SAN DIEGO HIV PLANNING GROUP

Orientation

Presented by HPG Support Staff

Thursday, April 18, 2024

2:00 PM

HIV Planning Group – Purpose and Authority

Established on December 15, 2015 by the County Board of Supervisors.

HIV Health Services Planning Council and HIV Prevention Group combined to form an integrated planning body.

Purpose: to receive funds from the Ryan White Treatment Extension Act of 2009 (for HIV care and treatment services), and in accordance with the guidance from the Centers for Disease Control and Prevention (CDC) (for HIV prevention services).

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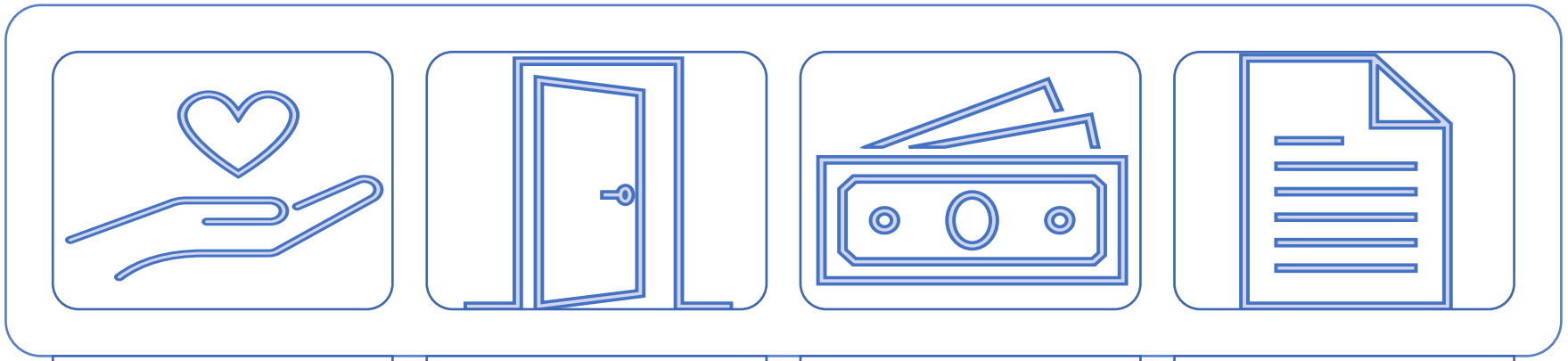
San Diego – Ryan White Eligibility

To receive Ryan White services, clients must establish eligibility by providing:



Documentation of HIV infection – only required one time at initial treatment	Documentation of residency in San Diego County	Documentation that their income does not exceed 500% Federal Poverty Level (FPL)	Documentation of insurance status and any other third-party payers

Introduction to the Ryan White Program

Ryan White Program: The Treatment Extension Act of 2009

Ryan White HIV/AIDS Treatment Extension Act of 2009 / Title XXVI of the Public Health Services Act:

- Began as “emergency relief” for overburdened healthcare systems at a time when effective medications were not available.

- Administered by the HIV/AIDS Bureau (HAB) within the Health Resources and Services Administration (HRSA).

- Purpose: Identify Persons Living with HIV (PLWH) who are unaware of their status and not in care, link them to care, and retain them in care over time.

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Ryan White Program: The Timeline

2011

Research demonstrates "treatment and prevention" showing that viral suppression prevents HIV transmission

2013

HIV Care Continuum Initiative is launched to monitor and increase HIV testing, linkage to care, retention in care, and viral suppression. HIV/AIDS Bureau establishes revised portfolio of care and treatment performance measures

2016

National HIV/AIDS Strategy is developed – a 5-year plan to reduce new HIV infections, improve health outcomes, reduce disparities, and achieve a more coordinated national response to the HIV epidemic

2017

Largest federal government program specifically designed to provide services for people living with HIV (PLWH) - $2.32 billion in funding (3rd largest after Medicaid and Medicare)

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Ryan White Program: Funding

FUNDING PARTS

- **A** Metropolitan areas hardest hit by the HIV epidemic
- **B** States and territories and the AIDS Drug Assistance Program (ADAP)
- **C** Community agencies
- **D** HIV care for women, infants, children, and youth living with HIV
- **F** Multiple programs, including dental, clinical training, research and demonstration projects, and global initiatives

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Ryan White Program: Part A Funding

A Metropolitan areas hardest hit by the HIV epidemic

Funded by 2 categories of metropolitan areas providing medical care and support services:

1. **Eligible Metropolitan Areas (EMAs)** = at least 2,000 new cases of AIDS reported in the past 5 years and at least 3,000 people living with HIV
   a. San Diego is considered an EMA
2. **Transitional Grant Areas (TGAs)** = 1,000-1,999 new cases of AIDS reported in the past 5 years and at least 1,500 people living with HIV

Ryan White Program: Part A Funding

FUNDING PARTS

A Metropolitan areas hardest hit by the HIV epidemic

B State and territorial AIDS Drug Assistance Program (ADAP)

C Community agencies

D HIV care for women, infants, children, and youth living with HIV

- Special Project of National Significance (SPNS)
- AIDS Education and Training Centers (AETCs)
- Minority AIDS Initiative (MAI)

F Multiple programs, including dental, clinical training, research and demonstration projects, and global initiatives

