

SAN DIEGO HIV PLANNING GROUP (HPG)



Wednesday, January 22, 2025, 3:00 PM – 5:00 PM
Southeastern Live Well Center
5101 Market Street, San Diego, CA 92114
Tubman Chavez Room A

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

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Meeting Location & Directions:

HIV Planning Group

Wednesday, January 22, 2025

3:00 PM - 5:00 PM

Southeastern Live Well Center

5101 Market Street

San Diego, CA 92114

Tubman Chavez Room A



Visitor/Employee parking available in parking structure. Main entrance can be accessed by exiting the parking structure on the 2nd floor and walking down the sidewalk to the left.

FROM I-805 SOUTH:

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

FROM I-805 NORTH:

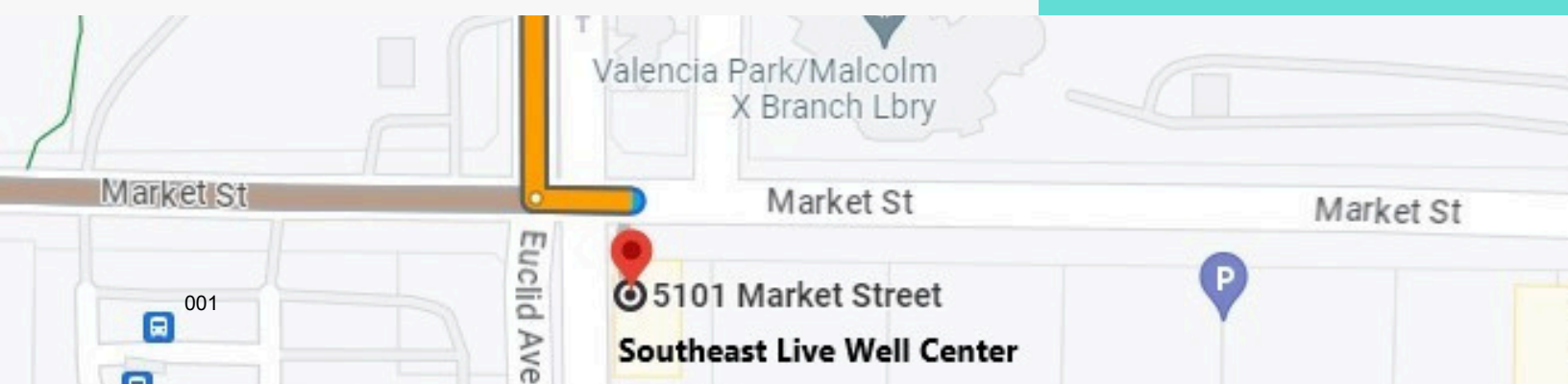
1. Head southeast on I-805 South.
2. Take exit 13A for CA-94-E/M L King Jr. Fwy.
3. Merge onto CA-94 E.
4. Take exit 4A for Euclid Ave.
5. Turn left onto Euclid Ave.
6. Use the left 2 lanes to turn left onto Market St.
7. The destination will be on your right.



PUBLIC TRANSPORTATION

MTS Trolley:
Orange Line

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



Procedure of HPG Public Requests During HPG Meetings

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

The process/procedure for responding is as follows.

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

Explain the process for a response and indicate that:

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

HPG CONFLICT OF INTEREST (COI) SHEET

	Davenport, Beth	Garcia Bigley, Felipe	Grelotti, David J.	Ignalino, Ben	Nava, Veronica	Spector, Stephen A.	Van Brocklin, Rhea
CHS: WICYF*							
Early Intervention Services: Regional Services							
Early Intervention Services: Minority AIDS Initiative							
Home-Based Health Care Coordination							
Medical Case Management							
Mental Health: Groups / Therapy							
Mental Health: Counseling / Therapy							
Mental Health: Psychiatric Medication Management							
Non-Medical Case Management							
Oral Health							
Outpatient Ambulatory Health Services: Medical Specialty							
Outpatient Ambulatory Health Services: Primary Care							
Outreach Services							
Peer Navigation**							
Substance Use Disorder Treatment: Outpatient							
Substance Use Disorder Treatment: Residential							
Transportation: Assisted and Unassisted							

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

**Referral for Healthcare and Support Services

No Conflicts

Aguirre Mendoza, Marco
Donovan, Michael
Fleming, Tyra

Jones, Lori
Kubricky, Cinnamen
Lochner, Michael
Miles, Skyler

Price, Venice
Rooney, Ivy
Weber, Jeffery

West, Abigail
Wimpie, Michael
Yancey, Adrienne

SAN DIEGO HIV PLANNING GROUP (HPG)



Wednesday, January 22, 2025, 3:00 PM – 5:00 PM
Southeastern Live Well Center
5101 Market Street, San Diego, CA 92114
(Tubman Chavez Room A)

To participate remotely via Zoom:

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

Call in: +1 (669) 444-9171

Meeting ID (access code): 853 6898 7291

Password: SDHPG

Language translation services are available upon request at least 96 hours prior to the meeting.

Please contact HPG Support Staff via e-mail at hpg.hhsa@sdcounty.ca.gov.

A quorum for this meeting is thirteen (13)

HPG Members: Marco Aguirre Mendoza | Juan Conant | Beth Davenport | Michael Donovan | Tyra Fleming | Hector Garcia | Rosemary Garcia | Felipe Garcia-Bigley | David Grelotti | Ben Ignalino | Lori Jones | Cinnamen Kubricky (Vice-Chair) | Michael Lochner (Chair) | Skyler Miles | Veronica Nava | Shannon Paugh | Venice Price | Ivy Rooney | Stephen Spector | Rhea Van Brocklin | Jeffery Weber | Abigail West* | Michael Wimpie | Adrienne Yancey

*Participating virtually from 1616 Capitol Ave, Sacramento, CA 95814

ORDER OF BUSINESS

1. Call to order
2. Welcome, introductions, moment of silence, matters from the Chair
3. Public comment (for members of the public) – concerns/questions/suggestions for future topics
4. HPG Member Open Forum – concerns/questions/suggestions for future topics
5. **ACTION:** Approve the HPG agenda for January 22, 2025
6. Old Business:
 - a. None
7. New Business:
 - a. **Presentation:** Dental Health Services and Practices – Dr. Fadra Whyte, County of San Diego
 - b. **ACTION** (*Priority Setting and Resource Allocation Committee*): Re-allocations for FY 24 (March 1, 2024 – February 28, 2025)
 - c. **ACTION** (*Membership Committee*): Approve HPG appointments/reappointments
 - d. **ACTION** (*Membership Committee*): Approve HPG Member Expectations
 - e. **ACTION** (*Strategies and Standards Committee*): Approve Mental Health Services Standards

SAN DIEGO HIV PLANNING GROUP (HPG)

8. Routine Business:

a. **ACTION:** Approval of consent agenda for January 22, 2025 which includes:

- i. Approval of HPG minutes from November 21, 2024
- ii. Acceptance of the following committee minutes:

Steering Committee	November 19, 2024
Membership Committee	November 13, 2024; December 11, 2024
Priority Setting and Resource Allocation Committee	November 14, 2024
Medical Standards and Evaluation Committee	None
Community Engagement Group	October 16, 2024
Strategies and Standards Committee	October 1, 2024

(The following is for HPG information, not for acceptance):

CARE Partnership *November 18, 2024; December 9, 2024*

- iii. Committee Reports
 - 1. HPG committees
 - 2. State Office of AIDS (OA) and AIDS Drug Assistance Program (ADAP) – Abigail West
 - 3. Housing Committee Report
- iv. California HIV Planning Group (CHPG) – Mikie Lochner
- v. Administrative budget report

9. HIV, STD, and Hepatitis Branch (HSHB) Report

10. HPG Support Staff Updates

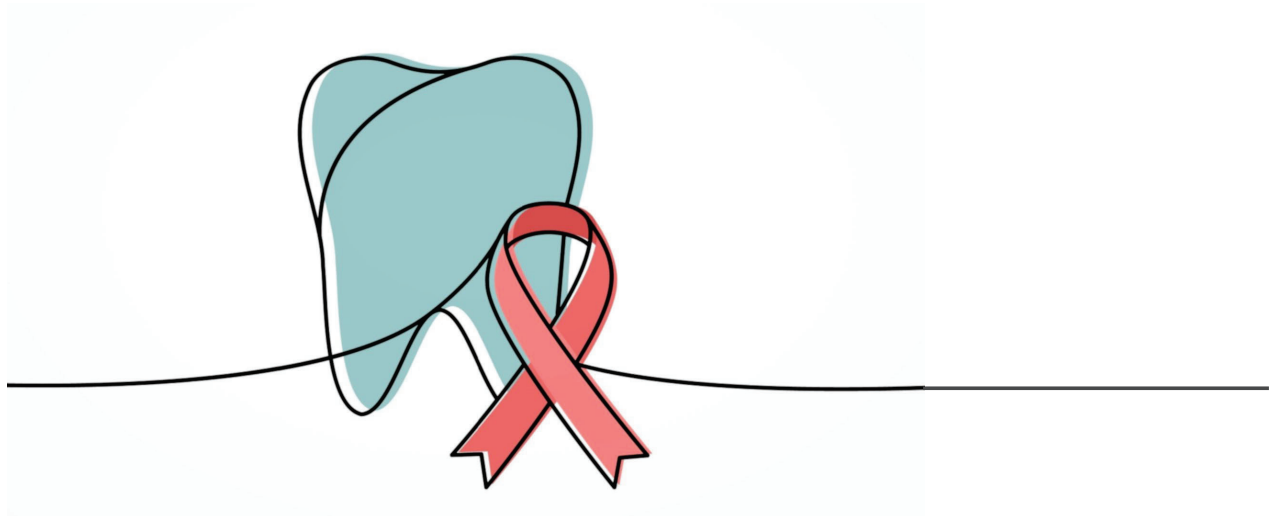
11. Announcements

12. Adjournment

Next Meeting Date: **Wednesday, February 26, 2025, at 3:00 PM – 5:00 PM**

Location: Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room A) and via Zoom.

HIV and Oral Health Implications



Fadra Whyte, DMD, MPH
Chief Dental Officer, Medical Care
Service, Health and Human Services

SANDIEGOCOUNTY.GOV/HHSA

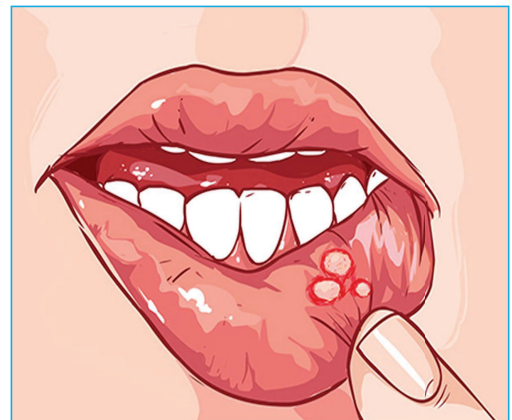


Oral Manifestations



Although anti-retroviral agents reduce the incidence of oral manifestations, HIV related oral conditions still occur 30%-80% of patients with HIV.

Therefore, it is important that routine oral exams are performed



Oral Manifestations – Pediatric Patients

#1 Most Common Oral Finding is Candidiasis



Pseudomembranous Candidiasis



Erythematous Candidiasis



Primary Herpetic Gingivostomatitis



More Prone To Opportunistic Viral Infections

- HSV
- Herpes Zoster,
- Epstein-Barr
- HSV

Salivary Gland Swelling

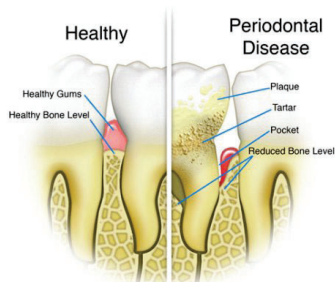
- Can be uni- or bi-lateral
- Can be with or without xerostomia



Herpes Zoster

American Dental Association
Clinical Info HIV.org
Photo: Candidiasis
Photo: Erythematous candidiasis
Photo: Intra-oral Herpes Zoster

Oral Manifestations – Pediatric Patients



Necrotizing Periodontal Diseases

Increased Caries Risk Due To:

- Reduction in salivary antibodies
- Decreased ANC count
- Decreased salivary flow
 - Diet rich in carbohydrate (due to normal diet or required diet to treat caloric deficiencies)

Gingival And Periodontal Diseases Include:

- Linear gingival erythema
- Necrotizing periodontal diseases

Oral Manifestations- Adult Patients

40% Of Adult Patients With HIV Have Xerostomia

Opportunistic Infections:

- Candidiasis (angular cheilitis, erythematous, pseudomembranous)
 - Cryptococcosis
 - Cryptosporidiosis
 - Histoplasmosis
 - Human Papilloma Virus (HPV)
 - Epstein-Barr Virus (EBV)
 - Cytomegalovirus
 - Herpes Simplex Virus (HSV)
-
- **2-6% have necrotizing periodontal diseases**
 - **30% conventional periodontitis**



Oral hairy leukoplakia caused by EBV



Condyloma acuminata caused by HPV



Kaposi Sarcoma caused by HSV

[American Dental Association](#)
 Photos: Oral hairy Leukoplakia
 Photo: Condyloma acuminata
 Photo: Kaposi Sarcoma



Oral Manifestations- Adult Patients

Linear Gingival Erythema



- **2-6%** have necrotizing periodontal diseases
- **30%** have conventional periodontal diseases
- Increased risk of caries

[American Dental Association](#)
 Photo: Linear gingival erythema



Treatment Considerations

- Nearly all patients with HIV can receive comprehensive routine dental care
- Like with any patient, dental treatment considerations are made on an individual basis



[American Dental Association](#)

1. Little JW, Miller CS, Rhodus NL. AIDS, HIV Infection, and Related Conditions. In: *Little and Falace's Dental Management of the Medically Complex Patient*. Vol 18. 9th ed. Mosby; 2017:309-329.



Treatment Considerations

- **Recent complete blood count:**
 - Platelets < 60,000
 - Absolute neutrophil count (ANC)
 - Less than 500 may require antibiotic prophylaxis
 - White blood cell count (WBC) <4000 increased risk of infection
- **Viral load**
 - Does not impact if dental treatment can be complete
- **CD4+ Count**
 - > 350/uL tend to be asymptomatic
 - <200/uL have increased susceptibility to opportunistic infections and may require prophylaxis
- **Check for any drug interactions**

[American Dental Association](#)

1. Little JW, Miller CS, Rhodus NL. AIDS, HIV Infection, and Related Conditions. In: *Little and Falace's Dental Management of the Medically Complex Patient*. Vol 18. 9th ed. Mosby; 2017:309-329.
 2. [Dental Management Protocol University of Pacific](#)



Role of HIV Testing in A Dental Setting



2006, the Centers for Disease Control and Prevention (CDC) revised [their recommendations for HIV testing of adults, adolescents, and pregnant women in a health care setting.](#)

- HIV screening is recommended for patients in all health-care settings after the patient is notified that testing will be performed unless the patient declines (opt-out screening).
- Persons at high risk for HIV infection should be screened for HIV at least annually.
- Separate written consent for HIV testing should not be required; general consent for medical care should be considered sufficient to encompass consent for HIV testing.
- Prevention counseling should not be required with HIV diagnostic testing or as part of HIV screening programs in health-care settings.

[American Dental Association](#)



Role of HIV Testing in A Dental Setting



Individuals are more likely to see a dentists within a year than other health care providers

- [Recent systematic review](#) showed that point of care testing (POCT) uptake in a dental setting was comparable to other non-specialized health settings (62.5% acceptance)
 - Previous studies showed that verbal test offers (written) and integrating the test during and existing dental appointment (versus separate appointment) increased uptake and those in a community versus private practice setting had higher uptakes, and use of oral versus finger prick tests.
 - Demographic characteristic so high update included being under 35 years of age, being of Black or Hispanic ethnicity. Other characteristics included no previous history of HIV testing or testing over 3 months ago, having public insurance or no insurance, residing in an economically disadvantaged community, having known risk factors.
 - Confirmed PCOT positivity ranged from 0.01 to 0.42%
 - More than 22.7% (5) of participants who received reactive POCT results in the studies included in this review failed to re-attend for follow-up.

[American Dental Association](#)





THANK YOU

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LIVE WELL
SAN DIEGO



County of San Diego

KIMBERLY GIARDINA, DSW, MSW
DEPUTY CHIEF ADMINISTRATIVE OFFICER

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PUBLIC HEALTH SERVICES
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ANKITA S. KADAKIA, M.D.
INTERIM PUBLIC HEALTH OFFICER

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

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

RECOMMENDATIONS FOR RE-ALLOCATION FOR FY 24-25 (03-01-2024 TO 02-28-2025)

DATE: January 22, 2025

ITEM: Approve the Recipient recommendations for re-allocating Part A funds in fiscal year 2024-2025.

BACKGROUND:

The HIV, STD, and Hepatitis Branch (HSHB) continues to see high utilization of Outpatient Ambulatory Health Services: Primary Care, Oral Health and Psychiatric Medication Management. We are recommending an increase to avoid potential interruption of the availability of these key services.

The reduction to Emergency Housing Services is recommended because this service category received carryover funding that was not expended. The allocations to this service category can be reduced without impacting the availability of services. The savings identified can be deployed to meet the high utilization of Outpatient Ambulatory Health Services: Primary Care, Oral Health and Psychiatric Medication Management.

RECOMMENDATIONS:

1. **Action Item:** Decrease Emergency Housing by **\$332,483** from **\$1,515,998** to **\$1,183,515**.
2. **Action Item:** Increase Psychiatric Medication Management by **\$5,600** from **\$11,793** to **\$17,393**.
3. **Action Item:** Increase Oral Health by **\$30,631** from **\$210,940** to **\$241,571**.
4. **Action Item:** Increase Outpatient Ambulatory Health Services: Primary Care by **\$296,252** from **\$1,632,490** to **\$1,928,742**.

