

## STEERING COMMITTEE



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

**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, April 16, 2024

11:00 AM - 1:00 PM

## **Southeastern Live Well Center**

5101 Market St, San Diego, CA 92114

Tubman Chavez Room A



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

### **FROM I-805 SOUTH:**

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

### **FROM I-805 NORTH:**

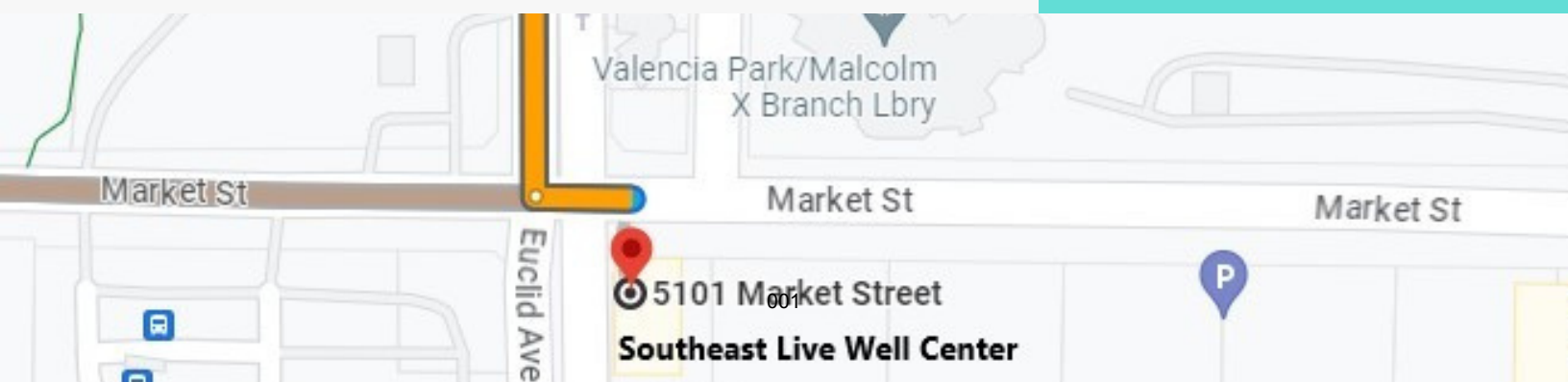
1. Head southeast on I-805 South.
2. Take exit 13A for CA-94-E/M L King Jr. Fwy.
3. Merge onto CA-94 E.
4. Take exit 4A for Euclid Ave.
5. Turn left onto Euclid Ave.
6. Use the left 2 lanes to turn left onto Market St.
7. The destination will be on your right.



## **PUBLIC TRANSPORTATION**

**MTS Trolley:**  
Orange Line

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



## STEERING COMMITTEE

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Tuesday, April 16, 2024, 11:00 AM – 1:00 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/87049271222?pwd=aubVrdoZMXP2ldqXBfwNMIhDph8Aa8w.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](mailto:hpg.hhsa@sdcounty.ca.gov).

### A quorum for this meeting is four (4)

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

## 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 April 16, 2024
5. **ACTION:** Approve meeting minutes from March 19, 2024
6. **ACTION:** Approve the HIV Planning Group agenda for April 24, 2024
7. Committee reports and recommendations
8. Old Business
  - a. Annual Forms – update
9. New Business
  - a. Public comments/HPG member comments/Suggestions to the Steering Committee from previous HPG meeting(s)
  - b. Future Steering Committee meeting cadence
10. Routine Business
  - a. **ACTION** (*Priority Setting and Resource Allocation Committee*): Allocations for FY 24 (March 1, 2024 – February 28, 2025)

## STEERING COMMITTEE

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- 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, May 21, 2024, 11:00 AM – 1:00 PM**  
Location: **Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114**  
**(Tubman Chavez Room C)**
  - 16. Adjournment

## 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)

A quorum for this meeting is three (3).

