

STEERING COMMITTEE



*Tuesday, September 17, 2024, 11:00 AM – 1:00 PM
Seville Plaza – Live Well Support Center
5469 Kearny Villa Rd, San Diego, CA 92123
(3rd Floor, Conference Room 3700)*

The Charge of the Steering Committee: The Steering Committee charge is to establish the agenda for meetings of the full Planning Group and to address matters of Planning Group governance.

TABLE OF CONTENTS

Document	Page Number(s)
Meeting Location Instructions	001 – 002
Steering Committee Agenda 09/17/2024	003 – 004
Steering Committee Minutes 06/18/2024	005 – 009
HIV Planning Group (HPG) Agenda 09/25/2024	010 – 011
HPG Retreat Recap (06/26/2024)	012 – 020
Mileage Reimbursement Form	021 – 022
Board Letter and Action Item Information Sheet	023 – 029
Draft HPG Assessment of the Administrative Mechanism	030 – 036
Monthly Utilization Report – QR Code	037
Expenditure Report	038 – 039
HPG Administrative Budget	040
Steering Committee Attendance (through August 2024)	041
HIV Resource Chat & Connect Event Flyer – 09/18/2024	042 – 043
2024 Dr. A. Brad Truax Awards Ceremony and Reception (12/06/2024)	044 – 045
Assembly Bill 2449 and Teleconferencing Rules under the Brown Act	046 – 048

Meeting Location & Directions:

Steering Committee

Tuesday, September 17, 2024

11:00 AM - 1:00 PM

Seville Plaza - Live Well Support Center

5469 Kearny Villa Rd.

San Diego, CA 92123

(3rd Floor, Conference Room 3700)



Parking is **free**. 2-hour parking and whole day parking is available in the parking lot. All visitors must check in with security at the main entrance of the building to be escorted to the elevator. Visitors include County employees who do not work in the building.

FROM I-63 S:

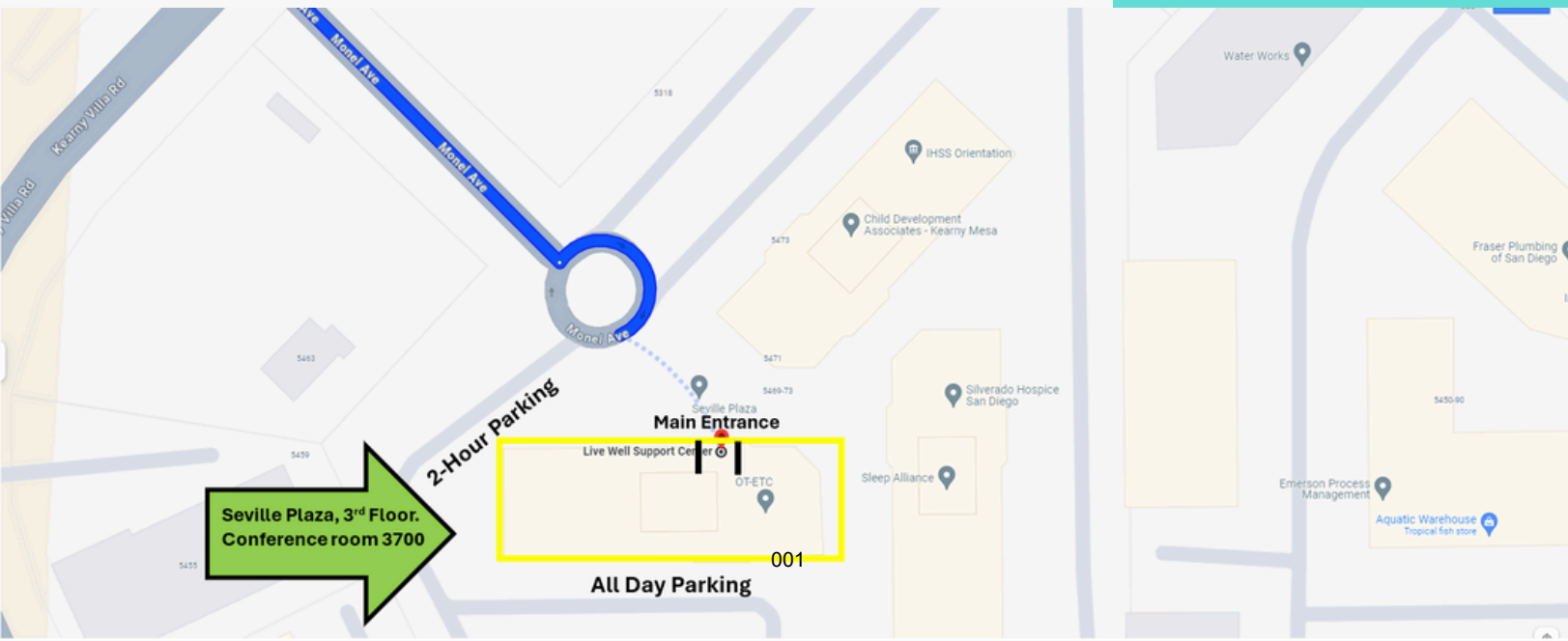
1. Use the right 2 lanes to turn left onto CA-163 N toward Escondido.
2. Merge onto CA-163 N
3. Take Exit 8 for Clairemont Mesa Blvd
4. Keep left, follow signs for Kearny Villa Rd
5. Sharp right onto Kearny Villa Rd
6. Turn Left onto Monel Ave



PUBLIC TRANSPORTATION

MTS Bus Routes:

27, 20, 120, 235





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 left on Clairemont Mesa Blvd
6. Turn right onto Kearny Villa Rd
7. Turn right onto Monel Ave
8. Building 5469/Seville Plaza - Live Well Support Center will be on the **right** side at the end of the cul-de-sac

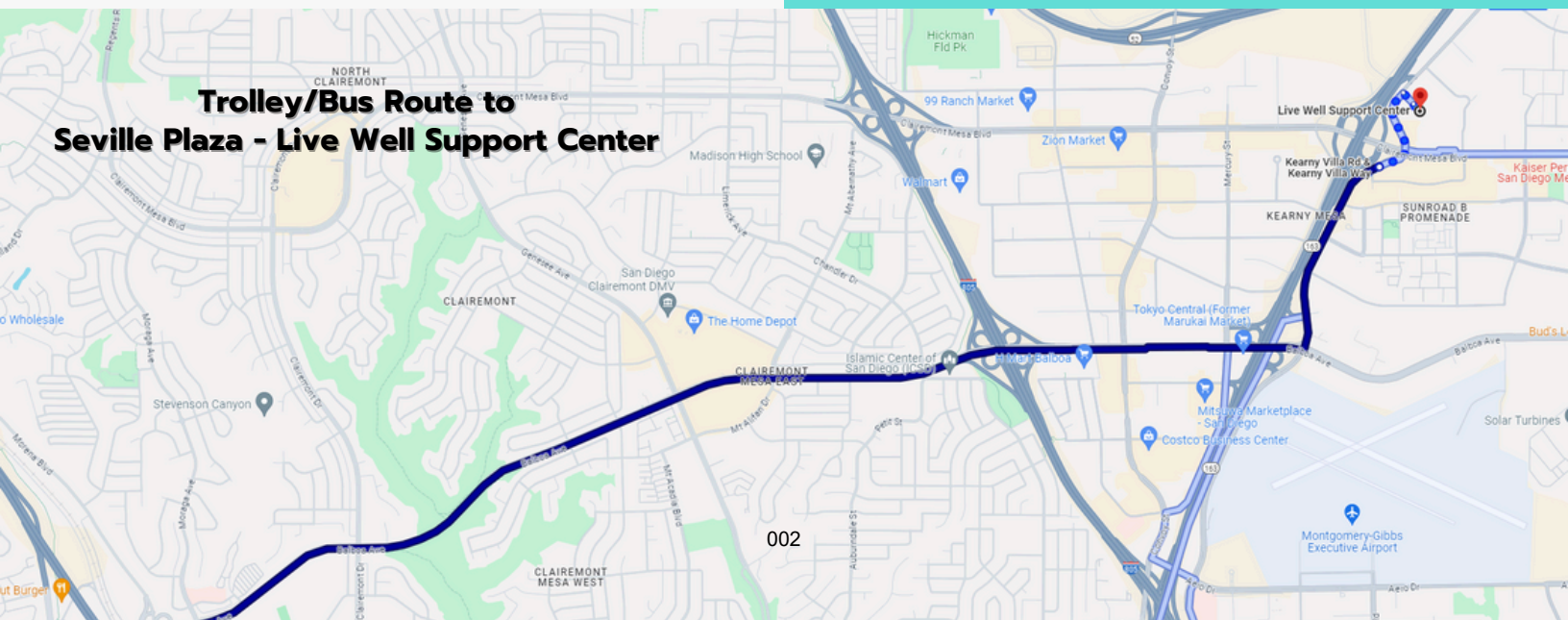
FROM BUS:

From Kearny Villa Rd & Kearny Villa Way:

1. Walk northeast on Kearny Villa Rd
2. Turn right onto Monel Ave
3. Enter the traffic circle
4. Building 5469/Seville Plaza - Live Well Support Center will be on the **right** side

From Clairemont Mesa Blvd:

1. Walk north on Complex Dr toward Clairemont Mesa Blvd
2. Turn left onto Clairemont Mesa Blvd
3. Turn right onto Kearny Villa Rd
4. Turn right onto Monel Ave
5. Enter the traffic circle
6. Building 5469/Seville Plaza - Live Well Support Center will be on the **right** side



STEERING COMMITTEE



Tuesday, September 17, 2024, 11:00 AM – 1:00 PM
Seville Plaza – Live Well Support Center
5469 Kearny Villa Rd, San Diego, CA 92123
(3rd Floor, Conference Room 3700)

To participate remotely via Zoom:

<https://us06web.zoom.us/j/87049271222?pwd=aubVrdoZMXP2ldgXBfwNMI Dph8Aa8w.1>

Call in: +1 (669) 444-9171

Meeting ID (access code): 870 4927 1222

Password: STEER

Language translation services are available upon request at least 96 hours prior to the meeting.

Please contact HPG Support Staff via e-mail at hpg.hhsa@sdcounty.ca.gov.

