

STRATEGIES AND STANDARDS COMMITTEE



Tuesday, August 6, 2024, 3:00 PM – 4:30 PM
Southeastern Live Well Center
5101 Market St., San Diego, CA 92114
(Tubman Chavez Room C)

The Charge of the Strategies & Standards Committee: To oversee the Getting to Zero (GTZ) Plan to direct objectives, strategies, and activities to get to zero new infections and continue to support those living with and vulnerable to HIV in living well in San Diego.

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Meeting Location & Directions:

Strategies & Standards Committee

Tuesday, August 6, 2024

3:00 PM - 4:30 PM

Southeastern Live Well Center

5101 Market Street

San Diego, CA 92114

Tubman Chavez Room C



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

FROM I-805 SOUTH:

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

FROM I-805 NORTH:

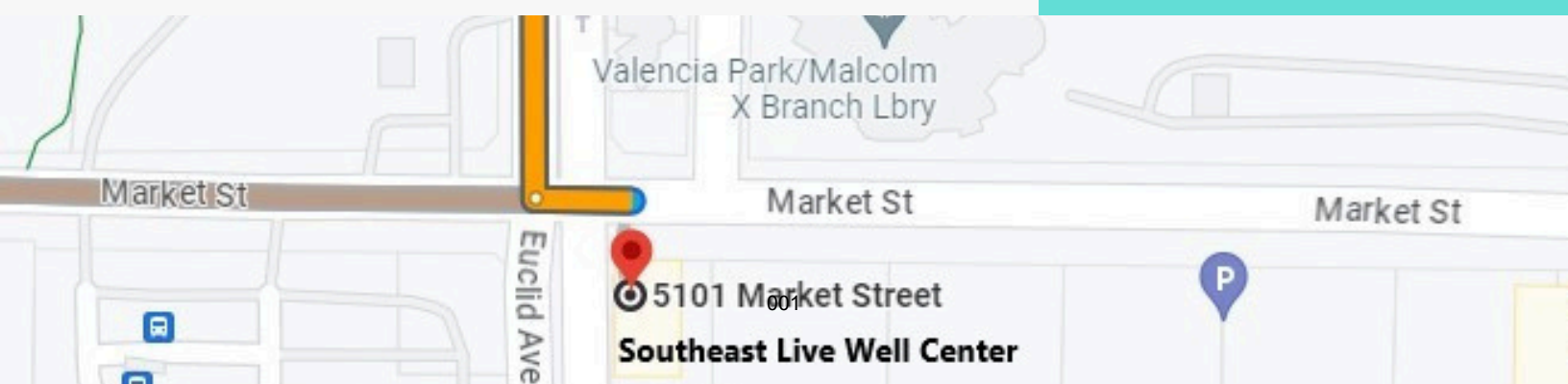
1. Head southeast on I-805 South.
2. Take exit 13A for CA-94-E/M L King Jr. Fwy.
3. Merge onto CA-94 E.
4. Take exit 4A for Euclid Ave.
5. Turn left onto Euclid Ave.
6. Use the left 2 lanes to turn left onto Market St.
7. The destination will be on your right.



PUBLIC TRANSPORTATION

MTS Trolley:
Orange Line

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



STRATEGIES & STANDARDS COMMITTEE



Tuesday, August 6, 2024, 3:00 PM – 4:30 PM
Southeastern Live Well Center
5101 Market St, San Diego, CA 92114
(Tubman Chavez Room C)

To participate remotely via Zoom:

<https://us06web.zoom.us/j/85772860296?pwd=Ym1jWit6cWhnL05BOTlyR25LbWhqQT09>

Call in: +1 (669) 444-9171

Meeting ID (access code): 857 7286 0296

Password: 630634

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 six (6).

Committee Members: Allan Acevedo (Co-Chair) | Amy Applebaum | Dr. Beth Davenport | Moira Mar-Tang | Joseph Mora | Venice Price | Shannon Ransom | Ivy Rooney | Dr. Winston Tilghman | Jeffery Weber | Michael Wimpie (Chair)

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 Strategies & Standards Committee agenda for August 6, 2024
5. **Action:** Approve the Strategies & Standards minutes for June 20, 2024
6. Review follow-up items from last meeting
7. Old Business:
 - a. Presentation: California Statewide Integrated Strategic Plan – Felipe Ruiz and Lynn Carson
 - i. Next steps
 - b. Transportation Standards - update
 - c. Draft Work Plan for FY 25 (March 1, 2024 – February 28, 2025)
8. New Business:
 - a. Key Findings on HIV Positive Aware and Out of Care – Dr. Tweeten
 - b. Status Neutral Approach to Improve HIV Prevention and Health Outcomes for Racial and Ethnic Minorities Initiative / Whole Person Approach to Comprehensive Services - Patrick

STRATEGIES & STANDARDS COMMITTEE

c. Discussion: Co-chair

9. Routine Business:

a. Discussion: Recommendations from Priority Setting & Resource Allocation Committee

10. Recommendations to the HIV Planning Group, HIV Planning Group committees, and requests of recipient

11. Suggested items for the future committee agenda

12. Announcements

13. Next meeting date: **October 1, 2024 at 3:00 PM – 4:30 PM**

Location: **Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room A)** AND online via Zoom.

14. Adjournment

STRATEGIES AND STANDARDS COMMITTEE



Thursday, June 20, 2024, 3:00 PM – 4:30 PM
County Operations Center
5560 Overland Ave, San Diego, CA 92123
Conference Room 172

A quorum for this meeting is six (6).

Members Present: Amy Applebaum | Dr. Beth Davenport | Moira Mar-Tang | Joseph Mora | Shannon Ransom (Chair) | Ivy Rooney | Jeffery Weber | Michael Wimpie

Members Absent: Allan Acevedo | Dr. Winston Tilghman

Members Joining Virtually: Venice Price (Emergency Circumstance)

ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order, roll call, comments from the chair, and a moment of silence	Shannon Ransom called the meeting to order at 3:04 PM.	
2. ACTION: Approve Emergency Circumstance for Venice Price to participate in the meeting remotely via Zoom	Motion: Approve Emergency Circumstance for Venice Price to participate in the meeting remotely via Zoom Motion/Second/Count (M/S/C): Applebaum/Wimpie/5-0 Abstentions: Ransom, Price Motion carries	
3. Public comment (for members of the public)	None	
4. Sharing our concerns (for committee members)	None	
5. ACTION: Approve the Strategies and Standards Committee agenda for June 20, 2024	Motion: Approve the Strategies and Standards Committee agenda for June 20, 2024 as presented. M/S/C: Applebaum/Davenport/5-0 Abstentions: Ransom Motion carries	
6. ACTION: Approve meeting minutes from October 3, 2023	Motion: Approve meeting minutes for October 3, 2023 as presented. M/S/C: Davenport/Applebaum/4-0 Discussion: The Committee Chair noted there are follow-up items in the minutes that have been added to the draft workplan. Abstentions: Mar-Tang, Ransom, Rooney, Weber	