**Members Present:** Bob Lewis | Mikie Lochner | Shannon Ransom | Rhea Van Brocklin

**Members Absent:** Dr. Winston Tilghman

### ORDER OF BUSINESS

| Agenda Item   | Discussion/Action  | Follow-Up   |
|---|--|---|
| 1. Call to order, roll call, comments from the chair, and a moment of silence | Mikie Lochner called the meeting to order at 11:03 AM.<br>It was announced that Alberto Cortes has resigned as of March 18, 2024.<br>A moment of silence was observed.   |   |
| 2. Public comment (for members of the public)                                 | None   |   |
| 3. Sharing our concerns (for committee members)                               | A member of the committee shared their feelings about Alberto's resignation and the general member turnover, noting the number of seats that will be terming out in 2024.  |   |
| 4. <b>ACTION:</b> Approve the Steering Committee agenda for March 19, 2024    | <b>Motion:</b> Approve the Steering Committee agenda for March 19, 2024<br><b>Motion/Second/Count (M/S/C):</b> Van Brocklin / Lewis / 2-0<br><b>Abstentions:</b> Lochner<br><b>Motion carries</b>  |   |
| 5. <b>ACTION:</b> Approve meeting minutes from February 20, 2024              | <b>Motion:</b> Approve meeting minutes for February 20, 2024<br><b>M/S/C:</b> Lewis / Van Brocklin / 2-0<br><b>Abstentions:</b> Lochner<br><b>Motion carries</b>   |   |
| 6. <b>ACTION:</b> Approve the HIV Planning Group agenda for March 27, 2024    | <b>Motion:</b> Approve HPG agenda for March 27, 2024<br><b>M/S/C:</b> Lewis / Van Brocklin / 2-0<br><b>Abstentions:</b> Lochner<br><b>Motion carries</b><br><b>Discussion:</b> A member of the committee inquired about a request for Christie's Place to present on the needs of women living with HIV. | HPG Support Staff (HPG SS) to work with Rhea Van Brocklin to prepare a presentation for the April 2024 HPG meeting. |

**STEERING COMMITTEE**

| <b>Agenda Item</b>                              | <b>Discussion/Action</b>   | <b>Follow-Up</b>   |
|---|--|--|
| <p>7. Committee reports and recommendations</p> | <p>Mikie Lochner will be bringing a discussion to the Steering Committee meeting in April to have the Committee meet every other month.</p> <p><u>Membership Committee</u>: District 1 Representative seat appointment is scheduled to be on the April Board of Supervisors agenda. Emails have gone out to those whose seats are terming out in 2024.</p> <p><u>Priority Setting and Resource Allocation Committee (PSRAC)</u>: The March meeting was cancelled due to quorum. Mikie Lochner has requested that the Chair work with HPG SS to confirm quorum and reach out to committee members to confirm attendance.</p> <p><u>Strategies and Standards Committee</u>: there continues to be a conflict of interest for the Chair due to the active procurement. The Committee does not have an active Co-chair. Several suggestions were brought up:</p> <ul style="list-style-type: none"> <li>- Postpone discussion on some topics and only discuss what is not covered by the procurement or is general enough.</li> <li>- Move the April meeting to May.</li> <li>- Committee chair to reach out to experts on the needs of the aging population.</li> <li>- Continue to encourage the completion of the 2024 Survey on HIV Impact as it has a section on the needs of the aging population. The results will help inform HPG.</li> </ul> <p><u>CARE Partnership</u>: The meeting was successfully held in person. This committee will continue to meet in person every other month. The group is anticipating concerns on the topic of immigration due to the upcoming election. Immigration concerns can make people feel vulnerable and fearful</p> | <p>HPG SS to find a location for the May Strategies and Standards Committee meeting.</p> <p>HPG SS to invite CARE Partnership Chair and Co-chair to the April CEG meeting.</p> |

## STEERING COMMITTEE

| Agenda Item   | Discussion/Action  | Follow-Up |
|---|--|-----------|
|   | <p>to seek out proper resources such as legal advice.</p> <p><u>Community Engagement Group (CEG):</u> Mikie Lochner recommended that the leaders of CARE Partnership attend CEG in April. Chair candidates will be discussed at the April meeting. Potential candidates have expressed concerns over not being able to attend Steering Committee meetings due to time conflicts, which may be resolved if the Steering Committee members vote to begin meeting every other month.</p> <p><u>Medical Standards and Evaluation Committee (MSEC):</u> The committee is reviewing the Service Standards. The next date for the meeting hasn't been decided yet; it will take place either on May 7 or June 11.</p> |           |
| 8. Old Business   |  |           |
| a. HPG Retreat (May 22, 2024) – updates   | <p>The 2024 HPG Retreat is scheduled for May 22, 2024, in lieu of the May HPG meeting. HPG SS provided three potential options for a facilitator. Members agreed to move forward with an internal resource – The Knowledge Center. It is part of the County of San Diego.</p>  |           |
| 9. New Business   |  |           |
| a. Public comments/HPG member comments/Suggestions to the Steering Committee from previous HPG meeting(s) | None   |           |
| b. Annual forms – update  | <p>HPG SS updated the committee on the current status of the annual form submission requirement. Annual 700 forms are to be submitted to HPG SS by an internal deadline of March 25, 2024. A discussion was held regarding different options for assisting those who have language barriers or need help interpreting the questions.</p>   |           |

