

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, 2021, which stated that utilizing teleconferencing options for public meetings is an effective and recommended social distancing measure to facilitate participation in public affairs and encourage participants to protect themselves and others from the COVID-19 disease.

VI. Next Steps

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

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

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



County of San Diego

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AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES

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


HEALTH OFFICER TELECONFERENCING RECOMMENDATION

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

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

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

September 23, 2021



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



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SAN DIEGO HIV PLANNING GROUP (HPG) STEERING COMMITTEE

Tuesday, October 18, 2022 11:00 a.m.
Meeting by WebEx

This meeting is audio and video recorded.

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

A quorum for this committee is 4

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

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

DRAFT AGENDA

1. Call to order
2. **Action:** Continuance of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e).
 - a. Find that the Committee has reconsidered the circumstances of the State of Emergency
 - b. Find that State and local officials continue to recommend measures to promote social distancing
3. Comments from the Chair and moment of silence
4. Public comment (for members of the public)
5. Sharing our concerns (for committee members)
6. Review/approve Steering Committee agenda for October 18, 2022
7. **Action:** Review/approve HPG meeting agenda for October 26, 2022 (included in the meeting packet)
8. Committee Reports and Recommendations:
 - a. Membership Committee:
 - i. Recommendation(s) for HPG membership
 - b. Priority Setting and Resource Allocations Committee:
 - i. Recommendation(s) for reallocation of funds in FY 22 (the current fiscal year, March 1, 2022 – February 28, 2023)
 - c. Consumer Group:
 - d. Strategies and Standards Committee:
 - i. Recommended changes to Universal service standards
 - e. Medical Standards and Evaluation Committee:
 - f. Steering Committee:

- i. **Action:** Approval of Board Letter to accept additional Ending the HIV Epidemic (EHE) funds

9. Process/governance issues:

- a. Review: Public comments/HPG member comments/Suggestions to the Steering Committee from previous HPG meeting(s)
- b. Review public comment process used by the County Board of Supervisors
- c. Update: GTZ Community Engagement Project – 3-Year HIV Planning Group (HPG) Action Plan
- d. Update: Status of proposed changes to HPG Bylaws
- e. Follow-up: Conflict of Interest policy and Conflict of Interest Disclosure Form for Planning Group Member, Members Elect, and non-HPG Committee member
 - i. Training on new policy for HPG and Committee members at HPG meeting on October 26, 2022 with follow-up at committee meetings.
- f. Update: Recommendations regarding discrimination/anti-racism training/consultant as related to Implementation of JEDI Principles
- g. Update: Preparation for in-person meetings / Retreat Planning
- h. Update: Integrated Statewide Strategic Plan
- i. Discussion: Recognition for Joe Zilvinskis
- j. **Action:** Consumer Group name change to Community Engagement Group
- k. Discussion: Brief written committee reports for Steering/HPG meeting
- l. Discussion: Process for referring items from committees to the Steering Committee
- m. Review 2022 HPG Work Plan and 2023 DRAFT Work Plan
- n. Discussion: November and December meeting schedule

10. Update and budget review from the HIV, STD, and Hepatitis Branch (HSHB) – Patrick Loose

- a. HSHB Monthly Report – October 2022
- b. FY 22 Expenditure/Budget review
- c. Service Utilization Summary Report – September 2022
- d. Monthly Goldenrods CQM update – September 2022
- e. HRSA, CDC and CDPH policies and procedures updates
- f. Administrative Budget review – Rodney von Jaeger

11. **Action:** Approve committee meeting minutes from June 14, 2022, July 19, 2022, and September 20, 2022 meetings.

12. Review follow-up items from the minutes

13. Review committee attendance

14. Future agenda items for consideration

15. Announcements

16. Confirm next meeting date: **November 8, 2022** or **TBD**, Location: **WebEx**

17. Adjournment



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SAN DIEGO HIV PLANNING GROUP (HPG) Wednesday, October 26, 2022 - 3:00 PM Meeting via WebEx

Join the meeting via phone: 1-470-238-5742 US Toll / 52-55-6722-5298 Mexico Toll

Participantes que solicitan traducción al español: (Deben notificar al personal de apoyo con 96 horas de anticipación). Recibirán un correo electrónico con el número para llamar.

This meeting is audio and video recorded.

A quorum for this meeting is 14

DRAFT AGENDA

ORDER OF BUSINESS

1. Call to Order/Establish Quorum; (2 min)
2. Continuance of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e). (4 min)
 - a) Find HPG has reconsidered the circumstances of the State of Emergency
 - b) Find that State and local officials continue to recommend measures to promote social distancing.
3. Chair Comments; Ground Rules & Abstentions (5 min)
4. Public Comment (See page 2 of agenda for rules) (5 min)
5. Sharing our concerns/Comments on Items not on the agenda (for HPG members) (5 min)
6. **ACTION:** Approval of HPG agenda for October 26, 2022 (5 min)
7. Old Business: None
8. New Business
 - a. **ACTION:** (Membership Committee): Review and approve recommendation(s) for HPG membership. (0 min)
 - b. **ACTION:** (Priority Setting Committee): Review and approve recommendations for reallocation of funds in FY 22 (the current year, March 1, 2022 – February 28, 2023) (10 min)
 - c. **ACTION:** (Steering Committee): Approve board letter to accept additional Ending the HIV Epidemic (EHE) funding (5 min)
 - d. **ACTION:** (Strategies and Standards Committee): Recommended changes to Universal service standards (10 min)

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

- e. Presentation: HPG Conflict of Interest (COI) policy and COI disclosure form – Rodney von Jaeger (5 min)
- f. **ACTION:** Approval of HPG consent agenda for October 26, 2022, which includes: Approval of HPG Minutes from September 28, 2022; acceptance of the following committee minutes: Strategies and Standards Committee: **September 6, 2022**; **Membership Committee: September 14, 2022**; Priority Setting and Resource Allocation Committee: **September 8, 2022**; Consumer Group: **September 21, 2022**; (Included for your information, not for acceptance; CARE Partnership: **September 19, 2022**; **HIV Housing Committee: TBD**; Faith-Based Action Coalition: September 8, 2022) (4 min)
- g. Review follow-up items from meeting minutes (5 min)
- 9. HIV, STD, and Hepatitis Branch (HSHB) Reports – Patrick Loose (15 min)
 - a. HSHB Monthly Report: October 2022
 - b. HRSA, CDC and CDPH policies and procedures updates
 - c. Expenditure/budget review
 - d. Service Utilization Summary Report – September 2022
 - e. Monthly Client Service Evaluation (Goldenrod) Summary Report CQM update – September 2022
- 10. Reports
 - a. Committee Reports (Consumer, Membership, Strategies & Standards, PSRAC, Medical Standards) (12 min)
 - b. Planning Group Support Staff (PGSS) Report – Rodney von Jaeger (2 min)
 - i. Administrative budget review
 - ii. Update: In-person meetings
 - c. Report from State Office of AIDS (OA) and AIDS Drug Assistance Program (ADAP) – (included in meeting packet) - Abigail West and Jesse Peck by teleconference, 1616 Capitol Ave, 6th Fl, Ste 616, Sacramento, CA 95814) (2 min)
 - d. GTZ Community Engagement Project Updates (6 min)
 - e. California HIV Planning Group (CHPG) (2 min)
 - f. Faith-Based Action Coalition (2 min)
- 11. Suggestions to Steering Committee for consideration of future items (2 min)
- 12. Announcements (2 min)
- 13. Next Meeting Date: **Wednesday, November 16, 2022** (if needed) Location: **WebEx**
- 14. Adjournment

Public comment rules:

- Will be heard in the following segments: 1) at the beginning of the meeting, for comments not relating to agenda items, and 2) at the start of each agenda item for comments relating to the item.
- If you would like to make a public comment/say something to the HIV Planning Group please click “raise your hand” in WebEx or Zoom, type something in the chat box, or unmute yourself and ask to be recognized by the Chair.
- Limit of ten minutes per segment and two minutes per speaker except under special circumstances based upon the expected number of speakers, the timeframe for decision-making, and whether additional public meetings have been held prior to the HIV Planning Group, at which extensive public and community comment was heard and included in reports or recommendations before the HIV Planning Group. Under any or all these circumstances, the Chair may modify the time limit for public comment. The time is allotted to provide comment only, not to ask questions or engage in a discussion with HIV Planning Group members.