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

RW 2024-25 PART A AWARD INFORMATION

Funding Source	Total RW 2024-25 Award
Part A	11,667,474.00
Part A MAI	784,859.00
TOTAL AWARD AMOUNT	12,452,333.00

**RW 2024-25
YEAR TO DATE EXPENDITURE AND
SAVINGS BREAK-DOWN**

FY24-25 ALLOCATION BREAK DOWN

Funding Source	Admin. \$	Admin. %	CQM \$	CQM %	RW 2024-25 Service dollars	Total	CORE Medical Services	Support Services
Part A	1,131,364	10%	349,067	3%	10,187,043	11,667,474	70%	30%
Part A MAI	78,486	10%	32,933	4%	673,440	784,859		
TOTAL	1,209,850.00		382,000.00		10,860,483.00	12,452,333.00	70%	30%

Ryan White Part A Allocations

% Elapsed 83%

Service Categories	HRSA Ranking	Priority Ranking	RW 2024-25 HPG Initial Allocation	%	HPG & Recipient Approved Actions +/-	RW 2024-25 HPG Adjusted Allocation	%	RW 2024-25 Year to Date Expenditure	RW 2024-25 Year-to-Date % Expenditure/Budget	RW 2024-25 Balance	Comments
Outpatient Ambulatory Health Services: Primary Care	1l	1	1,102,630.00	11%	529,860.00	1,632,490.00	16%	1,063,516.39	65%	568,973.61	
Outpatient Ambulatory Health Services: Medical Specialty	1l	2	195,000.00	2%	-	195,000.00	2%	115,070.40	59%	79,929.60	
Psychiatric Medication Management	1j	12	6,000.00	0%	5,793.55	11,793.55	0%	8,696.83	74%	3,096.72	
Oral Health	1k	3	160,940.00	2%	50,000.00	210,940.00	2%	123,597.01	59%	87,342.99	
Medical Case Management	1h	4	1,151,853.00	12%	-	1,151,853.00	12%	856,933.90	74%	294,919.10	
Non-Medical Case Management for Housing		6	200,000.00	2%	(200,000.00)	-		-	0%	-	
Housing: Emergency Housing	2e	7	1,183,515.00	12%	-	1,183,515.00	12%	775,986.34	66%	407,528.66	
Housing: Location, Placement and Advocacy Services NEW		8	100,000.00	1%	(100,000.00)	-		-	0%	-	
Housing: Partial Assistance Rental Subsidy (PARS)	2e	9	807,507.00	8%	43,000.00	850,507.00	9%	439,874.50	52%	410,632.50	
Non-Medical Case Management	2h	5	392,021.00	4%	-	392,021.00	4%	286,545.87	73%	105,475.13	
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF)	1c	13	993,157.00	10%	-	993,157.00	10%	739,002.75	74%	254,154.25	
Childcare Services	2a		-	0%	-	-	0%	-	0%	-	
Early Intervention Services: Regional Services	1c	14	810,000.00	8%	(20,000.00)	790,000.00	8%	568,035.11	72%	221,964.89	
Health Education & Risk Reduction	2d	14a	-	0%	-	-	0%	-	0%	-	
Outreach Services	2j	14b	-	0%	-	-	0%	-	0%	-	
Referral Services	2l	14c	-	0%	-	-	0%	-	0%	-	
Referral to Health and Supportive Services (Peer Navigation)		16	300,000.00	3%	(86,800.00)	213,200.00	2%	137,759.45	65%	75,440.55	

Ryan White Part A Allocations													
								% Elapsed		83%			
Service Categories	HRSA Ranking	Priority Ranking	RW 2024-25 HPG Initial Allocation	%	HPG & Recipient Approved Actions +/-	RW 2024-25 HPG Adjusted Allocation	%	RW 2024-25 Year to Date Expenditure	RW 2024-25 Year-to-Date % Expenditure/Budget	RW 2024-25 Balance	Comments		
Mental Health: Counseling/Therapy & Support Groups	1j	10	900,000.00	9%	(171,000.00)	729,000.00	7%	497,819.64	68%	231,180.36			
Psychosocial Support Services		17	46,744.00	0%	(46,744.00)	-	0%	-	0%	-			
Substance Abuse Services: Outpatient	1m	11	260,127.00	3%	53,000.00	313,127.00	3%	214,462.86	68%	98,664.14			
Substance Abuse Services: Residential	2o	18	-	0%	-	-	0%	-	0%	-			
Home-based Health Care Coordination	1e	19	228,500.00	2%	(73,120.00)	155,380.00	2%	71,652.17	46%	83,727.83			
Transportation: Assisted and Unassisted	2g	20	122,830.00	1%	29,000.00	151,830.00	2%	111,858.71	74%	39,971.29			
Food Services: Food Bank/Home-Delivered Meals	2c	21	536,073.00	5%	-	536,073.00	5%	390,888.35	73%	145,184.65			
Medical Nutrition Therapy	1i	22	35,542.00	0%	-	35,542.00	0%	28,212.09	79%	7,329.91			
Legal Services	2i	23	285,265.00	3%	-	285,265.00	3%	211,294.64	74%	73,970.36			
Emergency Financial Assistance	2b	24	36,856.00	0%	42,804.00	79,660.00	1%	53,029.40	67%	26,630.60			
Home Health Care	1f	25	-	0%	-	-	0%	-	0%	-			
Early Intervention Services: HIV Counseling and Testing	1c	26	-	0%	-	-	0%	-	0%	-			
Cost-Sharing Assistance	1d	27	-	0%	-	-	0%	-	0%	-			
Hospice	1g	28	-	0%	-	-	0%	-	0%	-			
Subtotal			9,854,560.00	100%	55,793.55	9,910,353.55	100%	6,694,236.41	68%	3,216,117.14			
Ryan White Part A Minority AIDS Initiative (MAI)			RW 2024-25 HPG Initial Allocation		HPG & Recipient Approved Actions +/-	RW 2024-25 HPG Adjusted Allocation	%	RW 2024-25 Year to Date Expenditure	RW 2024-25 Year-to-Date % Expenditure/Budget	RW 2024-25 Balance	Comments		
Multi-Disciplinary Team			593,183.00		-	593,183.00	86%	401,133.43	68%	192,049.57			
Housing: Emergency Housing			100,000.00		-	100,000.00	14%	87,611.55	88%	12,388.45			
Subtotal			693,183.00		-	693,183.00	100%	488,744.98	71%	204,438.02			
TOTAL			10,547,743.00		55,793.55	10,603,536.55		7,182,981.39	68%	3,420,555.16			

CORE and Support Services Allocation Breakdown				
Total Allocation			Total Expenditure	Total Balance
CORE Medical Services			4,757,007.55	3,219,104.16
Support Services			5,153,346.00	1,678,213.75
TOTAL			9,910,353.55	6,694,236.41

Other funding info

Month: Dec-24 Part A & Part B Prevention Comp A/C HRSA 20-078

YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN AS OF DEC 2024

RW2425 SERVICE DOLLAR ALLOCATIONS AND EXPENDITURES

Funding Source	RW 2024/2025 Service Dollars	Contract YTD Expenditure	% of Year Invoiced	% Spent	Balance	Comments
Ryan White Part B						
Outpatient Ambulatory Health Services (Medical)	-	-	24.99%	0.00%	-	Part A Payment Summary (Part B funding)
Early Intervention Services (Expanded HIV Testing)	-	-	24.99%	0.00%	-	Part A Payment Summary (Part B funding)
Early Intervention Services (Focused Testing)	187,900.00	\$106,472.00	24.99%	56.66%	81,428.00	Part B Payment Summary
Medical Case Management (Emergency Financial Assistance)	177,600.00	\$79,728.04	24.99%	44.89%	97,871.96	Part B Payment Summary
Housing (Substance Abuse Services-Residential)	589,552.00	\$443,296.00	24.99%	75.19%	146,256.00	Part B Payment Summary
Non-medical Case Management (Rep Payee)	50,000.00	\$24,775.00	24.99%	49.55%	41,431.00	Part B Payment Summary
CoSD Medical Case Management	193,656.51		24.99%	0.00%	403,173.24	Part B Cost Report
CoSD Early Intervention Services	244,203.98		24.99%	0.00%	396,482.82	Part B Cost Report
Ryan White Part B Total	1,442,912.49	654,271.04			1,166,643.02	
Prevention (27-0047)- awaiting						
<i>Counseling and Testing</i>				0.00%	-	Payment Summary
<i>Evaluation/ Linkage Activities/ Needs Assessment</i>				0.00%	-	Payment Summary
Prevention Total	-	-		0.00%	-	
HRSA Ending the HIV Epidemic- 20-078 FY2324				0.00%		
HRSA Ending the HIV Epidemic- 20-078 FY2324	508,240.00	390,819.51	33.32%	76.90%	117,420.49	Payment Summary
HRSA Ending the HIV Epidemic- 20-078 TOTAL	508,240.00	390,819.51	33.32%	76.90%	117,420.49	
TOTAL	2,312,948.06	387,957.35	0.58	0.46	1,924,990.71	

Program: HIV Planning Group - Administrative Budget
 Year: RW 2024

DETAILED INTERNAL BUDGET				
Budget Period: 03/01/2024 to 2/28/2025 CFD#: 93.914 Updated - 3/2024-12/2024 Expenditures for 1/2025 Meeting	% of Year Elapsed	83.3%		
	FY 24 Budget	YTD Total Expenditures	Expended	Remaining Balance
Personnel Expenses (Salary & Benefits)	\$ 307,705.26	\$ 302,638.48	98.35%	\$ 5,066.78
Interpreter Services	\$ 10,200.00	\$ 8,713.19	85.42%	\$ 1,486.81
Food	\$ 7,100.00	\$ 3,534.86	49.79%	\$ 3,565.14
Staff Training	\$ 250.00	\$ -	0.00%	\$ 250.00
Office Expenses	\$ 5,731.00	\$ 3,929.27	68.56%	\$ 1,801.73
Mileage and Gas Cards	\$ 7,100.00	\$ 2,838.94	39.99%	\$ 4,261.06
Zoom and WiFi (MiFi)	\$ 1,323.00	\$ 3,220.07	243.39%	\$ (1,897.07)
TOTAL PC BUDGET	\$ 339,409.26	\$ 324,874.81	95.72%	\$ 14,534.45



County of San Diego

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

RECOMMENDATION FOR APPOINTMENT TO THE HIV PLANNING GROUP

DATE: January 22, 2025

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

BACKGROUND: On January 8, 2025, the Membership Committee recommended Nicole Aguilar for HPG membership.

RECOMMENDATION:

Action Item (Membership Committee): Approve Nicole Aguilar to the HPG Seat #40: Recipient of other Federal HIV Programs – Housing Opportunities for Persons with AIDS (HOPWA)/Housing and Urban Development (HUD)

Biographical information: Nicole Aguilar

Nicole Aguilar has expressed a strong interest in joining the HPG due to her professional role at Housing and Community Development Services, where she supports the HOPWA program. With nearly five years of service with the County, Nicole recognizes the value her involvement can bring to integrating housing and HIV support services. Nicole serves on the Joint City/County HIV Housing Committee in a non-voting support role. Her familiarity with Ryan White funding, committee structures, and regular council meetings further supports her understanding of critical HIV-related service frameworks.

Nicole brings valuable insights from her collaboration with HOPWA service providers and experience referring clients to services via 211-San Diego. While acknowledging her developing expertise in HIV/AIDS-specific issues, she has expressed a strong commitment to learning and supporting the community. Her professional background includes work with homeless populations, survivors of domestic violence, and underserved communities, positioning her as a well-rounded advocate for marginalized groups. Nicole's demonstration of time management skills and ability to balance professional duties with community engagement further reinforce her readiness for HPG involvement.

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



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SAN DIEGO HIV PLANNING GROUP MEMBERSHIP COMMITTEE ACTION ITEM INFORMATION SHEET

RECOMMENDATION FOR REAPPOINTMENT TO THE HIV PLANNING GROUP (HPG)

DATE: January 22, 2025

ITEM: Consider and vote to recommend a reappointment to the HIV Planning Group (HPG).

BACKGROUND: On January 8, 2025, the Membership Committee reviewed Ivy Rooney's reappointment application and voted to recommend her for reappointment to the HPG.

RECOMMENDATION:

Action Item (*Membership Committee*): Approve the recommendation to approve the reappointment of Ivy Rooney to the HPG as the Prevention Intervention Representative, Seat 43. If approved by the HPG, the recommendation will be forwarded to the County Board of Supervisors for reappointment.

Biographical information: [Ivy Rooney](#)

Ivy Rooney began her career in HIV/AIDS pharmacy in 1991, a time when accessing life-saving treatments often required extensive advocacy due to the complexities of insurance coverage. Ivy recognizes that assisting patients in navigating insurance barriers and understanding their benefits remains as critical as ever. Over her 30-year career, Ivy's impact has extended beyond direct patient care. She has been instrumental in transforming the operations and efficiencies of specialty pharmacies, driving innovations that enhance provider and patient experiences. Since joining the HPG on April 9, 2024, she has demonstrated strong leadership in advocating for the HIV/AIDS community. Ivy is eager to continue her membership and contributions over the next four years to advance the planning body's mission and initiatives.

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

HPG Membership Participation Expectations

In-person Attendance and Participation

- All HPG members and committee members attend the monthly HIV Planning Group and one HPG committee meeting in person. In-person participation is required to achieve a quorum and ensure the HPG and/or committee can effectively conduct its business.

Timely Responses

- A quorum is required to conduct an HPG or a committee meeting. All HPG members respond promptly to HPG support staff emails and other communications, especially when confirming meeting attendance, **within 48 hours**.

Participation in Additional Activities

- All HPG members are expected to participate in additional HPG activities such as task forces, working groups, and/or outreach activities. This may include representing the HPG at community events, supporting public engagement initiatives, and/or collaborating with other members to raise awareness of our HIV prevention and support work. All members are encouraged to participate in these efforts to ensure our initiatives are inclusive and impactful.
 - All HPG members participate in at least one or more of the following HPG activities annually: task forces, working groups, and/or outreach activities
 - All HPG members, new and existing, are encouraged to attend at least one Community Engagement Group meeting per year.
 - The Community Engagement Group members can provide onboarding and mentorship support to the new HPG members.
 - The Community Engagement Group members can participate in outreach requirement events.

Respectful Behavior and Professionalism

HPG members are expected to engage respectfully. Respectful behavior towards HPG and committee members during meetings and all HPG-related communications is not just an expectation but a reflection of our value and respect for each other. Disrespectful or disruptive behavior is not tolerated because we believe in fostering a culture of mutual respect and understanding.

- All HPG members uphold a high standard of professional behavior. This includes being punctual, prepared, and actively contributing to discussions.
- All HPG members are solution-oriented and communicate clearly and respectfully. Differences of opinion may be expressed, fostering collaboration rather than conflict. Constructive engagement discussions are focused on the committee's objectives, with all members contributing positively and constructively.



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SAN DIEGO HIV PLANNING GROUP (HPG) STRATEGIES AND STANDARDS COMMITTEE

ACTION ITEM INFORMATION SHEET APPROVE MENTAL HEALTH SERVICES STANDARDS

DATE: January 22, 2025

ITEM: Approve the attached revised *Mental Health Services Standards*, as recommended by the Strategies and Standards Committee.

BACKGROUND:

To ensure that HIV/AIDS primary and medical specialty care is accessible and to enable adherence to treatment plans, consistent with the US Public Health Services Guidelines, the Mental Health Service Standards are reviewed every three years. The Strategies and Standards Committee reviewed and recommended updates to the *Mental Health Services Standards* at its December 3, 2024 meeting.

RECOMMENDATION:

Approve the attached revised *Mental Health Services Standards*.

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

Mental Health Services

Service Category Definition

Mental health services are the provision of outpatient psychological, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

Psychiatric services related to medication is covered in a separate service standard.

Purpose and Goals

The goal of mental health services is to provide outpatient, assessment, diagnosis, and treatment to persons living with HIV.

Intake

Providers will conduct a comprehensive client intake process. This process determines a client's need for mental health services and the extent of services that need to be provided. A client intake will be completed for all clients who request or are referred to mental health services. The intake process also acquaints the client with the range of services offered and determines the client's interest in such services. Mental health services are allowable for HIV-infected clients only.

Key Service Components and Activities

Key activities for mental health services include:

- Initial comprehensive assessment including documentation of diagnosis and determination of needs
- Development of individual treatment plans
- Treatment provision in individual, family, and/or group settings, crisis intervention and psychiatric consultation.
 - **Individual Counseling/Psychotherapy:** Frequency and duration of individual counseling or psychotherapy is determined based upon client need or as outlined in the Treatment Plan.
 - **Family and Conjoint Counseling/Psychotherapy:** The overall goal of family and conjoint counseling/psychotherapy is to help the client and his/her family improve their functioning, given the complications of living with HIV. The frequency and duration are based on upon client needs or as outline in the Treatment Plan.
 - **Group Treatment:** Group treatment can provide opportunities for increased social support vital to those isolated by HIV. Provider will assure an appropriate clinician facilitates the groups and limit the groups to a maximum of 12 persons per group (unless it is a couples-specific group).
 - Group counseling sessions consists of face-to-face contact between one or more therapists and a group of no fewer than two Ryan White eligible clients.
 - **Crisis Intervention:** This is an unplanned service provided to an individual, couple or family experiencing psychosocial stress. Crisis interventions are provided in order to prevent deterioration of functioning or to assist in the client's return to baseline functioning. Client safety will be assessed and addressed. This service may occur as often as necessary to ensure client safety and maintenance of baseline functioning.