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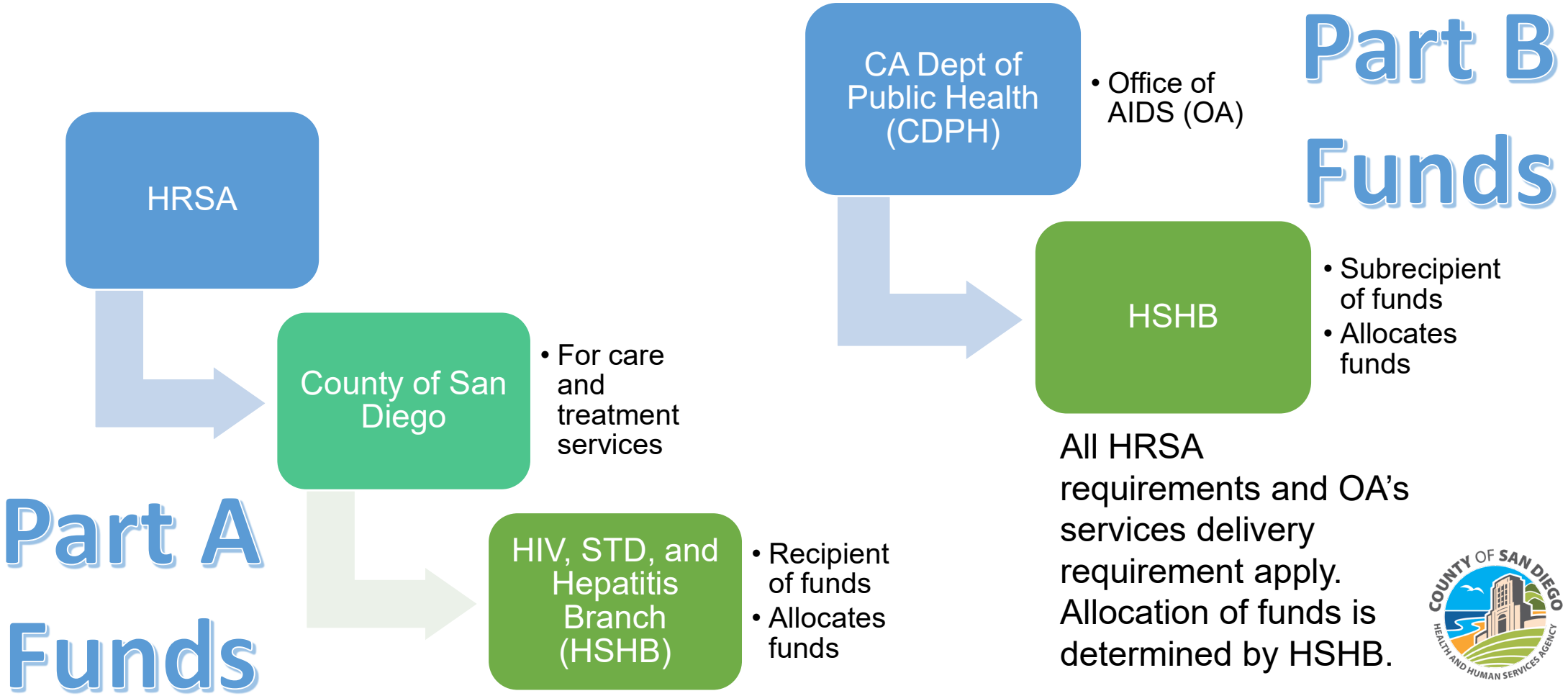
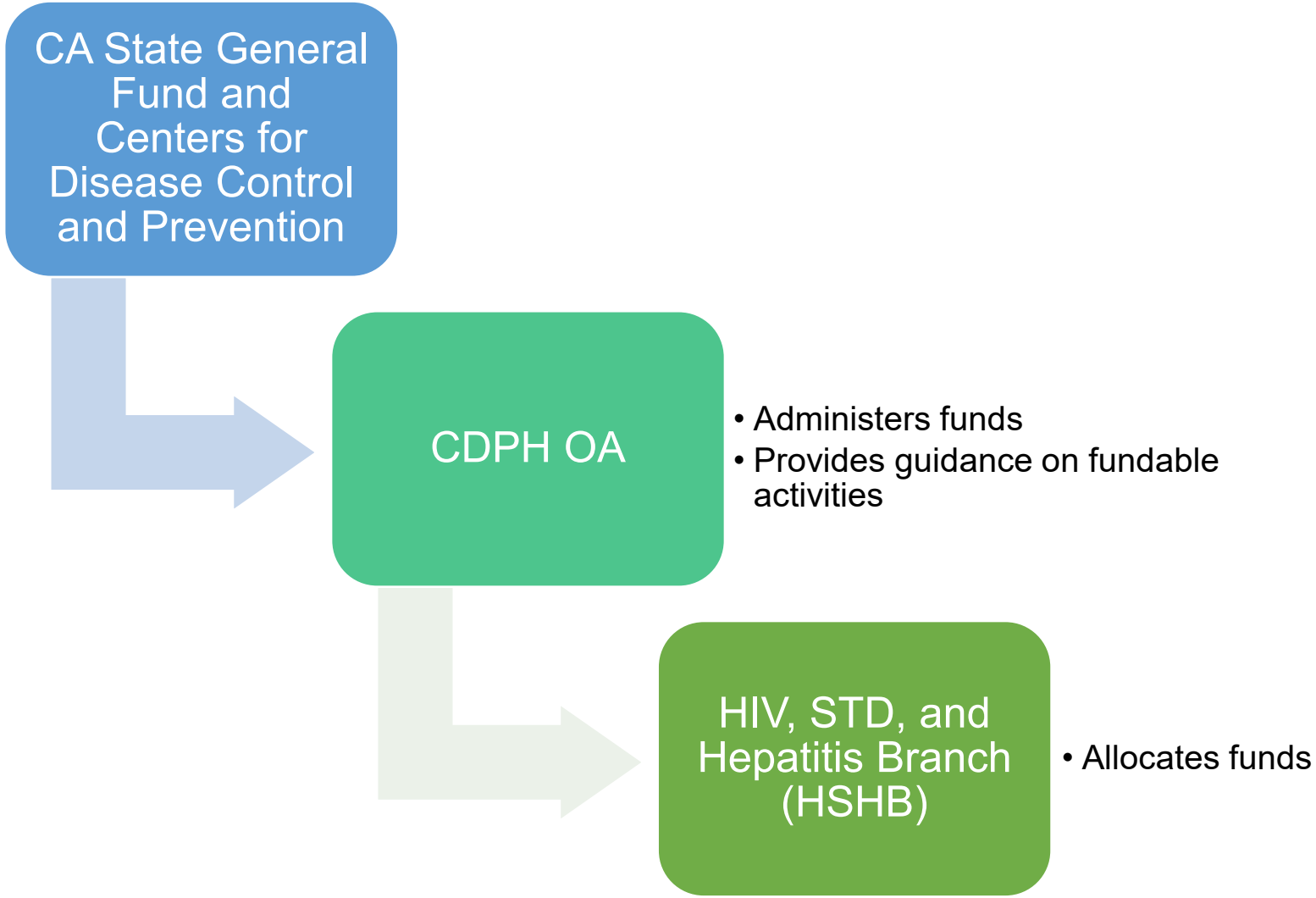
Ryan White Program: Role of Funder in Planning for Care and Treatment



