

Tuesday, February 20, 2024, 11:00 AM – 1:00 PM Southeastern Live Well Center 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room C)

**The Charge of the Steering Committee:** The Steering Committee charge is to establish the agenda for meetings of the full Planning Group and to address matters of Planning Group governance.

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# Meeting Location & Directions:

<u>Steering Committee</u> Tuesday, February 20, 2024 11:00 AM - 1:00 PM

Southeastern Live Well Center 5101 Market St. San Diego, CA 92114 Tubman Chavez Room C



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:

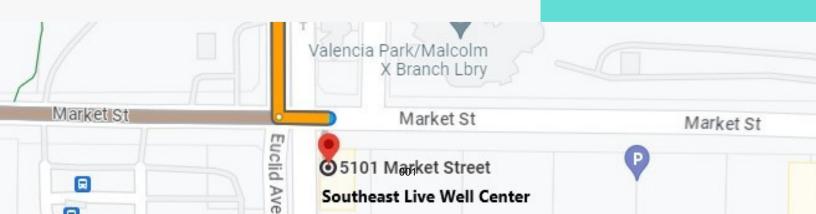
- 1. Head southeast on I-805 South.
- 2. Take exit 13A for CA-94-E/M L King Jr. Fwy.
- 3.Merge onto CA-94 E.
- 4. Take exit 4A for Euclid Ave.
- 5. Turn left onto Euclid Ave.
- 6.Use the left 2 lanes to turn left onto Market St.
- 7. The destination will be on your right.

# PUBLIC TRANSPORTATION

MTS Trolley: Orange Line

### MTS Bus Routes:

3, 4, 5, 13, 60, 916, 917 and 955





Tuesday, February 20, 2024, 11:00 AM – 1:00 PM Southeastern Live Well Center 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room C)

To participate remotely via Zoom:

https://us06web.zoom.us/j/87049271222?pwd=aubVrdoZMXP2ldgXBfwNMiDph8Aa8w.1

Call in: +1 (669) 444-9171

Meeting ID (access code): 870 4927 1222

Password: STEER

Language translation services are available upon request at least 96 hours prior to the meeting. Please contact HPG Support Staff via e-mail at <u>hpg.hhsa@sdcounty.ca.gov</u>.

A quorum for this meeting is three (3)

**Committee Members:** Bob Lewis | Mikie Lochner (Chair) | Shannon Ransom | Dr. Winston Tilghman | Rhea Van Brocklin (Vice-Chair)

#### MEETING AGENDA ORDER OF BUSINESS

- 1. Call to order, roll call, comments from the chair and a moment of silence
- 2. Public comment (for members of the public)
- 3. Sharing our concerns (for committee members)
- 4. ACTION: Approve the Steering Committee agenda for February 20, 2024
- 5. ACTION: Approve meeting minutes from January 16, 2024
- 6. ACTION: Approve the HIV Planning Group agenda for February 28, 2024
- 7. Committee reports and recommendations
- 8. Old Business
  - a. Needs Assessment Working Group updates
  - b. Discussion: CARE Partnership updates, support needs, 2024 meeting schedule
  - c. 2024 Workplan/training schedule and meeting calendar available in packet
- 9. <u>New Business</u>
  - Public comments/HPG member comments/Suggestions to the Steering Committee from previous HPG meeting(s)
  - b. Discussion: April 2024 HPG Retreat
  - c. **Discussion:** In-person interpreter expenses and equipment costs

- 10. Routine Business
  - a. ACTION (*Priority Setting and Resource Allocation Committee*): Re-allocations for FY 23 (current FY: March 1, 2023 February 29, 2024) or budget changes for FY 24 (March 1, 2024 February 28, 2025)
  - b. Discussion: Getting to Zero Community Engagement Project and next steps
  - c. Discussion: HPG Leadership transition process and mentorship training
  - d. Review: Committee attendance
- 11. HIV, STD, and Hepatitis Branch (HSHB) Report
- 12. HPG Support Staff Report
  - a. Administrative budget review
- 13. Future agenda items for consideration
- 14. Announcements
- 15.Next meeting date: Tuesday, March 19, 2024, 11:00 AM 1:00 PM Location: County Operations Center, 5530 Overland Ave, San Diego, CA 92123 (Training Room 124)
- 16. Adjournment



Tuesday, January 16, 2024, 11:00 AM – 1:00 PM Southeastern Live Well Center 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room A)

A quorum for this meeting is four (4).

Members Present: Bob Lewis | Mikie Lochner | Shannon Ransom | Dr. Winston Tilghman Members Joining Virtually: Rhea Van Brocklin (emergency circumstance) Members Absent: Allan Acevedo | Dr. Delores Jacobs

#### ORDER OF BUSINESS

Agenda Item	ı	Discussion/Action	Follow-Up
<ol> <li>Call to order, roll ca comments from the a moment of silence</li> </ol>	chair, and	Mikie Lochner called the meeting to order at 11:03 AM. He reminded the chairs to assist in finding replacement for members whose seats are terming out this year. Rhea Van Brocklin has been appointed as Chair of the Priority Setting and Resource Allocation Committee (PSRAC). Several forms will be sent out to all HIV Planning Group (HPG) members per the Clerk of the Board requirement and HPG policies and procedures. The forms will be sent electronically and will be available for acknowledgement and signature. <b>Motion:</b> Approve emergency circumstance for Rhea Van Brocklin to allow her to participate via Zoom. <b>Motion/Second/Count (M/S/C):</b> Lewis/Tilghman/ 3-0 <b>Abstentions:</b> Locher, Van Brocklin <b>Motion carries</b>	
2. Public comment (for of the public)	r members	A member of the public requested clarification on how many Emergency Circumstance absences can a member have and what happens if that number is exceeded. They also expressed concern about attendance and the number of absences for some members.	
3. Sharing our concern committee members	•	A member of the committee expressed concern about non-Ryan White housing. They noted they received unannounced contractors at 6:30 a.m. that they have a 6-month lease, and there is no communication with consumers regarding	

	STEERING COMMITTEE           Agenda Item         Discussion/Action         Follow-Up			
4	ACTION: Approve the	changes. He noted that another HPG member and a consumer brought the same issue forward at the Priority Setting and Resource Allocation Committee PSRAC meeting, and these issues are very stressful.		
4.	<b>ACTION:</b> Approve the Steering Committee agenda for January 16, 2024	Motion: Approve the Steering Committee agenda for January 16, 2024 as presented with the noted change: Agenda item 8b (HIV and Aging ad hoc Committee) will be removed. M/S/C: Lewis/Ransom/3-0 Abstentions: Lochner, Van Brocklin Motion carries		
	<b>ACTION</b> : Approve Steering Committee meeting minutes from November 21, 2023	Motion: Approve Steering Committee meeting minutes from November 21, 2023 as presented. M/S/C: Lewis/Tilghman/4-0 Abstentions: Lochner Motion carries	HPG Support Staff (HPG SS) will include the Open Seats document in Steering packet	
6.	<b>ACTION:</b> Approve the HIV Planning Group (HPG) agenda for January 24, 2024	Motion: Approve HPG meeting agenda for January 24, 2024 as presented with the noted change: Change the Action Item to approve the 2024 HPG/Committee calendar to a "Review". M/S/C: Lewis/Tilghman/4-0 Abstentions: Lochner Motion carries		
7.	Committee reports and recommendations	Mikie Lochner reminded the committee chairs to get reports to HPG SS by Friday, January 19, 2024.		
8.	Old Business			
	a. Needs Assessment Working Group – updates	Shannon Ransom provided an update on the working group that met three times, reviewed, and updated the Survey of HIV Impact questions. While the survey is long, it covers relevant areas. The working group feels strongly about the need to compensate but understands that there is no current ability to do so. The survey will be brought to the Community Engagement Group (CEG) and HPG and will be piloted. Mikie Lochner announced that the second working group will convene to develop a strategy to distribute the survey. It will also be	Shannon will work with HPG SS to reconvene after HPG to address feedback from multiple committees.	