- **Psychiatric consultation:** Providers will provide psychiatric referrals as appropriate.
- Referral/coordination/linkages
 - **Referral/Coordination:** Providers will establish linkages and collaborative relationships with other providers for client referral to ensure integration of services and better client care, including, but not limited to, additional mental health services (psychiatric evaluation and medication management, neuropsychological testing, day treatment programs and in-patient hospitalization); primary care, case management, dental treatment, and substance use treatment.
- Development of follow-up plans if needed
- Case closure

Standard	Measure
Staff assesses clients' eligibility and needs	Documentation of interviews and assessments all potential clients and their respective needs
Staff maintains records of eligibility, intake, and assessments	Documentation of eligibility, intake, comprehensive assessments, individual care plans, and progress of clients
	Maintain a single mental health record for each client
Staff ensures clients are connected to the appropriate services when needed	Documentation of all services provided/offered to clients

Personnel Qualifications

All mental health practitioners will have training and experience with HIV related issues and concerns. It is recommended that practitioners participate in continuing education and training on issues related to HIV and mental health. At a minimum, practitioners providing mental health services to people living with HIV will possess knowledge about the following:

- HIV disease process and current medical treatments
- Psychosocial issues related to HIV
- Cultural issues related to communities affected by HIV
- Mental disorders related to HIV and/or other medical conditions
- Mental disorders that can be induced by prescription drug use
- Adherence to medication regimes
- Diagnosis and assessment of HIV-related mental health issues
- HIV legal and ethical issues
- Knowledge of human sexuality, gender, and sexual orientation issues
- Substance use theory, treatment, and practice

In accordance with State licensing and practice rules and regulations, all direct services will be provided by culturally sensitive, linguistically appropriate, and competent licensed counselors or duly supervised interns.

Standard	Measure
Staff will meet minimum qualifications	Documentation of appropriate and valid licensure and certification of mental health professionals as required by the State of California
Staff will have clear understanding of job responsibilities	Documentation of current job descriptions on file that are signed by staff and appropriate supervisors
Staff are competent	Documentation of a training plan that includes specific topics, identification of the trainer, and a timeline for all newly employed staff

Assessment and Service Plan

Comprehensive Assessment: This is an assessment completed during a face-to-face interview in which the client’s history and current presentation are evaluated to determine diagnosis and treatment plan. This assessment will be provided to all persons receiving individual, family/conjoint, and/or group psychotherapy. Persons receiving crisis intervention or drop-in psychotherapy groups only do not require this assessment. The assessment will be based on clinical standards appropriate to the modality chosen with knowledge of HIV risk and harm reduction.

Reassessments: A reassessment is ongoing and driven by client need, such as when there is significant change in the client’s status. The reassessment will be documented in the client chart.

Treatment Plans: Treatment plan is developed with the client and is required for persons receiving individual, family/conjoint, and/or group psychotherapy. The provider will continue to address and document existing and newly identified treatment plan goals. The Treatment Plan will include at minimum:

- Diagnosed mental illness or condition
- Treatment modality (group or individual)
- Date for mental health services
- Recommended number of sessions
- Date for reassessment
- Projected treatment end date
- Any recommendations for follow up
- Signature of the mental health professional rendering service

Regular follow-up procedures are provided to encourage and help maintain a client in treatment. The documentation of attempts to contact the client will be in the progress notes. The follow-up may include telephone calls, written correspondence, and direct contact.

Standard	Measure
Staff will assess client’s condition and needs	Documentation of comprehensive assessment
Staff will develop a treatment plan. Staff will also monitor and continuously reassess clients’ needs	Documentation of the existence of a detailed treatment plan.
Staff will ensure that services meet Ryan White and local guidelines and are consistent with the treatment plan	Documentation of service provided to ensure that: <ul style="list-style-type: none"> • Services provided are allowable under Ryan White, state, and local guidelines • Services provided are consistent with the treatment plan

Ryan White Utilization Report

Summary of
Services for FY 24

*(March 1, 2024 - February
28, 2025)*

HIV, STD and Hepatitis Branch





County of San Diego

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HIV, STD and Hepatitis Branch (HSHB) of Public Health Services
County of San Diego Health and Human Services Agency
Monthly Report to the HIV Planning Group
January 2025

Updates are bolded

Ryan White Part A

The Ryan White Part A grant has three parts:

- Formula - This amount is based upon the number of people living with HIV in San Diego County.
- Supplemental - This amount is based upon the strength of the County's application for funding.
- 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.

Ryan White Part A Service Utilization Report provides data regarding clients and service utilization through December 31, 2024.

- To date, the Ryan White Part A system of care provided services to 3,187 clients vs. 3,109 last year.
- Viral suppression of clients receiving services in the month of December 2024 was 95% for clients who have viral load tests documented in ARIES.
- For the period (3/1/24 – 2/28/25), the report reflects expenditures through November, representing 75% of the grant period.
- The following services are over mark for the fiscal year:
 - Primary Care (65%)
 - Psychiatric Medication Management (74%)
 - Oral Health (59%)

PARS report as of Jan 07, 2025: Partial Assistance Rent Subsidy (PARS) program is a short-term, forty-eight (48) month maximum partial rental assistance program designed to transition clients to more stable housing arrangements.

- 65 currently on the waitlist
 - 16 previously enrolled in PARS
 - 49 clients are new applicants to PARS
- Demographics of clients on the waitlist:
 - Gender 42 male, 17 female, 6 transgender
 - Race/ethnicity 12 Black, 35 Hispanic/Latino, 13 white, 3 Asian, 2 American Indian
 - Age: 42 over 45, 22 ages 31-44, 1 ages 18-30

HSHB Monthly Report to the HIV Planning Group
January 2024

- Central region 41, East 13, South 5, North 6
- 80 clients currently enrolled

Ryan White Part B

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

Current fiscal year: April 1, 2024 – March 31, 2025

Funded activities:

1. Housing (Substance Abuse Services – Residential)
2. CoSD Medical Case Management
3. CoSD Early Intervention Services
4. Early Intervention Services (Focused Testing)
5. Medical Case Management (Emergency Financial Assistance)
6. Non-medical Case Management (Rep Payee)

Total grant award for Part B is \$2,322,859 per year. This represents an increase over the prior year's award.

Program Update:

- For the period (4/1/24 – 3/31/25), the report reflects expenditures through December.
- No concerns.

HIV Prevention
PS24-0047

Current CDC funding for HIV prevention, entitled “High-Impact HIV Prevention (HIP) and Surveillance Programs for Health Departments,” is now being funded under PS24-0047 (previously known as “PS18-1802”).

Current fiscal year: August 1, 2024 – May 31, 2025

The purpose of HIV Prevention services is to eliminate HIV transmission in San Diego County by
1) identifying individuals who are vulnerable to HIV infection and linking them to HIV pre-exposure prophylaxis (PrEP) and other needed services; and
2) identifying persons living with HIV and linking them to HIV treatment and other needed services.

HIP services are provided in the following regions:

- Central - \$156,851
- South - \$98,540
- Southeast (including Syringe Services Program) - \$215,799
- North Coastal - \$85,493

Social Media & Condom Distribution Program - \$6,7041.67

Routine Opt-Out Testing (ROOT) - \$157,461

Focused Testing - \$56,400

Data/Evaluation Support - \$63,333

Program Update:

HSHB Monthly Report to the HIV Planning Group
January 2024

- Current HIV Prevention activities are anticipated to expire on December 31, 2025.
- HSHB has started procurement planning for the next iteration of HIP services beginning in 2026. Final program guidance via CDC is expected to be released in February 2025.

For more information on HIV Prevention services please visit our [HIV Prevention Services Dashboard](#).

CDC EHE
PS24-0047

CDC Ending the HIV Epidemic funding (previously known as “PS20-2010” is part of the federal Ending the HIV Epidemic (EHE) Initiative to reduce new HIV infections in the United States by 75% in the next five years and by 90% in the next ten years.

EHE program activities focus on extending the goals to 1) Diagnose; 2) Treat; 3) Prevent; and 4) Respond
Current fiscal year: August 1, 2024 – May 31, 2025

Funded activities:

- Wrap Around Services for Persons Who Inject Drugs (provide comprehensive testing, navigation services, and linkage to SUD treatment and resources) - \$250,000
- Peer-Based Mobile PrEP (provide PrEP-related medical evaluation and care, testing, and linkage to benefit navigation) - \$208,333
- Routine Opt-Out Testing (ROOT in primary care, urgent care, and emergency departments) - \$291,666
- Getting to Zero Mobile Application (GTZ) and Resource Guide (develop and maintain mobile application and guide) - \$19,583
- Benefits Navigation (help clients enroll in necessary benefits programs, including Medi-Cal, Covered California, ADAP, PrEP-AP, CalFresh, pharmaceutical patient assistance programs, etc.) - \$145,833
- Transgender Services (address the needs and reduce health disparities in transgender persons) - \$166,666

Program Update:

- The Peer-Based Mobile PrEP contract was executed on October 1, 2024. Services are anticipated to begin in January 2025.

HRSA EHE
20-078

The federal Ending the HIV Epidemic (EHE) initiative focuses on achieving two ambitious goals: a 75% reduction in new HIV infections by 2025 and a 90% reduction in new HIV infections by 2030.

Current fiscal year: March 1, 2024 – February 28, 2025

Funded activities:

This is a five-year HRSA-funded grant which is currently at its last year. Several activities have been implemented through this grant including:

- Linkage and re-engagement in care of people who were diagnosed with HIV but out of care- \$474,000

HSHB Monthly Report to the HIV Planning Group
January 2024

- Navigation and support for Individuals Newly Diagnosed with HIV to ensure that clients are retained in care and adhere to their treatment after the initial linkage/re-engagement to care - \$281,005.

Program updates:

Final notice of award was received on 8/5/2024 for a total of \$4,641,884 with \$2,559,215 in formula funding and \$2,082,669 in Carryover funding.

HSHB is currently procuring for:

- Community engagement for people over the age of 50, indigenous populations and Asian/Pacific Islanders.
- Leadership training and development for people living with HIV.
- Medical Advocacy for people living with HIV.
- Low-Barrier Medical care

In addition, HSHB is currently in the process of amending 4 HCSD contracts to expand housing and supportive services to HOPWA clients.

Program Update:

- Both contracts for Medical Advocacy and Leadership Training were executed in November and contract orientations held respectively on December 16 and 19.
- Amendments for the following HCDS contracts have been executed:
 - Stepping Stone
 - St. Vincent de Paul
 - Fraternity House

The goal of these amendments is to enhance Housing and supportive services to HOPWA eligible clients in efforts to increase retention in HIV and viral suppression.

Status Neutral Approaches

23-126

While there is extensive treatment and prevention infrastructure in the region, there remains a critical service gap for those most vulnerable to HIV. These residents can be difficult to reach through traditional prevention programming. In order to bridge the gap, the County of San Diego is launching a two-pronged Status Neutral Approach or Whole Person Care strategy, including Social Networking Strategies (SNS) and Non-Medical Case Management (NMCM).

Current fiscal year: September 1, 2024 – August 31, 2025

Funded activities:

This is a three-year HRSA grant with \$500,000 allocated to the year 1, and \$375,000 allocated to years 2 and 3. Funded activities include:

- Social networking strategies - engages community members as recruiters to identify people in their social networks, who are likely to engage in the same behaviors and are unaware of their HIV status
- Non-medical case management for HIV-negative individuals - offer HIV-negative individuals vulnerable to acquisition ongoing support through care coordination, services planning, and medical and support services navigation that those living with HIV currently receive through Ryan White

HSBH Monthly Report to the HIV Planning Group
January 2024

Program Update:

San Ysidro Health has been contracted to conduct non-medical case management activities. Family Health Centers of San Diego has been contracted to conduct social networking activities.

Harm Reduction Services Program
[Harm Reduction Services Program | Engage San Diego County](#)

The goals of the Harm Reduction Services Program (HRSP) are:

1. Reduce transmission of HIV, hepatitis C, and other blood-borne infectious diseases.
2. Decrease the number of fatal overdoses among people who inject drugs.
3. Increase the number of syringes that are safely discarded.
4. Increase community understanding of harm reduction services.
5. Improve the quality of life of people who inject drugs.

Current fiscal year: ongoing

Services:

- Health and risk-reduction education
- Sterile syringe services and used syringe disposal
- Naloxone and fentanyl & xylazine test strips
- Safer smoking and sex supplies
- HIV and HCV testing & linkage to treatment
- Linkage to substance use treatment, mental health services, housing support, self-sufficiency services, and other needed services

Program Update:

Since launching a second day of program services at Rosecrans on Thursdays in October, attendance has grown from 283 participants in October to 335 in December.

For December 1st to 31st:

- 10 program days
- 132 new participants and 203 total encounters
- Distributed 5320 syringes and collected 1195
- Distributed 824 smoking kits, 489 fentanyl test strips, 435 xylazine test strips, and 612 naloxone kits.
- Administered 6 rapid HIV test and 5 HCV tests

SAN DIEGO HIV PLANNING GROUP (HPG)



*Thursday, November 21, 2024, 3:00 PM – 5:00 PM
Southeastern Live Well Center
5101 Market Street, San Diego, CA 92114
(Tubman Chavez Room A)*

A quorum for this meeting is eleven (11).

HPG Members (16): Marco Aguirre Mendoza | Beth Davenport | Michael Donovan | Tyra Fleming | Felipe Garcia-Bigley | David Grelotti | Ben Ignalino | Lori Jones | Cinnamen Kubricky (Vice-Chair) | Skyler Miles | Ivy Rooney | Stephen Spector | Rhea Van Brocklin | Michael Wimpie | Adrienne Yancey

HPG Members Joining Virtually (1): Abigail West

HPG Members Absent (4): Michael Lochner (Chair) | Veronica Nava | Venice Price | Jeffery Weber

ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order	Cinnamen Kubricky called the meeting to order at 3:04 PM and noted the presence of an in-person quorum.	
2. Welcome, roll call, moment of silence	Introductions were given by members and all in attendance in person. A moment of silence was observed.	
3. Matters from the Chair	Vice-Chair made the following announcements: <ul style="list-style-type: none"> - The Chair isn't present, so the meeting is being led by the Vice-Chair. - Ensure that clients have their paperwork in order, especially those who are in the hospital. - November birthdays were recognized. 	
4. Public comment	A member of the public shared a concern that the Ryan White is not understood by most of the public. Additionally, some of the categories, like housing, have been underfunded for years with so many on the waitlist.	
5. HPG Member Open Forum	HPG members shared the following: <ul style="list-style-type: none"> - A comment that we need to be mindful of what people might be going through in their personal lives. - POZabilities has been seeing an increase in young people testing positive for HIV who are looking for support groups. There currently aren't any. - There is a need for a buddy system in our community to support people living with HIV. 	

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
	<ul style="list-style-type: none"> - The LGBT Center has support groups for monolingual Spanish speaking consumers who are long-term survivors that takes place every Wednesday. On Thursdays, there is also a long-term survivor group which has been very active for years. - A concern that patients are being turned away due to their insurance. - A concern that many are now living in fear of being deported, which impact mental health. Family Health Centers of San Diego, Christie’s Place, and Dr. Grelotti were among several that were acknowledged for their work in the comment. 	
<p>6. ACTION: Approve the HPG agenda for November 21, 2024</p>	<p>Motion: Approve the HPG agenda for November 21, 2024 Motion/Second/Count (M/S/C): Van Brocklin/Miles/15-0 Discussion: A member of the public expressed concern about the order of the agenda and no space for an open forum for the community. Abstentions: Kubricky Motion carries</p>	
<p>7. Old Business</p>	<p>None</p>	
<p>8. New Business</p>		
<p>a. ACTION (<i>Membership Committee</i>): Approve HPG appointments</p>	<p>Motion: Approve appointment of Eva Matthews to the HPG seat #19 – Social Service Provider. M/S/C: Membership Committee/15-0 Discussion: none Abstentions: Kubricky Motion carries</p>	
<p>b. ACTION: Reallocations for FY 24 (March 1, 2024 – February 28, 2025)</p>	<p>The following discussion was held:</p> <ul style="list-style-type: none"> - A concern about the deployment of service categories in FY25. PARS should be increased as a service category and needs more resources. Another category that needs more funding is housing. A comment that funding this category is important. - Request for a clarification on how the additional money will be spent in the PARS category. The Recipients’ Office 	

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
	<p align="center">clarified that it is for providers, case management, and clients.</p> <p>Motion: Approve a decrease of Non-Medical Case Management for Housing by \$200,000 from \$200,000 to \$0. M/S/C: PSRAC/15-0 Discussion: none Abstentions: Kubricky Motion carries</p> <p>Motion: Approve a decrease of Housing: Location, Placement and Advocacy Services by \$100,000 from \$100,000 to \$0. M/S/C: PSRAC/15-0 Discussion: none Abstentions: Kubricky Motion carries</p> <p>Motion: Approve a decrease of Psychosocial Support Services by \$28,940 from \$28,940 to \$0. M/S/C: PSRAC/15-0 Discussion: none Abstentions: Kubricky Motion carries</p> <p>Motion: Approve an increase of Outpatient Ambulatory Health Services: Primary Care by \$328,940 from \$1,102,630 to \$1,431,570. M/S/C: PSRAC/11-0 Discussion: The Recipients' Office offered a clarification that this category serves newly diagnosed people, people who were previously diagnosed but have dropped out of the system, and people who might be eligible for other health programs but are considered a vulnerable population (e.g., undocumented). Abstentions: Garcia-Bigley, Grelotti, Ignalino, Kubricky, Spector Motion carries</p> <p>Motion: Approve a decrease of Peer Navigation by \$46,800 from \$260,000 to \$213,200. M/S/C: Donovan/Aguirre Mendoza/10-0 Discussion: The following discussion was held:</p>	

