

Continuation of Remote Meetings for Brown Act Boards and Commissions

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

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

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

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

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

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

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

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

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

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

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

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

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

IV. Operation of the Special Teleconferencing Rule

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

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

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

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

VI. Next Steps

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

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

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



County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES

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


HEALTH OFFICER TELECONFERENCING RECOMMENDATION

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

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

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

September 23, 2021



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



County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

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

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

SAN DIEGO HIV PLANNING GROUP (HPG)

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: Steering Committee: June 14, 2022, July 19, 2022, and September 20, 2022; Strategies and Standards Committee: September 6, 2022; Membership Committee: September 14, 2022; Priority Setting and Resource Allocation Committee: September 8, 2022; Consumer Group (Community Engagement): September 21, 2022; (Included for your information, not for acceptance; CARE Partnership: September 19, 2022; HIV Housing Committee: March 16, 2022, May 18, 2022, July 20, 2022; Faith-Based Action Coalition: September 8, 2022) (4 min)
- g. Review follow-up items from meeting minutes (5 min)
- h. Presentation: Highlights of the National Harm Reduction Conference – Lori Jones (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 (Community Engagement), 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, December 14, 2022** (if needed) Location: **WebEx Note:** There is no planned HPG meeting in November 2022.
- 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 HIV 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).

THE CODE OF CIVIL DISCOURSE



LIVE WELL
SAN DIEGO

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.

Name	Conflict of Interest	Name	Conflict of Interest
Acevedo, Allan De Jesus, Alfredo, Jacobs, Dr. Delores Kubricky, Cinnamen Lochner, Michael (Mikie) Price, Venice Quezada-Torres, Karla Robles, Raul West, Abigail Wimpie, Michael	<ul style="list-style-type: none"> None 	Grelotti, Dr. David Mar Tang, Moira Ransom, Shannon Reyna, Ivann Spector, Dr. Stephen	<ul style="list-style-type: none"> Medical Case Management Mental Health: Psychiatric Medication Management Non-Medical Case Management Service Outpatient Ambulatory Health Services: Medical Specialty Outpatient Ambulatory Health Services: Primary Care Transportation: Assisted and Unassisted
		Highfill . Pam	<ul style="list-style-type: none"> Substance Use Treatment; Residential
Applebaum, Amy Hernandez, Dr. Elizabeth Tilghman, Dr. Winston Villafan, Freddy	<ul style="list-style-type: none"> Medical Case Management Substance Use Disorder Treatment: Residential Transportation: Assisted and Unassisted 	Underwood, Regina	<ul style="list-style-type: none"> EIS: Minority AIDS Initiative EIS Regional Services Medical Case Management Mental Health Groups/Therapy Non-Medical Case Management Service Outreach Services Peer Navigation (Referral for Healthcare and Support Services) Substance Use Disorder Treatment: Outpatient Transportation: Assisted and Non-Assisted
Garcia-Bigley, Felipe Lewis, Robert Rucker, James	<ul style="list-style-type: none"> Early Intervention Services, Regional Services EIS: Minority AIDS Initiative Home-Based Health Care Coordination Medical Case Management Mental Health Counseling/Therapy Mental Health: Psychiatric Medication Management Non-Medical Case Management Service Oral Health Outpatient Ambulatory Health Services: Medical Specialty Outpatient Ambulatory Health Services: Primary Care Peer Navigation (Referral for Healthcare and Support Services) Transportation: Assisted and Non-Assisted 		
Cortes, Alberto	<ul style="list-style-type: none"> Emergency Financial Assistance Foodbank/Home Delivered Meals Medical Nutrition Therapy 		
Davenport, Beth	<ul style="list-style-type: none"> Mental Health: Counseling/Therapy Non-Medical Case Management Medical Case Management Peer Navigation 	Van Brocklin, Rhea	<ul style="list-style-type: none"> Coordinated HIV Services for Women, Infants, Children, Youth and Families (CHS: WICYF)



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SAN DIEGO, CA 92110-3134
(619) 531-5800 • FAX (619) 542-4186

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

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

HIV PLANNING GROUP 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:

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 **\$152,830**.
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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WILMA J. WOOTEN, M.D., M.P.H.
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.



COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

NORA VARGAS
First District

JOEL ANDERSON
Second District

TERRA LAWSON-REMER
Third District

NATHAN FLETCHER
Fourth District

JIM DESMOND
Fifth District

DATE: November 15, 2022

XX

TO: Board of Supervisors

SUBJECT

AUTHORIZATION TO ACCEPT HIV/AIDS GRANT FUNDING AND APPLY FOR FUTURE FUNDING OPPORTUNITIES (DISTRICTS: ALL)

OVERVIEW

For over 30 years, the San Diego County Board of Supervisors (Board) has authorized grants and agreements with the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) to provide a variety of care and treatment services to persons living with HIV. Today's action requests Board authorization to accept additional funding from HRSA awarded under *Ending the HIV Epidemic: A Plan for America – Ryan White HIV/AIDS Program Parts A and B*.

Ending the HIV Epidemic: A Plan for America – Ryan White HIV/AIDS Program Parts A and B was a new funding source in 2020 created by HRSA in response to the introduction of the federal End the HIV Epidemic initiative. The County of San Diego was initially awarded a total of \$5,000,000 for a 5-year period. In FY21/22 an increase of \$667,000 was received, and in FY22/23, an additional increase of \$333,400 was received, bringing the grant total for FY22/23 to \$2,000,400. This funding supports and is utilized for programs and services related to community engagement and leadership development for persons living with HIV, linkage to and retention in HIV care, low barrier medical care and HIV molecular epidemiology (also known as Enhanced Data to Care).

This item supports the County of San Diego's Getting to Zero initiative by funding services that will help people living with HIV remain in care and achieve important health outcomes, including viral suppression. Research has demonstrated that persons living with HIV who have achieved viral suppression cannot transmit HIV to others sexually. This item also supports the *Live Well San Diego* vision by providing access to high-quality HIV care and treatment services that lead to improved physical and behavioral health, which promotes a healthy, safe, and thriving region.

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

1. Authorize the acceptance of an additional \$1,000,400 in grant funds from the Health Resources and Services Administration for the period of March 1, 2022 through February

**SUBJECT: AUTHORIZATION TO ACCEPT HIV/AIDS GRANT FUNDING AND
APPLY FOR FUTURE FUNDING OPPORTUNITIES**

28, 2025, for *Ending the HIV Epidemic: A Plan for America – Ryan White HIV/AIDS Program Parts A and B*, and authorize the Clerk of the Board to execute all required grant documents, upon receipt, including any annual extensions, amendments and/or revisions thereto that do not materially impact or alter the services or funding level.

2. Authorize the Agency Director, Health and Human Services Agency, to apply for additional funding opportunity announcements, if available, for HIV service related resources.

EQUITY IMPACT STATEMENT

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

Since its inception in 1990, the Ryan White HIV/AIDS Treatment Extension Act (formerly the Ryan White CARE Act) has focused on ensuring access to treatment and support services for the most vulnerable residents. Thus far during the last grant period (March 1, 2021- February 28, 2022), a total of 3,313 clients received services funded by Ryan White Part A in San Diego County. Of those clients, 54% (1,786) were Hispanic and 13% (423) were Black.

The success in reaching our residents and communities most disproportionately impacted by HIV is due in large part to the HIV Planning Group, an official advisory board to the San Diego County Board of Supervisors that also has the legislative authority to allocate Ryan White Part A funding to respond to local needs as determined by review of epidemiologic data and extensive engagement of our communities. In partnership with the HIV Planning Group, the County of San Diego Health and Human Services Agency (HHSA) conducts needs assessments every three years among persons living with or those vulnerable to HIV, assessments of system capacity and capabilities every three years, and focus groups with different communities annually. During Fiscal Years 2019-20 and 2020-21, the HIV Planning Group engaged a consultant to conduct a community engagement process to identify how policy, planning, and funding changes could further close the disproportionalities we see among Black, Hispanic, and Transgender communities. The HIV Planning Group and HHSA are currently implementing the recommendations from the final report.

SUSTAINABILITY IMPACT STATEMENT

The proposed actions align with the County of San Diego's (County) Sustainability Goals to strive for County programs, operations and contracts that reflect the County's values and priorities, including equity and sustainability, and protecting health and well-being, reduce pollution and waste by lowering greenhouse gas emissions, and striving to become a zero-waste region. The Ending the HIV Epidemic funding will provide support to the HIV, STD and Hepatitis Branch of Public Health Services by increasing capacity and services aimed to prevent, identify, and treat HIV. Testing, identification and treatment will improve the overall health of communities, reduce

**SUBJECT: AUTHORIZATION TO ACCEPT HIV/AIDS GRANT FUNDING AND
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the demand of associated care services, while increasing effectiveness of care providers and lowering operating costs of facilities, thus reducing greenhouse gas emissions and waste generated within the care sector. Since climate change and air pollution are direct threats to human health, the reduction of pollution, which can negatively impact human health is also considered a preventative healthcare measure.

FISCAL IMPACT

Funds for this request was not included in the Fiscal Year 2022-24 Operational Plan in the Health and Human Services Agency. If approved, today's actions will result in estimated costs and revenue of \$1,000,400 in Fiscal Year 2022-23. Subsequent year costs will be included in future Operational Plans for the Health and Human Services Agency. The funding source is the federal *Ending the HIV Epidemic: A Plan for America – Ryan White HIV/AIDS Program Parts A and B* and General Purpose Revenue. There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

The San Diego HIV Planning Group recommended approval/rejection of the recommendations on xx/xx/xxxx.

BACKGROUND

On March 1, 2016 (25), the San Diego County Board of Supervisors (Board) adopted the Getting to Zero initiative, which seeks to end the HIV epidemic by 2026. Since its adoption, the Getting to Zero initiative has evolved into a comprehensive approach to ending the HIV epidemic, with five core strategies:

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

As of December 31, 2020, an estimated 14,237 people were living with HIV in San Diego County. In 2020, there were 302 newly diagnosed HIV cases in San Diego County, which is a decrease of 39% from the 502 diagnosed cases in 2016. Despite the reduction, HIV continues to be a major public health concern in San Diego County, with an average of one new HIV diagnosis every day. Following the leadership demonstrated by several jurisdictions throughout the United States, including the County of San Diego (County), the U.S. Department of Health and Human Services

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has announced a new initiative, *Ending the HIV Epidemic: A Plan for America*. The 10-year initiative seeks to achieve the goal of reducing new HIV infections in the United States to less than 3,000 per year by 2030. The initiative has four pillars:

- Pillar **One: *Diagnose*** all people with HIV as early as possible;
- Pillar **Two: *Treat*** people with HIV rapidly and effectively to reach sustained viral suppression;
- Pillar **Three: *Prevent*** new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP); and
- Pillar **Four: *Respond*** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

The first major funding opportunity related to the Ending the HIV Epidemic initiative was titled *Ending the HIV Epidemic: A Plan for America*. In our application for this funding, the County proposed the following ambitious goals:

- Reduce new HIV diagnoses by 75% by December 31, 2024 (from 369 new HIV diagnoses in 2018 to 92 in 2024),
- Increase proportion of persons living with diagnosed HIV who receive care to 95% by December 31, 2024 (from 74% in 2018 to 95% in 2024), and
- Increase proportion of persons living with diagnosed HIV who are virally suppressed to 90% by 2024 (from 63% in 2018 to 90% in 2024).

On October 15, 2019, the County of San Diego, Health and Human Services Agency (HHSA) submitted the grant application to U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA). On February 26, 2020, HRSA notified the County of an award of \$5,000,000 total for the term of March 1, 2020 through February 28, 2025. On 5/25/2022, HRSA notified the County of an increased funding award, resulting in an additional \$333,400, totaling for \$2,000,400 FY22/23 and \$6,000,400 for the life of the grant.

Today's action seeks authorization to accept \$1,000,400 in grant funds from the Health Resources and Services Administration for the period of March 1, 2022 through February 28, 2025, for *Ending the HIV Epidemic: A Plan for America – Ryan White HIV/AIDS Program Parts A and B*, and authorize the Clerk of the Board to execute all required grant documents, upon receipt. Additionally, today's action seeks authorization to seek competitive procurements for services covered by this funding.

This item supports the County of San Diego's Getting to Zero initiative by funding services that will help people living with HIV remain in care and achieve important health outcomes, including viral suppression. Research has demonstrated that persons living with HIV who have achieved viral suppression cannot transmit HIV to others sexually. This item also supports the *Live Well San Diego* vision by providing access to high-quality HIV care and treatment services that lead to improved physical and behavioral health, which promotes a healthy, safe, and thriving region.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's proposed action supports the Equity (Health) and Community (Quality of Life) initiatives in the County of San Diego's 2022-2027 Strategic Plan as well as the *Live Well San Diego* vision

SUBJECT: AUTHORIZATION TO ACCEPT HIV/AIDS GRANT FUNDING AND
APPLY FOR FUTURE FUNDING OPPORTUNITIES

by improving access to high-quality and efficient medical care and support services that contribute to improved physical and behavioral health.

Respectfully submitted,

USE "INSERT PICTURE"
FUNCTION TO INSERT
SIGNATURE

HELEN N. ROBBINS-MEYER
Chief Administrative Officer

ATTACHMENT(S)

N/A



County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

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

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

SAN DIEGO HIV PLANNING GROUP 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.