Agenda Item	Discussion/Action	Follow-Up	
	<ul> <li>translated and distributed in English and Spanish as a printed copy document and will be available to complete online. There were several comments and recommendations regarding the survey: <ul> <li>There are several open-ended questions; recommended that options be considered for those questions as they could be burdensome.</li> <li>The survey is touching on a lot of areas and the working group can consider pulling out some questions to be asked in a separate survey.</li> <li>There was a recommendation for the working group to reconvene one more time after all feedback is received.</li> <li>Is there a budget for the survey and is there a possibility of offering an opportunity drawing for those who complete the survey.</li> <li>The survey is very long.</li> <li>Leverage savings of the FY23 budget to translate, print, and distribute the survey.</li> </ul> </li> <li>The working group took comparable data into account and feedback from consumers in the working group on having more space for the "other, please explain" option.</li> </ul>		
9. New Business			
a. Public comments/HPG member comments/Suggestions to the Steering Committee from previous HPG meeting(s)	The committee reviewed public comments from the November 29, 2023 meeting.		
b. Review process for public comment review/follow-up from committee meetings	The process for review of public comment at committees is to review them at subsequent meetings. If there is a specific concern or more urgent need, HPS SS will get the contact information of the person, write down the		

Agenda Item Discussion/Action Follow-U				
		concern, follow up in a timely manner, and inform the chair of the outcome.		
C.	Review HPG 2024 Workplan and training schedule	The committee reviewed the 2024 Workplan and training schedule and made a recommendation to remove items such as "preparation for site visit" as they are no applicable in 2024.	HPG SS to remove last year's items that are no longer relevant in 2024.	
d.	Discuss and plan the March 2024 HPG Retreat	<ul> <li>Public comment: A member of the public suggested having an HPG Orientation. HPG SS clarified that the orientation is being planned for April 2024.</li> <li>The committee discussed having a retreat and made the following recommendations/comments: <ul> <li>Have the retreat in March 2024 unless there are budget recommendations or reallocations.</li> <li>The FY 24 budget will likely be received in May 2024 and will need to be addressed at that time.</li> <li>There was a recommendation to consider having it in the fall as there may be several new HPG members due to so many members terming out.</li> <li>Continue to emphasize the importance of last year's anti-racism work and recommendations.</li> <li>Consider having a virtual option, an outdoor option, or waiting until later this year.</li> <li>There was a recommendation to have a leadership retreat.</li> <li>There was recommendation to have a retreat in April 2024, potentially coinciding with HPG Orientation.</li> </ul> </li> </ul>	HPG SS will keep the HPG Retreat on the February 2024 Steering Committee agenda. HPG SS to reach out to consultant for a training at the March HPG meeting.	

	Agenda Item	Discussion/Action	Follow-Up
		<ul> <li>Patrick Loose recommended training on HIV needs, especially for women with HIV for whom services are not designed.</li> </ul>	
	Discuss next steps for the Needs Assessment	<ul> <li>The committee discussed the importance of planning for the other two parts of the Needs Assessment Process, which are: <ul> <li>The Provider Survey</li> <li>Regional Community Meetings</li> </ul> </li> <li>PSRAC recommended that the provider survey and the regional community meetings occur in 2025 as the HPG support staff is currently short-staffed and occupied with other priorities. The committee recommended Shannon Ransom attend the Consumer Engagement Group (CEG) meeting on Wednesday, January 17, 2024 to discuss the draft Survey of HIV Impact and receive feedback.</li> <li>Clarification on the Provider Survey: <ul> <li>It uses a similar process to design, but It develops a roadmap to understanding what services are available that County can help fund as it informs on gaps in provider capacity and capability.</li> <li>The planning for the Provider Survey will begin in November 2024</li> </ul> </li> </ul>	HPG SS will update the HPG Work Plan with the Provider Survey planning.
f.	<b>CTION</b> ( <i>Priority Setting</i> <i>and Resource</i> <i>Allocation Committee</i> ): Approve the 2024 Needs Assessment Survey of HIV Impact.	<ul> <li>Public comment:</li> <li>A member of the public expressed concern about the survey being reviewed at the CEG meeting and recommended it be reviewed at the CARE Partnership instead.</li> <li>The committee recommended: <ul> <li>The HPG agenda be changed to not approve the Survey of HIV Impact, but to make HPG members aware of survey.</li> <li>Review the draft survey at CEG and HPG; pilot it at the same time, then reconvene the working group to consider all feedback.</li> </ul> </li> </ul>	Shannon Ransom will follow up with HPG Chair Mikie Lochner regarding the work group reconvening.
g.	<b>ACTION:</b> Review and approve 2024 meeting calendar	The committee reviewed the 2024 HPG and Committee meeting calendar and made the following recommendations: • CEG is scheduled on December 18, 2024 – change to a week before as the	HPG SS will follow up with Dr. Tilghman regarding

Agonda Ham	STEERING COMMITTEE	
Agenda Item	Discussion/Action	Follow-Up
	<ul> <li>HPG meeting will occur on December 18, 2024.</li> <li>The February 2024 meeting of Medical Standards and Evaluation Committee (MSEC) will need to be rescheduled. Dr. Tilghman will follow up with HPG SS.</li> <li>Motion: Approve the 2024 HPG and Committee Calendar with the above noted changes.</li> <li>M/S/C: Lewis/Ransom/4-0 Abstentions: Lochner Motion carries</li> </ul>	rescheduling the February 2024 MSEC meeting.
10. Routine Business		
a. <b>ACTION:</b> (Priority Setting and Resource Allocation Committee): Re-allocations for FY 23 or budget changes for FY 24	None	
b. Follow-up: Strategies and Standards Committee to create an anti-racism statement for the HPG and committees	Tabled	
c. Discussion: Getting to Zero (GTZ) Community Engagement Project and next steps	Prioritize for the February Steering Committee meeting. Committee chairs are asked to review the GTZ goals and objectives pertinent to their committee/group.	
d. Discussion: HPG Leadership transition process and mentorship training	Committee chairs are asked to continue working to identify a replacement. The committee discussed and clarified that even if the committee only meets four times per year, the chair of that committee is still required to attend all Steering Committee meetings.	
e. Review committee attendance		
11. HIV, STD, and Hepatitis Branch (HSHB) Report	<ul> <li>Patrick Loose provided the following updates:</li> <li>As of September 30, 2023 there is an anticipation of a need for \$425,000 in HIV Primary Care as the number of clients are increasing as people return to care.</li> </ul>	

	STEERING COMMITTEE	
Agenda Item	Discussion/Action	Follow-Up
	<ul> <li>As of November 30, 2023 71% of the Part A budget is expended with 75% of the year expended.</li> <li>Regarding the Part A award for FY 24, San Diego County will receive a partial award until the federal budget has been established.</li> <li>A member of the public stated RW providers were using 2019 fair housing market data and federal poverty level figures for PARS.</li> </ul>	
12. HPG Support Staff Report	Tabled	
13. Future agenda items for consideration	None	
14. Announcements	None	
15.Next meeting date	Date: Tuesday, February 20, 2024 Time: 11:00 AM – 1:00 PM Location: In-person and via Zoom Southeastern Live Well Center 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room C)	
16. Adjournment	Adjourned 1:04 PM.	

### SAN DIEGO HIV PLANNING GROUP (HPG)



Wednesday, February 28, 2024, 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 <u>hpg.hhsa@sdcounty.ca.gov</u>.

A quorum for this meeting is fourteen (14).