All HRSA requirements and OA's services delivery requirement apply. Allocation of funds is determined by HSHB.

Ryan White Program: Role of Funder in Planning for HIV Prevention



Ryan White Program: Services

Provides a comprehensive system of care for people living with HIV

Most funds support primary medical care and other related and support services

Provides ongoing access to HIV medications

- **Core medical services** identified in the legislation
- **Support services** needed so that PLWH can reach their medical outcomes

HRSA/HAB provides service definitions and descriptions
Refinements to service categories and definitions in 2016 and 2018 (Policy Clarification Notice (PCN) #16-02)

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Ryan White Program: Core Medical vs. Support Services

Core Medical	Support Services
▪ Primary Care ▪ Medical Specialty Care ▪ Mental Health: Psychiatric Medication Management ▪ Oral Health Care ▪ Medical Case Management ▪ Mental Health: Counseling, Therapy, Support Groups ▪ Early Intervention Services ▪ Outpatient Substance Abuse Treatment ▪ Home and Community-Based Health ▪ Home Health Care ▪ Medical Nutrition Therapy ▪ Hospice	▪ Inpatient Substance Abuse Treatment ▪ Legal Services ▪ Outreach & Referral ▪ Non-Medical Case Management ▪ Non-Medical Case Management for Housing ▪ Housing: Emergency Housing ▪ Housing: Partial Assistance Rental Subsidy (PARS) ▪ Housing Location, Placement and Advocacy Services ▪ Peer Navigation ▪ Food Services ▪ Emergency Financial Assistance ▪ Medical Transportation ▪ Childcare ▪ Health Education/Risk Reduction ▪ Psychosocial Support

Ryan White Program: Why Is It Important?

- ✓Serves PLWH who are low-income and do not have insurance that covers their HIV care and medications
- ✓Payer of last resort: funds may not be used to pay for items or services that are eligible for coverage by other federal or state programs or private health insurance
- ✓Not an “entitlement” program: it must operate using the funds appropriated annually by Congress and awarded to recipients
- ✓Mandates that consumers of Parts A and B funded services have a voice in the planning for services