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
	<ul style="list-style-type: none"> - PSRAC has looked at other categories that are not being spent and funded. - There is no third-party payment. Supports people who need it and stay enrolled in it. Navigating the system is more than a one-time deal. - We need to reassess what primary care needs and how much it needs. During the pandemic, it was not being utilized, but now it's increasing. <p>Abstentions: Davenport, Fleming, Garcia-Bigley, Ignalino, Kubricky, Yancey Motion carries</p> <p>Motion: Approve a decrease of Mental Health by \$81,000 from \$810,000 to \$729,000. M/S/C: Fleming/Rooney/12-0 Discussion: none Abstentions: Davenport, Garcia-Bigley, Kubricky, Yancey Motion carries</p> <p>Motion: Approve a decrease of Home-Based Health Care Coordination by \$73,120 from \$228,500 to \$155,380. M/S/C: Van Brocklin/Donovan/13-0 Discussion: none Abstentions: Garcia-Bigley, Kubricky, Yancey Motion carries</p> <p>Motion: Approve an increase of Outpatient Ambulatory Health Services: Primary Care by \$200,920 from \$1,431,570 to \$1,632,490. M/S/C: Jones/Davenport/10-0 Discussion: There may be another reallocation before the end of the award year. Abstentions: Garcia-Bigley, Grelotti, Ignalino, Kubricky, Spector, Yancey Motion carries</p>	
<p>c. ACTION (<i>Medical Standards and Evaluation Committee</i>): Approve Outpatient/Ambulatory Health Services Standards</p>	<p>Motion: Approve Outpatient/Ambulatory Health Services Standards M/S/C: MSEC/14-0 Discussion: The following items were implemented: ... Street medicine is not relevant, but the County is exploring it at this moment. These Standards do not address prevention as</p>	<p>Strategies and Standards Committee to integrate this document with the Universal Standards</p>

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
	<p>they were developed for people living with HIV enrolled in the Ryan White program. Abstentions: Kubricky, Wimpie Motion carries</p>	
9. Routine Business		
<p>a. ACTION: Approval of consent agenda for November 21, 2024 which includes:</p> <ul style="list-style-type: none"> i. Approval of HPG minutes from October 23, 2024 ii. Acceptance of the following committee minutes: <ul style="list-style-type: none"> Steering Committee (September 17, 2024) Membership Committee (September 11, 2024) Medical Standards and Evaluation Committee (June 11, 2024) <p>The following is for HPG information, not for acceptance:</p> <ul style="list-style-type: none"> CARE Partnership (September 16, 2024) iii. Committee Reports <ul style="list-style-type: none"> 1. HPG committees 2. State Office of AIDS (OA) and AIDS Drug Assistance Program (ADAP) – Abigail West 3. Housing Committee Report – Freddy Villafan iv. California HIV Planning Group 	<p>Motion: Approve consent agenda for November 21, 2024 M/S/C: Donovan/Grelotti/15-0 Discussion: none Abstentions: Kubricky Motion carries</p> <p>Abigail West announced that the California Planning Group is recruiting. Additionally, the Harm Reduction program has a playbook.</p> <p>HPG Support Staff (HPG SS) reviewed the Administrative budget, noting that some of the expenditures are being revised as they inadvertently included the last month of the previous award year. It was also noted the budget includes expenses associated with additional in-person translation services for CARE Partnership meetings.</p>	

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
(CHPG) – tabled v. Administrative budget report		
10. HIV, STD, and Hepatitis Branch (HSHB) Report	<p>The Recipients’ Office provided the following updates:</p> <ul style="list-style-type: none"> - The procurement schedule and ongoing status of each procurement. - Viral suppression rate is 94%, and a little under 3,000 clients have been served to date. <p>Questions:</p> <ul style="list-style-type: none"> - Narrative report needs to be shared - Procurement summary to be shared with all - Prevention funding report will be embedded 	<p>HPG SS will work with the Recipients’ Office to share a procurement summary with the Planning Body. HPG SS will start including the narrative report and the prevention funding report at future HPG meetings.</p>
11. HPG Support Staff Updates	None	
12. Announcements	<ul style="list-style-type: none"> - The 35th Annual Truax Award Ceremony and Reception will be held on Friday, December 6, 2024, at 3:00 PM – 5:00 PM at The Center. - Christie’s Place is hosting an annual event, with family and clients fundraising with the Red Wing. Unwrap gifts, donations, and staff singing on December 1, 2024, at 3:00 PM – 6:00 PM at North Park, Red Wing. - Family Health Centers of San Diego will hold a Winter Drive on December 2, 2024, to collect donations such as gently used jackets, blankets, and other items. - POZabilities will have two fundraiser events, one of which will be held immediately following the Truax event. 	
13. Adjournment	The meeting was adjourned at 5:08 PM.	
Next meeting date	<p>Date: Wednesday, December 18, 2024 Time: 3:00 PM – 5:00 PM Location: Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Rooms A and B) and via Zoom</p>	

STEERING COMMITTEE



Tuesday, November 19, 2024, 11:00 AM – 1:00 PM
County Operations Center
5560 Overland Ave, San Diego, CA 92123
(Conference Room 172)

A quorum for this meeting is four (4).

Members Present: Michael Donovan | Felipe Garcia-Bigley | Cinnamen Kubricky (Vice-Chair) | Rhea Van Brocklin

Members Absent: David Grelotti | Mikie Lochner (Chair) | Michael Wimpie

ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order, roll call, comments from the chair, and a moment of silence	Cinnamen Kubricky called the meeting to order at 11:04 AM. Introductions were done, and a moment of silence was observed. The Vice-Chair shared the following comments: <ul style="list-style-type: none">- Being mindful of those who are experiencing health issues.- Be mindful of people who are fearful of being deported and are battling with fear. This should encourage us to continue to find partnerships and collaborations to keep our community safe, while checking in on the clients.	
2. Public comment (for members of the public)	None	
3. Sharing our concerns (for committee members)	The following comments were made: <ul style="list-style-type: none">- A request to add a training on asylum seeking individuals and bring people who can help with a legal perspective.- A concern about a gap in resources for young people who are being newly diagnosed with HIV. When looking at Ryan White services, young adults need to be considered.	
4. ACTION: Approve the Steering Committee agenda for November 19, 2024	Motion: Approve the Steering Committee agenda for November 19, 2024 Motion/Second/Count (M/S/C): Donovan/Garcia-Bigley/3-0 Discussion: none	

STEERING COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<p>Abstentions: Kubricky Motion carries</p>	
5. ACTION: Approve meeting minutes from September 17, 2024	<p>Motion: Approve meeting minutes for September 17, 2024 M/S/C: Donovan/Van Brocklin/3-0 Discussion: none Abstentions: Kubricky Motion carries</p>	
6. ACTION: Approve the HIV Planning Group agenda for November 21, 2024	<p>Motion: Approve the HIV Planning Group agenda for November 21, 2024 with a requested change to section 8b. M/S/C: Van Brocklin/Donovan/3-0 Discussion: Remove the reference to the Priority Setting and Resource Allocation Committee (PSRAC) and just state “reallocations”. Abstentions: Kubricky Motion carries</p>	
7. Committee reports and recommendations	<p><u>Membership Committee:</u> approved Eva Matthews for seat 19. The committee discussed Martha Rodriguez’s application, but there is currently no seat available for her. The committee is also working on the membership expectation document. <u>PSRAC:</u> will bring forth reallocations for the FY 24. The plan is to move the funds from the unprocured categories’ funds to primary care as it is projected to be overspent.</p>	HPG Support Staff (HPG SS) will confirm the expectations for and the definition of the General Member seat.
8. Old Business		
a. ACTION: Approve the revised Mileage Reimbursement Form	<p>Motion tabled until the Chair is present during discussion. A committee chair stated that given the state’s electric vehicle mandate, the committee needs to consider how to accommodate that.</p>	HPG SS to add the discussion to the January agenda.
9. New Business		
a. Discussion: 2025 Retreat	<p>The following discussion was held:</p> <ul style="list-style-type: none"> - The Congress’ ongoing discussions around HIV funding may be good discussion as it relates to potential changes we need to adapt to. Specifically, how the County is going to fill the gaps if funding is removed. - Develop a robust mentorship program and a buddy system 	

STEERING COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<p>between members who have been on the Planning Body a long time and new members.</p> <ul style="list-style-type: none"> - Continue last year's work on identifying recruitment, retention, and engagement challenges by developing strategies for each; include what has already been accomplished/addressed since then. 	
<p>b. Discussion: Steering Committee meeting schedule</p>	<p>The following discussion was held:</p> <ul style="list-style-type: none"> - A request was made to change the committee meeting schedule so that the newly appointed Medical Standards and Evaluation Committee (MSEC) chair can attend the meetings. The committee is open to changing the day of the week and time to accommodate Dr. Grelotti's schedule. - In 2025, third Monday of each month will fall on a holiday in most months. CARE Partnership is also on a third Monday. 	<p>HPG SS to reach out to Dr. Grelotti for his availability and share the options with the committee for consideration.</p>
<p>c. Public comments/HPG member comments/Suggestions to the Steering Committee from previous HPG meeting(s)</p>	<p>HPG SS reviewed comments and suggestions. No discussion was held.</p>	
<p>10. Routine Business</p>		
<p>a. Review: Committee attendance</p>	<p>The committee reviewed attendance.</p>	
<p>11. HIV, STD, and Hepatitis Branch (HSHB) Report</p>	<p>Lauren Brookshire reviewed the expenditure report which was included in the meeting materials packet. The service utilization and PARS updates were also provided.</p>	<p>HPG SS will follow up with the recipient's office to answer the following questions:</p> <ul style="list-style-type: none"> - On average, how long do people wait on the PARS

STEERING COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
		waiting list? - What is the total number of individuals waiting for HOPWA housing?
12. HPG Support Staff Report		
a. Administrative budget review	Dasha Dahdouh provided the following updates, noting that the office supplies category includes the previously approved incentives. HPG SS will also obtain clarification on receiving gifts/incentives on the next call with the Project Officer.	
13. Future agenda items for consideration	The Membership committee chair discussed the current attendance requirements and how it may not be applicable to all committees.	
14. Announcements	<ul style="list-style-type: none"> - Christie’s Place was approved for funding to continue Project PEARL for HIV leadership training. Advocacy training for providers and allies may be incorporated into the curriculum. The first cohort will begin in January 2025. - POZabilities will have two benefit events. The Red Gala on December 1, 2024 and Golden Girls Drag Show that will occur on December 6, 2024, after the Truax event. - A Women’s Coffee Chat will take place at the Pink Rose Café in November. More information will be shared as it becomes available. 	
15. Next meeting date	Date: Tuesday, January 21, 2024 Time: 11:00 AM – 1:00 PM Location: Seville Plaza – Live Well Support Center, 5469 Kearny Villa Rd, San Diego, CA 92123 (1 st Floor, Training Room D), in-person and via Zoom	
16. Adjournment	Meeting adjourned at 12:19 PM.	

MEMBERSHIP COMMITTEE



*Wednesday, December 11, 2024, 11:00 AM – 1:00 PM
Southeastern Live Well Center
5101 Market St, San Diego, CA 92114
(Tubman Chavez Room A)*

A quorum for this meeting is three (3)

Committee Members: Felipe Garcia-Bigley (Chair) | Lori Jones | Benjamin Ignalino | Rhea Van Brocklin | Michael Wimpie

ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order	<p>Felipe Garcia-Bigley called the meeting to order at 11:06 AM and noted the presence of an in-person quorum.</p> <p>The committee chair shared the 2024 Membership Committee Accomplishments:</p> <p>Revised Membership Guidelines:</p> <ul style="list-style-type: none"> Membership committee guidelines have been updated to streamline processes. <p>Membership Application Simplification:</p> <ul style="list-style-type: none"> The membership application was reduced from 10 pages to 5 pages. The HPG membership reappointment application was revised from two pages to two pages (indicating clarity or format improvement). <p>Streamlined Interview Process:</p> <ul style="list-style-type: none"> Enhanced efficiency to facilitate quicker scheduling and reduce previous scheduling difficulties. <p>2024 Recruitment Overview:</p> <ul style="list-style-type: none"> Applications received: 15 Interviews conducted: 9 Appointments made: 7 Vacancies addressed: Reduced from 18 (last year) to 19 this year. 	
2. Public Comment on non-agenda items (for Members of the public)	<p>Nicole Aguilar’s Introduction: Employed by Housing Community Development Services at the County of San Diego for four years. Leads the Joint City and County Housing HIV Housing Committee.</p>	

MEMBERSHIP COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
3. Sharing our concerns (for committee members)	<p>A committee member inquired why only nine interviews were conducted out of 15 applications received.</p> <p>The following reasons were shared:</p> <ul style="list-style-type: none"> • Commitment concerns • In-person meeting requirements • Promotions • Relocation out of state 	
4. ACTION: Review and approve the December 11, 2024 meeting agenda	<p>Motion: Approve the Membership agenda for December 11, 2024. With the change, Mikie Lochner was removed from the agenda as he stepped down from the committee in November.</p> <p>Motion/Second/Count (M/S/C): Van Brocklin/Jones/3-0</p> <p>Abstentions: Garcia-Bigley</p> <p>Motion carries</p>	
5. ACTION: Review and approve the November 13, 2024, Membership minutes	<p>Motion: Approve the Membership minutes for November 13, 2024</p> <p>M/S/C: Wimpie/Jones/3-0</p> <p>Abstentions: Garcia-Bigley</p> <p>Motion carries</p>	
6. New Business		
a. Discussion on HIV Planning Group Member Seat Description	<p>The committee members discussed the following:</p> <ul style="list-style-type: none"> • Reviewed old documents for seat descriptions and identified the need for clear, updated definitions to prevent confusion • Plan to consult the Health Resources and Services Administration (HRSA) for updated definitions • Emphasis on aligning seat descriptions with current requirements and roles • Affiliation Percentage Concern: • Current unaffiliated consumers compose 40% of existing members • HRSA requires 33% of seats to be unaffiliated consumers, not based on current occupancy 	<p>Bring the percentage discrepancy to the Steering committee for discussion and possible advocacy for policy change.</p> <p>HPG Support Staff will consult HRSA regarding updated seat descriptions.</p>
7. Old Business		
a. ACTION: Continue the discussion on the HIV Planning Group Member Expectations	<p>No motion was made. The following discussion took place:</p> <ul style="list-style-type: none"> • Removed the word "must" and replaced it with "should" to soften the tone. 	<p>HPG SS will update the draft and email it to the Chair for review.</p>

MEMBERSHIP COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<ul style="list-style-type: none"> • Added clarification for timely responses within 48 hours. • Changed language from "average activities" to "additional activities." • Tone and Language Adjustments: • Members prefer direct language without sounding prescriptive. • Consensus to remove "must" to communicate expectations more effectively. • Institutionalize timely response expectations, possibly highlighting them for emphasis. • Ensure formatting consistency and accurate capitalization. 	
<p>b. ACTION: Continue the discussion on the HPG Mentorship Process</p>	<p>No motion was made, but the committee continued discussing the HPG mentorship process. The following was discussed:</p> <p>Current Challenges:</p> <ul style="list-style-type: none"> • Many members are new and have limited experience. • Existing mentors are often in leadership roles with high demands. <p>Proposed Solutions:</p> <ul style="list-style-type: none"> • Informal mentorship process: foster relational mentorship through informal check-ins. • Encourage mentors to be available 30 minutes before meetings for casual support. • Utilize Project Pearl cohorts to provide structured training and mentorship opportunities. • Offer sessions open to both affiliated and unaffiliated individuals. • Promote Project Pearl as an alternative mentorship pathway. • Encourage members to volunteer for informal mentorship opportunities. 	<p>HPG Support Staff will create a one-page mentorship guide outlining available mentorship opportunities.</p>
<p>c. HPG Member recruitment update</p>	<p>As of December 11, 2024, there are 21 members and 23 vacant seats.</p> <ul style="list-style-type: none"> • Shannon Paugh was appointed on December 10, 2024, for Seat 37, District 5. • Eva Matthews is awaiting the approval of HPG meeting minutes. 	<p>HPG Support Staff Katie Emmel will conduct outreach at events to attract diverse candidates.</p>

MEMBERSHIP COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<ul style="list-style-type: none"> • Dr. Rosemary Garcia (Public Health Officer) is pending approval from the Clerk of the Board. • Hector Garcia (HIV Testing Representative), pending Clerk of the Board approval. • Juan Conant pending Clerk of the Board approval. • Beth Davenport's reappointment application will be added to the January meeting approval. • Ivy Rooney has not yet submitted her reappointment application. 	
i. Vacant Seats	Reviewed	
ii. New Committee Members	Reviewed	
d. HPG Membership Demographics	<p>Current HPG Demographics:</p> <ul style="list-style-type: none"> • Race: Predominantly White, need to increase Hispanic representation. • Gender: Balanced distribution (50%). • Age: Diverse age groups, with initiatives to include younger members. <p>Disparities Identified:</p> <ul style="list-style-type: none"> • Overrepresentation of White members. • Underrepresentation of Hispanic and Latino populations. 	HPG Support Staff will conduct outreach efforts to Hispanic communities and organizations, leveraging Project Pearl and community events to enhance diversity.
Routine Business		
a. HIV Planning Group Attendance	HPG Support Staff send reminders to members who have missed three (3) consecutive or six (6) meetings within 12 months.	Add to the January Steering agenda to discuss HPG attendance policy.
b. Committee Attendance	Reviewed	
c. Getting to Zero (GTZ) Community Engagement Project <ul style="list-style-type: none"> i. Membership Committee Plan/Strategy for Recruitment 	<p>Current Status:</p> <ul style="list-style-type: none"> • Coordination between community engagement and membership committees. • Need for clear role definitions and responsibilities. 	HPG Support Staff will schedule a meeting between the Community Engagement Group (CEG) and Membership Chairs to discuss a

MEMBERSHIP COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
		<p>membership recruitment plan.</p> <p>HPG Support Staff will develop a responsibility matrix to outline specific duties on the GTZ Outreach Plan.</p>
8. Future agenda items for consideration	<ol style="list-style-type: none"> 1. Approval of Mentorship Guidelines. 2. Discussion on Seat Description Clarifications. 3. Discussion on the 33% requirement among unaffiliated consumers over the total seats. 	HPG Support Staff will ask HRSA for descriptions of the unaffiliated seats.
9. Announcements	A 2025 Women's Conference will be held on March 15, 2025, at the Park and Market venue. The theme is "The Evolution of Women and HIV."	
10. Next Meeting Date	<p>Date: Wednesday, January 8, 2025</p> <p>Time: 11:00 AM –1:00 PM</p> <p>Location: Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room A)</p>	
12. Adjourn	The meeting adjourned at 12:37 pm.	

