

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

The Charge of the HIV Planning Group: The HIV Planning Group Committee Charge is to set priorities & allocate funds to provide services for people living with HIV/AIDS.

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Meeting Location & Directions:

HIV Planning Group

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



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:

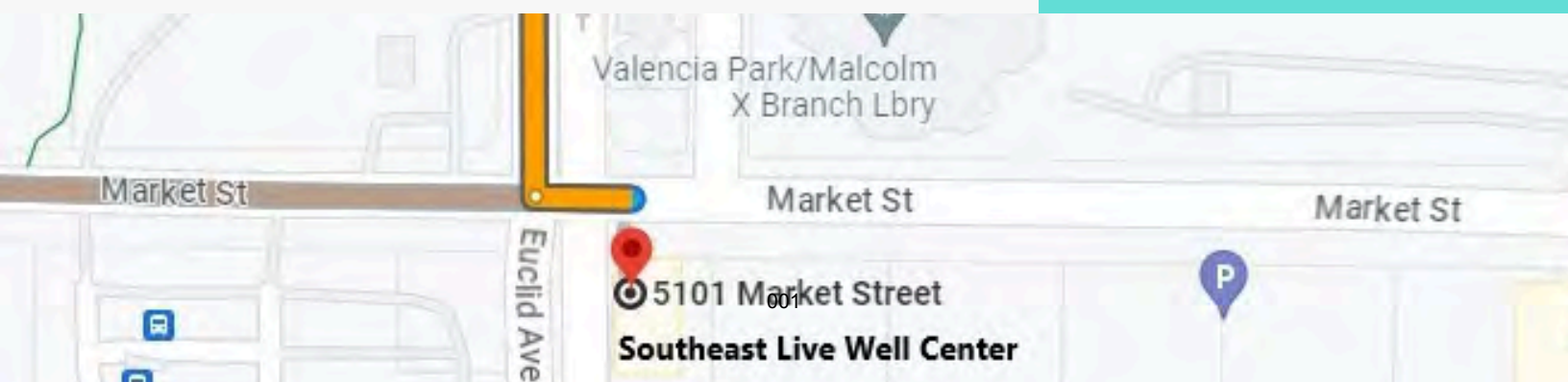
1. Head southeast on I-805 South.
2. Take exit 13A for CA-94-E/M L King Jr. Fwy.
3. Merge onto CA-94 E.
4. Take exit 4A for Euclid Ave.
5. Turn left onto Euclid Ave.
6. Use the left 2 lanes to turn left onto Market St.
7. The destination will be on your right.



PUBLIC TRANSPORTATION

MTS Trolley:
Orange Line

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



Procedure of HPG Public Requests During HPG Meetings

During public comment periods of HPG meetings, public members sometimes request a variety of things directly or indirectly in their comments (e.g., information/clarification, data, investigation of a circumstance, etc. or may assert circumstances that require clarification to address either in 1:1 communication or in a subsequent meetings).

The process/procedure for responding is as follows.

During each HPG meeting (including the one in which the direct or indirect request is made), the chair or vice-chair will:

Explain the process for a response and indicate that:

1. HPG Support Staff has placed their email and phone number in the chat so that the speaker can contact the staff to discuss and clarify the request. The staff will obtain contact information for any needed follow-up (name, email address, phone number, and preference for communication).
2. When the speaker contacts HPG Support, staff will respond within one business day via email or phone call to obtain contact information and the basic details of the request.
3. The day following the HPG meeting, an internal debrief meeting will be held which includes the review of follow-up items. Follow-up items are discussed and assigned to appropriate personnel to respond further to obtain the required information/clarification. The requestor will be contacted the same business day as the meeting is held. *Items that involve or require provider contract information are assigned to Recipient staff.*
4. If the situation requires further research or data gathering, Support Staff will inform the requestor and provide a good faith estimate of the time required for the research and when the requestor may expect a fuller response from the staff.
5. Every attempt will be made to obtain and communicate the requested information within a 10-day period.
6. When a full response is provided, the follow-up item will be recorded as completed.

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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. **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):

CARE Partnership	May 20, 2024; July 15, 2024
Housing Committee	TBD

- 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.

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

HPG CONFLICT OF INTEREST (COI) SHEET

	Davenport, Beth	Garcia Bigley, Felipe	Grelotti, David J.	Highfill, Pamela	Ignalino, Ben	Nava, Veronica	Spector, Stephen A.	Van Brocklin, Rhea	Villafan, Freddy
CHS: WICYF*									
Early Intervention Services: Regional Services									
Early Intervention Services: Minority AIDS Initiative									
Home-Based Health Care Coordination									
Medical Case Management									
Mental Health: Groups / Therapy									
Mental Health: Counseling / Therapy									
Mental Health: Psychiatric Medication Management									
Non-Medical Case Management									
Oral Health									
Outpatient Ambulatory Health Services: Medical Specialty									
Outpatient Ambulatory Health Services: Primary Care									
Outreach Services									
Peer Navigation**									
Substance Use Disorder Treatment: Outpatient									
Substance Use Disorder Treatment: Residential									
Transportation: Assisted and Unassisted									

*Coordinated HIV Services for Women, Infants, Children, Youth and Families

**Referral for Healthcare and Support Services

No Conflicts

Aguirre Mendoza, Marco
Donovan, Michael
Fleming, Tyra

Jones, Lori
Kubricky, Cinnamen
Lochner, Michael
Miles, Skyler

Price, Venice
Rooney, Ivy
Tilghman, Winston
Weber, Jeffery

West, Abigail
Wimpie, Michael
Yancey, Adrienne

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											
Service Categories	HRSA Ranking	Priority Ranking	RW 2024-25 HPG Initial Allocation	%	HPG & Recipient Approved Actions +/-	RW 2024-25 HPG Adjusted Allocation	%	% Elapsed		RW 2024-25 Balance	Comments
								RW 2024-25 Year to Date Expenditure	RW 2024-25 Year-to-Date % Expenditure/Budget		
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 Services 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

Ryan White Utilization Report

Summary of
Services for FY 24

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

HIV, STD and Hepatitis Branch



Needs, Approaches and Gaps for Women Living with HIV in San Diego County



HIV PLANNING GROUP 09.25.2024



Topics We Will Be Discussing:

- Demographics & Overarching needs of women with HIV
- Description of challenges/barriers to care
- Emergent needs
- Community responsiveness models of two organizations that address barriers through their models of care

CA and SD County HIV Statistics

- In 2019, there were 4,396 new HIV diagnoses in California. 15% were among women (12% cisgender and 3% transgender women).
- Black and Latinx women are disproportionately impacted by HIV in California.
- Women age 25-34 had the largest proportion of new HIV diagnoses among women in California.*
- In San Diego County, the proportion of women diagnosed with HIV has increased from 10% to approximately 13.8% from 2019-2023.
- North Inland, Central, and East regions in San Diego County have the highest proportion of new HIV diagnoses among women.
- 75.1% of women living with HIV are in care (evidenced by at least one CD4/VL lab in the last year).**

*HIV and Women Infographic - www.cdph.ca.gov

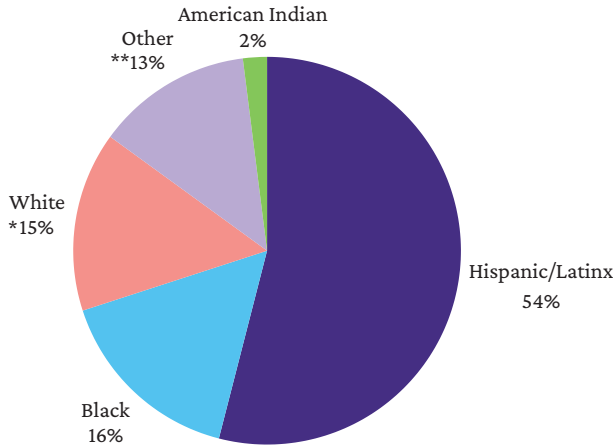
**Key Data Findings and 2023 Epidemiological Report, PSRAC meeting May 9, 2024



Model of Care **Community-Based Home**

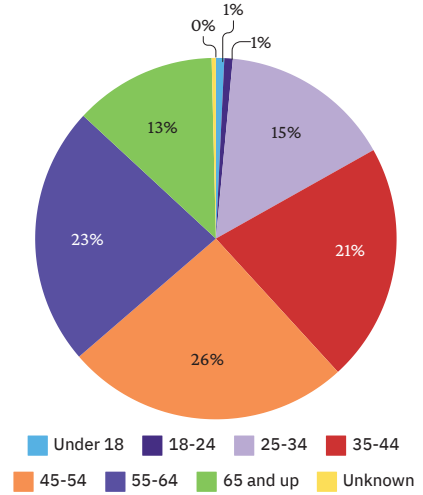
Christie's Place Demographics

Race and Ethnicity



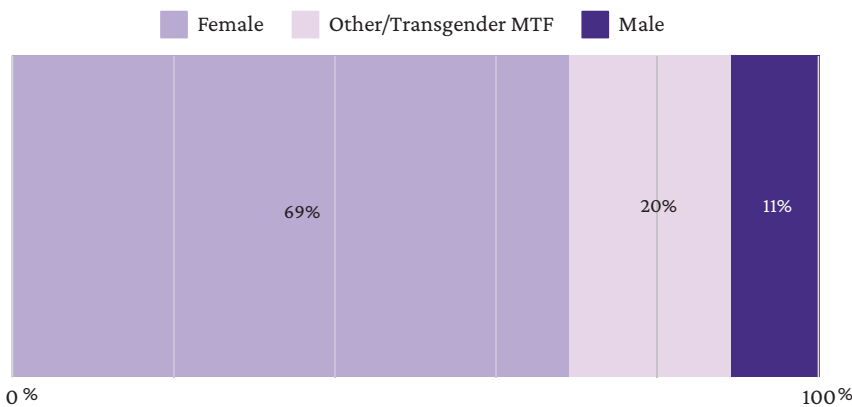
*45% of clients identified as White, regardless of ethnicity
 **19% of clients identified as Other, regardless of ethnicity

Age Ranges of Clients

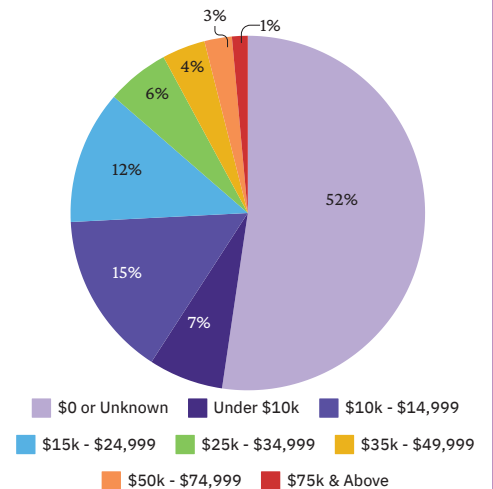


Christie's Place Demographics

Sex and/or Gender



Income Levels



Rooted in a social justice framework

Christie's Place is a leading non-profit HIV service organization in San Diego, CA, that provides comprehensive HIV/AIDS education, support & advocacy.