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

### ORDER OF BUSINESS

- 1. Call to order
- 2. Welcome, roll call, moment of silence
- 3. Matters from the Chair
- 4. <u>Public comment</u> (for members of the public) concerns/questions/suggestions for future topics
- 5. <u>HPG Member Open Forum</u> concerns/questions/suggestions for future topics
- 6. ACTION: Approve the HPG agenda for February 28, 2024
- 7. Member Recognition
- 8. Old Business:
  - a. Needs Assessment Working Group
    - i. Update
- 9. New Business:
  - a. **ACTION** *(Membership Committee)*: Approve Lori Jones' appointment to the HPG seat #26 for the first term
  - b. **ACTION** *(Membership Committee)*: Approve Dr. David Grelotti's reappointment to the HPG seat #30 for the second term
  - ACTION (*Priority Setting and Resource Allocation Committee*): Re-allocations for FY 23 (current FY: March 1, 2023 February 29, 2024) or budget changes for FY 24 (March 1, 2024 February 28, 2025)
  - d. Presentation: San Diego County Initiative to Eliminate Hepatitis C Andrea R. Tomada
  - e. ACTION (Steering Committee): Vice-Chair Elections
- 10. Routine Business:
  - a. **ACTION:** Approval of consent agenda for February 28, 2024 which includes:

### SAN DIEGO HIV PLANNING GROUP (HPG)

- i. Approval of HPG minutes from January 24, 2024.
- ii. Acceptance of the following committee minutes: Steering Committee (January 20, 2024); Membership Committee (December 13, 2023); Priority Setting and Resource Allocation Committee (none); Community Engagement Group (none)

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

- CARE Partnership (none)
- 11. HIV, STD, and Hepatitis Branch (HSHB) Report
- 12. HPG Support Staff Report
  - a. Administrative budget review
- 13. Committee Reports
  - a. HPG committees
  - b. State Office of AIDS (OA) and AIDS Drug Assistance Program (ADAP) Abigail West
  - c. Housing Committee Report Freddy Villafan
  - d. California HIV Planning Group (CHPG) Mikie Lochner
- 14. Announcements
- 15. Adjournment

Next Meeting Date: Wednesday, March 27, 2024, from 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.

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPG SUPPORT STAFF	RECIPIENT ACTIVITY
January	<ul> <li>Action Item: Review HPG meeting calendar and approve</li> <li>Review In-person meeting plan</li> <li>Open nominations for HPG Vice-Chair</li> <li>Provide input for California Integrated Plan Phase-2</li> <li>Training: 1. HPG Roles and responsibilities and Membership recruiting; 2. Parliamentary Procedures</li> </ul>	<ul> <li>Review HPG 2023 Work plan and training schedule</li> <li>Review and approve 2023 meeting calendar</li> <li>Discuss Steering Retreat and HPG Retreat and confirm dates</li> <li>Coordinate Data Requests to Recipient</li> <li>Coordinate Needs Assessment with PSRAC: Schedule for cycle components: 1. Survey, 2. Focus Group, 3. Provider Survey</li> </ul>	<ul> <li>Finalize HPG and Steering Committee 2023 Work Plan and training schedule</li> <li>Finalize 2023 HPG and Committees meeting calendar</li> <li>Confirm availability of meeting locations for HPG and Committee meetings, Feb. – March 2024</li> <li>Prepare Set up, Food, Gas card distribution</li> <li>Begin developing KF documents for PSRAC/HPG</li> <li>Work with HPG Chair to Plan Steering Retreat</li> <li>HPG Retreat Planned for April, 2024 at ; Confirm and work with Chair to plan draft agenda for HPG retreat; Reserve The Center or alternate venue</li> </ul>	<ul> <li>HSHB Report</li> <li>Budget Report</li> <li>Service Utilization Report</li> <li>Client Service Evaluation (Goldenrod) Report</li> <li>Response to Data Requests</li> <li>Assist HPG Support to set up food purchase on P-card</li> <li>Begin planning for Needs Assessment</li> </ul>

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPG SUPPORT STAFF	RECIPIENT ACTIVITY
			<ul> <li>Ensure Strategies, Steering and/or other appropriate Committees or Task Group are working on California Integrated Strategic Plan Phase-2 document</li> </ul>	
February	<ul> <li>Elect HPG Vice-Chair</li> <li>Discuss planning for Regional Community Meetings</li> <li>Members must complete Form 700, HPG COI Disclosure, Ethics Training</li> <li>Training (prior to Priority Ranking process): From County Counsel, General Conflict of Interest (COI) Training for HPG and Committee members</li> </ul>	<ul> <li>Discuss planning for Regional Community Meetings</li> <li>Review timing for updating of Service Standards</li> <li>Work with Recipients office re NOA and letter to BOS to accept funds</li> <li>Review Membership Recruitment Plan</li> <li>Confirm agenda for HPG Retreat (April, 2024 at ).</li> <li>Watch for any possible recommendation for changes to FY 24 allocation from PSRAC.</li> </ul>	<ul> <li>Watch for RW NOA FY23</li> <li>Continue developing KF documents for PSRAC/HPG</li> <li>Send out information re Form 700, HPG COI Disclosure Form, HPG Conduct agreement and continue to track Ethics Training; Code of Conduct, Confidentiality Form: Staff to Track</li> <li>Ask MSEC to consider when medical standards need to be updated</li> <li>Ask MSEC to consider when medical standards need to be updated</li> </ul>	<ul> <li>Regular reports (Expenditures, HSHB, utilization, Goldenrod)</li> <li>Provide training to providers so they can educate Consumers about changes to Temporary Housing assistance</li> <li>Communicate with HPG support staff re: NOA and requirements</li> <li>Start preparing Board letter to accept RW funds</li> <li>Begin Prep for Ryan White Service Report</li> </ul>

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPG SUPPORT STAFF	RECIPIENT ACTIVITY
			<ul> <li>health standards need to be updated</li> <li>Follow up with MSEC to see if there will be a report of results for chart review to Steering or full HPG (if so, add to the Work Plan)</li> <li>Next due in 2024 - "HHSA Advisory Board/Committee Biannual Review" form (ref County Policy A-74) every other year</li> </ul>	
March	<ul> <li>HPG Retreat (Date/time TBD Topic(s) TBD</li> <li>Reminder to members regarding Form 700, COI disclosure, and Ethics training</li> <li>Possible Training: Transgender community - From Support Staff and Recipient's Office – 1) Data available for RW planning; 2) Programs and resource available in the HIV</li> </ul>	<ul> <li>Update from MSEC on status of plan to update Outpatient Ambulatory Health Services (OAHS) service standards</li> <li>Update from MSEG on status of plan to update Oral Health Services service standards</li> <li>Review Policies and Procedures for HPG and committees</li> </ul>	<ul> <li>New Member Orientation</li> <li>Finalize and submit updated HPG Polices and Procedures to Steering for approval</li> <li>Continue developing KF documents for PSRAC</li> <li>Form 700 due by the end of March for all HPG members;</li> </ul>	<ul> <li>Regular reports (Expenditures, HSHB, utilization, Goldenrod)</li> <li>Submit Ryan White Service Report (RSR)</li> </ul>

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPG SUPPORT STAFF	RECIPIENT ACTIVITY
	community; 3) Ending the HIV Epidemic (EHE) update	based updated Bylaws (perhaps move to Jan. or earlier)	<ul> <li>HPG COI</li> <li>Disclosure Form,</li> <li>HPG Conduct</li> <li>agreement (for all</li> <li>HPG and committee</li> <li>members);</li> <li>Ethics training due</li> <li>for some HPG</li> <li>members</li> </ul>	
April	<ul> <li>Accept RW FY24 Funds; Approve letter to BOS to accept funds</li> <li>Modify allocations based on FY24 funding award, if needed</li> <li>Training: 1) From Aging and Independent Services; Assistance available for finding assisted living facilities and from Community Based Organization (CBO) regarding services available for aging PLWH and needs of long-term survivors</li> </ul>	Once revised Bylaws are approved, review and adopt Policy & Procedures for HPG and Committees	<ul> <li>Support Staff to work with HPG Chair and Vice Chair to review P&amp;P for agreement with new Bylaws</li> <li>Continue developing KF documents for PSRAC</li> <li>Start preparing logistics for extra and/or weekly PSRAC meetings in June and July</li> </ul>	<ul> <li>Regular reports (Expenditures, HSHB, utilization, Goldenrod)</li> <li>Review spending to determine if any recommendations for reallocation</li> <li>Ensure Epi Data and Unmet Need Data are available for PSRAC</li> </ul>
Мау	<ul> <li>Training: 1. From Recipient's Office; RW Parts C, D, and F and how they interact with Parts A &amp; B; 2. Women, Infants, Children, Youth, and</li> </ul>	<ul> <li>Review and consider Policies &amp; procedures</li> <li>Review plan for assessment of the</li> </ul>	• Convene past Truax recipients and start planning 2024 Truax Awards Ceremony	<ul> <li>Regular reports (Expenditures, HSHB, utilization, Goldenrods</li> </ul>