STRATEGIES AND STANDARDS COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	Motion carries	
7. Review follow-up items from last meeting	<ul style="list-style-type: none"> • Review draft changes to Trauma- Informed care: In draft work plan for October • Transportation Services Standards: In progress • Recipient’s Office to invite California Department of Public Health to report on statewide plan: Upcoming in August • Mental Health Services Standards: In draft work plan for October 	
Old Business		
a. Update: 2024 Needs Assessment Survey of HIV Impact.	<p>The HPG Support Staff (HPG SS) provided an update on the survey, which is still ongoing with just under 250 surveys completed. The HPG SS and the Recipients’ Office are discussing other strategies for engaging the community, as we are still in the process of collecting surveys. The survey end date has been extended . The committee discussed the following:</p> <ul style="list-style-type: none"> - Lack of incentives continues to be a barrier. - Length of survey may also be a barrier and people may be experiencing survey fatigue. - One alternative to taking a survey can be to interview people instead. 	
Update: Consider changes to Transportation Standards	<p>The committee reviewed the Key Findings: Barriers to Transportation that were presented at the October 2023 committee meeting.</p> <p>The committee discussed the following:</p> <ul style="list-style-type: none"> - There isn’t a clear distinction between assisted and 	<p>The Recipient’s Office will draft updates to the Medical Transportation Services for the August 6, 2024^h meeting which will include the following : Make more clear, types of services allowable/when allowable,</p>

STRATEGIES AND STANDARDS COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<p>unassisted transportation language and what is allowable.</p> <ul style="list-style-type: none"> - What qualifies a consumer for a disabled bus pass? - While ridesharing is costly, it is allowable and can be added to the standards as there may be Ryan White Part A funds available to compensate programs that offer this service. - Assessing transportation is part of the standard and is in the contracts now. <p>The committee reviewed the current Medical Transportation Service Standards and discussed the following::</p> <ul style="list-style-type: none"> - The document appears to have been not written with the client in mind as the language is not easy to interpret and is too technical. The Recipient's Office suggested reducing the complexity of the language is required to access these services. - The current document is too lengthy and filled with jargon that clients may not be interested in. It was recommended to shorten the document. - All the Service Standards are for both providers and clients. - Recommendation to update the document to list what is available and remove what is required and how it will be monitored. The monitoring component should exist in 	<p>who/what/why/where/how, list what services place you on the eligible list</p>

STRATEGIES AND STANDARDS COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<p>another document meant for contracts. Recommendation to list the specific services that are allowable.</p>	
<p>a. Update: California Statewide Integrated Strategic Plan – Recipient’s Office 8. Next steps</p>	<p>The Recipients’ Office provided an update on the progress and of the California Statewide Integrated Plan.</p>	<p>HPG SS will work with the Recipients’ Office to prepare a presentation on a crosswalk document that outlines the status of progress and the next steps for the committee meeting in August.</p>
<p>a. New Business</p>		
<p>b. Chair recruitment</p>	<p>The committee chair noted there will be many committee chair vacancies beginning in September and that chairs of the committees need to be a HPG member and be a member of the Steering Committee. This committee will need to find a chair and co-chair. Committee members should think of recommendations on who should take this position. Shannon Ransom’s seat is terming out in September 2024, so her last meeting will be in August.</p>	
<p>i. Discussion: HIV and Aging</p>	<p>The committee brainstormed on what HIV and Aging should look like within the service standards and discussed the following:</p> <ul style="list-style-type: none"> - There will be an HIV and Aging Conference in San Diego from September 18-20th. - A committee member has a network of providers, social workers, and other professionals of interest that can be brought together to have this discussion. - The Recipients Office noted that care coordination, behavioral healthcare, and 	<p>HPG SS to distribute the information on the upcoming HIV and Aging conference.</p> <p>The Recipients’ Office to work with the Medical Standards and Evaluation Committee (MSEC) Chair to add the recommended components into the medical service standards.</p>

STRATEGIES AND STANDARDS COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<p>housing may be topics of strong interest to consider addressing within this group. The Recipient's Office is open to working together to organize trainings on these topics.</p> <ul style="list-style-type: none"> - A participant recommended having focus groups with consumers would be a great way to look into what services are needed. - A participant recommended having a senior advisor to coordinate housing issues. - There is a section in the needs assessment specifically geared towards the aging population. - People aging with HIV feel isolated, so it is important to take this into account when planning services. - How can housing needs be supported? - How do we ensure that people living with HIV don't get lost in the system. - Testing resources and education need to be geared towards an aging population. <p>Recipients' Office and this committee should share responsibilities on how to move forward.</p>	
<p>9. Draft Work Plan for FY 25 (March 1, 2024 – February 28, 2025)</p>	<p>August additions to the work plan will include:</p> <ul style="list-style-type: none"> - HIV and Aging - Statewide Integrated Strategic Plan - Review and approval of draft transportation standards. 	<p>HPG SS to add the integrated plan presentation to the August meeting agenda.</p>

STRATEGIES AND STANDARDS COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	Review of Mental Health Service Standards has been moved to October.	
a. Routine Business		
b. Discussion: Recommendations from Priority Setting & Resource Allocation Committee (PSRAC)	None	
c. Recommendations to the HIV Planning Group (HPG), HPG committees, and requests of the Recipient	<p>The Recipients' Office noted that the Status Neutral Initiative has been renamed the Whole Person Approach to Care. It is a competitive application process that the San Diego County was one of four in the United States to be awarded.</p> <p>The County is experiencing a large influx of refugees and asylum seekers with a high rate of being HIV positive. This is important to monitor and address.</p> <p>A committee member recommended a focus on the youth population. There are youth who are not able to navigate the system and continue with Pre-Exposure Prophylaxis (PrEP) either orally or injections. If feasible, gather data on this demographic to inform where we can provide better services to them.</p>	HPG SS to work with the Recipients' Office to 1) prepare a presentation on the goals of the funding, and 2) provide data that are available on the refugee population at a future committee meeting.
10. ACTION: Extend today's meeting time to 4:45 PM	<p>Motion: Extend today's meeting time to 4:45 PM M/S/C: Davenport/Weber/6-0 Abstentions: None Motion Carries</p>	
11. Suggested items for future committee agenda a. Anti-racism statement	The Community Engagement Group (CEG) will review and revise the anti-racism statement item and then send for review by the other	HPG SS will add this to the CEG agenda for September 2024.

STRATEGIES AND STANDARDS COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	HPG CEG will have this item on their agenda.	
12. Announcements	<p>There will be a panel discussion on research at UCSD tomorrow, in person and virtual. Contact Mikie Lochner if you are interested.</p> <p>Today is Dr. Wooten’s last day at the County as the Public Health Officer. She will be replaced by the Interim Deputy Public Health Officer, Dr. Kadakia.</p>	
13. Next meeting date	<p>Date: Tuesday, August 6, 2024 Time: 3:00 PM – 4:30 PM Location: In-person and via Zoom Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room C)</p>	
14. Adjournment	Meeting adjourned at 4:45 PM.	

