

Continuation of Remote Meetings for Brown Act Boards and Commissions

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

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

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

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

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

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

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

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

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

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

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

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

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

IV. Operation of the Special Teleconferencing Rule

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

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

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

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

VI. Next Steps

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

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

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



County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES

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

HEALTH OFFICER TELECONFERENCING RECOMMENDATION

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

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

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

September 23, 2021

A handwritten signature in blue ink that reads "Wilma J. Wooten, MD".

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



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PUBLIC HEALTH OFFICER

DRAFT AGENDA SAN DIEGO HIV PLANNING GROUP PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

**Thursday, October 13, 2022 3:00 PM
Meeting by WebEx**

This meeting is audio and video recorded.

The Charge of the Priority Setting and Resource Allocation Committee: To review, analyze and consider available data, and make recommendations to the HIV Planning Group based upon that data regarding service priorities, service delivery and funding allocation by service category, including the commitment to addressing racial/ethnic disparities for Black/African American MSM (retention in care, viral load suppression), Latinx MSM (late and simultaneous diagnoses) and transgender/Non-Binary persons (lack of data and non-representative participation).

A quorum for this committee is seven (7)

Committee members: Beth Davenport, Alberto Cortes, Felipe Garcia-Bigley, Pam Highfill, Dr. Delores Jacobs (Chair), Cinnamen Kubricky, Chris Mueller, Raul Robles, James Rucker, Karla Quezada-Torres, Regina Underwood, Rhea Van Brocklin, Freddy Villafan

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

Participantes que solicitan interpretacion en español: (debe notificar al personal de apoyo con 96 horas de antelacion).
Recibirán un correo electrónico con el número de llamada designado.

1. Call to order; introductions; comments from the Chair
2. Continuance of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e)
 - a) Find that the HPG has reconsidered the circumstances of the State of Emergency
 - b) Find that State and local officials continue to recommend measures to promote social distancing.
3. Reminders:
 - **Review of committee charge**
 - **Conflict of interest:** disclose areas of financial interest (e.g., employment); refrain from participation in related votes
 - **Areas that are NOT the purview of this committee:** selection of contractors; contract details; how contractors implement contracted services (staff salaries, etc.)
 - **Focus on service priorities, not specific service providers**
 - **Rules for the meeting** (as necessary): committee members limited to 2 minutes per comment and limited to two comments per item; public comments welcome at beginning and prior to each agenda item, limited to two minutes so that all have an opportunity to participate

Due to the **Coronavirus disease (COVID-19)** public health emergency, the County of San Diego is making several changes related to HIV Planning Group meetings to protect the public's health and prevent the disease from spreading locally. California Governor Gavin Newsom issued Executive Order N-29-20 on March 17, 2020, relating to the convening of public meetings in response to the COVID-19 pandemic. Pursuant to the Executive Order, and to maintain the orderly conduct of the meeting, the County of San Diego will allow the HIV Planning Group members to attend the meeting via teleconference or phone conference and to participate in the meeting to the same extent as if they were present.

4. Public comment on non-agenda items (for members of the public)
5. Sharing our concerns (for committee members.
6. Approve meeting agenda for October 13, 2022.
7. Approve the meeting minutes from September 8, 2022/Review follow-up items from the minutes
8. Review committee attendance
9. Routine Business
 - a) Review Monthly and YTD expenditure and examine for any recommended reallocations.
 - i. Review of over/under spending
 - b) Review Monthly and YTD service utilization report
 - c) COVID-19/Monkeypox update
 - d) Affordable Care Act (ACA) update
 - e) HIV Prevention update
10. Old Business:
 - a) Getting to Zero (GTZ) Community Action Plan
 - 1) **Discussion/Potential Action Item:** Continue to discuss PARS waiting list including recommendation regarding waiting list and service directives.
11. New Business
 - a) **Action Item:** Approve the recommendation(s) for reallocation of Part A funds in FY 22 (the current fiscal year; March 1, 2022 – February 28, 2023).
 - b) Review/approve the PSRAC FY 24 Work Plan
 - c) **Discussion/Potential Action Item:** Alternative housing options.
 - d) Discussion item: Process for review of previous year reallocations and data upon which they were based and compare to approved upcoming (next year) and accompanying data thus far to forecast potential needs/changes which may be required.
12. Suggested items for the PSRAC agenda
13. Next Meeting: Thursday, **November 10, 2022**. Location: WebEx.
14. Announcements
15. Adjournment

