management	Visits	0	6	9
	Clients	0	4	7
Oral Health Care: Dental Care	Visits	78	442	438
	Clients	63	204	228
Early Intervention/Integrated Services for Women, Children & Families: Coordinated Care	Visits	52	1,076	871
	Clients	22	129	117
Early Intervention/Integrated Services for Women, Children & Families: Childcare	Visits	2	13	13
	Clients	1	3	4
Early Intervention Services: Regional Services	Visits	794	3,928	3,254
	Clients	336	788	794
Early Intervention Services: Peer Navigation Services	Visits	53	1,154	312
	Clients	39	216	87
Early Intervention Services: Outreach Services	Visits	0	0	0
	Clients	0	0	0
Medical Case Management Services	Visits	852	5,054	4,394
	Clients	382	656	608

*Includes Part B funded services

SUMMARY OF SERVICES FOR FY23

Mar. 1, 2023 - Feb. 29 2024

RYAN WHITE SERVICES		Jul	End of Year Total	Prior Year Total
Home-based Health Care Coordination	Visits	70	373	345
	Clients	23	40	39
Case Management -Non-Medical	Visits	333	2,002	2,154
	Clients	166	278	291
Mental Health Services: Counseling/Therapy	Visits	325	1,635	1,258
	Clients	148	245	174
Substance Abuse Treatment Services – Residential*	Visits	0	36	62
	Clients	0	15	21
Substance Abuse Treatment Services - Outpatient	Visits	285	1,498	1,621
	Clients	46	77	70
Housing Services: Partial Assistance Rental Subsidy	Visits	14	414	545
	Clients	14	113	122
Medical Transportation Services - Assisted	Visits	0	3	3
	Clients	0	3	1
Medical Transportation Services - Unassisted	Visits	214	1,347	1,535
	Clients	156	294	354
Housing Services: Emergency Housing Assistance	Visits	69	357	385
	Clients	53	209	246
Food Services: Food Bank/ Home Delivered Meals	Meals	2256	9,922	14,346
	Clients	96	121	154
Medical Nutrition Therapy	Visits	0	49	68
	Clients	0	40	48

*Includes Part B funded services

SUMMARY OF SERVICES FOR FY23

Mar. 1, 2023 - Feb. 29 2024

RYAN WHITE SERVICES		Jul	End of Year Total	Prior Year Total
PART-A SERVICES continued				
Legal Services	Visits	15	66	81
	Clients	15	64	62
Emergency Financial Assistance	Visits	0	272	99
	Clients	0	90	36
Internet Access	Visits	0	1	1
	Clients	0	1	1
Internet Equipment	Visits	8	26	1
	Clients	8	12	1
Collateral Contacts	Visits	223	1,056	1,172
	Clients	118	317	395
MAI SERVICES				
Medical Case Management Services	Visits	155	742	464
	Clients	64	115	100
Mental Health Services: Therapy/Counseling	Visits	34	210	384
	Clients	19	52	61
Substance Abuse Treatment Services - Outpatient	Visits	48	329	84
	Clients	27	75	20
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	70	416	432
	Clients	41	72	77

*Includes Part B funded services

SUMMARY OF SERVICES FOR FY22

Mar. 1, 2022- Feb. 28, 2023

CLIENT DEMOGRAPHICS	Number of Clients	% of Client Total	Client Total
FY 2023-2024			
Race/Ethnicity			
White (not Hispanic)	515	21.90%	
Black or African American (not Hispanic)	289	12.29%	
Hispanic or Latino(a)	1403	59.65%	
Asian	31	1.32%	
American Indian/Alaska Native	6	0.26%	
Multi-Race	12	0.51%	
Native Hawaiian/Pacific Islander	27	1.15%	
Race data not in ARIES	69	2.93%	2,352
Gender			
Male	1,839	78.19%	
Female	422	17.94%	
Transgender FTM	2	0.09%	
Transgender MTF	87	3.70%	
Other	2	0.09%	
Client Refused to Report	0	0.00%	2,352
Age Categories			
< 2	18	0.77%	
02-12	9	0.38%	
13-24	51	2.17%	
25-44	865	36.78%	
45-64	1148	48.81%	
65 and over	261	11.10%	2,352
Poverty Level			
<138%	1,860	79.08%	
138-199%	261	11.10%	
200-299%	164	6.97%	
300-399%	42	1.79%	
400-499%	12	0.51%	
>500%	13	0.55%	
Financial data not in ARIES	0	0.00%	2,352
HRSA Housing Status			
Stable/Permanent	991	42.13%	
Temporary	254	10.80%	
Unstable	156	6.63%	
Housing Status not in ARIES	951	40.43%	2,352
Insurance Status			
Private	41	1.74%	
Medicaid	77	3.27%	
Medicare	416	17.69%	
Other	271	11.52%	
No Insurance	205	8.72%	
Insurance not in ARIES	1342	57.06%	2,352
San Diego Region			
Central	788	33.50%	
East	155	6.59%	
South Bay	447	19.01%	
Southeast	208	8.84%	
North Coastal	256	10.88%	
North Inland	134	5.70%	
North Central	155	6.59%	
Zip Code may be outside SD County	9	0.38%	
Zip Code not in ARIES	200	8.50%	2,352