A quorum for this meeting is four (4)

Committee Members: Michael Donovan | Felipe Garcia-Bigley | Cinnamen Kubricky (Vice-Chair) | Mikie Lochner (Chair) | Dr. Winston Tilghman | Rhea Van Brocklin | Michael Wimpie

MEETING AGENDA ORDER OF BUSINESS

1. Call to order, roll call, comments from the chair and a moment of silence
2. Public comment (for members of the public)
3. Sharing our concerns (for committee members)
4. **ACTION:** Approve the Steering Committee agenda for September 17, 2024
5. **ACTION:** Approve meeting minutes from June 18, 2024
6. **ACTION:** Approve the HIV Planning Group agenda for September 25, 2024
7. Committee reports and recommendations
8. Old Business
 - a. HPG Retreat – recap
9. New Business
 - a. **Discussion:** Interpreting AB2449 and the use of Just Cause and Emergency Circumstance for virtual attendance
 - b. **ACTION:** Review, update and approve the Mileage Reimbursement Form
 - c. **ACTION:** Approve the purchase of promotional items
 - d. **Review:** Board Letter to Authorize Acceptance of HIV Services Grant Funding and Applications for Future Funding Opportunities
 - e. **Report Review:** Assessment of the Administrative Mechanism

STEERING COMMITTEE

- f. Public comments/HPG member comments/Suggestions to the Steering Committee from previous HPG meeting(s)

10. Routine Business

- a. **ACTION** (*Priority Setting and Resource Allocation Committee*): Reallocations for FY 24 (present fiscal year, March 1, 2024 – February 28, 2025)
- b. **Review**: Committee attendance

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

12. HPG Support Staff Report

- a. Administrative budget review

13. Future agenda items for consideration

14. Announcements

15. Next meeting date: **Tuesday, November 19, 2024, 11:00 AM – 1:00 PM**

Location: County Operations Center, 5530 Overland Ave, San Diego, CA 92123 (Conference Room 172)

16. Adjournment

STEERING COMMITTEE



Tuesday, June 18, 2024, 11:00 AM – 1:00 PM
County Operations Center
5560 Overland Ave, San Diego, CA 92123
(Conference Room 172)

A quorum for this meeting is four (4).

Members Present: Cinnamen Kubricky (Vice-Chair) | Bob Lewis | Mikie Lochner (Chair) | Shannon Ransom

Members Absent: Dr. Winston Tilghman | Rhea Van Brocklin

ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order, roll call, comments from the chair, and a moment of silence	Mikie Lochner called the meeting to order at 11:13 AM and noted the presence of an in-person quorum.	
2. Public comment (for members of the public)	None	
3. Sharing our concerns (for committee members)	None	
4. ACTION: Approve the Steering Committee agenda for June 18, 2024	Motion: Approve the Steering Committee agenda for June 18, 2024 as presented. Motion/Second/Count (M/S/C): Lewis/Ransom/3-0 Abstentions: Lochner Motion carries	
5. ACTION: Approve meeting minutes from May 21, 2024	Motion: Approve meeting minutes for May 21, 2024 as presented M/S/C: Lewis/Ransom/3-0 Abstentions: Lochner Motion carries	
6. ACTION: Approve the HIV Planning Group (HPG) agendas for June 26, 2024; July 24, 2024; August 7, 2024; August 14, 2024; and August 28, 2024	Motion: Approve the HIV Planning Group agendas for June 26, 2024; July 24, 2024; August 7, 2024; August 14, 2024; and August 28, 2024, noting a change in time for the August 7, 2024 and August 15, 2024 meetings to be from 2:00 PM until 5:00 PM. M/S/C: Lewis/Kubricky/3-0 Abstentions: Lochner Motion carries	
7. Committee reports and recommendations	Membership Committee: The chair of this committee requested that the HPG revisit the mentorship program after the	

STEERING COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	September HPG membership turnover and the onboarding of new members.	
8. Old Business		
a. Discussion: Recruitment of new HPG members	<p>The committee discussed the following:</p> <ul style="list-style-type: none"> • Two HPG member applications were approved at the June Membership Committee meeting and will be going forward to the June HPG meeting. • Michael Donovan applied for the District seat; however, the District office notified the HPG Support Staff (HPG SS) they will not review that application until the District 4 seat becomes vacant. • More progress is needed to recruit unaffiliated consumers (general members). The Recipients' Office made a recommendation to steer away from using the language "unaffiliated consumer" and identifying members as such. Staff keep track on the overall percentages of consumer representation on the HPG. • Jeffery Weber has declined the Strategies and Standards Committee Chair appointment. • Felipe Garcia-Bigley will be appointed as Chair of the Membership Committee at the July meeting. • The Medical Standards and Evaluation Committee (MSEC) has not yet identified a Chair. 	
b. HPG Retreat – update	The HPG Retreat will take place on Wednesday, June 26 at 2:30 PM – 5:30 PM in replacement of the Retreat that did not occur in May due to lack of quorum.	
c. Review: Getting to Zero Consumer/Community Feedback and Progress	The Chair reviewed the progress and the next steps as they relate to the Steering Committee. The committee was reminded to notify the HPG SS of	HPG Support Staff (SS) to look into the gift cards

STEERING COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<p>upcoming events so they can be featured on the website.</p> <p>The committee discussed the possible option of budgeting for gift cards in the HPG Administrative budget as incentives for meeting participation, including the following:</p> <ul style="list-style-type: none"> • Gift cards will serve as an incentive to engage consumers. • There is a concern that there is no sustainable plan going forward. • The hope is consumers will not come only for the gift card but will want to stay engaged and find the meetings useful. • Develop some criteria for giving the gift cards out. • Gift cards are not a means to an end when it comes to encouraging the completion of the needs assessment survey. • Food is provided at meetings; however, currently there are some internal challenges with ordering food for meetings. • Vary the location of meetings, the County Operation Center is difficult to access by public transportation for some participants. • Explore other locations around the County that offer additional information and resources, so participants have multiple incentives to attend the committee meetings. • There is an active hiring of a Community Health Promotion Specialist who will assist with getting people involved in the HPG planning process. <p>The Steering Committee will table gift cards as incentives and discuss this further at future meetings.</p>	<p>and the next steps.</p> <p>HPG SS will add to the next Steering Committee meeting agenda.</p>

STEERING COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	The committee discussed providers noting increased numbers of HIV positive clients.	
9. New Business		
a. Public comments/HPG member comments/Suggestions to the Steering Committee from previous HPG meeting(s)	None (The May HPG meeting did not take place)	
10. Routine Business		
a. ACTION: (Priority Setting and Resource Allocation Committee): Allocations for FY 24	None	
b. Review: Committee attendance	The committee attendance was reviewed.	
11. HIV, STD, and Hepatitis Branch (HSHB) Report	<p>The Recipients' Office provided the following updates:</p> <ul style="list-style-type: none"> • The FY 24 Part A award has been received, which is slightly larger than the previous award. No adjustments are needed to the FY 24 allocations. • The County is anticipating the Ryan White (RW) Part A application and the Ending the HIV Epidemic (EHE) for funding soon. • The HIV Prevention award is pending and expected in July. • The Service Utilization Report shows utilization slightly greater compared to the previous year and viral suppression among RW clients is 92%. 	
12. HPG Support Staff Report	The Community Engagement Group will have a table at the San Diego Pride Parade.	
a. Administrative budget review	Tabled (expenditure report not available)	
13. Future agenda items for consideration		

STEERING COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
14. Announcements	<ul style="list-style-type: none"> • There will be a long-term survivors contingent in the San Diego Pride Parade in July and the HPG will have an outreach table at the SD Pride Festival. • The County's Public Health Officer Dr. Wooten is retiring. 	
15. Next meeting date	<p>Date: Tuesday, September 17, 2024 Time: 11:00 AM – 1:00 PM Location: to be determined, in-person and via Zoom</p>	
16. Adjournment	Meeting adjourned at 12:17 PM.	

SAN DIEGO HIV PLANNING GROUP (HPG)



Wednesday, September 25, 2024, 3:00 PM – 5:00 PM
Southeastern Live Well Center
5101 Market Street, San Diego, CA 92114
(Tubman Chavez Room A)

To participate remotely via Zoom:

<https://us06web.zoom.us/j/85368987291?pwd=KnO1bBlgoyR53sVY04E8ymyNo6OUq4.1>

Call in: +1 (669) 444-9171

Meeting ID (access code): 853 6898 7291

Password: SDHPG

Language translation services are available upon request at least 96 hours prior to the meeting.

Please contact HPG Support Staff via e-mail at hpg.hhsa@sdcounty.ca.gov.

A quorum for this meeting is twelve (12).

Committee Members: Marco Aguirre Mendoza | Beth Davenport | Michael Donovan | Tyra Fleming | Felipe Garcia-Bigley | David Grelotti | Pamela Highfill | Lori Jones | Cinnamen Kubricky (Vice-Chair) | Michael Lochner (Chair) | Skyler Miles | Veronica Nava | Venice Price | Ivy Rooney | Benjamin Santillan Ignalino, Jr. | Stephen Spector | Winston Tilghman | Rhea Van Brocklin | Freddy Villafan | Jeffery Weber | Abigail West* | Michael Wimpie | Adrienne Yancey

**Participating virtually from 1616 Capitol Ave, Sacramento, CA 95814*

ORDER OF BUSINESS

1. Call to order
2. Welcome, roll call, moment of silence
3. Matters from the Chair
4. Public comment (for members of the public) – concerns/questions/suggestions for future topics
5. HPG Member Open Forum – concerns/questions/suggestions for future topics
6. **ACTION:** Approve the HPG agenda for September 25, 2024
7. Member Recognition
8. Old Business:
 - a. None
9. New Business:
 - a. **Presentation:** Needs Among Women Living with or Impacted by HIV – Rhea Van Brocklin and Shannon Ransom
 - b. **Presentation:** Whole Person Approach to Care Initiative – Felipe Ruiz and Lynn Carson
 - c. **ACTION (Membership Committee):** Approve HPG appointments
 - d. **ACTION:** Approve the Board Letter

SAN DIEGO HIV PLANNING GROUP (HPG)

- e. **ACTION** (*Priority Setting and Resource Allocation Committee*): Reallocations for FY 24 (March 1, 2024 – February 28, 2025)
- f. **ACTION** (*Priority Setting and Resource Allocation Committee*): Approve priority rankings for FY 25 (March 1, 2025 – February 28, 2026)
- g. **Report**: 2024 Assessment of the Administrative Mechanism – Dasha Dahdouh

10. Routine Business:

- a. **ACTION**: Approval of consent agenda for September 25, 2024 which includes:

- i. Approval of HPG minutes from July 24, 2024 and August 7, 2024

- ii. Acceptance of the following committee minutes:

Steering Committee	June 18, 2024
Membership Committee	June 12, 2024; July 10, 2024
Priority Setting and Resource Allocation Committee	None
Medical Standards and Evaluation Committee	June 11, 2024
Community Engagement Group	June 12, 2024
Strategies and Standards Committee	June 20, 2024

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

<i>CARE Partnership</i>	<i>May 20, 2024; July 15, 2024</i>
<i>Housing Committee</i>	<i>TBD</i>

- iii. Committee Reports

- 1. HPG committees
- 2. State Office of AIDS (OA) and AIDS Drug Assistance Program (ADAP) – Abigail West
- 3. Housing Committee Report – Freddy Villafan

- iv. California HIV Planning Group (CHPG) – Mikie Lochner

- v. Administrative budget report

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

12. HPG Support Staff Updates

13. Announcements

14. Adjournment

Next Meeting Date: **Wednesday, October 23, 2024, at 3:00 PM – 5:00 PM**

Location: To be determined and via Zoom.