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPG SUPPORT STAFF	RECIPIENT ACTIVITY
	Families; 3. Substance Use Treatment and Resources	Administrative Mechanism Plan for Training outside regular HPG meeting time: Using Data for Decision Making (D. Jacobs)	<ul> <li>FY24 Reflectiveness and Rooster</li> <li>Service Priority assurance and endorsement letter</li> <li>Begin Assessment of the Administrative Mechanism</li> <li>Logistics for weekly HPG meetings in Aug</li> <li>Per County Policy A-74, HPGSS Manager shall prepare "HHSA Advisory Board/Committee Annual Review" form and submit it to the Office of Strategy and Innovation in May of each year</li> </ul>	<ul> <li>Review spending to determine if any recommendations for reallocation</li> <li>Recommendations for reallocations in FY 24</li> <li>HPG Service Priority assurance and endorsement letter</li> <li>FY24 Reflectiveness and Rooster</li> <li>Prepare for Assessment of the Administrative Mechanism</li> <li>Prepare to present to HPG on Border Health next month</li> <li>Ensure Continuum of Care/Viral Suppression Data is available for PSRAC</li> </ul>
June	Begin reviewing Key Finding documents from PSRAC	Make recommendation     to HPG for Core	Work with Recipient to determine if HPG	<ul> <li>Regular reports (Expenditures,</li> </ul>

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPG SUPPORT STAFF	RECIPIENT ACTIVITY
	<ul> <li>Consider recommendation for Core Medical Services Waiver</li> <li>Training: 1) Border Health (2023); 2) Biomedical prevention topic</li> </ul>	Medical Services Waiver (if requested by HSHB) • Review and approve template for August weekly HPG meetings	<ul> <li>recommendation for Core Medical Services Waiver will be requested</li> <li>Work with Chair to review MOU with Recipient</li> <li>Prepare Priority Ranking worksheets Prepare Funding allocation worksheets</li> <li>Prepare template of weekly HPG meetings in Aug (remove reports and other routine business and focus on priorities and allocations) in case Steering does not meet in July</li> </ul>	<ul> <li>HSHB, utilization, Goldenrod)</li> <li>Review spending to determine if any recommendations for reallocation</li> <li>Prepare for Core Medical Services Waiver</li> <li>Begin review of HPG MOU</li> <li>Prepare any guidance to support staff for new RW application</li> </ul>
July	<ul> <li>FY 24 Funding Reallocations (if needed)</li> <li>Vote on FY25 Service Priority Rankings</li> <li>Start voting on FY25 Funding Allocations</li> </ul>		<ul> <li>Begin working on RW Part A/MAI application</li> </ul>	<ul> <li>All Report</li> <li>Review for any recommendations for reallocations</li> <li>Renewal</li> </ul>
August	• FY 24 Funding Reallocations (if needed)	Consider authorization to request 5% increase	<ul> <li>Continue formal planning of Truax Awards</li> </ul>	<ul> <li>Regular reports (Expenditures,</li> </ul>

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPG SUPPORT STAFF	RECIPIENT ACTIVITY
	<ul> <li>Final FY25 Funding Allocations in Level and Reduction Funding Scenarios</li> </ul>	to RW Funding for FY25 (if needed)	<ul> <li>Preplanning for HPG Fall retreat with HPG Chair</li> </ul>	<ul> <li>HSHB, utilization, Goldenrod)</li> <li>Review expenditures for any recommendations for reallocations</li> </ul>
September	<ul> <li>FY 23 Funding Reallocations (if needed)</li> <li>Approve planned use of funds in carryover request</li> <li>Final Assessment of the Administrative Mechanism</li> <li>Members review RW Part A/MAI application</li> <li>(If needed, Action: Apply for 5% increase in RW Part A funds)</li> </ul>	• Plan HPG Fall retreat	<ul> <li>Announce Truax Award nominations</li> <li>Chairs signature on Waiver of Core medical, if needed</li> <li>Chair signature on Letter of Concurrence for Part A/MAI application Begin preparations for HPG Fall retreat</li> </ul>	<ul> <li>Regular reports (Expenditures, HSHB, utilization, Goldenrod)</li> <li>Review expenditures for any recommendations for reallocations</li> <li>Prepare waiver of Core medical</li> <li>Carryover Request</li> <li>Letter of concurrence for noncompeting RW application</li> </ul>
October	<ul> <li>FY 23 Funding Reallocations (if needed)</li> <li>HPG Fall retreat announcement (if there will be one)</li> </ul>	Consider Fall retreat	<ul> <li>Open Truax Award Nominations</li> <li>Truax Location, Planning, logistics</li> <li>New Member Orientation</li> </ul>	<ul> <li>Regular reports (Expenditures, HSHB, utilization, Goldenrod)</li> <li>Review for any recommendations for reallocations</li> </ul>

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPG SUPPORT STAFF	RECIPIENT ACTIVITY
	<ul> <li>Training: New HPG and Committee members COI P&amp;P and form</li> </ul>		<ul> <li>Continue to prepare for HPG retreat</li> <li>Start developing 2025 HPG Work Plan</li> <li>Ask HSHB for any end of year reallocation to try to have for Nov meeting</li> </ul>	
November	<ul> <li>FY 23 Funding Reallocations (if needed)</li> <li>HPG Fall Retreat OR Training: Biomedical Prevention topics</li> </ul>	<ul> <li>2024 Work Plan</li> <li>Consider canceling Nov HPG meeting if no pressing agenda items</li> </ul>	Chair's signature of carryover request, if needed	<ul> <li>Regular reports (Expenditures, HSHB, utilization, Goldenrod)</li> <li>Review expenditures for any recommendations for reallocations</li> </ul>
December	<ul> <li>FY 23 Funding Reallocations (if needed)</li> <li>Truax Awards</li> </ul>	<ul> <li>Consider canceling Dec HPG meeting if no pressing agenda items</li> </ul>	•	<ul> <li>Regular reports (Expenditures, HSHB, utilization, Goldenrod)</li> <li>Review expenditures for any recommendations for reallocations</li> </ul>

2	024 HIV PLAN				<b>SCHEDULE</b>		
HPG/Committee	Meeting Da	ay and Time		Exc	ception		
HIV Planning	4 <sup>th</sup> Wednes	sday/Month	*November and	d December me	etings one week	early due to	
Group (HPG)		– 5:00 PM	holidays.				
Strategies and	1 <sup>st</sup> Tu	esday	, , , , , , , , , , , , , , , , , , ,				
Standards		ner Month					
Committee		– 4:30 PM					
Medical Standards	2 <sup>nd</sup> Tuesda	ay, 4x Year					
and Evaluations		– 5:30 PM					
Committee (MSEC)	(Feb, May	, Sep, Nov)					
Membership		sday/Month					
Committee		– 1:00 PM					
Priority Setting							
and Resource 2 <sup>nd</sup> Thursday **Half-day meetings in June/July (& possibly August) until the F				gust) until the FY			
Allocation		ner Month			location process		
Committee		– 5:00 PM					
(PSRAC)							
	Ord T						
Steering Committee		lay/Month					
5 -	11:00 AM	– 1:00 PM					
Community							
Engagement Group	3rd Wednesday/Month*June meeting one week early due to3:00 PM - 5:00 PM*December meeting one week early due to						
(CEG)	3:00 PM -	– 5:00 PM	*December me	eting one week	early due to HPC	G scheduling.	
	1	2024 Monting	Schedule (Jar				
Meeting	January	February	March	April	May	June	
HPG	01/24/2024	02/28/2024		04/24/2024	05/22/2024	06/26/2024	
	01/24/2024			04/02/2024	03/22/2024	06/04/2024	
Strategies MSEC	-	02/06/2024		04/02/2024	05/14/2024	00/04/2024	
	01/17/2024			04/10/2024	05/08/2024	06/12/2024	
Membership		02/14/2024		04/10/2024			
PSRAC	01/11/2024	00/00/000/	03/14/2024	04/46/0004	05/09/2024	See Below	
Steering	01/16/2024	02/20/2024		04/16/2024	05/21/2024	06/18/2024	
CEG	01/17/2024	02/21/2024		04/17/2024	05/15/2024	06/12/2024*	
Meeting			Schedule (July		Neversher	Deersher	
Meeting	July	August	September	October	November	December	
HPG	07/24/2024	See Below**	09/25/2024	10/23/2024	11/21/2024*	12/18/2024*	
Strategies		08/06/2024	00/40/2020 (	10/01/2024	11/10/2021	12/03/2024	
MSEC		00/11/2000	09/10/2024		11/12/2024	10/11/2000	
Membership	07/10/2024	08/14/2024	09/11/2024	10/09/2024	11/13/2024	12/11/2024	
PSRAC	See Below		09/12/2024		11/14/2024		
Steering	07/16/2024	08/20/2024	09/17/2024	10/15/2024	11/19/2024	12/17/2024	
CEG	07/17/2024	08/21/2024	09/18/2024	10/16/2024	11/20/2024	12/11/2024*	
2(	24 PSRAC Me	etina Schedu	e for Budget Al	location Proce	ss (June – July)		
June		06/13/2024	06/27/2024		cally (		
JUIE							