DRAFT



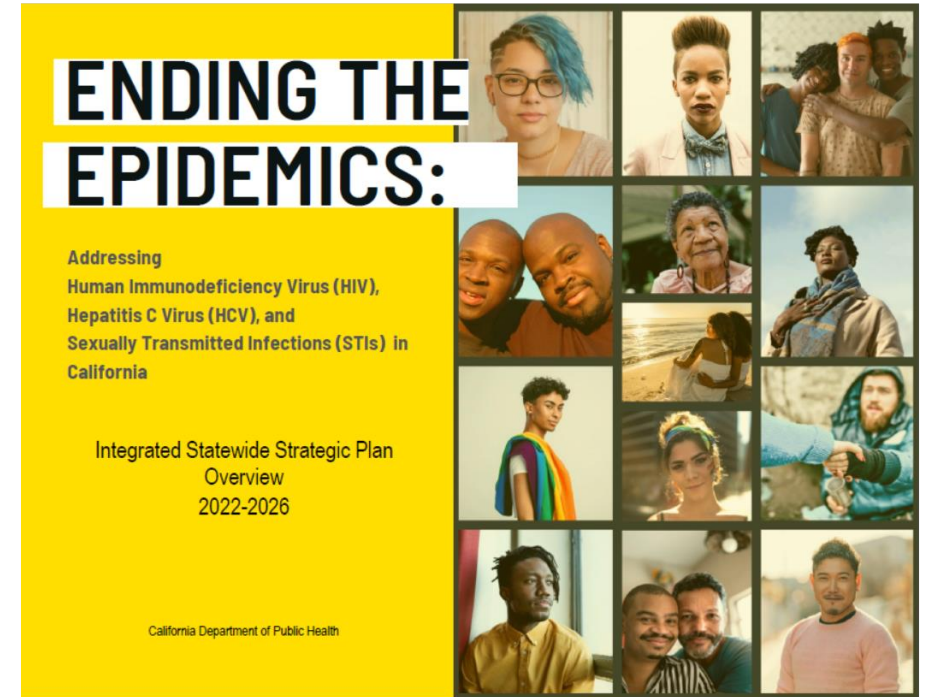
CA Statewide Integrated Strategic Plan: Addressing HIV, HCV, and STIs

Strategies & Standard Committee
August 06, 2024



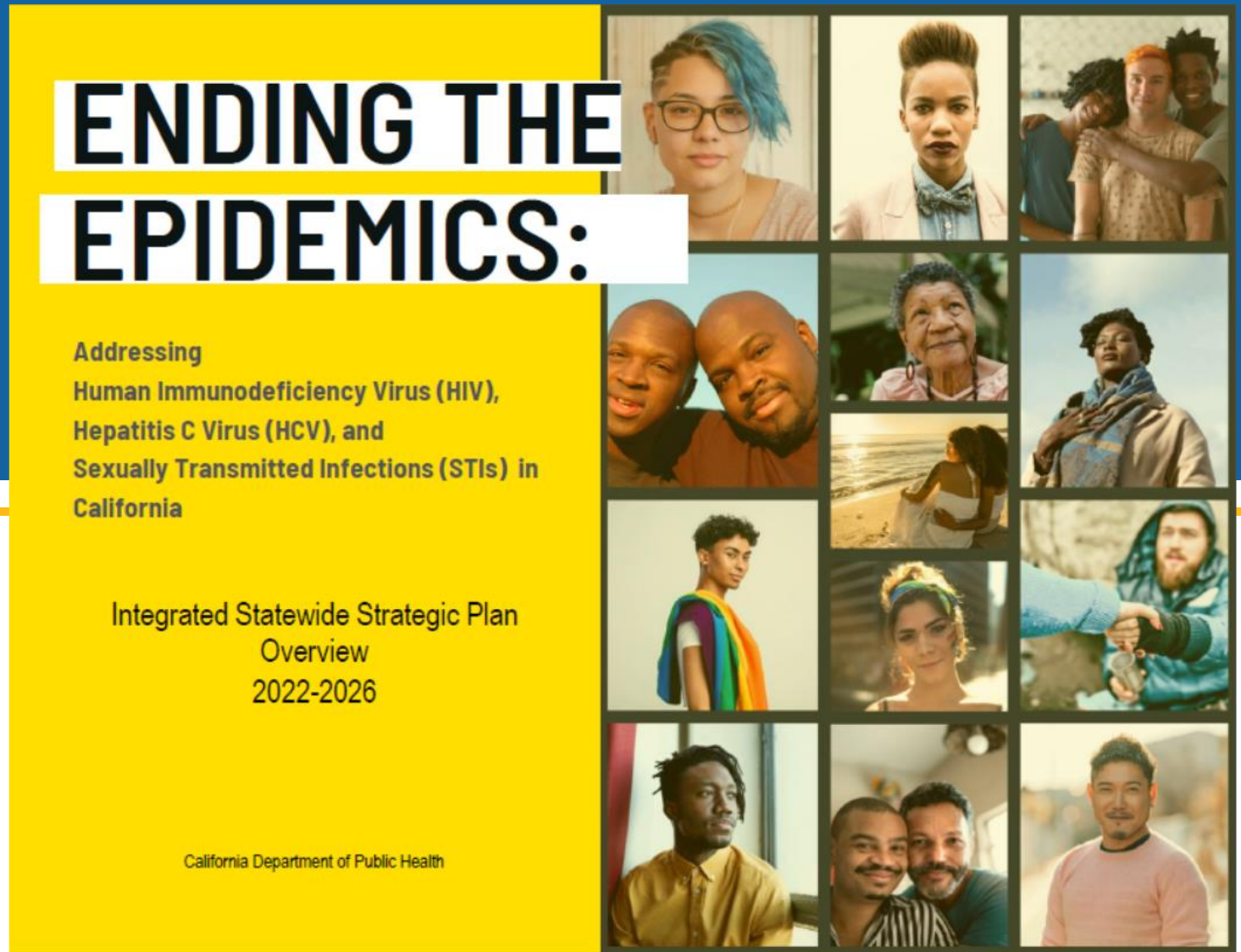
Agenda

- I. Overview of Strategic Plan
- II. Community Engagement
- III. Progress to Date
- IV. What's Next?



The Strategic Plan: HRSA/CDC

- Multi-county collaboration:
Collective Impact
- Syndemic Focus
- Social Justice/SDH Lens
- Acceptance of Plan



ENDING THE EPIDEMICS:

Addressing
Human Immunodeficiency Virus (HIV),
Hepatitis C Virus (HCV), and
Sexually Transmitted Infections (STIs) in
California

Integrated Statewide Strategic Plan
Overview
2022-2026

California Department of Public Health

The cover features a grid of 15 small images showing diverse individuals and groups, including a woman with blue hair and glasses, a woman with a high bun, a group of people embracing, two men smiling, an elderly woman, a woman on a beach, a woman in a rainbow shirt, a woman with a headband, a man in a hoodie, a man in a yellow shirt, two men smiling, and a man in a pink shirt.

MAKING THE CONNECTION:

Multiple Initiatives

National HIV/AIDS
Strategy and
Getting to Zero

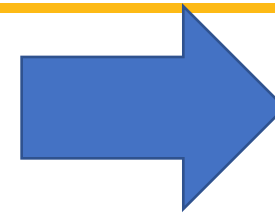
State; County
EHE plans

CA Strategic Plan to
address HIV, HCV,
and STIs*



Ending the Epidemics Plan: Why
and how at a high-level

Implementation Blueprint: Details
how



...plus, other programmatic
initiatives (*i.e.* GTZ, HIV
Prevention Group Plans, etc)

* Strategies proposed meet legislative and
programmatic requirements for CDC DHAP
and HRSA HAB. CDPH OA/STDCB Leadership

Highlights



30 Strategies organized across six selected social determinants of health: Racial Equity, Housing First, Health Access for All, Mental Health and Substance Use, Economic Justice, Stigma Free



Released in January 2022



Co-authors: Alameda/Contra Costa, Sacramento, San Bernardino/Riverside, San Diego, San Francisco, Santa Clara



Submitted to HRSA/HAB/CDC, Dec 2022



Community engagement that developed an accompanying document: **Implementation Blueprint** (Draft Dec 2022)

COMMUNITY ENGAGEMENT

Initial presentation to Part A Planning bodies

- Statewide, Inland/Empire, LA, Alameda, Sacramento, San Diego, San Francisco, Santa Clara

Statewide Townhall (over 460 participants)

17 In-Person Meetings throughout all regions; 4 virtual meetings

- April – July, 300+ attendees (May 9, 2022-San Diego)