2024 HIV Planning Group Retreat

June 26, 2024

Summary of Discussion Points



Discussion: Motivation Themes

- Giving back to community
- Curiosity – learning and growing
- Advocacy for consumers
- Knowledge to share
- Engagement/collaboration
- Feeling valued
- Representation of disadvantaged consumers and people of color
- Adapting to changes – continuing of care
- Passion and connection to people
- Improving current service
- Health equity
- Empowerment
- Thriving
- Be with like-minded people



Discussion: Recruitment Challenges

- Style of meetings – communication
- Support from the organization
- Lack of awareness at HPG
- Stigma (lack of confidence at contribution)
- Time commitment (false sense of assurance)
- Financial support (lack of equity at membership)
- Convenience/travel/access
- Bureaucracy – follow-up (too much structure)
- Intimidation – formality and acronyms



Discussion: Retention & Engagement Challenges

- Communication style and formality of meetings
- Interviews are intimidating
- Make it more accessible to consumers (locations of meetings)
- How to live/thrive with HIV
- Different life stages
- Health
- Ideas: Peer to peer trainings
- Leadership empowerment
- Sustained effort over time

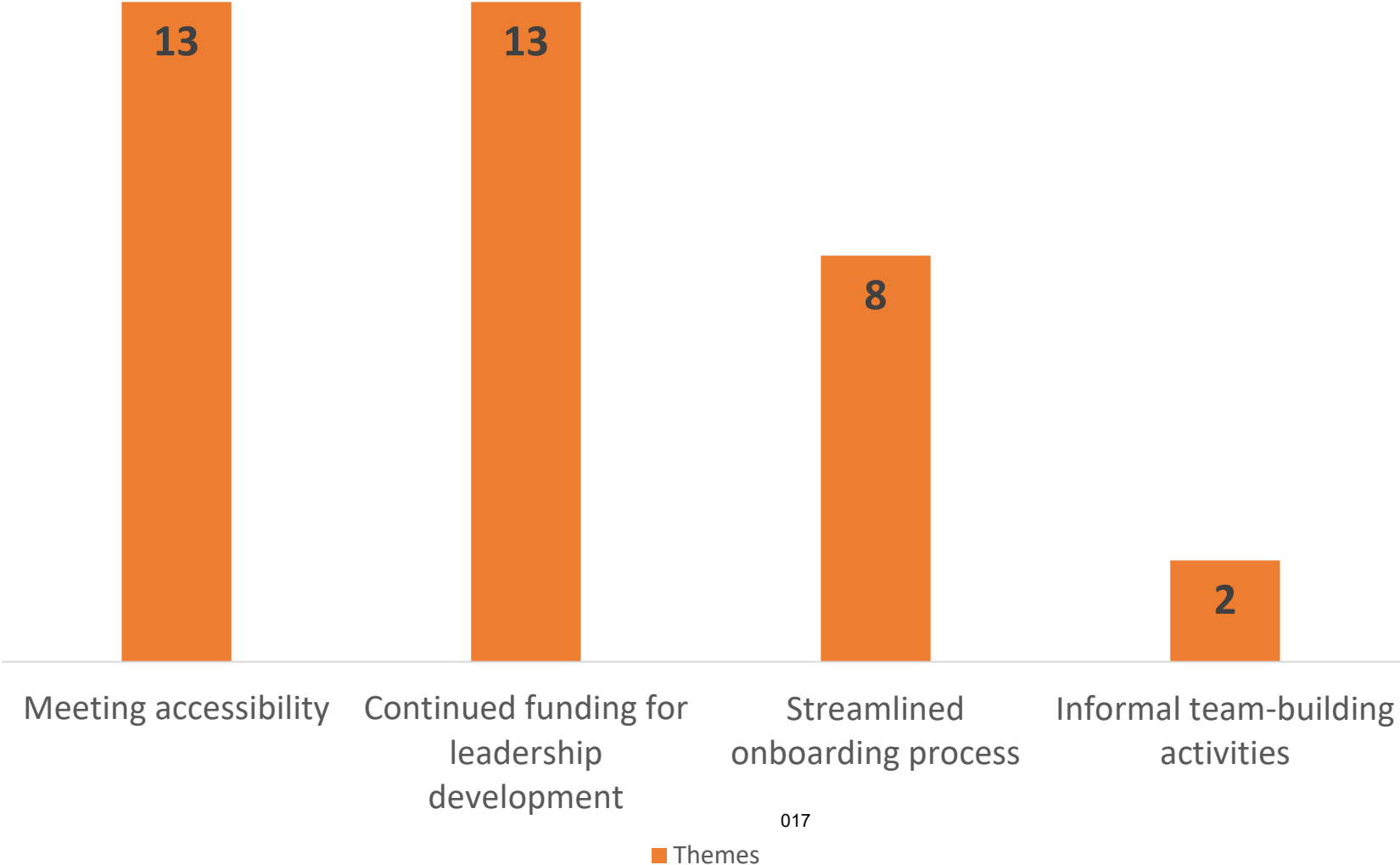


Discussion: Onboarding

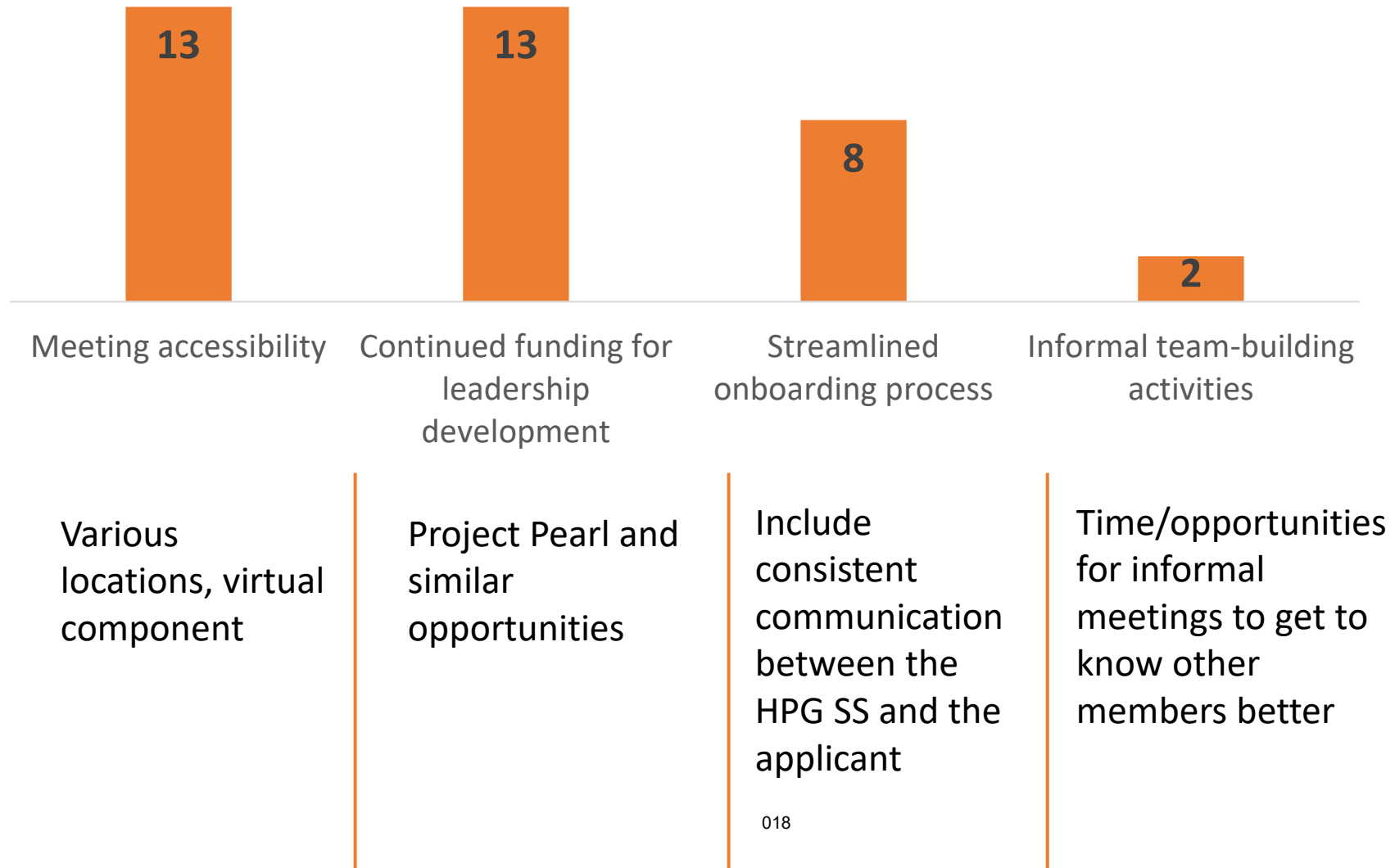
- Explaining commitment and roles
- Expectations of participation
- Bureaucracy of process
- How to engage incoming members
- Use language that is inclusive, inviting, and accessible