Julie		00/13/2024	00/21/2024				
July		07/11/2024**	07/25/2024**				
2	2024 HPG Meeting schedule for Budget Allocation Process (August)						
August**	08/14/2024**	08/21/2024**	08/28/2024**				
August**08/07/2024**08/14/2024**08/21/2024**08/28/2024**CARE Partnership (The CARE Partnership Group is a community advisory board for the Part D Recipient)3rd Monday/Month 11:00 AM - 1:00 PM*January and February meetings one week early due to holidays.				early due to			
CARE Partnership	01/08/2024*	02/12/2024*	03/18/2024	04/15/2024	05/20/2024	06/17/2024	
	07/15/2024	08/19/2024	09/16/2024	10/21/2024	11/18/2024	12/16/2024	

# Public Comment/Sharing Concerns/Suggestions to the Steering Committee from the January 24, 2024 HPG meeting

Agenda Item	Comment	Steering Committee Response
Public Comment	<ul> <li>A member of the public expressed concern about not being able to access meeting materials on the HPG website.</li> <li>A member of the public applauded staff for having meetings in community spaces that are more accessible.</li> </ul>	
Sharing Concerns	<ul> <li>An HPG member expressed concern of trying to join the Membership Committee for over a year and would like an update.</li> <li>An HPG member expressed concern for unstable housing, especially for people who use wheelchairs to get around and for pet owners.</li> <li>An HPG member congratulated Townspeople and The LGBT Center on their collaboration with the County to add funds for emergency housing services. They also expressed concern about flooding on Euclid and issues with access.</li> </ul>	
Suggestions to the Steering Committee for consideration of future items	• None	

#### Datta Language Services

3723 Bonita Glen Terrace Bonita, CA 91902 US 619-209-7389 raysmith@dattausa.com

### Estimate



ADDRESS Carlos Diaz D'Leon Ogma Group Ogma Group Inc P.O.Box 434931 Ca San Ysidro, CA 92143-4931

ESTIMATE #	DATE	
1406	12/21/2023	

SHIP TO Carlos Diaz D'Leon Ogma Group Ogma

#### P.O. NUMBER

Sennhieser

### SALES REP

Ray Smith

DATE	ACTIVITY	QTY	RATE	AMOUNT
	<b>Sennhiesr</b> Sennheiser EW-DX 835-S Set Dual Handheld Microphone System - R1-9 Band	2	2,299.00	4,598.00T
	Audio:On Stage On-Stage SSP7000 Mini Speaker Stand Pack	1	74.95	74.95T
	Audio:Behringer Mixer Behringer Eurorack Pro RX1202FX Rackmount Mixer with Effects	1	199.00	199.00T
	Audio:Behringer Eurolive 8 inch Powered Speaker Behringer Eurolive B108D 300W 8 inch Powered Speaker	2	179.00	358.00T
	Audio:Gator GR-RACKBAG-4UW Lightweight Rolling Rack Bag Gator GR-RACKBAG-4UW Lightweight Rolling Rack Bag	1	299.99	299.99T
	Audio:2U Standard Rack Drawer Gator GRW-DRW2 2U Standard Rack Drawer	1	119.55	119.55T
	Audio:Power Strip Rack Gator GRW-PWRVERT-6 6-outlet Power Strip	1	115.48	115.48T
	<b>Audio:Foam for Rack Drawers - 2U</b> Gator Cubed Replacement Foam for Rack Drawers - 2U	1	52.79	52.79T
	Audio:Power Cable 25 ft	2	40.00	80.00T
	Audio:XLR Cable - 25 foot Pro Co EXM-25 Excellines Microphone Cable - 25 foot	2	38.99	77.98T

DATE	ACTIVITY	QTY	RATE	AMOUNT
	Services 30% Markup			1,792.72
		SUBTOTAL		7,768.46
		ТАХ		463.12
		TOTAL		\$8,231.58

Accepted By

Accepted Date

#### Datta Language Services

3723 Bonita Glen Terrace Bonita, CA 91902 US 619-209-7389 raysmith@dattausa.com

### Estimate



ADDRESS Carlos Diaz D'Leon Ogma Group Ogma Group Inc P.O.Box 434931 Ca San Ysidro, CA 92143-4931

ESTIMATE #	DATE	
1407	12/21/2023	

#### SHIP TO Carlos Diaz D'Leon Ogma Group Ogma

#### P.O. NUMBER

Sennhieser

### SALES REP

Ray Smith

DATE	ACTIVITY	QTY	RATE	AMOUNT
	Audio:Wireless Dual Handheld Microphone Shure SLXD24D/SM58 Digital Wireless Dual Handheld Microphone System - G58 Band	2	1,379.00	2,758.00T
	Audio:On Stage On-Stage SSP7000 Mini Speaker Stand Pack	1	74.95	74.95T
	Audio:Behringer Mixer Behringer Eurorack Pro RX1202FX Rackmount Mixer with Effects	1	199.00	199.00T
	Audio:Behringer Eurolive 8 inch Powered Speaker Behringer Eurolive B108D 300W 8 inch Powered Speaker	2	179.00	358.00T
	Audio:Gator GR-RACKBAG-4UW Lightweight Rolling Rack Bag Gator GR-RACKBAG-4UW Lightweight Rolling Rack Bag	1	299.99	299.99T
	Audio:2U Standard Rack Drawer Gator GRW-DRW2 2U Standard Rack Drawer	1	119.55	119.55T
	Audio:Power Strip Rack Gator GRW-PWRVERT-6 6-outlet Power Strip	1	115.48	115.48T
	Audio:Foam for Rack Drawers - 2U Gator Cubed Replacement Foam for Rack Drawers - 2U	1	52.79	52.79T
	Audio:Power Cable 25 ft For Speakers	2	40.00	80.00T
	Audio:XLR Cable - 25 foot Pro Co EXM-25 Excellines Microphone Cable -	2	38.99	77.98T

DATE	ACTIVITY	QTY	RATE	AMOUNT			
	25 foot						
	<b>Services</b> Markup 30%			1,336.80			
		SUBTOTAL		5,472.54 320.52			
		TAX					
		TOTAL		\$5,793.06			

Accepted By

Accepted Date

Consultant Memo: D. Jacobs, PhD HPG Steering Committee June 2023 1

#### DRAFT FOR STEERING COMMITTEE INPUT

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

#### Background

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

#### **Community Engagement Methodology**

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

#### **Participant Demographics & Descriptors**

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

#### **Consumer Recommendations Overview**

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

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

#### Brief Listing Consumer Recommendations & Committee Progress thru June 2023

#### **Recommendation 1:** Acknowledge and address medical system mistrust

#### REPRESENTATION

1a. Ensure progress toward a contracted HIV service-delivery workforce representative of those living with and at higher risk for HIV in San Diego County and ensure ongoing recruitment, support and retention of this representative workforce

PROGRESS: Completed. Cultural Humility and Competence Standards including instruction to service providers to "Recruit staff members with lived experience at all levels of the organization and provide appropriate supports to ensure their success."

1b. Acknowledge systemic racism, missteps, mistakes and harms of the past and ensure plans are created and implemented to ensure ongoing training to help to ensure this past is not repeated.