MEMBERSHIP COMMITTEE



*Wednesday, December 11, 2024, 11:00 AM – 1:00 PM
Southeastern Live Well Center
5101 Market St, San Diego, CA 92114
(Tubman Chavez Room A)*

A quorum for this meeting is three (3)

Committee Members: Felipe Garcia-Bigley (Chair) | Lori Jones | Benjamin Ignalino | Rhea Van Brocklin | Michael Wimpie

ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order	<p>Felipe Garcia-Bigley called the meeting to order at 11:06 AM and noted the presence of an in-person quorum.</p> <p>The committee chair shared the 2024 Membership Committee Accomplishments:</p> <p>Revised Membership Guidelines:</p> <ul style="list-style-type: none"> Membership committee guidelines have been updated to streamline processes. <p>Membership Application Simplification:</p> <ul style="list-style-type: none"> The membership application was reduced from 10 pages to 5 pages. The HPG membership reappointment application was revised from two pages to two pages (indicating clarity or format improvement). <p>Streamlined Interview Process:</p> <ul style="list-style-type: none"> Enhanced efficiency to facilitate quicker scheduling and reduce previous scheduling difficulties. <p>2024 Recruitment Overview:</p> <ul style="list-style-type: none"> Applications received: 15 Interviews conducted: 9 Appointments made: 7 Vacancies addressed: Reduced from 18 (last year) to 19 this year. 	
2. Public Comment on non-agenda items (for Members of the public)	<p>Nicole Aguilar’s Introduction: Employed by Housing Community Development Services at the County of San Diego for four years. Leads the Joint City and County Housing HIV Housing Committee.</p>	

MEMBERSHIP COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
3. Sharing our concerns (for committee members)	<p>A committee member inquired why only nine interviews were conducted out of 15 applications received.</p> <p>The following reasons were shared:</p> <ul style="list-style-type: none"> • Commitment concerns • In-person meeting requirements • Promotions • Relocation out of state 	
4. ACTION: Review and approve the December 11, 2024 meeting agenda	<p>Motion: Approve the Membership agenda for December 11, 2024. With the change, Mikie Lochner was removed from the agenda as he stepped down from the committee in November.</p> <p>Motion/Second/Count (M/S/C): Van Brocklin/Jones/3-0</p> <p>Abstentions: Garcia-Bigley</p> <p>Motion carries</p>	
5. ACTION: Review and approve the November 13, 2024, Membership minutes	<p>Motion: Approve the Membership minutes for November 13, 2024</p> <p>M/S/C: Wimpie/Jones/3-0</p> <p>Abstentions: Garcia-Bigley</p> <p>Motion carries</p>	
6. New Business		
a. Discussion on HIV Planning Group Member Seat Description	<p>The committee members discussed the following:</p> <ul style="list-style-type: none"> • Reviewed old documents for seat descriptions and identified the need for clear, updated definitions to prevent confusion • Plan to consult the Health Resources and Services Administration (HRSA) for updated definitions • Emphasis on aligning seat descriptions with current requirements and roles • Affiliation Percentage Concern: • Current unaffiliated consumers compose 40% of existing members • HRSA requires 33% of seats to be unaffiliated consumers, not based on current occupancy 	<p>Bring the percentage discrepancy to the Steering committee for discussion and possible advocacy for policy change.</p> <p>HPG Support Staff will consult HRSA regarding updated seat descriptions.</p>
7. Old Business		
a. ACTION: Continue the discussion on the HIV Planning Group Member Expectations	<p>No motion was made. The following discussion took place:</p> <ul style="list-style-type: none"> • Removed the word "must" and replaced it with "should" to soften the tone. 	<p>HPG SS will update the draft and email it to the Chair for review.</p>

MEMBERSHIP COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<ul style="list-style-type: none"> • Added clarification for timely responses within 48 hours. • Changed language from "average activities" to "additional activities." • Tone and Language Adjustments: • Members prefer direct language without sounding prescriptive. • Consensus to remove "must" to communicate expectations more effectively. • Institutionalize timely response expectations, possibly highlighting them for emphasis. • Ensure formatting consistency and accurate capitalization. 	
<p>b. ACTION: Continue the discussion on the HPG Mentorship Process</p>	<p>No motion was made, but the committee continued discussing the HPG mentorship process. The following was discussed:</p> <p>Current Challenges:</p> <ul style="list-style-type: none"> • Many members are new and have limited experience. • Existing mentors are often in leadership roles with high demands. <p>Proposed Solutions:</p> <ul style="list-style-type: none"> • Informal mentorship process: foster relational mentorship through informal check-ins. • Encourage mentors to be available 30 minutes before meetings for casual support. • Utilize Project Pearl cohorts to provide structured training and mentorship opportunities. • Offer sessions open to both affiliated and unaffiliated individuals. • Promote Project Pearl as an alternative mentorship pathway. • Encourage members to volunteer for informal mentorship opportunities. 	<p>HPG Support Staff will create a one-page mentorship guide outlining available mentorship opportunities.</p>
<p>c. HPG Member recruitment update</p>	<p>As of December 11, 2024, there are 21 members and 23 vacant seats.</p> <ul style="list-style-type: none"> • Shannon Paugh was appointed on December 10, 2024, for Seat 37, District 5. • Eva Matthews is awaiting the approval of HPG meeting minutes. 	<p>HPG Support Staff Katie Emmel will conduct outreach at events to attract diverse candidates.</p>

MEMBERSHIP COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<ul style="list-style-type: none"> • Dr. Rosemary Garcia (Public Health Officer) is pending approval from the Clerk of the Board. • Hector Garcia (HIV Testing Representative), pending Clerk of the Board approval. • Juan Conant pending Clerk of the Board approval. • Beth Davenport's reappointment application will be added to the January meeting approval. • Ivy Rooney has not yet submitted her reappointment application. 	
i. Vacant Seats	Reviewed	
ii. New Committee Members	Reviewed	
d. HPG Membership Demographics	<p>Current HPG Demographics:</p> <ul style="list-style-type: none"> • Race: Predominantly White, need to increase Hispanic representation. • Gender: Balanced distribution (50%). • Age: Diverse age groups, with initiatives to include younger members. <p>Disparities Identified:</p> <ul style="list-style-type: none"> • Overrepresentation of White members. • Underrepresentation of Hispanic and Latino populations. 	<p>HPG Support Staff will conduct outreach efforts to Hispanic communities and organizations, leveraging Project Pearl and community events to enhance diversity.</p>
Routine Business		
a. HIV Planning Group Attendance	HPG Support Staff send reminders to members who have missed three (3) consecutive or six (6) meetings within 12 months.	Add to the January Steering agenda to discuss HPG attendance policy.
b. Committee Attendance	Reviewed	
<p>c. Getting to Zero (GTZ) Community Engagement Project</p> <p>i. Membership Committee Plan/Strategy for Recruitment</p>	<p>Current Status:</p> <ul style="list-style-type: none"> • Coordination between community engagement and membership committees. • Need for clear role definitions and responsibilities. 	<p>HPG Support Staff will schedule a meeting between the Community Engagement Group (CEG) and Membership Chairs to discuss a</p>

MEMBERSHIP COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
		<p>membership recruitment plan.</p> <p>HPG Support Staff will develop a responsibility matrix to outline specific duties on the GTZ Outreach Plan.</p>
<p>8. Future agenda items for consideration</p>	<ol style="list-style-type: none"> 1. Approval of Mentorship Guidelines. 2. Discussion on Seat Description Clarifications. 3. Discussion on the 33% requirement among unaffiliated consumers over the total seats. 	<p>HPG Support Staff will ask HRSA for descriptions of the unaffiliated seats.</p>
<p>9. Announcements</p>	<p>A 2025 Women's Conference will be held on March 15, 2025, at the Park and Market venue. The theme is "The Evolution of Women and HIV."</p>	
<p>10. Next Meeting Date</p>	<p>Date: Wednesday, January 8, 2025 Time: 11:00 AM –1:00 PM Location: Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room A)</p>	
<p>12. Adjourn</p>	<p>The meeting adjourned at 12:37 pm.</p>	

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)



Thursday, November 14, 2024, 3:00 PM – 5:00 PM
5101 Market Street, San Diego, CA 92114
(Tubman Chavez Room A)

A quorum for this meeting is five (5)

Committee Members Present: Cinnamen Kubricky | Dr. Beth Davenport | Tyra Fleming (Co-Chair)
Dr. Delores Jacobs | Felipe Garcia-Bigley | Chris Mueller | Marco Aguirre Mendoza

Committee Members Absent: Rhea Van Brocklin (Chair)

MEETING MINUTES

Agenda Item	Action	Follow-up
1. Call to order	Tyra Fleming called the meeting to order at 3:01 PM and noted an in-person quorum was established.	
2. Reminders	Reviewed	
3. Public Comment on non-agenda items (for members of the public)	<ul style="list-style-type: none"> A member of the public expressed concerns about Health Insurance Issues and personal challenges with insurance issues, highlighting the risk of clients feeling overwhelmed and considering quitting care—the importance of supporting clients with limited resilience in navigating medical coverage. Continued awareness and assistance are needed to prevent clients from abandoning care due to insurance complexities. 	
4. Sharing our concerns (for committee members)	<ul style="list-style-type: none"> A committee member congratulated all the Truax nominees. 	
5. Action: Review and approve the agenda for November 14, 2024	<p>Motion: Approve the November 14, 2024 meeting agenda as presented.</p> <p>Motion/Second/Count (M/S/C): Garcia-Bigley/Kubricky/6-0</p> <p>Abstentions: Fleming</p> <p>Motion carries</p>	
6. Action: Review and approve the meeting	Motion: Review and approve the meeting minutes for October 10, 2024	

For any inquiries, please send an email to HPG.HHSA@sdcounty.ca.gov
You may also visit our website at sdplanning.org

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

Agenda Item	Action	Follow-up
minutes for October 10, 2024	M/S/C: Mueller/Davenport/6-0 Abstentions: Fleming Motion carries	
7. Old Business		
a. None		
8. New Business		
a. ACTION: Recommendations for reallocations for FY 24 (the current fiscal year, March 1, 2024 – February 28, 2025).	<p>Motion: 1. Action Item: Decrease Non Medical Case Management for Housing by \$200,000 from \$200,000 to \$0.</p> <p>Motion/Second/Count (M/S/C): Davenport/Garcia-Bigley/6-0 Abstentions: Fleming Motion: Carries Discussion: A committee member expressed concern about decreasing housing funding with the current state of the County.</p> <p>Motion: 2. Action Item: Decrease Housing: Location, Placement, and Advocacy Services by \$100,000 from \$100,000 to \$0. M/S/C: Jacobs/Davenport /6-0 Abstentions: Fleming Motion: Carries</p> <p>Motion: 3. Action Item: Decrease Psychosocial Support Services by \$28,940 from \$28,940 to \$0. M/S/C: Davenport/Garcia-Bigley/6-0 Abstentions: Fleming Motion: Carries</p> <p>Motion: 4. Action Item: Increase Outpatient Ambulatory Health services: Primary Care by \$328,940 from \$1,102,630 to \$1,431,570 M/S/C: Kubricky/Jacobs/5-0 Abstentions: Fleming & Garcia-Bigley Motion: Carries</p>	

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PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

Agenda Item	Action	Follow-up
9. Routine Business		
a. Committee Attendance	<p>The committee members discussed the following:</p> <ul style="list-style-type: none"> • It is important to increase member attendance and recruit new members. • Some members mentioned that due to financial constraints and medical issues, it's difficult to participate in the in-person meetings • Encourage members to recruit individuals interested in participating. • Explore strategies to incentivize attendance and participation. 	
b. Review Monthly and Year-to-Date expenditures and assess for recommended reallocations	<p>Patrick Loose briefly reported the following:</p> <ul style="list-style-type: none"> • Service Utilization: • Total Clients Served: 2,939 (up from 2,871 in the same period the previous year). • Viral Suppression Rate: 94% for documented viral loads in October. • Financial Assessment: • Savings were noted in medical case management due to staff turnover. • Emergency housing funds are also underutilized due to past contracting challenges. 	
c. Partial Assistance Rent Subsidy Program (PARS) and Emergency Housing update	<p>As of November 6, 2024, PARS report:</p> <ul style="list-style-type: none"> • 74 currently on the waitlist • 15 previously enrolled • 0 new applicants this past month • Demographics of clients on the waitlist: 74 <ul style="list-style-type: none"> ○ Gender: 50 male, 17 female, 7 transgender ○ Race/ethnicity: 12 Black, 41 Hispanic/Latino, 16 white, 3 Asian, 2 American Indian ○ Age: 45 over 45, 27 ages 31-44, 2 ages 18-30 ○ Central Region 48, East 12, South 6, North 8 • 73 currently enrolled 	

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PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

Agenda Item	Action	Follow-up
d. Review Monthly and TYD service utilization report	<p>Utilization report</p> <ul style="list-style-type: none"> • A committee member would like to understand the increases and decreases better. • A committee member mentioned that we are seeing an increase because of people returning to care from COVID-19. 	.
10. Suggested items for the PSRAC agenda	<ul style="list-style-type: none"> • A member mentioned the concern of pulling funding from areas of social support that are so important. 	
11. Announcements	Truax Awards Ceremony is Friday, December 6, 2024, 3:00 – 5:00 PM	
12. Next Meeting:	<p>Date: Thursday, January 9, 2025, 3:00 - 5:00 PM</p> <p>Location: Southeastern Live Well Center 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room A)</p>	
13. Adjournment	The meeting adjourned at 4:06 PM.	

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COMMUNITY ENGAGEMENT GROUP



Wednesday, October 16, 2024, 3:00 PM – 5:00 PM
Southeastern Live Well Center
1501 Market St, San Diego, Ca (2114 (Tubman Chavez Room
A)

A quorum for this meeting is three (3).

Committee Members Present: Michael Donovan (Chair) | Jen Lothridge (Co-Chair) | Skyler Miles | Veronica Nava

Committee Members Absent: Mikie Lochner

MEETING MINUTES

Agenda Item	Discussion/Action	Follow-Up
1. Call to order, roll call, comments from the chair, and a moment of silence	The chair called the meeting to order at 3:02PM and noted the presence of an in-person quorum.	
2. Review Background, Mission Statement, Goals, and Agreement of Meeting Decorum	Committee members read the Mission Statement and the Community Engagement Group (CEG) Charge. The Co-Chair reviewed the meeting decorum.	
3. Introductions (Name, Role with HPG/Consumer, Pronouns), Icebreaker	Members and participants introduced themselves.	
4. Public comment (for members of the public)	None	
5. Sharing our concerns (for committee members)	Committee Member want to thank the HPG SS for continuing to provide a supportive and accessible location for the meeting.	
6. ACTION: Approve the consent agenda for October 16, 2024 (which includes the CEG meeting agenda for October 16, 2024 and the minutes for September 18, 2024)	Motion: Approve the consent agenda for October 16, 2024 as presented. Motion/Second/Count (M/S/C): Lothridge/ Miles/3-0 Public comment: Abstention(s): Donovan Motion carries	
Follow-Up Items from minutes:	<ul style="list-style-type: none"> HPG SS will add the continued item to the October CEG agenda (Role of CEG in the onboarding process of 	

COMMUNITY ENGAGEMENT GROUP

Agenda Item	Discussion/Action	Follow-Up
	<p>new or returning HPG members) completed.</p> <ul style="list-style-type: none"> • HPGSS will add the continued item to the October CEG agenda (Review/develop an HPG Anti-racism statement in preparation for the HPG discussion. (recommendation from the Strategies and Standards Committee). • The Tri-fold Spanish version is in-progress. 	
7a. Committee Updates		
I. Membership Committee	<ul style="list-style-type: none"> • 5 members term out in September. • 3 members appointed to HPG in September • 2 upcoming interviews. • 2 appointments from HPG and waiting to be appointed. • 21 HPG members and 7 unaffiliated consumers 	
II. Strategies and Standards Committee	<ul style="list-style-type: none"> • Reviewed mental health and universal standards. Both service standards will be integrated into the WHOLE Person Care Program. • Dr. Karris presented on the Aging population with HIV and she will be also joining our committee in the future. 	
III. Medical Standards and Evaluation Committee (MSEC)	MSEC did not meet this month. Next meeting will be held in November.	
IV. Priority Settings and Resource Allocation Committee (PSRAC)	<ul style="list-style-type: none"> • Updated and reviewed their workplan. • Discussed and recommended eight service deliveries topic to present to the Strategies and Standards meeting. • Debrief on the past budget allocations meetings of what works and didn't. 	
V. Steering Committee	Starting September they will be meeting every other month. Next meeting will be held in November.	
VI. HIV Planning Group	<ul style="list-style-type: none"> • Last meeting UCSD MCAP program and Christies Place presented on HIV impact on Women's and Youth. • Next meeting there will be a Whole Person Approach to Care 	

COMMUNITY ENGAGEMENT GROUP

Agenda Item	Discussion/Action	Follow-Up
	Presentation and will take place on Wednesday, October 23, 2024	
7b. Community Updates		
I. CARE Partnership	Next meeting will be held in November.	
II. HIV Housing Committee/Housing Opportunities for Persons with AIDS (HOPWA)	Skyler Miles has volunteered to be in the HOPWA committee and his status is in-progress with an interview in October 7, 2024, and will be voted in on November 20, 2024 with a January start date.	
III. Additional community groups	None	
8. Old Business		
a. Committee Attendance	None	
b. Role of CEG in the onboarding process of new or returning HPG members	<p>Committee Members discuss the following:</p> <ul style="list-style-type: none"> - CEG Members attending other committees and can provide future updates. i.e. Miles in housing, Donovan in Steering, etc. - It is recommended CEG members attend at least one of the other HPG committee meetings other than the CEG meeting. - New and returning members attend at least one of CEG meeting while they are in-progress of getting Appointed to HPG. This would be part of the onboarding process. - Some jobs will not allow certain CEG members to attend more than one additional HPG meeting. <p>CEG Chair recommend these three items as part of the onboarding process and referred it to Membership and Steering Meeting</p> <p>Part of the Onboarding</p> <ol style="list-style-type: none"> 1. Every new and returning HPG members must attend one of the CEG meeting their first year. 2. Members who are not assigned or in process of becoming full member, should consider attending CEG meeting. 	HPG SS to forward this to Membership and to Steering Meeting.