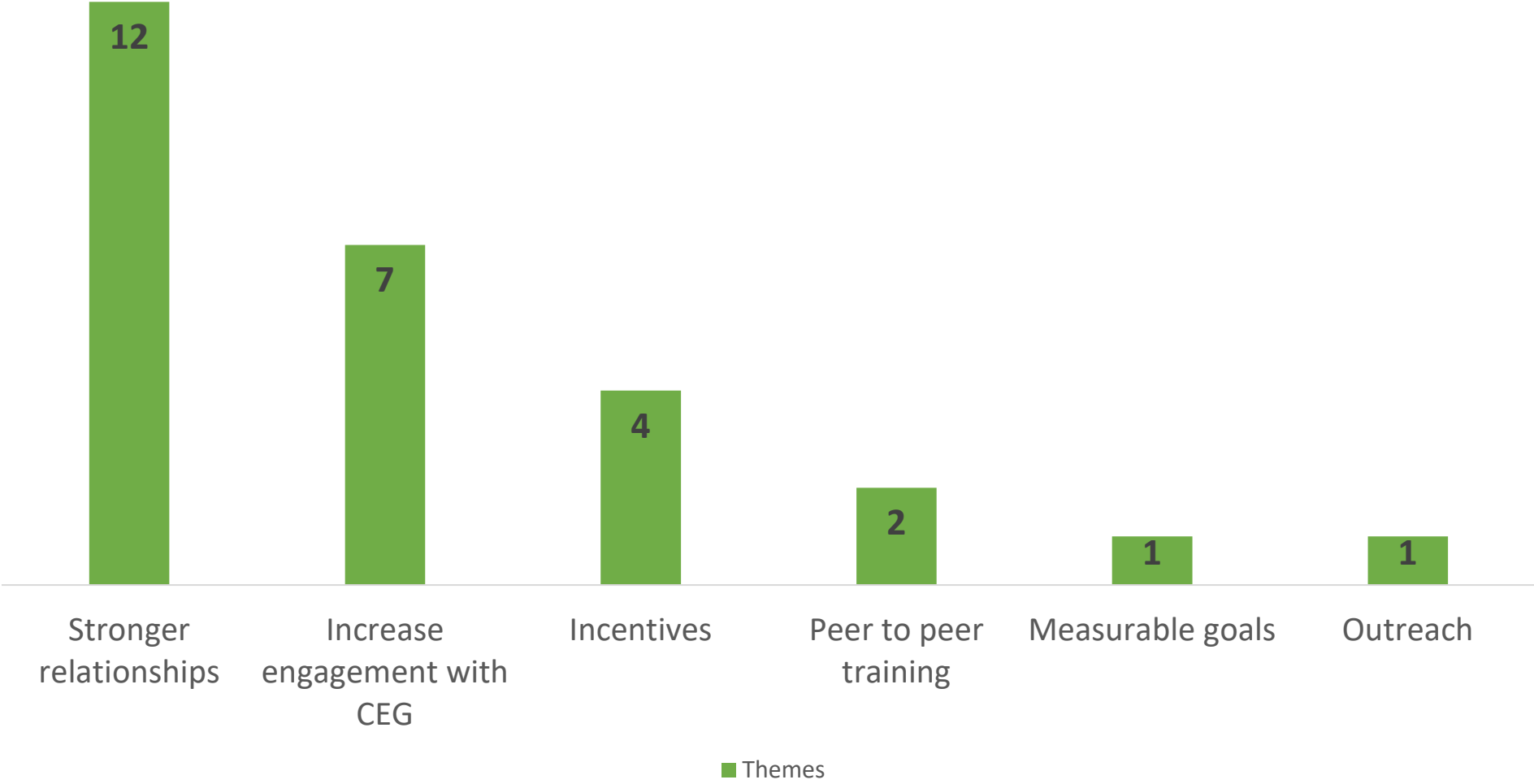
Activity: Recruitment Goals



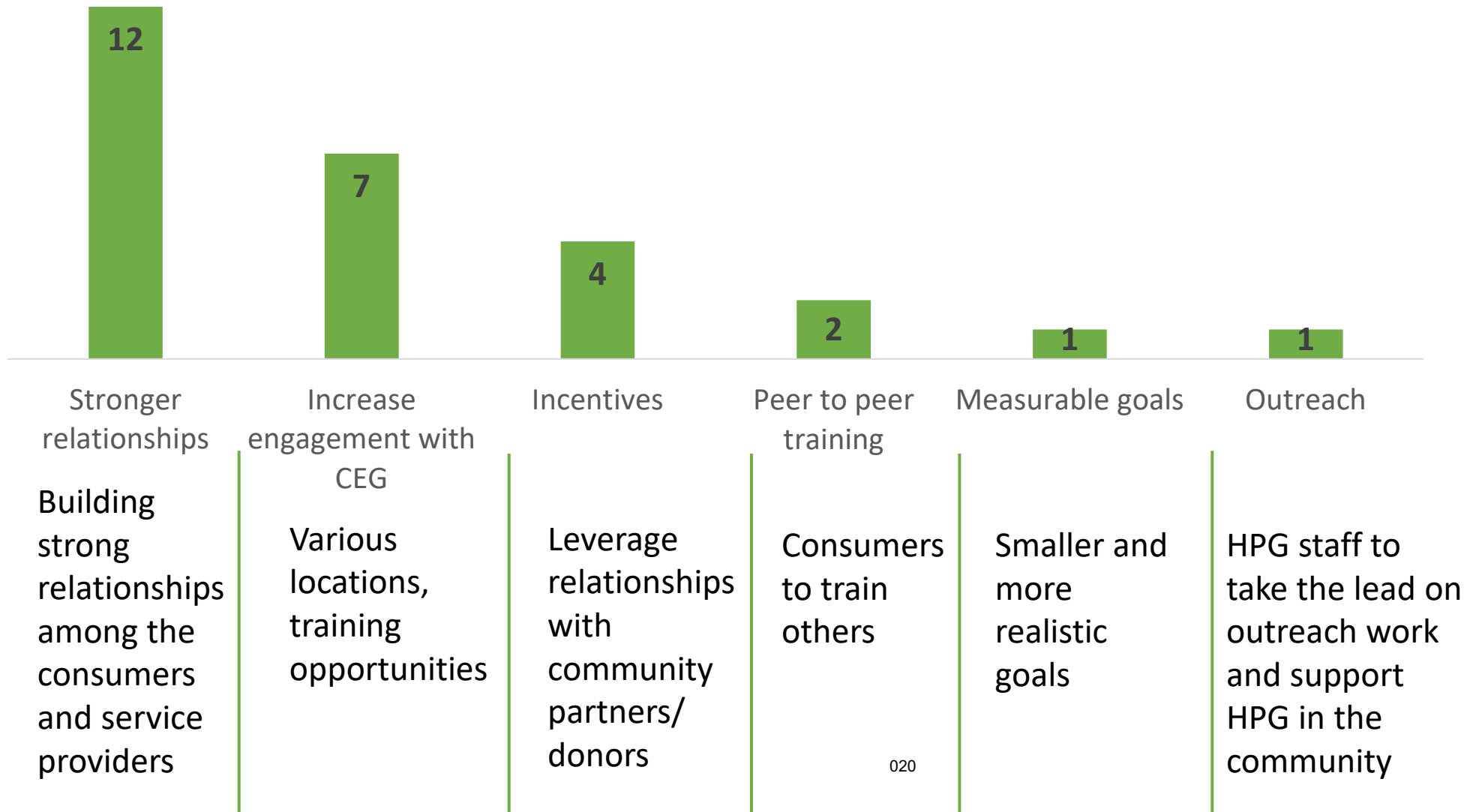
Activity: Recruitment Goals *(detailed examples)*



Activity: Retention Goals



Activity: Retention Goals *(detailed examples)*





Consumer Mileage Reimbursement Claim Form

Mileage reimbursement is permitted for actual costs of transportation by consumers to and from eligible HIV Planning Group (HPG) meetings.

This form must be completed in person at each eligible meeting attended by a consumer.

Name:	Phone Number:
Date of Meeting/Event	Meeting/Event Address:

I am eligible to receive mileage reimbursement because I meet one of the following criteria:

- Unaffiliated Consumer appointed to the HIV Planning Group
- Unaffiliated Consumer attending a meeting for a sub-committee to which I am assigned (or am a guest speaker)
- Unaffiliated Consumer attending the Community Engagement Group or other officially approved HPG meeting or event

Meeting Attended:	Starting Point/Home Address
<input type="checkbox"/> HIV Planning Group <input type="checkbox"/> Community Engagement Group <input type="checkbox"/> Membership Committee <input type="checkbox"/> Medical Standards & Evaluation Committee <input type="checkbox"/> Priority Setting & Resource Allocation Committee <input type="checkbox"/> Steering Committee <input type="checkbox"/> Strategies & Standards Committee <input type="checkbox"/> Ad Hoc: _____ <input type="checkbox"/> Officially approved HPG meeting or event _____	_____ <i style="text-align: center;">Number and Street</i> _____ <i style="text-align: center;">City State/Country Zip Code</i>
	<input type="checkbox"/> Check If the Ending point is the same as the Starting Point Ending Point _____ <i style="text-align: center;">Number and Street</i> _____ <i style="text-align: center;">City State/Country Zip Code</i>
Completed forms will be reimbursed via the closest value gas card(s) based on the standard mileage rates for the use of a car (also vans, pickups, or panel trucks) published by the Internal Revenue Service.	<p><i>By signing below, I certify the following:</i></p> <ol style="list-style-type: none"> 1. <i>I am an unaffiliated consumer of Ryan White services.</i> 2. <i>I drove and attended the meeting, checked, and incurred mileage to attend this meeting.</i> <p>Signature: X _____</p>
For HIV Planning Group Support Staff Use Only	
Calculated Roundtrip Mileage:	≈ APPROX _____ MILES @ \$0.67/MILE = \$ _____
Approved Gas Card Amount:	\$ _____
Gas Card Number(s):	#1- _____ #2- _____ #3- _____ <i style="text-align: center;">Card 1 Card 2 Card 3</i>
Issued on:	_____
HPG Support Staff:	_____

¹ An Unaffiliated Consumer is defined as one:

- a. who is living with HIV and is receiving HIV-related services from a Ryan White Part A services provider; and
- b. who is not a board member or officer of, employee of, or consultant to any providers receiving Ryan White Part A funds, and does not represent any such entities or receive a stipend from such entities

HIV Planning Group

Consumer Mileage Reimbursement Claim Form

INSTRUCTIONS

To successfully complete this form, follow these guidelines:

1. Fill in the following areas:
 - a. Name
 - b. Phone Number
 - c. Check your eligibility
 - d. Check Name of Meeting/Event Attended
 - e. Starting address (address from where you started your travel). Please note that any travel outside San Diego County will not be reimbursed.
 - f. Signature
 - g. Date

2. Completed forms must be turned in to HPG Support Staff within 30 days of the meeting attended to receive a gas card.

GUIDANCE

Ryan White funds cannot be used to reimburse the expenses of non-members to attend HIV Planning Group meetings as observers. However, the HIV Planning Group can reimburse actual meeting expenses for unaffiliated consumers who serve on committees, attend officially affiliated groups/task forces/committee-related events, or make requested presentations to the HPG.