Principles for PSRA Decision-Making process	Criteria for PSRA Decision-Making process
Principles Guiding Decision Making (Priorities should reflect the Principles) <ol style="list-style-type: none"> 1. Decisions are made in an open, transparent process 2. Decisions are based on documented needs (Needs assessment, etc.) 3. Decisions are based on overall needs within the service area, not narrow single focus concerns 4. Decisions include reports from the Needs Assessment committee of the HIV Planning Group. 5. Services should be responsive to epidemiology of HIV in San Diego, including demographics and region 6. Services must be culturally and linguistically appropriate and responsive 7. Services should focus on needs of low-income, underserved and disproportionately impacted populations 8. Services should minimize disparities in the availability and quality of treatment for HIV/AIDS 9. Equitable access to services should be provided across subpopulations and regions 	Criteria for Priority Setting <ol style="list-style-type: none"> 1. Documented Need based on: <ol style="list-style-type: none"> a. Epidemiology of San Diego epidemic (Epi data) b. Needs and unmet needs expressed in needs assessment including the needs expressed by consumers not in care and/or from historically underserved communities (Needs assessment data) 2. Minimize disparities in the availability and quality of treatment for HIV/AIDS (Demographic service utilization data compared to HIV/AIDS demographic) 3. Quality, outcome effectiveness and cost effectiveness of services, (Measured by service category outcomes, CQM, client satisfaction data by service category) 4. Consumer preferences or priorities for interventions or services, particularly for populations with severe need, historically underserved communities or those who know their status but are not in care 5. Consistency with the continuum of care

**Conflict of Interest
Priority Setting and Resource Allocation Committee**

Name	<u>Conflict of Interest</u>
Acevedo, Allan	<ul style="list-style-type: none"> • None
Cortes, Alberto	<ul style="list-style-type: none"> • Medical Nutrition Therapy • Emergency Financial Assistance • Food Bank/Home Delivered Meals
Davenport, Beth	<ul style="list-style-type: none"> • Mental Health • Non-Medical Case Management • Medical Case Management • Peer Navigation
Garcia-Bigley, Felipe	<ul style="list-style-type: none"> • EIS: Minority AIDS Initiative • Early Intervention Services, Regional Services • Home-Based Health Care Coordination • Medical Case Management • Mental Health Counseling/Therapy • Mental Health: Psychiatric Medication Management • Non-Medical Case Management Service • Oral Health • Outpatient Ambulatory Health Services: Medical Specialty • Outpatient Ambulatory Health Services: Primary Care • Peer Navigation (Referral for Healthcare and Support Services) • Transportation: Assisted and Non-Assisted
Highfill, Pam	<ul style="list-style-type: none"> • Substance Use Treatment: Residential
Jacobs, Dr. Delores	<ul style="list-style-type: none"> • None
Kubricky, Cinnamen	<ul style="list-style-type: none"> • None
Mueller, Chris	<ul style="list-style-type: none"> • Substance Abuse Outpatient Care [conflict expires 11.01.22] • Medical Case Management, including Treatment Adherence Services • Outpatient/Ambulatory Health Services (Primary Care) • Medical Transportation • Non-Medical Case Management Service • Medical Specialty • Psychiatric Services
Quezada-Torres, Karla	<ul style="list-style-type: none"> • None
Robles, Raul	<ul style="list-style-type: none"> • None
Rucker, James	<ul style="list-style-type: none"> • None

Name	<u>Conflict of Interest</u>
Underwood, Regina	<ul style="list-style-type: none"> • Medical Case Management, including Treatment Adherence Services • Mental Health Services • Substance Abuse Outpatient Care • Medical Transportation • Non-Medical Case Management Service • Outreach Services • Peer Navigation • EIS: Regional • EIS: Minority AIDS Initiative
Van Brocklin, Rhea	<ul style="list-style-type: none"> • Coordinated HIV Services for Women, Infants, Children, Youth, and Families (CHS: WICYF)
Villafan, Freddy	<ul style="list-style-type: none"> • Medical Case Management • Substance Use Disorder Treatment: Residential • Transportation: Assisted and Unassisted



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SAN DIEGO HIV PLANNING GROUP (HPG) PRIORITY SETTING and RESOURCE ALLOCATION COMMITTEE (PSRAC)

Thursday, September 8, 2022
3:00 PM – 5:00 PM

WebEx Meeting

DRAFT MINUTES

Quorum is Eight (8)

Members Present: Alberto Cortes/ Beth Davenport / Felipe Garcia-Bigley / Pam Highfill / Dr. Delores Jacobs (Chair) / Cinnamen Kubricky /Chris Muller / Raul Robles / James Rucker (Co-chair) / Karla Quezada-Torres / Regina Underwood / Rhea Van Brocklin / Freddy Villafan

Absent: Alberto Cortes / Raul Robles

Agenda Item	Action	Follow-up
1. Call to order	Dr. Jacobs called the meeting to order at 3:00 PM and noted that a quorum was established.	
2. Continuance of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e) a.	Action: Continuance of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e) a. Find that the HPG has reconsidered the circumstances of the State of Emergency b. Find that State and local officials continue to recommend measures to promote social distancing. Motion/Second/Count (M/S/C): Van Brocklin/Davenport 6/0 Abstentions: Jacobs Motion carries	
3. Reminders	Cinnamen Kubricky read the committee charge. Kubricky. Dr. Jacobs reviewed conflicts of interest, the focus on service categories, and the meeting rules.	
4. Public Comment on non-agenda items (for members of the public)	A public member encouraged all members to get the flu vaccine. Reginald Carroll clarified that he resigned from the committee.	