SUMMARY OF SERVICES FOR FY23

Mar. 1, 2023 - Feb. 29 2024

RYAN WHITE SERVICES		Aug	End of Year Total	Prior Year Total
FY 2023-2024				
Total clients served each month	Clients	1366		
New clients in FY23	Clients	141	2,540	2,588
Returning FY23 clients	Clients	1225		
VIRAL LOAD SUPPRESSION				
Virally suppressed	Clients	1,087		
% Virally suppressed		94%		
With Test	Tests	1,161		
Without Test	Tests	205		
PART-A SERVICES				
Outpatient Ambulatory Health Services: HIV Primary Care*	Visits	208	1,171	833
	Clients	173	649	505
Outpatient Ambulatory Health Services: Medical Specialty Care	Visits	0	0	133
	Clients	0	0	69
Psychiatric Medication Management	Visits	2	8	9
	Clients	2	6	7
Oral Health Care: Dental Care	Visits	70	539	546
	Clients	63	243	265
Early Intervention/Integrated Services for Women, Children & Families: Coordinated Care	Visits	83	1,334	1,113
	Clients	35	137	128
Early Intervention/Integrated Services for Women, Children & Families: Childcare	Visits	1	14	48
	Clients	1	3	36
Early Intervention Services: Regional Services	Visits	873	4,806	4,048
	Clients	354	876	885
Early Intervention Services: Peer Navigation Services	Visits	69	1,523	461
	Clients	39	254	116
Early Intervention Services: Outreach Services	Visits	0	0	0
	Clients	0	0	0
Medical Case Management Services	Visits	999	6,236	5,246
	Clients	416	703	680
Home-based Health Care Coordination	Visits	87	460	406
	Clients	27	41	39
Case Management -Non-Medical	Visits	445	2,503	2,635
	Clients	202	299	303

*Includes Part B funded services

SUMMARY OF SERVICES FOR FY23

Mar. 1, 2023 - Feb. 29 2024

RYAN WHITE SERVICES		Aug	End of Year Total	Prior Year Total
Mental Health Services: Counseling/Therapy	Visits	312	1,958	1,592
	Clients	129	267	189
Substance Abuse Treatment Services – Residential*	Visits	0	36	62
	Clients	0	15	21
Substance Abuse Treatment Services - Outpatient	Visits	346	1,844	1,933
	Clients	50	83	76
Housing Services: Partial Assistance Rental Subsidy	Visits	90	581	656
	Clients	90	113	123
Medical Transportation Services - Assisted	Visits	0	3	4
	Clients	0	3	2
Medical Transportation Services - Unassisted	Visits	252	1,610	1,786
	Clients	166	318	374
Housing Services: Emergency Housing Assistance	Visits	52	410	476
	Clients	46	237	294
Food Services: Food Bank/ Home Delivered Meals	Meals	3443	14,570	17,220
	Clients	143	177	160
Medical Nutrition Therapy	Visits	18	81	68
	Clients	18	54	48

*Includes Part B funded services

SUMMARY OF SERVICES FOR FY23

Mar. 1, 2023 - Feb. 29 2024

RYAN WHITE SERVICES		Aug	End of Year Total	Prior Year Total
PART-A SERVICES continued				
Legal Services	Visits	18	85	91
	Clients	18	79	67
Emergency Financial Assistance	Visits	4	364	146
	Clients	4	106	51
Internet Access	Visits	0	1	1
	Clients	0	1	1
Internet Equipment	Visits	6	32	4
	Clients	6	13	2
Collateral Contacts	Visits	232	1,289	1,457
	Clients	120	349	450
MAI SERVICES				
Medical Case Management Services	Visits	140	883	581
	Clients	59	123	110
Mental Health Services: Therapy/Counseling	Visits	48	264	456
	Clients	26	64	68
Substance Abuse Treatment Services - Outpatient	Visits	75	415	107
	Clients	37	83	22
Facilitated Referrals	Visits	0	0	0
	Clients	0	0	0
Outreach Encounters	Visits	0	0	0
	Clients	0	0	0
Medical Transportation Services - Assisted	Visits	0	0	0
	Clients	0	0	0
Medical Transportation Services - Unassisted	Visits	0	0	0
	Clients	0	0	0
Case Management -Non-Medical	Visits	73	489	539
	Clients	40	76	80