Public comment presented at IVI Planning Group meetings does not require response or discussion by the HIV Planning Group. All comments shall be made in a respectful manner (e.g., no profanity, yelling, bullying, or abusive language).



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

Recommendations for Re-Allocation for FY 22-23 (03-01-2022 to 02-29-2023)

DATE: October 26, 2022

ITEM: Approve the Priority Setting and Resource Allocation Committee's (PSRAC) recommendations for re-allocating Part A funds in fiscal year 22-23.

BACKGROUND:

The HIV, STD, and Hepatitis Branch (HSHB) is continuing to see high utilization of Emergency Housing Assistance (EHA), and we are recommending an increase to avoid any future potential interruption of the availability of this key service. Additionally, HSHB recommends an increase for the following:

- **Transportation:** HSHB recommends an increase of \$10,000, which will provide approximately 180 transportation trips to approximately 40 clients.
- **Medical Case Management:** HSHB recommends an increase of \$43,512, which will provide 690 sessions to approximately 30 clients.
- **Non-Medical Case Management:** HSHB recommends an increase of \$10,360, which will provide an additional 154 units of service for approximately 7 clients.
- **Mental Health:** HSHB recommends an increase of \$47,893 to support increased costs due to the critical shortage of licensed mental health providers.

Finally, due to delays in the procurement process, HSHB recommends eliminating current allocations for non-Medical Case Management for Housing, Housing: Location, Placement and Advocacy Services, and Psychosocial Support Services. These services will be included in a procurement for services to begin March 1, 2023.

The above was reviewed at the PSRAC meeting of October 13, 2022 and committee made the following recommendations:

RECOMMENDATIONS:

Action Item Info Sheet
Reallocations
October 26, 2022

1. **Action Item:** Decrease funding to non-Medical Case Management for Housing (priority #7) by **\$250,000** from **\$250,000** to **\$0**.
2. **Action Item:** Decrease funding to Housing: Location, Placement and Advocacy Services (priority #9) by **\$100,000** from **\$100,000** to **\$0**.
3. **Action Item:** Decrease funding to Psychosocial Support Services (priority #16) by **\$60,000**, from **\$60,000** to **\$0**.
4. **Action Item:** Increase funding to Emergency Housing Assistance (priority #8) by **\$298,235** from **\$780,000** to **\$1,078,235**.
5. **Action Item:** Increase funding to Transportation (priority #20) by **\$10,000**, from **\$142,830** to **\$143,830**.
6. **Action Item:** Increase funding to Medical Case Management (priority #5) by **\$43,512**, from **\$1,318,338** to **\$1,361,850**.
7. **Action Item:** Increase funding to non-Medical Case Management (priority #6) by **\$10,360**, from **\$442,021** to **\$452,381**.
8. **Action Item:** Increase Mental Health (Counseling/Therapy) (priority #15) by **\$47,893**, from **\$1,011,062** to **\$1,058,955**.

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



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SAN DIEGO HIV PLANNING GROUP STRATEGIES AND STANDARDS COMMITTEE ACTION ITEM INFORMATION SHEET

APPROVE CHANGES TO THE UNIVERSAL SERVICE STANDARDS FOR RYAN WHITE SERVICES

DATE: October 26, 2022

ITEM

Consider and vote to approve the changes to the Universal service standards for Ryan White services.

BACKGROUND

The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) requires that jurisdictions funded to deliver Ryan White Part A and B services establish service standards for each service category approved by the local planning group and delivered by providers. Service standards outline the elements and expectations a Ryan White Service provider follows when implementing a specific service category. The purpose of service standards is to ensure that all Ryan White service providers offer the same fundamental components of the given service category across a service area.

The service standards serve as instructions to the HIV, STD, and Hepatitis Branch (HSHB). HSHB must ensure that all service standards established by the HIV Planning Group are included in any procurement for services. Further, HSHB is responsible for monitoring service providers to ensure that the service standards are being met.

These standards are developed and overseen by the Strategies and Standards Committee and the Medical Standards and Evaluations Committee (MSEC) with input from the Consumer Group for feedback, and sent to the HIV Planning Group for review and approval.

At its meeting on May 10, 2022, the MSEC established a work group to consider recommendations from the Getting to Zero (GTZ) Community Engagement Action Plan. The work group recommended modifications to the Universal Standards, which were discussed and reviewed by the MSEC at a meeting on September 13, 2022. MSEC approved the recommendations and forwarded them to the Strategies and Standards Committee, which discussed and approved them at a meeting on October 4, 2022.

Action Item Information Sheet:
Change to Universal Service Standards
October 26, 2022

- Update Universal Standards to ensure that clients, if interested, can participate in virtual medical visits. This responds to GTZ Consumer Recommendation 3: Ensure HIV services (Primary Care, Mental Health, Case management) assess client capacity to access to telehealth appointments.
- Update Universal Standards/Intake Requirements to include specific service information and assessments. This responds to GTZ Consumer Recommendation 5: Provide service information and rapid access to basic support services
- Update Universal Standards/Client Rights and Responsibilities to support inclusion of family and/or other identified support. This responds to GTZ Recommendation 7a. Increase opportunities/programs for social support of those living with or at higher risk for HIV who may, as a function of family or community stigma, have fewer social supports.
- Update Universal Standards to include requirements for serving transgender clients. Supports GTZ Consumer Recommendation 8: Increase the number of HIV service sites that have the capacity for whole person-whole health services including PrEP, mental health services, substance use treatment services, hormone treatment, case management, and housing resources.

Proposed changes are tracked in the attached document below.

RECOMMENDATIONS

Approve the changes to the Universal service standards as noted in the document.

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

Universal Standards

Intake Requirements

To receive Ryan White services, clients must establish eligibility by providing:

- Documentation of HIV infection (only required one time at initial enrollment)
- Documentation of residency in San Diego County
- Documentation that their income does not exceed 500% of the federal poverty level
- Documentation of insurance status and any other third-party payers.

Once a client has established eligibility, they will be enrolled in the Ryan White program. Clients maintain their enrollment by completing an annual re-enrollment at 12 months. For mid-year recertifications, clients do not need to provide additional documentation unless there has been a change in residency, income, or insurance status. Documentation of residency, income and insurance status is required for all annual re-enrollments.

Beginning in March 2021, once a client has established eligibility, they will appear on a secure eligibility list, updated weekly, at which time they can receive services from any Ryan White Part A or B provider in San Diego County without having to provide any additional documentation to establish eligibility for Ryan White services.

For all service categories except Emergency Financial Assistance and Housing, clients can receive services for up to 30 days before providing all documentation required to complete enrollment.

At the time of intake, providers are required to verify that any client seeking Ryan White Services has been enrolled in the AIDS Regional Information and Evaluation System (ARIES). For clients who are new to the Ryan White system of care, providers must obtain a signed ARIES consent form from the client and enter new client into ARIES. All service utilization data will then be reported in the ARIES system. Clients who do not sign an ARIES consent form are not eligible to receive Ryan White Part A and B funded services.

Also, at the time of intake, providers are required to assess needs of client and their ability to meet these needs through Ryan White services or offer appropriate referrals. To the degree that telehealth appointments are appropriate for, continue to be allowable by third party payors and are provided to clients, information regarding the potential availability of telehealth services as well as the availability of assistance with the provision of necessary equipment and some limited internet access will be provided. Additionally, providers are required to review client rights and responsibilities, complaint and grievance policies and confidentiality and sharing of protected health information.

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

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

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

Providers of prevention services must integrate the Local Evaluation Online (LEO) Privacy Notice into intake processes. Clients need to be presented with a privacy notice and are not required to consent to having their personal information entered into LEO in order to receive services.