- 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	<p>A termination of service summary including the following documentation:</p> <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)

San Diego HIV Planning Group



Title: Conflict of Interest (COI) Policy and Procedure

Approved:

Revised: 07.26.22

References:

RWHAP Legislation: Section 2602(b)(5)

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

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

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

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

Purpose

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

I. Background

A. Overview

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

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

B. Definitions

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

II. Policy

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

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

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

III. Procedures

Conflicts of interest shall be managed as follows:

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

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

IV. Attachments

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

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

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

Conflict of Interest Disclosure

By my signature below, I, _____ certify that:

[Print name]

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

AND

2. Please check one:

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

For each entity, please provide the following information:

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

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

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

[Add pages as necessary]

Service Categories for Which the Member has a Conflict of Interest

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

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

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

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

Signature: _____ Date: _____



County of San Diego

NICK MACCHIONE, FACHE
DIRECTOR

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

San Diego HIV Planning Group (HPG)

Wednesday, September 28, 2022 3:00 PM

Meeting occurred via video teleconference (WebEx)

DRAFT MINUTES

Quorum is 14

HPG Members Present: Amy Applebaum / Alberto Cortes / Dr. David Grelotti / Pam Highfill / Dr. Delores Jacobs / Robert Lewis / Mikie Lochner / Venice Price / Shannon Ransom / Raul Robles / Dr. Winston Tilghman / Karla Quezada-Torres / Regina Underwood / Rhea Van Brocklin / Freddy Villafan / Michael Wimpie / James Rucker (membership status pending)

HPG Members Absent: Allan Acevedo / Beth Davenport / Alfredo De Jesus / Dr. Elizabeth Hernandez / Cinnamen Kubricky / Moira Mar-Tang / Ivvan Reyna / Dr. Stephen Spector / Abigail West

Agenda Item	Action/Discussion	Follow-up
1. Call to Order/ Establishment of Quorum	Mikie Lochner, HPG Chair, called the meeting to order at 3:05 p.m. and noted the presence of a quorum.	
2. ACTION: Continuation of Teleconferencing	<p>All votes at the meeting were taken by roll call; HPG members' names were called out verbally, then individual voice votes were noted and recorded.</p> <p>Action: Continuation of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e).</p> <ul style="list-style-type: none"> a. Find HPG has reconsidered the circumstances of the State of Emergency b. Find that State and local officials continue recommending measures to promote social distancing. <p>Motion/Second/Count (M/S/C): Van Brocklin/Ransom 14/0</p> <p>Abstentions: Lochner</p> <p>Motion carries</p>	
3. Chair Comments; Ground Rules & Abstentions	Mikie Lochner led a moment of silence, welcomed Ivvan Reyna as a new HPG member, reviewed teleconference rules and reminded member to inform staff if they expect to be absent.	

Agenda Item	Action/Discussion	Follow-up
4. Public Comment (See page 2 of agenda for rules)	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.	
5. Sharing our concerns/Comments on Items not on the agenda (for HPG members)	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.	
6. ACTION: Approval of the HIV Planning Group (HPG) agenda for September 28, 2022	Action: Approve the HPG Meeting agenda for September 28, 2022 as presented. M/S/C: Villafan/Jacobs 14/0 Abstentions: Lochner Motion carries	
7. Old Business		
None		
8. New Business		
a. ACTION: (Membership Committee): HPG membership.	There are no Membership Committee recommendations for HPG membership.	
b. ACTION: (Membership Committee): Review and approve recommendation(s) for waiver for HPG member Ivann Reyna.	Bob Lewis discussed the recommendation; the Action Item Information Sheet was included in the meeting materials packet. Action: Approve the recommendation for a waiver for HPG member Ivann Reyna. M/S/C: Membership Committee: 6/1 Abstentions: Applebaum, Highfill, Lochner, Price, Ransom, Tilghman, Villafan, Wimpie Motion carries	
c. ACTION: (Steering Committee): Review and approve recommendation(s) for seat change and waiver for HPG member James Rucker.	Mikie Lochner discussed the recommendation; the Action Item Information Sheet was included in the meeting materials packet. Action: Approve the recommendation for a seat change and a waiver for HPG member James Rucker. M/S/C: Steering Committee: 9/0 Abstentions: Applebaum, Lewis, Lochner, Tilghman, Villafan, Wimpie Motion carries	

Agenda Item	Action/Discussion	Follow-up
d. Presentation: Membership Committee – Bob Lewis	Bob Lewis requested HPG members for the Membership Committee, help with recruiting and training new members.	
e. ACTION: (Priority Setting and Resource Allocation Committee) (PSRAC): Review and approve recommendations for reallocation of funds in FY 22 (the current year, March 1, 2022 – February 28, 2023)	Dr. Jacobs reviewed the PSRAC recommendations for FY 22 reallocations; the Action Item Information Sheet was included in the meeting materials packet. Public comment: A request for an Intermediary or transitional type of housing between Emergency Housing and Partial Assistant Rental Subsidy (PARS). HPG discussed and recommended it be reviewed at the Priority Setting and Resource Allocation Committee (PSRAC).	Staff will add discussion of alternate housing options to the PSRAC October agenda.
	Action: Decrease funding to Outpatient Ambulatory Health Services: Medical Specialty (priority #2) by \$50,000 , from \$243,386 to \$193,386 M/S/C: (PSRAC): 11/0 Abstentions: Grelotti, Jacobs, Lewis, Lochner, Ransom Motion carries	
	Action: Decrease funding to Outpatient Ambulatory Health Services: Primary Care (priority #1) by \$100,000 , from \$932,630 to \$832,630 and decrease funding to Mental Health: Counseling/Therapy (priority #15) by \$50,000 , from \$1,061,062 to \$1,011,062 . M/S/C: (PSRAC): 10/0 Abstentions: Grelotti, Jacobs, Lewis, Lochner, Price, Ransom Motion carries	
	Action: Increase funding to Emergency Housing Assistance (priority #8) by \$150,000 , from \$630,000 to \$780,000 . M/S/C: (PSRAC): 13/0 Abstentions: Grelotti, Jacobs, Lochner Motion carries	
	Action: Increase funding to Coordinated Health Services for Women, Infants, Children, Youth, and Families (CHS: WICYF) (priority #11) by \$50,000 , from \$943,317 to \$993,317 with an intent to increase capacity in mental health services within the service category. M/S/C: (PSRAC): 12/0 Abstentions: Grelotti, Jacobs, Lochner, Van Brocklin Motion carries	
f. ACTION: Approval of the HPG minutes from July 27, 2022, August 3, 2022,	Action: Approval of the HPG minutes from July 27, 2022 as presented. M/S/C: Villafan/Ransom 14/0 Abstentions: Highfill, Lochner	

Agenda Item	Action/Discussion	Follow-up
August 10, 2022, and August 24, 2022.	Motion carries	
	Action: Approval of the HPG minutes from August 3, 2022 as presented. M/S/C: 11/0 Abstentions: Applebaum, Cortes, Lochner, Robles, Underwood Motion carries	
	Action: Approval of the HPG minutes from August 10, 2022 as presented. M/S/C: Cortes/Ransom 12/0 Abstentions: Lochner, Quezada-Torres, Robles, Van Brocklin Motion carries	
	Action: Approval of the HPG minutes from August 24, 2022 as presented. M/S/C: Van Brocklin/Jacobs 13/0 Abstentions: Applebaum, Lochner Motion carries	
h. ACTION: Approval of HPG consent agenda for September 28, 2022	Action: Approval of HPG consent agenda for September 28, 2022, which includes acceptance of the following committee minutes: Strategies and Standards Committee: July 5, 2022; Membership Committee: July 13, 2022; Priority Setting and Resource Allocation Committee: June 23, 2022; July 7, 2022; July 14, 2022; July 21, 2022; July 28, 2022, and August 4, 2022; Consumer Group: June 15, 2022 and July 20, 2022; (Included for your information, not for acceptance; CARE Partnership: July 18, 2022; Faith-Based Action Coalition: July 7, 2022) M/S/C: Jacobs/Ransom 13/0 Abstentions: Lochner, Villafan Motion carries	
i. Follow-up items from the minutes	Reviewed	
j. Follow-up: Report on the Assessment of the Administrative Mechanism	Rodney von Jaeger reviewed the report on the Assessment of the Administrative Mechanism which included the response to the question asked at the September 2022 HPG meeting.	
k. Presentation: Highlights of the Presidential Advisory Council on HIV/AIDS (PACHA) meeting in Los Angeles – Karla Quezada-Torres	Karla Quezada-Torres presented highlights from the PACHA meeting in Los Angeles.	Staff will place the presentation on the HPG website under Training. www.sdplanning.org

Agenda Item	Action/Discussion	Follow-up
I. HIV, STD, and Hepatitis Branch (HSHB) Reports – Patrick Loose		
a. HSHB Monthly Report: August 2022	Patrick Loose highlighted items in the HSHB monthly report, which was included in the meeting materials packet.	
b. HRSA, CDC and CDPH policies and procedures updates	No updates	
c. Expenditure/budget review	Items were highlighted in the expenditure reports which were included in the meeting materials packet.	
d. Service Utilization Summary Report – through June 2022	Overall 2,588 unduplicated clients were served in August 2022, an approx. 11% decrease from the same time last year. The report was included in the meeting materials packet.	
e. Monthly Client Service Evaluation (Goldenrod) Summary Report	The report was included in the meeting materials packet. There was one goldenrod received in August 2022 for a Ryan White provider; positive remarks.	
10. Reports		
a. Committee Reports	Tabled	
b. Planning Group Support Staff (PGSS) Report –	Tabled	
c. Report from State Office of AIDS (OA) and AIDS Drug Assistance Program (ADAP)	Tabled, the OA Voice was included in the meeting materials packet.	
d. GTZ Community Engagement Project Updates	Tabled	
e. California HIV Planning Group (CHPG)	Tabled	
f. Faith-Based Action Coalition (FBAC)	Tabled	
11. Suggestions to Steering Committee for consideration of future items	Tabled	
12. Announcements	<ul style="list-style-type: none"> The HPG Orientation will occur on Thursday, October 20, 2022 2:00 – 4:00 p.m. via Zoom webinar. To register go to https://us06web.zoom.us/webinar/register/WN_488iv0cTSCCTUdjQWJqMDA 	

Agenda Item	Action/Discussion	Follow-up
	<ul style="list-style-type: none"> • Truax Award nominations are open and due by October 15, 2022; submit nominations by email to: HPG.HHSA@sdcounty.ca.gov 	
13. Next meeting date	Next Meeting:(Weekly) Wednesday, October 26, 2022 Location: WebEx	
14. Adjournment	5:02 PM	



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AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES
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SAN DIEGO, CA 92110-3134
(619) 531-5800 • FAX (619) 542-4186

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

SAN DIEGO HIV PLANNING GROUP (HPG) STEERING COMMITTEE

Tuesday, June 14, 2022

11:00 a.m.

WebEx Meeting

DRAFT MINUTES

Quorum = 5

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

Absent: Shannon Ransom, Strategies & Standards Committee

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

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

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

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

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

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

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



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

SAN DIEGO HIV PLANNING GROUP (HPG) STEERING COMMITTEE

Tuesday, July 19, 2022

11:00 a.m.

WebEx Meeting

DRAFT MINUTES

Quorum = 4

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

Committee Members absent: Allan Acevedo, Consumer Group

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

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

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

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

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

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



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(619) 531-5800 • FAX (619) 542-4186

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

SAN DIEGO HIV PLANNING GROUP (HPG) STEERING COMMITTEE

Tuesday, 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).	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 4/0 Abstentions: Lochner Motion carries	

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	Action: Approve Steering Committee agenda for September 20, 2022 as presented: Public Comment: A member of the public noted voting for a chair for the Consumer Group was not on the agenda. M/S/C: Acevedo/Ransom 5/0 Abstentions: Lochner Motion carries	
7. Action: Review/approve HPG meeting agendas	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. M/S/C: Jacobs/Lewis 5/0 Abstentions: Lochner Motion carries	
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	Action: Provide a Certificate of Appreciation to exiting HPG members. M/S/C: Jacobs/Ransom Abstentions: Lochner 4/0 Motion carries	
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	Staff will work with Mikie Lochner to add the following trainings to the HPG work plan. 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.	



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NICK MACCHIONE, FACHE
AGENCY DIRECTOR

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

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

SAN DIEGO HIV PLANNING GROUP STRATEGIES AND STANDARDS COMMITTEE

Tuesday September 6, 2022
11:30 AM – 1:00 PM
Meeting by ZOOM

DRAFT MINUTES
Quorum = Eight (8)

Present: Allan Acevedo (Co-Chair), Amy Applebaum, Dr. Kimberly Brouwer, Beth Davenport, Lucia Franco, Liz Johnson, Moira Mar-Tang, Joseph Mora, Venice Price, Shannon Ransom (Chair), Dr. Winston Tilghman, Rhea Van Brocklin, Michael Wimpie

Absent: Jeff Weber

Agenda Item	Action	Follow-up
1. Call to order	Shannon Ransom established that a quorum was present at 11:31 PM and called the meeting to order.	
2. ACTION ITEM: Continuance of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e)	Motion: Recognize that there is a continued proclaimed state of emergency and State and local officials have imposed or recommended measures to promote social distancing authorizing teleconferenced meetings pursuant to Government Code section 54953(e). Motion/Second/Count (M/S/C): Van Brocklin/Davenport 10/0 Abstention(s): Ransom Motion carries	
3. Public Comment/Sharing our Concerns	A member of the public stated that they had been told by their dental service provider that the provider had not received notification from the Recipient regarding change to Universal Standards that eliminated the requirement for recertification every 6 months.	
4. Review and approve the agenda for September 6, 2022	Motion: Approve the agenda for the September 6, 2022 meeting as presented. M/S/C: Johnson/Acevedo 11/0 Abstention(s): Ransom Motion carries	

Agenda Item	Action	Follow-up
<p>5. Review and approve the Minutes for July 5, 2022</p>	<p>Motion: Approve the July 5, 2022 meeting minutes as presented. Discussion: M Wimpie stated that he attended the July 5, 2022 meeting. M/S/C: Johnson/Acevedo 6/0 Abstentions: Franco, Mar-Tang, Mora, Price, Ransom, Tilghman Motion carries</p>	<p>Staff will review the attendance of M. Wimpie for July 5, 2022.</p>
<p>6. Old Business</p>		
<p>a) Discussion: Getting to Zero (GTZ) 3-Yr Action Plan next steps</p>	<p>i. Update: HPG service directive that Universal Standards be modified to ensure that all clients are assessed regarding their interest in participating in remote services and that those who are interested are assessed for capacity (phone, data service, pad, etc.) and provided with options to obtain what is needed.</p> <p>Dr. Delores Jacobs provided the update and facilitated the discussion in her role as a County contractor hired to assist committees in reviewing and responding to GTZ Community Engagement Action Plan. She reported that a Medical Standards and Evaluation Committee (MSEC) Work Group is in the process of developing recommendations regarding this service category. She reviewed the text being considered and informed this committee that MSEC will consider the service directive at its meeting this month. The committee discussed the value of staying informed about this work and making either joint or simultaneous recommendations. The Committee discussed types of assistance are allowed by the Health Resources and Services Administration (HRSA). Ongoing payment to an internet service provider may be prohibited. Prepaid cards may be an option. The committee asked the Recipient's Office to consult HRSA to clarify what is allowable. The Committee asked for an update regarding the HIV, STD, and Hepatitis Branch (HSHB) work group on paperwork redundancy and reduction at a future meeting.</p>	<p>Follow up with Recipients office regarding types of assistance for internet access that are allowed by HRSA.</p> <p>Follow up with HIV, STD, and Hepatitis Branch (HSHB) regarding work group on paperwork redundancy and reduction and request an update at a future meeting</p>
	<p>ii. Review Transportation Standards to add ride sharing standard and requirement that consumers be assessed for need for transportation. Universal Standards should also be updated</p> <p>The committee discussed MSEC Work Group recommendation regarding annual assessment of clients for spectrum of Ryan White (RW) services including transportation and the possibility of</p>	

