



SAN DIEGO HIV PLANNING GROUP (HPG)
COMMUNITY ENGAGEMENT GROUP
MEETING PACKET

WEDNESDAY, April 17, 2024, 3:00 PM – 5:00 PM

5570 Overland Ave, San Diego, CA 92123
(Medical Examiner Conference Room 1047)

NOTE: This meeting is audio and video recorded.

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

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Meeting Location & Directions:

Community Engagement Group

Wednesday, April 17, 2024

3:00 PM - 5:00 PM

County Operations Center

5570 Overland Ave.

San Diego, CA 92123

(Room 1047 - Medical Examiner's Office)



Parking is **free**. 3-hour visitor parking is available in the parking lot and parking structure. For County business exceeding 3 hours, please park in the numbered spaces in the parking structure.

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:

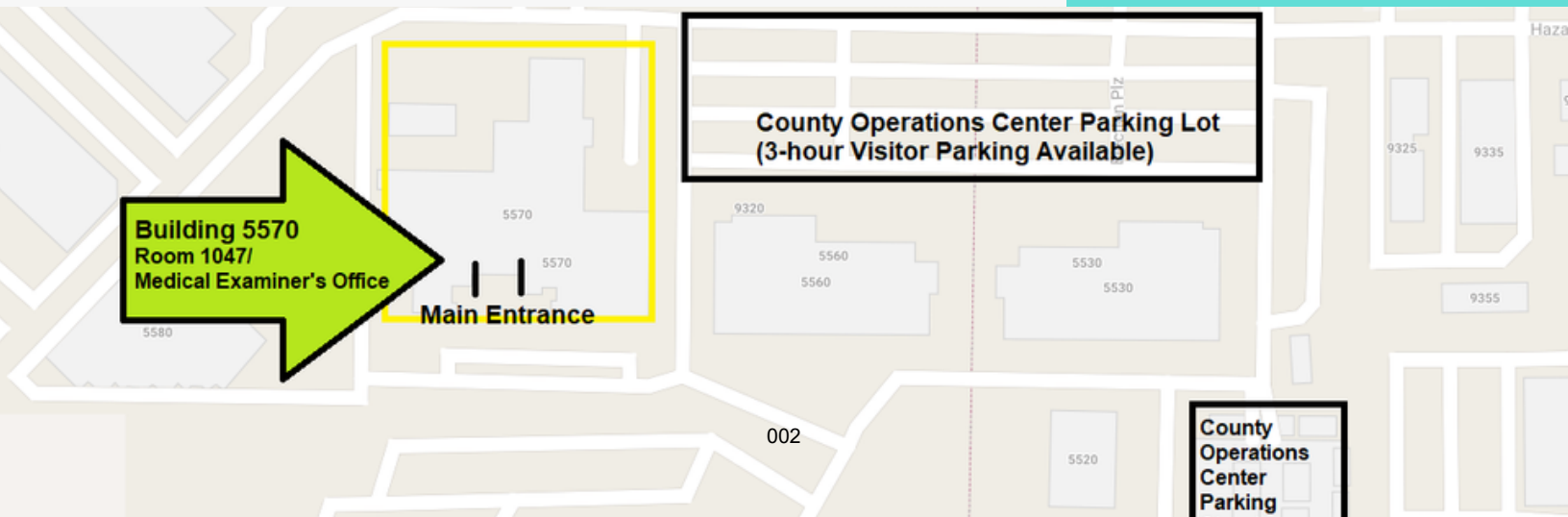
1. Take I-15 North to Exit 10 for Clairemont Mesa Blvd.
2. Turn left onto Clairemont Mesa Blvd.
3. Turn right onto Overland Ave.
4. Continue straight to stay on Overland Ave.



PUBLIC TRANSPORTATION

MTS Bus Routes:

25, 235, 928





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. Building 5570/Medical Examiner's Office will be on the left side at the end of the cul-de-sac.