## STEERING COMMITTEE

| Agenda Item   | Discussion/Action  | Follow-Up   |
|---|--|---|
| 10. Routine Business  |  |   |
| a. <b>ACTION:</b> (Priority Setting and Resource Allocation Committee): Allocations for FY 24 | None   |   |
| b. <b>Discussion:</b> Getting to Zero Community Engagement Project and next steps             | The Chair requested that all committees review the Getting to Zero (GTZ) engagement project plan. Recommendations on next steps will be discussed at next month's meeting.   |   |
| c. <b>Discussion:</b> HPG new member recruitment  | <p>HPG Members and HPG SS have been engaging in recruitment events and activities. The Chair also thanked HPG SS for attending the Women's Conference on March 9, 2024.</p> <p>There have been issues filling General Member seats because some consumers who have expressed interest are employed by Ryan White Part A funded agencies.</p> <p>Some individuals have reported that they do not view joining the HPG as a good use of their time. It was suggested to promote HPG in a more appealing way to engage interest from potential members.</p> | HPG SS to add the following item on the April HPG agenda to better engage the public: "Open discussion requesting recommendations on future items". |
| d. <b>Review:</b> committee attendance  | The committee attendance through February 2024 was reviewed.   |   |
| 11. HIV, STD, and Hepatitis Branch (HSHB) Report  | <p>The Recipients' Office provided the following updates:</p> <ul style="list-style-type: none"> <li>- The FY 24 budget has not yet been agreed on or received.</li> <li>- HIV Prevention funding is anticipated to extend for an additional 18 months, expiring on December 31, 2025. This additional time will allow contractors to continue Prevention work without a gap in services. Authorization to extend these services will be presented to the Board of Supervisors on May 21, 2024.</li> </ul>   |   |



**STEERING COMMITTEE**

| Agenda Item                               | Discussion/Action   | Follow-Up  |
|---|---|--|
|   | <ul style="list-style-type: none"> <li>- Monthly Capacity Assessments will be switched from monthly to quarterly.</li> <li>- A new online dashboard reflecting Ryan White service utilization data was developed and presented earlier this year at the HPG meeting. It will be accessible online with the latest monthly data and at future meetings.</li> <li>- An increase in utilization of primary care services may be due to people returning to care who otherwise wouldn't have received it.</li> <li>- The current PARS waitlist: 64 people.</li> </ul> |  |
| 12. HPG Support Staff Report              |   |  |
| a. Administrative budget review           | <p>The detailed administrative budget was reviewed. Other updates included:</p> <ul style="list-style-type: none"> <li>- Staffing update: one temporary Office Assistant will start mid-April, and one permanent Health Information Specialist I will start in early May.</li> <li>- The team has been granted approval to hire a Community Health Promotion Specialist as an HPG Support Staff Outreach Worker. The Recipients' Office went over the County hiring process and the timelines for onboarding new staff.</li> </ul>                                |  |
| 13. Future agenda items for consideration | A member of the committee made a comment about the general increase in positive HIV cases.  | The Recipients' Office to ask Dr. Jean-Aine Pretanvil to attend the next MSEC meeting. |
| 14. Announcements                         | The annual HPG Orientation will take place on April 18, 2024 at 2:00 PM. Registration is required to receive a Zoom link.   |  |

## STEERING COMMITTEE

| Agenda Item           | Discussion/Action   | Follow-Up |
|-----------------------|---|-----------|
|                       | The 23 <sup>rd</sup> Annual Easter Egg Hunt will take place on March 31, 2024 for children 12 years of age and under. There will be food and opportunity drawings for bicycles.                                     |           |
| 15. Next meeting date | <b>Date:</b> Tuesday, April 16, 2024<br><b>Time:</b> 11:00 AM – 1:00 PM<br><b>Location:</b> In-person and via Zoom<br>Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room A) |           |
| 16. Adjournment       | Meeting adjourned at 12:55 PM.  |           |

## SAN DIEGO HIV PLANNING GROUP (HPG)

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Wednesday, April 24, 2024, 3:00 PM – 5:00 PM  
Southeastern Live Well Center  
5101 Market Street, San Diego, CA 92114  
(Tubman Chavez Room A)

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### 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](mailto:hpg.hhsa@sdcounty.ca.gov).

### A quorum for this meeting is fourteen (14)

**Committee Members:** Allan Acevedo | Marco Aguirre Mendoza | Amy Applebaum | Beth Davenport | Tyra Fleming | Felipe Garcia-Bigley | Pamela Highfill | Delores Jacobs | Cinnamen Kubricky | Robert Lewis | Michael Lochner | Moira Mar-Tang | Veronica Nava | Venice Price | Karla Quezada-Torres | Shannon Ransom | Raul Robles | Ivy Rooney | Stephen Spector | Winston Tilghman | Regina Underwood | Rhea Van Brocklin | Freddy Villafan | Jeffery Weber | Abigail West | Michael Wimpie | 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 April 24, 2024
7. Member Recognition
8. Old Business:
  - a. None
9. New Business:
  - a. **ACTION** (*Priority Setting and Resource Allocation Committee*): Allocations for FY 24 (March 1, 2024 – February 28, 2025)
  - b. **Presentation:** Needs Among Women Living with or Impacted by HIV – Gloria Alonzo
  - c. **Discussion:** Request from the community on future training topics and other agenda items