Our Mission

Empower women, children, families, and individuals impacted by HIV/AIDS to take charge of their health and wellness.



Challenges & Barriers



Barriers and Needs of WLLWH



- Housing
- Therapy and support groups
- Transportation
- Childcare
- Language barriers
- Isolation
- Stigma/Internalized stigma

New and Emergent Needs



Peer
Navigation



Chest
Feeding
Support



Empowerment
& Leadership



New Sub-
Populations

Thinking of Solutions

- **Address immediate needs in ways that preserve dignity:** provide information, access, and/or referrals to housing, transportation, childcare, food/clothing, etc.
- **Be rooted in trauma-informed care:** understand that many women have experience trauma that has prevented them from successfully achieving health. Integrate TIC practices in all levels of care.



Thinking of Solutions

- **Address stigma and isolation:** Continue involving women in support groups, educational presentations, and shared social experiences. Allow them to learn from one another.
- **Provide whole-person care:** Women's health go beyond HIV. Address emerging health needs and consider population-based healthcare.



Continuing to Share Stories

Connection · Advocacy · Healing · Education

The collection of stories in *Healing Hope* come from the resilience, courage, and generosity of the women living with HIV who shared their journeys. The act of storytelling improves the community two-fold: the storyteller heals from sharing their experience to a willing and empathetic audience, and the story receiver expands their perspective about the human experience. Both internal and external stigma is reduced from this brave act.



Thank you!

Contact information:

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[Martha Robles](#)

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[Kelsie Nuno](#)

Medical Case Manager, MCAP
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UC San Diego Health



**MOTHER CHILD
ADOLESCENT
HIV PROGRAM**



HIV Planning Group Meeting
September 25, 2024

1

Our Mission

- Through research, clinical care and education, to constantly improve the care and treatment of women, children and youth living with and affected by HIV and prevent new HIV transmissions
- Our mission is accomplished through a multidisciplinary team approach that provides high quality, comprehensive, culturally sensitive, accessible medical care, health promotion, HIV prevention and family centered social services in San Diego County



2

2

MCAP Ryan White Programs & Funding

- Ryan White HIV/AIDS Treatment Extension Act Part D, Health Resources and Services Administration (HRSA)
- Medical & non-medical case management, transportation and HIV primary care is funded, in part, by the Health Resources and Services Administration (HRSA) through the County of San Diego, Health and Human Services Agency (Part A)
- AIDS United funding
- Research programs are funded through the National Institutes of Health, International, Maternal Pediatric Adolescent AIDS Clinical Trial Group (IMPAACT) Groups and Pediatric HIV AIDS Cohort Studies (PHACS)
- Fundraising (e.g., San Diego HIV Funding Collaborative, AIDS Walk)
- Generous donations from our community

3

3

Clinics and Services



Pediatrics



Obstetrics



Youth (13-24 years)



On-Call Support for
OB/Perinatal Providers



Women

4

4

Support to Breast/Chestfeeding Patients and Families



- We are supporting a "shared decision making" approach and the use of gender-neutral language (e.g. pregnant people, chestfeeding).
- We will provide extensive education around the risks and benefits to the patient and newborn, acknowledging limited data in the U.S.
- Studies have shown the risk of HIV transmission while breastfeeding is <1% (but not zero) for individuals on antiretroviral therapy with sustained undetectable viral load through pregnancy and postpartum.

5

2023 M CAP Dem ographics

362 infants, children, youth and women

226 in our Women's program

75 in our Adolescent program

44 in our Pediatric program

30 in our Obstetric program

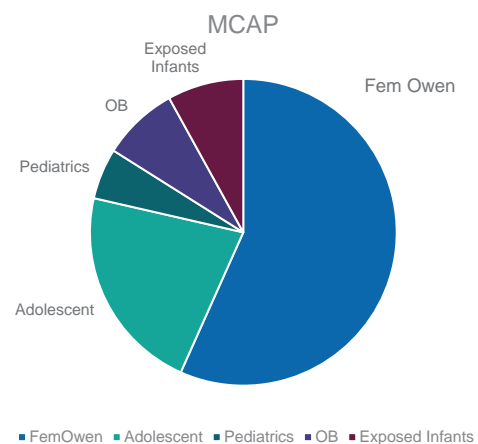
30 Exposed infants

13 Breastfeeding Dyads

72% Cisgender Female

27% Cisgender Male

1% Gender Diverse/Transgender/Non-Binary



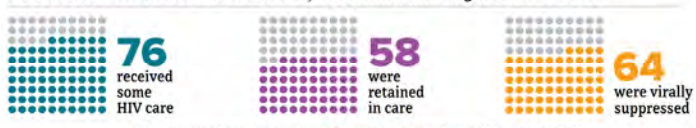
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6

Why is the work we do important?

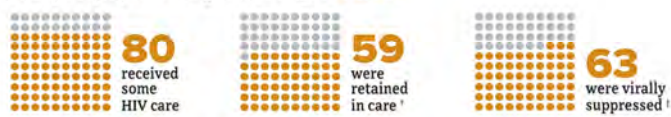
- Most people living with HIV in San Diego County are adults who identify as cisgender male
- Infants, children, youth/young adults, women, and pregnant people (WICY) have unique needs requiring tailored services to support sustainment in care
- MCAP is the only provider of pediatric and obstetric HIV care in the region and the only program offering integrated multidisciplinary medical care and support services for WICY

Compared to all people with diagnosed HIV, women have lower viral suppression rates. More work is needed to increase these rates. For every 100 women with diagnosed HIV in 2019: ****



For comparison, for every 100 people overall with diagnosed HIV, 76 received some care, 58 were retained in care, and 66 were virally suppressed.

For every 100 people with diagnosed HIV aged 13 to 24:

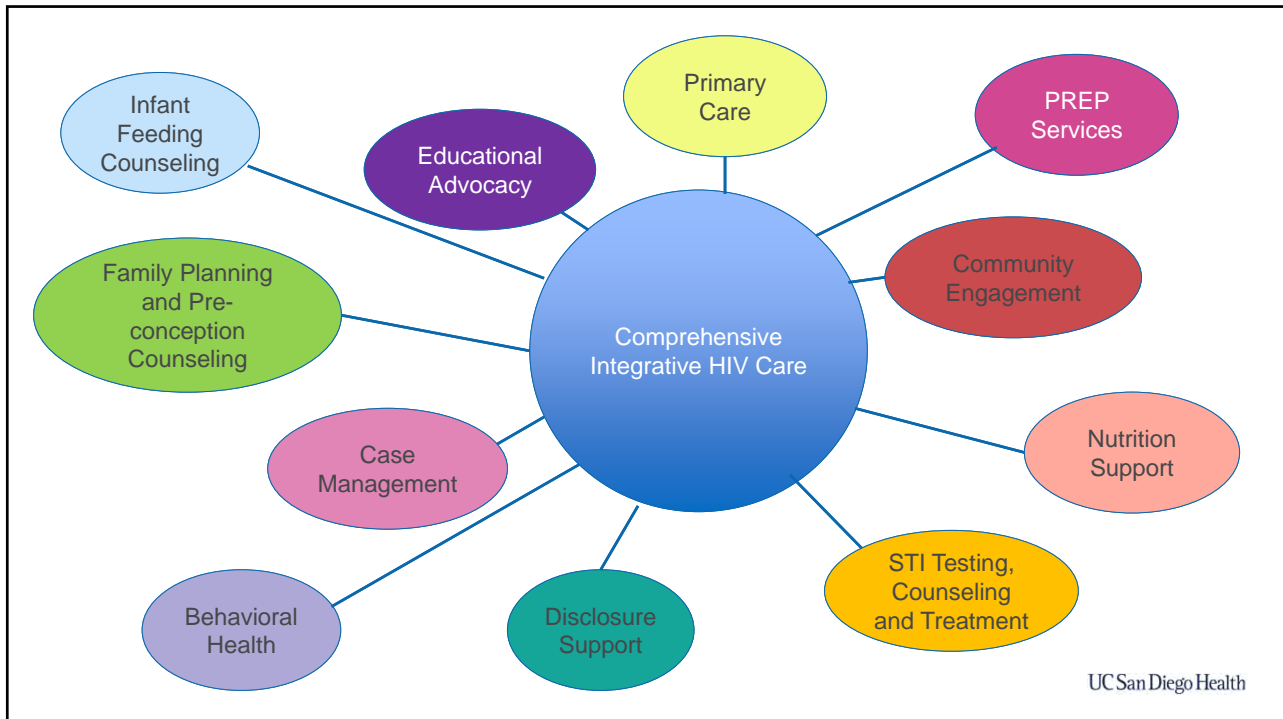


The number of new HIV diagnoses was highest among people aged 25 to 34.