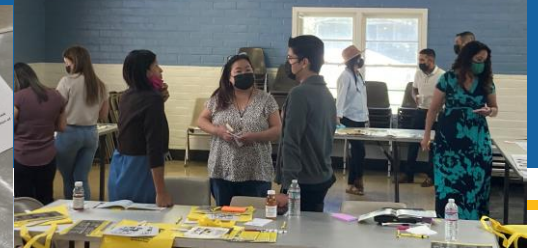
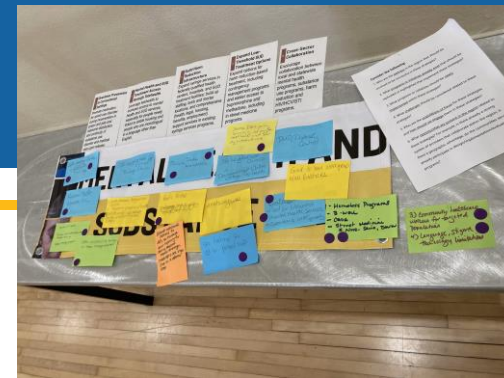


Virtual Input Survey

Providers' Needs Assessment

- 130 respondents from 27 counties throughout California

Draft Implementation Blueprint review period December 2022



Final Implementation Blueprint released – August 2023

Statewide Stakeholder Webinar (August 31, 2023)

Process Updates as requested (January-December 2023)



TA to help use the Implementation Blueprint

Implementation Blueprint

- Specific activities under each of the 30 strategies
- **Community suggestions, not mandates**
- Feasibility/scoping phase
- Technical assistance toolkit
- Language bank for RFPs, reports, grants
- Resources to customize the Implementation Blueprint



ENDING THE EPIDEMICS: IMPLEMENTATION BLUEPRINT

in support of realizing the 30 strategies highlighted in
*California's Integrated Statewide
Strategic Plan for addressing
HIV, HCV, and STIs from 2022-2026*

Indicators and Monitoring

Start with 12 indicators from the California GTZ Plan (2017-2021) cross-walked to the 30 strategies in the new plan

- Increase knowledge of status
- Reduce new diagnoses
- Increase number of those on PrEP
- Increase the percentage of those newly diagnosed who are linked to care in 1 month and who are virally suppressed within 6 months

Further develop indicators and monitoring plan:

- LHJ and CDPH-OA and STDCB Strategy Sessions
- Use indicators that are possible and important
- What is important?

“Health is more than viral suppression.”

- Mental health
- Connectedness
- Ability to participate in activities of daily life
- Access and use of valued resources: food, housing, transportation, health care
- My needs are centered by my community, free from stigma
- Measured over the life-course

Social Determinants of Health



CDPH is prioritizing **six key social determinants of health**, each with **five broad strategies**, over the next five years.

Racial Equity



1. Leadership and workforce development
2. Racial/Ethnic data collection and stratification
3. Equitable distribution of funding and resources
4. Community engagement
5. Racial and social justice training

Housing First



1. Data collection and use
2. Infrastructure changes
3. New models of housing access
4. Street medicine strategies
5. Low-barrier housing options

Health Access for All



1. Redesigned Care Delivery
2. Trauma-Informed and Responsive Services
3. Fewer Hurdles to Healthcare Coverage
4. Culturally and Linguistically Relevant Services
5. Collaboration and Streamlining

Stigma Free



1. Nothing about us without us
2. Reframe policies and messaging
3. Positive, accurate information
4. Acknowledge medical mistrust
5. Ongoing partnerships

Economic Justice



1. Workforce development
2. Employment for people with lived experience
3. Equitable hiring practices and fair pay
4. Leadership development
5. Universal hiring and housing policies

Mental Health & Substance Use



1. Overdose prevention in correctional setting
2. Mental health and substance use disorder treatment access through telehealth
3. Build harm reduction infrastructure
4. Expand low-threshold SUD treatment options
5. Cross-sector collaboration



Progress to Date



Crosswalk of EHE Integrated Plan

Purpose of crosswalk- Determine which EHE strategies are already being implemented within the County (please note this is not an exhaustive list)

1. Racial Equity	<i>Does SDC perform these services?</i>
<ol style="list-style-type: none"> 1. Leadership and Workforce Development 2. Racial/Ethnic Data Collection and Stratification 3. Equitable Distribution of Funding and Resources 4. Community Engagement 5. Racial and Social Justice Training 	<ol style="list-style-type: none"> 1. Yes- HPG 2. Yes- EISB, HPG, RW 3. Yes- HPG, CDC EHE, RW 4. Yes- Prevention, RW, HRSA EHE 5. Yes- Prevention, CDC EHE, RW
<ol style="list-style-type: none"> 1. Data Collection and Use 2. Infrastructure Changes 3. New Models of Housing Access 4. Street Medicine Strategies 5. Low-barrier Housing Options 	<ol style="list-style-type: none"> 1. n/a 2. Yes- Prevention, RW, OHS, HCDS 3. Yes- HCSD 4. Yes- OHS, HOT (MCS) 5. Yes- OHS, HCDS, HRSA EHE



LIVE WELL
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*HPG – HIV Planning Group