Agenda Item	Action	Follow-up
	training for case managers or other staff completing the assessment.	
	<p>iii. Review the Universal Standards for sensitivity to and language regarding accessibility /disability needs of RW consumers.</p> <p>The committee reviewed the additional objectives of the other GTZ recommendations and agreed that 1&2, 3, 5 and 9 were priority work plan.</p>	
b) Discussion: Implementation of the Justice, Equity, Diversity, Inclusiveness (JEDI) Principles	<p>(Status of Consultant, Status of Trainer Meredith Lee (or other)</p> <p>Staff has reached out to Meredith Lee and will continue to attempt to contact.</p> <p>The Committee discussed possible recommendation regarding implementation including a Facilitated discussion to assess the current level of understanding on the HPG regarding these topics and a Listening session that put people with lived experience at the center. The committee discussed the importance of having subject matter experts to assist. The Pacific AIDS Education & Training Center and Christie's Place (Project PEARL) are working on these topics and may be able to help.</p>	
c) Update: Integrated Statewide Strategic Plan process	Plan to hire consultant and conduct local focus groups on hold due to COVID and Monkeypox (MPX). San Diego will remain part of Statewide plan. HPG will still be able to set local goals in the future if data indicates San Diego region is experiencing issues not fully addressed in Statewide plan.	
7. New Business		
a) None		
8. Routine Business		
a) None		
9. Update Committee Work Plan		
a) Upcoming Trainings	Committee will focus on items 1&2, 3, 5 and 9 of the GTZ action plan. The items to be worked into 2023 Work Plan.	Committee requests support staff to develop a draft work plan based on prioritized GTZ recommendations.
10. Recommendations to HPG, HPG committees and requests of recipient	None	
11. Suggested items for the future committee agenda	None	

Agenda Item	Action	Follow-up
12. Announcements	HPG Orientation Oct 20, 2022. More information to follow. Project PEARL initial training underway.	
13. Confirm next meeting date and time	Tuesday, October 4, 2022 at 11:30 AM Location: Zoom	
14. Adjournment	Meeting adjourned at 12:58 PM.	



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

SAN DIEGO HIV PLANNING GROUP (HPG) MEMBERSHIP COMMITTEE

Wednesday, September 14, 2022
11:00 AM – 1:00 PM

WebEx

DRAFT MINUTES
Quorum = Three (3)

Present: Bob Lewis (Chair), Mikie Lochner, Regina Underwood

Absent: Freddy Villafan

Agenda Item	Action	Follow-up
1. Call to order	Bob Lewis called the meeting to order at 11:02 AM and noted that a quorum was established.	
2. ACTION ITEM: Continuance of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e)	Motion: Recognize that there is a continued proclaimed state of emergency, and State and local officials have imposed or recommended measures to promote social distancing authorizing teleconferenced meetings pursuant to Government Code section 54953(e). M/S/C: Lochner/Underwood 2/0 Abstentions: Lewis Motion carries	
3. Public Comment/Non-committee members' comment	None	
4. Action: Review and approve the September 14, 2022 agenda	Motion: Approve the September 14, 2022 meeting agenda as presented. M/S/C: Lochner/Underwood 2/0 Abstentions: Lewis Motion carries	

Agenda Item	Action	Follow-up
5. Action: Review and approve the July 13, 2022 meeting minutes	Action: Approve the July 13, 2022 meeting minutes as presented. M/S/C: Lochner/Underwood 2/0 Abstentions: Lewis Motion carries	
6. Review follow-up items	<p>Reviewed by Support Staff</p> <p>Discussion: Dr Hernandez' term will expire within the next six months, which will count as her first term. Six months served in her prior appointment does not count as a term per HPG Bylaws.</p> <p>Members discussed the small number of members on the Membership Committee. Freddy Villafan will soon be leaving Membership Committee to go to Priority Settings and Resource Allocations Committee (PSRAC).</p> <p>Bob Lewis agreed to present Membership Committee at the HPG meeting to promote and recruit committee members. HPG members will be informed regarding the importance of the Membership Committee to the work of the HPG and will be asked to consider joining.</p>	<p>Support Staff will reach out to members 6 months before their term ends to discuss options.</p> <p>Support Staff will reach out to Patrick Loose and Dr. Hernandez to find out if Dr. Hernandez would like to continue with HPG or is open to a new nomination.</p> <p>Support Staff will check with Pam Highfill regarding Dr. Jacobs being her mentor.</p> <p>Bob Lewis will report to the Steering Committee about the Membership Committee's concerns about committee membership being based solely on member's preferences. Will ask if members might be assigned to different committees in order to fulfill the needs of the HPG.</p>
7. Review Applications	None	

Agenda Item	Action	Follow-up
8. Membership Interview	None	
9. Old Business		
<p>a. Discussion: Focused Recruitment</p> <p>i.</p>	<p>Mikie Lochner shared that he is taking the Leadership training from Christie's Place and is recruiting members, with possibly six applications coming in. Kenisha Jones, an advocate at Christie's Place, is interested in being part of the HPG.</p> <p>Mikie Lochner reported that he reached out to Patrick Loose for a contact number for the representative seats of the Hospital Planning Agency and State Medicaid (Medical) program.</p> <p>Members of the committee discussed that several North region and South region providers do not seem to see any value in participating in the HPG</p>	<p>HPG staff will send out an additional email with subject line "Open HPG Seats" before each HPG meeting to remind Members about the open HPG membership seats.</p>
b. Underrepresented groups	Reviewed	
c. New committee members	<p>Representative to District 1 seat has been filled: the appointed member Ivvan Reyna.</p> <p>Health Resources and Services Administration (HRSA) site visit findings noted that HPG does not meet some legislative requirements regarding representation. The response plan describes how HSHB and Health and Human Services Agency (HHSA) leadership will elevate these issues to the Board of Supervisors so that members can be recruited.</p> <p>Committee members noted that the most recent appointment for a District Supervisor works at an agency with more than two members on the HPG and will</p>	

Agenda Item	Action	Follow-up
	require a waiver. Members recommend that Board of Supervisors staff be provided with information about HPG membership criteria when they are selecting/appointing members	
d. October 20, 2022 HPG Orientation	HPG Orientation is scheduled for October 20, 2022 from 2-4 pm via Zoom. The session will be recorded and posted to YouTube. A committee member suggested breaking the recording into smaller sections. HPG staff is working on the logistics of how to share it to the public	Orientation video to be recorded and shared with the public. Staff will explore splitting the full video into smaller sections.
e. Review draft HPG trifold brochure	English version of the HPG trifold brochure is complete. Spanish version is pending final review. Members asked about the process to finalize the Spanish translations and asked that certified translators review the final version	HPG staff will follow up with Freddy Villafan for final Spanish version.
b. Review Termed Seat Positions for 2022 & 2023	Reviewed	HPG staff will update the termed seat list and inform members six months before their termed ends.
c. New Business		
a.	None	
d. Review Attendance		
a. HPG Attendance	Reviewed. A committee member requested if it is possible to send additional meeting reminders, for example, text messages, to members. A committee member requested if it is possible to send a direct outlook invitation.	HPG Staff will reach out directly to HPG members Raul Robles and Alfredo De Jesus. HPG Staff will make an additional note about the meeting invitation. Rodney von Jaeger will follow up on the text reminders.

Agenda Item	Action	Follow-up
b. Committee Attendance	Reviewed. The committee expressed concern regarding HPG members leaving meetings early or arriving later.	Mikie Lochner will remind members about the 2-hour HPG meeting commitments.
e. Routine Business		
a. Getting to Zero (GTZ) 3-Year Action Plan i. Status of support from HSHB	Dr. Jacobs is the Contractor selected to track and follow-up on GTZ Action Plan activities and her role is to support the committees.	Bob Lewis will communicate with Dr. Jacobs. GTZ Community Engagement to be added to the next meeting agenda.
b. Mentor Appointments i. Evaluation for Mentors/Prospective Mentors		Support Staff will check with Pam Highfill regarding Dr. Jacobs being her mentor.
c. Committee Appointment i. Review Medical Standards and Evaluation Committee (MSEC) attendance	Members of the committee suggested creating a new meeting attendance for the MSEC since they only meet 4x a year. Members questioned what process to make it happen. Does this committee have to vote?	Bob Lewis will draft a new attendance policy for the MSEC for review by Membership Committee and the MSEC.
f. Agenda items for future meetings	Members of the committee would like to discuss the following: <ul style="list-style-type: none"> What is the process when a member leaves the HPG? (termed out) If there a certificate of appreciation presented? Discuss the selection of Districts seats, how the Board of Supervisors appoints a member, and how that is communicated to the HPG 	
g. Announcement	<ul style="list-style-type: none"> The HPG Orientation is scheduled for the October 20, 2022 2:00 - 4:00 p.m. The Monkeypox Taskforce meeting is planned for September 15, 2022 at 3:00 p.m. Flu shot vaccines are recommended, and to 	

Agenda Item	Action	Follow-up
	<p>continue with the COVID-19- Boosters</p> <ul style="list-style-type: none"> • Open enrollment for Medicare Part D is available starting Oct 17- mid-December 2022 	
h. Next Meeting Date	<p>Wednesday, October 5, 2022, 11:00 a.m. via WebEx</p> <p>Note: The scheduled committee meeting on October 12, 2022 was changed to Wednesday, October 5, 2022 at 11:00 a.m.</p>	HPG staff will update invitation and email reminders
i. Adjournment	Meeting adjourned at 12:29 PM	



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PUBLIC HEALTH OFFICER

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

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

WebEx Meeting

DRAFT MINUTES

Quorum is Eight (8)

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

Absent: Alberto Cortes / Raul Robles

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

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

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

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

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

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

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



County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

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

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

SAN DIEGO HIV PLANNING GROUP (HPG) CONSUMER GROUP

Join Zoom Meeting

<https://zoom.us/j/95469032405?pwd=cnJuUUVrVjRhdlByS21LWkQ1blIzd09>

Wednesday, September 21, 2022

3:00 PM – 5:00 PM

DRAFT MINUTES

Quorum = Three (3)

Members Present: Allan Acevedo (Chair) / Michael Donovan / Mikie Lochner (HPG Chair)

Members Absent: Alfredo De Jesus

Agenda Item	Action	Follow-up
1. Call to order/ Moment of Silence	Mikie Lochner called the meeting to order at 3:00PM and noted a quorum was established. Mikie would like to let people know that Allan Acevedo was not feeling well and asked him to take over the meeting. He will be present in case his vote is needed.	
2. Action: Continuance of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e)	Action: Recognize that there is a continued proclaimed state of emergency and State and local officials have imposed or recommended measures to promote social distancing authorizing teleconferenced meetings pursuant to Government Code section 54953(e). Motion/Second/Count (M/S/C): Donovan/Acevedo 2/0 Abstentions: Lochner Motion: Carries	
3. Zoom Housekeeping	Reviewed by Lochner.	
4. Review		
a. Background, mission statement, goals, and ground rules	Was read and reviewed.	
5. Introductions, icebreaker	Introductions were made by participants that wished to do so. Icebreaker was Favorite Halloween Costume.	

Agenda Item	Action	Follow-up
6. Public Comment – For Non-HPG Member Participants	There was no public comment.	
7. Sharing our Concerns For all Participants	There were no concerns voiced.	
8. Routine Business		
a. Review/approval of meeting agenda for September 21, 2022	Motion: Approve the meeting agenda for September 21, 2022 as presented. M/S/C: Donovan/Acevedo 2/0 Abstentions: Lochner Motion: Carries	
b. Review/approval of meeting minutes for July 20, 2022 (Review follow-up items)	Motion: Approve the meeting minutes for July 20, 2022 as presented. M/S/C: Donovan/Acevedo 2/0 Abstentions: Lochner Motion: Carries	
c. Review/approval of meeting minutes for June 15, 2022 (Review follow-up items)	Motion: Approve the meeting minutes for June 15, 2022 as presented. M/S/C: Donovan/Acevedo 2/0 Abstentions: Lochner Motion: Carries	
9. Old Business		
a. Review: Consumer Group Working Plan/Training Plan	Harm Reduction will be rescheduled for October. Rest of the schedule for the year is being discussed.	
b. Discussion: Consumer Committee Co-Chair Vacancy	Will be left as a discussion item for promoting leadership opportunity at Consumer Group.	
10. New Business		
a. Discussion: Consumer Group name change.	To remove stigma, a name change is being sought. Community advisory group was one suggestion. Another suggestion is Community Engagement Group. Motion: Change the name and will be sent to Steering to be approved and will be changed in the bylaws. M/S/C: Donovan/Acevedo 2/0 Abstentions: Lochner Motion: Carries	
b. Discussion: Consumer seat at the	It was decided that the Chair of the Consumer Group shall take over this seat. Application for Allan Acevedo will be submitted to the Joint Housing Committee.	