## SAN DIEGO HIV PLANNING GROUP (HPG)

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### 10. Routine Business:

- a. **ACTION:** Approval of consent agenda for April 24, 2024 which includes:
  - i. Approval of HPG minutes from March 27, 2024
  - ii. Acceptance of the following committee minutes: Steering Committee (February 20, 2024); Membership Committee (February 14, 2024); Priority Setting and Resource Allocation Committee (January 11, 2024); Medical Standards and Evaluation Committee (none); Community Engagement Group (February 21, 2024)
  - iii. Committee Reports
    1. HPG committees
    2. State Office of AIDS (OA) and AIDS Drug Assistance Program (ADAP) – Abigail West
    3. Housing Committee Report – Freddy Villafan
  - iv. California HIV Planning Group (CHPG) – Mikie Lochner
  - v. Administrative budget report

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

CARE Partnership (none)

Housing Committee (January 17, 2024; March 20, 2024)

### 11. HIV, STD, and Hepatitis Branch (HSHB) Report

### 12. HPG Support Staff Updates

- a. Needs Assessment

### 13. Announcements

### 14. Adjournment

Next Meeting Date: **RETREAT**, Wednesday, May 22, 2024, from 1:00 PM – 5:00 PM

Location: **County Operations Center, 5570 Overland Ave, San Diego, CA 92123 (Medical Examiner Conference Room 1047)** and via Zoom.

**Public Comment/Sharing Concerns/Suggestions to the Steering Committee from  
the March 27, 2024 HPG meeting**

| <b>Agenda Item</b>   | <b>Comment</b>   | <b>Steering Committee Response</b> |
|--|--|------------------------------------|
| <b>Public Comment</b>  | A member of the public expressed concern about the changes in the monthly schedule and the number of meetings being cancelled and rescheduled.   |                                    |
| <b>Sharing Concerns</b>  | <ol style="list-style-type: none"> <li>1. An HPG member expressed concern about the availability of support services for the increasing population of aging women living with and impacted by HIV.</li> <li>2. An HPG member emphasized the need to prioritize housing when allocating funds.</li> </ol> |                                    |
| <b>Suggestions to the Steering Committee for consideration of future items</b> | None   |                                    |

## **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**

|  |
|--|
| <b>Recommendation 1: Acknowledge and address medical system mistrust</b>   |
| <b>REPRESENTATION</b>  |
| 1a. Ensure progress toward a contracted HIV service-delivery workforce <b>representative</b> 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  |
| <b>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.”</b>   |
| 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.   |
| <b>PROGRESS: Partially completed. Anti-racist Retreat conducted, now awaiting consultant recommendations for further training or dialogues.</b>  |
| <b>1c. WORKFORCE TRAINING CULTURAL HUMILITY, TRAUMA INFORMED CARE</b>  |
| Provide access via links to <b>enhanced, skill-based trainings</b> to HIV service-delivery staff which improve the ability to consistently communicate <b>cultural respect, knowledge, and humility</b> , as well as the skills required for <b>trauma-informed care</b> .   |
| <b>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.</b>   |
| 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: <b>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.</b> |
| <b>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.</b>   |
| 2b. Provide increased and readily available <b>basic health information</b> to low information, historically-underserved community members and communities, including: <b>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).</b>   |
| <b>PROGRESS: Completed and ongoing. Health messaging via social media begun and continuing X2 monthly.</b>   |
| <b>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</b>   |
| 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.   |
| <b>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.</b>  |

|   |
|---|
| 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.  |
| <b>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.</b>   |
| 4a. <b>Coordinating</b> with the existing harm reduction task force, provide <b>guidance</b> to contracted HIV service providers designed to <b>increase the availability of harm reduction services</b> for substance misuse treatment.  |
| <b>PROGRESS: Completed and ongoing. Guidance provided</b>   |
| 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.)  |
| <b>PROGRESS: Completed approval syringe exchange (BOS), 2 programs up in County and ongoing.</b>  |
| 4c. <b>Coordinating</b> with County drug and alcohol services personnel, ensure the design and implementation of a <b>coordinated system for rapid response</b> 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, <b>particularly when insecure housing and either substance misuse or mental health symptoms are co-occurring.</b>  |
| 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 <b>same-site location of medical providers, mental health providers and alcohol/substance use counselors</b> for those living with or at higher risk for HIV.  |
| 4g. <b>In collaboration with UCSD and AETC</b> , provide links and resources for <b>skill-based training for HIV service personnel</b> regarding the stigmatizing behaviors faced by substance using HIV community members and ways to reduce those stigmatizing behaviors within the health care system itself.  |
| <b>Recommendation 5: More consistently provide rapid access to basic support services: housing, food, transportation, emergency financial assistance including shut-off &amp; eviction prevention. Additionally, more widely communicate information about these opportunities and the processes to access them.</b>  |
| 5a. Chief among those mentioned above and directly related to community members' ability to meaningfully participate consistently in health care is <b>Housing.</b>   |
| <b>PROGRESS: Partially completed and continuing. Emergency Housing resources increased and continuing to monitor. Continuing to monitor PARS. Awaiting guidance/outcome of transportation recommendations.</b>  |
| <b>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.</b>   |
| <b>PROGRESS: Partially completed. Peer Navigation deployed, awaiting housing case management and benefits specialists.</b>  |
| <b>Recommendation 7: Design, integrate, and deploy strategies to address the stigmas</b> 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 <b>Psychosocial Support Groups</b> for those living with or at higher risk for HIV who may, as a function of family or community stigma, have fewer social supports.   |
| <b>PROGRESS: Partially completed. Provided funding for Psychosocial support groups category, but not yet deployed.</b>  |
| <b>Recommendation 8: Increase the number of HIV service sites that have the capacity for whole person-whole health services</b> 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: MEMBERSHIP SUMMARY AND TRACKING GRID