All reimbursements are made consistent with federal guidance and local regulations. In the event of any conflict between local and federal rules, the federal rules prevail.

ELIGIBILITY

You are eligible to receive reimbursement if you are an Unaffiliated Consumer and meet the following criteria:

1. You are an appointed member of the HPG OR
2. You are an Unaffiliated Consumer attending the Community Engagement Group OR
3. You are an HPG member or an Unaffiliated Consumer attending a committee meeting that you have been appointed, AND
4. You drove to this meeting using a private vehicle.

You are NOT eligible if:

1. You received a ride to the meeting for which you did not incur cost.
2. You are attending a meeting that is not HPG-related.
3. You are not a “named/appointed” member of the committee you are attending.

If the information on this form is not true and accurate, the person making the claim will not receive additional reimbursement and will give up all rights to a trial. Contact HPG Support Staff with any questions.

Please submit the claim within 30 days of the meeting at the latest to receive reimbursement.



COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

NORA VARGAS
First District

JOEL ANDERSON
Second District

TERRA LAWSON-REMER
Third District

MONICA MONTGOMERY STEPPE
Fourth District

JIM DESMOND
Fifth District

DATE: October 22, 2024

XX

TO: Board of Supervisors

SUBJECT

AUTHORIZE ACCEPTANCE OF HIV SERVICES GRANT FUNDING AND APPLICATIONS FOR FUTURE FUNDING OPPORTUNITIES (DISTRICTS: ALL)

OVERVIEW

For almost three decades, the San Diego County Board of Supervisors (Board) has authorized grants and agreements with the California Department of Public Health Office of AIDS (CDPH-OA) to reduce transmission of HIV in San Diego County.

Today's action requests the Board to authorize acceptance of \$7,592,529 in grant funds for *High Impact Prevention and Surveillance Programs for Health Departments* and \$8,879,370 in grant funds for *High Impact Prevention and Surveillance Programs for Health Departments - Ending the HIV Epidemic*. Both grants are from the CDPH-OA and are both for the period of August 1, 2024, through May 31, 2029. Lastly, today's action requests the Board authorize applications for future funding opportunities to support the prevention, testing, care, and treatment needs of those impacted by HIV.

This item supports the County vision of a just, sustainable, and resilient future for all, specifically those communities and populations in San Diego County that have been historically left behind, as well our ongoing commitment to the regional *Live Well San Diego* vision of healthy, safe, and thriving communities. This will be accomplished through education, prevention, and intervention to interrupt transmission of disease in the region. This item also supports the County's Getting to Zero initiative by planning and allocating resources dedicated to services for residents who are living with or vulnerable to HIV.

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

1. Waive Board Policy B-29, Fees, Grants, Revenue Contracts – Department Responsibility for Cost Recovery, which requires prior approval of grant applications and full-cost recovery of grants.
2. Authorize the acceptance of \$7,592,529 in grant funds for *High Impact Prevention and Surveillance Programs for Health Departments* from the California Department of Public Health, Office of AIDS for the period of August 1, 2024 through May 31, 2029, for HIV services related to prevention, and authorize the Agency Director, Health and Human

SUBJECT: AUTHORIZE ACCEPTANCE OF HIV SERVICES GRANT FUNDING AND APPLICATIONS FOR FUTURE FUNDING OPPORTUNITIES

Services Agency, or designee, to execute all required grant documents, upon receipt, including any annual extensions, amendments and/or revisions thereto that do not materially impact or alter the services or funding level.

3. Authorize the acceptance of \$8,879,370 in grant funds for *High Impact Prevention and Surveillance Programs for Health Departments – Ending the HIV Epidemic* from the California Department of Public Health, Office of AIDS for the period of August 1, 2024 through May 31, 2029, for Ending the HIV Epidemic services related to prevention, and authorize the Agency Director, Health and Human Services Agency, or designee, to execute all required grant documents, upon receipt, including any annual extensions, amendments and/or revisions thereto that do not materially impact or alter the services or funding level.
4. Authorize the Agency Director, Health and Human Services Agency, or designee, to apply for any additional funding opportunity announcements, if available, to address the prevention, testing, care and treatment needs of those impacted by HIV.

EQUITY IMPACT STATEMENT

HIV has disproportionately impacted some of San Diego County’s most vulnerable residents, who include Black and Hispanic communities and gay, bisexual, and other men who have sex with men. Local surveillance data from 2023 demonstrated that Blacks comprise less than 6% of the county population but comprise 13% of recent HIV diagnoses. Hispanics comprise 35% of the county population yet comprise 53% of recent HIV diagnoses. Additionally, according to the 2021 Gallup.com article “LGBTQ+ Identification Rises to 5.6% in the Latest U.S. Estimate”, gay, bisexual, and other men who have sex with men currently comprise approximately 2.5% of the adult population in the United States. In San Diego County in 2023, gay, bisexual, and other men who have sex with men comprise 48% of recent HIV diagnoses and 70% of persons living with HIV.

The County of San Diego Health and Human Services Agency, Public Health Services works in partnership with the HIV Planning Group, an official advisory board to the San Diego County Board of Supervisors. The HIV Planning Group is comprised of people living with HIV, service providers, subject matter experts, HHSA representatives, community members and designees from each supervisorial district. The HIV Planning Group conducts need assessments of system capacity and capabilities every three years. This includes engaging with different impacted communities through focus groups. These engagement efforts play an impactful role in informing decisions and ensuring resources are effectively and equitably distributed to serve the needs of those most impacted by HIV in San Diego County.

SUSTAINABILITY IMPACT STATEMENT

The proposed actions align with the County of San Diego’s Sustainability Goal #2 to provide just and equitable access and Sustainability Goal #4 to protect health and wellbeing. This will be done by increasing capacity and services aimed to prevent, identify, and treat HIV. Testing, identification, and treatment of HIV will improve the overall health of communities, reduce the demand of associated care services, while increasing effectiveness of care providers and lowering operating costs.

SUBJECT: AUTHORIZE ACCEPTANCE OF HIV SERVICES GRANT FUNDING AND APPLICATIONS FOR FUTURE FUNDING OPPORTUNITIES

FISCAL IMPACT

Recommendation #2: High Impact Prevention and Surveillance Programs for Health Departments

Funds for this request are included in the Fiscal Year (FY) 2024-26 Operational Plan in the Health and Human Services Agency. If approved, this request will result in estimated costs of \$1,248,573 and revenue of \$1,199,969 in FY 2024-25, and estimated costs of \$1,611,794 and revenue of \$1,549,050 in FY 2025-26, for an estimated total of \$7,900,062 in costs and \$7,592,529 in revenue through FY 2029-30. The funding source for this grant is the California Department of Public Health Office of AIDS (CDPH-OA). A waiver of Board Policy B-29 is requested because the funding does not offset all costs. These unrecovered costs are estimated to be \$48,604 for FY 2024-25, and \$62,744 for FY 2025-26. The total unrecovered costs are estimated to be \$307,533 through FY 2029-30. The funding source for these costs will be existing Realignment. The public benefit for providing these services far outweighs the costs. There will be no change in net General Fund cost and no additional staff years.

Recommendation #3: High Impact Prevention and Surveillance Programs for Health Departments – Ending the HIV Epidemic

Funds for this request are included in the Fiscal Year (FY) 2024-26 Operational Plan in the Health and Human Services Agency. If approved, this request will result in estimated costs of \$1,433,097 and revenue of \$1,398,700 in FY 2024-25, and estimated costs of \$1,856,905 and revenue of \$1,812,335 in FY 2025-26, for an estimated total of \$9,097,734 in costs and \$8,879,370 in revenue through FY 2029-30. The funding source for this grant is the California Department of Public Health Office of AIDS (CDPH-OA). A waiver of Board Policy B-29 is requested because the funding does not offset all costs. These unrecovered costs are estimated to be \$34,397 for FY 2024-25, and \$44,569 for FY 2025-26. The total unrecovered costs are estimated to be \$218,364 through FY 2029-30. The funding source for these costs will be existing Realignment. The public benefit for providing these services far outweighs the costs. There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

The HIV Planning Group reviewed this item at its meeting on **September 25, 2024**, and recommended approval of the recommendations.

BACKGROUND

The County of San Diego (County) Health and Human Services Agency, Public Health Services (PHS) leverages various resources to effectively support the needs of individuals vulnerable to or living with HIV, including ensuring availability of testing, prevention, and treatment services.

On March 1, 2016 (25), the San Diego County Board of Supervisors (Board) adopted the Getting to Zero initiative, which seeks to end the HIV epidemic in San Diego County. Since its adoption,

SUBJECT: AUTHORIZE ACCEPTANCE OF HIV SERVICES GRANT FUNDING AND APPLICATIONS FOR FUTURE FUNDING OPPORTUNITIES

the Getting to Zero initiative has evolved into a comprehensive approach to ending the HIV epidemic, with five core strategies:

1. Test: Identify everyone living with HIV in San Diego County and link them to HIV treatment and other services that provide support for remaining in treatment.
2. Treat: Ensure that everyone living with HIV in San Diego County has access to HIV treatment services so that persons living with HIV can achieve viral suppression.
3. Prevent: Identify everyone at risk for HIV infection in San Diego County and link them to HIV prevention resources and other services that provide support for remaining HIV negative.
4. Engage: Continue partnering with communities disproportionately impacted by HIV to achieve collective impact and improve outcomes along the HIV care continuum.
5. Improve: Engage in continuous quality improvement activities to achieve the objectives of the Getting to Zero plan.

As of December 31, 2023, there were nearly 15,000 people living with HIV in the county and an estimated 1,300 persons living with HIV who are unaware of their HIV status. In 2016 at the beginning of Getting to Zero, there were 538 newly reported cases of HIV in San Diego County; in 2023, there were 409, a decrease of 25%. Despite these decreases, in 2023 a resident was newly diagnosed with HIV, on average, every day in San Diego County, indicating that HIV continues to be a major public health concern in the region.

Ending the HIV epidemic is possible due to substantial advances in HIV treatment and HIV prevention. Treatment for persons living with HIV, known as anti-retroviral therapy (ART) is highly effective. When taken as prescribed, ART can stop HIV disease progression and ensure persons living with HIV infection can live near-normal lifespans without the complications of HIV disease. Persons living with HIV infection who are successfully treated cannot transmit HIV sexually to others. Furthermore, some of the same drugs used to treat HIV can be up to 99% effective at preventing infection when taken by those who are HIV-negative. HIV drugs can even prevent HIV infections in persons who are HIV-negative but have had a very recent high-risk exposure to HIV within the prior 72 hours.