Agenda Item	Action	Follow-up
Joint Housing Committee.		
11. Updates		
a. CARE Partnership	<p>North Safe Space- previous name Family Justice Center presented on their services.</p> <p>Christie's Place is working on the Women's Retreat for March 2023 It will be in the Handlery Hotel in Mission Valley - please contact Rea Van Brocklin for more information. They are also finalizing the pilot for Project PERL (HIV Leadership series). A second session is being planned and will be in spanish.</p>	
b. Membership	<p>Waiver being requested for the new District #1 seat as the person selected works for UCSD. HPG will be voting on this. Because it is an appointment from a supervisor the waiver will be required. Another member will be moved from an unaffiliated seat to HIV testing advocate and will also require a waiver as they now work for Family Health Centers of San Diego. There are still 9 opens seats for unaffiliated consumers.</p>	
c. Strategies	<p>Revisions to the universal standards were discussed including those regarding transportation. Revisions will be made.</p>	
d. Medical Standards	<p>Delores Jacobs has been contracted to track and follow up on the Getting to Zero (GTZ) Action plan activities. She will be supporting the different committees as they work on their part.</p>	
e. Priority Settings and Resource Allocation	<p>They have completed all reallocations for the next fiscal year and have no other items at this time.</p>	
f. Steering	<p>None provided.</p>	
g. HPG	<p>None provided.</p>	
12. Announcements		
13. Confirm next meeting date Wednesday,	Next Meeting: Wednesday, October 19, 2022 via Zoom	

Agenda Item	Action	Follow-up
April 20, 2022 via Zoom		
14. Adjournment	Meeting was adjourned at 4:43PM	



County of San Diego

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

CARE PARTNERSHIP

Monday, September 19, 2022

11:00 AM – 1:00 PM

Meeting URL: <https://zoom.us/j/95445978475?pwd=bmRSNEI3Z2pnRVY3U3g5ZmRZYVN6dz09>

Meeting ID: 954 4597 8475

DRAFT MINUTES

Attendees: Gloria Alonzo, Romie Banuelos-Respec, Rand Basma, Diane Doherty, Loren Goldstein, Aaron Gutierrez, Felicitas Jimenez, Lori Jones, Nicole Pepper, Shannon Ransom, Klyria Thiault, Andrea Tomada, Rhea Van Brocklin,
HPG Support Staff: America Gonzalez Castaneda, Delio Ladron de Guevara, Rodney von Jaeger

Spanish Interpretation available, call: 1-888-582-3528 (toll free) /1-847-944-7361 (US toll) – Pass Code 9150 983#

Agenda Item	Action	Follow-up
1. Welcome and introductions	Shannon Ransom started the meeting at 11:00AM and participants introduced themselves.	
2. Comments from the Chair/	Participants were shown how to use the interpretation services for when people speak in Spanish so non-Spanish speakers can also use English interpretation services.	
a. Respectful Engagement	Was read out by a participant.	
3. Moment of silence	Observed and included those in Puerto Rico that are affected by the latest hurricane.	
4. Review Mission Statement	Reviewed.	
5. Public comment/ Sharing our Concerns	<p>It is now a habit to do virtual meetings instead of in person, which is a concern. Participants suggest Christies Place for meetings which could allow for hybrid meetings so consumers can participate more. Christies Place space is for about 10 people and are willing to host. HPG Support staff will investigate the possibility of having meetings at The Center.</p> <p>Christies Place has been seeing a lot of new clients, with trans-women who are seeking political asylum having special needs that are not being met. One of the main concerns is the lack of housing. Language is also a barrier for clients. For example, CHOICES does not have Spanish speaking staff at this time.</p>	

Agenda Item	Action	Follow-up
6. Review & approval of the meeting agenda for September 19, 2022	Approved by consensus.	
7. Review & approval of July 18, 2022 meeting minutes	Approved by consensus.	
8. Discuss and update the training plan	Training plan will be updated to have two presentations per meeting instead of one.	
9. Cultural Competency/ Training Opportunities/ Updates	No updates at this time.	
10. Old Business		
a. None		
11. New Business		
a. Presentation: San Diego Family Justice Center - Your Safe Place	<p>Now named Your Safe Place, A Family Justice Center, it launched in 2002 and is now celebrating 20 years of service. It is a collection of about 50 agencies both private and public to make it possible for people to have a single place for as many services as possible all for free. They serve adults, elder and youth/teen victims of sex trafficking, sexual assault, and domestic violence.</p> <p>Tours are available Fridays at 9am. For more information please contact:</p> <p>Diane Doherty at 619-533-3583 or visit ddoherty@sandiego.gov or visit sandiego.gov/yoursafeplace.</p>	
12. Reports		
a. Women and Youth Out of Care Group Discussion	Ending the Epidemic (EHE) has funding for linkage to HIV care efforts which wasn't available before. Mother Child Adolescent Program (MCAP) has been pushing to use these funds to get people into care. Shannon is also reporting an uptick in newly diagnosed youth and will be observing	
b. HIV Planning Group (HPG) Planning Group Support Staff	HPG will be holding its new member orientation session on October 20, 2022 at 2:00PM. It will be virtual, and you will need to register beforehand, It is also open to the public. Spanish translation will be available. Contact HPG Support Staff at hpg.hhsa@sdcounty.ca.gov for more information.	

Agenda Item	Action	Follow-up
	<p>2022 Truax Award nominations are now open. Contact HPG Support Staff for more information.</p> <p>Upcoming meetings: Steering on Tuesday and Consumer on Wednesday.</p>	
<p>c. Housing Needs/Progress Group Discussion</p>	<p>Housing continues to be an important situation. Support staff announced that there is a position open for a consumer for the Joint Housing Committee and will be discussed at the next Consumer Group meeting.</p>	
<p>d. Ryan White Part D Shannon Ransom</p>	<p>Funding for Ryan White will be \$100,00 less this next funding period as that money will be transferred to programs that don't have Ryan White Part A funding. Funding is still enough for services. MCAP reports a flood in their facility and are currently under repair and is closed for client services in most cases. Repairs will take at least another month.</p>	
<p>e. Women's Conference 2023</p>	<p>The conference will be in person at the Handlery Hotel in Mission Valley on March 11, 2022. It will be in-person and childcare will be provided. There will also be a fashion show. The planning committee will meet the last Monday of the month and welcomes new participants.</p>	
<p>f. Research</p> <ul style="list-style-type: none"> • ACTG/AVRC • HNRP • MCAP 	<p>ACTG/AVRC: There is a Monkeypox trial and is looking for participants. Go to: https://medschool.ucsd.edu/som/medicine/research/centers/avrc/participate/Pages/current-studies.aspx</p> <p>MCAP: They are wrapping up their adult COVID-19 Moderna vaccine study probably by Fall. Their pediatric study for the Moderna vaccine is ongoing.</p>	
<p>13. Agency updates/Announcements</p>	<p>Announcements:</p> <p>Christie's Place is finishing up their pilot training for their PEARL Project. It is a leadership training for those wanting to be community advocates or join an HIV Planning Group (HPG). There is another training being planned for November. They will start asking for applications some time in October. For more information go to: www.sdprojectpearl.com.</p> <p>AIDS Walk San Diego is this Saturday September 26, 2022.</p> <p>Next Meeting Date:</p> <p>Monday, October 17, 2022, 11:00 AM, virtually via Zoom</p>	
<p>14. Adjournment</p>	<p>Adjourned at 12:35PM</p>	

Joint City/ County HIV Housing Committee Meeting Minutes

March 16, 2022

Housing and Community Development Services

Virtual Meeting

3989 Ruffin Road, San Diego, CA 92123

10:00 AM to 12:00 PM

Committee Members Present:	Representing:	Community Members Present	Representing:	Staff Present:	Representing:
Marc d'Hondt	San Diego Housing Commission	Megan Cruz	2-1-1 San Diego	Manuel Q. Galvan	HCDS
Loren Goldstein	Formerly Incarcerated	Chris Nolan	Mama's Kitchen	Paloma Del Rio	HCDS
Juanita Villalvazo	Families and Children	Vivian Quintero-Escobar	2-1-1 San Diego	Lolita Thomas	HCDS
James Cassidy	HOPWA Providers	Stephanni Casas	SBCS	Madison Romo-Villeda	HCDS
Patrick Anderson	Seniors	Analicia McKee	SBCS	Francine Arms	HCDS
		Patrick Loose	PHS		
Committee Members Absent:	Representing:	Bernadette Winter-Villaluz	FJV		
Alisia Sanchez	Advocate for new immigrants and undocumented persons				
Ricardo Vasquez	Homeless/formerly homeless				
Verna Gant	Women				
Chris Mueller	Substance Abuse				

Joint City/ County HIV Housing Committee Meeting Minutes

March 16, 2022

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10:00 AM to 12:00 PM

Item/ Topic	Discussion	Action
I & II Call to order/ Welcome and Moment of Silence	Meeting Called to order: 10:04 AM Moment of Silence Observed	
III. Public Comment & Introductions	Public Comment: No Public Comment Juanita Villalvazo's comments were added to Item IX – Committee Member Comments on items not on Agenda	
IV. ACTION: Approval of Agenda: March 16, 2022	Time: 10:15 AM <ul style="list-style-type: none"> March 16, 2022 Agenda approved 	Approved 1 st : Marc 2 nd : James
V. ACTION: Approval of Minutes: January 19, 2022	Time: 10:17 AM <ul style="list-style-type: none"> January 19, 2022 Meeting Minutes approved 	Approved 1 st : Loren 2 nd : Marc
VI. HOPWA TBRA Lease-up and Waiting List update Madison Romo-Villeda (HCDS)	Time: 10:18 AM <ul style="list-style-type: none"> 80 Active Vouchers – Leased <ul style="list-style-type: none"> Did two waitlist pulls, no one searching at the present time May be conducting another pull once they determine how many people they can lease up 3,556 applicants on the HOPWA waitlist 	
VIII. Updates: HOPWA Providers	Time: 10:13 AM <ul style="list-style-type: none"> Stepping Stone – <ul style="list-style-type: none"> residential treatment has seen an increase in HIV clients and they're now at 15 of the 30 beds are with people who are HIV positive. Enya House and Alice's House are full Seen a significant increase in HIV clients at outpatient HHSA-ICM - 	

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- We've had quite an influx of people coming in, but I also know we've had a couple of people leave so I don't know if we are 100% full right now, but we do still take referrals. Please don't fax any referrals to us because our fax machine is in a building that we don't have access to and so, if you fax it, we won't get it, so just email it.
 - It still amazes me how the connections we've made for different groups have changed. We've done a couple of jail assessments through video thanks to some of our friends in some different programs. We've done telephone interviews with clients and we continue to just adjust and see how it is that we can do our assessments with people based on where they are and through the different groups that we work with and our partners
- Mama's Kitchen -
 - We served 38 clients during February funded with HOPWA with our home delivered meals.
 - I also wanted to let everybody know that we are still providing home delivered meal services. We don't have a wait list.
 - We also have our emergency food assistance program, if you have any clients that don't have stable housing but have access to a stove, we can provide some nonperishable items.
 - You can connect with me, send me a message or an email. My email is Chris@Mamaskitchen.org and I can send you the requirements for that program.
- San Diego Housing Commission –
 - No updates
- 211SD –
 - I just want to report out we've had a slow decrease in referrals for 211 for individuals that we serve with HOPWA. So I'm definitely putting out for outreach as far as if any clients that you know would benefit from short term case management from our team, we have highly trained individuals that provide case management for up to between 60 days potentially 90 days. And it's really to help them engage in their goals specially for housing first and foremost and then any other barriers to help them to keep housing stability. They can call the General 211line and our team receives those referrals, and we assign them within 2 days.

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10:00 AM to 12:00 PM

- We don't have many clients that we're currently working with, but we are always open to work with more clients if you feel like they need that specialized case management short term care.
 - James Cassidy: Vivian when they call 211 do they need to ask for a HIV housing specialist or how do they get to the case managers?
 - 211SD: So essentially the agents on the line will go through health assessment with them and then determine from there. You know which team would best appropriate for services and so I'm always available to assist and so any of our teams that have questions. they always reach out to us, but we have a pretty good workflow that they just connect to us right away when clients do indicate that they need this particular services.
- Fraternity House, Michelle House, and Independent Living Apartments (Fraternity House Inc.) -
 - I had a meeting with my managers on Monday. We are having one new resident moving in next week, which will bring us to full capacity
 - We are leaving one open bed as per licensing requirements due to Covid. We are now at the point where we don't need to keep an open bed in each house, but just one open bed in general in case we need to do any isolation. We will at 8 beds full at Fraternity house and 11 beds at Michelle House.
 - The apartments are currently fully occupied, we are looking at opening our 7th 2 bedroom apartment after July of this year, we've already put in a request to the apartment management company to reserve the next downstairs of apartment for us when it becomes available. We can start paying rent on that as early as probably may if we need to hold it and then move someone in as of July
 - I think we're almost to the point now where we might start considering direct admits to the apartment versus graduating a resident from one of the houses.
 - Other than that everything is going well, we have remained Covid free.
 - We are somewhat relaxing our visitation policies and procedures so that guests and outside groups can come back into the house, church groups and other groups who want to come in and provide meals and things and activities for our residents. Still requiring obviously vaccinations and or test results, and things like that. But we're not in full lockdown as we were.

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March 16, 2022

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10:00 AM to 12:00 PM

	<ul style="list-style-type: none">○ Sometime between now and the middle of the year, we are going to be looking to fill a new management position and that is a director of Finance and development. If anybody knows anybody who might be looking for that kind of employment and a full-time basis with a great nonprofit and competitive salary. Contact me and I will give you more details as we go through start to go through that recruitment process.• Being Alive -<ul style="list-style-type: none">○ We are still accepting referrals for the moving program and the utility assistance program.• Ryan White – PHS<ul style="list-style-type: none">○ No updates• SBCS -<ul style="list-style-type: none">○ We continue to have our 12 families in our PSH and doesn't look like anyone is planning an exit anytime soon. So, we continue to serve those 12.• Townspeople -<ul style="list-style-type: none">○ No updates	
IX. Committee Member Comments on items not on Agenda	<ul style="list-style-type: none">• Juanita Villalvazo – San Diego Housing Commission (SDHC)<ul style="list-style-type: none">○ SDHC offers a CNA training program that offers the CNA Certification in EKG and RNA restorative nursing assistant. It's all three in one combo. Looking for 2 people to get that program completely filled, at this point we opened it up to anyone. Just refer the people to me. It's fully paid for with all the certifications, the background checks and testing, everything is paid for.○ We are also offering a Digital media course; we're doing the same thing for so it's digital media with an internship with mystique. They do the blogging for celebrities so they would be doing a month internship there. Juanita will send the information to Manuel and Manuel will distribute it to the group.	