*EISB – Epidemiology and Immunization Services Branch

*RW – Ryan White Program

*HRSA EHE – HRSA Ending the Epidemics Program

*CDC EHE – CDC Ending the Epidemics Program



*MCS – Medical Care Services

*OHS – Office of Homeless Solutions

*HCDS – Housing and Community Development Services

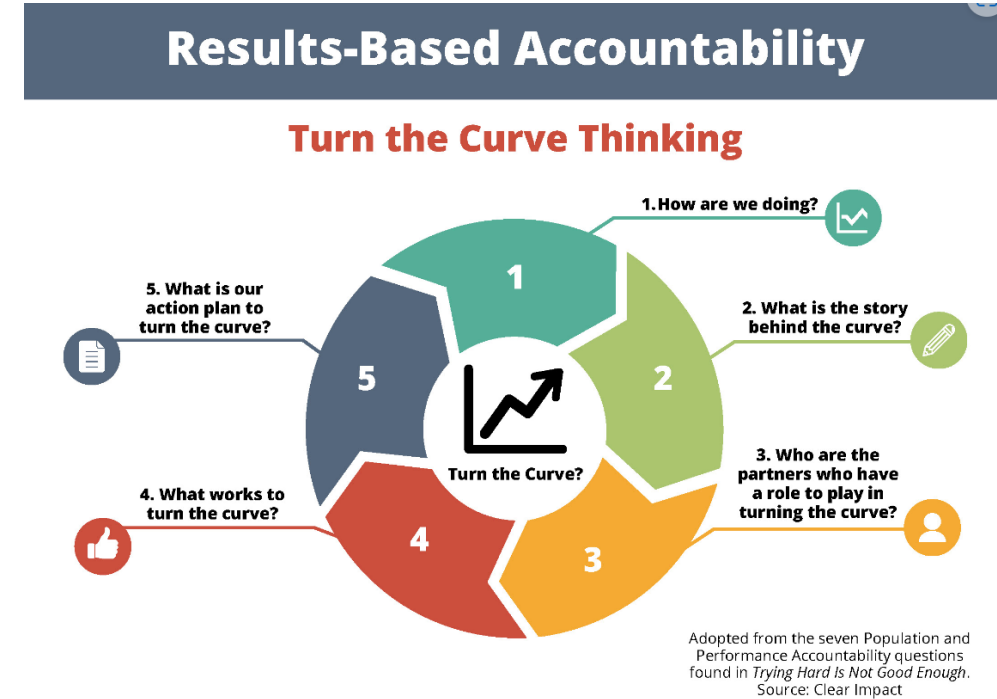
*HOT – Homeless Outreach Teams

Crosswalk of EHE Integrated Plan

<p>3. Health Access For All</p> <ol style="list-style-type: none"> 1. Redesigned Care Delivery 2. Trauma-Informed and Responsive Services 3. Fewer Hurdles to Healthcare Coverage 4. Culturally Linguistically and Relevant Services 5. Collaboration and Streamlining 	<p><i>Does SDC perform these services?</i></p> <ol style="list-style-type: none"> 1. Yes- CDC EHE, RW 2. Yes- HPG, Prevention, CDC EHE, RW 3. Yes- CDC EHE, RW 4. Yes- HPG, Prevention, CDC EHE, RW 5. Yes- HPG, Prevention, RW
<p>4. Mental Health and Substance Abuse</p> <ol style="list-style-type: none"> 1. Overdose Prevention in Correctional Settings 2. Mental Health and Substance Use Disorder Treatment Access through Telehealth 3. Build Harm Reduction Infrastructure 4. Expand Low-Threshold SUD Treatment Options 5. Cross-Sector Collaboration 	<ol style="list-style-type: none"> 1. Yes- Intensive Care Management, Sheriff's Dept 2. Yes- RW, Behavioral Health Services (BHS) 3. Yes- Prevention, Harm Reduction Program 4. Yes- Harm Reduction Program, possibly BHS 5. Yes- Harm Reduction Program, BHS
<p>5. Economic Justice</p> <ol style="list-style-type: none"> 1. Workforce Development 2. Employment for People with Lived Experiences 3. Equitable Hiring Practices and Fair Play 4. Leadership Development 5. Universal Hiring and Housing Policies 	<ol style="list-style-type: none"> 1. n/a 2. Yes- RW 3. Yes- Human Resources 4. n/a 5. n/a
<p>5. Stigma Free</p> <ol style="list-style-type: none"> 1. Nothing About Us Without Us 2. Reframe Policies and Messaging 3. Positive, Accurate Information 4. Acknowledge Medical Mistrust 5. Ongoing Partnerships 	<ol style="list-style-type: none"> 1. Yes- HPG, Harm Reduction Program, RW 2. Yes- HPG, Prevention 3. Yes- Prevention, RW 4. Yes- HPG, HRSA EHE, Prevention, RW 5. Yes- Status Neutral Program, CDC EHE, Prevention, RW <div style="display: flex; justify-content: space-between; align-items: center;">   </div>

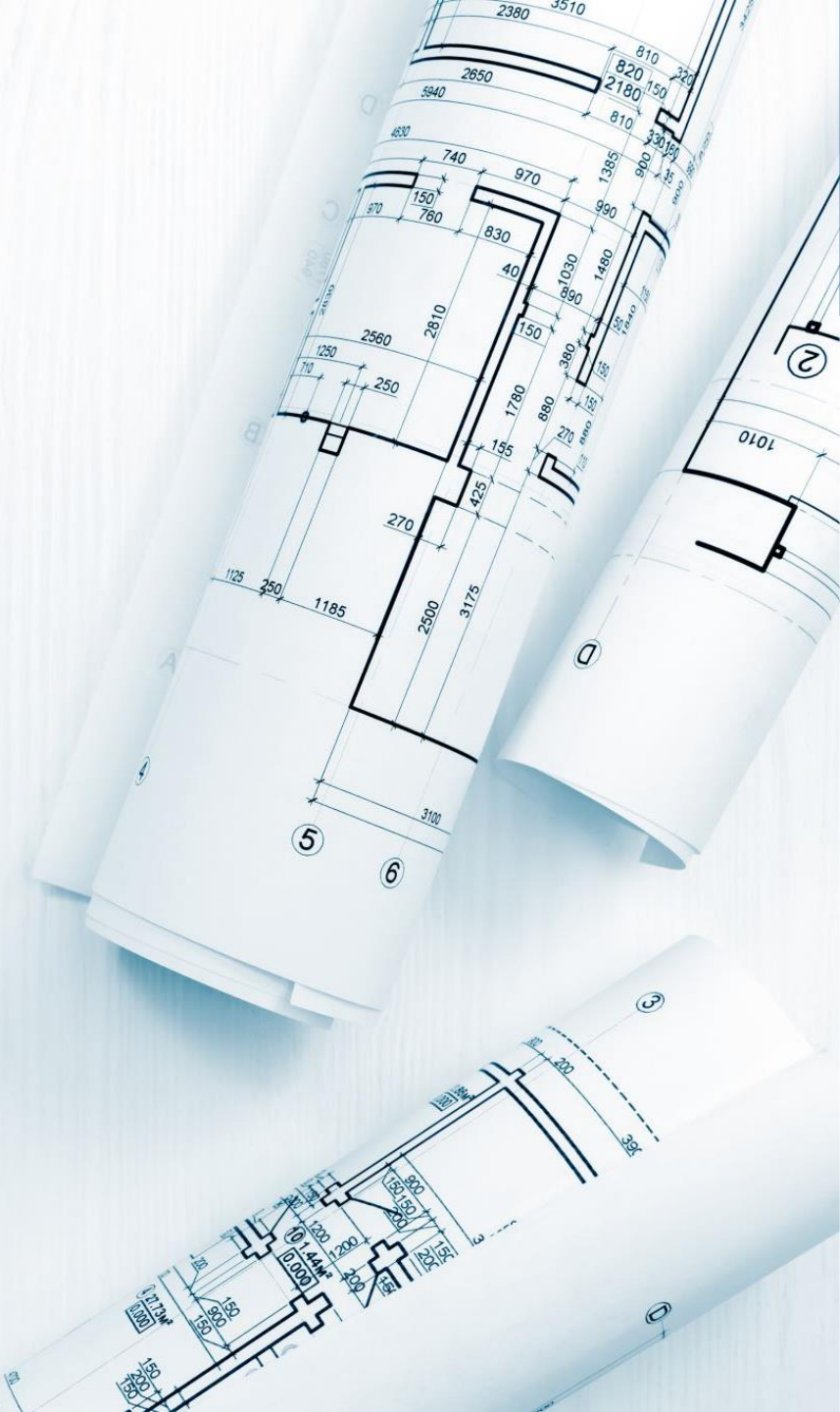
Results-Based Accountability Transition

- Implementation Blueprint: Supporting Local Efforts Through **Technical Assistance (TA)**
- Evaluation to support efforts that improve Syndemic Response through **Results-Based Accountability**
- Framework to measure the **impact** of programs and services
 - **Three** key questions:
 - How much did we do?
 - How well did we do it?
 - Is anybody better off?
- **“Turn the curve”** thinking:
 - Facilitated process steps to improve program performance
 - Monitoring data trendlines and understanding the factors contributing to those trends
- Facente Consulting providing TA



Goals for County of San Diego

- **Know:** To know about the Plan and the Implementation Blueprint
- **Talk:** Be able to talk to our workgroups and strategic partners about the Plan and Implementation Blueprint
- **See:** Be able to see how our work is related to the Plan and Implementation Blueprint



What's next?

- Addressing where we are: some progress but not enough, especially for Black/African American and Latinx communities
- What work we are currently doing:
 - Addressing HIV as a syndemic with other conditions through a social determinants of health lens: use of the plan and implementation blueprint
 - Ongoing Community Engagement
 - Status neutral framework
 - Flexibility to strengthen what is working: Testing, PrEP, ART, Data to Care
 - Evidenced Based Interventions
 - Developing specific goals for priority populations

Thank you!