*Includes Part B funded services

SUMMARY OF SERVICES FOR FY22

Mar. 1, 2022- Feb. 28, 2023

CLIENT DEMOGRAPHICS	Number of Clients	% of Client Total	Client Total
FY 2023-2024			
Race/Ethnicity			
White (not Hispanic)	571	22.48%	
Black or African American (not Hispanic)	303	11.93%	
Hispanic or Latino(a)	1506	59.29%	
Asian	34	1.34%	
American Indian/Alaska Native	13	0.51%	
Multi-Race	30	1.18%	
Native Hawaiian/Pacific Islander	8	0.31%	
Race data not in ARIES	75	2.95%	2,540
Gender			
Male	1,994	78.50%	
Female	448	17.64%	
Transgender FTM	2	0.08%	
Transgender MTF	94	3.70%	
Other	2	0.08%	
Client Refused to Report	0	0.00%	2,540
Age Categories			
< 2	19	0.75%	
02-12	9	0.35%	
13-24	53	2.09%	
25-44	938	36.93%	
45-64	1232	48.50%	
65 and over	289	11.38%	2,540
Poverty Level			
<138%	2,002	78.82%	
138-199%	281	11.06%	
200-299%	183	7.20%	
300-399%	46	1.81%	
400-499%	15	0.59%	
>500%	13	0.51%	
Financial data not in ARIES	0	0.00%	2,540
HRSA Housing Status			
Stable/Permanent	1,005	39.57%	
Temporary	274	10.79%	
Unstable	159	6.26%	
Housing Status not in ARIES	1102	43.39%	2,540
Insurance Status			
Private	47	1.85%	
Medicaid	462	18.19%	
Medicare	82	3.23%	
Other	336	13.23%	
No Insurance	166	6.54%	
Insurance not in ARIES	1447	56.97%	2,540
San Diego Region			
Central	856	33.70%	
East	164	6.46%	
South Bay	480	18.90%	
Southeast	220	8.66%	
North Coastal	271	10.67%	
North Inland	146	5.75%	
North Central	168	6.61%	
Zip Code may be outside SD County	10	0.39%	
Zip Code not in ARIES	225	8.86%	2,540

HIV PLANNING GROUP
12-MONTH ATTENDANCE TRACKING
Sep 2022- Aug 2023

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

HIV PLANNING GROUP
12-MONTH ATTENDANCE TRACKING
Sep 2022- Aug 2023

Total Meetings	28-Sep	28-Oct	27-Nov	21-Dec	25-Jan	22-Feb	22-Mar	26-Apr	24-May	26-Jun	26-Jul	2-Aug	TOTAL
Ransom, Shannon, 36	*	*	NM	NM	*	*	*	*	*	1	*	*	1
Robles, Raul 7	*	*	NM	NM	*	*	1	1	1	*	*	*	3
Rucker, James,42	*	*	NM	NM	*	*	*	*	*	*	*	1	1
Spector, Stephen 31	1	*	NM	NM	*	*	1	*	EC	*	*	*	2
Tilghman, Winston, 23	*	*	NM	NM	*	1	*	*	*	*	*	*	1
Underwood, Regina, 19	*	*	NM	NM	*	*	1	*	*	*	*	*	1
Van Brocklin, Rhea, 18	*	*	NM	NM	*	*	*	*	1	JC	*	*	1
Villafan, Freddy 40	*	*	NM	NM	*	*	1	*	*	*	*	1	2
Weber, Jeffery, 41					*	*		*	1	*	*	*	1
West, Abigail, 29	1	*	NM	NM	1	*			*	*	*	1	3
Wimpie, Michael, 1	*	*	NM	NM	*	1	*	*	*	*	*	*	1
Yancey, Adrienne									EC	*	*	*	0

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

* = Present

1 = Absent for the month

1 = Absent when there are multiple meetings in a month. The member needs to attend at least one meeting for attendance to count for the specific month.

JC = Just Cause

EC = Emergency Circumstance

Seat #	HPG Vacant Seats as of 9/2023
2	General Member
5	General Member
6	General Member
9	General Member
10	General Member
11	General Member
12	General Member
13	General Member
14	General Member
15	General Member
24	Hospital Planning Agency or Health Care Planning Agency
27	Prevention Services Consumer
28	State Government-State Medicaid
33	Board of Supervisors Designee: District 1
37	Board of Supervisors Designee: District 5
42	HIV Testing Representative
43	Recipient of other Federal HIV Programs- Prevention Provider

HPG CONFLICT OF INTEREST (COI) SHEET

	Applebaum, Amy	Cortes, Alberto	Davenport, Beth	Garcia Bigley, Felipe	Grelotti, David J.	Highfill, Pamela	Lewis, Robert	Mar-Tang, Moira	Price, Venice	Ransom, Shannon	Spector, Stephen A.	Tilghman, Winston	Underwood, Regina	Van Brocklin, Rhea	Villafan, Freddy	Yancey, Adrienne
CHS: WICYF*																
Early Intervention Services: Regional Services																
Early Intervention Services: Minority AIDS Initiative																
Emergency Financial Assistance																
Foodbank / Home Delivered Meals																
Home-Based Health Care Coordination																
Medical Case Management																
Medical Nutrition Therapy																
Mental Health: Groups / Therapy																
Mental Health: Counseling / Therapy																
Mental Health: Psychiatric Medication Management																
Non-Medical Case Management																
Oral Health																
Outpatient Ambulatory Health Services: Medical Specialty																
Outpatient Ambulatory Health Services: Primary Care																
Outreach Services																
Peer Navigation**																
Substance Use Disorder Treatment: Outpatient																
Substance Use Disorder Treatment: Residential																
Transportation: Assisted and Unassisted																

*Coordinated HIV Services for Women, Infants, Children, Youth and Families

**Referral for Healthcare and Support Services

No Conflicts

Acevedo, Allan F.
Duarte, Esteban
Fleming, Tyra
Jacobs, Delores A.