The County of San Diego (County) receives funding for HIV prevention services from the California Department of Public Health Office of AIDS (CDPH-OA), which originates from the Centers for Disease Control and Prevention. The two grant components align and the funding will support testing, outreach, health education, linkage to medical services, comprehensive services for persons who inject drugs and transgender individuals, benefits navigation, and continuation of a mobile resource guide for HIV services throughout San Diego. In 2023, this funding provided 440,000 website visits, 21,000 HIV tests, 9,255 outreach contacts, 843 residents with linkage to PrEP, 520 residents with linkage to health and other benefits programs, and 500 hepatitis C tests. Additionally, 81% of persons newly diagnosed with HIV were linked to anti-retroviral therapy within 10 days of diagnosis, and 97% were linked within 30 days.

Today's action requests the Board authorize the acceptance of \$16,471,899 in grant funds from CDPH for the period of August 1, 2024 through May 31, 2029 for *High-Impact HIV Prevention*

SUBJECT: AUTHORIZE ACCEPTANCE OF HIV SERVICES GRANT FUNDING AND APPLICATIONS FOR FUTURE FUNDING OPPORTUNITIES

and Surveillance Programs for Health Departments, to support HIV surveillance and prevention efforts.

A waiver of Board Policy B-29 is requested because the funding does not offset all costs. Today’s action will result in: Recommendation #2: Estimated costs of \$1,248,573 and revenue of \$1,199,969 in FY 2024-25, and estimated costs of \$1,611,794 and revenue of \$1,549,050 in FY 2025-26, for an estimated total of \$7,900,062 in costs and \$7,592,529 in revenue through FY 2029-30, for *High Impact Prevention and Surveillance Programs for Health Departments*. The funding source for these unrecovered costs will be existing Realignment. Recommendation #3: Estimated costs of \$1,433,097 and revenue of \$1,398,700 in FY 2024-25, and estimated costs of \$1,856,905 and revenue of \$1,812,335 in FY 2025-26, for an estimated total of \$9,097,734 in costs and \$8,879,370 in revenue through FY 2029-30, for *High Impact Prevention and Surveillance Programs for Health Departments – Ending the HIV Epidemic*. The funding source for these unrecovered costs will be existing Realignment. The public benefit for providing these services far outweighs these costs, as CDPH, Office of AIDS *High-Impact HIV Prevention and Surveillance Programs for Health Departments* funding fills an important gap in the local HIV service delivery system by ensuring support for HIV prevention contracts deployed into the community.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today’s proposed action supports the County of San Diego 2024-2029 Strategic Plan Initiatives of Sustainability (Resiliency) and Equity (Health), and the regional *Live Well San Diego* vision by supporting access to prevention, testing, and high-quality medical care that results in improved physical health.

Respectfully submitted,

USE “INSERT PICTURE”
FUNCTION TO INSERT
SIGNATURE

EBONY N. SHELTON
Chief Administrative Officer

ATTACHMENT(S)

N/A



County of San Diego

CAROLINE SMITH
INTERIM DEPUTY CHIEF ADMINISTRATIVE OFFICER

HEALTH AND HUMAN SERVICES AGENCY
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INTERIM PUBLIC HEALTH OFFICER
ELIZABETH A. HERNANDEZ, Ph.D.
PUBLIC HEALTH SERVICES DIRECTOR

SAN DIEGO HIV PLANNING GROUP (HPG)

ACTION ITEM INFORMATION SHEET

APPROVE BOARD LETTER TO ACCEPT HIV SERVICES GRANT FUNDING, AND APPLICATIONS FOR FUTURE FUNDING OPPORTUNITIES

DATE: September 25, 2024

ITEM: Approve the board letter to authorize acceptance of HIV services grant funding and application for future funding opportunities.

BACKGROUND:

For almost three decades, the San Diego County Board of Supervisors (Board) has authorized grants and agreements with the California Department of Public Health Office of AIDS (CDPH-OA) to reduce transmission of HIV in San Diego County.

Please refer to the attached Board Letter for additional background information.

RECOMMENDATIONS:

1. Waive Board Policy B-29, Fees, Grants, Revenue Contracts – Department Responsibility for Cost Recovery, which requires prior approval of grant applications and full-cost recovery of grants.
2. Authorize the acceptance of \$7,592,529 in grant funds for *High Impact Prevention and Surveillance Programs for Health Departments* from the California Department of Public Health, Office of AIDS for the period of August 1, 2024 through May 31, 2029, for HIV services related to prevention, and authorize the Agency Director, Health and Human Services Agency, or designee, to execute all required grant documents, upon receipt, including any annual extensions, amendments and/or revisions thereto that do not materially impact or alter the services or funding level.
3. Authorize the acceptance of \$8,879,370 in grant funds for *High Impact Prevention and Surveillance Programs for Health Departments – Ending the HIV Epidemic* from the California Department of Public Health, Office of AIDS for the period of August 1, 2024 through May 31, 2029, for Ending the HIV Epidemic services related to prevention, and authorize the Agency Director, Health and Human Services Agency, or designee, to execute all required grant documents, upon receipt, including any annual extensions, amendments and/or revisions thereto that do not materially impact or alter the services or funding level.

4. Authorize the Agency Director, Health and Human Services Agency, or designee, to apply for any additional funding opportunity announcements, if available, to address the prevention, testing, care and treatment needs of those impacted by HIV.

These recommendations come to the HIV Planning Group (HPG) requiring a motion and second to proceed.

Attachment: Board Letter

DRAFT San Diego HIV Planning Group Assessment of the Administrative Mechanism

Data from Fiscal Year 2023 – 2024

Presented to the HIV Planning Group on 09/25/2024



INTRODUCTION

The Ryan White HIV/AIDS Program (RWHAP) legislation requires each Part A program planning council to:

Assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area and at the discretion of the planning council, assess the effectiveness, either directly or through contractual arrangements, of the services offered in meeting the identified needs.” [Section 2602(b)(4)(E)].

This responsibility is referred to as the “Assessment of the Administrative Mechanism.” This is the only task that allows for planning groups to look at procurement and contracting.

The purpose of the Fiscal Year 2024 Assessment of the Administrative Mechanism (AAM) is to ensure that the needs of people living with HIV/AIDS (PLWH) are being met by assessing the process used by HIV, STD, and Hepatitis Branch (HSHB) of the County of San Diego (Recipient) to identify, contract with, and pay providers for delivering HIV-related services.

METHODOLOGY

HPG Support Staff conducted a desk audit of the contracting process. The Recipient was asked to provide information on the fiscal and procurement process on the previous/FY 23 Ryan White grant period, from March 1, 2023, through February 29, 2024. The following information was requested from the recipient by September 9, 2024, to allow staff to analyze the information:

- Procurement process: a narrative description of the procurement process and specific data regarding Ryan White (RW) Part A procurements that have been conducted during the report period, including how each procurement opportunity was advertised, how many times the procurement documents were accessed, how many entities attended the pre-proposal conference, and the number of proposals received.
- Contracting: a narrative describing the number of contracts that were in place at the beginning of the reviewed Ryan White grant period.
- Reimbursement of subrecipients: a narrative describing how subrecipients bill for services and the timeline for reimbursement, along with some redacted/unidentified information from a single contract to illustrate timelines.
- Use of funds: a narrative description of the monthly expenditure reports that are provided to HPG.

FINDINGS

Procurement

- One Request for Proposals (RFP) for Ryan White Part A services was issued during the reporting period:
 - RFP 551: Coordinated HIV Services
 - Posted on 1/9/2024
 - Closed on 2/20/2024
 - Advertised on BuyNet
 - Number of RFP agencies logged in to view solicitation: 20
 - Number of logins: 246
 - Number of agencies who attended the proposal conference: 11
 - Number of proposals received: Not applicable. RFP 551 was cancelled on 3/8/2024. No award was made. It is currently in a re-procurement phase.
 - Date notice of Intent to Award was posted: Not applicable. RFP 551 was cancelled on 3/8/2024. No award was made. It is currently in a re-procurement phase.
 - Date notice of Grant Award was posted: Not applicable. RFP 551 was cancelled on 3/8/2024. No award was made. It is currently in a re-procurement phase.
 - Contract start date: Not available.
- No Request for Quotation (RFQ) for Ryan White Part A services was issued during the reporting period.
- The Recipient provides a Procurement update in the HSHB monthly report to Steering Committee and the HIV Planning Group (HPG).
- Additional information about RFP and RFQ is in the “Description of Processes and Definitions” section below.

Contracting

- There have been no interruptions to any RW service categories related to procurement processes during the past 10 years.
- Between March 1, 2023 and February 29, 2024, there were 28 RW contracts in place with a combination of RW part A, RW Part B, and Ryan White Part A-Minority AIDS Initiative (MAI) funding sources.

Reimbursement

- Approved invoices were paid in a timely manner.
- Most contracts are net-30 terms, meaning the payment is due within 30 days of the invoice receipt. As invoices are received, they are reviewed and analyzed by the contract team

and the Contracting Officer Representative (COR). Once the invoice is approved by the COR, the invoice is sent to the Fiscal team for payment.

- The following actual data are an illustrative example of the timeline:
 - Invoice received by HSHB: 11/8/2023
 - Invoice reviewed by the COR: 11/15/2023
 - Invoice sent to Fiscal: 11/15/2023
 - Invoice paid: 11/29/2023
 - Total days between receipt and payment: 11

Use of Funds

- The Recipient provides Part A/B Ryan White expenditure monthly reports to the Steering Committee, the Priority Setting and Resource Allocation Committee (PSRAC), and the HPG. This allows timely reallocation of funds from service categories that are underspending to those that are overspending.
- Monthly Service utilization report and updates are provided to the Steering Committee, PSRAC, and HPG.
- “Reallocation of Part A funds” is a standing agenda item for the Steering Committee, PSRAC, and HPG meetings.
- The HPG has granted the Recipient authority to transfer up to \$50,000 between service categories as needed and to report these changes at the following PSRAC, Steering, and HPG meetings.
- The Recipient or recipient staff are available at Steering Committee, PSRAC, and HPG meetings to answer questions, respond to requests for data, or present recommendations for reallocation of funds.

DESCRIPTION OF PROCESSES AND DEFINITIONS

Procurement Process

Ryan White is funded by the federal government and is subject to federal regulations (45 CFR Part 75). These regulations are 149 pages long and they govern how the contracts using federal funds must be procured. Per these guidelines, there are two primary types of procurement activities that apply to Ryan White Part A funds: Requests for Proposals (RFPs) and Requests for Quotations (RFQs).