Standard	Measure
Clients must meet local and federal program requirements to be eligible to receive Ryan White Part A/B services	Documentation of annual enrollment and mid-year recertification retained in client file OR documentation in client file that the client appears on the Ryan White eligibility list.
Clients seeking Ryan White funded services are enrolled in ARIES and sign a consent form	Documentation of consent form is required and retained in client file

Clients seeking prevention services are presented with a privacy notice	Documentation of provision of privacy notice are retained in client file
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Service providers must be mindful of the amount of paperwork required and seek to consolidate as feasible. Clients are encouraged to communicate if they do not understand any part of the intake process.

Client Rights and Responsibilities

Clients have the right to receive services that address their needs, as well as refuse services. Clients may actively engage in decision making. Clients also have the right to involve their family members and/or other identified support persons in support of their care, if they wish. Consent will be required in order for any information to be shared directly by providers with such persons. All providers must have written policies and procedures regarding client rights and responsibilities. Clients are informed of these rights and responsibilities during intake and a written copy is made available.

Clients are informed of expectations when accessing services. If a client does not meet these expectations, the provider is responsible for informing the client of needed changes and a contract may be implemented in order for client to continue receiving services. Failure to comply with a contract may require additional corrective action. Clients will not be denied service due to knowledge of current or prior substance use.

Clients shall not be denied services from a provider based on client’s unwillingness to participate in other services.

Standard	Measure
Clients are informed of their rights and responsibilities	Documentation of client rights and responsibilities during intake

Complaint and Grievance Process

In the event clients feel that they are not being heard or services are not being delivered in a way that addresses their needs after providing input, they have the right to make a formal complaint. Clients are to be actively engaged in the services they receive, during assessment, planning and delivery phases. This includes regular feedback to providers regarding their needs and when the services are not meeting their needs.

All providers are required to have written policies and procedures for an internal client complaint process. The policy will identify staff responsible, an appeal process, tracking system, follow-up procedures, and a timeline. Service providers will use relevant federal, state and county regulations for investigating and resolving complaints. A copy of the complaint policy will be displayed in an observable location where services are provided. Complaints and investigation results will be forwarded by the provider to the County within 24 hours of both the receipt and resolution of the complaint.

In addition to the internal complaint process, all providers are required to have written grievance policy and procedure for escalation of unresolved complaints. In addition to the internal complaint process, information on how clients may contact the County of San Diego’s HIV, STD and Hepatitis Branch will be provided.

Grievance procedures must specifically note that there will be no retaliation against clients for filling a verbal or written grievance. They also must clarify that clients will not be suspended or terminated from services based on filing a complaint or grievance.

Clients will be informed of the complaint and grievance policies during intake. Providers will also post a copy of the Client Service Evaluation form (“Goldenrod”) in an observable place. Copies of the form must be easily accessible to clients, along with a stamped self-addressed envelope to the County for review. The form may also be accessed, completed, and submitted on the HIV Planning Group website at www.sdplanning.org. Providers shall not require a client to give a form directly to them.

The following is the Goldenrod process:

1. Staff at the HIV, STD and Hepatitis Branch will process this service evaluation. If the client wishes to be contacted, staff will reach out to them within three (3) business days of receiving the form. The client will be asked for additional information (if needed) and asked if the client is comfortable sharing their name with the agency.
2. County staff will contact the agency to report the issue. The agency will be asked to respond to the client either directly or through County staff, and to follow-up in writing to staff within thirty (30) days describing

the resolution.

3. Notify the Ryan White Program Manager if there are concerns.

Standard	Measure
Clients' rights are protected, and clients have access to complaint and grievance processes and are made aware of such processes and the outcomes	Documentation of a complaint and grievance policies and client orientation of processes
Clients can file a complaint and grievance without being subject to retaliation	Verification of confidential Client Service Evaluation "Goldenrod" (available in English and Spanish) and mechanism to mail form in an observable location at sites where services are provided

Case Closure

Case closure is a systematic process for removing clients from an active caseload. A case can be reopened in the event the clients' situation and reasons for closure change.

The process includes formal client notification regarding pending case closure and the completion of a case closure summary to be maintained in the client chart. Clients are considered active providing they receive services at the minimal interval as defined by the individual service standard. Case closure may be initiated by a provider and/or client and may occur for the following reasons:

- Case resolved and/or successful attainment of goals
- Client relocated outside San Diego County
- Client initiated case closure of services
- Client does not adhere to treatment plan
- An inability to contact client for 120 days
- Client exhibits inappropriate behavior
- Client's health needs cannot be adequately addressed by the service
- Client's care is transferred to another provider

A case closure summary will be completed for each client and provided to the client when possible for each occurrence of case closure for the following service categories:

- Medical / Dental
- Medical / Non-medical Case Management
- Mental Health / Psychiatry
- Outpatient / Residential Substance Use Disorder Treatment
- Legal
- PARS

Standard	Measure
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Client's case is closed based upon at least one of the approved criteria

A case closure is noted in the client chart

For specified service categories, a case closure summary including the following:

- Most recent assessment and/or diagnosis
- Care plan at time of closure
- Referrals not yet completed
- Reason for case closure

For clients who drop out of care without notice, case closure summary including the above and the following:

- Documentation of attempts to contact client, including written correspondence and results of these attempts

Termination of Services

A provider may terminate a case (permanently close) when:

- Client is deceased
- Client demonstrates repeated non-adherence
- Client exhibits inappropriate behavior in violation of specific written policies of the provider
- Client violates confidentiality of other client(s)

The client shall be notified in writing with the reason for termination and provided a list of alternative sources of care and support services.

A termination of service summary will be completed for each client, included in the client’s record, and provided to the client upon request.

Standard	Measure
There is documentation with reason(s) for termination in the client record	A termination of service summary including the following documentation: <ul style="list-style-type: none"> • Most recent assessment and/or diagnosis • Care plan at time of termination • Referrals not yet completed • Reason for termination
Staff determine client eligibility for other programs and re-instatement in services	Documentation of “inactive status” and maintenance of records and contact information to facilitate rapid re-enrollment, as appropriate

Cultural and Linguistic Competency

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

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

All providers must have policies and procedures that address cultural competency, diversity, and inclusiveness. Provider’s intake procedures will assess client access issues, including linguistic, literacy and cultural needs, physical accessibility, and service location. Staff working directly with clients must receive a minimum of four hours of cultural competency training each year.

Providers will identify staff and volunteers who can provide bilingual/bicultural services to individuals who need or prefer to communicate in other languages. If there are no staff members or volunteers who can perform this function, the provider will develop alternate methods to ensure language

appropriate services are available.

Providers will employ proactive strategies such as partnering with other local organizations to develop a diverse workforce.

Providers will assess and ensure the training and competency of individuals who deliver language services to assure accurate and effective communication between clients, staff, and volunteers to transcend language barriers and avoid misunderstanding and omission of vital information.

Standard	Measure
Agency policies address cultural and linguistic competency	Documentation in policies on cultural and linguistic competency
Staff receive annual training on cultural competency	Documentation of all staff trainings on cultural competency
	Copies of the curriculum and handouts etc. kept on file (If training is provided by the provider)
Staff and volunteers are bilingual and can address the language needs of the populations they serve. If there are no appropriate bilingual staff or volunteers, a plan is in place to ensure language needs are met	Copy of written plan to address language needs
Provider has available written materials in the appropriate languages for the communities being served	Materials available in appropriate languages

Privacy and Confidentiality

All providers must develop written policies and procedures that address security, confidentiality and access and operations.

- All physical case and electronic files are secured at all times
- All activities that relate to client data have appropriate safeguards and controls in place to ensure information security
- All employees and volunteers working have signed a confidentiality agreement
- All staff orientation materials include client confidentiality policies and procedures and indicate how they are communicated to staff and volunteers

Policies and protocols regarding confidentiality and sharing of protected health information are explained to clients and a confidentiality agreement is signed by clients and maintained in their case files. Except in the case of medical and dental referrals, a separate Release of Information form must be signed by clients in order for information to be shared.