7 Sources: <https://www.cdc.gov/hiv/library/awareness/nwqhaad.html> & <https://www.hiv.gov/events/awareness-days/youth/>

7



UC San Diego Health

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Our Model of Care: Medical and Social Services Under one Roof

- Integrated social services and clinical care
- Evidence informed approaches (e.g., Motivational Interviewing, Seeking Safety, LYF-HAC)
- Services to mitigate barriers to care (transportation, basic needs support)
- Bilingual Case Management and Providers
- Bilingual mental health therapy with licensed clinicians
- Peer navigation
- Client Support groups
- Social events
- Partner Agency Services: On-Site Childcare, Non-Medical CM, Therapy, Activities, Employment support, Doula Services, Lactation Support (In home and in-office), Donor Milk

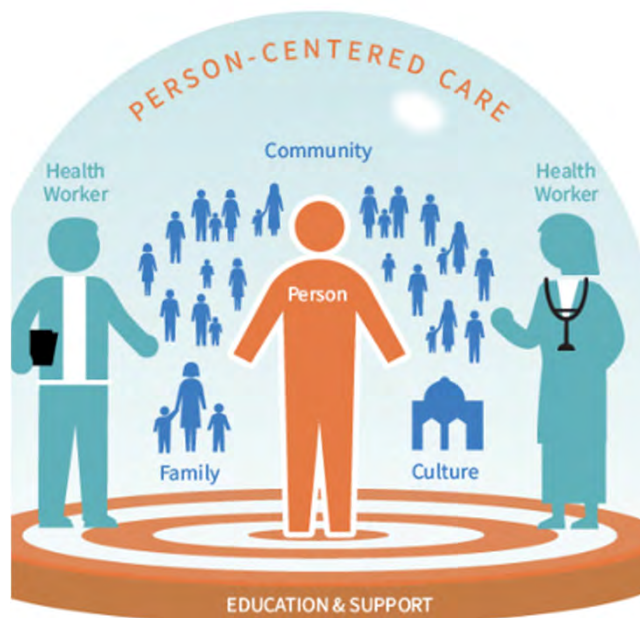


9

9

Multidisciplinary Team Approach

- Client
- Partners, family and support system
- Medical providers (physicians, nurse practitioners, nurses)
- Social workers and case managers
- Therapists
- Psychiatrist
- Substance use counselor



10

Emerging Patient Populations



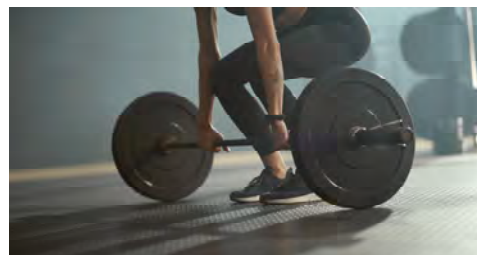
- Increase in Refugees and Asylum Seekers
 - Predominantly of Haitian origin
 - Asylum seeking
 - Lacking Housing, basic resources
 - Lack of Disclosure/Confidentiality
 - Need for interpreters, Case Managers, support staff to address specific needs
- HIV Exposed Infants
- Internationally Adopted Children

11

11

Challenges

- Capacity
 - Case Managers capacity (Waitlist = 33 patients)
 - Provider capacity (3 providers at/over capacity)
 - On-site therapy services (Waitlist = 10 patients)
 - Rate of new Referrals (appx 2 per week, screened)
 - Lost to Follow up
- Limited/No funding for essential services
 - Psychiatry for Women's clinic
 - Limited capacity to reach people in more rural locations



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UC San Diego Health

12

How Can HIV Planning Group Help

- Respond to emergent issues
 - Consider specific funding based on changing population demographics
- Support medical home models of care
 - Provider time
 - Intensive medical case management
 - Other support services: Psychiatry, Mental health, nutrition, nurses, peer support



13

13

Thank you from the MCAP Team!

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HRSA Status Neutral and Whole Person Care Approaches – Implementation Update

Lynn Carson
September 25, 2024

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.
 - 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 as housing support, mental health care, etc.
- 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.



Non-medical Case Management

- 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.
- To implement, we will be partnering with a local organization currently funded to perform Ryan White NMCM to expand services to individuals vulnerable to HIV.
- Technical assistance provider JSI will be conducting evaluation of the activity.



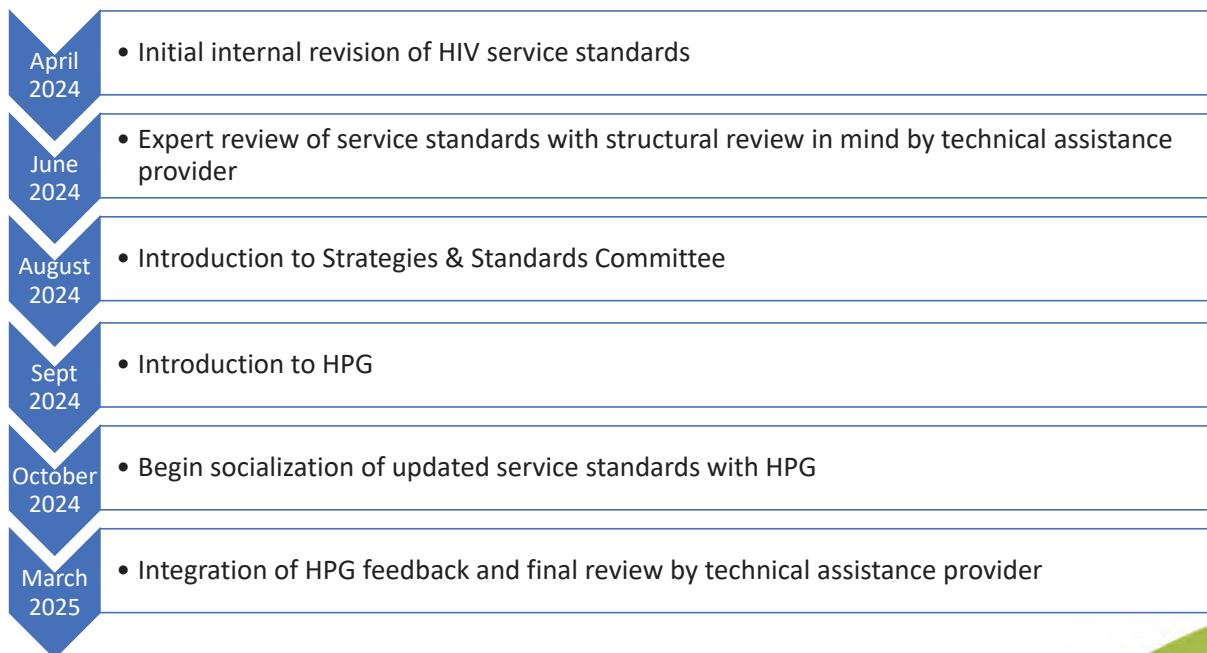


Social Networking Strategy

- 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.
- 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.
- To implement, we are partnering with a local organization to identify and work with members of focus population, who will serve as recruiters in their social networks.
 - They will work with the NMCM-funded organization to connect individuals to services.
- The local organization will also be conducting evaluation of the activity.



HPG Service Standards Timeline





Role of HIV Planning Group

- Review of changes
- Discussion of barriers, challenges, and misgivings
- Inclusion of status-neutral approach in HPG work plan
- Eventual adoption of updated service standards reflecting status-neutral approach



Questions?





County of San Diego

CAROLINE SMITH
INTERIM CHIEF ADMINISTRATIVE DIRECTOR

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SAN DIEGO HIV PLANNING GROUP MEMBERSHIP COMMITTEE ACTION ITEM INFORMATION SHEET

RECOMMENDATION FOR APPOINTMENT TO THE HIV PLANNING GROUP

DATE: September 25, 2024

ITEM: Consider and vote to recommend an appointment to the HIV Planning Group (HPG).

BACKGROUND: On September 11, 2024, the Membership Committee recommended Juan Conant for HPG membership.

RECOMMENDATION:

Action Item (*Membership Committee*): Approve Juan Conant to the HPG Seat #25 – Non-Elected Community Leader

This comes to the HPG as a seconded motion and is open for discussion.

Biographical information: Juan Conant

Juan Conant is a passionate advocate with over 15 years of experience in HIV work and is ready to actively participate in the HIV Planning Group (HPG) planning process. Juan is interested in representing the HPG as a Non-Elected Community Leader. Juan started his career at San Ysidro Health as a medical assistant for the HIV clinic, where he was later promoted to the infectious disease department and worked as the HIV Adherence Counselor. Juan also has experience as a Research Assistant for Behavioral Health and Medication Adherence on People Living with HIV (PLWHIV) and HIV Clinical Lead, where he started programs such as PrEP, Rapid ARV Initiation, Gender Affirming Medicine, Hepatitis C Treatment as well as the Tuberculosis Clinic. Juan now works for the AIDS Healthcare Foundation, where he helps navigate the PLWHIV nationwide and promotes sexual health around San Diego and Tijuana. In addition to his professional background, Juan actively organizes fundraising events and volunteers in Tijuana and San Diego, including coordinating medical professionals to provide services across the border. He has played a key role in various local initiatives supporting underserved communities' health and well-being. He profoundly connects to the Latinx community in different parts of San Diego and is eager to represent their unique perspectives and needs to the HPG. He has been involved in HIV services, including testing, case management, and housing services. Juan regularly participates in HPG meetings, his knowledge of the HPG's decision-making processes is extensive, and he is well-versed in the voting processes, service categories, and HPG policies. Juan is excited about bringing his experience and community focus to the HPG to advocate for HIV services.



County of San Diego

CAROLINE SMITH
INTERIM DEPUTY CHIEF ADMINISTRATIVE OFFICER

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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



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

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.
- 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

- 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.
- On average, 97 percent of Ryan White Part A claims were issued payment within 30 days.
- 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: 15 business days

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 A 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:

- Is there a system in place to track the timelines and the status between procurement and the delivery of services?

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

SAN DIEGO HIV PLANNING GROUP (HPG)



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

A quorum for this meeting is fifteen (15).

Committee Members Present (21): Marco Aguirre Mendoza | Amy Applebaum | Beth Davenport | Tyra Fleming | Felipe Garcia-Bigley | David Grelotti | Pamela Highfill | Bob Lewis | Michael Lochner | Moira Mar-Tang | Veronica Nava | Venice Price | Karla Quezada-Torres | Shannon Ransom | Raul Robles | Winston Tilghman | Regina Underwood | Rhea Van Brocklin | Freddy Villafan | Michael Wimpie | Adrienne Yancey

Committee Members Absent (5): Delores Jacobs | Cinnamen Kubricky | Ivy Rooney | Stephen Spector | Jeffery Weber

Committee Members Joining Virtually (2): Lori Jones (Just Cause) | Abigail West (Just Cause)

ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order	Mikie Lochner called the meeting to order at 3:02 PM and noted the presence of an in-person quorum.	
2. Welcome, roll call, moment of silence	A roll call of HPG members and a moment of silence were performed.	
3. Matters from the Chair	<p>Mikie Lochner noted the following:</p> <ul style="list-style-type: none"> - On July 16, 2024 the County Board of Supervisors appointed Lori Jones and reappointed Dr. David Grelotti to the HPG. Michael Donovan was appointed to the District 4 seat, and his term will start on September 14, 2024. - The Pride weekend was July 20-21, 2024. HPG Support staff (HPG SS) were acknowledged for supporting the HPG members who volunteered, which included Tyra Fleming and her daughter, Veronica Nava, and Mikie Lochner. The Chair encouraged others to consider participating in future outreach opportunities. - Cell phones should be silenced or placed on “do not disturb”. - HPG is scheduled to meet three times in August: August 7 and August 14 at 2:00 PM – 5:00 PM and on August 28 at 3:00 PM – 5:00 PM. 	
4. Public comment	None	
5. HPG Member Open Forum	None	