Joint City/ County HIV Housing Committee Meeting Minutes

March 16, 2022

Housing and Community Development Services

Virtual Meeting

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10:00 AM to 12:00 PM

X. HCDS Staff Updates	<ul style="list-style-type: none">• HCDS Update<ul style="list-style-type: none">○ Just similar to last time with the end of the fiscal year coming, just take a look at your budget and submit your budget adjustments to your COR.	
XI. Adjournment	The meeting was adjourned at 10:54 AM	

Joint City/ County HIV Housing Committee Meeting Minutes

May 18, 2022

Housing and Community Development Services

Virtual Meeting

3989 Ruffin Road, San Diego, CA 92123

10:00 AM to 12:00 PM

Committee Members Present:	Representing:	Community Members Present	Representing:	Staff Present:	Representing:
Loren Goldstein	Formerly Incarcerated	Megan Cruz	2-1-1 San Diego	Manuel Q. Galvan	HCDS
James Cassidy	HOPWA Providers	Chris Nolan	Mama's Kitchen	Paloma Del Rio	HCDS
Juanita Villalvazo	Families and Children	Isabel Mora	Townspeople	Lolita Thomas	HCDS
		Stephanni Casas	SBCS	Freddy Villafan	HCDS
Committee Members Absent:	Representing:	Analicia McKee	SBCS		
Patrick Anderson	Seniors	Patrick Loose	PHS		
Marc d'Hondt	San Diego Housing Commission	Samahara Morlet	Townspeople		
Alisia Sanchez	Advocate for new immigrants and undocumented persons	Veronica Chavez	Townspeople		
Ricardo Vasquez	Homeless/formerly homeless	Dennis Dickens	FJV		
Verna Gant	Women				
Chris Mueller	Substance Abuse				

Joint City/ County HIV Housing Committee Meeting Minutes

May 18, 2022

Housing and Community Development Services

Virtual Meeting

3989 Ruffin Road, San Diego, CA 92123

10:00 AM to 12:00 PM

Item/ Topic	Discussion	Action
I & II Call to order/ Welcome and Moment of Silence	Meeting Called to order: 10:04 AM Moment of Silence Observed	
III. Public Comment & Introductions	Public Comment: No Public Comment	
IV. ACTION: Approval of Agenda: May 18, 2022	<ul style="list-style-type: none">• Unable to approve May 18, 2022 Agenda - No Quorum	No Quorum
V. ACTION: Approval of Minutes: March 16, 2022	<ul style="list-style-type: none">• Unable to approve March 16, 2022 Meeting Minutes – No Quorum	No Quorum
VI. HOPWA TBRA Lease-up and Waiting List update (HCDS)	<ul style="list-style-type: none">• No update (staff not present)	
VIII. Updates: HOPWA Providers	<p>Time: 10:06 AM</p> <ul style="list-style-type: none">• Being Alive -<ul style="list-style-type: none">○ We are still accepting referrals for the utility assistance program and the moving program○ We've been getting a lot more referrals from the case managers over at UCSD, which has been really good.• Mama's Kitchen -<ul style="list-style-type: none">○ Providing emergency food assistance services as well as home delivery meals. If you have any clients, feel free to refer them to us○ For the month of April, we serve 83 unique clients under the HOPWA program.	

Joint City/ County HIV Housing Committee Meeting Minutes

May 18, 2022

Housing and Community Development Services

Virtual Meeting

3989 Ruffin Road, San Diego, CA 92123

10:00 AM to 12:00 PM

- HHS-ICM -
 - We are still taking clients, I'd like to say we're full, but those of us in this world know how things are, clients come and go very quickly.
 - We are still taking referrals, our clients are doing well. We do not currently have any outbreaks of COVID in any of our houses. I would say most of our clients are either fully or almost fully vaccinated, and anyone who's not we are in the process of getting them to that point.
- Ryan White – PHS
 - In the month of June, our priority setting at resource Allocation Committee will begin meeting weekly to set priorities and allocate funding for our next grant period, which would start in March of 2023. That process involves really an extensive review of data for people living with HIV here in the county of San Diego.
 - If anyone is new and wants a really thorough orientation to the epidemiology of HIV here in the county, I absolutely recommend people join us. That committee meets on Thursday afternoons from three to five. We will also be having a programmatic site monitoring visit with HERSA beginning on Monday of next week. We have sent out invitations to persons with lived experience who can talk directly to our project officers and funders at HERSA about how things are working here in San Diego County, and then they will be doing the much more fun part for us, which is going through all of the documentation to make sure that we are following the legislation appropriately so that's kind of what's going on in our shop right now.
- SBCS -
 - Our PSH continues to be full with our twelve families in the program.
- FJV –
 - Currently we have 54 in the program. One of them is a family of six, so it's 48. That's 48 singles and a family of 6. So we have availability for 30 singles and up to the minimum would be four families. We could take more families, reducing the number of singles.

Joint City/ County HIV Housing Committee Meeting Minutes

May 18, 2022

Housing and Community Development Services

Virtual Meeting

3989 Ruffin Road, San Diego, CA 92123

10:00 AM to 12:00 PM

	<ul style="list-style-type: none">○ The minimum for the contract is 10, so we could take at least four more for families and then on our wait list we have 14 on the wait list. Several of them have been multiple, no call, no shows to their intake appointments. The majority of them are all scheduled over the next two weeks, That's the current report.• Townspeople -<ul style="list-style-type: none">○ We currently have an opening at 34th Street, one of our properties. That's the only update we have right now.• San Diego Housing Commission –<ul style="list-style-type: none">○ We have closed the emergency housing program, the one that was helping with the rental assistance effective March 30th, so that one is no longer receiving anymore applications.○ If anyone needs or has single parents that are in need of childcare and trainings, I can do a referral to one of our partners who's receiving applications right now for that.• Stepping Stone –<ul style="list-style-type: none">○ No updates• 211SD –<ul style="list-style-type: none">○ No updates• Fraternity House, Michelle House, and Independent Living Apartments (Fraternity House Inc.) -<ul style="list-style-type: none">○ No updates	
IX. Committee Member Comments on items not on Agenda	<ul style="list-style-type: none">• Loren Goldstein<ul style="list-style-type: none">○ I just wanted to know if people knew that Chris Mueller is no longer at Stepping Stone.	

Joint City/ County HIV Housing Committee Meeting Minutes

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X. HCDS Staff Updates	<ul style="list-style-type: none">• HCDS Update<ul style="list-style-type: none">○ We have one more year to go with the current HOPWA contracts, the 5-year contract cycle ends June 30, 2023.○ We will need to start a new Request for Proposals process in the next couple of months.○ I will be sending an email requesting committee members to create a subcommittee to talk about recommendations for the next contract cycle.○ We received the final HOPWA allocation for 2022-2023. We got an increase of approximately \$500,000 for the next fiscal year.○ Paloma del Rio - Just a couple of reminders. I sent an email last week about the budget adjustments, but if you could please submit those to us sooner rather than later. And for those of you who have to do the inspections, we did give you a deadline of June 1st to let your COR know that you have completed it for all of your units.	
XI. Adjournment	The meeting was adjourned at 10:18 AM	

Joint City/ County HIV Housing Committee Meeting Minutes

July 20, 2022

Housing and Community Development Services

Virtual Meeting

3989 Ruffin Road, San Diego, CA 92123

10:00 AM to 12:00 PM

Committee Members Present:	Representing:	Community Members Present	Representing:	Staff Present:	Representing:
Loren Goldstein	Formerly Incarcerated	Megan Cruz	2-1-1 San Diego	Manuel Q. Galvan	HCDS
James Cassidy	HOPWA Providers	Chris Nolan	Mama's Kitchen	Paloma Del Rio	HCDS
Juanita Villalvazo	Families and Children	Isabel Mora	Townspeople	Freddy Villafan	HCDS
Marc d'Hondt	San Diego Housing Commission	Samahara Morlet	Townspeople	Nicole Aguilar	HCDS
Chris Mueller	Substance Abuse	Maritza Herrera	Public Health Services		
Patrick Anderson	Seniors				
Committee Members Absent:	Representing:				
Alisia Sanchez	Advocate for new immigrants and undocumented persons				
Ricardo Vasquez	Homeless/formerly homeless				
Verna Gant	Women				

Joint City/ County HIV Housing Committee Meeting Minutes

July 20, 2022

Housing and Community Development Services

Virtual Meeting

3989 Ruffin Road, San Diego, CA 92123

10:00 AM to 12:00 PM

Item/ Topic	Discussion	Action
I & II Call to order/ Welcome and Moment of Silence	Meeting Called to order: 10:12 AM Moment of Silence Observed	
III. Public Comment & Introductions	Public Comment: No Public Comment	
IV. ACTION: Approval of Agenda: May 18, 2022	Time: 10:15 AM <ul style="list-style-type: none">May 18, 2022, Agenda approved	Approved 1 st : James 2 nd : Loren
V. ACTION: Approval of Agenda: July 20, 2022	Time: 10:17 AM <ul style="list-style-type: none">July 20, 2022, Agenda approved	Approved 1 st : Loren 2 nd : James
VI. ACTION: Approval of Minutes: March 16, 2022	Time: 10:15 AM <ul style="list-style-type: none">March 16, 2022, Meeting Minutes approved	Approved 1 st : James 2 nd : Loren
VII. ACTION: Approval of Minutes: May 18, 2022	Time: 10:17 AM <ul style="list-style-type: none">May 18, 2022, Meeting Minutes approved	Approved 1 st : James 2 nd : Loren
VIII. HOPWA TBRA Lease- up and Waiting List update (HCDS)	<ul style="list-style-type: none">No update (staff not present)Freddy Villafan will be sending an update later	
IX. Updates: HOPWA Providers	Time: 10:06 AM <ul style="list-style-type: none">211SD –<ul style="list-style-type: none">On regards to 211, no big updates at this time, I just wanted to let you all know that we are still receiving and processing referrals under HOPWA as long as the client who calls in directly to	

Joint City/ County HIV Housing Committee Meeting Minutes

July 20, 2022

Housing and Community Development Services

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10:00 AM to 12:00 PM

211 and search for needs and we're further assessed that they might be eligible for the HOPWA program. We're still open for referrals at this time and we are managing at this very moment.

- Staff is working remotely due to COVID safety regulations.
- Mama's Kitchen -
 - No update (staff not present)
- SBCS -
 - No update (staff not present)
- FJV –
 - No update (staff not present)
- Ryan White – PHS
 - No update (staff not present)
- Being Alive -
 - We are still accepting referrals for the utility assistance program and the moving program
- HHSA-ICM -
 - We are accepting referrals, our population kind of changes with the wind based on who leaves and who does not.
 - I think at this moment we are full, and we don't have beds available, but I could be wrong about that and regardless of if we're full, we're still accepting applications for new clients.
- Townspeople -
 - The only update we have is that we will be moving from our offices to 2047 El Cajon Blvd. as of the 29th of July.
 - Working with some referrals provided by RTFH

Joint City/ County HIV Housing Committee Meeting Minutes

July 20, 2022

Housing and Community Development Services

Virtual Meeting

3989 Ruffin Road, San Diego, CA 92123

10:00 AM to 12:00 PM

- Stepping Stone –
 - Stepping Stone just hired a new program manager. Cheryl Houk will be retiring at the end of the month. There is a new interim director who will be coming in.
- Fraternity House, Michelle House, and Independent Living Apartments (Fraternity House Inc.) -
 - All is going well. We opened our 7th and for now final apartment as of July. We have one resident moving into that new apartment.
 - We've also done our first direct admit to an apartment as opposed to graduating someone from Michelle House or Fraternity House. It was somebody that was familiar to us through our caseworkers, so we didn't feel the need to do an extensive background screening because that was already done. Normally, our process would be to move them into one of the houses, at least on a temporary basis, to make sure that they do have the capability to live on their own. But because this individual has been associated with one of our caseworkers for many years that we were able to sidestep that that requirement.
 - COVID finally caught us after 2 1/2 years of staying virus free in both of the houses. We had two cases in each of the houses that we were able to isolate within the House and let it run its course. We also had three or four apartment residents who did test positive, they isolated within their apartment and came through it OK. Also, a couple of our senior staff members, including one whose wife is 8 months pregnant, so that was a little dicey for a moment, but everybody is fine.
 - We came through that little storm, we did the appropriate shutdowns and lockdowns and stopping visitors and activities, but as of August 1st, we'll be able to resume those things, obviously, continuing all due caution,
 - We will be posting an opening for a new Director of Development and Finance that would report directly to the Board as a joint director. We would like to get that position started by September. If anybody think they might know someone who would be interested, have them contact me directly and I'll give them the information. Other than that, all is good at the houses.
- San Diego Housing Commission –
 - No Update No update

Joint City/ County HIV Housing Committee Meeting Minutes

July 20, 2022

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10:00 AM to 12:00 PM

IX. Committee Member Comments on items not on Agenda	<ul style="list-style-type: none">• No comments	
X. HCDS Staff Updates	<ul style="list-style-type: none">• HCDS Update<ul style="list-style-type: none">○ Nicole Aguilar will be joining the team; she will be under Manuel. She is going to be taking a more active role in the next couple of weeks.○ the HIV Planning Group will be nominating someone to the HIV Housing Committee. They are reviewing their application and gathering all the info, so they should have one by the next meeting, at least the application, so you can review the application for interviews.○	
XI. Adjournment	The meeting was adjourned at 10:36 AM	



Faith-Based Action Coalition (FBAC)

Monthly Meeting

Time: 10am-12pm

Date: Thursday, September 8, 2022

Attendees	Dr. Ken Riley, Myleen Abuan, Felipe Ruiz, Alberto Pina
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Item	Discussion	Follow-Up
1. Call to order/Opening Prayer/Read the FBAC Mission Statement/Introductions	Dr. Ken Riley called the meeting to order at 10:07 AM. Introductions were made. <ul style="list-style-type: none"> Opening Prayer by: Myleen Abuan Mission Statement by: Felipe Ruiz 	
2. Review/Approve Agenda	The Thursday, September 8, 2022, meeting agenda was approved by consensus with changes as needed.	
3. Review/Approve Last Meeting's Minutes	The July 7, 2022, meeting minutes was approved by consensus.	
4. Financial Report	No report for last month. A written report will be available quarterly. We did get a \$1,500.00 donation from Gilead. Dr. Riley had reimbursements for the last event which he submitted (\$561.00).	
5. Old Business		
a. Follow-up re: ELEVATE (Building Leaders of Color) Training	Tabled.	
6. New Business		
a. Events Calendar	<ul style="list-style-type: none"> i. National Black HIV/AIDS Awareness Day 2023 Planning Saturday, February 4, 2022. For planning purposes, the evaluation report from the last National HIV Testing Day event was reviewed. ii. Community Events for our Participation/Partnering with other Organizations: Discussed the n iii. Monkeypox (MPX) Task Force: Requesting Southeast SD/African American representation on the HPG 	



	<p>MPX Taskforce; ensuring equity in access to MPX health information and vaccines. .</p> <p>iv. Gilead Presentations: Fighting Stigma through personal action: Gilead and ViiV – need to get people in care and staying into care. The event was at Coyote Café. The next presentation was on fighting stigma through personal action. It was done on National HIV and Faith Day. Dr. Riley was a panelist.</p> <p>v. Discussion: FBAC Mission/Plans/Direction: difficult to sustain, partly due to COVID. May want to revisit mission to see if we are really doing what we say we are doing. May want to consider changing what we are doing and look at what’s happening in the community and partner with organizations to ensure they’re including what is of interested to FBAC.</p>	
7. HIV Planning Group/Ryan White/ HIV Prevention/ HIV, STD and Hepatitis Branch (HSHB) Updates	Lots of vacancies, specifically for consumers/persons living with HIV.	
8. Ending the HIV Epidemic (EHE) Activities Update	No additional updates for EHE.	
9. Community Updates/Events	<ul style="list-style-type: none"> • Dr. Riley drafted a calendar as a template to add any upcoming community updates. 	
10. Open Forum	None.	
11. Next Meeting/Future Agenda Items	<ul style="list-style-type: none"> • Meeting Date: Thursday, October 6, 2022 • Time: 10:00 AM – 12:00 PM • Location: Zoom 	
12. Announcements	None.	
13. Closing Prayer/Adjournment	<p>Closing Prayer by: Myleen Abuan.</p> <p>Meeting was adjourned at 10:49 AM by Dr. Ken Riley.</p>	



County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

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

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

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

HIV, STD and Hepatitis Branch of Public Health Services County of San Diego Health and Human Services Agency Monthly Report to the HIV Planning Group October 2022

Updates are in **bold**.