For questions or get more information on the blueprint:

Felipe.Ruiz@sdcounty.ca.gov

Maritza.Herrera@sdcounty.ca.gov

ENDING THE EPIDEMICS:

Addressing
Human Immunodeficiency Virus (HIV),
Hepatitis C Virus (HCV), and
Sexually Transmitted Infections (STIs) in
California

Integrated Statewide Strategic Plan
Overview
2022-2026

California Department of Public Health



Link to Plan:
<https://tinyurl.com/CDPHStratPlan>

026



LIVE WELL
SAN DIEGO

STRATEGIES AND STANDARDS COMMITTEE

FY 24-25 TRAINING/WORK PLAN

MEETING DATE	OBJECTIVES
May 7, 2024	Meeting Cancelled
June 20, 2024	<ul style="list-style-type: none">• Transportation Standards
August 6, 2024	<ul style="list-style-type: none">• HIV and Aging• Transportation Standards• Key Findings on HIV Positive Aware and Out of Care (Dr. Tweeten)• Getting to Zero Community Engagement Plan – review progress and develop next steps
October 1, 2024	<ul style="list-style-type: none">• Mental Health Services Standards – review and update• Universal Standards – review and update<ul style="list-style-type: none">○ Trauma-Informed Care – review and update
December 3, 2024	<ul style="list-style-type: none">• Eligibility Criteria for Basic Needs Support Categories – review and update• Emergency Financial Assistant and Housing Standards – review and update
February 4, 2025	<ul style="list-style-type: none">• Testing Standards – review and update



HIV Epidemiology and Surveillance 2023 Update – Out of Care

Samantha Tweeten, PhD, MPH

HIV Epidemiology and Surveillance Program (HHESP)

Epidemiology & Immunization Services Branch (EISB)

Public Health Services

Health and Human Services Agency

August 6, 2024



Background – Data Source



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- eHARS 2024 Quarter 1 download
- Out of care – having no lab in the specified time-period
 - CD4 or viral load
- Time Period – 2022-2023

Out of Care 2022-2023

Sex at Birth	In Care 2022-2023	
	Yes	No
Male	76.2%	23.8%
Female	75.1%	24.9%
Unknown	90.5%	9.5%
All	76.1%	23.9%
N	11,438	3,597



Out of Care 2022-2023

Current Age (years)	In Care 2022-2023	
	Yes	No
less than 13	100.0%	0.0%
13-19	88.0%	12.0%
20-29	85.4%	14.6%
30-39	80.3%	19.7%
40-49	75.5%	24.5%
50-59	74.3%	25.7%
60-69	75.7%	24.3%
70+	69.2%	30.8%
All	76.3%	24.0%
N	11,438	3,597

Region	In Care 2022-2023	
	Yes	No
Central	74.9%	25.1%
East	81.4%	18.6%
South	71.7%	28.3%
North Coastal	80.9%	19.1%
North Inland	81.0%	19.0%
North Central	78.0%	22.0%
Unknown	64.0%	36.0%
All	76.1%	23.9%
N	11,438	3,597



Out of Care, 2022-2023

Race/Ethnicity	In Care 2022-2023	
	Yes	No
Hispanic	74.2%	25.8%
Black/AA	69.1%	30.9%
White	79.2%	20.8%
Asian/PI	80.7%	19.3%
Other*	86.4%	13.6%
Unknown	73.4%	26.6%
All	76.1%	23.9%
N	11,438	3,597

Risk	In Care 2022-2023	
	Yes	No
MSM	77.0%	23.0%
IDU	66.2%	33.8%
MSM+IDU	76.2%	23.8%
Heterosexual	73.9%	26.1%
Other	75.2%	24.8%
Unknown	77.5%	22.5%
All	76.1%	23.9%
N	11,438	3,597



Questions



LIVE WELL
SAN DIEGO



Samantha Tweeten, PhD, MPH
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THANK YOU



The Public Health Services department, County of San Diego Health and Human Services Agency, has maintained national public health accreditation, since May 17, 2016, and was re-accredited by the Public Health Accreditation Board on August 21, 2023.



Status Neutral Approach or Whole Person Care

Project Overview



- Develop, implement, and evaluate whole person strategies within Ryan White HIV/AIDS Program (RWHAP) Part A jurisdictions for racial and ethnic minority subpopulations who need HIV prevention services.
- Focus on the prevention pathway and apply it to people who test negative for HIV and are at substantial risk for HIV in order to assist in improving access to needed services.
- Funding source: HRSA-23-126 - Status Neutral Approach to Improve HIV Prevention and Health Outcomes for Racial and Ethnic Minorities – Implementation Sites

Project Activities



- Expand Ryan White Program Non-medical Case Management Services (NMCM) framework to individuals who are HIV negative leveraging existing infrastructure.
- Develop, implement, and evaluate Social Networking Strategy (SNS) that aligns with Centers of Disease Control and Prevention SNS recommendations and guidance.
- Update HIV Service Standards to align with whole person care practices.
 - Translating how existing tools, such as integrated care plans and risk assessment tools, could be redirected to assist people who are HIV positive, HIV negative and/or unaware of their status.
 - Introducing comprehensive HIV prevention approaches into an existing HIV care system that includes case management, behavioral health, and housing services.