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
6. ACTION: Approve the HPG agenda for July 24, 2024	<p>Motion: Approve the HPG agenda for July 24, 2024 with the following changes:</p> <ul style="list-style-type: none"> - Remove Allan Acevedo - Add Lori Jones and Dr. Grelotti as members - Remove the presentation (tabled) <p>Motion/Second/Count (M/S/C): Van Brocklin/Lewis/18-0</p> <p>Abstentions: Lochner</p> <p>Motion carries</p>	
7. Member Recognition	<p>The following HPG members who are terming out in September were recognized for their hard work for the HPG and its committees over several years:</p> <ul style="list-style-type: none"> - Karla Quezada-Torres - Bob Lewis - Regina Underwood 	
8. Routine Business	None	
9. New Business		
a. Presentation: Needs Among Women Living with or Impacted by HIV	Tabled until September; removed from the agenda, approved with revisions.	
b. ACTION (<i>Membership Committee</i>): Approve HPG appointments	<p>Motion: Approve a recommendation to appoint Hector Garcia to seat #42.</p> <p>M/S/C: Membership Committee/21-0</p> <p>Abstentions: Garcia-Bigley, Lochner</p> <p>Motion carries</p>	
c. ACTION (Priority Setting and Resource Allocation Committee (PSRAC)): Approve the Board Letter	<p>Motion: Approve the Board Letter to accept HIV services grant funding, extension of Sexually Transmitted Infections (STI) service agreement and applications for future funding opportunities</p> <p>M/S/C: Van Brocklin/Grelotti/18-0</p> <p>Abstentions: Applebaum, Lochner, Tilghman, Yancy</p> <p>Motion carries</p>	
d. ACTION: Priority Setting and Resource Allocation Committee): Reallocations for FY 24 (March 1, 2024 to	<p>Motion: Approve a decrease in funding to Outreach Services (priority #14b) by \$20,000 from \$311,666 to \$291,666.</p> <p>M/S/C: PSRAC/17-0</p> <p>Abstentions: Garcia-Bigley, Lewis, Lochner, Underwood, Van Brocklin</p> <p>Motion carries</p>	

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
February 28, 2025)	<p>Motion: Approve a decrease in funding to Peer Navigation (priority #16) by \$40,000 from \$300,000 to \$260,000. M/S/C: PSRAC/15-1 (Fleming) Abstentions: Davenport, Garcia-Bigley, Jones, Lewis, Lochner, Underwood, Van Brocklin Motion carries</p>	
	<p>Motion: Approve a decrease in funding to Mental Health Services: Counseling/Therapy (priority #10) by \$90,000 from \$900,000 to \$810,000. M/S/C: PSRAC/12-1 (Fleming) Abstentions: Davenport, Garcia-Bigley, Grelotti, Jacobs, Lewis, Lochner, Mar-Tang, Ransom, Underwood, Van Brocklin Motion carries</p>	
	<p>Motion: Approve an increase in funding to Substance Use Treatment Services: Outpatient (priority #11) by \$53,000 from \$260,127 to \$313,127. M/S/C: PSRAC/14-0 Abstentions: Applebaum, Garcia-Bigley, Jones, Lewis, Lochner, Underwood, Van Brocklin, Villafan Motion carries</p>	
	<p>Motion: Approve an increase in funding to Transportation (priority #20) by \$29,000, from \$122,830 to \$151,830. M/S/C: PSRAC/10-0 Discussion: Abstentions: Applebaum, Garcia-Bigley, Grelotti, Jones, Lewis, Lochner, Mar-Tang, Ransom, Underwood, Van Brocklin, Villafan Motion carries</p>	
	<p>Motion: Approve an increase in funding to Emergency Financial Assistance (priority #24) by \$25,000 from \$36,856 to \$61,856. M/S/C: PSRAC/20-0 Abstentions: Jones, Lochner, Van Brocklin Motion carries</p>	
	<p>Motion: Approve an increase in funding to Partial Assistance Rental Subsidy (PARS) (priority #9) by \$43,000 from \$807,507 to \$850,507. M/S/C: PSRAC/17-2 (Grelotti, Highfill) Abstentions: Jones, Lochner, Mar-Tang, Van Brocklin Motion carries</p>	
	e. ACTION (Priority Setting and	

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
Resource Allocation Committee (PSRAC): Approve priority rankings for FY 25 (March 1, 2025 – February 28, 2026)	change: Rank PARS priority #7 and rank Emergency Housing priority #9. M/S/C: PSRAC/9-0 Abstentions: Applebaum, Davenport, Garcia-Bigley, Grelotti, Jones, Lewis, Lochner, Mar-Tang, Nava, Ransom, Tilghman, Underwood, Van Brocklin Motion carries	Committee to review the PARS service category
f. Discussion: Request from the community on future training topics and other agenda items	<ul style="list-style-type: none"> - Translation services - Reproductive justice - Reassess the mission statement and ensure women are included - Aging population with HIV and other diseases - Training on substance use disorders and treatment options/services - Emerging concept of whole person care - Review successful implementation of programs from other jurisdictions and counties - Needs of transwomen 	
10. Routine Business		
a. ACTION: Approval of consent agenda for July 24, 2024 which includes:	<p>Motion: Approve consent agenda for July 24, 2024 which includes: Approval of HPG minutes from March 27, 2024 and June 26, 2024 Acceptance of the following committee minutes: Steering Committee (February 20, 2024; April 16, 2024; May 21, 2024) Membership Committee (February 14, 2024; April 10, 2024) Priority Setting and Resource Allocation Committee (January 11, 2024; April 11, 2024; May 9, 2024) Medical Standards and Evaluation Committee (February 27, 2024) Community Engagement Group (February 21, 2024; April 17, 2024; May 15, 2024) Strategies and Standards Committee (October 3, 2023) The following is for HPG information, not for acceptance: Housing Committee (January 17, 2024; March 20, 2024) M/S/C: Van Brocklin/Aguirre Mendoza/15-0 Abstentions: Davenport, Grelotti, Highfill, Jones, Lochner, Van Brocklin Motion carries</p>	
11. HIV, STD, and Hepatitis Branch (HSHB) Report	Patrick Loose provided the following updates: <ul style="list-style-type: none"> - The Part A Ryan White Application is due October 1, 2024. 	

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
	<ul style="list-style-type: none"> - The Ending the HIV Epidemic (EHE) application has not yet been released, but will be soon - Awaiting notification from the Centers for Disease Control and Prevention (CDC) on the HIV Prevention funding 	
12. HPG Support Staff Updates	<ul style="list-style-type: none"> - A new staff person, a Community Health Promotion Specialist will be starting soon. - Thanks to all HPG and committee members who respond to quorum checks in a timely manner. 	
13. Announcements	None	
14. Adjournment	The meeting was adjourned at 5:04 PM.	
Next meeting date	<p>Date: Wednesday, August 7, 2024 Time: 2:00 PM – 5:00 PM Location: Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room A)</p>	

SAN DIEGO HIV PLANNING GROUP (HPG)



*Wednesday, August 7, 2024, 2:00 PM – 5:00 PM
Southeastern Live Well Center
5101 Market Street, San Diego, CA 92114
Tubman Chavez Rooms A and B*

A quorum for this meeting is fifteen (15).

HPG Members Present: Marco Aguirre Mendoza | Tyra Fleming | Felipe Garcia-Bigley | Pam Highfill | Delores Jacobs | Cinnamen Kubricky | Michael Lochner | Veronica Nava | Karla Quezada-Torres | Shannon Ransom | Raul Robles | Ivy Rooney | Stephen Spector | Winston Tilghman | Rhea Van Brocklin | Freddy Villafan | Jeffery Weber | Michael Wimpie | Adrienne Yancey

HPG Members Joining Virtually: Abigail West (Just Cause)

HPG Members Absent: Amy Applebaum | Beth Davenport | David Grelotti | Lori Jones | Bob Lewis | Moira Mar-Tang | Venice Price | Regina Underwood

ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order	Mikie Lochner called the meeting to order at 2:00 PM and noted the presence of an in-person quorum.	
2. Welcome, roll call, moment of silence	Roll call was performed, and a moment of silence was observed.	
3. Comments from the Chair	Mikie Lochner made the following comments: <ul style="list-style-type: none"> - Members and participants were asked to not text during the meeting and silence phones. - Conflict of interest (COI) was defined, and the COI sheet is available via the packet QR code. 	
4. Public comment	A member of the public made a recommendation to improve access to Medicare and Medi-Cal data while developing Ryan White services.	
5. HPG Member Open Forum	None	
6. ACTION: Approve the HPG agenda for August 7, 2024	<p>Motion: Approve the HPG agenda for August 7, 2024 as presented.</p> <p>Motion/Second/Count (M/S/C): Ransom/Aguirre Mendonza/14-0</p> <p>Public comment: Partner with Medi-Cal to avoid overlap of Medi-Cal funds and Ryan White funds which saves Ryan White funding.</p> <p>Abstentions: Lochner</p> <p>Motion carries</p>	

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
7. New Business		
<p>a. ACTION (Priority Setting and Resource Allocation Committee): Approve reallocations of funds for FY 24 (current fiscal year: March 1, 2024 – February 28, 2025)</p>	None	
<p>b. ACTION (Priority Setting and Resource Allocation Committee (PSRAC): Approve funding allocations in level and reduced funding scenarios for) FY 25 (March 1, 2025 – February 28, 2026)</p>	<p>Motion: Approve level funding for Outpatient Ambulatory Health Services: Primary Care (priority #1) at \$1,102,630; level funding for Outpatient Ambulatory Health Services: Medical Specialty (priority #2) at \$195,000; and level funding for Oral Health (priority #3) at \$160,940. M/S/C: PSRAC/14-0 Abstentions: Garcia-Bigley, Lochner, Quezada-Torres Motion carries</p> <p>Motion: Approve level funding for Medical Case Management (MCM) Services (priority #4) at \$1,151,853; level funding for Non-Medical Case Management (priority #5) at \$392,021; and level funding for Non-Medical Case Management for Housing (priority #6) at \$200,000 M/S/C: PSRAC/14-0 Abstentions: Garcia-Bigley, Lochner, Ransom, Van Brocklin Motion carries</p> <p>Motion: Approve level funding for Partial Assistance Rental Subsidy (PARS) (priority #7) at \$850,507. M/S/C: PSRAC/17-0 Abstentions: Lochner, Van Brocklin Motion carries</p> <p>Motion: Approve level funding for Housing Location, Placement and Advocacy Services (priority #8) at \$100,000; and level funding for Housing: Emergency Housing (priority #9) at \$1,183,515. M/S/C: PSRAC/18-0 Abstentions: Lochner, Van Brocklin Motion carries</p>	