Kubricky, Cinnamon
Lochner, Michael
Quezada-Tores, Karla
Robles, Raul

Weber, Jeffery
West, Abigail
Wimpie, Michael

September 2023 – HIV Planning Group Committee Meetings

	Meeting	Date	Time	Location
1	Membership Committee	Wednesday, September 13 2023	11:00 AM – 1:00 PM	Southeast Live Well Center 5101 Market St. San Diego, CA 92114 (Tubman Chavez Room A)
2	Priority Setting & Resource Allocation Committee (PSRAC)	Thursday, September 14, 2023	3:00 PM – 5:00 PM	County Operations Center (COC): 5570 Overland Ave. San Diego, CA 92123 – Room 1047 – Medical Examiner’s Office
3	Steering Committee	Tuesday, September 19, 2023	11:00 AM – 1:00 PM	County Operations Center (COC): 5570 Overland Ave. San Diego, CA 92123 – Room 1047 – Medical Examiner’s Office
4	Medical Standards & Evaluation Committee (MSEC)	Tuesday, September 19, 2023	4:00 PM – 5:30 PM	Serra Mesa – Kearny Mesa Library 9005 Aero Drive San Diego, CA 92123
5	Community Engagement Group	Wednesday, September 20, 2023	3:00 PM – 5:00 PM	County Operations Center (COC): 5570 Overland Ave. San Diego, CA 92123 – Room 1047 – Medical Examiner’s Office
6	HIV Planning Group	Wednesday, September 27, 2023	3:00 PM – 5:00 PM	Southeast Live Well Center 5101 Market St. San Diego, CA 92114 (Tubman Chavez Room A)

Reminder: PSRAC switched to every other month in alteration with Strategies effective April 2023 (except for the Budget Allocation Process from June – July).

Strategies Committee time change to 3:00 PM effective June 2023.

October 2023 – HIV Planning Group Committee Meetings

	Meeting	Date	Time	Location
1	Strategies & Standards Committee	Tuesday, October 3, 2023	3:00 PM – 4:30 PM	County Operations Center (COC): 5560 Overland Ave. San Diego, CA 92123 - Training Room 171
2	Membership Committee	Wednesday, October 11, 2023	11:00 AM – 1:00 PM	Southeast Live Well Center 5101 Market St. San Diego, CA 92114 (Tubman Chavez Room A)
3	Steering Committee	Tuesday, October 17, 2023	11:00 AM – 1:00 PM	South Region (Chula Vista) Live Well Center 690 Oxford St. Chula Vista, CA 91911 - Conference Room 2
4	Community Engagement Group	Wednesday, October 18, 2023	3:00 PM – 5:00 PM	County Operations Center (COC): 5570 Overland Ave. San Diego, CA 92123 - Room 1047 – Medical Examiner's Office
5	HIV Planning Group	Wednesday, October 25, 2023	3:00 PM – 5:00 PM	South Region (Chula Vista) Live Well Center 690 Oxford St. Chula Vista, CA 91911 - Conference Room 1

Reminder: PSRAC switched to every other month in alteration with Strategies effective April 2023 (except for the Budget Allocation Process from June – July).

Strategies Committee time change to 3:00 PM effective June 2023.

November 2023 – HIV Planning Group Committee Meetings

	Meeting	Date	Time	Location
1	Membership Committee	Wednesday, November 8, 2023	11:00 AM – 1:00 PM	TBD
2	Priority Setting & Resource Allocation Committee (PSRAC)	Thursday, November 9, 2023	3:00 PM – 5:00 PM	Southeast Live Well Center 5101 Market St. San Diego, CA 92114 (Tubman Chavez Room A)
3	Medical Standards & Evaluation Committee (MSEC)	Tuesday, November 14, 2023	4:00 PM – 5:30 PM	Southeast Live Well Center 5101 Market St. San Diego, CA 92114 (Tubman Chavez Room C)
4	Community Engagement Group	Wednesday, November 15, 2023	3:00 PM – 5:00 PM	Southeast Live Well Center 5101 Market St. San Diego, CA 92114 (Tubman Chavez Room A)
5	Steering Committee	Tuesday, November 21, 2023	11:00 AM – 1:00 PM	Southeast Live Well Center 5101 Market St. San Diego, CA 92114 (Tubman Chavez Room A)
6	HIV Planning Group	Wednesday, November 29, 2023	3:00 PM – 5:00 PM	Southeast Live Well Center 5101 Market St. San Diego, CA 92114 (Tubman Chavez Room C)

Reminder: PSRAC switched to every other month in alteration with Strategies effective April 2023 (except for the Budget Allocation Process from June – July).

Strategies Committee time change to 3:00 PM effective June 2023.