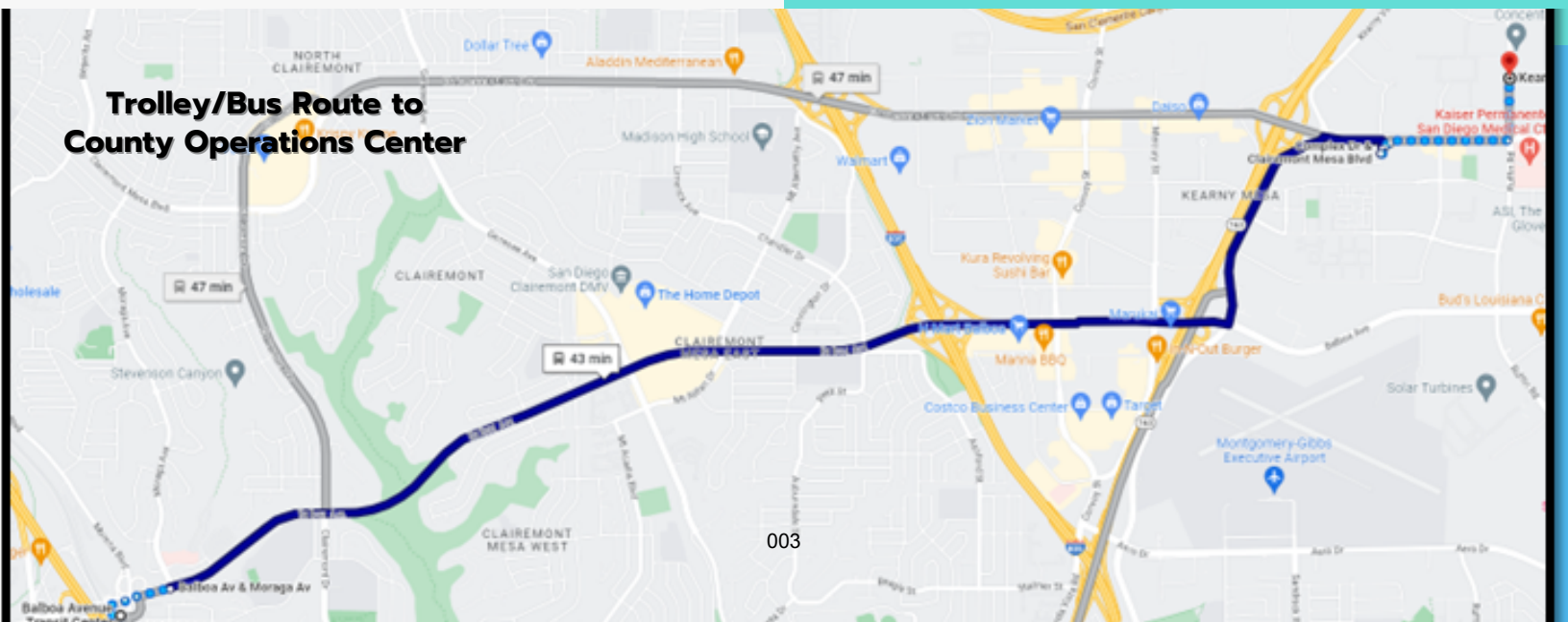
FROM BUS:

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. Building 5570/Medical Examiner's Office will be on the **left** side at the end of the cul-de-sac.



COMMUNITY ENGAGEMENT GROUP (CEG)



Wednesday, April 17, 2024, 3:00 PM – 5:00 PM
County Operations Center
5570 Overland Ave, San Diego, CA 92123
(Medical Examiner Conference Room 1047)

To participate remotely via Zoom:

<https://us06web.zoom.us/j/83782242388?pwd=MTFqZitVcC9hNnFPRkhkcV3dGpKdz09>

Call in: US Toll +1 669 444 9171

Meeting ID: 837 8224 2388 Passcode: 106514

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: Allan Acevedo | Michael Donovan | Michael Lochner (acting Chair) | Jen Lothridge (Co-Chair)

MEETING AGENDA ORDER OF BUSINESS

1. Call to order, roll call, comments from the chair, and a moment of silence
2. Review Background, Mission Statement, Goals, and Agreement of Meeting Decorum
3. Introductions and Icebreaker
4. Public comment (for members of the public)
5. Sharing our concerns (for committee members)
6. **Action:** Approve the Community Engagement Group agenda for April 17, 2024
7. **Action:** Approve the Community Engagement Group minutes for February 21, 2024 (Review follow-up items from the minutes)
8. Old Business
 - a. Review: 2024 Community Engagement Group Working/Training Plan
 - b. Committee Attendance
9. New Business
 - a. In-depth review of 4 – 5 service categories
 - b. **Discussion:** 2024 Membership Recruitment Planning
10. Committee Updates
 - a. CARE Partnership
 - b. Membership Committee
 - c. Strategies and Standards Committee
 - d. Medical Standards and Evaluation Committee
 - e. Priority Settings and Resource Allocation
 - f. Steering Committee
 - g. HIV Planning Group
 - h. HIV Housing Committee/Housing Opportunities for Persons with AIDS (HOPWA)

COMMUNITY ENGAGEMENT GROUP (CEG)

11. Announcements

12. **Next meeting date:** May 15, 2024, at 3:00– 5:00 PM.

Location: Southeastern Live Well Center (Tubman Chavez Room C), 5101 Market Street, San Diego, CA 92114

13. Adjournment

Community Engagement Group Charge:

1) Educate Community Members

- Educate/train community members about the HIV Planning Group's local HIV services planning process and prepare them for and support them in increased involvement throughout the HIV Planning Group Process: committees, task forces, working groups, and other opportunities, as well as HIV Planning Group membership.