As of 4/9/24

| Seat | Title  | Member Name           | Term Start | Term End   | Term # | Total Years and Months by End of Current Term | Days Remaining Until Term End |
|------|--|-----------------------|------------|------------|--------|---|-------------------------------|
| 1    | General Member   | Michael Wimpie II     | 5/22/2023  | 5/21/2027  | 3      | 8 yrs, 0 mos                                  | 1,134                         |
| 2    | General Member   |                       |            | 1/6/2025   |        |   | 269                           |
| 3    | General Member   | Tyra Fleming          | 4/9/2024   | 4/9/2028   | 2      | 4 yrs, 9 mos                                  | 1,458                         |
| 4    | General Member   | Cinnamen Kubricky     | 11/2/2021  | 11/2/2025  | 1      | 4 yrs, 0 mos                                  | 569                           |
| 5    | General Member   |                       |            | 1/26/2025  |        |   | 289                           |
| 6    | General Member   |                       |            | 4/6/2025   |        |   | 359                           |
| 7    | General Member   | Raul Robles           | 9/13/2020  | 9/13/2024  | 2      | 8 yrs, 0 mos                                  | 154                           |
| 8    | General Member   | Allan Acevedo         | 4/6/2021   | 4/6/2025   | 1      |   | 359                           |
| 9    | General Member   |                       |            | 9/14/2025  |        |   | 520                           |
| 10   | General Member   | Marco Aguirre Mendoza | 12/5/2023  | 12/5/2027  | 1      | 4 yrs, 0 mos                                  | 1,332                         |
| 11   | General Member   |                       |            |            |        |   |                               |
| 12   | General Member   |                       |            |            |        |   |                               |
| 13   | General Member   |                       |            |            |        |   |                               |
| 14   | General Member   |                       |            |            |        |   |                               |
| 15   | General Member   |                       |            |            |        |   |                               |
| 16   | Chairperson  | Michael Lochner       | 6/23/2020  | 6/23/2024  | 1      | 4 yrs, 0 mos                                  | 72                            |
| 17   | Health care provider, including FQHC   | Robert Lewis          | 10/4/2020  | 9/13/2024  | 3      | 8 yrs, 0 mos                                  | 154                           |
| 18   | Community-based organizations serving affected populations and/or AIDS service organizations   | Rhea Van Brocklin     | 11/7/2023  | 11/7/2027  | 3      | 8 yrs, 0 mos                                  | 1,304                         |
| 19   | Social service provider, including providers of housing and homeless services  | Regina Underwood      | 9/18/2020  | 9/13/2024  | 3      | 8 yrs, 0 mos                                  | 154                           |
| 20   | Mental health provider   | Delores Jacobs        | 9/18/2020  | 9/13/2024  | 3      | 8 yrs, 0 mos                                  | 154                           |
| 21   | Substance abuse treatment provider   | Pamela Highfill       | 2/8/2022   | 2/8/2026   | 1      | 4 yrs, 0 mos                                  | 667                           |
| 22   | Local public health agency - HHS Director or designee  | Adrienne Yancey       | 5/2/2023   | 5/2/2027   | 1      | 4 yrs, 0 mos                                  | 1,115                         |
| 23   | Local public health agency - PH Officer or designee  | Winston Tilghman      | 3/14/2023  | 10/18/2024 | 3      | 8 yrs, 0 mos                                  | 189                           |
| 24   | Hospital planning agency or health care planning agency  |                       |            |            |        |   |                               |
| 25   | Non-elected community leader   | Karla Quezada-Torres  | 8/17/2021  | 9/13/2024  | 3      | 8 yrs, 0 mos                                  | 154                           |
| 26   | Prevention services consumer/advocate  | Lori Jones            |            | 5/2/2027   | 1      |   | 1,115                         |
| 27   | Prevention services consumer   |                       |            |            |        |   |                               |
| 28   | State government - State Medicaid  |                       |            |            |        |   |                               |
| 29   | State government - CDPH Office of AIDS Part B  | Abigail West          | 5/23/2023  | 3/12/2027  | 3      | 8 yrs, 0 mos                                  | 1,064                         |
| 30   | Recipient of Ryan White Part C   | David Grelotti        | 3/10/2020  | 3/10/2024  | 1      | 4 yrs, 0 mos                                  | -33                           |
| 31   | Recipient of Ryan White Part D   | Stephen Spector       | 4/9/2024   | 4/9/2028   | 2      | 8 yrs, 0 mos                                  | 1,458                         |
| 32   | Representative of individuals who formerly were federal, state or local prisoners, were released from custody of the penal system during the preceding 3 years, and had HIV/AIDS as of the date of release | Amy Applebaum         | 9/13/2020  | 9/13/2024  | 3      | 8 yrs, 0 mos                                  | 154                           |
| 33   | Board of Supervisors - District 1 representative   | Veronica Nava         | 4/12/2024  | 8/30/2026  | 1      | 2 yrs, 4 mos                                  | 870                           |
| 34   | Board of Supervisors - District 2 representative   |                       |            | 7/19/2024  |        |   | 98                            |
| 35   | Board of Supervisors - District 3 representative   | Beth Davenport        | 2/9/2021   | 2/9/2025   | 1      | 4 yrs, 0 mos                                  | 303                           |
| 36   | Board of Supervisors - District 4 representative   | Shannon Ransom        | 9/13/2020  | 9/13/2024  | 3      | 8 yrs, 0 mos                                  | 154                           |
| 37   | Board of Supervisors - District 5 representative   |                       |            |            |        |   |                               |