COMMUNITY ENGAGEMENT GROUP

Agenda Item	Discussion/Action	Follow-Up
	<p>3. Every member of CEG attend at least one additional committee of HPG meeting</p> <p>HPG SS mentioned the following:</p> <ul style="list-style-type: none"> - Previously Membership Chair and CEG Chair work together on outreach. - Membership Committee is updating the Committee members expectation. - Mentorship draft is in-progress. Recommend CEG members to become mentors to guide, text, email etc. to new onboarding members. 	
<p>c. Review/develop an HPG Anti-racism statement in preparation for the HPG discussion. (recommendation from the Strategies and Standards Committee)</p>	<p>Committee Members recommend the Anti-racism statement as followed:</p> <ul style="list-style-type: none"> • To create a supportive environment where all members can feel heard, valued, and respected with acknowledgement to the voice and differential treatment of all cultural background. 	<p>HPG SS put in ACTION Item for next meeting to approve statement.</p>
<p>9. New Business</p>		
<p>a. Data on People Experiencing Homelessness and Living with HIV</p>	<p>Dasha Dahdouh from HPG SS presented the data on People Experiencing Homelessness and Living with HIV from three fiscal year: March 1, 2021 to February 28 or 29th, 2023 from Ryan White clients:</p> <ul style="list-style-type: none"> - Ryan White Client’s facing homelessness has an overall 9% living with HIV within the 3 fiscal year. - Comparing 2021 and 2023 data: <ul style="list-style-type: none"> ○ Race: Hispanic, White, and followed by Black Ryan White clients are the most likely to experiencing homelessness. ○ Gender: male Ryan White clients have the highest percentage unhoused. ○ Age: the highest age demographics are in 46 - 65 age group and followed by 25 – 44 age group. 	<p>HPG SS request data to filter out experiencing homelessness and housing to determine overall viral suppression for comparison.</p>

COMMUNITY ENGAGEMENT GROUP

Agenda Item	Discussion/Action	Follow-Up
	<ul style="list-style-type: none"> ○ Viral Load Suppression: overall 86%, a slight lower to the current monthly data is 93% viral load suppression. 	
<p>b. In-depth review of the 5 services categories and discussion – Dr. Ken Riley</p>	<p>Ken Riley discussed the following five in-depth Services Categories:</p> <ol style="list-style-type: none"> 1. Outpatient/Ambulatory Health Services (Priority 1 and 2): co-curing conditions: STI, TB, other issues: <ol style="list-style-type: none"> a. Falling out of care due to insurance 2. Oral Health Care (Priority 3): dental implant is not included, must be severe trauma, cancer surgery <ol style="list-style-type: none"> a. Part of well-being (whole) b. American Indian health services and Family Health Services provided positive services to the Committee members when seeking dental care or specialty oral services. 3. Medical Case management Services (Priority 4) <ol style="list-style-type: none"> a. For someone who is not in consistent care. Handle by your provider, not part of case management. 4. Non-medical Case management Services (Priority 5) <ol style="list-style-type: none"> a. Medical eligibility requirement changed in California; it seems non-medical case management is more in need than medical case management. b. Non-Medical rewrite the health outcomes, with other health issues. Manage everything else that Medical does not cover. c. The document should provide more examples of what is covered under medical case management and non-medical case management. 	<p>HPG SS informed the Recipient Office that they preferred their team to present the Service categories and answer any many of the questions they may have.</p>

COMMUNITY ENGAGEMENT GROUP

Agenda Item	Discussion/Action	Follow-Up
c. Discuss rescheduling the 6/18/2025 meeting to 6/11/2025	Committee Members agree CEG meeting date on June 18, 2025, to reschedule to June 11, 2025.	HPG SS will update in the CEG meeting schedule and work/training plan.
d. Discuss training schedule for 2025 and potential meeting spaces	Table for next meeting	HPG SS next meeting will construct a Temporary 2025 Workplan.
10. Announcements	<ul style="list-style-type: none"> • Project Pearl • Halloween 4200 Texas street LGBTQ housing • Impulse sponsored by AHF to throw a fundraiser for POZabilities at barrel and board 7-10pm. Pannel discussion 	<p>HPG SS include Veronica, Jen, and Michael for the Truax Script reading.</p> <p>HPG SS send Calendar invites to HPG Orientation attendees.</p>
11. Next meeting date	<p>Next Meeting: Wednesday, November 20, 2024, at 3:00 PM – 5:00 PM.</p> <p>Location: <i>Southeastern Live Well Center 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room A)</i> and via Zoom</p>	
12. Adjournment	Meeting was adjourned at 5:02PM.	

STRATEGIES AND STANDARDS COMMITTEE



Tuesday, October 1, 2024, 3:00 PM – 4:30 PM
 Southeastern Live Well center
 5101 Market St, San Diego, CA 92114
 Tubman Chavez Room A

A quorum for this meeting is five (5).

Members Present: Amy Applebaum | Dr. Beth Davenport | Ivy Rooney | Dr. Winston Tilghman | Jeffery Weber | Michael Wimpie (Chair)

Members Absent: Allan Acevedo | Joseph Mora | Venice Price

ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order, introductions, comments from the chair, and a moment of silence	Michael Wimpie called the meeting to order at 3:08 PM and noted the presence of an in-person quorum. All in attendance introduced themselves. A moment of silence was observed.	
2. Public comment (for members of the public)	None	
3. Sharing our concerns (for committee members)	None	
4. ACTION: Approve the Strategies and Standards Committee agenda for October 1, 2024	Motion: Approve the Strategies and Standards Committee agenda for October 1, 2024 as presented. Motion/Second/Count (M/S/C): Davenport/Applebaum/5-0 Abstentions: Wimpie Motion carries	
5. ACTION: Approve the Strategies and Standards Committee meeting minutes from August 6, 2024	Motion: Approve meeting minutes for August 6, 2024 as presented. M/S/C: Rooney/Tilghman/5-0 Abstentions: Wimpie Motion carries	
6. Review follow-up items from last meeting	<ul style="list-style-type: none"> • HPG Support Staff (HPG SS) will request of Dr. Karris to add 1) isolation and social needs; and 2) service coordination to the HIV and Aging presentation. Status: Completed • HPG SS will follow up with Felipe Ruiz to share the Integrated Statewide Strategic 	

STRATEGIES AND STANDARDS COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<p>Plan with the committee. Status: Completed</p> <ul style="list-style-type: none"> • HPG SS will update the work plan to move HIV and Aging to October. Status: Completed • HPG SS will follow up with Dr. Tweeten to obtain an updated data set on people living with HIV and out of care to send to the committee. Status: In Progress • HPG SS will follow up with Joseph Mora to see if he is willing to accept the committee co-chair nomination. Status: Completed 	
7. Old Business		
a. Transportation Standards Draft – Maritza Herrera	The Transportation Service Standards will be updated shortly as part of the Whole Person Care Approach and will be presented together with other updated service standards.	Staff will follow up with Maritza Herrera regarding the timeframe for this update.
b. Discussion: Co-chair	Discussed in follow-up previously and will be discussed below as an action, agenda item 8a.	
8. New Business		
a. ACTION: Remove Allan Acevedo as Co-chair	<p>Motion: Remove Allan Acevedo as Co-chair M/S/C: Davenport/Weber/5-0 Abstentions: Wimpie Motion carries</p>	
b. Presentation: HIV and Aging – Dr. Karris	Dr. Maile Young Karris presented on the issues and challenges of HIV among older adults.	
c. Review and Update: Mental Health Service Standards	No input was provided during the meeting.	HPG SS will send the document to the committee for input before the next meeting.
d. Review and Update: Universal Standards – Trauma Informed Care	<p>The committee discussed the following:</p> <ul style="list-style-type: none"> • There was a concern that consumer input was not incorporated into the service standards during the last revision. Lauren Brookshire noted that HPG SS and she will work on locating the record of that discussion so it can be included in the updated version. • Trauma-informed care involves integrating the understanding of trauma 	<p>HPG SS to work with the Recipients' Office to identify the input that was provided during the last update.</p> <p>HPG SS to bring forward standard trauma informed care language for</p>

STRATEGIES AND STANDARDS COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<p>and its effects into all county service standards and contracts. This approach aims to prevent re-traumatization and promote safety, self-care, and resilience in service delivery. This will be included in the service standards.</p> <ul style="list-style-type: none"> Annual training is mandated for service providers to align with trauma-informed care principles, especially when interacting with clients who have experienced trauma, and to understand and appropriately address clients' needs and behaviors. 	<p>consideration and inclusion into the service standards. The county has established principles emphasizing safety, cultural competence, empowerment, shared power, trustworthiness, and integrated services.</p>
9. Routine Business		
a. Discussion: Recommendations from Priority Setting & Resource Allocation Committee (PSRAC)	None	
10. Recommendations to the HPG, HPG committees, and requests of recipient	None	
11. Suggested items for future committee agenda	None	
12. Announcements	<ul style="list-style-type: none"> HPG Orientation will be held on Tuesday, October 29, 2024, at 2:00 PM – 4:00 PM via Zoom. To register, scan the QR code in the packet. The Truax Awards Ceremony will be held on Friday, December 6, 2024, at 3:00 PM – 5:00 PM at The LGBT Center. 	
13. Next meeting date	<p>Date: Tuesday, December 3, 2024 Time: 3:00 PM – 4:30 PM Location: Southeastern Live Well Center, 5101 Market St, San Diego, CA 92114 (Tubman Chavez Room A)</p>	
14. Adjournment	Meeting adjourned at 4:09 PM.	

MEETING MINUTES

CARE PARTNERSHIP FOR WOMEN, CHILDREN, AND FAMILIES Monday, November 18, 2024, 11:00 AM – 1:00 PM

Southeastern Live Well Center
5101 Market St, San Diego, CA 92114; (Tubman Chavez Room A)

Attendees In-Person: Jay Lancaster (ECTIC), Sandra Ortiz (UCSD MCAP), Patty Lopez (UCSD – MCAP), Shannon Ransom (UCSD MCAP), Loren Goldstein (ICM Case Manager for COSD PHS), Marvin Hanashiro (UCSD ARC), Ellery Schlingmann (Christies Place), Ana P. Zamora (Christies Place), Johneisha Jones (Chair)

Attendees Online: Pablo Corona (HICAP), Roberto Gallardo (UCSD) Veronica Figueroa, Alexia Barrientos, Kristen Dahlgren, Felicitas Jimenez (UCSD MCAP), Alexa Mugol, Sandra Real, Tammelita Cotlon-Pineda, Marilyn Armenta, Kelsie Nuno, Faith, Pablo Corona (HICAP)

HPG Support Staff: America Gonzalez and Katie Emmel

Agenda Item	Action	Follow-up
1. Welcome and introductions	Johneisha Jones started the meeting at 11:00 AM, and the participants introduced themselves online. Reminder to attendees to verify their attendance, including online participants, is recorded accurately.	
2. Comments from the Chair/ <ul style="list-style-type: none">Respectful Engagement	None Respectful engagement guidelines read	
3. Moment of silence	A moment of silence was observed, remembering those who have passed and those living with or affected by HIV/AIDS and/or COVID-19.	
4. Review Mission Statement	The Mission statement was read.	
5. Public comment/ Sharing our Concerns	A member of the public recommended that <ul style="list-style-type: none">It is important to remember open enrollment and to check in with clientsIt is essential to check in on your clients and assist with the isolation that people may be feeling this season	
6. Review & approval of the meeting agenda for November 18, 2024	The agenda for November 18, 2024, was approved by consensus as presented.	

Agenda Item	Action	Follow-up
7. Review & approval of the meeting minutes for September 16, 2024	The September 16, 2024, minutes were approved by consensus as presented.	
8. Discuss 2024 Training Opportunities/Updates	Patty Lopez reviewed the 2024 training calendar and noted that the December meeting would be an end of the year would be an end-of-the-year celebration.	
a. Discussion on possible training for next year	<ul style="list-style-type: none"> ● HIV Planning Group and Ryan White Program ● A committee member mentioned asking your clients what types of meetings and discussions they want. 	
9. Old Business		
a. None		
10. New Business		
a. Presentation: Felipe Ruiz, <i>Harm Reduction Services Program</i>	<p>Felipe Ruiz and Lynn Carson presented on the Harm Reduction Services Program and discussed the following:</p> <ul style="list-style-type: none"> ● Who we are <ul style="list-style-type: none"> ○ Program staff and support ● San Diego County Overdose Death ● What is harm reduction <ul style="list-style-type: none"> ○ Benefits ● History of Syringe Service Programs (SSP) ● County of San Diego Harm Reduction Strategy <ul style="list-style-type: none"> ○ Cross-sectoral convening ○ Housing ○ Workforce ○ Healthcare integration and access ● Healthcare integration and access components <ul style="list-style-type: none"> ○ Naloxone distribution programs ○ Community readiness assessment ○ SSP implementation ● County of San Diego Program 	

Agenda Item	Action	Follow-up
	<ul style="list-style-type: none"> • Accomplishment to date 4/29-10/31 • Printed materials 	
<p>b. Presentations: Julie Hayden, Chief Executive Officer ECTLC/<i>Transitional Living Center</i></p>	<p>Julie Hayden presented on East County Transitional Living Center (ECTLC) Organization Overview:</p> <p>History: Established over 20 years ago, initially led by a pastor, now under Julie Hayden's leadership as a psychologist.</p> <p>Mission: Providing individualized, trauma-informed support for homeless individuals and families.</p> <p>Services and Populations Served:</p> <ul style="list-style-type: none"> • Predominantly homeless individuals: 65% from East County, others from across San Diego and other states. • Single adults and families with separate programs. <p>Capacity:</p> <ul style="list-style-type: none"> • Total Beds: 540 • Single Side: Full capacity with minimal open beds. • Family Side: 240 families on the waitlist. <p>Facilities:</p> <ul style="list-style-type: none"> • Single Side: Two large dorms (three for men, one for women). • Family Side: Individual units tailored for diverse family structures. <p>Program Approach:</p> <ul style="list-style-type: none"> • Transition from stabilization off-site for three months to residence at the main campus (a converted motel) • Emphasis on non-cookie-cutter, individualized approaches based on trauma-informed care. <p>Challenges:</p>	

Agenda Item	Action	Follow-up
	<ul style="list-style-type: none"> • Significant waitlists due to high demand and limited capacity. • Addressing diverse needs beyond basic shelter, including medical and behavioral health support. <p>Action Items:</p> <ul style="list-style-type: none"> • Enhance individualized support services. • Expand capacity and reduce waitlists. • Integrate more comprehensive care, including behavioral health services. 	
c. Review and approve the 2025 Meeting Flyer	The meeting flyer was reviewed.	
11. Reports		
a. Women and Youth Out of Care Group Discussion	None	
b. HIV Planning Group (HPG) Planning Group Support Staff	<p>HPG Support Staff provided updates on:</p> <ul style="list-style-type: none"> • Traux Award December 6th from 3-5 pm. • We are still recruiting for the HIV Planning Group, so please reach out to support staff if you/anyone you know is interested • CEG will be hosting a holiday party on December 11th, and the Southeastern Live Well Center 	
c. Ryan White Part D	<ul style="list-style-type: none"> • Routine HIV testing initiatives at UCSD and other medical centers. 	
d. Research	<ul style="list-style-type: none"> • Updates from the Antiviral Research Center (ABRC) and HIV Neurobehavioral Research Program (HNRP) on ongoing studies and trials 	
i. AIDS Clinical Trials Group (ACTG)/ Antiviral Research Center (AVRC)	None	

Agenda Item	Action	Follow-up
ii. HIV Neurobehavioral Research Program (HNRP)	<ul style="list-style-type: none"> ● One study on the relationship between inflammation and depression among people living with/without HIV ● HIV study comparison group ● HIV study for newly diagnosed (10 years) and on Anti-Retroviral Therapy ● Two cannabis & HIV studies. One with a control group 	
iii. Mother, Child & Adolescent Program (MCAP)	<ul style="list-style-type: none"> ● Starting a new study looking at the effectiveness of long-lasting injectables for individuals who are pregnant and living with HIV 	
iv. UC San Diego Moores Cancer Center	<ul style="list-style-type: none"> ● LGBTQ+ Needs Assessment Survey for Moores Cancer Center 	
13. Announcements		
14. Next Meeting Date: Monday, September 16, 2024	<p>Next CARE Partnership Meeting- Holiday and End of the Year Celebration Monday, December 9, 2024, at 11:00 AM In-Person Location: Southeastern Live Well Center 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room A), And via Zoom</p>	
15. Adjournment	Meeting adjourned at 12:53 pm.	