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
	<p>Motion: Approve level funding for Mental Health: Counseling/Therapy & Support Groups (priority #10) at \$810,000; level funding for Substance Use Treatment Services: Outpatient (priority #11) at \$313,127; and level funding for Mental Health: Psychiatric Medication Management (priority #12) at \$6,000. M/S/C: PSRAC/13-0 Abstentions: Garcia-Bigley, Lochner, Ransom, Spector, Van Brocklin, Villafan Motion carries</p>	
	<p>Motion: Approve level funding for Coordinated HIV Services for Women, Infants, Children, Youth, and Families (CHS: WICYF) (priority #13) at \$993,157. M/S/C: PSRAC/15-0 Abstentions: Lochner, Nava, Ransom, Spector, Van Brocklin Motion carries</p>	
	<p>Motion: Approve level funding for Early Intervention Services: Regional Services (priority #14) at \$790,000. M/S/C: PSRAC/17-0 Abstentions: Garcia-Bigley, Lochner, Van Brocklin Motion carries</p>	
	<p>Motion: Approve level funding for Health Education and Risk Reduction (Stand Alone) (priority #15) at \$0; level funding for Peer Navigation (Referral for Health Care and Support Services) (priority #16) at \$260,000; level funding for Psychosocial Support Services (priority #17) at \$46,744; level funding for Substance Use Treatment Services: Residential (priority #18) at \$0; and level funding for Home-based Care Coordination (priority #19) at \$228,500. M/S/C: PSRAC/15-0 Abstentions: Garcia-Bigley, Highfill, Lochner, Van Brocklin, Villafan Motion carries</p>	

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
	<p>Motion: Approve level funding for Transportation: Assisted and Unassisted (priority #20) at \$151,830; level funding for Food Services: Home-Delivered Meals (priority #21) at \$536,073; level funding for Medical Nutrition Therapy (priority #22) at \$35,542; level funding for Legal Services (priority #23) at \$285,265; and level funding for Emergency Financial Assistance (priority #24) at \$61,856.</p> <p>M/S/C: PSRAC/14-0</p> <p>Public Comment: Partner with Medi-Cal to avoid overlap of Medi-Cal funds and Ryan White funds, to save Ryan White funding, which also improves the system to reduce workload of case managers and allow clients to access these funds.</p> <p>HPC comment: The Transportation service category includes bus passes, a van, and assisted medical transportation. Emergency Financial Assistance includes utility shut off prevention; a client can access this service as needed.</p> <p>Abstentions: Garcia-Bigley, Lochner, Ransom, Spector, Van Brocklin, Villafan</p> <p>Motion carries</p>	
	<p>Motion: Approve level funding for Home Health Care (priority #25) at \$0; level funding for Early Intervention Services: HIV Counseling and Testing (priority #26) at \$0; level funding for Cost-Sharing Assistance (priority #27) at \$0; and level funding for Hospice (priority #28) at \$0.</p> <p>M/S/C: PSRAC/18-0</p> <p>Abstentions: Lochner, Van Brocklin</p> <p>Motion carries</p>	
	<p>Motion: Approve level funding for Minority Health Initiative (MAI) funding at \$674,238, with \$574,238 to Multidisciplinary Teams and \$100,000 to Emergency Housing.</p> <p>M/S/C: PSRAC/17-0</p> <p>HPG Comment: Clients in all Health and Human Services Agency (HHSA) regions can access these services.</p> <p>Abstentions: Garcia-Bigley, Lochner, Van Brocklin</p>	

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
	<p>Motion carries</p> <p>Motion: For the FY 25 reduction funding scenario, approve a decrease in funding for Outpatient Ambulatory Health Services: Primary Care (priority #1) by 1% (\$98,546) of the FY 24 Ryan White Part A from \$1,102,630 to \$1,004,084. M/S/C: PSRAC/13-0 Abstentions: Garcia-Bigley, Lochner, Ransom, Spector, Van Brocklin, Villafan</p> <p>Motion carries</p>	
<p>c. ACTION: Approve how services should be organized and delivered (service delivery recommendations/service directives) in FY 25 (March 1, 2025 – February 28, 2026)</p>	<p>Open discussion for community and committee members to suggest service recommendations.</p> <p>Public Comment: Recommendation to avoid double billing with Medi-Cal and Ryan White, enter these recommendations into written record so the HPG and its committees can review.</p> <p>HPG Discussion:</p> <ul style="list-style-type: none"> - For women a major issue is gynecology; women often have to see an HIV doctor as primary care doctor in order to access gynecological care, which is difficult to access at times. - Consider the physical and mental needs for teen youth, for those infected and affected. - Concern for clients who shop for their own meals. Consider a program that works in conjunction with home delivered meals that caters to medical nutritious meals for the clients, so clients know how to shop in a manner that aligns with the nutritional standards of their home delivered meals. 	<p>No specific recommendations or motions were made.</p>
<p>8. HIV, STD, and Hepatitis Branch (HSHB) Report</p>	<p>Patrick Loose briefly discussed the following updates:</p> <ul style="list-style-type: none"> - HSHB Staff are working on the Ryan White Part A application, which is due October 1, 2024. The 	

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
	<p>Recipient's Office may not be as available to respond to data requests immediately during this time.</p>	
<p>9. Announcements</p>	<p>The Aging and HIV Conference will be in San Diego, September 18-20, 2024. There is a pre-conference for community members. Felipe Garcia-Bigley will share this information once he receives it.</p> <p>The Annual Dancing with Hope Retreat will be September 20-22, 2024 at Camp Stevens in Julian, hosted by Christie's Place. This is free for clients. Contact Rhea Van Brocklin at rvanbrocklin@christiesplace.org for more information.</p> <p>The chair acknowledged several HPG members who are leaving in September and encouraged them to stay active in a committee of their choice.</p> <p>Several HPG members and HSHB staff will be going to the Ryan White Conference in August.</p> <p>The Housing Authority of the County of San Diego will be opening three (3) new Project-Based Voucher waiting lists on August 29, 2024 at 7:30 AM.</p> <p>HPG members appointed after May 2022 were reminded to attend a virtual Clerk of the Board orientation on October 2, 2024.</p> <p>There will be no additional HPG meetings for August 2024. The next HPG meeting will be in September.</p>	
<p>10. Adjournment</p>	<p>The meeting was adjourned at 4:51 PM.</p>	
<p>Next meeting date</p>	<p>Date: Wednesday, September 25, 2024 Time: 3:00 PM – 5:00 PM Location: Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room A)</p>	

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)
MEMBERSHIP COMMITTEE
MEETING MINUTES
WEDNESDAY, June 12, 2024, 11:00 AM – 1:00 PM
 Southeastern Live Well Center
 5101 Market Street, San Diego, CA 92114
 (Tubman Chavez Room A)

A quorum for this meeting is Three (3)

Committee Members Present: Bob Lewis (Chair) | Felipe Garcia-Bigley | Regina Underwood | Rhea Van Brocklin

Committee Members Absent: Mikie Lochner

Agenda Item	Action	Follow-up
1. Call to order	Bob Lewis called the meeting to order at 11:02 AM and noted that a quorum was established.	
2. Public Comment on non-agenda items (for Members of the public)	None	
3. Sharing our concerns (for committee members)	None	
4. Action: Review and approve the June 12, 2024 agenda	Motion: Approve the June 12, 2024 meeting agenda as presented. Motion/Section/Count (M/S/C): Van Brocklin/Underwood/3-0 Abstentions: Lewis Motion carries	
5. Action: Review and approve the April 10, 2024 meeting minutes	Motion: Approve the April 10, 2024 meeting minutes as presented. M/S/C: Van Brocklin/Underwood/3-0 Abstentions: Lewis Motion carries	
6. New Business		
a. ACTION: Approve Skyler Miles for seat 32. Appointment seat will begin September 14, 2024	Motion: Approve Skyler Miles for seat 32 M/S/C: Garcia-Bigley/Van Brocklin/3-0 Abstentions: Lewis Motion carries	HPG Support Staff (SS) will forward the recommendation to the HPG.
b. ACTION: Approve Benjamin Santillan Ignalino, Jr. for seat 39. Appointment seat to begin September 14, 2024	Motion: Approve Benjamin Santillan Ignalino, Jr. for seat 39 M/S/C: Van Brocklin/Garcia-Bigley/3-0 Abstentions: Lewis Motion carries	HPG SS will forward the recommendation to the HPG.

Agenda Item	Action	Follow-up
7. Old Business		
a. HPG Member recruitment update	<p>The committee recommended:</p> <ul style="list-style-type: none"> • Interviewing individuals employed by UC San Diego to add value to the HPG meetings. • Fill seats instead of moving members' seats around, as that appointment process would take longer than expected and affect membership meeting attendance. 	<p>HPG SS provides a list of committees terming out and highlights it.</p> <p>HPG SS also provides options for who wants to move to which seat.</p>
b. Open Seats	As of June 12, 2024, there are 17 open HPG seats.	
c. Seats with expiring terms	Ten HPG member seats will be terming out by September 13, 2024. The HPG, the Membership Committee, and the HPG SS are working to recruit new HPG members.	
d. New Committee members	No updates	
e. HPG Demographics	There are 27 current members, 17 vacant seats, and nine consumer members (29%)	
8. Routine Business		
a. HIV Planning Group Attendance	<p>Committee members who have missed more than two meetings:</p> <ul style="list-style-type: none"> • Allan Acevedo • Pamela Highfill • Venice Price • Freddy Villafan 	
b. Committees Attendance	The Strategies and Standards Committee and Steering Committee meetings had some challenges attaining a quorum. The Steering Committee voted to meet every other month starting in September.	
c. Discussion: HPG Mentorship Guidelines	<p>The committee expressed concerns regarding the mentorship program, which requires mentors to meet with mentees due to time challenges. The guidelines and timeframes must be revamped and recreated, and an alternative must be found to help new HPG members get guidance or get their questions answered.</p> <p>The committee recommended putting the mentorship program on hold temporarily, focusing on getting new members on board,</p>	

Agenda Item	Action	Follow-up
	<p>and utilizing the available resources to ease their transitions, such as:</p> <ul style="list-style-type: none"> • Invite them to meet virtually at any of the meetings before taking their seat. • The focus group will meet in person at the membership meeting. 	
<p>9. Suggested item for the future committee agenda</p>	<ul style="list-style-type: none"> • If HPG SS can interview Hector Garcia and Dr. Karris before the July meeting, we can proceed with the July Membership Committee meeting; if not, the July meeting can be canceled. • While the new members wait for confirmation from the Board of the Clerk, the Membership Committee can conduct a small focus group for new members to answer questions and provide a safe discussion space. 	
<p>10. Announcement</p>	<p>Continue the efforts to collect more HIV Needs Assessment surveys.</p>	
<p>11. Next Meeting Date</p>	<p>When: July 10, 2024, at 11:00 AM -1:00 PM. Location: Southeastern Live Well Center 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room A)</p>	
<p>12. Adjourn</p>	<p>The meeting adjourned at 12:18 PM.</p>	

MEMBERSHIP COMMITTEE



Wednesday, July 10, 2024, 11:00 AM – 1:00 PM
Southeastern Live Well Center
5101 Market St, San Diego, CA 92114
(Tubman Chavez Room A)

A quorum for this meeting is four (4).