Agenda Item	Action	Follow-up
5. Sharing our concerns (for committee members).	A committee member shared concerns about the Texas State Judge overruling PrEP medication from the Affordable Care Act (ACA) and encouraged members to be vigilant for our state. A member of the committee noted the Emergency Assistance Fund has run out of funds.	
6. Action: Review and approve the agenda for September 8, 2022	Action: Approve the September 8, 2022 meeting agenda as presented. M/S/C: Van Brocklin/Villafan 10/0 Abstentions: Jacobs Motion carries	
7. New Business		
a) Action Item: Approve the recommendation(s) for reallocation of Part A funds in FY 22 (the current fiscal year; March 1, 2022 – February 28, 2023).	Action: Decrease Medical Specialty by \$50,000 , from \$243,386 to \$193,386 . Discussion: Patrick Loose differentiated between Emergency Housing (EH) and Emergency Financial Assistance (EFA). Emergency Housing can pay up to \$4,000-5,000 per year for eviction prevention. If someone falls behind in their rent, they can pay their rent to prevent eviction. Moving into a new apartment; can pay up to 1 st two months' rent (EH cannot be used to pay rental deposits). It can also pay for short-term hotel stays for up to 2 weeks., with some extensions as needed. Emergency Financial Assistance (EFA) pays to prevent utilities shut-off; clients do not need to provide shut-off notice. It also pays for any past due rent if someone is behind on their rent. Also, if a client's medication is stolen, and EFA can pay for the replacement medication, birth certificates, driver's licenses or California ID cards, and internet connectivity. M/S/C: Rucker/Quezada-Torres 6/0 Abstentions: Jacobs, Garcia-Bigley, Muller, Underwood Villafan Motion carries	
	Action: Decrease Primary Care by \$100,000 , from \$932,630 to \$832,630 . M/S/C: Villafan/Rucker 8/0 Abstentions: Jacobs, Garcia-Bigley, Muller Motion carries	
	Action: Decrease Mental Health by \$50,000 , from \$1,061,062 to \$1,011,062 . M/S/C: Villafan/Quezada-Torres 7/0 Abstentions: Jacobs, Davenport, Garcia-Bigley Motion carries	

Agenda Item	Action	Follow-up
	<p>Action: Increase Emergency Housing Assistance by \$150,000, from \$630,000 to \$780,000. M/S/C: Highfill/Van Brocklin 10/0 Abstentions: Jacobs, Motion carries</p> <p>Action: Increase Women, Infants, Children, Youth, and Families (WICYF) by \$50,000, from \$943,317 to \$993,317. M/S/C: Kubricky/Rucker 9/0 Abstentions: Jacobs, Van Brocklin Motion carries</p>	
<p>b) Debrief of the FY 23 priority setting and budget allocation process.</p>	<p>What worked about this year's process?</p> <ul style="list-style-type: none"> • Data was used to support r decisions, and the committee took time to analyze the data. • The learning the process was very helpful. • Everyone was very patient. • Meeting every week, working through the process. • Clarification from the Chair HPG and providers of what the need for services in the community to help understand the process. • The dedication of the committee to make the work happen. • Participation of consumers • Rich conversations about what is needed and the critical topics for people living with HIV. • The pace of the meeting was faster, and the group completed the prioritization earlier than expected • The budgeting review went smoothly. • The HPG staff had a better structure in keeping the committee on task and respectful of time. <p>What could be improved for next year?</p> <ul style="list-style-type: none"> • Frustration with not having updated HIV epidemiology data available. The committee asked how to proactively advocate getting reports and supporting data on time before the psra process? • COVID-19 demands and understaffing in the Epidemiology Branch had been a challenge in 	

Agenda Item	Action	Follow-up
	<p>getting data on time, but the County is in the process of increasing capacity/adding new staff.</p> <ul style="list-style-type: none"> • Small print of data/information, too much information, and data not being well explained or displayed <ul style="list-style-type: none"> ○ HPG staff support is in the process of displaying information more graphically ○ Consider having HPG staff review data and/or materials 30 minutes before each meeting. • Create a one-page summary that includes services categories information that explains the following: expenditures look like and what has been funded, and the key findings of the need's assessments. <p>What was done about the previous year's recommendations?</p> <ul style="list-style-type: none"> • The committee reviewed and concurred with the included summary document that detailed what was done regarding the previous year's recommendations. <p>Members of the committee reviewed when to request a "Point of order", how to be professional, and respectfully address when someone is blatantly disrespectful to another individual during the process.</p>	
<p>c) Action Item: Approve recommendations for service guidelines for Psychosocial Services (regions, populations).</p>	<p>The committee recommended forwarding this to the Strategies and Standards Committee.</p>	<p>Staff will add to the Strategies and Standards Committee agenda.</p>
<p>d. Approve the meeting minutes from June 23, 2022; July 7, 2022; July 14, 2022; July 21, 2022; July 28, 2022, and August 4, 2022</p>	<p>Action: Approved the June 23, 2022 meeting minutes as presented M/S/C: Van Brocklin/Muller 4/0 Abstentions: Highfill/Garcia-Bigley/Kubricky/Jacobs/Rucker/Villafan Motion carries</p> <hr/> <p>Action: Approved the July 7, 2022 meeting minutes as presented M/S/C: Van Brocklin/Muller 4/0</p>	