MEETING MINUTES

CARE PARTNERSHIP FOR WOMEN, CHILDREN, AND FAMILIES Monday, December 09, 2024 11:00 AM – 1:00 PM

Southeastern Live Well Center
5101 Market St, San Diego, CA 92114; (Tubman Chavez Room A and B)

Attendees In-Person: Johneisha Jones (Chair), Ana Ramos, Rosalia Vargas, Venice Price (Co-Chair), Maria Cardia, Reg Carroll, Marilyn Armenta (SYHC), Maria Vergara (Christies Place), Lesly Rodriguez (Christies Place), Tyra Flemming (HPG), Shannon Ransom (UCSD-MCAP), Cinnamen Kubricky (HPG), Maria Gardia, Patty Lopez (UCSD-MCAP), Roberto Gallardo (HNRP-CMCR)

Attendees Online: Tammelita Cotlon-Pineda (UCSD-MCAP), Marvin Hanashiro (UCSD ARVC), and Jen Lothridge (Christie's Place), Philip Preston,

HPG Support Staff: Katie Emmel, America Gonzalez, Ling Yang

Agenda Item	Action	Follow-up
1. Welcome and introductions	Johnisha Jones started the meeting at 11:10 AM, and the participants introduced themselves online.	
2. Comments from the Chair/ <ul style="list-style-type: none">Respectful Engagement	None Respectful engagement guidelines read by Johnisha Jones	
3. Moment of silence	A moment of silence was observed, remembering those who have passed and those living with or affected by HIV/AIDS and/or COVID-19.	
4. Review Mission Statement	The mission statement was read online by Tammelita Cotlon-Pineda	
5. Public comment/ Sharing our Concerns	A member recommended or made a comment that... <ul style="list-style-type: none">Utilities are rising.All clients need to renew their medical or Medicaid application.Section 8 is moving up inspection from March to January, so encourage all clients to get everything in order.Section 8 is increasing rent without notifying clients, so please pay attention.	

Agenda Item	Action	Follow-up
	<ul style="list-style-type: none"> • PARS programs need to increase their budget because people need housing. We need to monitor this PARS program is unfortunately underfunded and underspent with a very large waiting list. • CARE is working on gas reimbursement for consumers who attend the meeting next year. Please be patient. • The consumer attending the CARE meeting may have the option to choose an Amazon/Walmart gift card or gas reimbursement card. This is still under discussion. • We may need to seek funding for lawyers for the community, especially immigration, which will be highly impacted by what happens next year, 2025. 	
6. Review & approval of the meeting agenda for December 9, 2024	The agenda for December 09, 2024, was approved by consensus as presented.	
7. Review & approval of the meeting minutes for November 18, 2024	The minutes for November 18, 2024, were approved by consensus as presented.	
8. Discuss 2025 Training Opportunities/Updates		
a. Discussion on possible training for next year	<ul style="list-style-type: none"> • Immigration training is high on the list, and Patty Lopez will send a list of ideas for the following year. • The chair mentioned that this meeting is for the community, so please let them know if there is a topic you would like to present. 	
9. Old Business		
a. None		
10. New Business		
a. Presentation: <i>Karla F. Torres, MD, MSN-FNP, AAHIVS Community Medical Liaison</i>	<p>Karla F. Torres, MD, MSN-FNP, AAHIVS Community Medical Liaison, presented the following topics:</p> <ul style="list-style-type: none"> • The significance of World Aids Day and the reflection of the 	

Agenda Item	Action	Follow-up
	<p>past, present, and present HIV Epidemic.</p> <ul style="list-style-type: none"> • The evolution of medication (oral and injectables) and nutrition to assist clients in living longer. • HIV affects everyone, and it does not discriminate. However, there are still disparities between certain groups. • Continuation of prevention treatment for newly diagnosed and the aging group. • The outlook of HIV envisions in 5, 10, and 20 years. • The hope for a cure with different outlook (Function cure: gene therapy, immune modulation, Eradication: therapy to eliminate HIV from the body including reservoirs; Vaccine: Prevention and Therapeutic) • Educating the world and Stigma reduction. • Agents for change by getting involved through advocacy, strengthening the community, call to action on awareness days. <p>Public Committee are concerned with the following:</p> <ul style="list-style-type: none"> • Women and aging are falling behind, and need proper care. • The community needs to include the trans community instead of lumping them together. • We need more volunteers and advertisements for the research program—especially the youth demographic. 	
<p>b. Discussion: 2025 A Women’s Voice Conference</p>	<p>The New Women’s Conference will be on March 15, 2025, from 10 am – 4 pm at UCSD Park and Market. The theme is</p>	

Agenda Item	Action	Follow-up
	<p>Evolution of Women with HIV Reflecting on the Past Navigating the Present and Shaping the Future.” This conference is hybrid, and registration will open on January 6, 2025.</p>	
11. Reports		
<p>a. Women and Youth Out of Care Group Discussion</p>	<ul style="list-style-type: none"> • We need to continue to support our youth and not forget about this group. POZabilities is currently looking for youth support. • We need to provide more supportive public space for the male gay youth to grow and be supported. • Women have different statuses and impacts on life. They cannot always meet on regular office hours and require off hours to be supportive. We need space for support in case they feel isolated. Be an ally to any group even though you are not part of that group. Also, meet the young people where they are, especially on social media. • Research studies are so important, and women are underrepresented for a multitude of reasons. • Research needs more advertisement and compensation so more volunteers can participate. • We encourage participants to participate in the study. We want to learn better how diseases work in our bodies. We are open outside of office hours to participate. • Christie’s Place will open on Tuesday from 9 a.m. to 8 p.m. to access services. From 6 p.m. to 8 p.m., people are encouraged to bring someone to take an HIV test and receive support. • If more research volunteers are needed, they should be able to 	

Agenda Item	Action	Follow-up
	<p>schedule a time that is either online or out of the office.</p>	
<p>b. HIV Planning Group (HPG) Planning Group Support Staff</p>	<p>HPG SS and HPG Vice-Chair presented the following:</p> <ul style="list-style-type: none"> • Update on the Truax Awards and Ceremony event the previous week. • CEG is hosting a holiday celebration on December 11, 2025, in the same location. • HPG continues to need people to voice their opinions and participate, especially women and people of color. • HOPWA has an opening, and a member is more likely to get housing this way. 	
<p>c. Ryan White Part D</p>	<p>A committee member</p> <ul style="list-style-type: none"> • Requested a support group for aging women where everyone comes together regardless of identity. • Suggested for family days to that people can bring their spouses and children. • Mentioned it is important to have a space for youth. <p>The representative heard all the consumers' concerns and will bring them back to the organization to support future discussions.</p> <p>They have one-time funding for case management through the HPG budgeting allocation and are looking forward to supporting the community.</p> <p>Due to a huge influx of immigration, their staff is receiving cultural training to support this population. They are partnering with Global Village to provide training and interpretation services. They want to build trust within this community.</p>	
<p>d. Research</p>		

Agenda Item	Action	Follow-up
i. AIDS Clinical Trials Group (ACTG)/ Antiviral Research Center (AVRC)	<p>There are no new research studies. The organization acknowledges the consumers' concerns about their participation availability and will try to accommodate them. However, further discussion is needed due to the availability of the blood operating department.</p> <p>Contact to put on AVRC Newsletter signup: http://eepurl.com/ddjKwz</p>	
ii. HIV Neurobehavioral Research Program (HNRP)	<p>There is a cannabis study, and we would like to have more representation of women and people of color. Compensation and overall visibility have increased. One Saturday a month is dedicated to seeing participants who are unable to come during traditional work hours.</p> <p>Flyers are posted in the community but contact directly.</p>	
iii. Mother, Child & Adolescent Program (MCAP)	<p>Provided updates on the innovative study, and medication effectiveness in health.</p> <p>There is a research study on the Black women living with HIV. It's hosted by UCSD/SDSU LinkPositively.</p>	
iv. UC San Diego Moores Cancer Center		
13. Announcements		
14. Next Meeting Date:	<p>Monday, January 13, 2025, In-Person Location: Southeastern Live Well Center 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room A), And via Zoom</p>	
15. Adjournment	Meeting adjourned at 1:07 pm.	

INSIDE:

- Awareness
- Updates
- Strategic Plan
- Health Access for All
- Racial Equity
- Mental Health and Substance Use

This newsletter is organized to align with the six Social Determinants of Health found in the *Ending the Epidemics Integrated Statewide Strategic Plan*, addressing the syndemic of HIV, HCV, and STIs in California. More about the *Strategic Plan* is available on the [Office of AIDS \(OA\) website](#).

STAFF HIGHLIGHT

Please join us in congratulating **Lauren Granillo** on her promotion to Chief of the ADAP Evaluation & Monitoring Section. Lauren joined OA in 2021, working in the Surveillance, Research & Prevention (SuPER) Branch as the data manager for the California Medical Monitoring Project, then as a research scientist in the Care Evaluation and Monitoring section of the ADAP & CARE Evaluation & Informatics (ACEI) Branch.



Lauren

Lauren earned her master's degree in public health from UC Irvine and a PhD in Epidemiology from UC Davis. While completing her PhD, Lauren worked on a variety of research projects focused on environmental and developmental epidemiology. Prior to joining the OA family, Lauren worked with California Department of Developmental Services as a graduate student assistant and then as a research data analyst working on risk mitigation and adverse event prevention.

Outside of work, Lauren enjoys getting outdoors and volunteering, doing park clean-ups on the weekends, coaching Special Olympics with Team Davis, and walking along the Davis Arboretum!

Congratulations on your promotion Lauren!

COMMUNITY PARTNER SPOTLIGHT

➤ **TruEvolution**

On November 21st, **TruEvolution** hosted a site-visit of their **Project Legacy** for members of the California Planning Group (CPG), OA, and the Sexually Transmitted Diseases Control Branch (STDCB). TruEvolution, a non-profit serving the Inland Empire, has a mission to fight for health equity and racial justice to advance the quality of life and human dignity of LGBTQ+ people.

Project Legacy is a public/private partnership between the Housing Authority of the County of Riverside and TruEvolution. Funded in part by Project Homekey, Project Legacy provides 49 beds of transitional supportive housing, a fitness center, career center, and wrap around services, all available on one campus.

Gabriel Maldonado, TruEvolution CEO, and his team walked CPG members and OA/STDCB staff, including Dr. Marisa Ramos and Dr. Kathleen Jacobson, through a night tour of Project Legacy's grounds and gave the group an overview of the key aspects of developing and running housing programs serving LGBTQ+ people who have experienced homelessness.

"Housing First" is one of the six Social Determinants of Health that our *Ending the Epidemics Strategic Plan* is based on. This site-visit was an opportunity to see that in action. Thank you to TruEvolution, and to the residents of Project Legacy who welcomed us to your home!



HIV AWARENESS

On **World AIDS Day, December 1st**, CDPH remembered those who have died from AIDS-related illness and bring awareness about HIV/AIDS, an epidemic that continues to impact millions. We amplify our continued commitment to fighting against discrimination and stigma for those living with HIV. Through our work with community members and partners to include Peregrine Media and TakeMeHome, we promote HIV testing and prevention, education, and provide various resources to help End the HIV Epidemic. To learn more please see the following links:

- [Ending the Epidemics Integrated Statewide Strategic Plan](#)
- [Office of AIDS - HIV Prevention Branch](#)
- [Real Talk: Embracing Sexual Health & Empowerment](#)
- [TakeMeHome - Home Testing Program](#)

GENERAL UPDATES

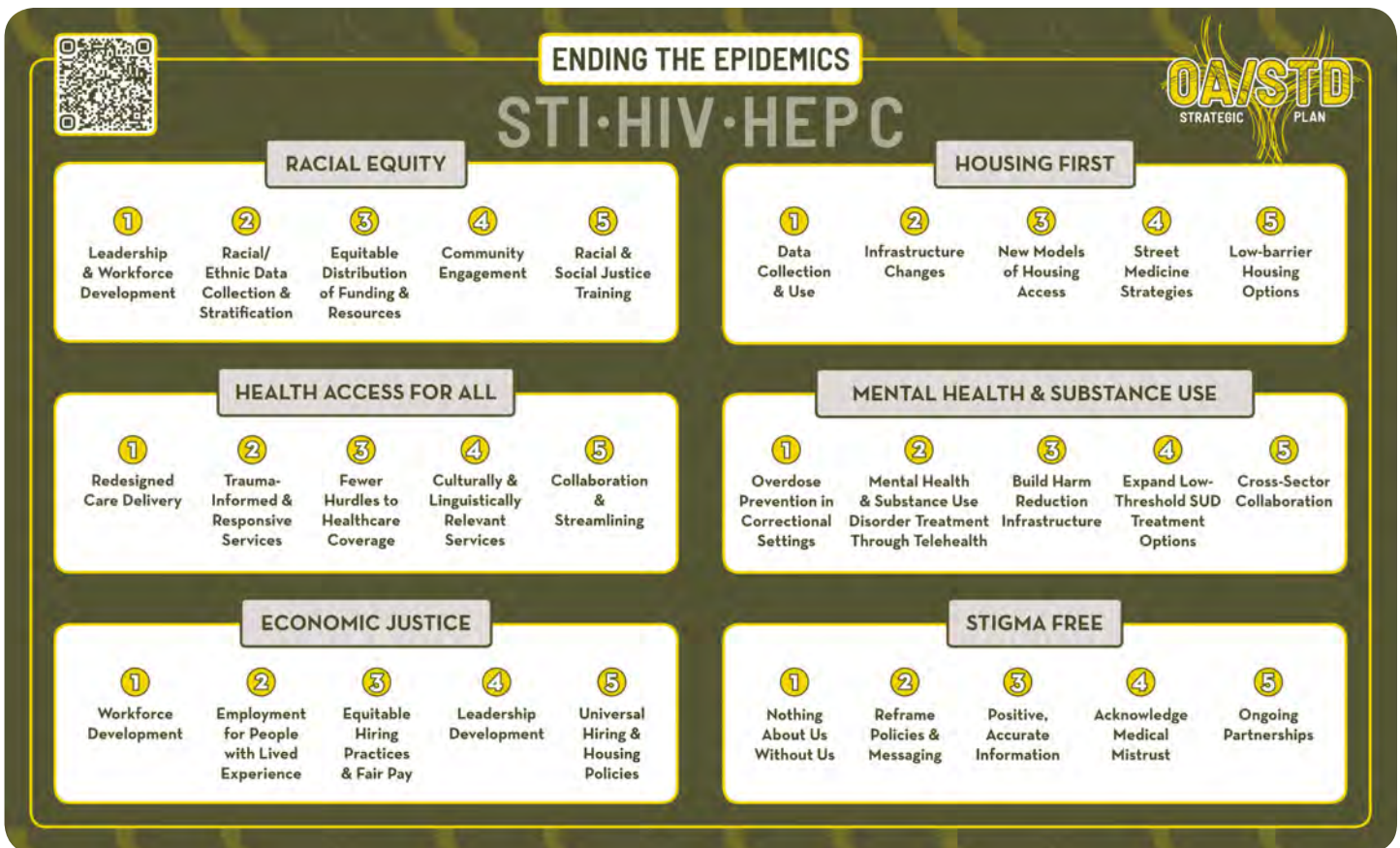
> Mpox

OA is committed to providing updated information related to mpox. 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](#) to stay informed.

Digital assets are available for LHJs and CBOs on DCDC's [Campaign Toolkits](#) website.

> HIV/STD/HCV Integration

We are re-initiating our integration discussions



and moving forward with the necessary steps to integrate our HIV, STI, and HCV programs into a single new Division. We will continue to keep you apprised on our journey!

visit [Facente Consulting's webpage](#).

ENDING THE EPIDEMICS STRATEGIC PLAN **OOA/STD**

The visual at the top of this page is a high-level summary of our *Strategic Plan* that organizes 30 Strategies across six Social Determinants of Health (SDoH).

OA and STD Control Branch would like you to continue to use and share the *Strategic Plan* and the *Implementation Blueprint*. These documents address HIV as a syndemic with HCV and other STIs, through a SDoH lens.

For technical assistance in implementing the *Strategic Plan*, California LHJs and CBOs can

HEALTH ACCESS FOR ALL

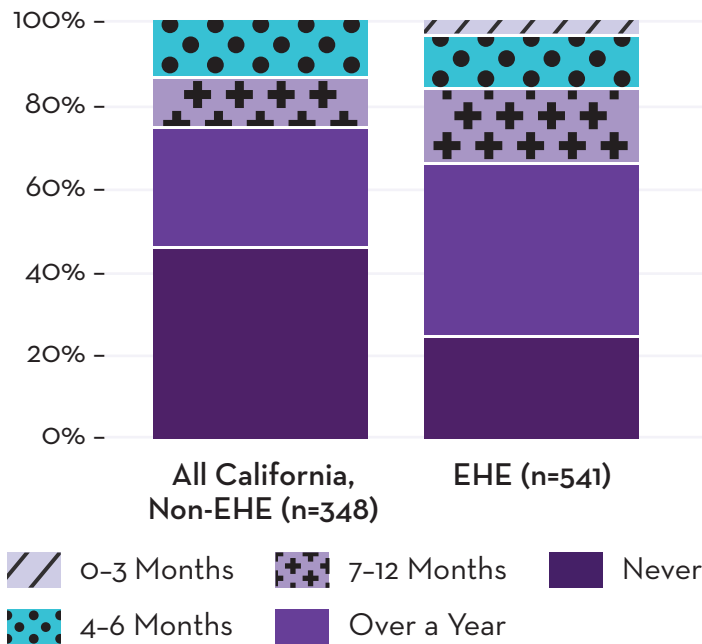
➤ Strategy 1: Redesigned Care Delivery

OA continues to implement its **Building Healthy Online Communities (BHOC)** self-testing program to allow for rapid OraQuick test orders in all jurisdictions in California. The program, **TakeMeHome**, is advertised on gay dating apps, where users see an ad for home testing and are offered a free HIV-home test kit.