Committee Members Present: Bob Lewis | Felipe Garcia-Bigley (Chair) | Mikie Lochner | Michael Wimpie

Committee Members Absent: Regina Underwood | Rhea Van Brocklin

ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order	Felipe Garcia-Bigley called the meeting to order at 11:04 AM and noted the presence of an in-person quorum.	
2. Public Comment on non-agenda items (for Members of the public)	A member of the public noted that the agenda contained confusing information.	
3. Sharing our concerns (for committee members)	None.	
4. ACTION: Review and approve the July 10, 2024 meeting agenda	<p>Motion: Approve the Membership agenda for July 10, 2024, as presented.</p> <p>Motion/Second/Count (M/S/C): Wimpie/Lewis/3-0</p> <p>Abstentions: Garcia-Bigley</p> <p>Motion carries</p>	
5. ACTION: Review and approve the June 11, 2024, Membership minutes	<p>Motion: Approve the Membership minutes for June 12, 2024, as presented.</p> <p>M/S/C: Wimpie/Lewis/3-0</p> <p>Discussion:</p> <p>Abstentions: Garcia-Bigley</p> <p>Motion carries</p>	
6. New Business		
a. ACTION: Approve Maile Young Karris, M.D., for any seat available	<p>Motion: Approve Maile Young Karris M.D. for any seat available</p> <ul style="list-style-type: none"> • Public comment: <ul style="list-style-type: none"> ○ A member of the public recommended not providing a waiver. • Committee discussion: 	HPG Support Staff (SS) will inform Dr. Karris that her application will be held until a seat

MEMBERSHIP COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<ul style="list-style-type: none"> ○ Dr. Karris is from the Owens Clinic. ○ There is concern about having another UCSD representative. ○ UCSD does get a large amount of Ryan White funding, but there is expertise that comes with having a member from UCSD. The HPG is having difficulty recruiting from other agencies that can provide expertise. It was later suggested that the committee hold her application for now while the HPG and Membership Committee discuss ways to attract a diverse HPG membership. 	<p>becomes available, but she is welcome to join an HPG committee.</p>
<p>b. ACTION: Approve Hector Garcia for seat 42. Appointment to begin September 14, 2024</p>	<p>Motion: Approve Hector Garcia for seat# 42, HIV Testing Representative. Appointment to begin September 14, 2024 M/S/C: Lochner/Wimpie/3-0</p> <p>Abstentions: Garcia-Bigley Motion carries</p>	
<p>c. ACTION: Discuss and update the HPG Membership application and interview questions.</p>	<p>Members of the committee to add the following to the HPG Membership Application:</p> <ol style="list-style-type: none"> 1. HPG Members must attend at least two (2) monthly HPG meetings to maintain active membership status. 2. Are you able to commit to attending these meetings regularly? <p>This ensures applicants are aware of the commitment and allows them to confirm their availability.</p>	
<p>7. Old Business</p>		
<p>a. HPG Member recruitment update</p>	<p>HPG SS provided an update on the current HPG membership status. As of July 11, 2024, there are 17 open HPG seats.</p>	
<p>b. Open Seats</p>	<p>HPG SS provided an update on the current open seats. There are 9 general member seats to fill.</p>	
<p>c. Seats with Expiring Terms</p>		

MEMBERSHIP COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
d. New Committee members		
e. HPG Membership Demographics	Reviewed	
8. Routine Business		
a. HIV Planning Group Attendance	The committee reviewed HPG attendance and noted HPG members who have missed more than two meetings:	
b. Committee Attendance	Reviewed HPG Support staff will continue to send attendance reminders to those who have missed several meetings. Mikie Locher will follow up with Pam Highfill and Jeffery Weber about the HPG Membership commitment.	
c. Continue Discussion on the HPG Mentorship Process	Tabled	
9. Suggested item for the future committee agenda	<ul style="list-style-type: none"> • Explore options on how to change or advance the HPG website: <ul style="list-style-type: none"> • What resources are always available for mentees on the HPG website? • What information that is easy to access and understand can be put on the website to broaden membership and encourage people to engage and participate? 	HPG SS will continue discussing website update suggestions with the Membership Committee and the HPG.
10. Announcements	<p>The Happyville exercise will occur at the next Community Engagement Group (CEG) meeting on July 17, 2024.</p> <p>HPG will not have a table at Pride, but a committee member will see if outreach can continue.</p>	
11. Next Meeting Date	<p>Date: Wednesday, August 14, 2024, OR on September 11, 2024 (August meeting contingent on if there is an interview)</p> <p>Time: 1:00 AM –1:00 PM</p> <p>Location: Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room C)</p>	
12. Adjourn	The meeting has been adjourned at 12:46 pm.	

MEDICAL STANDARDS AND EVALUATION COMMITTEE (MSEC)



Tuesday, June 11, 2024, 4:00 PM – 5:30 PM
County Operations Center
5560 Overland Avenue, San Diego, CA 92123
(Conference Room 172)

To participate remotely via Zoom:
<https://us06web.zoom.us/j/84265220872?pwd=TGRydGxvcm40dEVIQUhmd0lsWUIZUT09>

Call in: 1-669-444-9171

Meeting ID: 842 6522 0872

Passcode: 428631

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 five (5).

Committee Members Present: Dr. Jeannette Aldous (Co-Chair) | Dr. Lauren Bamford | Yessica Hernández | Bob Lewis | Karla Quezada-Torres | Dr. Winston Tilghman (Chair)

Committee Members Absent: Dr. David Grelotti | Dr. Stephen Spector | Lisa Stangl

Agenda Item	Action	Follow-up
1. Welcome and moment of silence, comments from the Chair	Dr. Tilghman called the meeting to order at 4:04 PM and noted the presence of an in-person quorum. A moment of silence was observed.	
2. Public Comment	None	
3. Sharing our Concerns	None	
4. Action: Review and approve the June 11, 2024 meeting agenda	Motion: Approve the June 11, 2024 meeting agenda as presented. Motion/Second/Count (M/S/C): Quezada-Torres/Lewis/4-0 Abstentions: Tilghman Motion carries	
5. Action: Review and approve the February 27, 2024 meeting minutes	Motion: Approve the February 27, 2024 meeting minutes as presented. M/S/C: Lewis/Quezada-Torres/4-0 Abstentions: Tilghman Motion carries	
6. New Business:		
a. Presentation: Ryan White Primary Care Program – Report on Compliance with	Jeannette Johnson of United Healthcare presented on the Ryan White Primary Care Program Compliance with Practice Guidelines. This presentation introduced	

MEDICAL STANDARDS AND EVALUATION COMMITTEE (MSEC)

Agenda Item	Action	Follow-up
<p>Practice Guidelines (Jeannette Johnson)</p>	<p>new measures for 2023, as well as outlined changes in services, screenings, testing, and vaccines. This review concluded that medication regimen and treatment plans were being continued to being followed by clients. The committee discussed the following:</p> <ul style="list-style-type: none"> • Refine the sample population of charts reviewed so that the data are more representative. • Are data available on patients using Prep who either become HIV positive or continue to stay HIV negative? 	
<p>b. Action: Approve Outpatient/Ambulatory Health Service Standards</p>	<p>Motion: Approve the updated Outpatient/Ambulatory Health Service Standards. Discussion: The committee recommended the additional changes:</p> <ul style="list-style-type: none"> • Update the AIDS Regional Information and Evaluation System (ARIES) section once the ARIES timeline is updated. Perhaps change this to say “County Electronic Reporting System” to make it more generic. • The HIV reporting system consent is currently in ARIES. • Include service expectations for psychosocial and mental health assessments as mental health initial screening are low, have the guidelines reflect the flow. On the Mental Health Screening section, recommended specifics as opposed to everything grouped together. • Have an agreed upon referral process and a follow-up call with a timeline for the initial appointment. • The key service components and activities are too general and may need additional information which outlines specifics. 	<p>Dr.Tilghman will incorporate items discussed during the meeting. Committee members can email any recommended changes to HPG Support Staff (SS).</p>

MEDICAL STANDARDS AND EVALUATION COMMITTEE (MSEC)

Agenda Item	Action	Follow-up
	<ul style="list-style-type: none"> • Include what patients can expect when receiving the treatment and its health outcome. <p>The committee decided to table approval of the document until the additional recommended changes are incorporated. Review the revised document at the September 2024 MSEC meeting. If committee members have any additional recommended changes, please email the HPG SS.</p>	
<p>c. Discussion: Develop plan for updating Dental Practice Guidelines, Oral Health Service Standards, and List of Allowable Dental Services</p>	<p>Tabled until the next meeting. The committee discussed either inviting dental practitioners to next meeting to review the dental documents or send the document to RW dental provides for review and input.</p>	<p>HPG SS will work with Dr. Tilghman to forward the document to RW dental providers with the Recipients' Office support.</p>
<p>7. Old Business:</p>		
<p>a. Discussion: Continue the discussion on MSEC leadership succession planning</p>	<p>Dr. Tilghman discussed the need for a replacement chair of MSEC as his second term with the HIV Planning Group (HPG) ends in October. The replacement committee Chair must be a voting HPG member, is automatically a member of the Steering Committee, and must also meet attendance requirements for that committee, which, beginning in September, will meet six (6) times/year. Prospective candidates should contact Dr. Tilghman or HPG SS.</p>	
<p>8. Other Updates:</p>		
<p>a. STD and Mpox Update (Dr. Tilghman)</p>	<p>Dr. Tilghman reviewed the STI/MPOX Updates presentation, which was included in the meeting materials packet.</p>	
<p>b. Committee member updates</p>	<p>None</p>	
<p>9. Future agenda items for consideration</p>	<p>None</p>	
<p>10. Announcements</p>	<p>None</p>	

