

STEERING COMMITTEE



*Tuesday, March 19, 2024, 11:00 AM – 1:00 PM
County Operations Center
5530 Overland Ave, San Diego, CA 92123
(Training Room 124)*

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:

Steering Committee

Tuesday, March 19, 2024
11:00 AM - 1:00 PM

County Operations Center
5530 Overland Ave.
San Diego, CA 92123
(Training Room 124)



FROM I-163 SOUTH:

1. Take I-163 North to Exit 8 for Kearny Villa Road.
2. Keep right, follow signs for Kearny Villa Road.
3. Turn right onto Chesapeake Dr.
4. County Operations Center will be on your right.

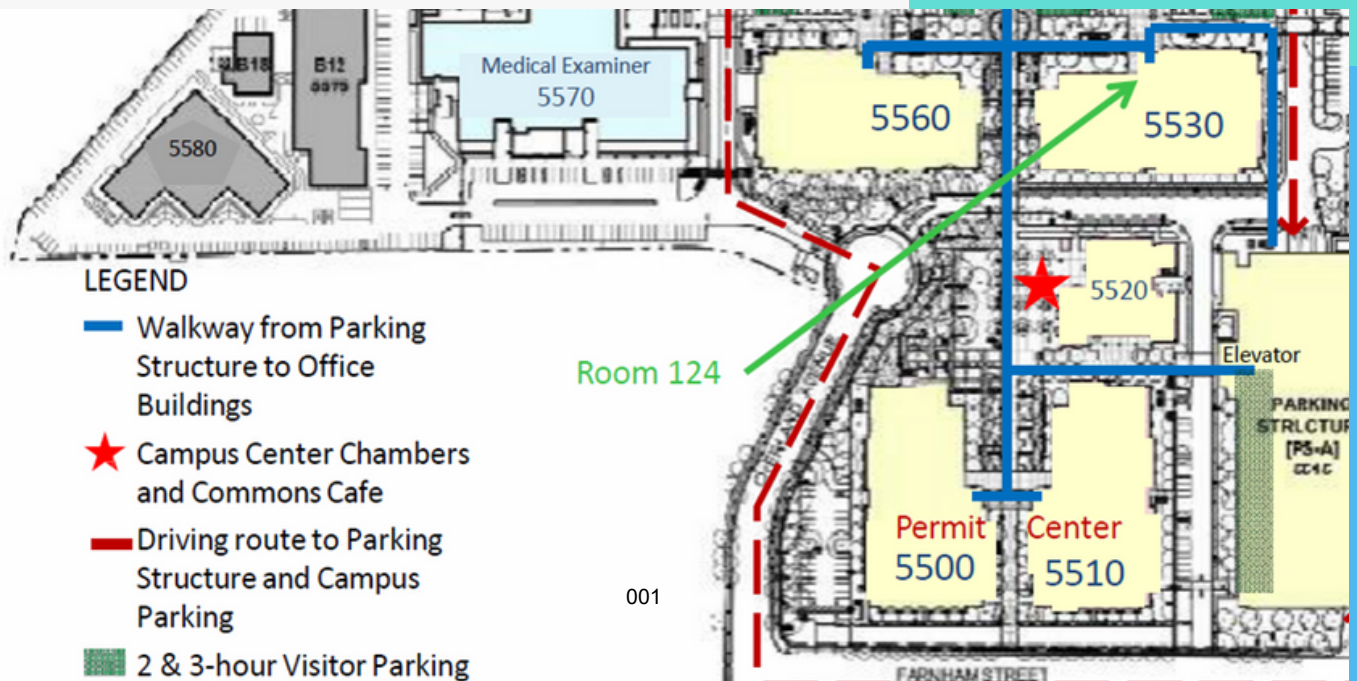
FROM I-15 SOUTH:

1. Take I-15 North to Exit 10 for Clairemont Mesa Blvd.
2. Turn left onto Clairemont Mesa Blvd.
3. Turn right onto Overland Ave.
4. Continue straight to stay on Overland Ave.