San Diego HIV Planning Group Assessment of the Administrative Mechanism Data from Fiscal Year 2022 – 2023

09/27/2023



COUNTY OF SAN DIEGO
HEALTH AND HUMAN
SERVICES AGENCY

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 2023 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, 2022, through February 28, 2023. The following information was requested from the recipient by August 18, 2023, to allow staff to analyze the information:

- Procurement process: a narrative description of the procurement process and specific data regarding Ryan White (RW) 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 describing 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 11870:** Specialty Care Health Services to People Living with HIV/AIDS
 - Posted on 12/29/2022
 - Closed on 01/25/2023
 - Advertised on BuyNet
 - Number of RFP documents downloaded was 28
 - Number of agencies who attended the proposal conference was 1
 - Number of proposals received was 1
 - Notice of Intent to Award was posted on 04/27/2023
 - Notice of Grant Award was posted on 06/27/2023
 - Contract start date was 07/01/2023
- 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 the HIV Planning Group (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, 2022, and February 28, 2023, there were twenty-eight RW contracts in place with a combination of RW part A, RW Part B, and Ryan White Part A-Minority AIDS Initiative (MAI) funding sources.

Reimbursement

- Approved invoices were paid in a timely manner.
- Most contracts are net-30 terms. As invoices are received, they are reviewed and analyzed by the contract team and the Contracting Officer Representative (COR). Once the invoice is approved by the COR, the invoice is sent to the Fiscal team for payment.
- The following actual data is an illustrative example of the timeline:
 - Invoice received by HSHB: 11/14/2022
 - Invoice reviewed by the COR: 11/18/2022
 - Invoice sent to Fiscal: 11/22/2022

- Invoice paid: 12/02/2022

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 the Steering Committee, PSRAC, and HPG.
- “Reallocation of Part A funds” is a standing agenda item for the 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 requests for data, or present recommendations for 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 149 pages long and they govern how the contracts using federal funds must be procured. Per these guidelines, there are two primary types of procurement activities that apply to Ryan White Part A funds: Requests for Proposals (RFPs) and Requests for Quotations (RFQs).



Request for Proposals (RFP): RFPs are considered a formal procurement method and are used for service contracts that exceed \$250,000 with an evaluation method of best value, which includes price and other factors. RFPs 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 the County of San Diego (County) Health and Human Services Agency (HHS) Public Health Services (PHS) HIV, STD, and Hepatitis Branch (HSHB), Public Health Services Administration, Agency Contract Support, and the Department of Purchasing and Contracting.

RFPs are posted on the County’s online procurement system, ([BuyNet](#) which allows entities to register to commodity codes to receive automatic notification of any solicitations posted with that commodity code. In response to the solicitation, offerors submit proposals detailing their

technical and business experience, capabilities, and specific approach to achieve the requirements established for the services or good requested. The RFP will include evaluation factors and criteria as well as their relative importance for award selection.

Evaluation of proposals is completed by an appointed Source Selection Committee. Awards are made on best value in consideration of price and other factors. RFPs may establish minimum or pre-qualification requirements to be eligible for consideration.

Contracting Process

Notices of Intent to award and contract awards are posted on BuyNet. [Board Policy A-97](#) addresses protest procedures for all formal procurements except in cases where the procurement includes an alternate process to resolve protest. Unsuccessful offerors for solicitations awarded based on best value may also request a debriefing to discuss why another proposal was selected to reaching out to the assigned buyer on the solicitation.

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.

Request for Quotations (RFQ): RFQs are considered an informal procurement method for small purchases up to \$250,000. 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 exceed \$250,000 (the current federal Simplified Acquisition Threshold) in total expenditures during the life of the contract. RFQs are posted on BuyNet with applicable terms and conditions to solicit quotations. Evaluations do not require a formal committee and may consider other factors in addition to lowest price. Awards are based on best value.

As with an RFP, an RFQ will be posted on BuyNet with a set due date.

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 Analyst and Principal Administrative Analyst. Once a review has been completed and any requested clarification/documents have been received, the invoice is forwarded to the COR for final approval, signature, and payment authorization. Per HSHB policy, any disallowed expenses are reported to the subrecipient. A Fiscal Administrative Analyst 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 year end 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 all Steering Committee, PRAC, 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. The written report provides a recap of the budget and lists upcoming RFPs that the Recipient is procuring or has procured during the current fiscal year.

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(s) from the HPG to the HSHB:

-

HSHB's responses to the HPG question(s):

GETTING TO ZERO MOBILE APP AND RESOURCE GUIDE PRESENTATION



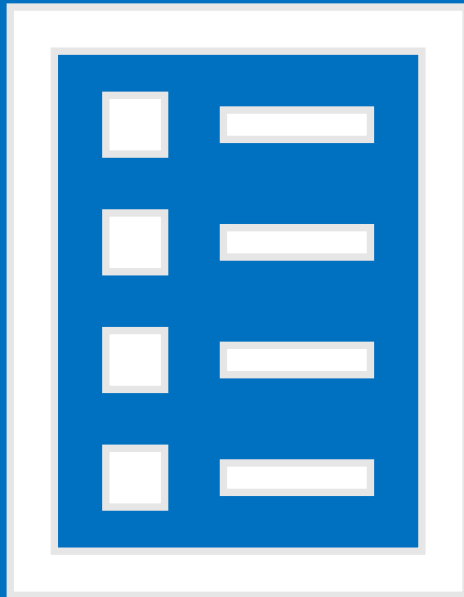
**Felipe Ruiz (He/Him), Health Planning and Program Specialist
HIV Planning Group
Wednesday, September 27, 2023**