2) Increase Community Members' Participation

- Increase the level and diversity of community involvement, including from under-served and under-represented populations.
- Represent the needs of all community members, including those unable to participate in meetings.
- Provide linkages to regional and population-specific community groups and ensure communication between those groups and the Community Engagement Group.
- Identify and seek to overcome barriers to community participation.

3) Represent Community Member Needs Throughout the HIV Planning Group Process

- Provide community representation on HIV Planning Group committees, task forces, etc., and ensure the flow of information from those groups to the Community Engagement Group.
- Encourage maximum community involvement in the Priority Setting Committee and other established venues for the annual priority setting and budget allocations process; the Community Engagement Group will not develop separate budget recommendations.
- Serve as a venue for providing community feedback regarding HIV Planning Group issues (e.g., task forces).

COMMUNITY ENGAGEMENT GROUP



Wednesday, February 21, 2024, 3:00 PM – 5:00 PM
Southeastern Live Well Center
5101 Market Street, San Diego, CA 92114
(Tubman Chavez Room C)

A quorum for this meeting is three (3)

Committee Members Present: Michael Donovan | Michael Lochner (Acting Chair) | Jen Lothridge (Vice-Chair)

Committee Members Absent: Allan Acevedo

MEETING MINUTES

Agenda Item	Discussion/Action	Follow-Up
1. Call to order, roll call, comments from the chair, and a moment of silence.	Jen Lothridge, the committee co-chair, called the meeting to order at 3:03 PM and noted the presence of an in-person quorum. A moment of silence was observed.	
2. <u>Review:</u> Background, Mission Statement, Goals, and Agreement of Meeting Decorum	Committee members read the Mission Statement and the Community Engagement Group (CEG) Charge. The Chair reviewed the meeting decorum.	
3. Introductions (Name, Role with HPG/Consumer, Pronouns), Icebreaker	Members and participants introduced themselves.	
4. Public comment (for members of the public)	An HPG Support Staff member recommended having a brainstorming at a future meeting to consider ways to increase participation in the CEG.	
5. Sharing our concerns (for committee members)	A member of the committee recommended not reviewing all the ground rules at each meeting.	
6. Action: Approve the Community Engagement Group agenda for February 21, 2024	Action: Approve the Community Engagement Group agenda for February 21, 2024 as presented. Motion/Second/Count (M/S/C): Lochner/Donovan 2/0 Abstention(s): Lothridge Motion carries	

COMMUNITY ENGAGEMENT GROUP

Agenda Item	Discussion/Action	Follow-Up
7. Action: Approve the Community Engagement Group minutes for January 17, 2024.	<p>Action: Approve the Community Engagement Group minutes for January 17, 2024 as presented.</p> <p>M/S/C: Donavan/Lochner 2/0</p> <p>Abstention(s): Lothridge</p> <p>Motion carries</p>	
a. Review the 2024 Training Plan	<p>The committee reviewed the 2024 CEG Training Plan and made the following recommendations:</p> <ul style="list-style-type: none"> • Instead of covering all the service categories at the April 2024 meeting, cover 4 – 5 topics at each meeting. • Add to the April 2024 meeting “Brainstorm increased participation in the CEG meetings.” • Move Robert’s Rules/Parliamentary Procedure to May • Move Ryan White to July <p>The committee also canceled the March 2024 meeting due to a lack of quorum.</p>	HPG Support Staff will update the training plan-
8. Old Business	None	
9. New Business		
a. Housing: Upcoming housing developments; First time home buyer programs; Landlord/Tenant Rights - Freddy Villafan, County Housing Program Analyst Housing and Community Development Services	<p>Freddy Villafan presented information on housing for low-income, elderly, and disabled persons. For additional information, Freddy Villafan can be contacted at Freddy.villafan@sdcounty.ca.gov.</p>	<p>HPG Support staff will place the training on the HPG website, www.sdplanning.org</p>
10. Committee Updates		
a. CARE Partnership	The committee has decided to remain independent of the HPG. A committee	

COMMUNITY ENGAGEMENT GROUP

Agenda Item	Discussion/Action	Follow-Up
	member noted that one reason CARE Partnership is popular may be the mid-day time of the meeting seems to work for many people.	
b. Membership Committee	The committee interviewed a candidate for the HIV Prevention Consumer/Advocate seat and an HPG member for reappointment. It updated the Membership Committee Guidelines, the HPG application, and the HPG reappointment application.	
c. Strategies and Standards Committee	The committee will meet on March 5, 2024, to address the strategies in the Getting to Zero (GTZ) Community Engagement Plan and begin reviewing service standards.	
d. Medical Standards and Evaluation Committee (MSEC)	The committee will be meeting on May 27, 2024, to discuss the next steps for the Getting to Zero (GTZ) Community Engagement; consider adding occlusal guards, including hard appliance (D9944) and soft appliance (D9945), to the list of covered oral health care services; discuss the MSEC attendance policy and update their 2024 Work Plan.	
e. Priority Settings and Resource Allocation Committee	The committee will meet on March 14, 2024, to begin reviewing data in preparation for the FY 25 priority setting and budget allocation process; Rhea Van Brocklin was appointed Chair, and Tyra Fleming was elected Vice-Chair.	
f. Steering Committee	The committee discussed the need for increased recruitment of HPG members and planning for the May 22, 2024, HPG Retreat.	
g. HIV Planning Group	Cancelled for February 2024.	
h. HIV Housing Committee/Housing Opportunities for Persons with AIDS (HOPWA)	The CEG will need to elect a new representative to the Housing Committee.	