MEDICAL STANDARDS AND EVALUATION COMMITTEE (MSEC)

Agenda Item	Action	Follow-up
11. Next meeting date:	Date: Tuesday, September 10, 2024 Time: 4:00 PM Location: TBD	
12. Adjournment	The meeting was adjourned at 5:30 PM	

COMMUNITY ENGAGEMENT GROUP



Wednesday, June 12, 2024, 3:00 PM – 5:00 PM
 Southeastern Live Well Center
 5101 Market Street, San Diego, CA 92114
 Tubman Chavez Room C

A quorum for this meeting is three (3)

Committee Members Present: Michael Donovan | Jen Lothridge (Co-Chair) | Skyler Miles | Veronica Nava

Committee Members Absent: Mikie Lochner (Acting Chair)

MEETING MINUTES

Agenda Item	Discussion/Action	Follow-Up
1. Call to order, roll call, comments from the chair, and a moment of silence	Jen Lothridge, Committee Co-Chair, called the meeting to order at 3:03 PM and noted the presence of an in-person quorum.	
2. Review Background, Mission Statement, Goals, and Agreement of Meeting Decorum	The Co-Chair read the Mission Statement, the Community Engagement Group (CEG) Charge, and reviewed the meeting decorum.	
3. Introductions (Name, Role with HPG/Consumer, Pronouns), Icebreaker	Members and participants introduced themselves.	
4. Public comment (for members of the public)	None	
5. Sharing our concerns (for committee members)	None	
6. ACTION: Approve the CEG agenda for June 12, 2024	Motion: Approve the CEG agenda for June 12, 2024 as presented, with the noted change: Move agenda item 10. “New Business” will follow agenda item 7. Approve May 15, 2024, minutes...”. Motion/Second/Count (M/S/C): Donovan/Miles/3-0 Abstention(s): Lothridge Motion carries	
7. ACTION: Approve the CEG minutes for	Motion: Approve the CEG minutes for May 15, 2024 as presented. M/S/C: Donovan/Miles/3-0	

COMMUNITY ENGAGEMENT GROUP

Agenda Item	Discussion/Action	Follow-Up
<p>Review follow-up items from the minutes.</p>	<p>Abstention(s): Lothridge Motion carries</p> <p>Follow-up from the minutes: From May 15, 2024, meeting:</p> <ol style="list-style-type: none"> 1. HIV Planning Group Support Staff (HPG SS) will update the CEG Training plan as noted in the recommendations. Status: Completed 2. Reach out to food sponsors or the community if they can provide giveaways. HPG SS to reach out to Mikie Lochner about this. Status: Response received from Recipient’s office on permissibility; must not be a Ryan White (RW) Part A or B provider, receive County funds, and need to know the exact name of entity donating and why—Status: Completed. <p>Pending items from the April 17, 2024, meeting:</p> <ol style="list-style-type: none"> 1. The Recipient’s office will provide the requested data on Homelessness and HIV as part of the KF for Co-Occurring Conditions. Status: Pending. 2. HPG SS will create a community event calendar. Status: In progress 3. HPG SS will add an in-depth review of the following service categories to the June agenda: Case Management (non-medical, medical, housing) and Peer Navigation. Status: Completed; changed to September and November 2024. 	
<p>8. New Business</p>		
<p>a) Presentation: Using HIV Epidemiology</p>	<p>Dr. Riley introduced definitions of basic epidemiology terms to help members understand epidemiology</p>	<p>Include heterosexual transmission under</p>

COMMUNITY ENGAGEMENT GROUP

Agenda Item	Discussion/Action	Follow-Up
data to make decisions – Ken Riley, MD	data and make better informed decisions. He also explained Countywide and central data sets focusing on modes of transmission, race/ethnicity, birth sex, and age group of persons living with HIV disease (PLWH) and recent cases.	“Mode of Transmission.” The % of No Risk Specified/Other recent cases in the Central Region should be 39% instead of 14%
b) Presentation: Understanding the Expenditure spreadsheet – Ken Riley, MD	Dr. Riley reviewed the expenditure and budget spreadsheets in detail, explaining what each column represented.	HPGSS will follow-up with the recipient’s office to define “health care outcomes” as related to core medical services.
9. Committee Updates		
a. CARE Partnership	The May meeting had presentations on how to enroll and utilize Medi-Cal services, and presenters from Townspeople on their housing program.	
b. Membership Committee	The committee met today and made two recommendations for HPG membership. It will meet in July if there are interviews for new members to conduct.	
c. Strategies and Standards Committee	The committee will meet on June 20, 2024.	
d. Medical Standards and Evaluation Committee	The committee met yesterday and discussed Outpatient Ambulatory Health Services standards. Dr. Tilghman will be terming out of the HPG in October and there was a discussion on potential replacements.	
e. Priority Settings and Resource Allocation Committee	The committee will meet tomorrow and twice in July. During tomorrow's meeting, they will review data and key findings.	
f. Steering Committee	The next meeting will be June 18, 2024 They will be approving HPG agendas for all June, July, and August HPG meetings. After their June meeting, they will not meet until September.	

COMMUNITY ENGAGEMENT GROUP

Agenda Item	Discussion/Action	Follow-Up
	Three of five committee chairs are terming out of the HPG in September and there will be a discussion on leadership roles.	
g. HIV Planning Group	The next meeting will be June 25, 2024 at the County Operations Center from 2:30-5:30 pm and will include a short business meeting to approve 2 HPG candidates for membership followed by a retreat.	
h. HIV Housing Committee/Housing Opportunities for Persons with AIDS (HOPWA)	No updates	
10. Old Business		
a. Committee Attendance	Discussed, report was not available in the meeting Power Point presentation but was included in the meeting materials packet.	
b. Discussion: Resources and materials for community event outreach efforts	Discussed below in agenda item 11a.	
11. New Business		
a. Review the revised HPG Trifold Brochure	<p>The committee reviewed two versions of the updated HPG Trifold Brochure and recommended:</p> <ul style="list-style-type: none"> • Under “What is the HPG” add “all of these” to the last paragraph: “1/3 of the HPG’s membership must be “general members”, which is someone who falls in these <u>all of these</u> categories:” <p>The committee also reviewed the “Join the CEG” flyer and recommended:</p> <ul style="list-style-type: none"> • Create the flyer also as a palm card as it is more durable. • Add the time for monthly CEG meetings. 	<p>HPG SS will send the revised brochure and the “Join the CEG” flyer to the CEG members for review and input.</p> <p>The CEG will review and approve both documents at the next meeting.</p>

COMMUNITY ENGAGEMENT GROUP

Agenda Item	Discussion/Action	Follow-Up
	<ul style="list-style-type: none"> • Make the Brochure and flyer available for distribution as soon as feasible. 	
12. Announcements	Michael Donovan and Mikie Lochner are sponsoring the HIV long-term survivors' contingent for the SD Pride Parade. Email Poz@pozabilities.org if you'd like to march with them.	
13. Next meeting date	<p>Next Meeting: Wednesday, July 17, 2024, in person and via Zoom from 3:00 PM to 5:00 PM.</p> <p>Location: Southeastern Live Well Center; 5101 Market Street, San Diego, CA 92114; (Tubman Chavez Room A)</p>	
14. Adjournment	Meeting was adjourned at 4:59 PM.	

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. Motion/Second/Count (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.	

STRATEGIES AND STANDARDS COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<p>Abstentions: Mar-Tang, Ransom, Rooney, Weber</p> <p>Motion carries</p>	
<p>7. Review follow-up items from last meeting</p>	<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 	
<p>8. Old Business</p>		
<p>a. Update: 2024 Needs Assessment Survey of HIV Impact.</p>	<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. 	
<p>b. Update: Consider changes to Transportation Standards</p>	<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>	<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 :</p> <p>Make more clear, types of services allowable/when</p>

STRATEGIES AND STANDARDS COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<ul style="list-style-type: none"> - There isn't a clear distinction between assisted and unassisted transportation language and what is allowable. - 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 	<p>allowable, 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>component should exist in another document meant for contracts.</p> <p>Recommendation to list the specific services that are allowable.</p>	
<p>c. Update: California Statewide Integrated Strategic Plan – Recipient’s Office</p> <p>i. 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>9. New Business</p>		
<p>a. 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>b. 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, 	<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>behavioral healthcare, and 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>c. 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.	
10. Routine Business		
a. Discussion: Recommendations from Priority Setting & Resource Allocation Committee (PSRAC)	None.	
11. 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>	<p>Presentation on the goals of the funding at a future committee meeting.</p> <p>HPG SS to work with the Recipients' Office to provide data that are available on the refugee population.</p>
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>	
12. Suggested items for future committee agenda a. Anti-racism statement	Request the Community Engagement Group (CEG) to review and revise the anti-racism	HPG SS will add this to the CEG agenda for September 2024.

STRATEGIES AND STANDARDS COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	statement and then send for review by the HPG.	
13. 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>	
14. 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>	
15. Adjournment	Meeting adjourned at 4:45 PM.	