The form must contain:

- Name of the program or person permitted to make the disclosure
- Name of the client
- Party with whom information will be shared
- Purpose and content (kind of information to be disclosed) of the disclosure; information related to mental health, substance use disorder and HIV status require specific consent to release information
- Effective date of Release of Information (when does the form no longer authorize the exchange of information)
- Client’s signature or legal representative’s signature

Provider must ensure a private, confidential environment for clients to discuss their case(s).

Standard	Measure
Providers develop written policies and procedures that address security, confidentiality, access, and operations	Documentation of policies and procedures
All files are secured	Files inspected and noted during site visits

Staff and volunteers will receive training on privacy and confidentiality	Documentation of all staff/volunteer trainings on privacy and confidentiality
	Copies of the curriculum and handouts etc. kept on file (if training is provided by the provider)



County of San Diego

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PUBLIC HEALTH OFFICER

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

APPROVE BOARD LETTER TO ACCEPT ADDITIONAL ENDING THE HIV EPIDEMIC FUNDS

**Effective fiscal year
(3/22 - 2/23)**

DATE: October 26, 2022

ITEM

Approve Board Letter to authorize the Clerk of the Board of Supervisors to accept an increase in Ending the Epidemic funding from the Health Resources and Services Administration in the amount of \$1,000,400.

BACKGROUND

The HIV, STD, and Hepatitis Branch (HSHB) received an updated Notice of Grant Award from the Health Resources and Services Administration (HRSA) on May 25, 2022. The total grant award increased from \$5,000,000 to \$6,000,400 for the five-year grant period. In FY21/22, an additional \$667,000 was awarded, and in FY22/23 an additional \$333,400 was awarded. The funding is used for community engagement and leadership training for persons living with HIV, linkage, re-engagement and retention in HIV care, low barrier medical care, and Enhanced Data to Care (HIV molecular epidemiology).

In order to accept the grant award, the HIV, STD, and Hepatitis Branch must request the Board of Supervisors to authorize acceptance of the funds on behalf of the County of San Diego. All Board Letters must be reviewed by an advisory body. This Board Letter to accept the grant award will go before the Board of Supervisors on November 15, 2022.

The Steering Committee reviewed and approved this action item at its **October 18, 2022** meeting.

RECOMMENDATION

1. Approve the Board Letter requesting authorization to accept the Ending the HIV Epidemic FY 2022 funds.

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

**Public Comment/Sharing Concerns/Suggestions to the Steering Committee from
September 28, 2022 HPG meeting**

Agenda Item	Comment	Steering Committee response
Public Comment:	<ul style="list-style-type: none"> • A member of the public stated that when they were an HPG member and their first term expired, they were requested to submit a new HPG application; stated they are allowed to make a statement on any topic and will if an HPG member provides incorrect information, and that they continue to find the service utilization data misleading. 	<ul style="list-style-type: none"> •
Sharing Our Concerns:	<ul style="list-style-type: none"> • An HPG member noted they are seeing an increase in the number of Transgender women with no resources seeking asylum from across the Mexican border and Emergency Housing Assistance is often needed. 	<ul style="list-style-type: none"> •
Suggestions to the Steering Committee for consideration of future items	<ul style="list-style-type: none"> • None (agenda item tabled due to insufficient time) 	<ul style="list-style-type: none"> •



San Diego County Board of Supervisors Rules of Procedure



Rule 4. PUBLIC PARTICIPATION IN MEETINGS OF THE BOARD OF SUPERVISORS

- (a) The policy of the Board is to permit public participation in Board meetings. No person shall address the Board without the permission of the Chairperson. The Chairperson may limit the time for presentation and the number of persons who may address the Board on any agenda item.
 - (1) A member of the public wishing to speak on an agenda item not on the Consent Calendar shall be given an opportunity to speak for up to two (2) minutes. If there are 10 or more speakers wishing to speak on an agenda item, the Chairperson may limit all individuals to speak for up to one (1) minute.
 - (2) Agenda items on the Consent Calendar are not discussed individually; they are approved as a group by one motion. Any member of the public may comment on one or more items listed under the Consent Calendar. Each speaker shall be allowed two (2) minutes to comment on the entire Consent Calendar. The Chairperson, or any Board Member, may then briefly respond to the speaker, or request a response from a staff member, or request discussion of an item or items on the Consent Calendar. Discussion of an item, information from staff or a separate vote on any item by the Board on the Consent Calendar do not remove an item from the Consent Calendar.
 - (3) Group presentations are not permitted on non-land use or non-adjudicatory matters, however the Chairperson may allow such presentations during any particular meeting or a particular item. On land use or adjudicatory matters, project applicants or appellants, separate from public comments on the item, may be allowed to make an organized group presentation of three or more persons up to 10 minutes. During the 10-minute group presentation, each individual in the group may speak for no more than four minutes.
 - (4) The Chairperson may set limits for each side or aggregate time limits as appropriate when many persons request to speak on an agenda item. The Chairperson shall have discretion in setting time limits.
 - (5) The Board shall provide at least twice the allotted time to a member of the public who utilizes a translator to ensure that non-English speakers receive the same opportunity to directly address the Board.
 - (6) The Chairperson of a Planning or Sponsor Group is the sole official spokesperson for the group unless this responsibility is delegated in writing or otherwise established by majority vote of the group and communicated in writing to the Chairperson of the Board of Supervisors. Five minutes may be allowed for such presentation unless there are circumstances warranting additional time. If there is a minority report from the Planning or Sponsor Group, the Chairperson may

allocate up to five minutes for such presentation. The Chairperson shall have discretion in setting time limits.

- (7) Non-Agenda Public Communication: There will be a total of twenty (20) minutes scheduled at the beginning of the Tuesday and Land Use sessions for members of the public to address the Board, each speaker to be allowed no more than two minutes, on any subject matter within the jurisdiction of the Board and which is not an item on the agenda for that session. Each speaker must file with the Clerk a written Non-Agenda Public Communication Request to Speak form prior to the scheduled opening time of the session. In the event that more than ten (10) individuals request to address the Board (five individuals requesting to speak in person, five individuals requesting to speak remotely pursuant to Rule 4(c)), the first ten (10) will be heard at the beginning of the session. The remaining speakers will be heard at the conclusion of the session and granted two (2) minutes each. The Chairperson shall have discretion to allow more than ten (10) individuals to speak at the beginning of the session. Any person filing a Public Communication Request to Speak form after the time deadline established by this subsection shall not be allowed to make a presentation to the Board. All issues raised by a speaker will be automatically referred to the Chief Administrative Officer. No other action may be taken by the Board at this time.
 - (8) Members of the public that wish to show a presentation or video must bring their own computer or tablet for presentations and the necessary equipment to connect to the appropriate input on the podium or must make arrangements to submit the presentation to the Clerk of the Board of Supervisors no later than 24-hours prior to the meeting, eliminating potential technical issues. The Clerk of the Board of Supervisors shall provide connectivity guidelines on the Clerk of the Board of Supervisors' website.
- (b) Any person wishing to speak to the Board on a specific agenda item must file with the Clerk a written Request to Speak form prior to the scheduled opening time of the session or prior to the time that public comment begins on the item if the item has not been adopted without discussion. No person may yield speaking time to another person. Any person who does not wish to speak to the Board but wishes to have the record reflect a position in favor or in opposition to an agenda item may do so by indicating the same on the Request to Speak form. If an agenda item is set for a specific time, a written Request to Speak form must be filed prior to the time that public comment begins on the item. Due to the need to facilitate public comment at the meeting, submission of unintelligible, profane, deceptive, confusing or other information on Request to Speak forms that may interfere with the orderly processing of speakers may preclude a member of the public from speaking during that particular public comment period.
 - (c) In addition to providing public comments in person at Board of Supervisors meetings, the Clerk of the Board of Supervisors shall provide the ability for members of the public to address the Board of Supervisors remotely via a telephonic or other Internet-based service option at regular meetings. Individuals requesting to speak remotely must follow