Agenda Item	Action	Follow-up
	Abstentions: Highfill/ Garcia-Bigley/Kubricky/Jacobs/Rucker/Villafan Motion carries	
	Action: Approved the July 14, 2022 meeting minutes as presented M/S/C: Van Brocklin/Highfill 6/0 Abstentions: Jacobs, Garcia-Bigley/Muller/Villafan Motion: carries	
	Action: Approved the July 21, 2022 meeting minutes as presented M/S/C: Van Brocklin/Highfill 6/0 Abstentions: Jacobs, Garcia-Bigley/Muller/Villafan Motion: carries	
	Action: Approved the July 28, 2022 meeting minutes as presented M/S/C: Van Brocklin/Highfill 6/0 Abstentions: Jacobs, Garcia-Bigley/Muller/Villafan Motion: carries	
	Action: Approved the August 4, 2022 meeting minutes as presented M/S/C: Van Brocklin/Highfill 6/0 Abstentions: Jacobs, Garcia-Bigley/Muller/Villafan Motion: carries	
e. Routine Business		
a) Review Monthly and YTD expenditure and examine for any recommended reallocations. i. Review of over/under spending b) Review Monthly and YTD service utilization report	Updated expenditure and service utilization reports were not available for the meeting.	
f. Old Business		
a. Getting to Zero (GTZ) Community Action Plan	PARS waitlist update: As of September 1 st , 13 new clients were enrolled in PARS There were 18 new clients unable to enroll due to missing information on their application but will get enrolled by October 1 st Additional eight clients on the waitlist who have completed a 48 months term will also be reenrolled in PARS as of October 1 st , bringing the waitlist down to zero. HPG Staff reminded the committee about the	

Agenda Item	Action	Follow-up
b. PARS waitlist update	pending PARS recommendations for the waitlist; for example, some options were to reduce the PARS time from 48 months to 24 months.	
g. Next Meeting: Thursday, October 13, 2022. Location: WebEx.		
h. Announcements	<ul style="list-style-type: none"> • Dr. Susan Little will do a presentation on Monkeypox at 5:30 pm • The next MPOX Task Force meeting will be on September 15, 2022 at 3 pm • HPG Orientation is scheduled for October 20, 2023 at 2:00 pm. Please see the link below • Dancing with Hope Retreat is scheduled for September 23-25 at Camp Stevens in Julian • Truax awards are accepting nominations until October 15th. Please see the link below • Reminder to get Flu and Covid-19 Boosters 	
i. Adjournment	Adjourned at 4:56 p.m.	

https://us06web.zoom.us/webinar/register/WN_488iv0cTSCCTUdjgWJqMDA
https://ucsd.co1.qualtrics.com/jfe/form/SV_3E1U0CIbtH68Oc6

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

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE																				Total
PSRAC	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	2-Jun	9-Jun	16-Jun	23-Jun	30-Jun	7-Jul	14-Jul	21-Jul	28-Jul	4-Aug	8-Sep	
Total meetings	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	12
Member																				
Jacobs, Dr. Delores ^C	*	*	*	*	*	*	*	*	*	*	*	*	NM	*	1	*	*	*	*	0
Carroll, Reginald ^U	*	*	*	*	*	*	*	*	*	*	*	*	NM	*	*	*	*	*		0
Cortes, Alberto	*	*	*	*	*	*	*	1	1	1	*	*	NM	*	*	1	*	*	1	2
Davenport, Beth	*	*	*	*	*	*	*	1	1	*	1	*	NM	*	*	*	*	*	*	1
Garcia-Bigley, Felipe																			*	0
Highfill, Pam						1	*	*	*	*	*	1	NM	*	*	*	*	*	*	1
Kubricky, Cinammon ^U			1	1	*	*	1	*	*	*	*	1	NM	*	*	*	*	*	*	3
Mueller, Chris			*	*	*	*	*	1	*	*	*	*	NM	*	*	1	*	*	*	1
Ransom, Shannon	*	*	*	*	*	*	*	1	*	*			NM							
Robles, Raul	*	*	1	1	1	*	1	*	*	1	1	1	NM	*	1	1	1	*	*	4
Rucker, James	1	1	1	*	*	1	*	*	*	*	*	1	NM	*	*	*	*	*	1	5
Quezada-Torres, Karla	*	*	*	*	*	1	*	*	*	*	*	*	NM	*	*	*	*	1	*	2
Underwood, Regina	*	*	*	*	*	*	*	*	*	*	*	*	NM	*	*	*	*	*	*	0
Van Brocklin, Rhea	*	*	*	*	*	1	*	*	*	*	*	*	NM	*	*	*	*	*	*	1
Villafan, Freddy																			*	0