Pending appointment

Pending re-appointment

**HIV PLANNING GROUP: MEMBERSHIP SUMMARY AND TRACKING GRID**

As of 4/9/24

| Seat | Title  | Member Name          | Term Start | Term End   | Term # | Total Years and Months by End of Current Term | Days Remaining Until Term End |
|------|--|----------------------|------------|------------|--------|---|-------------------------------|
| 38   | Recipient of other federal HIV programs - prevention provider  | Felipe Garcia-Bigley | 10/11/2022 | 10/11/2026 | 1      | 4 yrs, 0 mos                                  | 912                           |
| 39   | Recipient of other federal HIV programs - Part F, AIDS Education and Training Center and/or RW dental provider   | Moira Mar-Tang       | 9/13/2020  | 9/13/2024  | 3      | 8 yrs, 0 mos                                  | 154                           |
| 40   | Recipient of other federal HIV programs - Housing Opportunities for Persons with AIDS (HOPWA)/Housing and Urban Development (HUD)  | Freddy Villafan      | 1/11/2022  | 1/11/2026  | 1      | 4 yrs, 0 mos                                  | 639                           |
| 41   | Recipient of other federal HIV programs - Veterans Administration  | Jeffery Weber        | 12/13/2022 | 12/13/2026 | 1      | 4 yrs, 0 mos                                  | 975                           |
| 42   | <b>HIV testing representative</b>  |                      |            |            |        |   |                               |
| 43   | Prevention intervention representative   | Ivy Rooney           | 4/9/2024   | 1/26/2025  | 1      | 0 yrs, 9 mos                                  | 289                           |
| 44   | Affected community, including people with HIV/AIDS, member of a federally recognized Indian tribe as represented in the populaton, individual co-infected with HepB/C, and historically underserved group and/or subpopulation | Venice Price         | 8/17/2021  | 8/17/2025  | 2      | 8 yrs, 0 mos                                  | 492                           |