- the same rules as in-person speakers and submit requests to speak through an online form in accordance with Rule 4(b).
- (d) The Board wishes to ensure that business is conducted in an orderly fashion and that all have an equal opportunity to observe and participate in the proceedings. Each person who addresses the Board of Supervisors shall not use loud, threatening, profane, or abusive language that disrupts, disturbs, or otherwise impedes the orderly conduct of the Board meeting. Any such language or any other disorderly conduct that disrupts, disturbs, or otherwise impedes the orderly conduct of the Board meeting is prohibited.
 - (e) The Chairperson may rule that a speaker is impeding the orderly conduct of the meeting if the comment is “off topic,” or otherwise unrelated to the agenda item under consideration, or if the speaker’s conduct violates any other provision in these Rules of Procedure, and the speaker may forfeit their remaining time on that item.
 - (f) No person in the audience at a Board meeting shall engage in conduct that disrupts the orderly conduct of any meeting, including, but not limited to, the utterance of loud or threatening language, whistling, clapping, stamping of feet, speaking over or interrupting the recognized speaker, repeated waving of arms or other disruptive acts.
 - (g) The Chairperson has the authority to issue a warning to a person violating the Rules. If the person continues to violate the Rules and disrupt the meeting, the Chairperson may order that person to leave the meeting. If the person does not timely leave the meeting, the Chairperson may order the Sheriff to remove the person from the meeting.
 - (h) Any person removed from a meeting shall be excluded from further attendance at the remainder of the meeting. The exclusion from the meeting shall be enforced by the Sheriff upon being so directed by the Chairperson.
 - (i) In the event that any meeting of the Board is willfully interrupted or disrupted by a person or by a group or groups of persons so as to render the orderly conduct of the meeting unfeasible, the Chairperson may recess the meeting or order the person, group or groups of persons willfully interrupting the meeting to leave the meeting or be removed from the meeting.
 - (j) Placards, banners, signs, flags, or other large objects designed to interrupt or disrupt the orderly conduct of the meeting are not permitted in the Chambers.
 - (k) In the event that any meeting is willfully interrupted or disrupted by a person or by a group or groups of persons so as to render the orderly conduct of such meeting unfeasible and order cannot be restored by the removal of the person or persons willfully interrupting or disrupting the meeting, the Chairperson may recess the meeting or order the meeting room cleared and continue in session. Only matters appearing on the posted agenda may be considered in such a session. Duly accredited representatives of the press or other news media, except those participating in the disturbance, shall be allowed to attend or remain in the meeting.

- (l) If any person makes discriminatory or harassing remarks (defined below as used in the Rules of Procedure) at a public meeting, the Chairperson may take the following actions:
 - (1) The Chairperson shall read, at Chairperson's option, the County's policy regarding discrimination and harassment (below), into the record. The Chairperson shall state that comments in violation of County policy will not be condoned, and inform the speaker that their language is unwanted, unwelcome and/or inappropriate, and that they interfere with the ability of those present to listen and understand; and
 - (2) the Chairperson shall further state that any County employee who is offended or otherwise does not wish to attend due to the remarks is excused from attendance at the meeting during the remarks; and
 - (3) the speaker's time will be held during the Chairperson's admonishment and the speaker will receive their full allotment of time, unless the speaker's comments continue to disturb, disrupt, or impede the orderly conduct of the meeting; and
 - (4) the speaker will be allowed to continue after the admonishment.
 - (5) The Chairperson may call a recess to allow staff or public to leave and/or provide de-escalation.
 - (6) After the speaker, any Supervisor may make brief response to such comments, if desired.

Definition: "Discriminatory or harassing remarks" includes legally protected speech in a Board meeting that disparages an individual or group based on their perceived race, religion, sexual orientation, ethnicity, gender, disability, etc. or other hate speech but does not rise to the level of a criminal threat or inciting violence.

Policy Against Discrimination and Harassment (from County's Code of Ethics): "The County is committed to a work environment free from unlawful discrimination and harassment, including sexual, racial, religious, age, disability, or any other form of discrimination or harassment."

- (m) The County wishes to promote civil discourse in public discussion and debate, and hereby adopts as its expression of conduct that should be aspired to by all participants in public meetings the attached "Code of Civil Discourse" from the National Conflict Resolution Center.

THE CODE OF CIVIL DISCOURSE

We believe that the respectful and constructive airing of different points of view is critical to successful dialogue.

We pledge to engage in respectful and constructive civil discourse, therefore:



We will promote an **inclusive** environment where diverse perspectives are shared and considered;



We will listen attentively and ask questions to **understand** others' positions;



We will show **respect** for ideas and views presented, even where we disagree;



We will explain our positions by **fairly** presenting the reasons for them; and,



We will avoid personal attacks or other tactics that distract **attention** from the salient issues.



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CONFLICT
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County of San Diego

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SAN DIEGO HIV PLANNING GROUP STEERING COMMITTEE ACTION ITEM INFORMATION SHEET

RECOGNIZE THE NAME CHANGE OF THE CONSUMER GROUP TO COMMUNITY ENGAGEMENT GROUP.

DATE: October 18, 2022

ITEM: Consider and vote to recognize the Consumer Group name change to Community Engagement Group.

BACKGROUND: The Consumer Group has experienced issues recruiting and maintaining members. One of the reasons is the perceived stigma associated with the word “Consumer” and what someone might believe of anyone who attends these meetings.

Additionally, the Human Resources and Services Administration (HRSA) Project Officer recommended that the group should be a place meant for not only Ryan White consumers but may include members of the community that use HIV prevention and education services and may be directly or indirectly affected by HIV/AIDS.

At its September 21, 2022 meeting the Consumer Group voted and approved the name change to Community Engagement Group.

RECOMMENDATIONS:

1. Recognize the name change from Consumer Group to Community Engagement Group.

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

2022 Work Plan
HPG, Steering Committee, and Support Staff

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

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

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

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

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

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPGSS	• RECIPIENT ACTIVITY
	<ul style="list-style-type: none"> • Members review RW non-competitive renewal application • Action: Apply for 5% increase in RW Part A funds 		<ul style="list-style-type: none"> Part A Non-competitive continuance • Begin preparations for HPG retreat 	
October	<ul style="list-style-type: none"> • FY 22 Funding Reallocations (if needed) • Training: New HPG and Committee members COI P&P and form 	<ul style="list-style-type: none"> • Planning for HPG retreat • Integrated HIV prevention and Care plan 	<ul style="list-style-type: none"> • New Member Orientation • Start developing 2023 Work Plan 	•
November	<ul style="list-style-type: none"> • FY 22 Funding Reallocations (if needed) • HPG Retreat OR Training: Biomedical Prevention topics • Carryover request into FY 23 to HRSA for FY 22 unobligated funds 	<ul style="list-style-type: none"> • Review 2023 Work Plan • Integrated HIV prevention and Care plan 	<ul style="list-style-type: none"> • Prepare for HPG retreat • Find out if Chair's signature is needed for carryover request 	•
December	<ul style="list-style-type: none"> • FY 22 Funding Reallocations (if needed) • Truax Awards • Integrated HIV Prevention and Care Plan Dec 9, 2022 	<ul style="list-style-type: none"> • Finalize 2023 Work Plan 	<ul style="list-style-type: none"> • Develop 2023 meeting calendar • Finalize 2023 Work Plan • Finalize 2023 HPG and Steering Committee training schedule • Planning for in-person meetings (Set up, Food, Gas card distribution) 	•

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 	<ul style="list-style-type: none"> •
February	<ul style="list-style-type: none"> • Training: Transgender community - From Support Staff and Recipient's Office - Data available for RW planning; 	<ul style="list-style-type: none"> • Discuss plan for 2023 Integrated HIV prevention and Care plan 	<ul style="list-style-type: none"> • Watch for RW NOA FY23 	<ul style="list-style-type: none"> •