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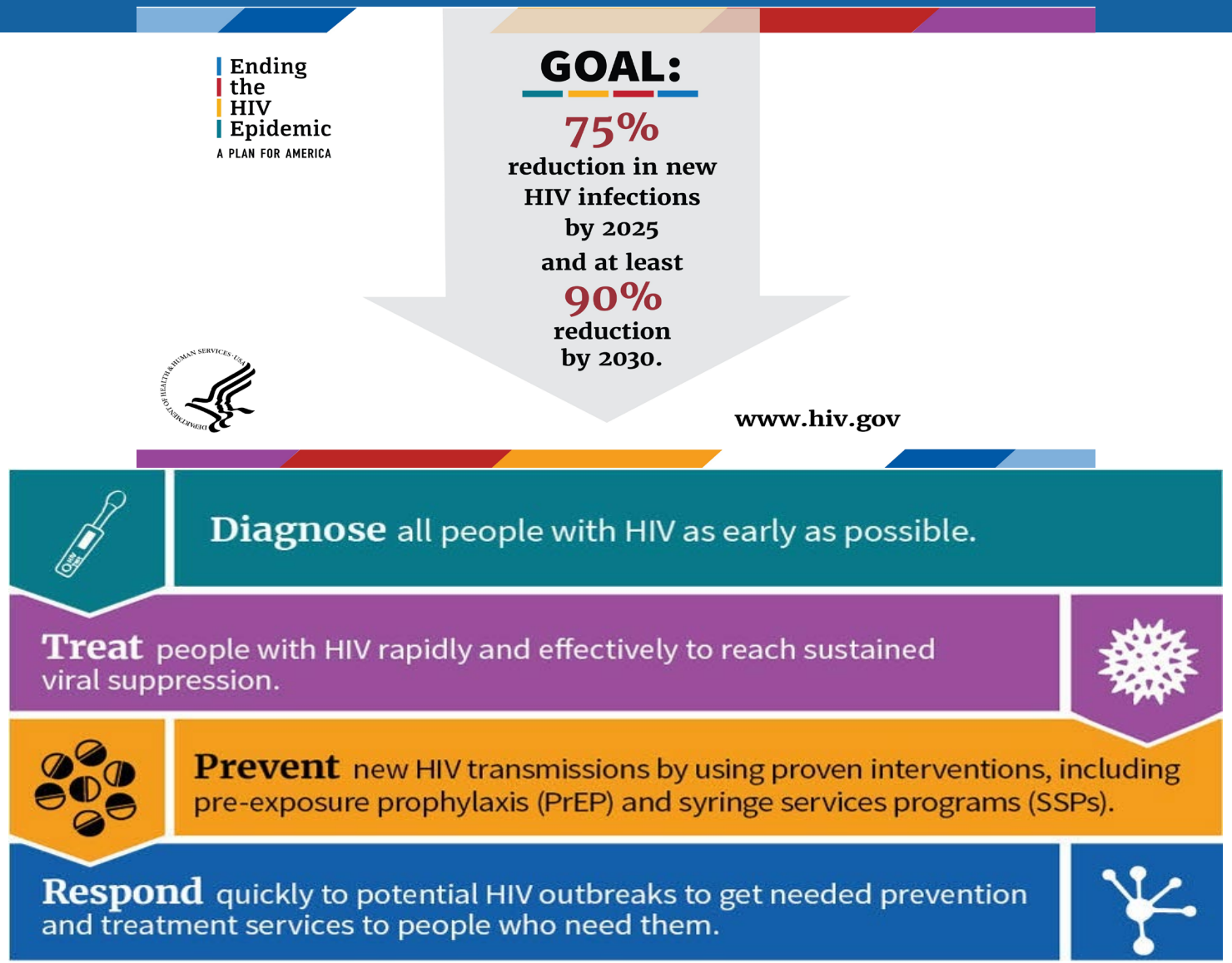
Ending the HIV Epidemic Programs

Getting to Zero Initiative

- Comprehensive initiative approved by the County of San Diego Board of Supervisors in March 2016
- Seeks to eliminate all new HIV infections in San Diego County within 10 years
- Aims to increase public awareness of HIV and embolden countywide prevention efforts by:
  - Setting clear goals;
  - Encouraging collaboration between local organizations and health care providers; and
  - Pursuing policy changes that support HIV eradication efforts.

Source: HIV Care Continuum | HIV.gov

Ending the HIV Epidemic



Ending the HIV Epidemic *(continued)*

PS20-2010 – CDC ENDING THE HIV EPIDEMIC

- Peer-based Mobile PrEP
- Wraparound Services for Persons who Inject Drugs
- Routine Opt-Out Testing (ROOT) Implementation Testing
- Benefits Navigation
- Getting to Zero Mobile Application and Resource Guide
- At home testing
- Social marketing

Ending the HIV Epidemic *(continued)*

PS18-1802 – HIV PREVENTION PROGRAM

- PrEP/PEP Navigation
- HIV Testing
- Outreach and Education
- Linkage to Care/ART
- Mpox and Syringe Services
- Social Media and Condom Distribution

Integrated/Comprehensive Planning

- Legislation requires Ryan White Part A and Part B programs to prepare comprehensive plans that set goals and objectives.
- Designed to help reach the national goals to end the epidemic and improve performance along the HIV care continuum.
- Programs expected to review plan progress regularly and refine objectives and strategies as needed.
- Collaborative plan implementation and monitoring by prevention and care (and between Part A and Part B) encouraged.

2022-2026 Integrated HIV Prevention and Care Guidance Plan

- The San Diego HIV Planning Group is partnering with the California Department of Public Health (CDPH) and other jurisdictions around California