Social Networking Strategy

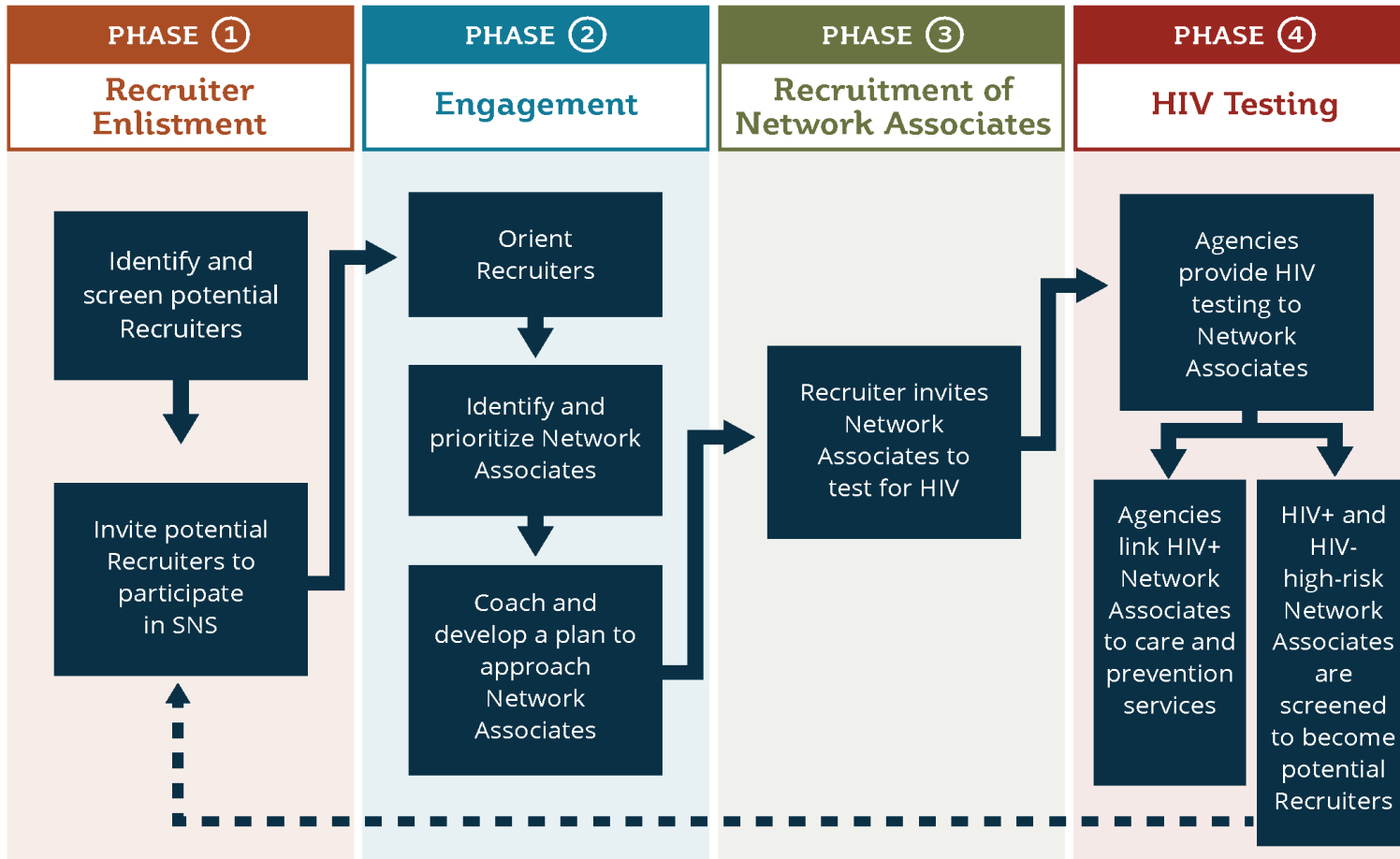


- SNS helps to identify, engage, and motivate people who are unaware of their status to accept HIV testing and engage in available care and prevention services.
- Demonstrated success in reaching people engaged in sex work, men who have sex with men, and people who use drugs.
- Enables prevention providers to reach populations who are more difficult to engage in services.
- It is an evidence-based strategy founded on two principles:
 - People in the same social network share the same behaviors that increase the chances of getting or transmitting HIV; and
 - People in the same social network know and trust each other.

SNS Structure



Four Phases of SNS for HIV Testing



- Agencies identify persons who have HIV or who have vulnerability to HIV and enlist them to become recruiters.
- Recruiters are short-term volunteers and require a modest amount of focused training and supervision.
- They identify Network Associates (people in their social networks) then refer or accompany them to HIV testing services.
- They receive non-cash compensation for their participation.

Evaluation

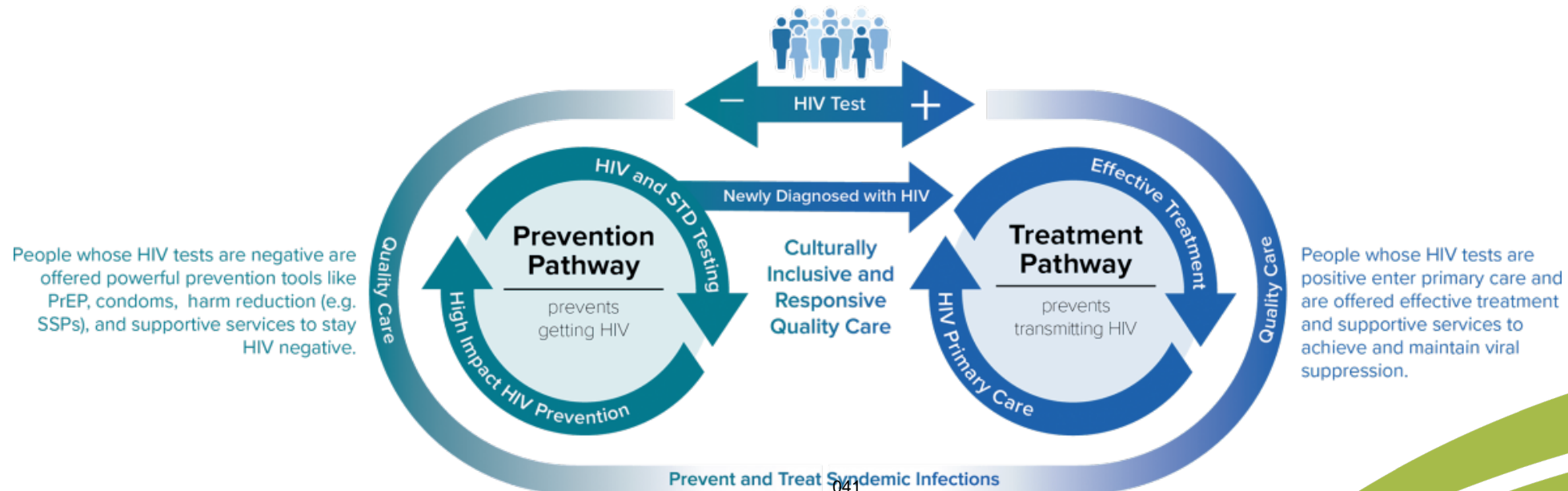


- HRSA-selected technical assistance provider will be conducting evaluation on NMCM services.
- Local subcontractor will develop measures and techniques to evaluate SNS, including:
 - Number of people reached
 - Number of people tested
 - Positivity rates
 - Geographic variation
 - Subgroup analyses
 - Implementation assessment
 - Process development

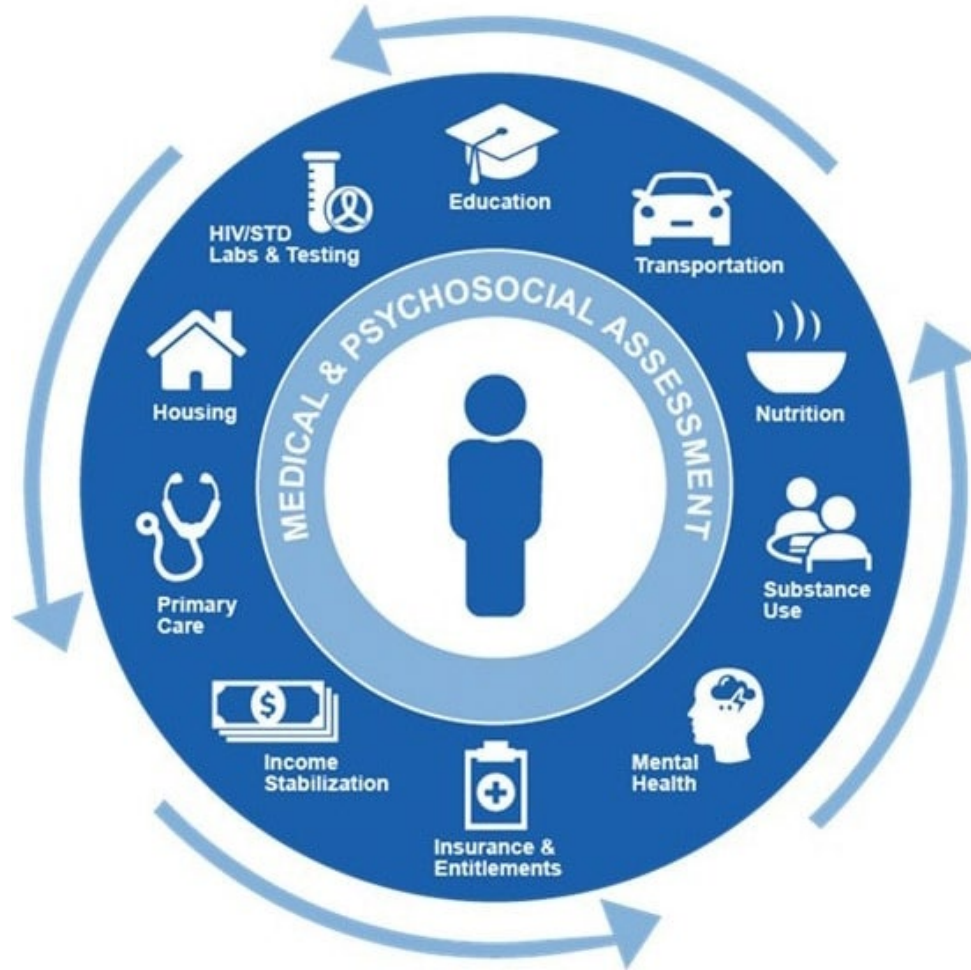
Whole Person Approach



- Creates “one door” for both HIV prevention and treatment services.
- Addresses institutionalized HIV stigma by integrating HIV prevention and care rather than supporting separate systems, which can deepen the divide between people with HIV and people utilizing HIV prevention services.
- Enables people to know their status by making HIV testing, linkage to medical care and prevention services, and testing for other medical conditions such as sexually transmitted infections (STIs) and Hepatitis C virus (HCV) more accessible and routine.