Items for HPG Follow-Up

- None.

HSHB has moved! Effective 9/16/2022 HIV Planning Group support staff, program staff, and administrative staff have office space at the Chula Vista Live Well Center, located at 690 Oxford Street in Chula Vista. Clinic staff continue to work out of the South, Central, and North Central Region Public Health Centers.

Coronavirus (COVID-19) Impacts and Updates

- Meetings of the HIV Planning Group will continue virtually as long as there is a local emergency.
- HRSA publishes routinely updated FAQs related to Ryan White services:
<https://hab.hrsa.gov/coronavirus-frequently-asked-questions>
- The CDC also has a comprehensive COVID-19 guide:
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- The California Department of Public Health has also established a web page to provide COVID-19 updates:
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx>
- The County of San Diego has established a webpage dedicated to COVID-19:
www.coronavirus-sd.com. On this page, the public has information regarding the current status of COVID-19 in San Diego County. They can also find additional information about the virus and how to prepare themselves.

- For general questions about COVID-19, the County recommends reaching out to 2-1-1 San Diego (211sandiego.org).

Monkeypox Updates

- The County declared monkeypox a local health emergency on August 2, 2022.
- You can now receive text updates about monkeypox from the County. Text COSD MONKEYPOX to 468-311.
- Additional information and resources including data now available on the Monkeypox website: www.SanDiegoCounty.gov/monkeypoxSD

Procurements

- An RFP for low-barrier models of medical care on Buynet has closed. **Notice of Intent to Award has been posted.**
- An RFP for peer-based mobile PrEP education and delivery is in development.
- HSHB is working with the County's technology provider to develop the Getting to Zero mobile phone app and will deploy that with a printed resource guide when complete.
- An RFP for comprehensive HIV prevention services for persons who inject drugs has closed on Buynet. **Notice of Intent to Award will be posted soon.**
- An RFQ for implementation funding for non-profit medical providers to implement routine HIV testing **is currently on Buynet.**
- An RFP for benefits navigation **on Buynet has closed.**
- An RFP for comprehensive HIV services for transgender individuals has closed on Buynet.
- Later this year, there will be RFP's for Ryan White services. Procurements are currently under development.

Ryan White Parts A/HRSA Updates/Clinical Quality Management

- The Ryan White Part A grant has three parts. The first is "formula." This amount is based upon the number of people living with HIV in San Diego County. The second part is called "supplemental." This amount is based upon the strength of the County's application for funding. The final part of the award is "Minority AIDS Initiative." This amount is based upon the number of people living with HIV who are Black, Hispanic, Asian, Pacific Islander, Native American/Native Alaskan or whose ancestry includes more than one race.
- HSHB has received final notice of award for the current grant period, March 1, 2022 to February 28, 2023.

Year	Formula	Supplemental	MAI	Total
20-21	\$7,201,641	\$3,439,807	\$773,149	\$11,414,597
21-22	\$7,124,107	\$3,469,994	\$742,177	\$11,336,278
22-23	\$7,625,887	\$3,557,289	\$793,221	\$11,976,397

- HSHB has received a core medical services waiver from HRSA for March 2022 to February 2023. Ordinarily, 75% of grant funding would have to be spent on “core medical services.” With the waiver, the HIV Planning Group is exempt from that requirement. San Diego County has received a core medical services waiver for the past 8 years. The core medical services waiver can be granted if there are no waiting lists for Ryan White HIV core medical services and there is no waiting list for California’s AIDS Drug Assistance Program. **HSHB has requested a new Core Medical Services Waiver for FY 23/24.**
- A programmatic site visit with HRSA occurred the week of May 23-27, 2022. Final report was received. On 8/26/2022, Recipient’s office submitted a Corrective Action Plan (CAP) addressing proposed resolution of the findings.
 - HRSA noted the following strengths of the RW program:
 - Culturally responsive program
 - Leveraging of other funding sources
 - Internal tracking systems
 - Policies and procedures
 - Trauma-informed approach to services and contract administration/monitoring
 - The following findings are being addressed:
 - Program: Lack of compliance with reflectiveness and representation on the HIV Planning Group, specifically vacancies in the seats for Hospital Association, State Medicaid, and recipient of Federal Funding.
 - Program: Lack of documentation regarding HIV Planning Group seat for District 1 representative, specifically regarding expiration of seat and participation as a sub-committee co-chair.
 - Fiscal: Lack of substantiating documentation for fiscal monitoring of contracts.

- Fiscal: Lack of compliance testing, policies and procedures do not outline federal cost principles.
- Clinical Quality Management: Lack of compliance with review of performance data evaluation on a quarterly basis.
- Clinical Quality Management: Lack of infrastructure related to evaluating the effectiveness of the clinical quality management program.
- **Recipient's office successfully submitted the Fiscal Year (FY) 2023 Non-Competing Continuation (NCC) Progress Report for Part A on October 3rd.**

Ryan White Part B

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

2021 Ryan White Services Report (RSR)

- The RSR is a comprehensive report of key client and program data from everyone funded by Ryan White. The report describes the clients who receive Ryan White services, such as race, gender, age, and where they live. It also looks at health outcomes, like viral suppression.
- Key findings for San Diego County from the 2020 RSR summary report:
 - The Ryan White system in San Diego County (Parts A, B, C, D and F) provided services to 7,153 clients in calendar year 2020. That is the second largest number of patients served by Ryan White in California.
 - 80.2% of San Diego County Ryan White clients live at or below 100% of the federal poverty level. This percentage is by far the highest proportion in California.
 - 91.9% of persons living at or below 100% of FPL are virally suppressed.
 - Almost four-fifths of Ryan White clients in San Diego County are stably housed (78.4%), with 11.2% in temporary housing and 10.4% unstably housed.
 - 92.7% of San Diego County Ryan White clients have achieved viral suppression, which ranks seventh among all funded areas.

Ending the HIV Epidemic (HRSA)

- The federal Ending the HIV Epidemic (EHE) initiative focuses on achieving two ambitious goals: a 75% reduction in new HIV infections by 2025 and a 90% reduction in new HIV infections by 2030.
- For HRSA Ending the HIV Epidemic funding, the County of San Diego has received a partial award for the period of 3/1/22 through 2/28/23. The amount of the award is \$508,583. According to HRSA, this amount should represent 31% of the eventual award. This means that we can expect a total of \$1,640,590, which is level with the previous year's funding. This funding supports community engagement, leadership development, low-barrier medical care, and improving linkage to care for persons living with HIV through the use of community-informed molecular epidemiology.
- HRSA conducted a virtual site visit at the end of February. We are awaiting the final report and will share with HPG once received.
- HRSA has notified all EHE funding recipients that due to the impacts of COVID-19, we will be allowed to carry forward all unspent funding from the first two years of the grant (March 1, 2020, through February 28, 2021) into Years 3-5 of the grant (March 1, 2022, through February 28, 2025). Instructions and timelines were provided by HRSA at the end of May, carryover must be submitted in August.
- Final notice has been received. Funding for FY 22/23 was increased and is \$2,004,000.
- **EHE has funded a Leadership Training Program with the goal of engaging persons living with HIV infection in the community planning process. This includes having a role in priority setting and resource allocations, establishing service standards, in efforts to ensure that persons living with HIV receive high quality services to improve retention in care and viral suppression. Training with the pilot group began on 8/30/22. Seven participants have attended each module in the month of September, and they all completed the training session.**

CDC 18-1802

- Current CDC funding for HIV prevention (known as "18-1802") has changed its framework, and it is currently focusing on three areas:
 - Strengthening disease intervention infrastructure;
 - Expanding and providing navigation services (medical care, benefits, support services); and
 - Expanding access to syringe services for persons who inject drugs.

- HSHB has notified the California Department of Public Health that we will be moving forward with implementation of syringe services using funding received under the Ending the HIV Epidemic grant focused on HIV prevention.
- 18-1802 funding is deployed for HIV testing, status-neutral linkage to care (linkage to ART or PrEP), social media, condom distribution, and evaluation.

Ending the HIV Epidemic (CDC)

- The California Department of Public Health was successful in its application to the CDC for funding under the Ending the HIV Epidemic initiative. As a result, HSHB has been awarded \$1.9 million per year for five years. This new funding will support the following activities:
 - *Wrap-Around Services for Persons Who Inject Drugs:* Provide comprehensive testing—HIV, HCV, STDs— status-neutral health care navigation (for PrEP or ART), and linkage to substance use disorder treatment and mental health resources.
 - *Mobile PrEP + PrEP Champions:* Recruit Black and Latinx MSM and Transgender persons who are currently utilizing PrEP to become PrEP champions to support outreach and education efforts connected with mobile PrEP clinics. The mobile clinics will provide PrEP-related medical evaluation, including comprehensive testing (HIV, HCV, STDs and safety labs), ongoing PrEP medical care, linkage to Benefits Navigation, and prescriptions for PrEP.
 - *Routine HIV Testing Implementation Grants:* Provide competitive start-up grants for local community health centers and other non-profit health care providers to implement routine HIV testing in primary care, urgent care and emergency departments. The funding would pay for any needed revisions to electronic health record systems, training for all staff, educational materials for clients, funding for unfunded (uninsured) tests, and funding for linkage to care for clients who are diagnosed with HIV. The funding would last for a period of 12 months.
 - *Benefits Navigation:* Provide trained benefits counselors who can help clients enroll in necessary benefits programs, including Medi-Cal, Covered California, ADAP, PrEP-AP, CalFresh, pharmaceutical patient assistance programs, etc.
 - *Getting to Zero App and Resource Guide:* Develop a mobile application that provides information and resources regarding medical and support services

- for persons living with or vulnerable to HIV. Once developed, conduct ongoing maintenance of all resources and information to ensure that it remains up-to-date, comprehensive and accurate. Create printed versions of the resource guide, as well, to ensure accessibility by a large proportion of the residents of San Diego County.
- *HIV Care and Prevention Services for Transgender Persons*: Provide trauma informed, linguistically and culturally appropriate support services for transgender persons including co-located HIV prevention and care services, gender-affirming care services, STD and HCV testing, behavioral and substance use treatment services, and social support services (e.g., housing, job training, and food supports).
 - *Surveillance Program Improvements*: Increase the ability of the County of San Diego's HIV Epidemiology Surveillance Program (HESP) to detect potential clusters so that the HIV, STD and Hepatitis Branch and its contracted providers can respond timely, ensure linkage to ART and other resources for persons newly diagnosed or newly re-engaged, ensure linkage to PrEP for those who are HIV-negative but have ongoing vulnerability to HIV, and reduce onward transmission of HIV. Specifically, this funding will ensure timely entry and assignment of all new HIV case reports as well as entry of lab reports not received via electronic lab reporting.
 - *Enhanced Support for HIV Planning Group/Ending the HIV Epidemic Advisory Committee*: Provide additional staff support to the HIV Planning Group to augment the group's ability to effectively plan for and evaluate HIV prevention efforts in alignment with the County of San Diego's Getting to Zero initiative and the federal Ending the HIV Epidemic initiative.
 - **Recipient's office has been actively procuring services to implement activities for this initiative.**
 - **There have been some delays with the Getting to Zero (GTZ) Mobile App and resource guide but anticipating it will be ready early 2023.**

Service Utilization

- **Ryan White Parts A and B**
 - **Ryan White Part A Service Utilization Report provides data regarding clients and service utilization through September 30, 2022.**

- To date, the Ryan White Part A system of care provided services to 2,734 clients. This number represents about a 10% decline from clients served during the prior grant period, which was 3,034.
- Viral suppression of clients receiving services in the month September 2022 was 91% for clients who have viral load tests documented in ARIES.
- HSHB continues to assess the capacity of the Ryan White system on a monthly basis in critical core medical services. We also include non-medical case management due its important role in linking clients to needed services. The system capacity assessment looks at the availability of services by measuring the time until the third available appointment. Because of our Core Medical Services Waiver, we must ensure that there are no waiting lists for any core medical service that are longer than 30 days.
 - Outpatient/Ambulatory Health Services: No concerns.
 - Oral Health: No concerns.
 - Psychiatry: The wait for all psychiatric appointments (in-person and telehealth, day and evening) in Southeast is currently 1 month, but in-person and virtual day and evening appointments are available in other regions.
 - Mental Health: There is currently a wait list in North Region, but in-person and virtual day and evening appointments are available in other regions.
 - Medical Case Management: No concerns.
 - Non-Medical Case Management: No concerns.