RFP: RFPs are considered a formal procurement method and are used for service contracts that



exceed \$250,000 with an evaluation method of best value, which includes price and other factors. RFPs are the most common procurement method used for Ryan White Part A service categories funded by the HIV Planning Group. An RFP is a time-intensive process that requires the efforts of the County of San Diego (County) Health and Human Services Agency (HHS) Public Health Services (PHS) HSHB, Public Health Services Administration, Agency Contract Support, and the Department of Purchasing and Contracting.

RFPs are posted on the County's online procurement system, ([BuyNet](#) which allows entities to register to commodity codes to receive automatic notification of any solicitations posted with that commodity code. In response to the solicitation, offerors submit proposals detailing their technical and business experience, capabilities, and specific approach to achieve the requirements established for the services or good requested. The RFP will include evaluation factors and criteria as well as their relative importance for award selection.

Evaluation of proposals is completed by an appointed Source Selection Committee. Awards are made on best value in consideration of price and other factors. RFPs may establish minimum or pre-qualification requirements to be eligible for consideration.

Contracting Process

Notices of Intent to award and contract awards are posted on BuyNet. [Board Policy A-97](#) addresses protest procedures for all formal procurements except in cases where the procurement includes an alternate process to resolve protest. Unsuccessful offerors for solicitations awarded based on best value may also request a debriefing to discuss why another proposal was selected to reaching out to the assigned buyer on the solicitation.

There has only been one protest of a Ryan White Part A procurement during the past five years, and the protest was ultimately determined to be without merit and was dismissed. Although there was a significant delay in the implementation of the new contract at that time, existing contracts were extended to ensure service provision during the protest period and there was no interruption in services.

RFQ: RFQs are considered an informal procurement method for small purchases up to \$250,000. Generally, HHS PHS HSHB will use RFQs to bring on consultants for time-limited activities. Any contract awarded through an RFQ process that contains federal funds cannot exceed \$250,000 (the current federal Simplified Acquisition Threshold) in total expenditures during the life of the contract. RFQs are posted on BuyNet with applicable terms and conditions to solicit quotations. Evaluations do not require a formal committee and may consider other factors in addition to lowest price. Awards are based on best value.

As with an RFP, an RFQ will be posted on BuyNet with a set due date.

Reimbursement Process

Subrecipients are required to use the HSHB invoice template to submit invoices by the 10th calendar day after the end of the reporting month in which services are provided. Upon receipt by HSHB, invoices are date-stamped, reviewed, and if no issues are identified, reasonable, allocable, and allowable expenditures are given preliminary approval. If issues are identified, the Administrative Analyst will contact the subrecipient for clarification or additional documentation to support an invoice. If the issue cannot be resolved, the Administrative Analyst will forward their concerns to the Fiscal Administrative Analyst and Principal Administrative Analyst. Once a review has been completed and any requested clarification/documents have been received, the invoice is forwarded to the COR for final approval, signature, and payment authorization. Per HSHB policy, any disallowed expenses are reported to the subrecipient. A Fiscal Administrative Analyst enters COR approved invoices into the internal payment tracking spreadsheet, and they are forwarded to the Financial Support Services Division (FSSD) for payment processing. FSSD personnel date-stamps invoices upon receipt and processes the invoices for payment in the County's accounting system (ORACLE), using contract terms. Invoices are paid via check or Electronic Fund Transfer to the subrecipient. The Fiscal Administrative Analysts forwards invoice payment documentation to an Administrative Analysts who will check ORACLE to confirm the date and amount that the subrecipient has been paid. Once an Administrative Analyst has confirmed that a payment has been made, a copy of the invoice will be maintained in the subrecipient files.

Outpatient Ambulatory Health Services providers claims are managed by a financial intermediary who is set up to make immediate payment to assure timely claim reimbursements. The intermediary pays the providers claims from a bank account funded for claim reimbursements. On a bi-monthly basis, the intermediary draws down the bank account for the total amount of provider claims and sends a funding request to the County with details of the invoice. The invoice request is processed, and payment is made to replenish the bank account.

In the final month of the Ryan White fiscal year, invoices forwarded to FSSD are flagged as "Priority Validation", identifying the invoice as one that should be given priority for processing. By using this method, payments can be issued quickly and reflected in ORACLE. This practice assists with preparing the Ryan White Part A final quarterly cost report and year end reporting requirements.

To ensure that invoices for the County fiscal year ending June 30 are paid in a timely manner, subrecipients are requested to submit a preliminary invoice with June expenditures. Any variances with June actuals are addressed with final June invoice submission.

Use of Funds

The Recipient provides a monthly expenditure report at all Steering Committee, PRAC, and HPG meetings. The presentation enables an assessment on spending by comparing the percent of the year elapsed with the percent of the service category that has been spent. Service Categories that are underspending or overspending are highlighted to ensure HPG members and community participants are aware of categories to watch in case reallocation of funds may be needed.

The expenditure report is distributed in the packet of materials provided each month along with a monthly written report from the Recipient. The written report provides a recap of the budget and lists upcoming RFPs that the Recipient is procuring or has procured during the current fiscal year.

QUESTIONS FROM THE HIV PLANNING GROUP

Based on the report findings, the HPG and the Recipient continue to work in partnership to ensure that the needs of consumers are met. To strengthen this partnership, the HPG requested some additional information.

Question(s) from the HPG to the HSHB:

-

HSHB's responses to the HPG question(s):

Ryan White Utilization Report

Summary of
Services for FY 24

*(March 1, 2024 - February
28, 2025)*

HIV, STD and Hepatitis Branch



RW 2024-25 PART A AWARD INFORMATION	
Funding Source	Total RW 2024-25 Award
Part A	11,667,474.00
Part A MAI	784,859.00
TOTAL AWARD AMOUNT	12,452,333.00

RW 2024-25
YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN AS OF Jul 2024

FY24-25 ALLOCATION BREAK DOWN								
Funding Source	Admin. \$	Admin. %	CQM \$	CQM %	RW 2024-25 Service dollars	Total	CORE Medical Services	Support Services
Part A	1,131,364	10%	349,067	3%	10,187,043	11,667,474	70%	30%
Part A MAI	78,486	10%	32,933	4%	673,440	784,859		
TOTAL	1,209,850.00		382,000.00		10,860,483.00	12,452,333.00	70%	30%

Ryan White Part A Allocations												
											% Elapsed	42%
Service Categories	HRSA Ranking	Priority Ranking	RW 2024-25 HPG Initial Allocation	%	HPG & Recipient Approved Actions +/-	RW 2024-25 HPG Adjusted Allocation	%	RW 2024-25 Year to Date Expenditure	RW 2024-25 Year-to-Date % Expenditure/Budget	RW 2024-25 Balance	Comments	
Outpatient Ambulatory Health Services: Primary Care	1l	1	1,102,630.00	11%	-	1,102,630.00	11%	496,639.41	45%	605,990.59		
Outpatient Ambulatory Health Services: Medical Specialty	1l	2	195,000.00	2%	-	195,000.00	2%	76,928.08	39%	118,071.92		
Psychiatric Medication Management	1j	12	6,000.00	0%	-	6,000.00	0%	1,776.75	30%	4,223.25		
Oral Health	1k	3	160,940.00	2%	-	160,940.00	2%	58,889.20	37%	102,050.80		
Medical Case Management	1h	4	1,151,853.00	12%	-	1,151,853.00	12%	399,120.04	35%	752,732.96		
Non-Medical Case Management for Housing		6	200,000.00	2%	-	200,000.00		-	0%			
Housing: Emergency Housing	2e	7	1,183,515.00	12%	-	1,183,515.00	12%	357,720.33	30%	825,794.67		
Housing: Location, Placement and Advocacy Services NEW		8	100,000.00	1%	-	100,000.00		-	0%			
Housing: Partial Assistance Rental Subsidy (PARS)	2e	9	807,507.00	8%	43,000.00	850,507.00	9%	250,746.98	29%	599,760.02		
Non-Medical Case Management	2h	5	392,021.00	4%	-	392,021.00	4%	133,009.60	34%	259,011.40		
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF)	1c	13	993,157.00	10%	-	993,157.00	10%	319,245.79	32%	673,911.21		
Childcare Services	2a		-	0%	-	-	0%	-	0%	-		
Early Intervention Services: Regional Services	1c	14	810,000.00	8%	(20,000.00)	790,000.00	8%	274,600.99	35%	515,399.01		
Health Education & Risk Reduction	2d	14a	-	0%	-	-	0%	-	0%	-		
Outreach Services	2j	14b	-	0%	-	-	0%	-	0%	-		
Referral Services	2l	14c	-	0%	-	-	0%	-	0%	-		
Referral to Health and Supportive Services (Peer Navigation)		16	300,000.00	3%	(40,000.00)	260,000.00	3%	70,869.23	27%	189,130.77		

Ryan White Part A Allocations											
% Elapsed 42%											
Service Categories	HRSA Ranking	Priority Ranking	RW 2024-25 HPG Initial Allocation	%	HPG & Recipient Approved Actions +/-	RW 2024-25 HPG Adjusted Allocation	%	RW 2024-25 Year to Date Expenditure	RW 2024-25 Year-to-Date % Expenditure/Budget	RW 2024-25 Balance	Comments
Mental Health: Counseling/Therapy & Support Groups	1j	10	900,000.00	9%	(90,000.00)	810,000.00	8%	233,743.18	29%	576,256.82	
Psychosocial Support Services		17	46,744.00	0%	-	46,744.00	0%	-	0%	46,744.00	
Substance Abuse Services: Outpatient	1m	11	260,127.00	3%	53,000.00	313,127.00	3%	122,981.69	39%	190,145.31	
Substance Abuse Services: Residential	2o	18	-	0%	-	-	0%	-	0%	-	
Home-based Health Care Coordination	1e	19	228,500.00	2%	-	228,500.00	2%	32,185.10	14%	196,314.90	
Transportation: Assisted and Unassisted	2g	20	122,830.00	1%	29,000.00	151,830.00	2%	55,106.94	36%	96,723.06	
Food Services: Food Bank/Home-Delivered Meals	2c	21	536,073.00	5%	-	536,073.00	5%	194,966.75	36%	341,106.25	
Medical Nutrition Therapy	1i	22	35,542.00	0%	-	35,542.00	0%	15,511.33	44%	20,030.67	
Legal Services	2i	23	285,265.00	3%	-	285,265.00	3%	127,846.30	45%	157,418.70	
Emergency Financial Assistance	2b	24	36,856.00	0%	25,000.00	61,856.00	1%	26,811.95	43%	35,044.05	
Home Health Care	1f	25	-	0%	-	-	0%	-	0%	-	
Early Intervention Services: HIV Counseling and Testing	1c	26	-	0%	-	-	0%	-	0%	-	
Cost-Sharing Assistance	1d	27	-	0%	-	-	0%	-	0%	-	
Hospice	1g	28	-	0%	-	-	0%	-	0%	-	
Subtotal			9,854,560.00	100%	-	9,854,560.00	97%	3,248,699.64	33%	6,605,860.36	
Ryan White Part A Minority AIDS Initiative (MAI)			RW 2024-25 HPG Initial Allocation		HPG & Recipient Approved Actions +/-	RW 2024-25 HPG Adjusted Allocation	%	RW 2024-25 Year to Date Expenditure	RW 2024-25 Year-to-Date % Expenditure/Budget	RW 2024-25 Balance	Comments
Multi-Disciplinary Team			593,183.00		-	593,183.00	86%	152,530.91	26%	440,652.09	
Housing: Emergency Housing			100,000.00		-	100,000.00	14%	79,396.84	79%	20,603.16	
Subtotal			693,183.00		-	693,183.00	100%	231,927.75	33%	461,255.25	
TOTAL			10,547,743.00		-	10,547,743.00		3,480,627.39	33%	7,067,115.61	