Whole Person Approach



- Ensures both people with HIV and vulnerable to HIV have access to a spectrum of tools and services to support overall health and wellbeing, such housing support, mental health care, etc.
- Develops critical service pathways for people vulnerable to HIV who would benefit from the more robust supportive services currently available to people with HIV through Ryan White; addressing needs through a whole person lens supports greater adherence to both treatment and prevention techniques.

Sustainability



- Efforts will be sustained after the conclusion of the grant period.
- Development and deployment of NMCM will build transferrable experience and service pipelines in the care coordination needs of persons vulnerable to HIV acquisition (including partnerships with workforce development, housing, medical and behavioral health services, and others).
- With MediCal support, many clients who require ongoing care coordination and service planning could transition to other providers.
- Full integration of the HIV Planning Group will result in structural changes to the new member orientation, committee charges, annual work plan and service planning documents that will ensure the integration is a permanent, ongoing feature.



Questions?

**HIV PLANNING GROUP
6-MONTH COMMITTEE TRACKING
August 2023 - July 2024**

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

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

If the physical attendance quorum requirement is met, AB 2449 permits a member who is not physically present to request virtual attendance at the local legislative body’s meeting under two circumstances: (1) for “just cause” and (2) due to “emergency circumstances”.

Qualifying Reason	Provisions to attend remotely	Requirements/Limitations
<p>Just Cause</p>	<ul style="list-style-type: none"> • There is a childcare or caregiving need (for a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner) that requires the member to participate remotely • A contagious illness prevents the member from attending the meeting in • There is a need related to a defined physical or mental disability that is not otherwise accommodated for • Traveling while on official business of the legislative body or another state or local agency 	<p>A member is limited to two (2) virtual attendances based on “just cause” per calendar year</p>
<p>Emergency Circumstances</p>	<p>“A physical or family medical emergency that prevents a member from attending the meeting in person.”</p> <p>A member is not required to disclose any medical diagnosis or disability, or any personal medical information that is already exempt from existing law.</p>	<p>A member of the legislative body must make a request to the body to allow the member to meet remotely due to an emergency circumstance, and further must provide a general description of the circumstance justifying such attendance.</p> <p>A request from a member to attend remotely due to an emergency circumstance requires that the legislative body take action and approve the remote attendance at the start of the meeting for the member to be allowed to participate remotely for that meeting*.</p>

**If the request does not allow sufficient time to be placed on the agenda as a proposed action item, then the legislative body may take action at the beginning of the meeting.*

ADDITIONAL REQUIREMENTS FOR A MEMBER PARTICIPATING REMOTELY:

In addition to making a request either for “just cause” or due to an “emergency circumstance” for remote appearance, AB 2449 imposes the following three (3) additional requirements on legislative body members seeking to appear remotely at public meetings:

1. Before any action is taken during the meeting, the member **must** publicly disclose whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member’s relationship with any such individuals.
2. A member of the legislative body participating from a remote location must participate through both audio **and** visual technology.
3. A member’s remote participation cannot be for more than three (3) consecutive months or 20 percent of the regular meetings for the local agency within a calendar year. And if the legislative body regularly meets fewer than ten (10) times per calendar year, a member’s participation from a remote location cannot be for more than two meetings.

AB 2449 Checklist

(Applicable January 1, 2023 to December 31, 2025)

Procedures for Public Participation

- Public must be able to remotely hear, visually observe, and address the legislative body either remotely or in person in real time
- Public must have the opportunity to participate via: 1) two-way audio or 2) a telephonic service with a webcasting service
- Public cannot be required to submit comments prior to the meeting

Procedures for Member to Teleconference from a Remote Location

- Member must participate through both audio and visual technology
- Member must disclose adults who are present in the room at the remote location with the member and the general nature of the relationship with those individuals
- Member must submit a general description of the need to teleconference to the legislative body at the earliest opportunity (do not disclose any medical diagnosis or disability)
- Member may teleconference for just cause. Just cause is limited to 2 meetings per calendar year (see "Limits per Member" below). Just cause is defined as:
 - Child care or caregiving need of a child, parent, grandparent, grandchild, sibling, spouse or domestic partner
 - Contagious illness that prevents member from attending in person
 - A need related to a physical or mental disability
 - Travel on official business of the legislative body or another state or local agency
- Member may teleconference due to emergency circumstances, which requires approval of the legislative body and which is defined as a physical or family medical emergency that prevents a member from participating in person
- Limits per Member: Just cause and emergency circumstances cannot be invoked collectively for more than: 1) two meetings if the legislative body has fewer than 10 meetings per calendar year, or 2) three consecutive months or 20 percent of regular meetings per calendar year if the legislative body has 10 or more meetings per year. Just cause cannot be invoked more than twice per calendar year.

Procedures for the Board/Commission/Committee/Group

- Include instructions on the agenda how the public can participate remotely
- A quorum of the members of the legislative body must participate in person at the noticed location that is open to the public
- A majority of the membership must approve a request by a member to teleconference due to emergency circumstances; include the request on the agenda if received in time
- All votes must be taken by roll call
- Meeting must be stopped and no action taken if the broadcast of the meeting or ability of the public to comment is disrupted

TELECONFERENCING RULES UNDER THE BROWN ACT

	Default Rule	Declared Emergency (AB 361)	Just Cause (AB 2449)	Emergency Circumstance (AB 2449)
In person participation	Required	Not Required	Required	Required
Member participation via teleconferencing	Audio or Audio-visual	Audio or Audio-visual	Audio-visual	Audio-visual
Required (minimum) opportunities for public participation	In-Person	Call-In or internet-based	Call-in or internet-based <u>and</u> in person	Call-in or internet-based <u>and</u> in person
Disruption of broadcast or public's ability to comment	Meeting can proceed	No further action taken	No further action taken	No further action taken
Reason must be approved by legislative body	No	Yes (Initial findings and renewed findings every 30 days)	No, but general description to be provided by legislative body	Yes and general description to be provided to legislative body
Votes must be taken by roll call	Yes	Yes	Yes	Yes
Member's remote location included on agenda	Yes	No	No	No
Declared emergency and health official's recommendations for social distancing	No	Yes	No	No
Annual limits	None	None	Twice per calendar year (limits for emergency circumstances also apply for collective number of times AB 2449 can be used per year)	3 consecutive months/ 20% of regular meetings per calendar year; or 2 meetings per calendar year if body meets less than 10 times per year (collectively with just cause)
Effective Dates	Ongoing	Expires 12/31/2023	Expires 12/31/2025	Expires 12/31/2025