Budget

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

- **The current expenditure report indicates potential savings of \$778,656.**
- **Ryan White Part A**
 - For the period (3/1/22 – 2/28/23), the report reflects expenditures through July, representing 42% of the grant period.
 - The following service categories are under target for the fiscal year:
 - **Primary Care (28%)**
 - **Medical Specialty (25%)**
 - **Psychiatric Medication Management (10%)**
 - **Oral Health (24%)**
 - **Medical Case Management (34%)**
 - **Non-Medical Case Management (33%)**
 - **Referral to Health Care and Support Services (Peer Navigation) 27%**
 - **Mental Health (26%)**
 - **Home-based Healthcare Coordination (31%)**
 - **Outpatient Substance Use Treatment (35%)**
 - **Transportation (35%)**
 - **Home-Delivered Meals (35%)**
 - **Emergency Financial Assistance (22%)**
 - **MAI Medical Case Management (27%)**
 - **MAI Mental Health (24%)**
 - The following services are over target for the fiscal year:
 - **Emergency Housing (52%)**
- **Ryan White Part B**
 - For the period (4/1/22 – 3/31/23), the report reflects expenditures through June, representing 25% of the grant period.
 - No concerns.
- **HIV Prevention (1802 Funding)**
 - The report reflects expenditures through June 2022, representing 50% of the grant period.
 - No concerns.
- **HRSA EHE (20-078 Funding)**
 - The report reflects 42% of the grant year elapsed (March 1, 2022-February 28, 2023). HRSA will allow carryover of funds from Years 1 and 2 of the project to Years 3-5. Instructions for carryover submission was received late May 2022.

- HSHB expects to fully spend out its grant funding in Year 3 (current year).
- CDC/CDPH (20-2010 Funding)
 - This report reflects 58% of the grant year elapsed (August 1, 2021-July 31, 2022) with 5% of the grant spent due to delays in release of procurements. CDPH will allow carryover of funds from Years 1 and 2 to Years 3-5.

Policy Updates

- HRSA and CDPH continue to provide clarifications regarding uses of funding during the pandemic. Links to this revised guidance is provided above. New guidance will be provided as it is received.

RW 2022-23 PART A AWARD INFORMATION						RW 2022-23	
Funding Source					Total RW 2022-23 Award	YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN AS OF Aug 2022	
Part A					11,183,176.00		
Part A MAI					793,221.00		
TOTAL AWARD AMOUNT					11,976,397.00		

FY22-23 ALLOCATION BREAK DOWN									
Funding Source	Admin. \$		Admin. %	CQM \$	CQM %	RW 2022-23 Service dollars	Total	CORE Medical Services	Support Services
Part A	1,118,316.00	1,118,316.00	10%	315,170.00	2.818%	9,749,690.00	11,183,176.00		
Part A MAI	79,321.00	79,321.00	10%	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)			562,901.00		1,337.00	76,180.00	11%	32,969.07	43%	43,210.93	\$1,337 increase HPG
Medical Case Management						260,529.00	39%	83,232.00	32%	177,297.00	
Mental Health Services						149,066.00	22%	90,914.52	61%	58,151.48	
Outreach Services						42,892.00	6%	10,634.04	25%	32,257.96	
Substance Abuse Services (Outpatient)						35,572.00	5%	12,548.38	35%	23,023.62	
Housing: Emergency Housing			100,000.00		-	100,000.00	15%	97,326.96	97%	2,673.04	
Subtotal			662,901.00		1,337.00	664,238.00	100%	327,624.97	49%	336,613.03	
TOTAL			9,982,423.00		1,337.00	10,413,928.00		4,383,376.86	42%	6,030,551.14	

CORE and Support Sevices allocation break-down					
Services	Total Allocation		Total Expenditure	Total Balance	
CORE Medical Services	4,766,959.00		1,808,201.93	2,772,757.07	
Support Services	4,982,731.00		2,283,871.01	2,489,979.99	
TOTAL	9,749,690.00		4,092,072.94	5,262,737.06	

9,749,690.00 Ckpt

-394,880.00 variance

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	2,734	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	907	1,010
	Clients	68	523	582
Outpatient Ambulatory Health Services: Medical Specialty Care	Visits	0	166	91
	Clients	0	84	61
Psychiatric Medication Management	Visits	1	10	29
	Clients	1	7	19
Oral Health Care: Dental Care	Visits	86	632	534
	Clients	73	288	249
Early Intervention/Integrated Services for Women, Children & Families: Coordinated Care	Visits	59	1,306	1,116
	Clients	24	143	116
Early Intervention/Integrated Services for Women, Children & Families: Childcare	Visits	2	50	65
	Clients	2	38	52
Early Intervention Services: Regional Services	Visits	776	4,821	4,945
	Clients	353	941	1,076
Early Intervention Services: Peer Navigation Services	Visits	83	702	658
	Clients	22	148	138
Early Intervention Services: Outreach Services	Visits	0	0	0
	Clients	0	0	0
Medical Case Management Services	Visits	870	6,044	6,870
	Clients	382	718	783
Home-based Health Care Coordination	Visits	66	472	529
	Clients	18	40	47
Case Management -Non-Medical	Visits	390	2,992	4,048
	Clients	186	304	445
Mental Health Services: Counseling/Therapy	Visits	201	1,791	2,059
	Clients	98	213	243
Substance Abuse Treatment Services – Residential*	Visits	0	79	0
	Clients	0	26	0

SUMMARY OF SERVICES FOR FY22

Mar. 1, 2022- Feb. 28, 2023

RYAN WHITE SERVICES		Sep	End of Year Total	Prior Year Total
Substance Abuse Treatment Services - Outpatient	Visits	296	2,229	1,665
	Clients	51	85	57
Housing Services: Partial Assistance Rental Subsidy	Visits	113	769	883
	Clients	112	128	148
Medical Transportation Services - Assisted	Visits	26	35	8
	Clients	23	27	4
Medical Transportation Services - Unassisted	Visits	195	2,055	1,994
	Clients	145	391	432
Housing Services: Emergency Housing Assistance	Visits	33	553	696
	Clients	31	337	314
Food Services: Food Bank/ Home Delivered Meals	Meals	3809	21,044	27,050
	Clients	137	192	306
Medical Nutrition Therapy	Visits	11	91	99
	Clients	11	64	70

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	105	133
	Clients	14	74	80
Emergency Financial Assistance	Visits	18	167	379
	Clients	9	56	70
Internet Access	Visits	0	1	2
	Clients	0	1	2
Internet Equipment	Visits	0	4	20
	Clients	0	2	11
Collateral Contacts	Visits	218	1,675	2,395
	Clients	140	479	510
MAI SERVICES				
Medical Case Management Services	Visits	73	654	1,251
	Clients	42	118	148
Mental Health Services: Therapy/Counseling	Visits	76	541	304
	Clients	37	74	54
Substance Abuse Treatment Services - Outpatient	Visits	35	146	81
	Clients	14	26	19
Facilitated Referrals	Visits	0	0	0
	Clients	0	0	0
Outreach Encounters	Visits	0	0	0
	Clients	0	0	0
Medical Transportation Services - Assisted	Visits	0	0	0
	Clients	0	0	0
Medical Transportation Services - Unassisted	Visits	0	0	0
	Clients	0	0	0
Case Management -Non-Medical	Visits	75	614	546
	Clients	41	82	55

September 2022 Goldenrods	Total #
# Goldenrods Received	2
# of Providers	2
# of RW-funded services provided	2
# of Clients Contacted	0
# Given permission to use information	2
# Positive Remarks	2
# Remarks Requiring Follow-Up	0

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

This newsletter is organized to align the updates with Strategies from the ***Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention, and Care Plan*** (Integrated Plan). The [Integrated Plan](http://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final_ADA.pdf) is available on the Office of AIDS' (OA) website at www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final_ADA.pdf.

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- Strategy A
- Strategy B
- Strategy J
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- Strategy N

Staff Highlight:

OA is pleased to announce **Anna Pennington** has accepted a limited term Staff Services Manager I position as the Chief of the Business Development Unit (BDU) in the Prevention Branch.

Anna has been with the Prevention Branch since July 2020, as a Business Analyst in the BDU and has been an incredibly valuable resource to both our stakeholders and our team. In December 2021, Anna stepped in for a short-term Out of Class assignment as Acting Unit Chief and during that time took the lead in hiring and onboarding three new AGPAs to the unit. When the assignment ended Anna continued to operate as a lead in the unit as she continued to train, develop, encourage, and guide the new team. Anna has a passion for process improvement work and has been a key contributor on many Branch projects to improve our internal processes and procedures. Anna has a wonderful way of being able to see the “big picture” and look at projects from all sides. She loves to brainstorm and “workshop” challenges and new ideas. If you spend a little time with Anna, you’ll quickly realize she has a gift for putting things into perspective, for challenging you with thoughtful questions, and ending more resolved.

In her spare time Anna loves spending time with her family and her fiancé Joe, going to the



movies, baseball games, the beach and any other adventure that involves good food and wine.

We are also pleased to announce **Alicia Vargas** has accepted a limited term Staff Services Manager (SSM) II position as the Chief of the Client Services, Quality Assurance, and Training (CSQAT) Section in the ADAP Branch.

Alicia began her state service career right here at OA in June of 2017, as the Supervising Program

Technician II of the AIDS Drug Assistance Program (ADAP) Client Services Unit (CSU). After six months, she promoted to the SSM I in the CSU, and was an integral part of standing up the new unit and the ADAP call center. In September of 2019, she was redirected to oversee another new unit in ADAP, the Quality Assurance and Training Unit, and has since been responsible for developing and implementing new QA processes, creating an onboarding guide for new ADAP staff, and revising and expanding training curriculum for ADAP staff, Enrollment Workers, and contractors. Starting in June of 2021, she served in an out-of-class assignment for one-year, as the Chief of the CSQAT Section. During this time, she improved team building across the section and branch, was responsible for coordinating and facilitating the ADAP Branch Meetings and Workgroup, helping to co-facilitate the Team Building Workgroup and monthly branch trivia events, revamping the ADAP webpages, and developing and implementing the OA Stakeholder Quarterly ADAP/PrEP-AP Learning Collaborative. She also attended NASTAD's Trauma Informed Approaches Learning Community and co-facilitated the 21-Day Challenge for Racial and Health Equity.

Prior to joining the California Department of Public Health (CDPH), Alicia spent 14 years in the healthcare and healthcare insurance industries and has a combined total of 15 years of supervisory and management experience. She has participated in State Supervisory Training and Leadership for the Government Manager programs at California State University, Sacramento, and in 2019 was invited back to mentor and sponsor a Leadership for the Government Supervisor cohort. Most of her spare time is spent volunteering at her son, Lucca's, school or on the sidelines at his soccer or basketball games. She is a self-proclaimed animal lover and plant lady – and is often busy taking care of her dog, Winston, cat, Sheldon, and her 70+ potted plants! Her and her husband,



Jesse, also like to cook, wine taste, read, hike, travel, and do yoga – though there is rarely enough time for it all, so they prioritize the important things (aka eating and drinking wine!).

HIV Awareness:

October 15th is National Latinx AIDS Awareness Day (NLAAD). NLAAD is meant to raise awareness to the impact of HIV/AIDS on Latinx communities. It's a day recognized to address stigma and bring responsiveness of the disproportionate impact of HIV on the Latinx community. Latinx are the largest racial/ethnic group in California (about 39% of the population). According to CDPH/OA Surveillance Data, in 2020, the Latinx community accounted for 39% of living HIV cases and 50% of new HIV diagnoses, for more information the [HIV and Latinx Fact Sheet](https://www.cdph.ca.gov/programs/cid/doa/cdph%20document%20library/latinxfactsheet_ada.pdf) is located on our OA website at https://www.cdph.ca.gov/programs/cid/doa/cdph%20document%20library/latinxfactsheet_ada.pdf.

General Office Updates:

COVID-19

OA is committed to providing updated information related to COVID-19. We have disseminated a number of documents in an effort to keep our clients and stakeholders informed. Please refer to our [OA website](http://www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx) at www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx, to stay informed.

Monkeypox (MPX)

OA is committed to providing updated information related to MPX. We have partnered with the Division of Communicable Disease Control (DCDC), a program within the Center of Infectious Diseases, and have disseminated a number of documents in an effort to keep our clients and stakeholders informed. Please refer to the [DCDC website](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/monkeypox.aspx) at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/monkeypox.aspx>, to stay informed.

Guidance for STI and HIV Testing for Patients with Suspect MPX Infections: A Syndemic Approach

A recent publication by the Centers for Disease Control and Prevention (CDC) titled [“HIV and Sexually Transmitted Infections Among Persons with Monkeypox—Eight U.S. Jurisdictions, May 17 – July 22, 2022”](#) in the *Morbidity and Mortality Weekly Report (MMWR)* demonstrates that people with HIV and other STIs are disproportionately affected by MPX. These findings highlight a critical opportunity to:

- 1.) Assess people with HIV and STIs for MPX vaccination eligibility;
- 2.) Test persons evaluated for MPX for [HIV and STIs](#), including syphilis and three-site testing (urogenital, rectal, pharynx) for chlamydia and gonorrhea as appropriate; and
- 3.) Link to HIV care or HIV pre-exposure prophylaxis (PrEP) as appropriate.

To date, most U.S. MPX cases have occurred among gay, bisexual, and other men who have sex with men (MSM), who have higher rates of HIV and other STIs than the general population. Many patients had HIV or STIs diagnosed around the time of MPX infection, which reinforces the importance of offering HIV/STI testing and HIV pre-exposure prophylaxis to all persons evaluated for MPX. Local health jurisdictions and community-based organizations in California should leverage existing partnerships and systems that deliver HIV/STI care for MPX prevention efforts.

Racial Justice and Health Equity

The Racial & Health Equity (RHE) workgroup aims to gain insight and understanding of racial and health equity efforts throughout CDPH and take next steps towards advancing RHE in our work. The workgroup has formed subcommittees to address community stakeholder engagement challenges, improve OA policy and practices to support RHE and increasing OA knowledge and attitude on RHE among leadership and staff.

New Data System to Replace ARIES

OA is excited to announce that a new, custom-designed data system will replace ARIES in fall 2023. OA has contracted with Deloitte to design and program the new system, migrate legacy data, and train end users. The new system will continue to support the programs that currently use ARIES and offer additional benefits. OA will provide regular updates on our progress in designing the new system through Data System Notices. OA will also set up a mechanism to allow end users and other stakeholders to ask questions, raise concerns, and share feedback. For more information, please visit CDPH’s webpage about the [New Data System to Replace ARIES](#).

HIV/STD/HCV Integration

As the lead state department in the COVID-19 response, CDPH has re-directed hundreds of

staff to this effort. Because of this, the integration efforts of the OA, STD Control Branch, and Office of Viral Hepatitis Prevention are postponed indefinitely. Please refer to our [OA website](http://www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx) at www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx, to stay informed.