**TOTAL ACTIVE MEMBERS:** 27

**# Seats Terming in 2024:** 10

**Total Vacant Seats as of April, 2024:\*** 15

*\*Excludes seats pending appointment/reappointment*

**HIV PLANNING GROUP**  
**12-MONTH COMMITTEE TRACKING**  
**Apr 2023 - Mar 2024**

**STEERING**

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



## SUMMARY OF SERVICES FOR FY24

March 1, 2024 - February 28, 2025

| RYAN WHITE SERVICES  |         | Mar   | Year To Date<br>Total | Prior Year<br>Total |
|--|---------|-------|-----------------------|---------------------|
| <b>FY 2024-2025</b>  |         |       |                       |                     |
| Total clients served each month  | Clients | 1,130 |                       |                     |
| New clients in FY24  | Clients | 1,130 | 1,130                 | 1,219               |
| Returning FY24 clients   | Clients | -     |                       |                     |
| <b>VIRAL LOAD SUPPRESSION</b>  |         |       |                       |                     |
| Virally suppressed   | Clients | 894   |                       |                     |
| % Virally suppressed   |         | 92%   |                       |                     |
| With Test  | Tests   | 972   |                       |                     |
| Without Test   | Tests   | 158   |                       |                     |
| <b>PART-A SERVICES</b>   |         |       |                       |                     |
| Outpatient Ambulatory Health Services: HIV Primary Care*                                   | Visits  | 62    | 62                    | 95                  |
|  | Clients | 54    | 54                    | 80                  |
| Outpatient Ambulatory Health Services: Medical Specialty Care                              | Visits  | -     | 0                     | 0                   |
|  | Clients | -     | 0                     | 0                   |
| Psychiatric Medication Management  | Visits  | 3     | 3                     | 1                   |
|  | Clients | 3     | 3                     | 1                   |
| Oral Health Care: Dental Care  | Visits  | 43    | 43                    | 69                  |
|  | Clients | 33    | 33                    | 54                  |
| Early Intervention/Integrated Services for Women, Children & Families:<br>Coordinated Care | Visits  | 48    | 48                    | 74                  |
|  | Clients | 16    | 16                    | 22                  |
| Early Intervention/Integrated Services for Women, Children & Families: Childcare           | Visits  | -     | 0                     | 0                   |
|  | Clients | -     | 0                     | 0                   |
| Early Intervention Services: Regional Services   | Visits  | 626   | 626                   | 736                 |
|  | Clients | 257   | 257                   | 321                 |
| Early Intervention Services: Peer Navigation Services                                      | Visits  | 5     | 5                     | 24                  |
|  | Clients | 5     | 5                     | 19                  |
| Early Intervention Services: Outreach Services   | Visits  | -     | 0                     | 0                   |
|  | Clients | -     | 0                     | 0                   |

\*Includes Part B funded services

## SUMMARY OF SERVICES FOR FY24

March 1, 2024 - February 28, 2025

| RYAN WHITE SERVICES                                 |         | Mar   | Year To Date<br>Total | Prior Year<br>Total |
|---|---------|-------|-----------------------|---------------------|
| <b>PART-A SERVICES continued</b>                    |         |       |                       |                     |
| Medical Case Management Services                    | Visits  | 1,034 | 1,034                 | 889                 |
|   | Clients | 443   | 443                   | 371                 |
| Home-based Health Care Coordination                 | Visits  | 29    | 29                    | 84                  |
|   | Clients | 12    | 12                    | 26                  |
| Case Management -Non-Medical                        | Visits  | 260   | 260                   | 407                 |
|   | Clients | 151   | 151                   | 186                 |
| Mental Health Services: Counseling/Therapy          | Visits  | 216   | 216                   | 248                 |
|   | Clients | 106   | 106                   | 113                 |
| Substance Abuse Treatment Services – Residential*   | Visits  | -     | 0                     | 0                   |
|   | Clients | -     | 0                     | 0                   |
| Substance Abuse Treatment Services - Outpatient     | Visits  | 327   | 327                   | 293                 |
|   | Clients | 54    | 54                    | 51                  |
| Housing Services: Partial Assistance Rental Subsidy | Visits  | 79    | 79                    | 108                 |
|   | Clients | 79    | 79                    | 108                 |
| Medical Transportation Services - Assisted          | Visits  | -     | 0                     | 0                   |
|   | Clients | -     | 0                     | 0                   |
| Medical Transportation Services - Unassisted        | Visits  | 240   | 240                   | 230                 |
|   | Clients | 156   | 156                   | 155                 |
| Housing Services: Emergency Housing Assistance      | Visits  | 64    | 64                    | 58                  |
|   | Clients | 56    | 56                    | 45                  |
| Food Services: Food Bank/ Home Delivered Meals      | Meals   | 4,267 | 4,267                 | 2,328               |
|   | Clients | 162   | 162                   | 95                  |
| Medical Nutrition Therapy                           | Visits  | -     | 0                     | 0                   |
|   | Clients | -     | 0                     | 0                   |
| Legal Services                                      | Visits  | 22    | 22                    | 12                  |
|   | Clients | 22    | 22                    | 12                  |
| Emergency Financial Assistance                      | Visits  | 1     | 1                     | 1                   |
|   | Clients | 1     | 1                     | 1                   |
| Internet Access                                     | Visits  | -     | 0                     | 0                   |
|   | Clients | -     | 0                     | 0                   |

\*Includes Part B funded services

## SUMMARY OF SERVICES FOR FY24

March 1, 2024 - February 28, 2025

| RYAN WHITE SERVICES                             |         | Mar | Year To Date<br>Total | Prior Year<br>Total |
|---|---------|-----|-----------------------|---------------------|
| <b>PART-A SERVICES continued</b>                |         |     |                       |                     |
| Internet Equipment                              | Visits  | 4   | 4                     | 5                   |
|   | Clients | 4   | 4                     | 5                   |
| Collateral Contacts                             | Visits  | 241 | 241                   | 184                 |
|   | Clients | 128 | 128                   | 120                 |
| <b>MAI SERVICES</b>                             |         |     |                       |                     |
| Medical Case Management Services                | Visits  | 139 | 139                   | 157                 |
|   | Clients | 57  | 57                    | 71                  |
| Mental Health Services: Therapy/Counseling      | Visits  | 23  | 23                    | 48                  |
|   | Clients | 16  | 16                    | 22                  |
| Substance Abuse Treatment Services - Outpatient | Visits  | 53  | 53                    | 68                  |
|   | Clients | 28  | 28                    | 30                  |
| Outreach Encounters                             | Visits  | -   | 0                     | 0                   |
|   | Clients | -   | 0                     | 0                   |
| Case Management -Non-Medical                    | Visits  | 67  | 67                    | 83                  |
|   | Clients | 30  | 30                    | 40                  |