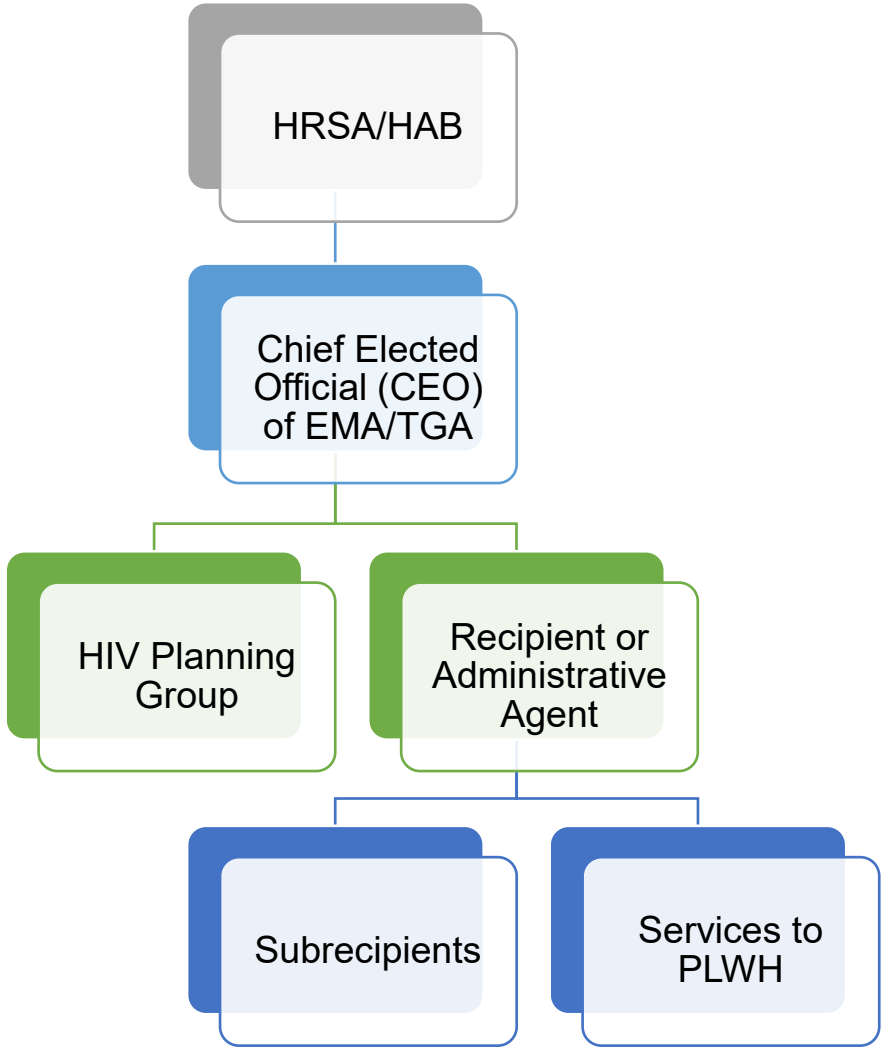
- Overlays the work done within these three entities:
  - National HIV/AIDS Strategy
  - GTZ Community Engagement Plan
  - Integrated Plan

- Four Goals:
  - Prevent new HIV Infections
  - Improve HIV-related health outcomes of people with HIV
  - Reduce HIV-related health disparities & inequities
  - Achieve integrated, coordinated efforts

Partnership Between the HPG and the Recipient

Flow of Ryan White Part A Decision Making and Funds

HIV Planning Group sets priorities, allocates resources, and gives directives to recipient on how best to meet these priorities.



Collaboration

HIV Planning Group	Recipient
Decides how best to use available funds to help support a community-based system of care for PLWH	Receives and administers funds and is responsible for contracting with providers (subrecipients) who provide care and treatment
HPG and Recipient	
Work closely together, sharing responsibility for tasks like needs assessment and integrated/comprehensive planning	

Roles and Responsibilities

- Two independent entities, both with legislative authority and roles
- Some roles belong to one entity, and some are shared
- Effectiveness requires clear understanding of the roles and responsibilities of each entity, AND:
  - ✓ Frequent communication, information exchange, and collaboration between HPG, Recipient, and HPG Support Staff
  - ✓ Ongoing consumer and community involvement

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Roles and Responsibilities *(continued)*

Task	CEO	HPG	Recipient
Establishment of HIV Planning Group/Planning Body*	✓		
Appointment of HPG Members*	✓		
Needs Assessment		✓	✓
Integrated/Comprehensive Planning		✓	✓
Priority Setting*		✓	
Resource Allocation*		✓	
Directives*		✓	
Procurement of Services*			✓
Contract Monitoring*			✓
Coordination of Services		✓	✓
Evaluation of Services		Optional	✓
Development of Service Standards		✓	✓
Clinical Quality Management		Contributes	✓
Assessment of Efficiency of the Administrative Mechanism*		✓	
HPG Operations & Support		✓	✓

** Sole responsibility of one entity*

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HPG Planning Process

Planning Process Requirements & Purpose

- Development and implementation of policies and procedures for its operations
- Assessing needs of the area
- Comprehensive planning
- Setting priorities and allocating resources
- Ensuring coordination with other entities
- Serve as the administrative mechanism
- Develop standards of care

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Purpose of the Planning Cycle: Putting the Pieces Together

Knowing who needs the services and how to reach them

+

Knowing who, where, what and to whom services are currently provided

=

Making data-driven decisions about which services are most needed and for whom

Needs Assessment

HPG	RECIPIENT
▪ Has primary responsibility and "ownership" ▪ Design, direct work or oversight of consultants or volunteers	▪ Provides support but not leadership: data, help in hiring a consultant if one is needed, staff assistance

- Active community involvement needed – especially consumers and providers
- Need a multi-year plan for assessing needs of PLWH in and out of care
- Presentation of findings in user-friendly formats for input to decision-making, especially priority setting and resource allocation

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Data Used in Decision Making

Epidemiological Profile

- HIV and AIDS Cases and Tends

Estimate and Characteristics

- PLWH with unmet needs (knows status but are not in care)
- Individuals with HIV who are unaware of their status

Services, Utilization and Barriers

- PLWH that are in and out of care

Existing System of Care

- Including resource inventory and profile of provider capacity and ability

Assessment

- Service needs, gaps, and disparities in access to services (based on all needs assessment data)

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Priority Setting and Resource Allocation (PSRA)

Most important legislative responsibility – HIV Planning Groups decide, planning bodies recommend:

Priority Setting	Determines what service categories are most important for PLWH in the EMA or TGA
Resource Allocation	Specifies how much Ryan White Part A Program funding should go to each prioritized service
Directives to the Recipient	Instructions on how best to meet these priorities
Reallocation of Funds	Shifting of funds during the program year to ensure that all funds are expended on needed services

Priority Setting

Determines what service categories are most important for PLWH in the EMA or TGA

Recipient provides information—especially service utilization data—and offers advice

- Has **no** decision-making role

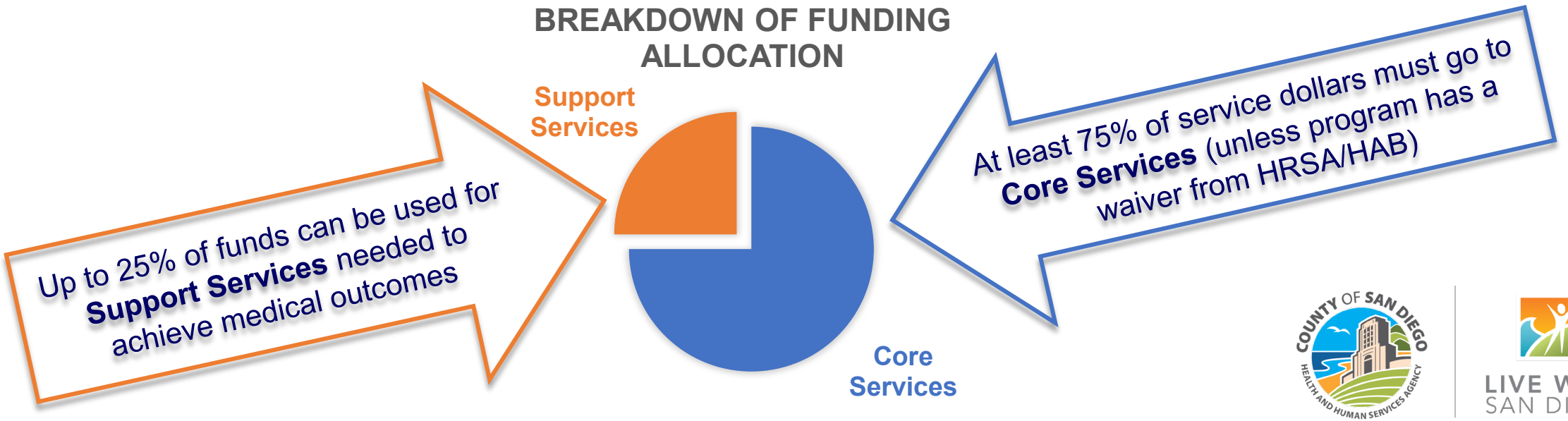
Requires sound, fair process to ensure priorities are data-based and address the needs of diverse PLWH

All needed service categories should be prioritized even though some may not be funded

- In case needs change or reallocation permits funds for a previously unfunded category during the program year

Resource Allocation

- Process of deciding how much funding to allocate to each priority service category or sub-category
- Need a fair, data-based process that manages conflict of interest
- Consider other funding streams, cost per client, plans for bringing people into care (some highly ranked service categories may receive little or no funding)



Directives to Recipient

- Guidance to recipient on how best to meet the priorities and other factors to consider in procurement of services
- Often specify use of a particular service model, address geographic access to services or require services appropriate for specific PLWH subpopulations
- Must not limit procurement by making only a few providers eligible
- Recipient must follow HPG directives in procurement and contracting (but cannot always guarantee full success)

Reallocation of Funds

HPG must approve any reallocation of funds among service categories

Recipient provides expenditure data and service utilization data by service category to HPG, usually monthly

Some recipients do regular “sweeps” or request reallocation permission at set times each year

Rapid reallocations process needed to avoid unobligated (unused) funds and ensure available funds are used to address priority service needs

Service Procurement

Procurement and Contract Monitoring

PROCUREMENT

No HPG Involvement

CONTRACT MONITORING

Involves:

- Publicizing the availability of funds
- Writing Requests for Proposals (RFPs)
- Using a fair and impartial review process to choose subrecipients (service providers)
- Contracting with providers – and requiring that they follow service standards and meet reporting and clinical quality management (CQM) requirements

Involves:

- Site visits and document review for monitoring of:
  - Program quality and level of services
  - Finances/fiscal management, including expenditure patterns and adherence to HRSA/HAB and local regulations in use of funds
- Aggregate findings (by service category or across categories) shared with the HPG as input to decision making

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Clinical Quality Management (CQM)

Recipient responsibility with some contribution from HPG

Involves:	Coordination of activities aimed at improving service access, patient care, health outcomes, and patient satisfaction
Used to Ensure That:	Services meet clinical guidelines and local service standards
	Supportive services are linked to positive medical outcomes
Recipient:	Monitors Providers based on quality of standards, recommends improvements
HPG:	Establishes service standards used in CQM
	Uses findings by or across services categories in decision making

Sometimes consumers participate in CQM

Assessment of the Administrative Mechanism

Administrative Mechanism: Annual Assessment

HPG must "assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area"

Legislation, §2602(b)(4)(E)

Annually assesses:

- Recipient procurement
- Disbursement of funds
- Support for the HPG's planning process

Written report to recipient:

- Indicates actions it will take to address any identified problem areas
- Summarizes this in the annual application