Absence from all weekly meetings in a month = absence for the month

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

U = Unaffiliated Consumer NM = Committee did not meet

= number of absences * = present

CC = Co-Chair

U = Unaffiliated Consumer

= number of absences

C = Chair

1 = Absence

N = Non-HPG member

CC = Co-Chair

NM = Committee did not meet

* = present

RW 2022-23 PART A AWARD INFORMATION									RW 2022-23		
Funding Source								Total RW 2022-23 Award	YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN AS OF Aug 2022		
Part A								11,183,176.00			
Part A MAI								793,221.00			
TOTAL AWARD AMOUNT								11,976,397.00			
58.30%											
FY22-23 ALLOCATION BREAK DOWN											
Funding Source	Admin. \$		Admin. %	CQM \$	CQM %	RW 2022-23 Service dollars	Total	CORE Medical Services	Support Services		
Part A	1,118,316.00	1,118,316.00	10%	315,170.00	2.818%	9,749,690.00	11,183,176.00	70%	30%		
Part A MAI	79,321.00	79,321.00	10%	39,661.00	5.0%	674,239.00	793,221.00				
TOTAL	1,197,637.00			354,831.00		10,423,929.00	11,976,397.00	70%	30%		
Ryan White Part A Allocations											
Service Categories	HRSA Ranking	Priority Ranking	RW 2022-23 HPG Allocation as of 08/11/21	%	HPG Approved Actions +/-	RW 2022-23 HPG Total as of today	%	RW 2022-23 Year to Date Expenditure	RW 2022-23 Year-to-Date - The % below is the % of the Budget Spent 50% of Year	RW 2022-23 Balance	Comments
Outpatient Ambulatory Health Services: Primary Care	1l	1	1,307,630.00	14%	\$ (475,000.00)	832,630.00	9%	361,233.68	43%	471,396.32	\$275,000 decrease by HPG 03/23/22 \$100,000 decrease by HPG 08/10/22 \$100,000 decrease by HPG 09/28/22
Outpatient Ambulatory Health Services: Medical Specialty	1l	2	383,386.00	4%	(190,000.00)	193,386.00	2%	72,800.42	38%	120,585.58	\$110,000 decrease by HPG 03/23/22 \$30,000 decrease by HPG 07/27/22 \$50,000 decrease by HPG 09/28/22
Psychiatric Medication Management	1j	3	28,036.00	84%	-	28,036.00	0%	3,091.00	11%	24,945.00	
Oral Health	1k	4	300,940.00	84%	(100,000.00)	200,940.00	2%	62,089.89	31%	138,850.11	\$100,000 decrease by HPG 07/27/22
Medical Case Management	1h	5	1,268,338.00	14%	50,000.00	1,318,338.00	14%	546,000.06	41%	772,337.94	\$50,000 increase by HPG 08/10/22
Case Management-Non-Medical for Housing NEW		7	250,000.00	3%	-	250,000.00					
Housing: Emergency Housing	2e	8	280,000.00	3%	500,000.00	780,000.00	8%	498,381.04	64%	281,618.96	\$250,000 increase by HPG 03/23/22 \$100,000 increase by HPG 07/27/22 \$150,000 increase by HPG 09/28/22
Housing: Location, Placement and Advocacy Services NEW		9	100,000.00	1%	-	100,000.00					
Housing: Partial Assistance Rental Subsidy (PARS)	2e	10	667,507.00	100%	100,000.00	767,507.00	8%	364,795.55	48%	402,711.45	\$100,000 increase by HPG 06/22/22
Non-Medical Case Management	2h	6	392,021.00	4%	50,000.00	442,021.00	5%	176,863.58	40%	265,157.42	\$50,000 increase by HPG 08/10/22
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF)	1c	11	943,317.00	10%	50,000.00	993,317.00	10%	453,267.93	46%	540,049.07	\$50,000 increase by HPG 09/28/22
Childcare Services	2a	11a	-	0%		-	0%	-	0%	-	
Early Intervention Services: Regional Services	1c	12	800,386.00	9%	-	800,386.00	8%	402,868.40	50%	397,517.60	
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	300,000.00	3%	100,000.00	400,000.00	4%	131,392.98	33%	268,607.02	\$100,000 increase by HPG 06/22/22.
Home-based Health Care Coordination	1e	19	228,500.00	2%		228,500.00	2%	82,746.46	36%	145,753.54	
Mental Health: Counseling/Therapy & Support Groups	1j	15	761,062.00	8%	250,000.00	1,011,062.00	10%	336,434.90	33%	674,627.10	\$160,000 increase by HPG 03/23/22 \$140,000 increase by HPG 06/22/22 \$50,000 decrease by HPG 09/28/22
Substance Abuse Services: Residential	2o	18	-	0%	-	-	0%	-	0%	-	
Substance Abuse Services: Outpatient	1m	17	269,959.00	3%	45,168.00	315,127.00	3%	131,811.44	42%	183,315.56	\$45,168 increase by HPG 06/22/22.
Transportation: Assisted and Unassisted	2g	20	127,830.00	1%	15,000.00	142,830.00	1%	57,314.58	40%	85,515.42	\$15,000 increase by HPG 06/22/22.
Food Services: Food Bank/Home-Delivered Meals	2c	21	536,073.00	6%	-	536,073.00	5%	228,723.45	43%	307,349.55	
Medical Nutrition Therapy	1i	22	35,542.00	0%		35,542.00	0%	17,461.42	49%	18,080.58	
Legal Services	2i	23	285,265.00	3%		285,265.00	3%	118,826.23	42%	166,438.77	
Emergency Financial Assistance	2b	24	53,730.00	1%	(25,000.00)	28,730.00	0%	9,648.88	34%	19,081.12	\$25,000 decrease by HPG 03/23/22.
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%	-	
Psychosocial Support Services		16	-	0%	60,000.00	60,000.00	1%	-	0%	60,000.00	\$30,000 increase by HPG 06/22/22 \$30,000 increase by HPG 07/27/22
			-	0%	-	-	0%	-	0%	-	
Subtotal			9,319,522.00	357%	-	9,749,690.00	96%	4,055,751.89	42%	5,693,938.11	
Ryan White Part A Minority AIDS Initiative (MAI)			RW 2022-23 Allocation as of 08/11/21		HPG Approved Actions +/-	RW 2022-23 MAI Total as of today	%	RW 2022-23 Year to Date Expenditure	RW 2022-23 Year-to-Date - The % below is the % of the Budget Spent 50% of Year	RW 2022-23 Balance	Comments
Case Management (Non-Medical)			562,901.00		1,337.00	76,180.00	11%	32,969.07	43%	43,210.93	\$1,337 increase HPG
Medical Case Management						260,529.00	39%	83,232.00	32%	177,297.00	
Mental Health Services						149,066.00	22%	90,914.52	61%	58,151.48	
Outreach Services						42,892.00	6%	10,634.04	25%	32,257.96	
Substance Abuse Services (Outpatient)						35,572.00	5%	12,548.38	35%	23,023.62	
Housing: Emergency Housing			100,000.00		-	100,000.00	15%	97,326.96	97%	2,673.04	
Subtotal			662,901.00		1,337.00	664,238.00	100%	327,624.97	49%	336,613.03	
TOTAL			9,982,423.00		1,337.00	10,413,928.00		4,383,376.86	42%	6,030,551.14	
CORE and Support Sevices allocation break-down											
Services	Total Allocation			Total Expenditure		Total Balance					
CORE Medical Services	4,766,959.00			1,808,201.93		2,772,757.07					
Support Services	4,982,731.00			2,283,871.01		2,489,979.99					
TOTAL	9,749,690.00			4,092,072.94		5,262,737.06					

YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN AS OF August 2022 FOR PRIMARY CARE
RW 2223 SERVICE DOLLAR ALLOCATIONS AND EXPENDITURES

Funding Source	RW 22/23 Service Dollars	Contract Year	Contract YTD Expenditure	% of Year Invoiced	% Spent	Balance	Comments
RW-Part A	932,630.00	March 2022/February 2023	361,233.68	49.98%	39%	571,396.32	Part A Payment Summary as of August 2022 invoices.
RW-Part B	407,426.00	April 2022/March 2023	280,859.00	41.65%	69%	126,567.00	Part A Payment Summary, Part B tracking as of August 2022 invoices.
TOTAL	1,340,056.00		642,092.68	58.30%		697,963.32	

YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN AS OF AUGUST 2022
RW 2223 SERVICE DOLLAR ALLOCATIONS AND EXPENDITURES

Funding Source	RW 2022/2023 Service Dollars	Contract Year	Contract YTD Expenditure	% of Year Invoiced	% Spent	Balance	Comments
Ryan White Part B							
Outpatient Ambulatory Health Services (Medical)	407,426.00	April 2022-March 2023	280,859.00	42%	69%	126,567.00	Part A Payment Summary, Part B tracking as of August 2022 invoices.
Early Intervention Services (Expanded HIV Testing)	-		-	42%	-	-	
Early Intervention Services (Focused Testing)	187,900.00		72,068.76	42%	38%	115,831.24	Part B Payment Summary as of August 2022 invoices.
Medical Case Management (Emergency Financial Assistance)	177,716.00		132,640.78	42%	75%	45,075.22	Part B Payment Summary as of August 2022 invoices.
Housing (Substance Abuse Services-Residential)	518,632.00		252,237.50	42%	49%	266,394.50	Part B Payment Summary as of August 2022 invoices.
Non-medical Case Management (Rep Payee)	50,000.00		20,083.03	42%	40%	29,916.97	Part B Payment Summary as of August 2022 invoices.
CoSD Medical Case Management	403,173.24		117,843.27	42%	29%	285,329.97	Per Q1 Apr-Jun Qtrly invoice
CoSD Early Intervention Services	396,483.18		131,680.25	42%	33%	264,802.93	Per Q1 Apr-Jun Qtrly invoice
Ryan White Part B Total	2,141,330.42		1,007,412.59		47%	1,133,917.83	
Ryan White Part B-MAI Bridge	97,277.00	April 2022-March 2023	42,539.16	42%	44%	54,737.84	Part B-MAI Payment Summary as of August 2022 invoices.
Prevention 2022							
<i>Counseling and Testing</i>	180,000.00	January -December 2022	120,719.32	67%	67%	59,280.68	Prevention Payment Summary as of August 2022 invoices.
<i>Evaluation/ Linkage Activities/ Needs Assessment</i>	813,315.00		467,295.54	67%	57%	346,019.46	Prevention Payment Summary as of August 2022 invoices. Pending one August invoice.
Prevention Total	993,315.00		588,014.86			405,300.14	
CDPH Ending the HIV Epidemic- Co	\$3,072,646	August 2021- July 2022	94,762.50	100%	3%	2,977,883.50	FY2122 CDPH EHE Comp A Payment Summary as of July 2022 invoices.
HRSA Ending the HIV Epidemic	\$1,455,283	March 2022 - February 2023	575,555.31	50%	40%	879,727.69	HRSA EHE Payment Summary as of August 2022 invoices.
TOTAL	7,759,851.42		2,308,284.42		30%	5,451,567.00	