PROGRESS: Partially completed. Anti-racist Retreat conducted, now awaiting consultant recommendations for further training or dialogues.

1c. WORKFORCE TRAINING CULTURAL HUMILITY, TRAUMA INFORMED CARE

Provide access via links to enhanced, skill-based trainings to HIV service-delivery staff which improve the ability to consistently communicate cultural respect, knowledge, and humility, as well as the skills required for trauma-informed care.

Recommendation 2: Improve communications and outreach strategies for those living with and at higher risk for HIV who live, work or participate in historically-underserved, Low Information communities.

2a. Use multiple communications platforms and outreach strategies to better provide HIV services information to HIV community members and historically-underserved communities impacted in San Diego County, including the following HIV services information: What services are available? Where are services located? Who is eligible for services? What is the cost of services to the eligible community member? What is the contact information for scheduling or for more information? **This recommendation is intended to proactively provide the information to the community rather than placing the burden of information seeking solely on consumers.** 

PROGRESS: Partially completed and ongoing. Enhanced Communication Plan begun and continuing weekly via email and social media. Awaiting app completion and deployment. Awaiting completion of services App.

2b. Provide increased and readily available basic health information to low information, historically-underserved community members and communities, including: What is early disease detection and why is it important? Where is HIV, HCV, STD testing available? What is PrEP and who is eligible? Importance of early connection to HIV treatment and medication, What does an undetectable viral load mean for transmission of HIV? Information regarding mental health or substance use treatment (both out-patient and residential treatment).

PROGRESS: Completed and ongoing. Health messaging via social media begun and continuing X2 monthly.

**Recommendation 3:** Ensure that all HIV community members have opportunities for equitable access to tele-health appointments and to participation in public meetings, address the digital disparities present for those with lower-income who are also living with or at higher risk for HIV

3a. For low-income HIV consumers, and HPG members who have not been able to access County or City digital resource programs, provide opportunities to gain access to affordable or no-cost, broadband internet connectivity and the hardware necessary to participate in healthcare appointments and public meeting opportunities.

PROGRESS: Completed and ongoing. Addressed via standards to allow telehealth to continue (as appropriate) and to provide for access to internet and hardware to those who need it.

3b. For those HIV community members who have experienced digital disparities, provide information regarding virtual training opportunities to learn digital/virtual skills that can allow them to more easily participate in virtual meetings and resources.

**Recommendation 4:** Provide increased mental health and alcohol/substance use treatment opportunities for those living with or at higher risk for HIV. Additionally, more widely communicate information about these opportunities to HIV community members.

4a. **Coordinating** with the existing harm reduction task force, provide **guidance** to contracted HIV service providers designed to **increase the availability of harm reduction services** for substance misuse treatment.

PROGRESS: Completed and ongoing. Guidance provided

4b. Expand and augment the current syringe exchange program(s) in San Diego County to allow services to be provided for an increased number of community members (including HIV community members) and to include more opportunities for connection to additional needed services (i.e., wound care, MAT, Case management, vaccinations, etc.)

PROGRESS: Completed approval syringe exchange (BOS), 2 programs up in County and ongoing.

4c. **Coordinating** with County drug and alcohol services personnel, ensure the design and implementation of a **coordinated system** for rapid response for HIV community members who desire to enter substance use residential or out-patient treatment.

4d. In light of reported treatment disruptions which often occur for those without secure housing, design and deploy more rapid interventions for consumers, particularly when insecure housing and either substance misuse or mental health symptoms are co-occurring.

4e. Investigate the current opportunities for substance use treatment for methamphetamine and, if inadequate opportunities exist, expand those available.

4f. Continue to increase the opportunities for same-site location of medical providers, mental health providers and alcohol/substance use counselors for those living with or at higher risk for HIV.

4g. In collaboration with UCSD and AETC, provide links and resources for skill-based training for HIV service personnel regarding the stigmatizing behaviors faced by substance using HIV community members and ways to reduce those stigmatizing behaviors within the health care system itself.

**Recommendation 5:** More consistently provide rapid access to **basic support services**: housing, food, transportation, emergency financial assistance including shut-off & eviction prevention. Additionally, more widely communicate information about these opportunities and the processes to access them.

5a. Chief among those mentioned above and directly related to community members' ability to meaningfully participate consistently in health care is **Housing**.

PROGRESS: Partially completed and continuing. Emergency Housing resources increased and continuing to monitor. Continuing to monitor continuing to monitor. Continuing to monitor. Continuing to monitor. Continuing to monitor. Continuing

**Recommendation 6**: Continue to expand the opportunities to hire, support and utilize peer navigators, peer health educators, peer outreach specialists, benefits navigators, and housing specialists.

PROGRESS: Partially completed. Peer Navigation deployed, awaiting housing case management and benefits specialists.

Recommendation 7: Design, integrate, and deploy strategies to address the stigmas faced by HIV community members including: the multiple layers of stigma faced by those living with HIV who are also Black and Latino MSM; Transgender person;, Immigrants who may be under-documented or undocumented; those struggling with mental health symptoms or alcohol/substance use challenges or those without stable housing.

7a. Increase opportunities/programs for participation in Psychosocial Support Groups for those living with or at higher risk for HIV who may, as a function of family or community stigma, have fewer social supports.

PROGRESS: Partially completed. Provided funding for Psychosocial support groups category, but not yet deployed.

Recommendation 8: Increase the number of HIV service sites that have the capacity for whole person-whole health services including PrEP, mental health services, substance use treatment services, hormone treatment, case management, and housing resources. This should include the capacity for coordinated, integrated, same-day, appointments when requested.

4

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

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

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

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

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

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

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

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

#### **Additional Data**

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

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

#### **Overview HPG & Committee Progress 2022-23**

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

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

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

#### Strategies & Standards

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

#### **PSRAC**

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

#### **Membership**

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

#### **Communications Task Force**

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

#### 2022-23 Completed Tasks

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

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

Consultant Memo: D. Jacobs, PhD HPG Steering Committee June 2023

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

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

#### Items in active committee process

- 1. \*In process; Trauma-Informed Care components draft to be submitted in August Strategies Committee.
- 2. \*Strategies Strategies and Standards Committee to review models and resource requirements that would support drop-in services for primary care, mental health, and substance use treatment. In process currently with contract awarded. Services began March 01 2023. <u>Awaiting data</u> to evaluate resource requirements, particularly with regard to drop-in mental health, substance use treatments.
- 3. \*Strategies Strategies and Standards Committee to explore the feasibility and effectiveness of further expanding HIV testing into nontraditional testing sites. In process currently with RFP/Award. <u>Awaiting data</u> to evaluate resources and effectiveness.
- 4. \*Steering Completed and awaiting ongoing consultant recommendations.\_Participate in HPG retreat focused on GTZ Recomendation1: Acknowledge and Address Mistrust (JEDI Principles & Task Force)
- 5. \* Membership Discuss the feasibility and desirability of focusing recruitment efforts for service provider seats on frontline staff rather than supervisorial or managerial staff. Membership Committee discussing feasibility now.
- 6. **\*Community Engagement Committee Membership committee with Community Engagement Committee to develop Community Engagement Outreach Plan. in process for in-person out-reach plans.**
- 7. \*Communications Outline strategies for in-person and on-line outreach. Communications Task Force Currently working on continuing to identify on-line influencers and providers willing to help increase list for communications
- 8. \*Communications- Strategies to expand and create consistent culturally respectful communications into high mistrust, low information communities, including communications in Spanish. Communications Task Force has identified review process for accuracy and appropriateness for Spanish translation but requires further standardization.