[SANDIEGOCOUNTY.GOV/HHSA](https://www.sandiegocounty.gov/hhsa)

GETTING TO ZERO MOBILE APP AND RESOURCE GUIDE PRESENTATION



AGENDA



Topic
Project Overview
Project Timeline
Mobile App Demo
Resource Guide Presentation
Next steps
Questions and Discussion

GETTING TO ZERO MOBILE APP AND RESOURCE GUIDE PRESENTATION



PROJECT OVERVIEW

- **Purpose:** Provide San Diego County constituents with easy access to HIV, STD, and Hepatitis available resources and directions for accessing those resources.
- **Objective:** The Getting to Zero Mobile Application and Resource Guide is intended to lower barriers and increase access to HIV related resources and ensure widespread access to information.
- **Intended Audience:**
 - San Diego County Constituents (Public)
 - Persons living with or at-risk of contracting HIV
 - Organizations and individuals involved in HIV related work



GETTING TO ZERO MOBILE APP AND RESOURCE GUIDE PRESENTATION



TIMELINE



COUNTY OF SAN DIEGO HARM REDUCTION SERVICES



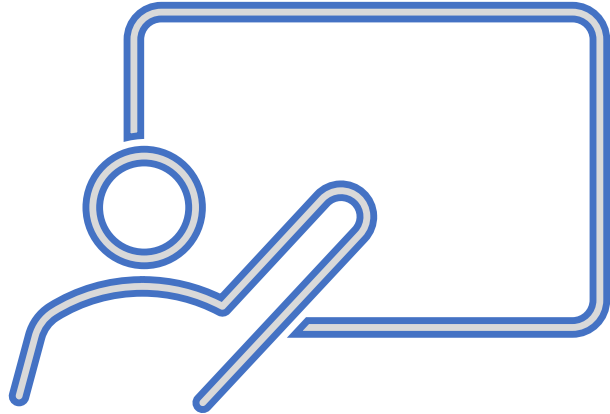
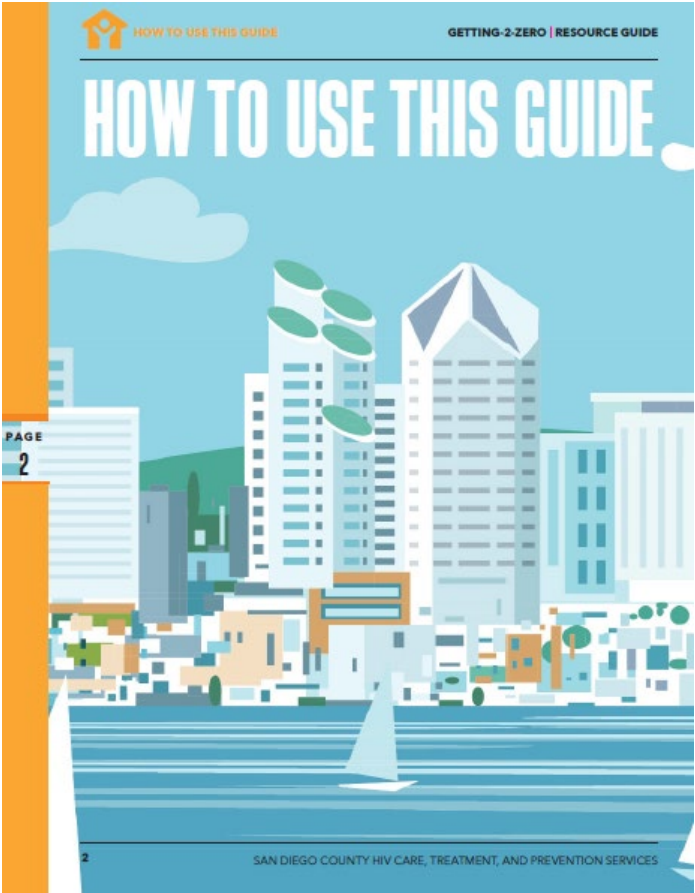
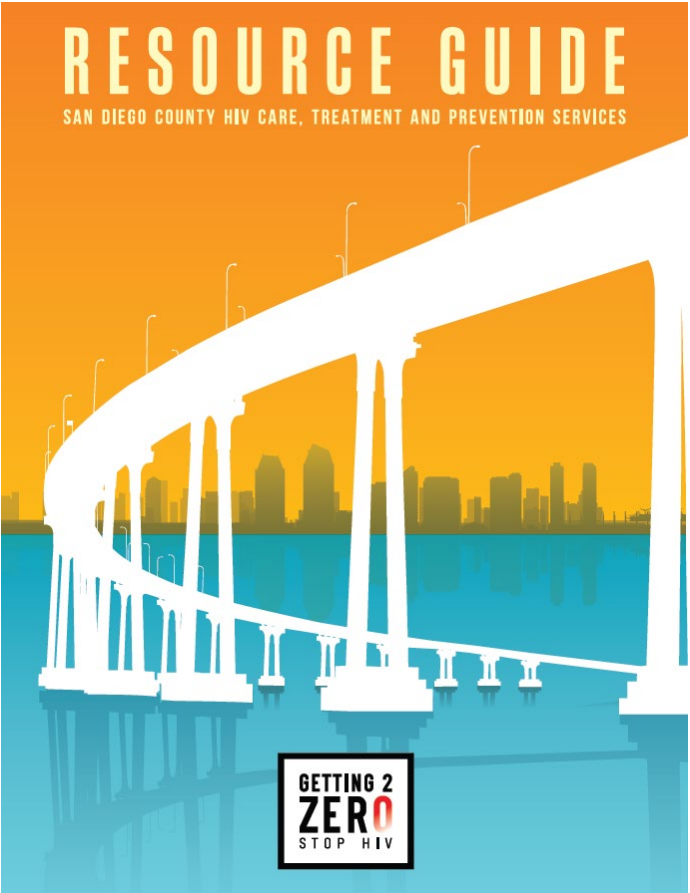
GETTING TO ZERO MOBILE APP DEMO