SUMMARY OF SERVICES FOR FY22

Mar. 1, 2022- Feb. 28, 2023

RYAN WHITE SERVICES		Sep	End of Year Total	Prior Year Total
FY 2022-2023				
Unduplicated clients served	Clients	1,301	121	3,034
New	Clients	121		
Returning	Clients	1,180		
VIRAL LOAD SUPPRESSION				
Virally suppressed	Clients	999		
% Virally suppressed		91%		
With Test	Tests	1,095		
Without Test	Tests	206		
PART-A SERVICES				
Outpatient Ambulatory Health Services: HIV Primary Care*	Visits	72	72	1,010
	Clients	68	523	582
Outpatient Ambulatory Health Services: Medical Specialty Care	Visits	0	0	91
	Clients	0	84	61
Psychiatric Medication Management	Visits	1	1	29
	Clients	1	7	19
Oral Health Care: Dental Care	Visits	86	86	534
	Clients	73	288	249
Early Intervention/Integrated Services for Women, Children & Families: Coordinated Care	Visits	59	59	1,116
	Clients	24	143	116
Early Intervention/Integrated Services for Women, Children & Families: Childcare	Visits	2	2	65
	Clients	2	38	52
Early Intervention Services: Regional Services	Visits	776	776	4,945
	Clients	353	941	1,076
Early Intervention Services: Peer Navigation Services	Visits	83	83	658
	Clients	22	148	138
Early Intervention Services: Outreach Services	Visits	0	0	0
	Clients	0	0	0
Medical Case Management Services	Visits	870	870	6,870
	Clients	382	718	783
Home-based Health Care Coordination	Visits	66	66	529
	Clients	18	40	47
Case Management -Non-Medical	Visits	390	390	4,048
	Clients	186	304	445

*Includes Part B funded services

SUMMARY OF SERVICES FOR FY22

Mar. 1, 2022- Feb. 28, 2023

RYAN WHITE SERVICES		Sep	End of Year Total	Prior Year Total
Mental Health Services: Counseling/Therapy	Visits	201	201	2,059
	Clients	98	213	243
Substance Abuse Treatment Services – Residential*	Visits	0	0	0
	Clients	0	26	0
Substance Abuse Treatment Services - Outpatient	Visits	296	296	1,665
	Clients	51	85	57
Housing Services: Partial Assistance Rental Subsidy	Visits	113	113	883
	Clients	112	128	148
Medical Transportation Services - Assisted	Visits	26	26	8
	Clients	23	27	4
Medical Transportation Services - Unassisted	Visits	195	195	1,994
	Clients	145	391	432
Housing Services: Emergency Housing Assistance	Visits	33	33	696
	Clients	31	337	314
Food Services: Food Bank/ Home Delivered Meals	Meals	3809	3,809	27,050
	Clients	137	192	306
Medical Nutrition Therapy	Visits	11	11	99
	Clients	11	64	70

*Includes Part B funded services

SUMMARY OF SERVICES FOR FY22

Mar. 1, 2022- Feb. 28, 2023

RYAN WHITE SERVICES		Sep	End of Year Total	Prior Year Total
PART-A SERVICES continued				
Legal Services	Visits	14	14	133
	Clients	14	74	80
Emergency Financial Assistance	Visits	18	18	379
	Clients	9	56	70
Internet Access	Visits	0	0	2
	Clients	0	1	2
Internet Equipment	Visits	0	0	20
	Clients	0	0	11
Collateral Contacts	Visits	218	218	2,395
	Clients	140	479	510
MAI SERVICES				
Medical Case Management Services	Visits	73	73	1,251
	Clients	42	118	148
Mental Health Services: Therapy/Counseling	Visits	76	76	304
	Clients	37	74	54
Substance Abuse Treatment Services - Outpatient	Visits	35	35	81
	Clients	14	26	19
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	75	75	546
	Clients	41	82	55