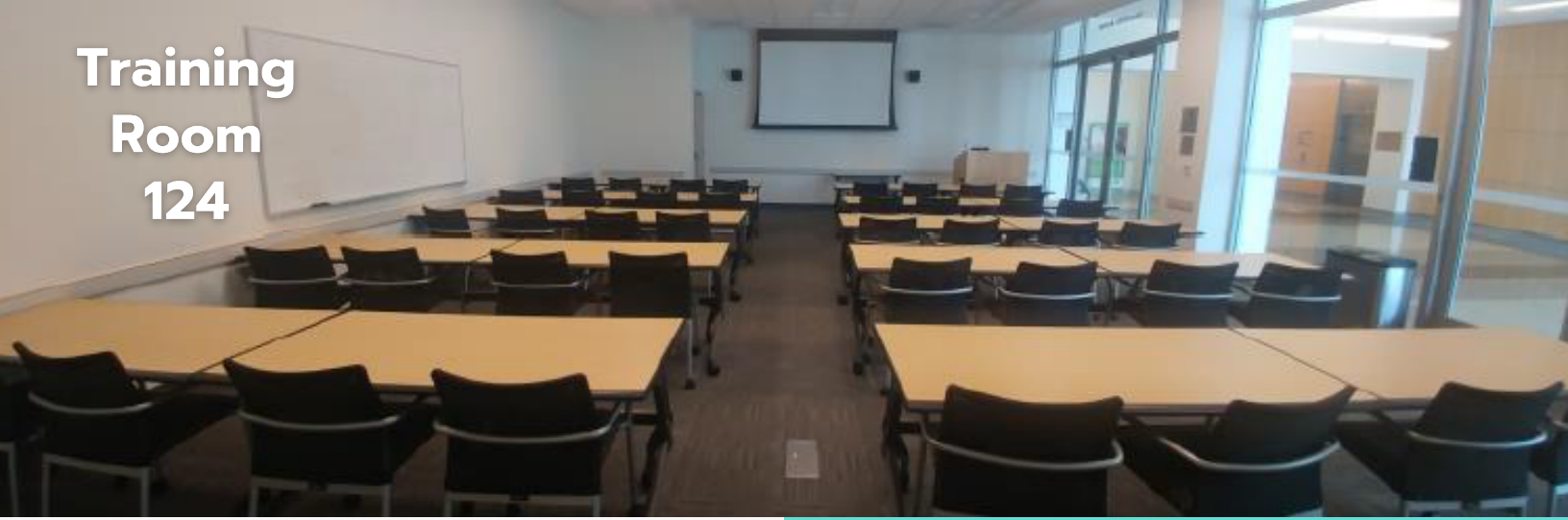


**PUBLIC
TRANSPORTATION**

MTS Bus Routes:
25, 235, 928



Training Room 124



FROM TROLLEY & BUS:

1. Take the Blue Trolley Line to the Balboa Avenue Transit Center.
2. Walk to Balboa Ave & Moraga Ave bus stop (about 7-minute walk, 0.3 miles).
3. Take Route 27 bus from Balboa Ave & Moraga Ave to Complex Dr & Clairemont Mesa Blvd.
4. Head north on Complex Dr.
5. Cross the street and turn right on Clairemont Mesa Blvd (after U.S. Bank Branch on the right).
6. Cross the street and turn left onto Overland Ave. and head north.
7. Enter east through County Operations Center entrance/black gate. **Building 5530** will be on your left.

FROM BUS:

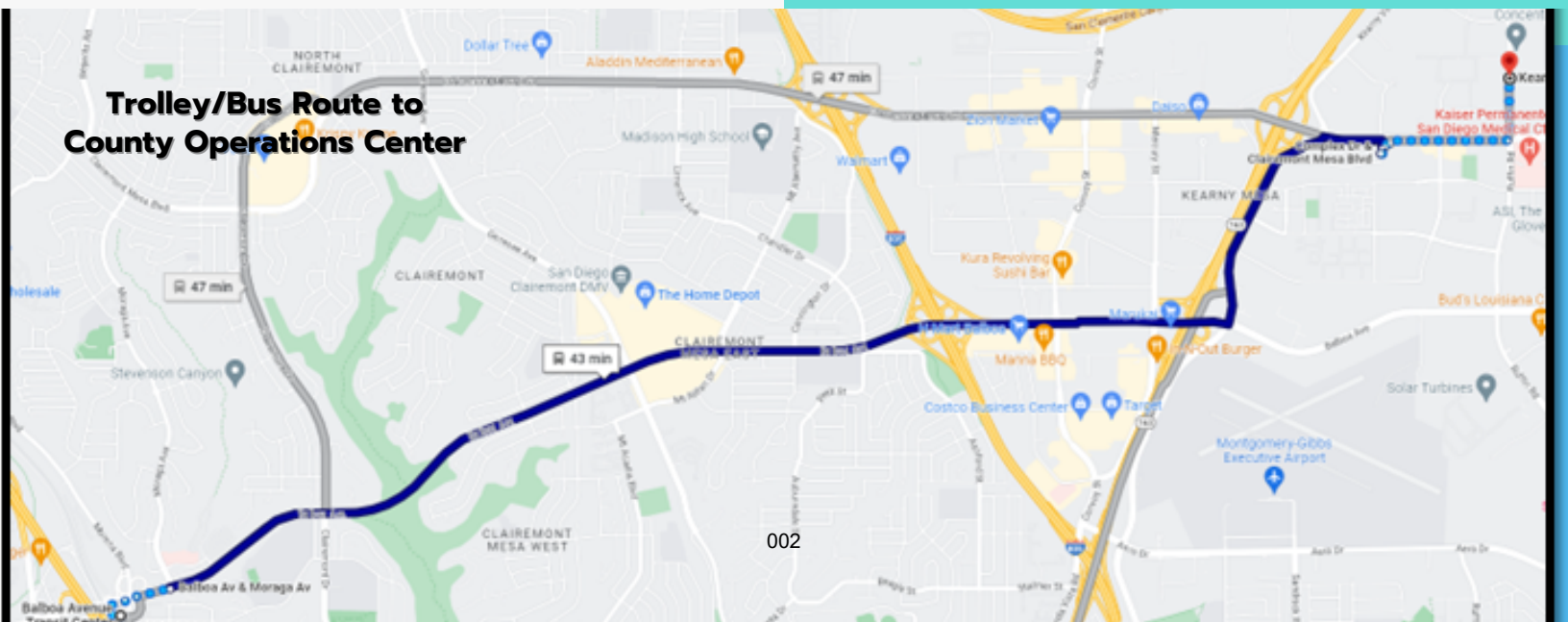
From Ruffin Road:

1. Walk north towards Ruffin Road.
2. Turn left on Hazard Way.
3. Enter through County Operations Center entrance/black gate and head further west. Access to County Operations Center buildings will be on your **left**.

From Overland Ave.:

1. Walk north on Overland Ave.
2. Enter east through County Operations Center entrance/black gate.
3. Turn left on pedestrian walkway. **Building 5530** will be on your **left**.

Trolley/Bus Route to County Operations Center



STEERING COMMITTEE



Tuesday, March 19, 2024, 11:00 AM – 1:00 PM
County Operations Center
5530 Overland Ave, San Diego, CA 92123
(Training Room 124)

To participate remotely via Zoom:

<https://us06web.zoom.us/j/87049271222?pwd=aubVrdoZMXP2ldgXBfwNMIIdPh8Aa8w.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 hpg.hhsa@sdcounty.ca.gov.

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 March 19, 2024
5. **ACTION:** Approve meeting minutes from February 20, 2024
6. **ACTION:** Approve the HIV Planning Group agenda for March 27, 2024
7. Committee reports and recommendations
8. Old Business
 - a. HPG Retreat (May 22, 2024) – updates
9. New Business
 - a. Public comments/HPG member comments/Suggestions to the Steering Committee from previous HPG meeting(s)
 - b. Annual forms – update
10. Routine Business
 - a. **ACTION** (*Priority Setting and Resource Allocation Committee*): Allocations for FY 24 (March 1, 2024 – February 28, 2025)

STEERING COMMITTEE

- b. **Discussion:** Getting to Zero Community Engagement Project and next steps
 - c. **Discussion:** HPG new member recruitment
 - 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, April 16, 2024, 11:00 AM – 1:00 PM**
Location: **Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114**
(Tubman Chavez Room A)
 - 16. Adjournment

STEERING COMMITTEE



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)

A quorum for this meeting is three (3).

Members Present: Bob Lewis | Mikie Lochner | Shannon Ransom | Dr. Winston Tilghman | Rhea Van Brocklin

ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order, roll call, comments from the chair, and a moment of silence	Chair called the meeting to order at 11:00 AM. A moment of silence was observed.	
2. Public comment (for members of the public)	A member of the public expressed concern about the number of meetings in a year and attendance guidelines per AB 2449. He noted that the HIV Planning Group (HPG) bylaws need to be updated.	
3. Sharing our concerns (for committee members)	A committee member noted that the packet was not accessible online.	
4. ACTION: Approve the Steering Committee agenda for February 20, 2024	Motion: Approve the Steering Committee agenda for February 20, 2024 as presented with the noted change: Change agenda item #6 to "Discuss cancelling the February 2024 HPG meeting". Motion/Second/Count (M/S/C): Lewis/Ransom/4-0 Abstentions: Lochner Motion carries	
5. ACTION: Approve meeting minutes from January 16, 2024	Motion: Approve meeting minutes for January 16, 2024 as presented. M/S/C: Lewis/Tilghman/4-0 Abstentions: Lochner Motion carries	
6. ACTION: Approve the HIV Planning Group (HPG) agenda for February 28, 2024	The committee discussed the reasons to consider cancelling the February 28, 2024 HPG meeting. Motion: Cancel the February 28, 2024 HPG meeting. M/S/C: Lewis/Ransom/4-0	