CORE and Support Sevcies Allocation Breakdown			
Total Allocation		Total Expenditure	Total Balance
CORE Medical Services		4,375,693.00	2,801,791.72
Support Services		5,200,146.00	3,475,128.64
TOTAL		9,575,839.00	6,276,920.36

DETAILED INTERNAL BUDGET

Program: HIV Planning Group Support-County
 Year: RW 2024

DETAILED INTERNAL BUDGET

Budget Period: 03/01/2024 to 2/28/2025 CFD#: 93.914 Updated - 3/2024-7/2024 Expenditures for 9/2024 Meeting	% of Year Elapsed	41.7%			
	FY 24 Budget	Expenditures March-July 2024	YTD Total Expenditures	Expended	Remaining Balance
Personnel Expenses (Salary & Benefits)	\$ 307,705.26	\$ 171,229.41	\$ 171,229.41	55.65%	\$ 136,475.85
Interpreter Services	\$ 10,200.00	\$ 6,093.91	\$ 6,093.91	59.74%	\$ 4,106.09
Food	\$ 7,100.00	\$ 1,168.87	\$ 1,168.87	16.46%	\$ 5,931.13
Staff Training	\$ 250.00	\$ -	\$ -	0.00%	\$ 250.00
Office Expenses	\$ 5,731.00	\$ 7,241.99	\$ 7,241.99	126.37%	\$ (1,510.99)
Mileage and Gas Cards	\$ 7,100.00	\$ 190.28	\$ 190.28	2.68%	\$ 6,909.72
Zoom	\$ 750.00	\$ -	\$ -	0.00%	\$ 750.00
WiFi (MiFi)	\$ 573.00	\$ -	\$ -	0.00%	\$ 573.00
TOTAL PC BUDGET	\$ 339,409.26	\$ 185,924.46	\$ 185,924.46	54.78%	\$ 153,484.80

HIV PLANNING GROUP
12-MONTH COMMITTEE TRACKING
September 2023 - August 2024

STEERING	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	#
Total Meetings	1	0	1	0	1	1	1	1	1	1	1	0	9
Community Engagement Group <i>Interim Chair Mikie Lochner</i>						*	*	*	*	*	NM	NM	0
Medical Standards & Evaluation Committee Dr. Winston Tilghman	*	NM	*	NM	*	*	1	1	*	1	NM	NM	3
Membership Committee Felipe Garcia-Bigley											NM	NM	0
Priority Setting & Resource Allocation Committee Rhea Van Brocklin							*	*	*	1	NM	NM	1
Strategies & Standards Committee Michael Wimpie												NM	0
HIV Planning Group Mikie Lochner (Chair)	*	NM	*	NM	*	*	*	*	*	*	NM	NM	0
HIV Planning Group Cinnamen Kubricky (Vice-Chair)								*	*	*	NM	NM	0

To remain in good standing and eligible to vote, the committee member may not miss 3 consecutive meetings or 6 meetings within 12 months.

* = Present

1 = Absent for the month

1 = Absence when there are multiple meetings that month. Member needs to attend at least one (1) meeting for attendance to count for that month.

JC = Just Cause

EC = Emergency Circumstance

NM = No Meeting

NQ = No Quorum

HIV RESOURCE CHAT & CONNECT

Hosted by the San Diego HIV Planning Group

Wednesday • September 18, 2024

North Clairemont Library

4606 Clairemont Drive

San Diego, CA 92117

When: 12 - 2 PM

FREE &
OPEN TO
THE
PUBLIC!

Join us for an opportunity to **connect with HIV resource specialists** to learn about available resources or to ask any questions you may have, enjoy **free lunch**, and to take the **2024 County of San Diego Survey on HIV Impact!**

We want to hear from you about access to HIV prevention and treatment services, things that work well, challenges and concerns, and your well-being.

RESOURCES ON CASE MANAGEMENT, HOUSING, & MORE!

FREE FOOD • COMPLETE THE SURVEY ON HIV IMPACT



COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY



CONÉCTATE Y CHATEA Y SOBRE LOS RECURSOS DEL VIH



Organizado por el Grupo de Planificación del VIH de San Diego

Miércoles • 18 de Septiembre de 2024

Biblioteca de North Clairemont
4606 Clairemont Drive
San Diego, CA 92117

Cuándo: 12 - 2 PM

GRATIS Y
ABIERTO AL
PÚBLICO

Únase a nosotros para tener la oportunidad de **conectar con especialistas en recursos el VIH** y preguntar cualquier pregunta que pueda tener. Aquí va tener la oportunidad de saber cuales recursos del VIH estan disponibles. **¡Disfrute de un almuerzo gratis** y realice la **Encuesta del Condado de San Diego sobre el Impacto del VIH 2024!**

Queremos saber de usted sobre el acceso a los servicios de prevención y tratamiento del VIH, las cosas que funcionan bien, los desafíos y preocupaciones, y su bienestar.

**¡RECURSOS SOBRE GESTIÓN DE CASOS, VIVIENDA Y MÁS!
COMIDA GRATIS SI COMPLETA LA ENCUESTA SOBRE EL
IMPACTO DEL VIH.**



COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY



LIVE WELL
SAN DIEGO

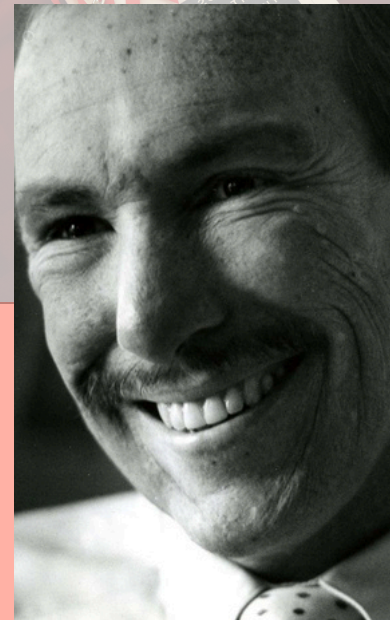
DR. A. BRAD TRUAX AWARDS

Presented by the San Diego HIV Planning Group

THE 35TH ANNUAL DR. A. BRAD TRUAX AWARDS

FRIDAY, DECEMBER 6, 2024 FROM 3PM - 5PM

3909 CENTRE ST., SAN DIEGO, CA 92103



The Dr. A. Brad Truax Award was created to honor the memory of Dr. Truax and his tireless dedication to the prevention and treatment of HIV/AIDS in San Diego.

The award is given annually to recognize a person who has served the community and made outstanding overall contributions to the fight against the HIV/AIDS epidemic.



Three (3) additional awards are given in each of the following categories:

- HIV Education, Prevention, and/or Counseling and Testing
- HIV Care, Treatment, and/or Support Services
- HIV Planning, Advocacy, and/or Policy Development

Each nominee is acknowledged as a Community Award Recipient.



To register or volunteer
scan the QR code



or email

HPG.HHSA@sdcounty.ca.gov

044

Spanish interpretation will be provided



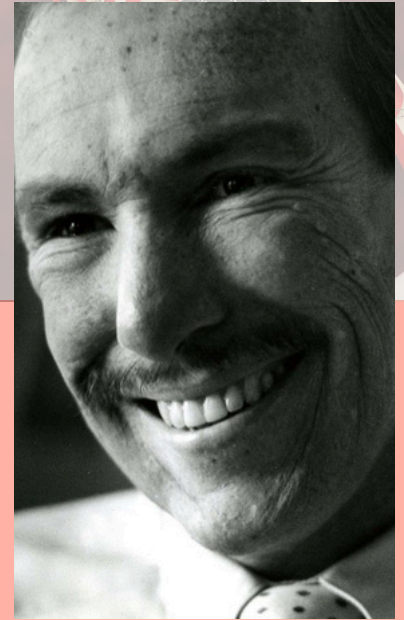
DR. A. BRAD TRUAX AWARDS

Presentado por el Grupo de Planificación del VIH de San Diego

LA 35TH ENTREGA ANUAL DE LOS PREMIOS DR. A. BRAD TRUAX

VIERNES, 6 DE DICIEMBRE DEL 2024 DE 3PM - 5PM

3909 CENTRE ST., SAN DIEGO, CA 92103



El premio Dr. A. Brad Truax fue creado para honrar la memoria del Dr. Truax y su incansable dedicación a la prevención y el tratamiento del VIH/SIDA en San Diego.

El premio se otorga anualmente para reconocer a una persona que ha servido a la comunidad y ha hecho contribuciones generales sobresalientes a la lucha contra la epidemia del VIH/SIDA.



Se otorgan tres (3) premios adicionales en cada una de las siguientes categorías:

- Educación, prevención y/o consejería y pruebas del VIH
- Servicios de atención, tratamiento y/o apoyo para el VIH
- Planificación, promoción y/o desarrollo de políticas sobre el VIH

Cada nominado es reconocido como un Destinatario del Premio de la Comunidad.

Se proporcionará interpretación en español



Para registrarse o ser voluntario
escanee el código QR

o envíe un correo electrónico
HPG.HHSA@sdcounty.ca.gov



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

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

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

Qualifying Reason	Provisions to attend remotely	Requirements/Limitations
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 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