*Includes Part B funded services

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE 2023 WORKPLAN

<p><u>January 12, 2023</u></p> <ul style="list-style-type: none"> • Discuss and plan for the three components of the Needs Assessment process <ul style="list-style-type: none"> ◦ Regional Community Meetings (timeframe) ◦ Survey of HIV Impact planning (2023) ◦ Provider Survey (timeframe) • Special data needs from the Recipient • Review service categories that underspend (monthly) • Service utilization report (monthly report) 	<p><u>June 15, 2023</u></p> <ul style="list-style-type: none"> • Review data on HIV Care Continuum/ Unaware Estimate & discuss finding <ul style="list-style-type: none"> ◦ incl. data on RW clients vs. all clients ◦ Incl. data on viral suppression rates in the African American/Black population (incl. of RW clients vs. all clients) • Annual report on percent of individuals linked to care, and retention rates and viral suppression (at this time it is unknown when report will be ready) • Review service categories that underspend (monthly) • Service utilization report (monthly report)
<p><u>February 9, 2023</u></p> <ul style="list-style-type: none"> • Review Co-occurring conditions, poverty, and insurance • Review service categories that underspend(monthly) • Service utilization report (monthly report) 	<p><u>June 22, 2023</u></p> <ul style="list-style-type: none"> • Review YTD data on service utilization and discuss findings • Summarize/Finalize data on HIV Care Continuum/Unaware Estimate • Summarize/Finalize data on regional focus groups • Review service categories that underspend(monthly) • Service utilization report (monthly report)
<p><u>March 9, 2023</u></p> <ul style="list-style-type: none"> • Review Integrated (Comprehensive) Plan/Getting to Zero Plan goals related to PSRAC • Summarize/finalize data on co-occurring conditions, poverty, and insurance. • Address change in FY 23 Part A funding (if needed) • PARS Report • Review service categories that underspend(monthly) • Service utilization report (monthly report) 	<p><u>June 29, 2023</u></p> <ul style="list-style-type: none"> • MEETING? (Thursday before Independence Day weekend)
<p><u>April 13, 2023</u></p> <ul style="list-style-type: none"> • Address change in FY 23 Part A funding (if needed) • Review regional distribution of RWTEA Part A services & discuss findings • Review data on Ryan White service eligibility criteria & other service guidelines and discuss findings • PARS Report 	<p><u>July 6, 2023</u></p> <ul style="list-style-type: none"> • Review any additional data that is available • Review/finalize summary data findings Recommendations with justifications to HIV Planning Group for service priority ranking, and how services should be organized and delivered in FY 24 • Review updated HIV/AIDS Epidemiology data & discuss findings (if available)

<ul style="list-style-type: none"> Review service categories that underspend(monthly) Service utilization report (monthly report) 	<ul style="list-style-type: none"> PARS Report Review service categories that underspend (monthly) Service utilization report (monthly report)
<u>May 11, 2023</u> <ul style="list-style-type: none"> Review HIV/AIDS Epidemiology data & discuss findings PARS Report Review 2021 Survey of HIV Impact data & discuss findings, esp. Out-Of-Care data Summarize/Finalize data on regional distribution of RWTEA Part A services Summarize/Finalize data on Ryan White service eligibility criteria and other service guidelines Review service categories that underspend(monthly) Service utilization report (monthly report) 	<u>July 13, 2023, July 20, 2022 and July 27, 2023 (if needed)</u> <ul style="list-style-type: none"> Summarize updated HIV/AIDS Epidemiology data (if available) Review all data findings and summaries Complete recommendations with justifications for changes in funding allocations for FY 24
<u>June 1, 2023</u> <ul style="list-style-type: none"> Review HRSA and Ryan White Part A guidelines (PCN 1602) Summarize/finalize data on HIV Epidemiology Review service categories that underspend(monthly) Service utilization report (monthly report) 	<u>August 3 and/or 10, 2023 (if needed)</u> <ul style="list-style-type: none"> As needed for FY 24 priority setting and budget allocation process (next fiscal year) and/or FY 23 reallocations (current fiscal year) PARS Report Review service categories that underspend (monthly) Service utilization report (monthly report)
<u>June 8, 2023</u> <ul style="list-style-type: none"> Review information on non-Ryan White services in the community, esp. mental health and drug and alcohol services. (County's budget includes some of this detail) https://www.sandiegocounty.gov/openbudget/ Review data on regional focus groups and GTZ Action Plan Community Feedback Report and discuss findings PARS Report 	<u>September 7 and/or October 12, 2023</u> <ul style="list-style-type: none"> Debrief the FY 24 priority setting and budget allocation process Develop 2024PSRAC work plan PARS Report Review service categories that underspend(monthly) Service utilization report (monthly report)



JOIN US!

SAN DIEGO HIV PLANNING GROUP ORIENTATION

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

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

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

Register in advance for this webinar:

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

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



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



**Se les
invita!**

ORIENTACIÓN PARA EL GRUPO DE PLANIFICACIÓN PARA VIH DE SAN DIEGO

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

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

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

Regístrese por Avanzado para el seminario:

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

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



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

DR. A. BRAD TRUAX AWARDS



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

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

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

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

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

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

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



Nominations

Who is Eligible:

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

Who Can Nominate:

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

Nomination Procedure:

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

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

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

DR. A. BRAD TRUAX AWARDS



INVITACIÓN A PROPONER NOMINACIONES PARA PREMIO A. BRAD TRUAX 2022

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

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

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

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

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

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



Nominaciones

A quién se puede nominar:

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

Quién puede nominar:

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

Procedimiento de nominación:

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

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

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