#### Remaining Tasks Not yet addressed.

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

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

#### **Consultant Observations & Recommendations – HPG and HPG Committee Ongoing work**

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

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

#### Consultant Recommendations for 2023-2024 work

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

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

### HIV PLANNING GROUP 12-MONTH COMMITTEE TRACKING Feb 2023 - Jan 2024

STRATEGIES	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	#
Total meetings	1	0	1	0	0	0	1	0	1	0	0	0	4
Member													
Acevedo, Allan	1	NM	1	NM	NM	NM	*	NM	1	NM	NM	NM	3
Applebaum, Amy	*	NM	1	NM	NM	NM	*	NM	*	NM	NM	NM	1
Davenport, Dr. Beth	*	NM	1	NM	NM	NM	*	NM	*	NM	NM	NM	1
Franco, Lucia	*	NM	*	NM	NM	NM	*	NM	1	NM	NM	NM	1
Mora, Joseph	*	NM	*	NM	NM	NM	*	NM	1	NM	NM	NM	1
Mar-Tang, Moira	*	NM	*	NM	NM	NM	*	NM	*	NM	NM	NM	0
Price, Venice	1	NM	*	NM	NM	NM	1	NM	*	NM	NM	NM	2
Ransom, Shannon	*	NM	*	NM	NM	NM	*	NM	*	NM	NM	NM	0
Tilghman, Dr. Winston	*	NM	*	NM	NM	NM	*	NM	*	NM	NM	NM	0
Weber, Jeffery	*	NM	*	NM	NM	NM	*	NM	1	NM	NM	NM	1
Wimpie, Michael	*	NM	*	NM	NM	NM	*	NM	*	NM	NM	NM	0

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

\* = Present

**1** = Absent for the month

**1** = Absence when there are multiple meetings that month. Member needs to attend at least one (1) meeting for attendance to count for that month.

JC = Just Cause

**EC** = Emergency Circumstance

**NM** = No Meeting

### HIV PLANNING GROUP 12-MONTH COMMITTEE TRACKING Feb 2023 - Jan 2024

MEMBERSHIP	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	#
Total meetings	1	1	0	1	0	1	0	1	0	1	1	0	7
Member				_									
Lewis, Bob	*			*	NM	*	NM	*	NM	*	*	NM	0
Lochner, Mikie	*	*	NM	*	NM	*	NM	*	NM	1	*	NM	1
Underwood, Regina	*	*	NM	*	NM	*	NM	*	NM	*	*	NM	0
Rhea Van Brocklin	*	*	NM	1	NM	*	NM	JC	NM	*	*	NM	1

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\* = Present

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one (1) meeting for attendance to count for that month.

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### HIV PLANNING GROUP 12-MONTH COMMITTEE TRACKING Feb 2023 -Jan 2024

<b>PRIORITY SETTING &amp; RES</b>	PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE														
PSRAC	Feb	Mar	Apr	May	8-Jun	20-Jun	20-Jul	27-Jul	Aug	Sep	Oct	Nov	Dec	Jan	#
Total meetings	1	1	0	1	1	1	1	1	0	1	0	1	0	1	8
Member															
Jacobs, Dr. Delores <sup>C</sup>	*	*	NM	*	*	*	*	*	NM	*	NM	*	NM	*	0
Carroll, Reginald		*	NM	*	*	*	*	*	NM	1	NM	*	NM	1	2
Cortes, Alberto	1	JC	NM	*	*	1	1	1	NM	*	NM	*	NM	*	2
Davenport, Beth	*	*	NM	*	*	*	*	*	NM	1	NM	1	NM	*	2
Garcia-Bigley, Felipe	*	*	NM	1	*	*	*	*	NM	*	NM	1	NM	*	2
Highfill, Pam	*	JC	NM	*	*	*	*	*	NM	*	NM	*	NM	*	0
Kubricky, Cinnamen <sup>U</sup>	*	*	NM	1	*	*	*	*	NM	*	NM	1	NM	*	2
Mueller, Chris	*	1	NM	*	*	*	*	*	NM	1	NM	*	NM	*	2
Robles, Raul	1	JC	NM	*	*	*	*	*	NM	1	NM	*	NM	*	2
Quezada-Torres, Karla	*	JC	NM	*	*	1	*	*	NM	*	NM	*	NM	*	1
Underwood, Regina	*	*	NM	*	1	*	*	*	NM	*	NM	1	NM	*	2
Van Brocklin, Rhea	*	*	NM	1	*	*	*	*	NM	1	NM	1	NM	*	3
Villafan, Freddy	1	*	NM	*	*	*	*	*	NM	1	NM	1	NM	*	3

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

\* = Present

**1** = Absent for the month

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Member needs to attend at least one (1) meeting for

attendance to count for that month.

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### HIV PLANNING GROUP 12-MONTH COMMITTEE TRACKING Feb 2023 - Jan 2024

STEERING	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	#
Total Meetings	1	0	1	1	1	1	0	1	0	1	0	1	8
Community Engagement													
Group	1	NM	1	*	1	*	NM	*	NM	1	NM	1	5
Allan Acevedo													
	•		-										
Medical Standards	*	NM	*	*	*	*	NM	*	NM	*	NM	*	0
Dr. Tilghman													0
Membership	1			*	*	*	NM	*	NM	*	NM	*	1
Bob Lewis	1						INIVI						T
Priority Setting and													
Resource Allocation	*	NM	*	*	*	*	NM	*	NM	*	NM	1	1
Dr. Jacobs													
	-												
Strategies & Standards	*		*	*	*	*		1		*		*	4
Shannon Ransom	-1-	NM			-1-	4	NM	1	NM	4	NM	4.	1
	-			-					-		<u> </u>		
Chair- Mikie Lochner	*	NM	*	1	*	*	NM	*	NM	*	NM	*	1
Vice Chair -	*		*	*	*	*		*		*		*	•
Rhea Van Brocklin	т	NM	-	Ŧ	-6	-1	NM	-P	NM	-1	NM	-6	0

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

\* = Present

**1** = Absent for the month

1 = Absence when there are multiple meetings that month. Member needs to attend at least

one (1) meeting for attendance to count for that month.

JC = Just Cause

**EC** = Emergency Circumstance

### HIV PLANNING GROUP 12-MONTH COMMITTEE TRACKING Feb 2023 - Nov 2023

### Medical Standards & Evaluation Committee

MSEC	Feb	May	Sep	Nov	#
Total Meetings	1	1	1	1	4
Member					
Tilghman, Dr. Winston <sup>C</sup>	*	*	*	*	0
Aldous, Dr. Jeannette <sup>N CC</sup>	*	*	*	*	0
Bamford, Dr. Laura	*	*	*	*	0
Grelotti, Dr. David	*	*	*	*	0
Hernandez, Yessica	*	*	*	*	0
Lewis, Robert	1	1	JC	*	2
Lochner, Mikie	*	*	*	1	1
Ransom, Shannon	*	*	1		
Spector, Dr. Stephen	1	1	*	*	2
Stangl, Lisa <sup>N</sup>	*	1	*	*	1
Quezada-Torres, Karla	*	*	1	*	1

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

- \* = Present
- **1** = Absent for the month

**1** = Absence when there are multiple meetings that month.

Member needs to attend at least one (1) meeting for attendance to count for that month.

JC = Just Cause

**EC** = Emergency Circumstance

### HIV PLANNING GROUP 12-MONTH COMMITTEE TRACKING Feb 2023 - Jan 2024

Community Engagement Group	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	#
Total Meetings	1	1	1	1	1	1	1	1	1	1	1	1	12
Member													
Acevedo, Allan	*	*	*	*	*	*	*	*	1	1	1	1	4
De Jesus, Alfredo	*	*	1	*	1	*	1	1	1	1	1		
Donovan, Michael	*	JC	*	*	*	*	*	*	*	*	*	*	0
Fleming, Tyra		*	*	JC	*	*	*	JC	*	*	*	*	0
Lochner, Mikie	1	*	*	1	*	*	*	*	*	*	*	*	2
Lothridge, Jen		*	*	*	*	*	*	*	*	*	*	*	0

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

\* = Present

**1** = Absent for the month

**1** = Absence when there are multiple meetings that month. Member needs to attend at

least one (1) meeting for attendance to count for that month.