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPGSS	• RECIPIENT ACTIVITY
	<p>Programs and resource available in the HIV community</p> <ul style="list-style-type: none"> • Planning for Regional Community Meetings 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Continue developing KF documents for PSRAC • Send out information re Form 700 and continue to track Ethics Training • Tracking HPG Code of Conduct • Follow up with MSEC to see if there will be a report of results for chart review to Steering or full HPG (if so, add to the Work Plan) • "HSA Advisory Board/Committee Annual Review" form (ref County Policy A-74) every other year; next due 2024. 	
March	<ul style="list-style-type: none"> • Form 700, COI disclosure, and Ethics training • Approve appointment of representative to CHPG • Accept RW FY23 Funds; Approve letter to BOS to accept funds • Reallocation based on FY23 funding award, if needed 	<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 	<ul style="list-style-type: none"> • New Member Orientation • Finalize and submit procedures to Steering for approval • Continue developing KF documents for PSRAC 	<ul style="list-style-type: none"> • Submit Ryan White Service Report (RSR)

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPGSS	• RECIPIENT ACTIVITY
	<ul style="list-style-type: none"> • 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"> • 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"> • Form 700 due by the end of March for all HPG members; Ethics training due for some HPG members 	
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"> •
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 	<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 	<ul style="list-style-type: none"> •

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPGSS	• RECIPIENT ACTIVITY
		Data for Decision Making (D. Jacobs ?)	<ul style="list-style-type: none"> • 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 	
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 Community Engagement Plan • 	<ul style="list-style-type: none"> • Work with Recipient to determine if HPG recommendation for Core Medical Services Waiver will be requested • Work with Chair to review MOU with Recipient • Prepare Priority Ranking worksheets • Prepare Funding allocation worksheets 	<ul style="list-style-type: none"> •
July	<ul style="list-style-type: none"> • FY 23 Funding Reallocations (if needed) 	<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"> •

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPGSS	• RECIPIENT ACTIVITY
	<ul style="list-style-type: none"> • Vote on FY24 Service Priority Rankings • Start voting on FY24 Funding Allocations 		•	
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 	•
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) • Begin preparations for HPG retreat 	• Carryover Request
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"> • New Member Orientation • Continue to prepare for HPG retreat • Start developing 2024 Work Plan 	•

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPGSS	• RECIPIENT ACTIVITY
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"> •

2022 HIV PLANNING GROUP AND COMMITTEE MEETING SCHEDULE

Committee	Meeting Day and Time	Exception
Strategies and Standards	1st Tuesday/Month 11:30 – 1:00 PM	
Medical Standards and Evaluations Group (MSEG)	2nd Tuesday, 4x Year 4:00 – 5:30 PM (Feb, May, Sep, Nov)	
Membership	2nd Wednesday/Month 11:00 AM – 1:00 PM	
Priority Setting and Resource Allocation (PSRAC)	2nd Thursday/Month 3:00 – 5:00 PM	Weekly meetings in June/July (except 6/30/2022) until work is completed November: Held a wk. earlier due to Thanksgiving December: Held a wk. earlier due to Christmas
CARE Partnership <i>(Joint committee with Part D not formally affiliated with the HPG)</i>	3rd Monday/Month 11:00 AM – 1:00 PM	January: Cancelled February: Held a week earlier due to President's Day November: Held a wk. earlier due to Thanksgiving December: Held a wk. earlier due to Christmas
Steering	3rd Tuesday/Month 11:00 AM – 1:00 PM	June: Meeting rescheduled to June 14 November: Held a wk. earlier (same day as MSEG) December: Held a wk. earlier (same day as MSEG)
Consumer	3rd Wednesday/Month 3:00 – 5:00 PM	November: Held a wk. earlier (same day as Membership) December: Held a wk. earlier (same day as Membership)
HIV Planning Group (HPG)	4th Wednesday/Month 3:00 – 5:00 PM	Weekly meetings in August until work is completed November: Held a wk. earlier due to Thanksgiving December: Held a wk. earlier due to Christmas

2022 Meeting Schedule (Jan. – Jun.)

Meeting	January	February	March	April	May	June
Strategies	01/04/2022	02/01/2022	03/01/2022	04/05/2022	05/03/2022	06/07/2022
MSEG		02/08/2022			05/10/2022	
Membership	01/12/2022	02/09/2022	03/09/2022	04/13/2022	05/11/2022	06/08/2022
PSRAC	01/13/2022	02/10/2022	03/10/2022	04/14/2022	05/12/2022	See Below
CARE	Cancelled	02/14/2022	03/21/2022	04/18/2022	05/16/2022	06/20/2022
Steering	01/18/2022	02/15/2022	03/15/2022	04/19/2022	05/17/2022	06/14/2022
Consumer	01/19/2022	02/16/2022	03/16/2022	04/20/2022	05/18/2022	06/15/2022
HPG	01/26/2022	02/23/2022	03/23/2022	04/27/2022	05/25/2022	06/22/2022

2022 Meeting Schedule (Jul. – Dec.)

Meeting	July	August	September	October	November	December
Strategies	07/05/2022	Cancelled	09/06/2022	10/04/2022	11/01/2022	12/05/2022
MSEG			09/13/2022		11/08/2022	
Membership	07/13/2022	08/10/2022	09/14/2022	10/12/2022	11/09/2022	12/14/2022
PSRAC	See Below	08/11/2022	09/15/2022	10/13/2022	11/03/2022	12/01/2022
CARE	07/18/2022	08/15/2022	09/19/2022	10/17/2022	11/14/2022*	12/12/2022*
Steering	07/19/2022	08/16/2022	09/20/2022	10/18/2022	11/08/2022	12/13/2022
Consumer	07/20/2022	08/17/2022	09/21/2022	10/19/2022	11/09/2022*	12/14/2022*
HPG	07/27/2022	See Below	09/28/2022	10/26/2022	11/16/2022	12/21/2022

Pending - Committee meetings in August may be cancelled

2022 PSRAC Weekly Meeting Schedule for Budget Allocation Process (Jun. – Jul.)

June	06/02/2022	06/09/2022	06/16/2022	06/23/2022	
July	07/07/2022	07/14/2022	07/21/2022	07/28/2022	

2022 HPG Weekly Meeting Schedule for Approval of Budget Allocation (Aug.)

August	08/03/2022	08/10/2022	08/17/2022	08/24/2022	08/31/2022
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RW 2022-23 PART A AWARD INFORMATION

RW 2022-23

Funding Source	Total RW 2022-23 Award
Part A	11,183,176.00
Part A MAI	793,221.00
TOTAL AWARD AMOUNT	11,976,397.00

YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN AS OF Aug 2022

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	315,170.00	2.818%	9,749,690.00	11,183,176.00		
Part A MAI	79,321.00	79,321.00	39,661.00	5.0%	674,239.00	793,221.00	70%	30%
TOTAL	1,197,637.00		354,831.00		10,423,929.00	11,976,397.00	70%	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	315,170.00	2.818%	9,749,690.00	11,183,176.00		
Part A MAI	79,321.00	79,321.00	39,661.00	5.0%	674,239.00	793,221.00	70%	30%
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)						76,180.00	11%	32,969.07	43%	43,210.93	
Medical Case Management						260,529.00	39%	83,232.00	32%	177,297.00	
Mental Health Services			562,901.00		1,337.00	149,066.00	22%	90,914.52	61%	58,151.48	\$1,337 increase HPG
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 Services 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