In October, 348 individuals in 43 counties ordered self-test kits, with 281 (80.8%) individuals ordering 2 tests. Additionally, OA's existing TakeMeHome Program continues in the six California Consortium Phase I Ending the HIV Epidemic in America counties. Between the program's initiation in September 1, 2020,

and October 31, 2024, 14,046 tests have been 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 193 (65.7%) of the 541 total tests distributed in EHE counties. Of those ordering rapid tests, 254 (73.0%) ordered 2 tests.

HIV Test History Among Individuals Who Ordered TakeMeHome Kits, Oct. 2024



TAKEMEHOME



Since September 2020, 1,538 test kit recipients have completed the anonymous follow up survey from EHE counties; there have been 635 responses from the California expansion since January 2023.

Survey Highlights	EHE	All California, Non-EHE
Would recommend TakeMeHome to a friend	94.2%	94.4%
Identify as a man who has sex with other men	50.2%	53.3%
Reported having been diagnosed with an STI in the past year	8.3%	10.4%

Additional Key Characteristics	EHE	All California, Non-EHE
Of those sharing their gender, were cisgender men	57.3%	64.3%
Of those sharing their race or ethnicity, identify as Hispanic or Latinx	32.9%	43.0%
Were 17-29 years old	39.7%	47.4%
Of those sharing their number of sex partners, reported 3 or more in the past year	46.1%	48.0%

➤ Strategy 3: Fewer Hurdles to Healthcare Coverage

As of December 2, 2024, there are 278 PrEP-AP enrollment sites and 229 clinical provider sites that currently make up the [PrEP-AP Provider network](#).

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

As of December 2, 2024, the [number of ADAP clients enrolled in each respective ADAP Insurance Assistance Program](#) are shown in the chart at the top of page six.

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	379	11%	---	---	---	---	25	1%	404	12%
25 - 34	1,138	34%	---	---	---	---	168	5%	1,306	39%
35 - 44	754	23%	---	---	2	0%	133	4%	889	27%
45 - 64	404	12%	---	---	11	0%	102	3%	517	16%
65+	26	1%	---	---	181	5%	4	0%	211	6%
TOTAL	2,701	81%	0	0%	194	6%	432	13%	3,327	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	212	6%	3	0%	56	2%	16	0%	1	0%	70	2%	2	0%	44	1%	404	12%
25 - 34	725	22%	3	0%	129	4%	87	3%	7	0%	255	8%	12	0%	88	3%	1,306	39%
35 - 44	491	15%	4	0%	82	2%	50	2%	4	0%	195	6%	6	0%	57	2%	889	27%
45 - 64	267	8%	---	---	50	2%	19	1%	1	0%	139	4%	---	---	41	1%	517	16%
65+	20	1%	---	---	3	0%	5	0%	---	---	172	5%	---	---	11	0%	211	6%
TOTAL	1,715	52%	10	0%	320	10%	177	5%	13	0%	831	25%	20	1%	241	7%	3,327	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	51	2%	---	---	5	0%	9	0%	1	0%	12	0%	---	---	8	0%	86	3%
Male	1,550	47%	9	0%	294	9%	164	5%	12	0%	790	24%	19	1%	210	6%	3,048	92%
Trans	92	3%	---	---	14	0%	4	0%	---	---	14	0%	1	0%	6	0%	131	4%
Unknown	22	1%	1	0%	7	0%	---	---	---	---	15	0%	---	---	17	1%	62	2%
TOTAL	1,715	52%	10	0%	320	10%	177	5%	13	0%	831	25%	20	1%	241	7%	3,327	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: 11/30/2024 at 12:01:44 AM
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from October
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	551	- 0.54%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,366	- 0.70%
Medicare Premium Payment Program (MPPP)	2,148	- 2.54%
Total	8,025	- 1.68%

Source: ADAP Enrollment System

RACIAL EQUITY

➤ Strategy 4: Community Engagement



Fall 2024 In-Person Meeting Thank You

The 2024 Fall In-Person CPG Meeting was a great success! Thank you to all CPG members who provided feedback in the spring meeting survey that was used to plan this meeting. We want to extend a heartfelt thank you for attending the meeting and for ALL the time, dedication and work you have put into helping to cultivate and foster a positive and intentional planning body.

We appreciate your engagement, personal perspectives, insights, and help in creating a safe space for sharing and listening! If you were able to attend, we hope you found the meeting informative to our CPG and collective work. If you were unable to attend, we look forward to seeing you at the Spring in-person meeting. Huge thank you to all Steering Committee members who helped to plan the meeting, support the CPG members, and helped with setting up, running mics, cleaning up, and

so much more! Also, thank you to the OA Liaisons and STDCB Liaisons who continuously support CPG members throughout the monthly committee meetings leading up to and during this event.

Thank you to the CPG Host Committee for their stellar planning and facilitation and OA Director, Dr. Marisa Ramos, for taking time out of her busy schedule to attend and provide her candid open forum updates. Also, much appreciation to the OA and STDCB Management Teams for attending the meeting and supporting CPG members. We also want to express a huge thanks to Community Co-Chairs Yara Tapia and John Paul Soto for their ongoing work and support in helping to plan for this meeting!

And lastly, another huge thank you to Rachel Kallett and CSUS for taking care of all our travel and hotel logistics!

Fall 2024 In-Person Meeting Highlights

On **Day 1**, we hosted a two-part Leadership Academy focused on increasing the skills and capacity around self-care for CPG members. The first session was a training presentation on burnout and self-care facilitated by Sam Shapiro from Sam Shapiro Coaching. This presentation included an interactive talk bridging both individual and system-level solutions to the

challenges faced by our public health workforce as well as breakout discussions and activities to integrate the learning, foster dialogue and connection, and create actionable plans. This session was followed by an artistic self-care activity facilitated by Art Magic, where CPG members practiced self-care while creating resin ocean art on acacia boards.

Notably, CPG observed International Transgender Day of Remembrance and Resilience (TDOR), which is globally recognized on November 20 to honor those who lost their lives as a result of transphobia and anti-trans hatred. This day is meant to draw attention to the continued acts of violence endured by trans people and to remember trans community members lost, uplift them, and honor their memory and their lives. We recognized TDOR with a community altar in the meeting room. CPG members and staff brought pictures of trans people we are remembering and items to decorate the altar. We also wrote names, memories, and messages on notecards. We deeply appreciate all CPG members, staff, and guests for sharing and honoring the trans community in this space.

On **Day 2** we had presentations by Natalie Sanchez, Elia Silveyra, Veronica Nava, and Jen Lothridge on storytelling and the Confessions Podcast; Jena Adams and Dr. Kathleen Jacobson to the Women's Committee on doxycycline post-exposure prophylaxis (doxyPEP); and Yara Tapia and John Paul Soto, Community Co-Chairs, on CPG committee accomplishments.

On **Day 3**, we had a community-led presentation by A. K. Parker on a program overview of Rainbow Pride Youth Alliance. We also featured presentations by CPG members including updates on HIV and aging by Jax Kelly and the amazing harm reduction work at Face to Face by Lorie Violette.

Much appreciation to all presenters for sharing their time, effort, and expertise with CPG!

CPG Community Member Recruitment Announcement

Again, we wanted to announce that the CPG is looking for community members to join their committees. CPG is a statewide planning body that advises and partners with OA and STDCB to develop comprehensive plans and implement special projects to address community needs related to the HIV/STD/HCV syndemic. CPG has four committees and information about their transformative work is detailed below. If you are [interested in being a part of a committee](#), please email cpg@cdph.ca.gov for more information.

- **CPG Women's Committee:**

The Women's Committee's mission is to address disparities in women, especially women of color, related to harm reduction, HIV, HCV, and STDs through education, representation, and advocacy. In March 2024, the committee hosted a 3-part webinar series on HIV prevention and care among women in the Central Valley. This series included topics such as an overview of the HIV epidemiologic and healthcare landscape of the Central Valley, key prevention strategies, and how to create responsive and compassionate HIV care systems for women. It uplifted the stories of women with lived experience and created impactful change in around HIV prevention in the Central Valley.

The committee also uplifted the voices of women living with HIV by coordinating a presentation in recognition of National Women and Girls HIV/AIDS Awareness Day on March 10. The presentation included an overview of HIV and women in California and featured a presentation on the Dynamic Divas Program from Children's Hospital Oakland.

Currently, the Women's Committee is working on the creation of a client-focused and provider-focused infographic that highlights PrEP utilization among women. Additionally, their current advocacy efforts are focused on including cisgender women in doxyPEP guidance.

- **CPG Youth Committee:**

The Youth Committee’s mission is to address disparities in HIV/STD/HCV prevention and care for adolescents and young adults up to 29 years of age, especially those who are often overlooked and marginalized. They believe in education, representation, and most importantly, taking action! In 2024, the committee hosted a webinar in recognition of National Youth HIV/AIDS Awareness Day on April 10 featuring a training by Children’s Hospital Los Angeles to unpack adultism and how we can disrupt it through multigenerational partnerships.

Currently, they are planning to recruit young people into their committee with the goal of uplifting their voices and equipping them with the tools to make informed choices about their health.

- **CPG HIV & Aging Committee:**

The HIV & Aging Committee’s mission is to reduce disparities and improve health outcomes and quality of life for the aging community (aged 50 and more), those living with HIV, those who are HIV possible, and long-term survivors. In 2023, the committee published an infographic to education local health departments, service providers, and the community on the impact HIV has on people with HIV aged 50 or more ([HIV & Aging Infographic](#)). They also hosted a webinar in recognition of National HIV/AIDS and Aging Awareness Day on September 18 featuring a presentation about Medicare from the Health Insurance Counseling and Advocacy Program. Lastly, in 2024, they hosted another webinar about the CalFresh Program to learn more about resources that are important for the health of people aging with HIV and their families.

The committee is currently developing resource packets and capacity building presentations on various topics including insurance, housing, food, and care-giving.

- **CPG Drug User Health Committee:**

The Drug User Health Committee’s mission is to address health and racial disparities in people who use drugs, especially men who have sex with men related to HIV, HCV, STIs, and fatal overdose, as well as to inform and advise the CPG.

Currently, they are recruiting community members into their group to plan next steps and projects for the upcoming year.

For more information on CPG, please [visit our CPG webpage](#).

- **Strategy 5: Racial and Social Justice Training**

The CDC offers free capacity building assistance (CBA) through training, technical assistance, and other resources to reduce HIV infection and improve health outcomes for people with HIV in the United States. Its CBA Provider Network provides CBA on a vast variety of HIV preventions related topics, including enhancing cultural competency for a successful HIV program, cultural responsiveness and humility for people who inject drugs (PWID), diversity, equity, and inclusion, motivational interviewing, planning a condom distribution program, and so much more! To [submit a CBA request](#), please contact the Local Capacity Building and Program Development Unit at CBA@cdph.ca.gov.

MENTAL HEALTH & SUBSTANCE USE

- **Strategy 3: Build Harm Reduction Infrastructure**

RESOURCE: Harm Reduction Toolkit for Shelter Settings

During an emergency, people who use drugs are often at a higher risk of withdrawal and overdose

due to being displaced and away from their regular source of substances. While shelters are an invaluable resource during emergencies, they traditionally have not planned for serving people who use drugs. To help shelters prime themselves to handle situations surrounding drug use that may arise, Rize Massachusetts and Grayken Center for Addiction developed a harm reduction toolkit on shelter settings and substance use.

The toolkit summarizes harm reduction strategies that can be employed in shelter settings. Each practice is categorized as, already

established, partially established, inconsistently implemented, or aspirational practices to be implemented in the future. The toolkit also offers tips and tricks for shelters to help implement harm reduction policies.

[View the Shelter Settings Toolkit.](#)

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



HIV PLANNING GROUP
12-MONTH ATTENDANCE TRACKING
January 2024 - December 2024

(21) HPG Members	1	0	1	1	0	1	1	1	1	1	1	0	9
Total Meetings	24-Jan	28-Feb	27-Mar	24-Apr	22-May	26-Jun	24-Jul	7-Aug	25-Sep	23-Oct	21-Nov	18-Dec	TOTAL
Aguirre Mendoza, Marco, 10	*	NM	*	NM	NQ	*	*	*	1	1	*	NM	2
Davenport, Beth, 35	*	NM	*	NM	NQ	*	*	1	1	*	*	NM	2
Donovan, Michael, 32									*	1	*	NM	1
Fleming, Tyra, 3	*	NM		NM	NQ	*	*	*	*	1	*	NM	1
Garcia-Bigley, Felipe, 38	*	NM	*	NM	NQ	*	*	*	*	*	*	NM	0
Grelotti, David, 30	1	NM	*				*	1	*	*	*	NM	2
Ignalino, Jr., Benjamin, 39									*	*	*	NM	0
Jones, Lori, 26							JC	1	*	*	*	NM	1
Kubricky, Cinnamen, 4	JC	NM	*	NM	NQ	*	1	*	*	*	*	NM	1
Lochner, Mikie, 16	*	NM	*	NM	NQ	*	*	*	*	*	1	NM	1
Miles, Skyler, 32									*	*	*	NM	0
Nava, Veronica, 33				NM	NQ	*	*	*	*	*	1	NM	1
Paugh, Shannon, 37												NM	0
Price, Venice, 44	*	NM	*	NM	NQ	JC	*	1	*	1	1	NM	3
Rooney, Ivy, 43				NM	NQ	*	1	*	*	*	*	NM	1
Spector, Stephen, 31				NM	NQ	1	1	*	1	*	*	NM	3

HIV PLANNING GROUP
12-MONTH ATTENDANCE TRACKING
 January 2024 - December 2024

Total Meetings	24-Jan	28-Feb	27-Mar	24-Apr	22-May	26-Jun	24-Jul	7-Aug	25-Sep	23-Oct	21-Nov	18-Dec	TOTAL
Van Brocklin, Rhea, 18	*	NM	1	NM	NQ	1	*	*	*	*	*	NM	2
Weber, Jeffery, 41	*	NM	*	NM	NQ	*	1	*	1	*	1	NM	3
West, Abigail, 29	*	NM	*	NM	NQ	*	*	*	*	1	*	NM	1
Wimpie, Michael, 1	*	NM	*	NM	NQ	*	*	*	*	*	*	NM	0
Yancey, Adrienne, 22	*	NM	*	NM	NQ	*	*	*	1	*	*	NM	1

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

* = Present

1 = Absent for the month

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

JC = Just Cause

EC = Emergency Circumstance

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

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

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

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

ADDITIONAL REQUIREMENTS FOR A MEMBER PARTICIPATING REMOTELY:

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

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

AB 2449 Checklist

(Applicable January 1, 2023 to December 31, 2025)

Procedures for Public Participation

- Public must be able to remotely hear, visually observe, and address the legislative body either remotely or in person in real time
- Public must have the opportunity to participate via: 1) two-way audio or 2) a telephonic service with a webcasting service
- Public cannot be required to submit comments prior to the meeting

Procedures for Member to Teleconference from a Remote Location

- Member must participate through both audio and visual technology
- Member must disclose adults who are present in the room at the remote location with the member and the general nature of the relationship with those individuals
- Member must submit a general description of the need to teleconference to the legislative body at the earliest opportunity (do not disclose any medical diagnosis or disability)
- Member may teleconference for just cause. Just cause is limited to 2 meetings per calendar year (see "Limits per Member" below). Just cause is defined as:
 - Child care or caregiving need of a child, parent, grandparent, grandchild, sibling, spouse or domestic partner
 - Contagious illness that prevents member from attending in person
 - A need related to a physical or mental disability
 - Travel on official business of the legislative body or another state or local agency
- Member may teleconference due to emergency circumstances, which requires approval of the legislative body and which is defined as a physical or family medical emergency that prevents a member from participating in person
- Limits per Member: Just cause and emergency circumstances cannot be invoked collectively for more than: 1) two meetings if the legislative body has fewer than 10 meetings per calendar year, or 2) three consecutive months or 20 percent of regular meetings per calendar year if the legislative body has 10 or more meetings per year. Just cause cannot be invoked more than twice per calendar year.

Procedures for the Board/Commission/Committee/Group

- Include instructions on the agenda how the public can participate remotely
- A quorum of the members of the legislative body must participate in person at the noticed location that is open to the public
- A majority of the membership must approve a request by a member to teleconference due to emergency circumstances; include the request on the agenda if received in time
- All votes must be taken by roll call
- Meeting must be stopped and no action taken if the broadcast of the meeting or ability of the public to comment is disrupted

TELECONFERENCING RULES UNDER THE BROWN ACT

	Default Rule	Declared Emergency (AB 361)	Just Cause (AB 2449)	Emergency Circumstance (AB 2449)
In person participation	Required	Not Required	Required	Required
Member participation via teleconferencing	Audio or Audio-visual	Audio or Audio-visual	Audio-visual	Audio-visual
Required (minimum) opportunities for public participation	In-Person	Call-In or internet-based	Call-in or internet-based <u>and</u> in person	Call-in or internet-based <u>and</u> in person
Disruption of broadcast or public's ability to comment	Meeting can proceed	No further action taken	No further action taken	No further action taken
Reason must be approved by legislative body	No	Yes (Initial findings and renewed findings every 30 days)	No, but general description to be provided by legislative body	Yes and general description to be provided to legislative body
Votes must be taken by roll call	Yes	Yes	Yes	Yes
Member's remote location included on agenda	Yes	No	No	No
Declared emergency and health official's recommendations for social distancing	No	Yes	No	No
Annual limits	None	None	Twice per calendar year (limits for emergency circumstances also apply for collective number of times AB 2449 can be used per year)	3 consecutive months/ 20% of regular meetings per calendar year; or 2 meetings per calendar year if body meets less than 10 times per year (collectively with just cause)
Effective Dates 087	Ongoing	Expires 12/31/2023	Expires 12/31/2025	Expires 12/31/2025