COMMUNITY ENGAGEMENT GROUP

Agenda Item	Discussion/Action	Follow-Up
11. Announcements	<ul style="list-style-type: none"> • POZabilities is presenting HIV Heroes – recognizing people living with HIV, support persons, and persons who have passed on. For more information, go to hivheroes.org. • The HPG Orientation will be Thursday, April 18, 2024, 2:00 – 4:00 PM via Zoom. • HRSA will conduct a series of recruitment trainings from March to May 2024. Members will receive an email with the details. • Additional HPG Support Staff, including a Health Information Specialist and an Outreach Worker, are pending. • Christie’s Place had a graduation for its Project PEARL Spanish cohort. • Christie’s Place is sponsoring a Black History Month event on Friday, February 23, 2024, from 12:00 to 3:00 PM. • The Women’s Conference will be on Saturday, March 9, 2024. For more information, visit awomansvoice.org. • The HPG Retreat will be Wednesday, May 22, 2024, 1:00 – 5:00 PM. • There will be a retirement party for John Keasler and Jerry Turner on Saturday, March 30, 2024. 	
12. Next meeting date	<p>Next Meeting: Wednesday, April 17, 2024, 3:00 PM- 5:00 PM., in-person and via Zoom.</p> <p>Location: County Operation Center 5570 Overland Ave. San Diego, CA 92123; (Medical Examiner Conference Room 1047)</p>	

COMMUNITY ENGAGEMENT GROUP

Agenda Item	Discussion/Action	Follow-Up
	(Note: the March 20, 2024, meeting has been cancelled).	
13. Adjournment	Meeting was adjourned at 4:29 PM.	

DRAFT

COMMUNITY ENGAGEMENT GROUP (CEG)

CY 2024 WORKING / TRAINING PLAN

MEETING DATE	OBJECTIVES
January 11, 2024	<ul style="list-style-type: none"> • Federal/State Medical Insurance Programs
February 21, 2024	<ul style="list-style-type: none"> • County of San Diego Housing Programs
March 20, 2024	<ul style="list-style-type: none"> • No meeting
April 17, 2024	<ul style="list-style-type: none"> • In-depth review of the 4-5 service categories
May 15, 2024	<ul style="list-style-type: none"> • HIV/AIDS Epidemiology data • Robert’s Rules of Order/Parliamentary Procedure • Expenditure Sheet and budget sheets (Dr. Ken Riley) • In-depth review of 4 – 5 service categories
June 12, 2024	<ul style="list-style-type: none"> • Review Happyville exercise/ “Another Day in Happyville”) • In-depth review of 4 – 5 service categories
July 17, 2024	<ul style="list-style-type: none"> • HPG Bylaws Training/Ryan White Program • In-depth review of the 4-5 services categories
August 21, 2024	<ul style="list-style-type: none"> • No meeting due to weekly HPG meetings
September 18, 2024	<ul style="list-style-type: none"> • Conflict of interest • In-depth review of the 4-5 service categories
October 16, 2024	<ul style="list-style-type: none"> • Dental services • In-depth review of the 4-5 service categories
November 20, 2024	<ul style="list-style-type: none"> • Transportation Services
December 11, 2024	<ul style="list-style-type: none"> • Holiday celebration/ Membership Recognition

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

Community Engagement Group	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	#
Total Meetings	1	1	1	1	1	1	1	1	1	1	1	0	11
Member													
Acevedo, Allan	*	*	*	*	*	*	1	1	1	1	1	NM	5
Donovan, Michael	*	*	*	*	*	*	*	*	*	*	*	NM	0
Fleming, Tyra	*	JC	*	*	*	JC	*	*	*	*	*		0
Lochner, Mikie	*	1	*	*	*	*	*	*	*	*	*	NM	1
Lothridge, Jen	*	*	*	*	*	*	*	*	*	*	*	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

San Diego HIV Planning Group
Priority Setting and Resource Allocation Committee

2024 Key Data Findings

**SERVICE ELIGIBILITY CRITERIA AND SERVICE GUIDELINES
BY SERVICE CATEGORY
FOR RYAN WHITE PART A/B SERVICES**

Draft April 11, 2024



The Health Resources and Services Administration (HRSA) require that the income eligibility criteria be the same for all Ryan White service categories. Having different income eligibility criteria for different services creates barriers to receiving care and treatment.