STEERING COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<p>Abstentions: Lochner</p> <p>Motion carries</p>	
7. Committee reports and recommendations	<p><u>Membership Committee:</u> Bob Lewis expressed concern regarding the future of HPG with 10 total seats terming in 2024: 1 seat in July, 8 seats in September, and 1 seat in October. It is important to aggressively recruit new HPG members and get some clarity from the Clerk of the Board regarding a strategy to ensure no gaps in appointment. All the District seats will be vacant at that time. Any interested individuals are encouraged to attend one committee and one HPG meeting to be considered for appointment.</p> <p><u>Strategies and Standards Committee:</u> Shannon Ransom expressed concern regarding not having a co-chair for the Strategies Committee; the tasks of finding her replacement and the co-chair replacement are stressful.</p> <p><u>Medical Standards and Evaluation Committee:</u> Succession planning will be discussed, and some medical service standards need to be reviewed and revised.</p>	
8. Old Business		
a. Needs Assessment Working Group – updates	<p>Five people have been appointed to the second Needs Assessment working group, whose primary function will be distribution of the survey. The first meeting will be on Thursday, February 22, 2024 at 1:00 PM – 3:00 PM via Zoom.</p> <p>It was noted that HPG members are not allowed to go to service provider locations and request to speak to consumers about the survey. Mileage reimbursement will be provided to those consumers who drive the surveys to the locations for drop-off.</p>	
b. Discussion: CARE Partnership – updates, support needs, 2024	<p><u>Public comment:</u> A member of the public clarified that CARE Partnership was asked to become an independent</p>	

STEERING COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
meeting schedule	group based on the Health Resources and Services Administration (HRSA) recommendation due to not meeting a requirement for an HPG committee. CARE Partnership leaders met to discuss the future of the group. At this time, they will continue to function independently and not as a committee of the HPG. There is a lot of participation and interest in the group. A Memorandum of Agreement (MOA) will need to be created, which the Recipient's Office will support.	
c. 2024 Workplan/training schedule and meeting calendar – available in packet	The plan was reviewed and was included in the meeting materials packet.	
9. New Business		
a. Review of Public comments/HPG member comments/Suggestions to the Steering Committee from previous HPG meeting(s)	The committee reviewed public comments and HPG member comments from the January 24, 2024 HPG meeting.	
b. Discussion: April 2024 HPG Retreat	<p>The committee discussed the following topics related to the HPG Retreat:</p> <ul style="list-style-type: none"> • A trainer will need to be identified. • Potential topics could include “change management”, “strategic planning”, and “creating more engaging HPG meetings”. • Recommended having the retreat in lieu of the May 22, 2024 HPG meeting, which will be held from 1:00 PM until 5:00 PM with time to settle in, food, and a short break. 	The Recipients' Office will research a potential facilitator.
c. Discussion: In-person interpreter expenses and equipment costs	<p>HPG Support Staff and the committee discussed the following:</p> <ul style="list-style-type: none"> • In-person interpretation may be needed at all the HPG and committee meetings. 	

STEERING COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<ul style="list-style-type: none"> • Having bilingual documents available is very important as this removes a barrier. • The Southeastern Live Well Center is not a permanent meeting space, but meetings will continue there regularly, as available. • The HPG SS will need to find two more quotes for fiscal approval. • The committee recommended using any available unspent FY 23 funds to purchase the equipment presented by staff. 	
10. Routine Business		
a. ACTION: (Priority Setting and Resource Allocation Committee): Re-allocations for FY 23 or budget changes for FY 24	None	
b. Discussion: Getting to Zero Community Engagement Project and next steps	Tabled	
c. Discussion: HPG Leadership transition process and mentorship training	Tabled	
d. Review committee attendance	Tabled	
11. HIV, STD, and Hepatitis Branch (HSHB) Report	Patrick Loose reported: <ul style="list-style-type: none"> • There is a possible government shutdown in a week. HRSA is unable to provide a final FY 24 Part A award because Congress has not yet decided on the amount. • Seventy five percent (75%) of the FY 23 award has been expended at 75% of the fiscal year. • HIV Prevention funding comes from the Centers for Disease Control and Prevention (CDC). 	

STEERING COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<ul style="list-style-type: none"> • Viral suppression among Ryan White patients is 95%, consistent with the national goal. • The Part A application will be issued in July and will be due in October 2024. 	
12. HPG Support Staff Report		
a. Administrative budget review	Tabled	
13. Future agenda items for consideration	None	
14. Announcements	<ul style="list-style-type: none"> • The HPG Orientation will be Thursday, April 18, 2024 2:00 PM – 4:00 PM via Zoom. Please contact HPG Support Staff to register or for more information. • The Women’s Conference is March 9, 2024 at the Handlery Hotel. For more information, please go to awomansvoice.org. 	
15. Next meeting date	<p>Date: Tuesday, March 19, 2024 Time: 11:00 AM – 1:00 PM Location: In-person and via Zoom County Operations Center, 5530 Overland Ave, San Diego, CA 92123 (Training Room 124)</p>	
16. Adjournment	The meeting adjourned at 1:06 PM.	