\*Includes Part B funded services

**SUMMARY OF SERVICES FOR FY24**

March 1, 2024 - February 28, 2025

| <b>CLIENT DEMOGRAPHICS</b>               | <b>Number of Clients</b> | <b>% of Client Total</b> | <b>Client Total</b> |
|--|--------------------------|--------------------------|---------------------|
| <b>FY 2024-2025</b>                      |                          |                          |                     |
| <b>Race/Ethnicity</b>                    |                          |                          |                     |
| White (not Hispanic)                     | 309                      | 27.35%                   |                     |
| Black or African American (not Hispanic) | 172                      | 15.22%                   |                     |
| Hispanic or Latino(a)                    | 577                      | 51.06%                   |                     |
| Asian                                    | 14                       | 1.24%                    |                     |
| American Indian/Alaska Native            | 7                        | 0.62%                    |                     |
| Multi-Race                               | 17                       | 1.50%                    |                     |
| Native Hawaiian/Pacific Islander         | 5                        | 0.44%                    |                     |
| Race data not in ARIES                   | 29                       | 2.57%                    | <b>1,130</b>        |
| <b>Gender</b>                            |                          |                          |                     |
| Male                                     | 880                      | 77.88%                   |                     |
| Female                                   | 212                      | 18.76%                   |                     |
| Transgender FTM                          | 1                        | 0.09%                    |                     |
| Transgender MTF                          | 34                       | 3.01%                    |                     |
| Other                                    | 3                        | 0.27%                    |                     |
| Client Refused to Report                 | 0                        | 0.00%                    | <b>1,130</b>        |
| <b>Age Categories</b>                    |                          |                          |                     |
| < 2                                      | 11                       | 0.97%                    |                     |
| 02-12                                    | 4                        | 0.35%                    |                     |
| 13-24                                    | 31                       | 2.74%                    |                     |
| 25-44                                    | 362                      | 32.04%                   |                     |
| 45-64                                    | 559                      | 49.47%                   |                     |
| 65 and over                              | 163                      | 14.42%                   | <b>1,130</b>        |
| <b>Poverty Level</b>                     |                          |                          |                     |
| <138%                                    | 848                      | 75.04%                   |                     |
| 138-199%                                 | 122                      | 10.80%                   |                     |
| 200-299%                                 | 67                       | 5.93%                    |                     |
| 300-399%                                 | 16                       | 1.42%                    |                     |
| 400-499%                                 | 6                        | 0.53%                    |                     |
| >500%                                    | 11                       | 0.97%                    |                     |
| Financial data not in ARIES              | 60                       | 5.31%                    | <b>1,130</b>        |
| <b>HRSA Housing Status</b>               |                          |                          |                     |
| Stable/Permanent                         | 507                      | 44.87%                   |                     |
| Temporary                                | 117                      | 10.35%                   |                     |
| Unstable                                 | 84                       | 7.43%                    |                     |
| Housing Status not in ARIES              | 422                      | 37.35%                   | <b>1,130</b>        |
| <b>Insurance Status</b>                  |                          |                          |                     |
| Private                                  | 15                       | 1.33%                    |                     |
| Medicaid                                 | 259                      | 22.92%                   |                     |
| Medicare                                 | 72                       | 6.37%                    |                     |
| Other                                    | 79                       | 6.99%                    |                     |
| No Insurance                             | 29                       | 2.57%                    |                     |
| Insurance not in ARIES                   | 676                      | 59.82%                   | <b>1,130</b>        |
| <b>San Diego Region</b>                  |                          |                          |                     |
| Central                                  | 451                      | 39.91%                   |                     |
| East                                     | 75                       | 6.64%                    |                     |
| South Bay                                | 169                      | 14.96%                   |                     |
| Southeast                                | 118                      | 10.44%                   |                     |
| North Coastal                            | 112                      | 9.91%                    |                     |
| North Inland                             | 54                       | 4.78%                    |                     |
| North Central                            | 65                       | 5.75%                    |                     |
| Zip Code may be outside SD County        | 5                        | 0.44%                    |                     |
| Zip Code not in ARIES                    | 81                       | 7.17%                    | <b>1,130</b>        |

# 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  |
|--------------------------------|---|---|
| <b>Just Cause</b>              | <ul style="list-style-type: none"> <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   |
| <b>Emergency Circumstances</b> | <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  |