JC = Just Cause

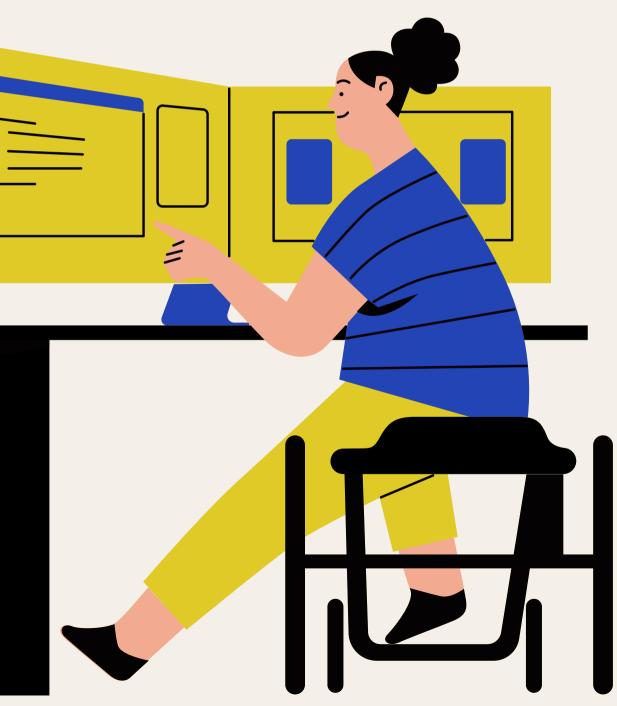
**EC** = Emergency Circumstance

# Ryan White Utilization Report <u>Summary of</u> **Services for FY 23**

(March 1, 2023 - February 29, 2024)

HIV, STD and Hepatitis Branch





### February 2024 – HIV Planning Group Committee Meetings

	Meeting	Date	Time	Location
1	Strategies & Standards	Rescheduled	3:00 PM –	Southeastern Live Well Center
	Committee	for March 5 <sup>th</sup>	4:30 PM	5101 Market St., San Diego, CA 92114 (Tubman Chavez Room C
2	Membership Committee	Wednesday,	11:00 AM –	Southeastern Live Well Center
		February 14, 2024	1:00 AM	510 <mark>1 Market St., San Diego, CA 92</mark> 114 (Tubman Chavez Room <mark>A</mark> )
3	Steering Committee	Tuesday,	11:00 AM –	Southeastern Live Well Center
	0	February 20, 2024	1:00 PM	5101 Market St., San Diego, CA 92114 (Tubman Chavez Room <mark>C</mark> )
4	Community	Wednesday,	3:00 PM -	Southeastern Live Well Center
	Engagement Group (CEG)	February 21, 2024	5:00 PM	510 <mark>1 Market St., San Diego, CA 92</mark> 114 (Tubman Chavez Room <mark>C</mark> )
5	Medical Standards &	Tuesday,	4:00 PM -	Southeastern Live Well Center
	Evaluation Committee (MSEC)	February 27, 2024	5:30 PM	510 <mark>1 Market St., San Diego, CA 92</mark> 114 (Tubman Chavez Room <mark>A</mark> )
6	HIV Planning Group	Wednesday,	3:00 PM –	Southeastern Live Well Center
	(HPG)	February 28, 2024	5:00 PM	5101 Market St., San Diego, CA 92114 (Tubman Chavez Room <mark>A</mark> )

**Reminder:** PSRAC and Strategies & Standards Committee switched to every other month, effective April 2023 (except for the Budget Allocation Process from June – July). These committees will alternate.

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

### March 2024 – HIV Planning Group Committee Meetings

	Meeting	Date	Time	Location
1	Strategies and Standards Committee	Wednesday, March 5, 2024	11:00 AM – 1:00 PM	Southeastern Live Well Center 5101 Market St., San Diego, CA 92114 (Tubman Chavez Room <mark>C</mark> )
2	Membership Committee	Wednesday, March 13, 2024	11:00 AM – 1:00 PM	County Operations Center (COC) 5530 Overland Ave. San Diego, CA 92123 Training Room <mark>124</mark>
3	Priority Setting & Resource Allocation Committee	Thursday, March 14, 2024	3:00 PM – 5:00 PM	County Operations Center (COC) 5570 Overland Ave. San Diego, CA 92123 Training Room 1047
4	CARE Partnership Group	Thursday, Marc h 18, 2024	11:00 AM – 1:00 PM	Southeastern Live Well Center 5101 Market St., San Diego, CA 92114 (Tubman Chavez Room <mark>C</mark> )
5	Steering Committee	Tuesday, March 19, 2024	11:00 AM – 1:00 PM	County Operations Center (COC) 5530 Overland Ave. San Diego, CA 92123 Training Room <mark>124</mark>
6	Community Engagement Group (CEG)	Wednesday, March 20, 2024	3:00 PM – 5:00 PM	<mark>Southeastern Live Well Center</mark> 5101 Market St., San Diego, CA 92114 (Tubman Chavez Room <mark>A</mark> )
7	HIV Planning Group (HPG)	Wednesday, March 27, 2024	3:00 PM – 5:00 PM	<mark>Southeastern Live Well Center</mark> 5101 Market St., San Diego, CA 92114 (Tubman Chavez Room <mark>A</mark> )

**Reminder:** *PSRAC and Strategies & Standards Committee switched to every other month, effective April 2023 (except for the Budget Allocation Process from June – July). These committees will alternate.* 

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

### April 2024 – HIV Planning Group Committee Meetings

	Meeting	Date	Time	Location
1	Strategies and Standards Committee	Wednesday, April 2, 2024	11:00 AM – 1:00 AM	Southeastern Live Well Center 5101 Market St., San Diego, CA 92114 (Tubman Chavez Room <mark>A</mark> )
	Membership Committee	Wednesday, April 10, 2024	11:00 AM – 1:00 AM	County Operations Center (COC) 5570 Overland Ave. San Diego, CA 92123 Training Room 1047
2	CARE Partnership Group	Thursday, April 15, 2024	11:00 AM – 1:00 AM	Virtual County Operations Center (COC) 5570 Overland Ave. San Diego, CA 92123 Training Room 1047
3	Steering Committee	Tuesday, April 16, 2024	11:00 AM – 1:00 PM	Southeastern Live Well Center 5101 Market St., San Diego, CA 92114 (Tubman Chavez Room <mark>A</mark> )
4	Community Engagement Group (CEG)	Wednesday, April 17, 2024	3:00 PM – 5:00 PM	County Operations Center (COC) 5570 Overland Ave. San Diego, CA 92123 Training Room 1047
5	HIV Planning Group (HPG)	Wednesday, April 24, 2024	3:00 PM – 5:00 PM	Southeastern Live Well Center 5101 Market St., San Diego, CA 92114 (Tubman Chavez Room <mark>A</mark> )

**Reminder:** PSRAC and Strategies & Standards Committee switched to every other month, effective April 2023 (except for the Budget Allocation Process from June – July). These committees will alternate.

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

# SAN DIEGO HIV PLANNING GROUP



# Orientation

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

### The orientation will cover:

- An overview of the Ryan White Program
- The purpose and procedures of the HIV Planning Group
- The roles and duties of HIV Planning Group members
- An overview of budget reports





Thursday, April 18, 2024 2:00 PM - 4:00 PM

### **Register at:**

https://shorturl.at/kqU49



To request Spanish interpretation services, please let HPG Support know at least **96 hours** in advance at: **HPG.HHSA@sdcounty.ca.gov** 



### 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
Just Cause	<ul> <li>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</li> <li>A contagious illness prevents the member from attending the meeting in</li> <li>There is a need related to a defined physical or mental disability that is not otherwise accommodated for</li> <li>Traveling while on official business of the legislative body or another state or local agency</li> </ul>	A member is limited to <b>two (2)</b> virtual attendances based on "just cause" per calendar year
Emergency Circumstances	"A physical or family medical emergency that prevents a member from attending the meeting in person." A member is not required to disclose any medical diagnosis or disability, or any personal medical information that is already exempt from existing law.	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. 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*.

\*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 <u>emergency circumstances</u>, 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
- □ <u>Limits per Member</u>: 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 <u>emergency circumstances</u>; 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	Νο	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	Νο
Declared emergency and health official's recommendations for social distancing	Νο	Yes	Νο	Νο
Annual limits	None	None	Twice per calendar year (limits for emergency circumstances also apply for collective number of times AB 2449 can be used per year)	3 consecutive months/ 20% of regular meetings per calendar year; or 2 meetings per calendar year if body meets less than 10 times per year (collectively with just cause)
Effective Dates	Ongoing	Expires 12/31/2023	Expires 12/31/2025	Expires 12/31/2025