HPG Support and Recipient Staff Roles

HPG Support Staff: Roles and Responsibilities

Typical Roles of the HPG Support Staff	
Provide expert advice on Ryan White legislative requirements and HRSA/HAB regulations & expectations	Encourage member involvement and retention, with special focus on consumers
Staff committees and full meetings	Serve as liaison with the recipient and help the HPG manage its administrative budget
Oversee a training program for members	Provide data and summaries of data as requested
Help HPG carry out its responsibilities and operate effectively	

Recipient Staff: Roles and Responsibilities

Typical Roles of the Recipient Staff	
Carry out joint efforts such as task forces and special analyses consistent with roles and resources	Regularly provide agreed-upon reports and data (e.g., costs and service utilization, CQM performance data)
Provide advice on areas of expertise without unduly influencing discussions or decisions	Assign staff to attend most committees regularly
Collaborate on shared roles	Overall partnership

HPG Operations

HPG Operations: Overview

Develop bylaws, policies and procedures to ensure fair, efficient operations

Establish grievance procedures

Manage conflict of interest

Major attention to new member recruitment, including an open nominations process, orientation, and training

Training for members at least annually

Committee-specific work

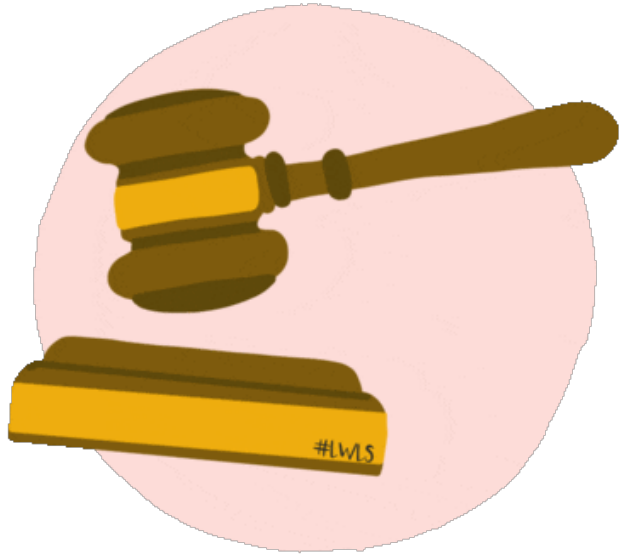
Assistance from HPG support staff

Bylaws: Components

What are Bylaws? Written rules for how the advisory body is governed.

HPG Bylaws are composed of 10 Articles (Sections):

1. Purpose and Authority
2. Membership and Term of Office
3. Conflict of Interest
4. Duties (of the HIV Planning Group)
5. Officers
6. Organization Procedures
7. Committees
8. Grievance Procedures
9. Staff Assistance
10. Compensation and Expense



HPG Membership

Chair

- Appointed by the Chairperson of the Board of Supervisors

Vice-Chairs

- Elections for Vice-Chair conducted **every 2 (two) years**
- One of the Vice-Chairs shall be a consumer

HPG Members

- Serve a term of **four (4) years**
- Be appointed to no more than **eight (8) consecutive years***
- Be appointed to a minimum of **one (1) committee**

**Some seats may have unexpired terms from previous members*

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Membership Seat Terms

Some seats are **legislatively mandated**

All seats are limited to a **four-year** term and are eligible for **two(2) consecutive four-year terms***

If a member with a four-year term completes eight (8) years of service, they must be **off** for at least one (1) year before returning as a member

After completion of two (2) consecutive four-year terms, **an individual may re-apply for a seat after one (1) year**

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Membership Overview

HPG has **44** volunteer member seats

33% must be **general members**

Section 2602 (b)(5)(c) of the PHS Act defines "**general members**" as persons who:

- "**Are receiving HIV-related services**" from Ryan White Part A funded providers;
- "**Are not officers, employees, board members, or consultants**" to any providers receiving Ryan White Part A funds, and "**do not represent such entity**"; and
- "**Reflect the demographics of the population of individuals with HIV/AIDS**" in the EMA.

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Membership Requirements

Each Member Shall:	File a **Statement of Economic Interest** (Form 700):	When they are newly appointed
		Every year they are on the HPG
		When they leave the HPG
	Complete an annual **HPG Disclosure Form** no later than **March 31st** of each year	
	Complete biennial **Ethics Training** *(required by the Fair Political Practices Commission and California Law AB1234)*	

- New members are ***required*** to attend an orientation session at the beginning of their appointment

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Defining Conflict of Interest

- Ryan White Program defines a conflict of interest as “an actual or perceived interest in an action that will result—or has the appearance of resulting—in personal, organizational, or professional gain”

- An HPG member may have a conflict of interest in an HPG decision or vote due to serving as a staff member, consultant, or board member of Part A subrecipient or an entity seeking Part A funds

- Individuals may fill an unassigned general member seat on the HPG only if they do not have a conflict of interest
  - Being a client of a subrecipient/receiving Ryan White services is **NOT** a conflict of interest

Member Responsibility as it Relates to Conflicts of Interest

- File **Statement of Economic Interest (Form 700)** and **Conflict of Interest Disclosure Form**
- Participate in the making of contracts with entities that provide services funded by RWTEA or CDPH prevention funds
- State the conflict
- Abstain from votes
- If a violation does occur, the HPG will retake the vote

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Part A Funded Providers

Stepping Stone of San Diego, Inc.	San Ysidro Health	Vista Community Clinic	AIDS Healthcare Foundation	Family Health Centers of San Diego, Inc.
National Alliance on Mental Illness (NAMI) San Diego	Neighborhood House Association	UCSD Medical Group	San Diego American Indian Health Center	Christie's Place, Inc.
San Diego American Indian Health Center	San Diego LGBT Community Center	Mama's Kitchen	North County Health Project, Inc.	Owen Clinic
	MCAP	San Diego Volunteer Lawyer Program	United Healthcare (AmeriChoice)	

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Attendance Requirements

- Members shall miss no more than three (3) HPG meetings in a row

  and

- Six (6) meetings in a 12-month period

This requirement may be different for HPG committees.