Ending the Epidemics Strategic Plan



CDPH-OA/STD Control Branch are pleased to report that the roll-out of the **California Strategic Plan** to address the syndemic of HIV, HCV and STIs continues in October as our Workgroup finalizes our draft phase-2 Blueprint with input from our provider needs assessment, community survey and regional listening sessions. As soon as it is complete, we will be releasing the Phase-2 Blueprint draft for broad community input!

Below is the [website that documents our work](#) including the draft Phase-1 roadmap, the recording of our Statewide Town Hall, and the list of completed regional listening sessions.

- <https://tinyurl.com/CDPHStratPlan>

Ending the HIV Epidemic (EHE)

In October, EHE counties will attend a project kick-off meeting offered by the Keck School of Medicine to help plan to implement the Street Medicine Model to help strengthen their mobile services especially aimed at people experiencing homelessness. Thanks to all the EHE counties that continue to implement their EHE plans to help accelerate the end of HIV in California.

Strategy A: Improve Pre-Exposure Prophylaxis (PrEP) Utilization

PrEP-Assistance Program (AP)

As of September 27, 2022, there are 195 PrEP-AP enrollment sites covering 178 clinics that currently make up the PrEP-AP Provider network.

A [comprehensive list of the PrEP-AP Provider Network](https://cdphdata.maps.arcgis.com/apps/webappviewer/index.html?id=6878d3a1c9724418aebfea96878cd5b2) can be found at <https://cdphdata.maps.arcgis.com/apps/webappviewer/index.html?id=6878d3a1c9724418aebfea96878cd5b2>.

[Data on active PrEP-AP clients](#) can be found in the three tables displayed on page 5 of this newsletter.

Strategy B: Increase and Improve HIV Testing

OA's HIV home-testing distribution demonstration project continues through Building Healthy Online Communities (BHOC) in the six California Consortium Phase I Ending the HIV Epidemic in America counties. The program, [TakeMeHome®](https://takemehome.org/), (<https://takemehome.org/>) is advertised on gay dating apps, where users see an ad for home testing and are offered a free HIV-home test kit.

In the first 24 months, between September 1, 2020, and August 30, 2022, 3,737 tests were distributed. This month, mail-in lab tests (including dried blood spot tests for HIV, syphilis, and Hepatitis C, as well as 3-site tests for gonorrhea and chlamydia) accounted for 109 (63.7%) of the 171 total tests distributed.

Of individuals ordering a test in August, 36.3% reported never before receiving an HIV test, and 50.3% were 18 to 29 years of age. Among individuals reporting race or ethnicity, 45.8% were Hispanic/Latinx, and of those reporting sexual history, 50.0% indicated 3 or more partners in the past 12 months. To date, 440 recipients have completed an anonymous follow up survey, with 94.1% indicating they would recommend TakeMeHome HIV test kits to a friend. The most common behavioral risks of HIV exposure reported in the follow up survey were being a man who has sex with men (73.2%) or having had more than one sex partner in the

Active PrEP-AP Clients by Age and Insurance Coverage:

Current Age	PrEP-AP Only		PrEP-AP With Medi-Cal		PrEP-AP With Medicare		PrEP-AP With Private Insurance		TOTAL	
	N	%	N	%	N	%	N	%	N	%
18 - 24	354	10%	---	---	---	---	42	1%	396	11%
25 - 34	1,043	29%	1	0%	---	---	273	7%	1,317	36%
35 - 44	852	23%	---	---	3	0%	187	5%	1,042	29%
45 - 64	555	15%	1	0%	21	1%	118	3%	695	19%
65+	25	1%	---	---	164	4%	7	0%	196	5%
TOTAL	2,829	78%	2	0%	188	5%	627	17%	3,646	100%

Active PrEP-AP Clients by Age and Race/Ethnicity:

Current Age	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18 - 24	194	5%	---	---	44	1%	25	1%	---	---	93	3%	9	0%	31	1%	396	11%
25 - 34	751	21%	---	---	121	3%	73	2%	3	0%	295	8%	6	0%	68	2%	1,317	36%
35 - 44	663	18%	4	0%	86	2%	46	1%	1	0%	202	6%	8	0%	32	1%	1,042	29%
45 - 64	468	13%	3	0%	37	1%	18	0%	---	---	152	4%	---	---	17	0%	695	19%
65+	24	1%	1	0%	5	0%	3	0%	---	---	157	4%	---	---	6	0%	196	5%
TOTAL	2,100	58%	8	0%	293	8%	165	5%	4	0%	899	25%	23	1%	154	4%	3,646	100%

Active PrEP-AP Clients by Gender and Race/Ethnicity:

Gender	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Female	310	9%	1	0%	6	0%	7	0%	---	---	10	0%	1	0%	10	0%	345	9%
Male	1,659	46%	7	0%	268	7%	156	4%	4	0%	869	24%	19	1%	132	4%	3,114	85%
Trans	121	3%	---	---	17	0%	1	0%	---	---	14	0%	1	0%	4	0%	158	4%
Unknown	10	0%	---	---	2	0%	1	0%	---	---	6	0%	2	0%	8	0%	29	1%
TOTAL	2,100	58%	8	0%	293	8%	165	5%	4	0%	899	25%	23	1%	154	4%	3,646	100%

All PrEP-AP charts prepared by: ADAP Fiscal Forecasting Evaluation and Monitoring (AFFEM) Section, ADAP and Care Evaluation and Informatics Branch, Office of AIDS. Client was eligible for PrEP-AP as of run date: 09/30/2022 at 12:02:06 AM
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

past 12 months (63.0%).

Strategy J: Increase Rates of Insurance/Benefits Coverage for PLWH or on PrEP

As of September 27, 2022, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown in the chart below.

Strategy K: Increase and Improve HIV Prevention and Support Services for People Who Use Drugs

Infographic - California Harm Reduction Supplies

CDPH/OA released an [infographic detailing supplies that are accessible through the CDPH/OA Harm Reduction Supplies Clearinghouse](#). Share widely. Use as a resource for harm reduction programs and to inform stakeholders about the purpose and public health benefit of each harm reduction supply. For [more information](#) visit: https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_needle_exchange_syringe.aspx.

Fundamentals of Perinatal Harm Reduction

The [Washington AIDS Partnership](#) and the [Academy of Perinatal Harm Reduction](#) created a three-part, virtual series on the

necessity of integrating harm reduction services and reproductive justice. [View the Part I recording](#) at <https://www.youtube.com/watch?v=cWa5E7XCr0s>.

[Part II's recording](#) can be found at <https://www.youtube.com/watch?v=LgKK4ZquLiE>.

[Register for Part III](#) at:

https://us02web.zoom.us/webinar/register/WN_SOM32Q8dTVqf89To2JWGDA?_x_zm_rtaid=Y_951tjFRpO5GI4h-AhwxA.1664382260952.37bfa3efd1e72399eeb029dec08eaff4&_x_zm_rtaid=129.

Funding Opportunity: Community-Driven Responses to Opioid Use Disorder and Overdose Mortality

The [Foundation for Opioid Response Efforts \(FORE\)](#) released a Request for Proposal (RFP) to help community-based organizations enhance their ability to deliver services addressing the opioid crisis, particularly in communities where people are at greatest risk of developing opioid use disorder and dying from overdoses. Applications are due October 21st.

The [RFP Announcement](#) can be found at: <https://forefdn.org/fore-releases-request-for-proposals-to-support-community-driven-responses-to-opioid-use-disorder-and-overdose-mortality/>.

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from August
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	542	-1.09%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,769	-2.89%
Medicare Part D Premium Payment (MDPP) Program	2,045	+0.19%
Total	8,356	-1.73%

Source: ADAP Enrollment System

Strategy M: Improve Usability of Collected Data

The [Continuum of HIV Care Fact Sheet](#) is now available on the [OA Case Surveillance Reports webpage](#). This fact sheet is a routinely used tool for identifying gaps in HIV control activities and areas in need of improvement. The data provide recent trend information for California's continuum of HIV care and highlight areas of success and gaps that can be addressed by effectively targeting resources.

A new Medical Monitoring Project (MMP) report for the 2020 survey cycle and the Appendix available tables list for the 2016 through 2020 survey cycles is now published on the OA website. The [Medical Monitoring Project 2020 Report](#) includes detailed characteristics of adults living with HIV in California using 2020 MMP data collected by the California MMP Project Area, excluding Los Angeles County and San Francisco. The [Medical Monitoring Project 2016-2020 Appendix Available Tables](#) includes the available year-by-year comparison tables and how to request access to them.

California MMP has also published the [California Medical Monitoring Project and California HIV Surveillance Report Demographic Summaries, 2019](#). This report provides a comparison of demographic characteristics between the overall 2019 California HIV Surveillance Report, for those aged 18 years or older, and MMP survey participants in the 2019 MMP cycle and the combined 2015-2019 MMP survey cycles.

Strategy N: Enhance Collaborations and Community Involvement

California Planning Group (CPG):

The CPG Community and State Co-Chairs will be hosting a four-part virtual fall meeting for all CPG Membership in October/November of 2022. This meeting will be open to the public. To avoid holding these meetings up against a weekend

and to ensure there is no overlap with other important conferences and meetings scheduled for October, we have chosen to hold this year's meeting on October 25 & 27 and November 1 & 3. This meeting will be comprised of four separate Zoom meetings:

- **Day 1:**
Tuesday, October 25, 2022
1:00 PM – 4:00 PM Leadership Academy
(CPG members only)
- **Day 2:**
Thursday, October 27, 2022
12:45 PM – 4:00 PM
- **Day 3:**
Tuesday, November 1, 2022
12:45 PM – 4:00 PM
- **Day 4:**
Thursday, November 3, 2022
12:45 PM – 4:00 PM

Note: October 25 will be a skills-building meeting and will not open to the public; however, there will be a 10-minute public comment period on October 27, November 1, and November 3.

OA Budget and Legislative Updates

Two lifesaving trans bills were signed into law by Governor Newsom.

Senate Bill 923, the TGI Inclusive Care Act

This first in-the-nation law will help create a more inclusive and culturally competent healthcare system for transgender, gender diverse, and intersex (TGI) people in California.

Senate Bill 107, legislation to provide refuge for trans kids and their families.

Senate Bill 107 will protect trans kids and their families if they flee to California from any state criminalizing the parents of trans kids for allowing them to receive gender-affirming care.

For [questions regarding this issue of The OA Voice](#), please send an e-mail to angelique.skiner@cdph.ca.gov.

The following HIV Planning Group membership seats are currently open:

- Persons Living with HIV/AIDS who use Ryan White Part A service (employees or board members of a Ryan White funded service provider not eligible for this category) – 10 open seats
- Prevention Services Consumer (Person who uses HIV Prevention services such as PrEP or PEP)
- Prevention Services Consumer/Advocate
- Representative appointed by Board of Supervisors District 5
- Representative of the Hospital Planning Agency or Health Care Planning Agency
- Representative of State Government- State Medicaid (Medi-Cal) program

The following HPG membership seats are currently open but have HPG approved nominations pending:

- Representative of Federal HIV Programs/Veterans Administration
- Representative of an HIV Testing provider

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

HPG Member	1	0	1	1	1	1	1	1	1	1	1	1	1	1	11
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	3-Aug	10-Aug	24-Aug	28-Sep	TOTAL
Acevedo, Allan ^U , 8	1	NM	*	*	*	*	*	1	*	*	*	*	1	1	3
Al-Chaikh, Roger ^U , 26	*	NM	*	*	*	*	*	*	*						
Applebaum, Amy, 32	*	NM	*	*	*	*	*	*	*	*	1	*	1	*	0
Connolly, Karen, 43	*	NM	1	*	*	*	*	1	1						
Cortes, Alberto, 34	*	NM	*	1	*	1	*	*	*	*	1	*	*	*	2
Davenport, Elizabeth, 35	*	NM	*	*	*	1	*	*	*	*	*	1	*	1	2
De Jesus, Alfredo ^U , 2	*	NM	*	1	*	*	*	1	1	1	1	1	*	1	5
Grelotti, David, 30	*	NM	1	*	1	*	*	*	*	*	*	*	*	*	2
Hernandez, Elizabeth, 22	1	NM	1	1	*	*	*	*	*	1	1	1	*	1	5
Highfill, Pamela, 21					1	1	1	*	1	1	*	*	*	*	5
Jacobs, Delores, 20	*	NM	*	*	*	*	*	*	*	*	*	*	*	*	0
Kubricky, Cinnamen ^U , 4		NM	*	*	1	*	*	1	*	*	*	1	*	1	3
Lewis, Bob, 17	1	NM	*	*	*	1	*	*	*	*	*	*	*	*	2
Lochner, Mikie ^U , 16	*	NM	*	*	*	*	*	*	*	*	*	*	*	*	0
Mar-Tang, Moira, 39	*	NM	*	1	*	*	*	*	*	*	1	*	*	1	2
Price, Venice ^U , 44	*	NM	*	*	*	*	*	*	*	*	*	*	*	*	0

1 = Absence

U = Unaffiliated Consumer

NM= No Meeting P=Pending (absence not counted)

= number of absences

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

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

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	3-Aug	10-Aug	24-Aug	28-Sep	TOTAL
Quezada-Torres, Karla, 25	*	NM	*	1	1	*	*	*	*	*	*	1	*	*	3
Ransom, Shannon, 36	*	NM	*	*	*	*	*	*	*	*	*	*	*	*	0
Reyna, Ivann														1	1
Robles, Raul ^U 7	*	NM	*	1	*	1	*	1	*	*	1	1	*	*	3
Rucker, James ^U , 5	1	NM	*	*	*	*	*	*	1	1	*	*	*	*	3
Spector, Stephen 31	1	NM	*	*	*	*	1	*	1	*	1	1	*	1	4
Tilghman, Winston, 23	*	NM	*	*	1	*	*	*	*	*	*	*	*	*	1
Underwood, Regina, 19	*	NM	*	*	*	*	*	*	*	*	1	*	*	*	0
Van Brocklin, Rhea, 18	*	NM	1	*	*	*	*	*	*	*	*	1	*	*	1
Villafan, Freddy 40					1	*	*	*	*	*	*	*	*	*	1
West, Abigail, 29	*	NM	*	*	*	*	*	*	1	*	1	1	1	1	3
Wimpie, Michael ^U , 1	*	NM	*	*	*	*	*	*	*	*	*	*	*	*	0
Zilvinskis, Joe (term exp 33)	*	NM	*	*	*	*	*	*	*	*	*	*	*		
the HPG, a member may not miss 4 consecutive															

1 = Absence

U = Unaffiliated Consumer

NM= No Meeting P=Pending (absence not counted)

= number of absences

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