Thus, to be eligible to receive Ryan White Parts A/B services in San Diego County, one must:

- Live in San Diego County
- Have an income at or below 500% Federal Poverty Level (FPL)* (\$75,300 annually for a household of one)
- Have a confirmed HIV diagnosis (except in service categories that permit services to HIV-negative and unaware)
- Have no other payer for service

All clients must be reassessed for eligibility every twelve months

Service specific guidelines for each Ryan White service provided in the County are noted in the chart beginning on page 2.

*The FPL for changes every year and is usually published within the first few months of each calendar year. The 2024 500% FPL is \$75,300 annually for a household of one (adjusted for additional family members).

Definitions:

Medical Provider = Medical Doctor (MD or DO), Nurse Practitioner (NP), Physician Assistant (PA)

Clinical Provider = Medical Doctor (MD or DO), Nurse Practitioner (NP), Physician Assistant (PA), Registered Nurse (RN), Licensed Vocational Nurse (LVN), Case Manager (CM), Licensed Clinical Social Worker (LCSW), Licensed Marriage Family Therapist (LMFT)

Mental Health Provider = Psychiatrist (a Medical Doctor, MD or DO), Psychologist (PhD or PsyD), Licensed Clinical Social Worker (LCSW), Licensed Marriage Family Therapist (LMFT)





Dental Provider = Dentist (DDS or DDM), Dental Specialist (DDS or DDM)

 = Core Medical Service





Blue lettering = Service category with \$0 allocated currently or not presently procured/deployed


San Diego County EMA Ryan White Treatment Extension Act (RWTEA) Parts A/B SERVICE SPECIFIC CRITERIA


Draft March 14, 2024


FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
1.  Outpatient Ambulatory Health Services (Primary Care)	No additional guidelines	Emergency room or urgent care services are not considered outpatient settings. There are no annual limits on the number of services provided.	
2.  Medical Specialty	Must have a referral from Ryan White HIV Primary Care provider	Requests triaged based on medical necessity, HIV relatedness and urgency.	<ul style="list-style-type: none"> • Medical provider
3.  Oral Health Care (Dental Care)	Must have a referral from Ryan White Primary Care provider	Primary dental services are available as medically necessary or as required to treat pain. Dental specialty is limited to procedures to support palliative and medically necessary dental care outside of primary dental care setting. Service specifically excludes dental implants (with four specific exceptions)	<ul style="list-style-type: none"> • Medical provider • Dental provider for dental specialty service
4.  Medical Case Management Services	Limited to individuals who are unable to access or remain in HIV medical care as determined by medical care managers based on whether: <ul style="list-style-type: none"> • Client is currently enrolled in outpatient/ambulatory health services • Client is following his/her medical plan • Client is keeping medical appointments • Client is taking medication as prescribed 	Services are not intended for individuals who are able to access and remain in HIV medical care. Case is closed when all action items on the care plan are completed, and medical care is stabilized. There are no annual limits on the number of services provided.	
5. Non-Medical Case Management Services	Must demonstrate ability to access or remain in HIV medical care	Services are not intended for individuals who are unable to access or remain in HIV medical care. Case is closed when all action items on the care plan are completed, and medical care is stabilized. There are no annual limits on the number of services provided.	
6. Non-Medical Case Management for Housing	Eligible to receive Ryan White services Upon intake, all eligible clients will be required to enroll in all available housing assistance waiting lists, including Section 8, Housing Opportunities for Persons with AIDS (HOPWA), and Tenant-Based Rental Assistance (TBRA).	Housing case management does not provide support or guidance for accessing other services, and it is required that housing case managers closely coordinate client needs outside of housing with medical or non-medical case managers as part of a treatment team approach.	<ul style="list-style-type: none"> •


FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
	<p>A housing plan must be developed within 60 days of enrolling in housing case management and no later than 90 days after enrolling in PARS. The client & case manager should review the plan regularly, and at least every quarter.</p>		
<p>7. Housing: Emergency Housing</p>	<p>Eligible to receive RW services.</p> <p>Because all housing support provided under Ryan White is temporary, a housing transition plan is required to ensure clients maintain housing self-sufficiency at the conclusion of assistance.</p>	<p>Services prioritize hotel/single room occupancy (SRO) vouchers over rental assistance. Service can be used once in a 12-month period. Service is not available to individuals who:</p> <ul style="list-style-type: none"> • Receive Housing Opportunities for People with AIDS (HOPWA) funds. • Receive a tenant-based or project-based rent subsidy including, but not limited to, subsidized low-income housing, or subsidized independent housing associated with any program such as Public Housing, Affordable Housing, Section 8, HOPWA, or PARS rental assistance. • Have previously been terminated from receiving emergency housing assistance or tenant-based rental assistance, have violated program guidelines in their use of emergency housing funds, or have been identified as ineligible for services. • Can include sober living and assisted living. <p>Housing services may not:</p> <ul style="list-style-type: none"> • Be used for mortgage payments • Be in the form of direct cash payments to clients • Be used for rental or security deposits. Such deposits are typically returned to clients as cash which would violate the prohibition on providing cash payments to clients. 	<ul style="list-style-type: none"> • Case manager
<p>8. Housing Location, Placement and Advocacy Services</p>	<p>(The Strategies and Standards Committee will draft service standards for this service category)</p>		
<p>9. Housing: Partial Assistance Rental Subsidy (PARS)</p>	<p>Must not receive other subsidized housing, either tenant-based or project-based</p> <p>Because all housing support provided under Ryan White is temporary, a housing transition plan is</p>	<p>Provides 40% of a client's monthly rental costs not to exceed 40% of the fair-market rent for San Diego County as determined by the U.S. Department of Housing and Urban Development (HUD).</p>	<ul style="list-style-type: none"> • Case manager


FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
	<p>required to ensure clients maintain housing self-sufficiency at the conclusion of assistance.</p> <p>All clients enrolled in the Partial Assistance Rental Subsidy (PARS) program must also enroll in housing case management.</p>	<p>Clients shall not receive PARS if they receive tenant-based or project-based rent subsidy including, but not limited to, subsidized low-income housing, or subsidized independent housing associated with any program such as Public Housing, Affordable Housing, HOPWA, or Section 8.</p> <p>Housing services may not:</p> <ul style="list-style-type: none"> • Be used for mortgage payments • Be in the form of direct cash payments to clients • Be used for rental or security deposits. Such deposits are typically returned to clients as cash which would violate the prohibition on providing cash payments to clients. 	
<p>10.  Mental Health: Counseling, Therapy/Support Groups</p>	<p>May request or be referred by providers or case manager</p>	<p>Case is closed when all action items on the care plan are completed, and medical care is stabilized. There are no annual limits on the number of services provided.</p>	
<p>11.  Substance Use Treatment: Outpatient Care</p>	<p>Cannot currently be in a residential substance abuse treatment program</p>	<p>Case is closed upon successfully completion of treatment and client chooses not to participate in any other aftercare program activities. There are no annual limits on the number of services provided.</p>	
<p>12.  Mental Health: Psychiatric Services</p>	<p>Must have a confirmed mental health diagnosis, and/or referral for specialized psychiatric care from a medical provider or mental health provider</p>	<p>There are no annual limits on the number of services provided.</p>	<ul style="list-style-type: none"> • Medical provider • Mental health provider
<p>13.  Coordinated HIV Services for Women, Infants, Children, Youth and Families (CHS:WICYF)</p>	<p>Services focus on linkage or re-engagement in care and are not intended to be ongoing.</p>	<p>Limited to:</p> <ul style="list-style-type: none"> • Individuals who do not know their HIV status and need to be referred to counseling and testing • Individuals who know their status and are not in care and need assistance to enter or re-enter HIV-related medical care 	
<p>a. Childcare Services (A subcategory of CHS:WICYF)</p>	<p>Available for children living in the household of individuals with a confirmed HIV diagnosis and their affected family members while attending medical visits, related appointments, and/or Ryan White-funded meetings, groups, or training sessions.</p>	<p>For children from infancy through 12 years of age. Services are also available, if permitted at the appointing clinic, for parents and caregivers attending medical, dental, and mental health care appointments, including support groups, on-site childcare is prioritized for appointments, so family members can access support service needs. It may be available for other purposes as determined appropriate. For parents and caregivers utilizing</p>	<ul style="list-style-type: none"> • Case manager

FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
14.  Early Intervention Services: Regional Services (EIS:RS)	Services focus on linkage or re-engagement in care and are not intended to be ongoing.	on-site services, at least one parent or caregiver must remain on-site. Limited to: <ul style="list-style-type: none"> Individuals who do not know their HIV status and need to be referred to counseling and testing Individuals who know their status and are not in care and need assistance to enter or re-enter HIV-related medical care 	<ul style="list-style-type: none">
a. Outreach Services (a subcategory of EIS:RS)	Services focus on linkage or re-engagement in care and are not intended to be ongoing.	Limited to: <ul style="list-style-type: none"> Individuals who do not know their HIV status and need to be referred to counseling and testing Individuals who know their status and are not in care and need assistance to enter or re-enter HIV-related medical care 	
15. Health Education and Risk Reduction (stand-alone service, not part of CHS:WICFY or EIS:RS)	Eligible to receive Ryan White funded care The provision of education and information to clients living with HIV and how to reduce the risk of HIV transmission. It includes education, referral and related service navigation to clients living with HIV to improve their health and their partners to prevent HIV transmission.	Services are intended to complement and not replace other funded HIV prevention activities Exclusions: <ul style="list-style-type: none"> Affected individuals (partners and family members not living with HIV) are only eligible if receiving services concurrently with the client. Health Education/Risk Reduction may not be delivered anonymously. However, all information is confidential. 	
16. Referral to Health and Care and Support Services (Peer Navigation)	Must currently be receiving case management, non-case management, mental health, substance abuse or outreach services	Services focus on linkage or re-engagement in care and are not intended to be ongoing.	<ul style="list-style-type: none"> Self-Referral Case manager Early Intervention Services
17. Psychosocial Support Services	Available to clients living with HIV; may include support groups and may be provided by a trained staff or volunteer, including peers.	Funds under this service category may not be used to pay for food, transportation or for professional mental health services.	
18. Substance Use Treatment: Residential Care	Must have a written referral from the clinical provider as part of a substance use disorder treatment program funded under the Ryan White program	Case is closed upon completion of treatment program. There are no annual limits on the number of services provided.	<ul style="list-style-type: none"> Clinical provider

FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
<p>19.  Home and Community Based Health Services</p>	<p>Must be at risk for hospitalization or entry into a skilled nursing facility. Must also:</p> <ul style="list-style-type: none"> • Have a health condition consistent with in-home services • Have a home environment that is safe for both the client and the service provider • Have a score of 70 or less on the Cognitive and Functional Ability (Karnofsky) Scale 	<p>Service specifically excludes:</p> <ul style="list-style-type: none"> • Emergency room services • In-patient hospital services • Nursing homes • Other long-term care facilities <p>Case is closed when all action items on the comprehensive service plan are complete and medical care is stabilized. There are no annual limits on the number of services provided.</p>	<ul style="list-style-type: none"> • Medical provider • Case manager
<p>20. Transportation Pool – Assisted & Unassisted</p>	<p>Individuals shall be eligible for transportation only if they would not otherwise have access to core medical and support services and only if they do not qualify for other transportation assistance programs.</p>	<p>Specific eligibility criteria for <u>assisted transportation</u>∗:</p> <ul style="list-style-type: none"> • Used for transport to and from various core medical and support service providers. • Assisted transportation, consisting of ADA Para-Transit Passes and certified medical transport may be used if a client is unable to access unassisted transportation. • Contractor shall refer all clients requesting assisted transportation for screening and potential eligibility for AIDS Waiver program. • Clients are not eligible for RW assisted transportation services if they receive or are eligible for other public transportation benefits such as, but not limited to, ADA Para-Transit, AIDS Waiver Transportation Assistance, Home and Community-based Health Services, or Medi-Cal reimbursed medical transport. <p>Specific eligibility criteria for <u>unassisted transportation</u>:</p> <ul style="list-style-type: none"> • Reserved for individuals unable to access or stay in core medical and support services. • Disabled monthly passes may be issued for individuals who qualify for the disabled monthly pass and have more than three medical visits per month. • Day passes may be issued for individuals who do not qualify for the disabled monthly passes and for those eligible for disabled 	<ul style="list-style-type: none"> • Case manager • Any service provider

FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
		<p>monthly passes who have fewer than three medical visits per month.</p> <ul style="list-style-type: none"> ○ Individuals who receive day passes can be issued two extra day passes to cover unexpected or emergency medical visits. Clients are limited to two unused emergency day passes at a time. ● Monthly passes may be issued to clients in lieu of day passes if a client's predetermined number of day-passes for a month equals or exceeds the cost of a standard monthly pass. ● Other forms of transportation may include but are not limited to: taxis, ride sharing programs and/or mileage reimbursement. <p>Transportation services are limited to travel to and from core medical and support service appointments only; however, clients traveling with legal dependents are permitted to make stops at childcare facilities to drop children off before appointments and to pick children up after appointment.</p> <p>Unallowable services include: 1. Direct cash payment or reimbursements to clients 2. Direct maintenance expenses of personally owned vehicles (tires, repairs, etc.) 3. Payment of other cost associate with a personally owned vehicle (insurance, license, etc.)</p>	
<p>21. Food Services/Home Delivered meals</p>	<p>Must be physically and/or mentally incapable of preparing own meals to qualify for home delivered meal services. Individuals who can prepare meals may still be eligible for food vouchers and food bank services</p>	<p>Services do not provide:</p> <ul style="list-style-type: none"> ● Permanent water filtration systems for water entering a home; ● Household appliances; ● Pet foods ● Other non-essential products. <p>Case is closed when the service is deemed no longer medically necessary. There are no annual limits on the number of services provided.</p>	<ul style="list-style-type: none"> ● Case manager ● Medical provider
<p>22.  Medical Nutrition Therapy</p>	<p>Must be referred by a medical provider</p>	<p>Case is closed when all action items on the nutrition plan are competed, and medical care is stabilized. There are no annual limits on the number of services provided.</p>	<ul style="list-style-type: none"> ● Medical provider

FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
23. Legal Services (Other Professional Services)	Services can also be provided to family members and others affected by a client's HIV disease when the services are specifically necessitated by the person's HIV status	Excludes criminal defense and class-action suits unless related to access to services eligible for funding under the Ryan White program. Case is closed when the legal matter has been resolved. There are no annual limits on the number of services provided.	
24. Emergency Financial Assistance	Eligible to receive RW services.	The maximum amount for each item per year per client are as follows: <ul style="list-style-type: none"> • Clients are eligible to receive up to \$1,000/year to use for utility payments. • Food bags: Each client is allowed a maximum of 12 weeks of emergency food bags per 12 months. • Medication: Covers prescription medication (1) not available through the AIDS Drug Assistance Program (ADAP) and (2) only intended for short term need. • Eyeglasses: One set of lenses per year, one set of frames every other year; one opportunity to replace if lost/stolen/damaged. • Eviction prevention: Limited to \$1,490/year. Electronic devices (tablets, small laptops, etc.) can be provided to assist clients access virtual environments/telehealth appointments/RW planning meetings.	<ul style="list-style-type: none"> • Case manager
25. Home Health Care	Must be deemed medically homebound by a medical provider	Home settings do not include nursing facilities or inpatient mental health/substance use treatment facilities. Case is closed when all services are completed, and medical care is stabilized. There are no annual limits on the number of services provided.	<ul style="list-style-type: none"> • Medical provider • Case manager
26.  Early Intervention Services: HIV Counseling and Testing	Services focus on linkage or re-engagement in care and are not intended to be ongoing.	Limited to: <ul style="list-style-type: none"> • Individuals who do not know their HIV status and need to be referred to counseling and testing • Individuals who know their status and are not in care and need assistance to enter or re-enter HIV-related medical care 	

FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
27. Cost-Sharing Assistance	(The Strategies and Standards Committee will draft service standards for this service category)		
28.  Home Hospice	Must be certified as terminally ill by a physician and have a defined life expectancy of six months or less	Case is closed upon death. This service category does not extend to skilled nursing facilities or nursing homes. There are no annual limits on the number of services provided.	<ul style="list-style-type: none"> • Medical provider • Case manager

Seat #	HPG Vacant Seats as of 3/2024	Unexpired term:
2	General Member	1/26/2025
5	General Member	1/26/2025
6	General Member	4/6/2025
9	General Member	9/14/2025
11	General Member	
12	General Member	
13	General Member	
14	General Member	
15	General Member	
24	Hospital Planning Agency or Health Care Planning Agency	
27	Prevention Services Consumer	
28	State Government-State Medicaid	
34	Board of Supervisors Designee: District 2	
37	Board of Supervisors Designee: District 5	
42	HIV Testing Representative	6/23/2024

APPENDIX

(Pages 024 - 029)

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

If the physical attendance quorum requirement is met, AB 2449 permits a member who is not physically present to request virtual attendance at the local legislative body's meeting under two circumstances:

(1) for "just cause" and (2) due to "emergency circumstances".

Qualifying Reason	Provisions to attend remotely	Requirements/Limitations
Just Cause	<ul 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	A member is limited to two (2) virtual attendances based on "just cause" per calendar year
Emergency Circumstances	<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 Circumstances (AB 2449)
In person participation of quorum	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 to 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 recommendation 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

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



YOUR VOICE MATTERS! 2024 COUNTY OF SAN DIEGO HIV NEEDS ASSESSMENT SURVEY

TELL US ABOUT:

- Access to HIV prevention and treatment services
- Things that work well
- Challenges and concerns
- Your well-being

TAKE THE SURVEY ONLINE!



Learning about the impact of HIV in San Diego County will help us improve HIV services and access!

CHECK OUT OUR NEW
APP FOR COUNTY'S
HIV RESOURCES

GETTING 2
ZERO
STOP HIV



hpg.hhsa@sdcounty.ca.gov

¡TU VOZ IMPORTA!

2024 CONDADO DE SAN DIEGO ENCUESTA DE EVALUACIÓN DE LAS NECESIDADES RELACIONADAS CON EL VIH

CUÉNTANOS SOBRE:

- Acceso a la prevención del VIH y
- Servicios de tratamiento
- Coas que funcionan bien
- Desafíos y preocupaciones
- Tu bienestar

¡RESPONDA LA ENCUESTA EN LÍNEA!



Aprendiendo
acerca de el
impacto de la VIH
en Condado de
San Diego nos
ayudará mejorar
los servicios del
VIH y ¡acceso!

CONSULTE NUESTRA NUEVA
APLICACIÓN PARA OBTENER
RECURSOS SOBRE EL VIH
DEL CONDADO

029

GETTING 2
ZERO
STOP HIV



hpg.hhsa@sdcounty.ca.gov