HPG Committees

Steering Committee	Sets agendas for the HIV Planning Group meetings and addresses HPG governance issues. It's composed of the HPG Chairperson, Vice-Chair, and Committee Chairs.
Membership Committee	Recruits, interviews, selects, and trains members.
Priority Setting and Resource Allocation Committee	Reviews data and forms recommendations for service priorities, service delivery and funding allocation, and oversees the needs assessment process.
Strategies and Standards Committee	Oversees the Integrated Plan and makes recommendations on the objectives, strategies, and activities to support the Getting to Zero Initiative.
Medical Standards and Evaluation Committee	Reviews, determines, and evaluates standards for medical services.
Community Engagement Group	Educates community participants on increasing participation and represents consumer needs throughout the HIV planning process.

CARE Partnership: Addresses the continuum of services for **women, children & families living with HIV/AIDS (Part D)**. While this is not an HPG committee and does not fall under the Bylaws of the HPG, the input received is valued and shared with the larger group.

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Committee Meetings

Operate under the Bylaws of the HPG

May adopt their own ground rules and operating procedures, subject to review and approval by the Steering Committee

Shall be chaired by a member of the HPG

Shall consist of no fewer than three HPG members

If no consumer is present at a committee meeting, actions can be considered and approved, but cannot go forward to the HPG as a seconded item

May elect to establish a co-chair who is not a member of the HPG

Committee members are recommended by the Membership Committee and appointed by the HPG Chair. Assignment is based on member preference and availability, and HPG needs

Consumer Participation

✓Ensures that services reflect the needs of People Living with HIV/AIDS

✓Helps develop programs that reduce the impact of stigma

✓Creates new opportunities for consumers to participate in service delivery

✓Cultivates community engagement and support

Organization Procedures

- Ralph M. Brown Act
- Quorum
- Agenda
- One member, one vote
- Meeting minutes
- Robert's Rules of Order

Ralph M. Brown Act (Brown Act)

Located at California Government Code 54950 *et. seq.*

An act of the California State Legislature, authored by Assemblymember Ralph M. Brown and passed in 1953.

Guarantees the public's right to attend and participate in meetings of local legislative bodies.

Brown Act: Procedures and Guidance

Which Groups are Subject to the Brown Act?				
Subjected				
The Governing Body of a local government (i.e.: Board of Supervisors)	**Standing Committees** whose work is continuous, or has a meeting schedule that's fixed by formal action of the legislative body	**Appointed Bodies** permanent or temporary, decision-making, or advisory, created by a "formal act" of the governing body, which includes any official action and is not necessarily limited to formation by formal vote or adoption of a resolution	**Joint Powers Authority** separate legislative bodies which allow two or more public agencies to agree to jointly exercise any power they hold in common, or to create a separate entity to do so under the Joint Exercise of Powers Act	**Private Organizations** such as a non-profit if a district legislative body was involved in bringing the organization into existence, or if the organization receives funds from the district and a member has been appointed as a full voting member of such board by the district's legislative body
Not Subjected				
Temporary Advisory Committees (Ad Hoc) that hold less than a quorum of the legislative body, made for a single/limited purpose (such as investigating an incident or issue) and will dissolve once the task is completed	**Groups advisory to a single member of a legislative body** created by the informal action of a member to advise another member	**A group appointed by district staff or a committee** to help with a social or community event		

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Brown Act: Open Meeting Law

Promotes transparency and public trust through:

- Public Access To Meetings
- Public Attendance and Participation in Meetings
- Open Deliberation and Actions

Brown Act: Additional Requirements

Agenda

If something isn't on the agenda:

- There is no action or discussion
- Limited response to public comment

Public Comment

The public can talk about anything, but the legislative body is not required to respond

Assembly Bill (AB) 2449

- **Assembly Bill (AB) 2449**, which went into effect January 1, 2023, allows members of a public agency's legislative body to participate remotely under limited circumstances

- Meetings may be conducted by teleconferencing (via any electronic audio or video connection) under the following conditions:
  - ✓ 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

Quorum

- Quorum is the rule that makes sure enough members of a group are present at a meeting to do business

- Quorum for the HPG and its committee meetings is **a simple majority of members (greater than 50%)**
  - *Example: If a committee has 10 members, 6 members must be present to reach quorum*

- A meeting cannot conduct official business until a **quorum** is met

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Voting and Minutes

- One member, one vote - no proxy or absentee voting allowed

- The HPG keeps minutes of its meetings. The accuracy of all HPG minutes is certified by the HPG Chair, following approval of the meeting minutes by action of the HPG
  - Note: Committee minutes are approved at the committee level and accepted into the record by the HPG

Robert’s Rules of Order

[Robert's Rules Basics at SFSS Meetings]

HIV Planning Group

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HIV PLANNING GROUP

www.sdplanning.org

hpg.hhsa@sdcounty.ca.gov

@sdhpg

Facebook.com/sdhpg2021

THANK YOU

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