SAN DIEGO HIV PLANNING GROUP (HPG)



Wednesday, March 27, 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 hpg.hhsa@sdcounty.ca.gov.

A quorum for this meeting is thirteen (13).

Committee Members: Allan Acevedo | Marco Aguirre Mendoza | Amy Applebaum | Alberto Cortes | Beth Davenport | Felipe Garcia-Bigley | 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 | Jeffery 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. Public comment (for members of the public) – concerns/questions/suggestions for future topics
5. HPG Member Open Forum – concerns/questions/suggestions for future topics
6. **ACTION:** Approve the HPG agenda for March 27, 2024
7. Member Recognition
8. Old Business:
 - a. None
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

SAN DIEGO HIV PLANNING GROUP (HPG)

- c. **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 March 27, 2024 which includes:
 - 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 (January 11, 2024); Community Engagement Group (January 17, 2024)

(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
- b. Staffing update
- c. Needs Assessment

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, April 24, 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.

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)
 - or homelessness & food insecurity,
 - or significant traumatic experiences
 - or 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 PARS. Awaiting guidance/outcome of transportation recommendations.
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.

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
 - 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 education and support 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 receive 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. (Initial Tasks Assigned are described in Bold)

1. **Completed initial retreat and awaiting consultant recommendations for ongoing trainings/dialogue, Completed Steering, Strategies, HPG. JEDI Principles & Taskforce.**
2. **Completed, Strategies, HPG. 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. **Completed, Strategies, HPG. Updating Primary Care standards** to include requirements for **servicing transgender clients**, including whole-person care, hormone therapy and STD testing and treatment.
4. **Completed, Strategies, HPG. Updating Client Rights and Responsibilities** to support inclusion of **family members/chosen others in supporting care.**
5. **Completed, Strategies, HPG. Cultural Humility & Competency: Updated Universal Standards including recruitment and retention of those with lived experience.**
6. **Completed, Strategies, PSRAC.** 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

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

7. ***Completed, Steering and HPG.*** Establish clear processes and timelines for addressing requests from the public to the HIV Planning Group
8. ***Completed Membership. (for on-line recruitment, now discussing in-person recruitment)*** *With Community Engagement Committee, further develop and implement a Recruitment Plan for recruitment
9. ***Completed and ongoing, Communications.*** Develop and communicate a list of community engagement opportunities beyond the HIV Planning Group.
10. ***Completed and ongoing, Communications. Continue to refine frequency based on need as further described below.*** The frequency and modes of communications for Communications Plan.
11. ***Completed and ongoing, Communications. 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. ***Completed and ongoing, Communications. 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. Awaiting data 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. Awaiting data to evaluate resources and effectiveness.***
4. ****Steering - Completed and awaiting ongoing consultant recommendations.*** Participate in HPG retreat focused on GTZ Recommendation1: 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. ****Not yet addressed. Strategies and Standards Committee*** to Update standards for emergency financial assistance to identify circumstances where same-day response is warranted
2. ****Not yet addressed. Strategies and Standards Committee*** to incorporate strategies for dismantling HIV-related stigma among Black, Hispanic and transgender persons living with or vulnerable to HIV
3. ****Not yet addressed Strategies and Standards Committee*** to review and re-evaluate eligibility criteria for basic needs support

4. *Not yet addressed. **Strategies and Standards Committee** to explore the potential effectiveness and feasibility of funding **mobile health clinics**
5. *Not yet addressed. **Steering Committee** - Discuss the feasibility and desirability of developing **an online orientation and training** for members of the HIV Planning Group
6. *Not yet addressed. ***Membership, Steering** - Strategies to **develop and maintain relationships in neighborhoods** and communities and to involve existing groups and community leaders
7. *Not yet addressed. **Steering** - develop an **evaluation plan** for the communications plan
8. *Not yet fully addressed. **Communications Task Force** - Strategies for development and dissemination of **printed materials**
9. *Not yet fully addressed. **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 all 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 personally 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

- 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.
6. 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
Mar 2023 - Feb 2024