COUNTY OF SAN DIEGO HARM REDUCTION SERVICES



GETTING TO ZERO RESOURCE GUIDE PRESENTATION

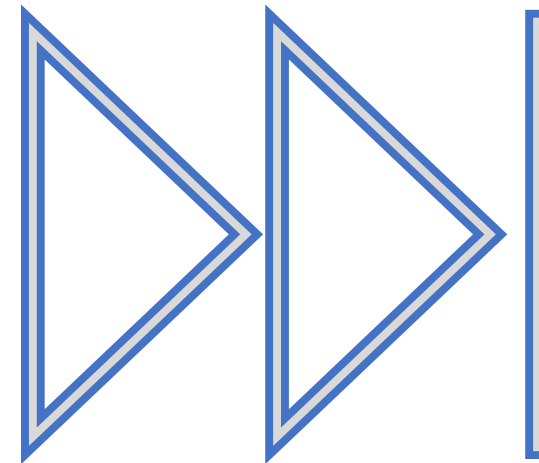


GETTING TO ZERO MOBILE APP AND RESOURCE GUIDE PRESENTATION



NEXT STEPS

1. Re-convening of provider and end user feedback group
2. Ongoing feedback
3. Monthly reports
4. Yearly resource guide updates





THANK YOU

SANDIEGOCOUNTY.GOV/HHSA



On May 17, 2016, the County of San Diego Health and Human Services Agency Department of Public Health Services received accreditation from the Public Health Accreditation Board.



Make a difference in your community!

Get involved!

The HIV Planning Group (HPG) and its committees are looking for new members to guide activities in San Diego that help improve the quality of services for people living with HIV.

The HPG and its committees are looking for people who:

- Are living with HIV or are knowledgeable about the needs of people living with HIV
- Want to be a voice for people living with HIV
- Are passionate and committed to their community

All are encouraged to apply!

For more information, visit us at:



sdplanning.org



Centering the principles of justice, equity, diversity, and inclusion, the San Diego HPG is a uniquely empowered advisory and planning body. Comprised of volunteer community members, people impacted by, living with or vulnerable to HIV, and other subject matter experts, the HPG allocates annual federal funds to ensure that people with or vulnerable to HIV have access to the quality services they need.



Make a difference in your community!

Get involved!

The HIV Planning Group (HPG) and its committees are looking for new members to guide activities in San Diego that help improve the quality of services for people living with HIV.

The HPG and its committees are looking for people who:

- Are living with HIV or are knowledgeable about the needs of people living with HIV
- Want to be a voice for people living with HIV
- Are passionate and committed to their community

All are encouraged to apply!

For more information, visit us at:

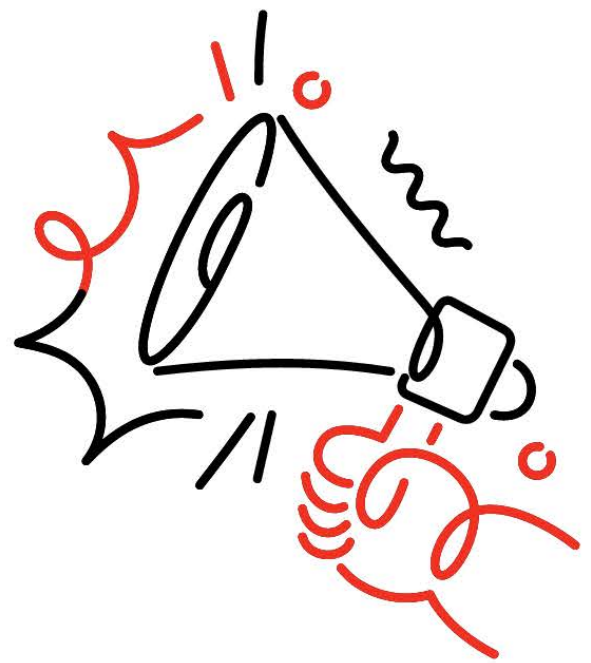


sdplanning.org



Centering the principles of justice, equity, diversity, and inclusion, the San Diego HPG is a uniquely empowered advisory and planning body. Comprised of volunteer community members, people impacted by, living with or vulnerable to HIV, and other subject matter experts, the HPG allocates annual federal funds to ensure that people with or vulnerable to HIV have access to the quality services they need.