-394,880.00 variance

9,749,690.00 Ckpt

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

DETAILED INTERNAL BUDGET - AUGUST 2022						
Program: HIV Planning Group Support-County Year: RW 2022 Budget Period: 03/01/2022 to 2/28/2023 CFDA#: 93.914 Updated - 08/2022 Expenditures for 10/2022 Meeting	TASK 008 S&S TASK 026 S&B TASK 001 Office Expenses	% of Year Elapsed	49.98%		49.98% of Year Elapsed	
		Budget Updated 03/30/22	Expenditures August 2021	YTD Total Expenditures	% Expended	Remaining Balance
Personnel Expenses (Salary&Benefits)		\$ 271,566.00	\$ 24,878.77	\$ 134,453.93	49.51%	\$ 137,112.07
Needs Assessment		\$ 20,000.00		\$ -	0%	\$ 20,000.00
Translation Services		\$ 34,000.00		\$ 3,900.00	11%	\$ 30,100.00
Meeting Space		\$ 8,200.00		\$ -	0%	\$ 8,200.00
Mileage & Gas Cards		\$ 10,000.00		\$ -	0%	\$ 10,000.00
Training for HPG Staff		\$ 1,500.00		\$ -	0%	\$ 1,500.00
Office Supplies		\$ 325.00		\$ -	0%	\$ 325.00
Food Purchases		\$ 5,000.00		\$ -	0%	\$ 5,000.00
Transcription Services		\$ 500.00		\$ -	0%	\$ 500.00
WebEx (monthly)		\$ 750.00		\$ -	0%	\$ 750.00
Zoom (anually)		\$ 950.00		\$ -	0%	\$ 950.00
Equipment		\$ 1,500.00		\$ -	0%	\$ 1,500.00
Trainings/Consultants		\$ 1,500.00		\$ -	0%	\$ 1,500.00
WiFi (MiFi) Monthly Service @ \$286/month (6)		\$ 3,500.00	\$ 286.44	\$ 2,005.08	57%	\$ 1,494.92
TOTAL PC BUDGET	total budget up to 30% of admin cost	\$ 359,291.00	\$ 25,165.21	\$ 140,359.01	39.07%	\$ 218,931.99



County of San Diego

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

SAN DIEGO HIV PLANNING GROUP (HPG) STEERING COMMITTEE

Tuesday, June 14, 2022

11:00 a.m.

WebEx Meeting

DRAFT MINUTES

Quorum = 5

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

Absent: Shannon Ransom, Strategies & Standards Committee

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

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

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

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

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

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

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



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SAN DIEGO HIV PLANNING GROUP (HPG) STEERING COMMITTEE

Tuesday, July 19, 2022

11:00 a.m.

WebEx Meeting

DRAFT MINUTES

Quorum = 4

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

Committee Members absent: Allan Acevedo, Consumer Group

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

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

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

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

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

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



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PUBLIC HEALTH OFFICER

SAN DIEGO HIV PLANNING GROUP (HPG) STEERING COMMITTEE

Tuesday, September 20, 2022

11:00 a.m.

WebEx Meeting

DRAFT MINUTES

Quorum = 4

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

Absent: Dr. Winston Tilghman, Medical Standards and Evaluations Committee

Agenda Item	Discussion/Action	Follow-Up Needed
1. Call to order,	Mikie Lochner called the meeting to order at 11:00 a.m. and noted the presence of a quorum via WebEx video teleconference.	
2. Action: Continuance of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e).	<p>All votes at the meeting were taken by roll call. For each vote committee members' names were called, and each member provided a verbal vote. The chair stated that he would abstain from all votes unless there was a tie.</p> <p>Action: Find that the Committee has reconsidered the State of Emergency and that State and local officials continue to recommend measures to promote social distancing authorizing teleconferenced meetings pursuant to Government Code section 54953(e).</p> <p>Motion/Second/Count (M/S/C): Van Brocklin/Jacobs 4/0</p> <p>Abstentions: Lochner</p> <p>Motion carries</p>	

Agenda Item	Discussion/Action	Follow-Up Needed
3. Comments from the chair, moment of silence	The chair thanked attendees for their participation. A moment of silence was observed.	
4. Public comment	A member of the public stated it was difficult for the HPG to support seven committees and that the HPG bylaws needed to be modified.	
5. Sharing our Concerns	None	
6. Review/Approval of Steering Committee agenda for Tuesday, September 20, 2022	<p>Action: Approve Steering Committee agenda for September 20, 2022 as presented:</p> <p>Public Comment: A member of the public noted voting for a chair for the Consumer Group was not on the agenda.</p> <p>M/S/C: Acevedo/Ransom 5/0</p> <p>Abstentions: Lochner</p> <p>Motion carries</p>	
7. Action: Review/approve HPG meeting agendas	<p>Action: Review/approve HPG meeting agenda for September 28, 2022 with the noted change: Include a 10-minute presentation by Karla Quezada-Torres on the Presidential Advisory Council on HIV/AIDS (PACHA) meeting in Los Angeles.</p> <p>M/S/C: Jacobs/Lewis 5/0</p> <p>Abstentions: Lochner</p> <p>Motion carries</p>	
8. Committee Reports and Recommendations		
a. Membership Committee		
i. Recommendation for HPG Membership	There are no recommendations for HPG membership.	
ii. Recommendation for waiver for HPG member	Bob Lewis discussed the recommendation for a waiver for Ivann Reyna, who works for UC of San Diego (UCSD) and was appointed as the County Supervisor District 1 representative. There are presently four other HPG members who work at UCSD. Per the HPG Bylaws a waiver is needed if there are more than two persons on the HPG who are affiliated with one organization.	Staff will add developing a process to inform County Supervisors to the October 2022 Membership Committee agenda.

Agenda Item	Discussion/Action	Follow-Up Needed
	<p>The committee recommended the Membership Committee develop a process to inform Supervisors of a list of concerns regarding HPG membership prior to making appointments.</p> <p>Bob Lewis also discussed that James Rucker has accepted a position at the Family Health Centers of San Diego (FHCS), thus can no longer be in an unaffiliated Consumer seat. The committee discussed and recommended moving J. Rucker to the HIV Testing Representative seat (#42). A waiver will be needed as there will ultimately be three HPG members who are affiliated with FHCS.</p> <p>Motion: Move James Rucker to the HIV Testing Representative seat (#42) and modify the previously approved HPG agenda for September 28, 2022 to include this action item.</p> <p>M/S/C: Jacobs/Acevedo 4/0</p> <p>Abstentions: Lewis, Lochner</p> <p>Motion carries</p> <p>Bob Lewis then discussed membership challenges for the Membership Committee and the Consumer Group. The committee discussed and made a few potential recommendations:</p> <p>For Membership Committee:</p> <ul style="list-style-type: none"> • Ask senior HPG members to make a 6- or 9-month commitment to the Membership Committee. • Rhea Van Brocklin will join Membership Committee for 9 months. <p>For Consumer Group:</p> <ul style="list-style-type: none"> • Ask for volunteers for the Consumer Group. • Consider asking HPG consumer members to join the Consumer 	<p>Staff will update the September 28, 2022 HPG agenda.</p> <p>Staff will draft a document with a list of recommendations to take to the October 2022 Membership Committee meeting and the Consumer Group meeting.</p> <p>Staff will draft a document with a list of recommendations to take to the October 2022 the</p>

Agenda Item	Discussion/Action	Follow-Up Needed
	Group for 1 year during their first 4-year term as an HPG member.	Consumer Group meeting.
b. Priority Setting and Resource Allocations Committee (PSRAC)		
i. Recommendations for reallocation of funds in FY 22 (the current fiscal year, March 1, 2022 – February 28, 2023)	The action item information sheet was included in the meeting materials packet. Dr. Jacobs briefly summarized.	
c. Consumer Group	The Consumer Group is meeting tomorrow, Wednesday, September 21, 2022 and will discuss strategies to recruit new members.	
d. Strategies and Standards Committee	The committee is working on the Getting to Zero (GTZ) Community Action Plan, looking at implementation of the Justice, Equity, Diversity, and Inclusion (JEDI) principles, and will review the service standards prior to the next priority setting and budget allocation process.	
e. Medical Standards and Evaluation Committee (MSEC)	MSEC is working on the GTZ Action Plan and recommending revising some service standards including to improve access for virtual/tele-appointments, assessing clients for needed support services, updating clients' rights and responsibilities to allow family/support to attend care appointments, and developing gender-affirming standards for medical care for Transgender persons.	
9. Process and Governance Issues:		
a. Review: Public comments/HPG member comments/Suggestions to the Steering Committee from previous HPG meeting(s)	A summary document of all comments from the past four HPG meetings were included in the meeting material packet. Regarding the public comment from the August 3, 2022 HPG meeting the committee noted public comment should not include personal attacks or abusive language and would like to review the rules the County Board of Supervisors (CBOS) use for public comment.	Staff will obtain the rules for CBOS public comment for review at the October 2022 Steering Committee meeting.