STEERING

	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	#
Total Meetings	0	1	1	1	1	0	1	0	1	0	1	1	8
Community Engagement Group TBD	NM	1	*	1	*	NM	*	NM	1	NM	1		
Medical Standards Dr. Tilghman	NM	*	*	*	*	NM	*	NM	*	NM	*	*	0
Membership Bob Lewis			*	*	*	NM	*	NM	*	NM	*	*	0
Priority Setting and Resource Allocation Dr. Jacobs	NM	*	*	*	*	NM	*	NM	*	NM	1	1	2
Strategies & Standards Shannon Ransom	NM	*	*	*	*	NM	1	NM	*	NM	*	*	1
Chair- Mikie Lochner	NM	*	1	*	*	NM	*	NM	*	NM	*	*	1
Vice Chair - Rhea Van Brocklin	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

NQ = No Quorum

RW 2023-24 PART A AWARD INFORMATION	
Funding Source	Total RW 2023-24 Award
Part A	11,299,699.00
Part A MAI	773,155.00
TOTAL AWARD AMOUNT	12,072,854.00

RW 2023-24 YEAR TO DATE EXPENDITURE AND SAVINGS BREAKDOWN AS OF January 2024
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FY23-24 ALLOCATION BREAKDOWN								
Funding Source	Admin. \$	Admin. %	CQM \$	CQM %	RW 2023-24 Service dollars	Total	CORE Medical Services	Support Services
Part A	1,129,969	10%	315,170	3%	9,854,560	11,299,699	70%	30%
Part A MAI	66,977	9%	32,932	4%	673,246	773,155		
TOTAL	1,196,945.90		348,102.00		10,527,806.10	12,072,854.00	70%	30%

Ryan White Part A Allocations											
Service Categories	HRSA Ranking	Priority Ranking	RW 2023-24 HPG Allocation	%	HPG & Recipient Approved Actions +/-	RW 2023-24 HPG Total as of today	%	RW 2023-24 Year to Date Expenditure	RW 2023-24 Year-to-Date - The % below is the % of the Budget Spent 91.67% of Year Elapsed/Invoiced)	RW 2023-24 Balance	Comments
Outpatient Ambulatory Health Services: Primary Care	1l	1	962,630.00	10%	\$ 140,000.00	1,102,630.00	11%	1,172,534.16	106%	(69,904.16)	
Outpatient Ambulatory Health Services: Medical Specialty	1l	2	273,386.00	3%	100,711.00	374,097.00	4%	95,593.34	26%	278,503.66	
Psychiatric Medication Management	1j	12	28,036.00	84%	(15,000.00)	13,036.00	0%	5,560.81	43%	7,475.19	
Oral Health	1k	3	300,940.00	84%	(126,212.00)	174,728.00	2%	159,105.83	91%	15,622.17	
Medical Case Management	1h	4	1,268,338.00	14%	83,745.00	1,352,083.00	13%	1,108,887.62	82%	243,195.38	
Non-Medical Case Management for Housing		6	-	0%	-	-					
Housing: Emergency Housing	2e	7	530,000.00	6%	720,000.00	1,250,000.00	12%	1,136,895.25	91%	113,104.75	
Housing: Location, Placement and Advocacy Services NEW		8	-	0%	-	-					
Housing: Partial Assistance Rental Subsidy (PARS)	2e	9	807,507.00	100%	(1.00)	807,506.00	8%	690,503.43	86%	117,002.57	
Non-Medical Case Management	2h	5	392,021.00	4%	45,215.00	437,236.00	4%	349,263.43	80%	87,972.57	
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF)	1c	13	943,317.00	10%	50,010.00	993,327.00	10%	885,057.77	89%	108,269.23	
Childcare Services	2a			0%			0%	-	0%	-	
Early Intervention Services: Regional Services	1c	14	477,703.00	5%	49,631.00	527,334.00	5%	455,952.30	86%	71,381.70	
Health Education & Risk Reduction	2d	14a	-	0%	-	-	0%	-	0%	-	
Outreach Services	2j	14b	322,683.00	3%	10,287.00	332,970.00	3%	271,848.61	0%	61,121.39	
Referral Services	2l	14c		0%			0%	-	0%	-	
Referral to Health and Supportive Services (Peer Navigation)		16	400,000.00	4%	2,231.00	402,231.00	4%	262,500.32	65%	139,730.68	
Mental Health: Counseling/Therapy & Support Groups	1j	10	1,061,062.00	11%	(85,092.00)	975,970.00	9%	762,718.69	78%	213,251.31	
Psychosocial Support Services		17	-	0%	-	-	0%	-	0%	-	
Substance Abuse Services: Outpatient	1m	11	315,127.00	3%	(26,540.00)	288,587.00	3%	236,619.42	82%	51,967.58	
Substance Abuse Services: Residential	2o	18	-	0%	-	-	0%	-	0%	-	
Home-based Health Care Coordination	1e	19	228,500.00	2%	-	228,500.00	2%	202,230.17	89%	26,269.83	
Transportation: Assisted and Unassisted	2g	20	142,830.00	2%	26,227.00	169,057.00	2%	106,789.04	63%	62,267.96	
Food Services: Food Bank/Home-Delivered Meals	2c	21	536,073.00	6%	(4,500.00)	531,573.00	5%	346,024.65	65%	185,548.35	
Medical Nutrition Therapy	1i	22	35,542.00	0%	-	35,542.00	0%	33,948.61	96%	1,593.39	
Legal Services	2i	23	285,265.00	3%	-	285,265.00	3%	252,910.30	89%	32,354.70	
Emergency Financial Assistance	2b	24	28,730.00	0%	39,626.00	68,356.00	1%	51,897.40	76%	16,458.60	