DR. A. BRAD TRUAX AWARDS



2023 Call for Nominations

Due by **3:30 PM** on
Sunday, October 1, 2023

Each year, the **San Diego HIV Planning Group** recognizes individuals who have served the community and made outstanding contributions to the fight against the HIV/AIDS epidemic.

This award is 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.

The Selection Committee, composed of former Dr. A. Brad Truax Award winners, will select one (1) individual to receive the Dr. A. Brad Truax Award. Awards will be presented at a reception honoring all nominees on **World AIDS Day, Friday, December 1, 2023**.

From all nominations, awards are given in three (3) 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, testing, care, treatment, and/or support services

Nomination Procedure:

- Submit the **Nomination Form** (print or typed).
- Attach relevant supporting information (limit to 3 pages).
- Include a high-resolution picture of the nominee.
- All nominations are due **by 3:30 PM on October 1, 2023**.

Please submit the nomination by email to **HPG.HHSA@sdcounty.ca.gov** with the subject line: **"Truax Nomination"**



Scan QR Code
for Nomination
Form

Who is Eligible:

- A volunteer, board member, or staff person who has provided service within the last year that improves the quality of life of people living with HIV/AIDS in San Diego.
- 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.



2023 CALL FOR NOMINATIONS

**Nominations are due no later than
3:30 PM on October 1, 2023**

Each year, the San Diego HIV Planning Group recognizes individuals who have served the community and made outstanding contributions to the fight against the HIV/AIDS epidemic. We extend a cordial invitation to all community members to partake in the submission of nominations.

This award is 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 by visiting the webpage:

[Dr. A. Brad Truax \(sandiegocounty.gov\)](http://Dr. A. Brad Truax (sandiegocounty.gov))

The Selection Committee, composed of former Dr. A. Brad Truax Award winners, will select one (1) individual to receive the Dr. A. Brad Truax Award. Awards will be presented at a reception honoring all nominees on World AIDS Day, Friday, December 1, 2023.

From all nominations, awards are given in three (3) 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, testing, care, treatment, and/or support services

Who is Eligible:

- A volunteer, board member, or staff person who has provided service within the last year that improves the quality of life of people living with HIV/AIDS in San Diego.
- 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 (print or typed).
- Attach relevant supporting information (limit to 3 pages).
- Include a high-resolution picture of the nominee.
- **All nominations are due by 3:30 PM on October 1, 2023.** Please submit the nomination by email to HPG.HHSA@sdcounty.ca.gov with the subject line: **Truax Nomination**



2023 NOMINATION FORM

Nominations are due no later than
3:30 pm on October 1, 2023

Nominee Information

- Nominate someone that has made an outstanding achievement serving the community.
- For nominees employed by an HIV service provider, the *nomination must describe how the nominee has gone above and beyond what is expected of their paid position.*

Name:					
Address:					
City:		Zip Code:		Phone:	
Job Title/Agency (if applicable):					
Email:					

Person Making Nomination

Name:					
Address:					
City:		Zip Code:		Phone:	
Job Title/Agency (if applicable):					
Email:					

Please select (check) which of the following categories your nominee has made outstanding contributions to (please select only one category):

- HIV Education, Prevention, and/or Counseling and Testing. Specify the length of service for these efforts:
 Up to 3 years 3 to 5 years More than 5 years
- HIV Care, Treatment, and/or Support Services
 Specify the length of service for these efforts:
 Up to 3 years 3 to 5 years More than 5 years
- HIV Planning, Advocacy, and/or Policy Development
 Specify the length of service for these efforts:
 Up to 3 years 3 to 5 years More than 5 years

Specify the affiliation(s) (employee, volunteer, both) that the nominee might have with one or more HIV/AIDS service organizations, planning, or policy groups.

Organization / Planning or Policy Group / Committee	Position / Role

Regarding the category checked on page 1, please provide a detailed description of what your nominee has done that goes above and beyond the call of duty to enhance the quality of life for individuals living with HIV/AIDS in San Diego. Please note that responses are not limited to the space below.

- 1. What **actions** did the nominee take in addressing HIV/AIDS needs in the community?

- 2. What are some of the nominee's **outstanding achievements**?

- 3. Please share **any additional details** about the nominee you would like the Selection Committee to know.

ASSEMBLY BILL (AB) 2449: JUST CAUSE AND EMERGENCY CIRCUMSTANCES (2023)

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

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

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

ADDITIONAL REQUIREMENTS FOR A MEMBER PARTICIPATING REMOTELY:

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

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

TELECONFERENCING RULES UNDER THE BROWN ACT

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