Agenda Item	Discussion/Action	Follow-Up Needed
b. Update: GTZ Community Engagement Project - 3-Year HIV Planning Group (HPG) Action Plan	Dr. Jacobs, who was hired as the consultant to oversee and track progress of the GTZ Action Plan, discussed that she met with committee chairs and reviewed the crosswalk of action items, including the recruitment plan, addressing anti-racism, mistrust, planning trainings, and a retreat.	
c. Update: Status of proposed changes to HPG Bylaws	The draft bylaws have been submitted to County Counsel and awaiting a response.	
d. Action: Conflict of Interest (COI) Policy and COI Disclosure Form for Planning Group Member and Members Elect including feedback from HPG meeting	Rodney von Jaeger reviewed the updated COI policy and disclosure form. Action: Accept the presented COI policy and disclosure form. M/S/C: Jacobs/Lewis 5/0 Abstentions: Lochner Motion carries Training to the HPG will occur at the October 2022 HPG meeting.	Staff will get all HPG members to sign and thereafter signed each March along with the Form 700.
e. Discussion: Plan for committees to address discrimination/anti-racism (based on concerns related to requirement for signed Confidentiality Agreement)	The County has pre-qualified trainers the HPG can use or trainers from the Regional Training Center. If the HPG wants to use a trainer outside of those options, a Request for Proposal (RFP) or Request for Qualification (RFQ) process must be completed, which could take several months. The committee recommended the Strategies and Standards Committee review this, recommend a consultant and return to the Steering Committee with the recommendation .	Refer to Strategies and Standards Committee for a recommendation.
f. Update: Preparation for in-person meetings	Rodney von Jaeger reviewed possible locations the HPG could have in-person meetings and noted that there still are several deaths per day from COVID; also the County Public Health Officer continues to recommend maintaining social distancing and to meet virtually. Staff will need to purchase audio equipment for approx. \$1,000; there are savings as there have been no food or mileage reimbursement expenses.	

Agenda Item	Discussion/Action	Follow-Up Needed
g. Update: Integrated Statewide Strategic Plan	Shannon Ransom noted when the Statewide Integrated Plan is completed, San Diego can develop some specific local plans within that plan.	
h. Discussion: Consider recommending the Strategies and Standards Committee conduct an in-depth review of transportation standards to assure the everything required for the service category to function efficiently is in place	Lauren Brookshire discussed the report from the Quality Management Committee on Transportation service barriers, which has been reformatted into a key finding document by Drs. Riley and Walker and will be presented to the Strategies and Standards Committee.	
i. Update: Committee Review/Members terms - HPG Roster that includes when terms expire will be included in HPG meeting packets twice per year (March/Oct)	The committee discussed and recommended including the list of HPG members' terms and vacant seats to the member monthly, 1 week before the HPG meeting and separate from the HPG material/packet.	Staff will send the term/vacant seat list to HPG members monthly.
j. Discussion: Standardized practice for Public Comment at HPG and Committees	Mikie Lochner recommended this be discussed outside of the meeting and returned for input at the next meeting.	
k. Discussion: Recognition for exiting HPG members	<p>Action: Provide a Certificate of Appreciation to exiting HPG members.</p> <p>M/S/C: Jacobs/Ransom</p> <p>Abstentions: Lochner 4/0</p> <p>Motion carries</p>	
l. Follow-up: Assessment of the Administrative Mechanism report	Rodney von Jaeger reviewed the updated report for the Assessment of the Administrative Mechanism which included a response to the question asked at the August 2022 HPG meeting.	
m. Review the 2022 HPG Work Plan - Add the following presentations as future agenda items	<p>Staff will work with Mikie Lochner to add the following trainings to the HPG work plan.</p> <ul style="list-style-type: none"> i. From Aging and Independent Services; Assistance available for finding assisted living facilities ii. From Community Based Organization (CBO); Service 	Staff will update the plan with HPG Chair Mikie Lochner.

Agenda Item	Discussion/Action	Follow-Up Needed
	<p>available for aging PLWH and needs of long-term survivors</p> <p>iii. From Support Staff and Recipient's Office; Programs and resource for the Transgender community; Data available for RW planning</p> <p>iv. From Support Staff; Training regarding new COI policy and documents</p> <p>v. From County Counsel, prior to Priority Ranking process; General COI Training for advisory board members</p> <p>vi. From Recipient's Office; RW Parts C, D, and F and how they interact with Parts A & B</p>	
10. Update and Budget Review from the HIV. STD. and Hepatitis Branch (HSHB) – Patrick Loose		
a. HSHB Monthly Report – September 2022	The report was mailed to committee members prior to the meeting.	
b. FY 22 Expenditure/Budget review	No updated information.	
c. Service Utilization Summary Report – August 2022	The report was included in the meeting materials packet.	
d. Monthly Goldenrods CQM update – August 2022	The report was included in the meeting materials packet.	
e. HRSA, CDC and CDPH policies and procedures updates	No updates	
f. Administrative Budget review - Rodney von Jaeger	Rodney von Jaeger noted there have been savings due to no food or gas reimbursement expenditures.	
11. Approval Meeting minutes from June 14, 2022 and July 19, 2022	Tabled	
12. Review follow-up items from the minutes	Tabled	
13. Review committee attendance	Tabled	
14. Future Agenda Items for Consideration		
a. Border Health (2023)		
b. Recommend HSHB work		

Agenda Item	Discussion/Action	Follow-Up Needed
with providers to educated Consumers about all changes to Temporary Housing assistance		
15. Announcements:	<ul style="list-style-type: none"> • The HPG Orientation will be Thursday, October 20, 2022 2:00 – 4:00 p.m. • The Truax nomination forms are available. • The AIDS Walk is this Saturday, September 24, 2022. 	
16. Confirm next meeting date and time/adjournment	Date: October 18, 2022 Time: 11:00 a.m. – 1:00 p.m. Location: WebEx	
17. Adjournment	1:01 p.m.	

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

STEERING

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	#
Total Meetings	1	0	1	1	1	1	1	1	1	1	0	1	11
Consumer Group	1	NM	1	1	*	*	*	*	*	1	NM	*	4
Medical Standards	*	NM	*	1	*	*	*	*	*	*	NM	1	2
Membership	1	NM	*	*	*	*	1	*	*	*	NM	*	2
Priority Setting and Resource Allocation	*	NM	*	*	*	*	*	*	*	*	NM	*	0
Strategies & Standards	*	NM	*	*	*	*	*	1	1	*	NM	*	2
Chair- Mikie Lochner	*	NM	*	*	*	*	*	*	*	*	NM	*	0
Vice Chair - Roger Al-Chaikh ^U	*	NM	1	*	*	*	*	1	*				2
Vice Chair - Rhea Van Brocklin	*	NM	*	*	*	1	*	*	*	*	NM	*	1

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

NA - no HPG member co-chair

U = Unaffiliated Consumer

= number of absences

C = Co-Chair

NM = Committee did not meet

* = present



JOIN US!

**SAN DIEGO
HIV PLANNING GROUP
ORIENTATION**

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

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

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

Register in advance for this webinar:

https://us06web.zoom.us/webinar/register/WN_488iv0cTSCCTUdjQWJqMDA

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



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



**Se les
invita!**

ORIENTACIÓN PARA EL GRUPO DE PLANIFICACIÓN PARA VIH DE SAN DIEGO

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

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

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

Regístrese por Avanzado para el seminario:

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

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



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

DR. A. BRAD TRUAX AWARDS



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

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

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

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

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

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

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



Nominations

Who is Eligible:

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

Who Can Nominate:

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

Nomination Procedure:

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

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

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

DR. A. BRAD TRUAX AWARDS



INVITACIÓN A PROPONER NOMINACIONES PARA PREMIO A. BRAD TRUAX 2022

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

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

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

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

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

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



Nominaciones

A quién se puede nominar:

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

Quién puede nominar:

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

Procedimiento de nominación:

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

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

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