Ryan White Part A Allocations											
Service Categories	HRSA Ranking	Priority Ranking	RW 2023-24 HPG Allocation	%	HPG & Recipient Approved Actions +/-	RW 2023-24 HPG Total as of today	%	RW 2023-24 Year to Date Expenditure	RW 2023-24 Year-to-Date - The % below is the % of the Budget Spent 91.67% of Year Elapsed/Invoiced)	RW 2023-24 Balance	Comments
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			9,339,690		1,010,338.00	10,350,028	100%	8,586,841	83%	1,763,187	
Ryan White Part A Minority AIDS Initiative (MAI)			RW 2023-24 HPG Allocation		HPG & Recipient Approved Actions +/-	RW 2023-24 HPG Total as of today	%	RW 2023-24 Year to Date Expenditure	RW 2023-24 Year-to-Date - The % below is the % of the Budget Spent 91.67% of Year Elapsed/Invoiced)	RW 2023-24 Balance	Comments
Case Management (Non-Medical)			71,333.00		-	71,333.00	11%	48,367.17	68%	22,965.83	
Medical Case Management			258,925.00		-	258,925.00	38%	170,112.82	66%	88,812.18	
Mental Health Services			175,739.00		-	175,739.00	26%	114,142.82	65%	61,596.18	
Outreach Services			23,337.00		-	23,337.00	3%	29,049.38	124%	(5,712.38)	
Substance Abuse Services (Outpatient)			43,912.00		-	43,912.00	7%	71,540.12	163%	(27,628.12)	
Housing: Emergency Housing			100,000.00		-	100,000.00	15%	52,721.70	53%	47,278.30	
Subtotal			673,246.00		-	673,246.00	100%	485,934.01	72%	187,311.99	
TOTAL			10,012,936		1,010,338	11,023,274		9,072,775	1	1,950,499	

CORE and Support Services allocation breakdown			
	Total Allocation	Total Expenditure	Total Balance
CORE Medical Services	4,877,098.00	4,066,819.92	810,278.08
Support Services	5,472,930.00	4,520,021.23	952,908.77
TOTAL	10,350,028.00	8,586,841.15	1,763,186.85

DETAILED INTERNAL BUDGET (HPG)

Program: HIV Planning Group Support-County
Year: RW 2023
Budget Period: 03/01/2023 to 02/29/2024
CFDA#: 93.914

Expenditures updated 1/30/24

% of Year Elapsed 91.7%

Expense Categories	Budget Revision 5/11/23	January 2024 Expenditures	YTD Total Expenditures	%	Remaining Balance
Personnel Expenses (Salary, Benefits, Mileage, OT)	\$ 251,492.00	\$ 23,236.16	\$ 318,931.63	126.82%	\$ (67,439.63)
Operating expenses - Network charges	\$ -	\$ -	\$ -	0.00%	\$ -
Office Supplies (From HPG Pcardholder only)	\$ -	\$ -	\$ -	0.00%	\$ -
Needs Assessment	\$ 75,000.00	\$ -	\$ -	0.00%	\$ 75,000.00
Translation Services	\$ 11,000.00	\$ -	\$ 8,671.69	78.83%	\$ 2,328.31
Food Purchases	\$ -	\$ -	\$ -	0.00%	\$ -
Meeting Space	\$ -	\$ -	\$ -	0.00%	\$ -
Transportation, Mileage & Gas Cards	\$ 4,500.00	\$ -	\$ 4,353.63	96.75%	\$ 146.37
Training for HPG Staff	\$ -	\$ -	\$ -	0.00%	\$ -
Office Supplies	\$ 4,000.00	\$ 63.57	\$ 8,046.04	201.15%	\$ (4,046.04)
Food Purchases	\$ 5,000.00	\$ -	\$ 2,102.91	42.06%	\$ 2,897.09
Transcription (Written) Services	\$ 500.00	\$ -	\$ -	0.00%	\$ 500.00
WebEx (monthly) 47.86 HPG charge	\$ 750.00	\$ -	\$ 478.60	63.81%	\$ 271.40
Zoom (annually)	\$ 950.00	\$ -	\$ 890.06	93.69%	\$ 59.94
Equipment (Meeting Owl Office Max)	\$ 5,000.00	\$ -	\$ 1,948.23	38.96%	\$ 3,051.77
Trainings/Consultants	\$ 1,500.00	\$ -	\$ -	0.00%	\$ 1,500.00
WiFi (MiFi) Monthly Service @ \$286/month (6)	\$ 2,000.00	\$ -	\$ 2,950.52	147.53%	\$ (950.52)
Mail Chimp	\$ 504.00	\$ -	\$ 253.28	50.25%	
Total Personnel & Operating Expenses	\$ 362,196.00	\$ 23,299.73	\$ 348,626.59	96.25%	\$ 13,569.41
TOTAL PC BUDGET	\$ 362,196.00	\$ 30,253.44	\$ 403,025.48		\$ 13,569.41

Other funding info

YEAR TO DATE EXPENDITURE AND SAVINGS BREAKDOWN AS OF DECEMBER 2023						
RW2324 SERVICE DOLLAR ALLOCATIONS AND EXPENDITURES						
Funding Source	RW 2023/2024 Service Dollars	Contract YTD Expenditure	% of Year Invoiced	% Spent	Balance	Comments
Ryan White Part B						
Outpatient Ambulatory Health Services (Medical)	407,426.00	315,686.05	74.97%	77.48%	91,739.95	Part A Payment Summary (Part B funding)
Early Intervention Services (Expanded HIV Testing)	-	-	74.97%	-	-	
Early Intervention Services (Focused Testing)	187,900.00	158,363.22	74.97%	84.28%	29,536.78	Part B Payment Summary as of DECEMBER 2023 invoices.
Medical Case Management (Emergency Financial Assistance)	227,906.00	211,576.57	74.97%	92.84%	16,329.43	Part B Payment Summary as of DECEMBER 2023 invoices.
Housing (Substance Abuse Services-Residential)	653,190.00	587,512.46	74.97%	89.95%	65,677.54	Part B Payment Summary as of DECEMBER 2023 invoices.
Non-medical Case Management (Rep Payee)	45,833.00	36,159.94	74.97%	78.89%	9,673.06	Part B Payment Summary as of DECEMBER 2023 invoices.
CoSD Medical Case Management	403,173.24	351,913.97	74.97%	87.29%	51,259.27	Q3 Cost Report
CoSD Early Intervention Services	396,482.82	318,615.18	74.97%	80.36%	77,867.64	Q3 Cost Report
Ryan White Part B Total	2,321,911.06	1,979,827.39	74.97%	85.27%	342,083.67	
Ryan White Part B-MAI Bridge	97,277.00	65,657.84	74.97%	67.50%	31,619.16	Part B-MAI Payment Summary as of DECEMBER 2023 invoices.
Ryan White Part B-MAI Total	97,277.00	65,657.84	74.97%	67.50%	31,619.16	
Prevention 2023						
<i>Counseling and Testing</i>	180,000.00	179,898.37	99.96%	99.94%	101.63	Prevention Payment Summary as of DECEMBER 2023 invoices.
<i>Evaluation / Linkage Activities / Needs Assessment</i>	962,418.00	929,824.48	99.96%	96.61%	32,593.52	Prevention Payment Summary as of DECEMBER 2023 invoices.
Prevention Total	1,142,418.00	1,109,722.85			32,695.15	
CDPH Ending the HIV Epidemic- Component A	1,308,016.00	318,569.89	0.00%	24.36%	989,446.11	Payment Summary as of DECEMBER 2023 invoices.
CDPH EHE- Component A	1,308,016.00	318,569.89	0.00%	24.36%	989,446.11	
CDPH Ending the HIV Epidemic- Component C	222,220.00	-	0.00%	0.00%	222,220.00	CDPH EHE Comp C No Contracts.
CDPH EHE- Component C	222,220.00	-	0.00%	0.00%	222,220.00	
HRSA Ending the HIV Epidemic- 20-078 FY2324	2,555,761.00	1,310,997.03	83.30%	51.30%	1,244,763.97	HRSA EHE Payment Summary as of DECEMBER 2023
HRSA Ending the HIV Epidemic- 20-078 TOTAL	2,555,761.00	1,310,997.03	83.30%	51.30%	1,244,763.97	
TOTAL	7,647,603.06	4,784,775.00			2,862,828.06	

Ryan White Utilization Report

Summary of
Services for FY 23

*(March 1, 2023 - February
29, 2024)*

HIV, STD and Hepatitis Branch



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



VIRTUAL VIA ZOOM



**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
<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	Ongoing	Expires 12/31/2023	Expires 12/31/2025	Expires 12/31/2025