MEETING MINUTES

CARE PARTNERSHIP FOR WOMEN, CHILDREN, AND FAMILIES

Monday, May 20, 2024, 11:00 AM – 1:00 PM

401 MILE OF CARS WAY., SAN DIEGO, CA 91950 (ROOM 2086)

Attendees: Shannon Ransom (UCSD – MCAP), Patty Lopez (UCSD – MCAP), Daniela Muñoz (Medical Case Manager – UCSD MCAP), Margot Anderson – Founder/CEO The Laurel Foundation, Daniel Munoz, Medical Case Manager UCSD, Loren Goldstein ICM Case Manager for County of San Diego Public Health, Yarim Aguilera Client Experience Coach 2-1-1 San Diego, Nicole Pepper UCSD MCAP, Claudia 2-1-1 San Diego, Roberto Gallardo UCSD HNRP CMCR Observation and Clinical trials for PW and W/O HIV, Tammelita Cotlon-Pineda, Reginald Carroll, Rhea Van Brocklin (Online) and Veronica Nava (Online), V Figueroa (Online), Marvin Hanashiro from UCSD

HPG Support Staff: America Gonzalez, Dasha Dahdouh, Ling Yang, Krystle Diaz

Agenda Item	Action	Follow-up
1. Welcome and introductions	Shannon Ransom started the meeting at 11:06 AM, and the participants introduced themselves online.	
2. Comments from the Chair/	None	
▪ Respectful Engagement	Respectful engagement guidelines read by Reginald Carroll.	
3. Moment of silence	A moment of silence was observed, remembering those who have passed and those living with or affected by HIV/AIDS and/or COVID-19.	
4. Review Mission Statement	Mission Statement read by Mark Seymour.	
5. Public comment/ Sharing our Concerns	A member of the public noted that travel reimbursement is essential to consumers if CARE Partnership wants them to attend.	
6. Review & approval of the meeting agenda for May 20, 2024	The agenda for May 20, 2024, was approved by consensus as presented.	
7. Discuss and update the training opportunity /updates	Patty Lopez presented the 2024 training opportunity; a full calendar is set for the rest of the year.	
8. Old Business		
a. None	None	

Agenda Item	Action	Follow-up
9. New Business		
<p>a. Presentation: Pablo Corona – <u>Elder Law & Advocacy/HICAP</u></p>	<p>Medicare 2024: Health Insurance Counseling & Advocacy Program</p> <p>Pablo Carona presented information on the medical benefits of Medicare Parts A and B, such as prescription enrollment, changing plans, annual enrollment, late enrollment penalties, preventative services (e.g., screening), low-income assistance programs, Medicare Savings Programs, and Preventing Medicare fraud.</p> <p>The presenter also shared tips for preventing Medicare fraud, especially with illegal marketing of Medicare plans.</p> <p>There are 20 counselors and volunteers to assist.</p> <p>Low-income assistance provides help with Social Security, medical prescription part D, Medical Savings program services, and the California Medicaid program supplement Medi-Cal.</p> <p>Consumers who are eligible for the services are 60 years and older, regardless of income, previous insurance, and residency status (documented or undocumented).</p>	
<p>b. Mark Seymour, Case Manager – <u>Permanent Supportive Housing Program/Housing Opportunity for Persons with AIDS (HOPWA)</u></p>	<p>Miller and Mark Seymour presented the following on permanent supportive housing options. The organization provides housing to those in need, especially people with specific circumstances (e.g., substance abuse, homelessness, HIV position, etc.).</p>	

Agenda Item	Action	Follow-up
	<p>The organization has several programs: emergency, shared, and permanent housing for families or singles.</p> <p>The program is currently full, and it is recommended that consumers place their names on a waitlist and update their phone numbers to ensure they can be contacted when space is available. The organization currently has 120 units.</p> <p>The Housing system offers an access point for consumers by providing them with outreach services, such as emergency housing, a case manager, resources, and medical care, to transition them to permanent housing.</p> <p>Emergency housing programs include vouchers for hotels/motels, safe parking lots, safe camping areas (new), and emergency shelters.</p> <p>Shared Housing is a new pilot program that began six months ago.</p> <p>HOPWA Emergency Housing Program (with AIDS) must go through diagnosis services before being placed in housing. They must meet the requirements and go through the procedures.</p> <p>Permanent Supportive Housing is a closed referral; clients must go through the coordinating system.</p> <p>Business hours are 9:00 AM – 5:00 PM, and visitors must knock on the door. Walk-ins are welcome.</p>	
10. Reports		
a. Women and Youth Out of	The group discussed the following concerns:	

Agenda Item	Action	Follow-up
Care Group Discussion	More youth services are needed and provided through family support programs. Youth need navigation even if they are not infected but are affected by their parents' experience and will require information and counseling.	
b. HIV Planning Group (HPG) Planning Group Support Staff	<p>HPG Support Staff provided the following updates:</p> <ul style="list-style-type: none"> • The membership committee is still recruiting members. • Priority Setting and Resource Allocation Committee (PSRAC) meeting scheduled for Thursday, June 6th, to review the Epidemiology data and to begin the budgeting process. • The next PSRAC meeting will present out-of-care data, care continuum in Ryan White, epidemiology data on certain demographics, and increased health risks. • Introduction of new HPG Staff, Ling Yang and Krystle Diaz. • HPG Retreat will be held on May 22, 2024. 	
c. Ryan White Part D	<p>Shannon Ransom recommended a letter of interest to expand HIV services through the Mother, Child & Adolescent Program (MCAP).</p> <p>The Part D program received funding to improve the HIV testing program within the UC San Diego and Rady Children's Hospital organizations. HIV testing will be available to all patients who request Sexually Transmitted Infection (STI) testing unless they opt out.</p>	
d. 2024 Women's Conference Rhea Van Brocklin	<p>The March 2024 Conference had 160 attendees, the biggest in-person attendance at the Mission Valley venue.</p> <p>The 2025 conference will be held on March 15, 2025, with a location to be determined. The theme will focus on the</p>	

Agenda Item	Action	Follow-up
	<p>past, present, and future of the HIV epidemic. Stories of long-term survivors will be featured, and new ideas, such as breakout sessions and a costume theme, will be introduced.</p>	
<p>e. Research</p>	<p>Marvin Hanashiro from UC San Diego researches and focuses on adults living with HIV.</p> <p>There are currently two studies for adults 18 years old and older.</p> <ul style="list-style-type: none"> • The first study is on how to get the best HIV hormone therapy treatment for transwomen. • This is the second study on cis women receiving oral prep or shots two times a year. Currently, the medication is not FDA-approved. 	
<p>i. AIDS Clinical Trials Group (ACTG)/ Antiviral Research Center (AVRC)</p>	<p>No updates</p>	
<p>ii. HIV Neurobehavioral Research Program (HNRP)</p>	<p>There are two focus topics:</p> <ul style="list-style-type: none"> • Cis, transgender women on how to deepen their relationship with the provider and provide holistic health care for them. • The program wants to expand the virtual delivery to seven (7) weeks to assist consumers with their navigation services. 	
<p>iii. Mother, Child & Adolescent Program (MCAP)</p>	<p>The program has a research study of 5,000 women and children, which focuses on parents living with HIV with a baby. The in-depth research focuses on these topics: how safe the delivery was and what the long-term effects of medication are, especially from audio, development, intimacy, and substance effects.</p>	
<p>iv. UC San Diego Moores Cancer Center</p>	<p>They are conducting quantitative studies and are currently recruiting.</p>	

Agenda Item	Action	Follow-up
	UC San Diego Moores Cancer Center is holding a clinical trial appreciation day for cancer. The event is open to the community.	
13. Announcements	<p>Strongly recommend that providers continue collecting the 2024 Needs Assessment Surveys.</p> <p>Christie's Place is hiring for Case Management; please contact Rhea Van Brocklin at rvanbrocklin@christiesplace.org</p>	
14. Next Meeting Date: Monday, July 15, 2024	<p>Next CARE Partnership Meeting Monday, July 15, 11:00 AM In-Person Location: Southeastern Live Well Center (Tubman Chavez Room A), 5101 Market Street, San Diego, CA 92114, and via Zoom</p>	
15. Adjournment	Meeting adjourned at 12:56 pm.	

MEETING MINUTES

CARE PARTNERSHIP FOR WOMEN, CHILDREN, AND FAMILIES Monday, July 15, 2024, 11:00 AM – 1:00 PM

Southeastern Live Well Center
5101 Market St, San Diego, CA 92114; (Tubman Chavez Room C)

Attendees In-Person: Patty Lopez (UCSD – MCAP), Carolina Ramos (The Center), Jackie Gonzalez (Disability Help), Belinda Johnson (Christie's Place), Joseph Mora (UCSD MCAP), Reg Carroll, Philip Preston, Daniela Munoz, (Medical Case Manager UCSD), Loren Goldstein (ICM Case Manager for COSD PHS), Sandra Real (UCSD MCAP), Felicitas Jimenez (UCSD MCAP) Rosalva Martha UCSD MCAP), Rosalva Vargas, Maria Vergara, Maria Centeno (UCSD MCAP), Tammelita Cotlon-Pineda, Sandra Ortiz.

Attendees Online: Pablo Corona (Community Outreach for HICAP. Elder Law & Advocacy), Krzel Manansala-Tan (Community Health Liaison UCSD Moores Cancer Center), Dahlia Sandoval (Community health liaison for UCSD,) Edwin Valentine, Pablo Corona (HICAP), Roberto Gallardo (UCSD)

HPG Support Staff: America Gonzalez, Dasha Dahdouh, Ling Yang, Krystle Diaz

Agenda Item	Action	Follow-up
1. Welcome and introductions	Venice Price started the meeting at 11:09 AM, and the participants introduced themselves online.	
2. Comments from the Chair/ <ul style="list-style-type: none">▪ Respectful Engagement	None Respectful engagement guidelines read by Patty Lopez	
3. Moment of silence	A moment of silence was observed, remembering those who have passed and those living with or affected by HIV/AIDS and/or COVID-19.	
4. Review Mission Statement	Read by Belinda Johnson	
5. Public comment/ Sharing our Concerns	None.	
6. Review & approval of the meeting agenda for July 15, 2024	The agenda for July 15, 2024, was approved by consensus as presented.	
7. Review & approval of the meeting minutes for May 20, 2024	The agenda for May 20, 2024, was approved by consensus as presented.	
8. Discuss 2024 Training Opportunities/Updates	Patty Lopez reviewed the 2024 training calendar:	

Agenda Item	Action	Follow-up
	November: SDFHC and The County program regarding the needle exchange program December: Self care presentation	
9. Old Business		
a. None		
10. New Business		
a. Presentation: William Perno, Senior Prevention Specialist, <i>SAY San Diego</i>	William Perno of SAY San Diego presented on Fentanyl, Opioids, & Naloxone/Narcan training. This training covered the following: <ul style="list-style-type: none"> • What opioids are, with a focus on fentanyl • Where fentanyl is used where it can come from • Forms of fentanyl • Fatal dose size of fentanyl • Prevention methods • Narcan Statistics were also provided showing deaths due to drug overdose deaths, including fentanyl deaths in San Diego County.	
b. Presentations: Jackeline Gonzalez, Outreach Coordinator, <i>Disability Help Center</i>	Jackeline Gonzalez of The Disability Help Center presented the services provided, such as assistance with applying for Social Security disability benefits and clarification on how to qualify and when to apply.	
11. Reports		
a. Women and Youth Out of Care Group Discussion	Joe Mora announced weekly events on Tuesday from 3:30-4:30 pm hosted for youth, such as movie nights, a bonfire, and an upcoming course for youth to work on leadership skills.	
b. HIV Planning Group (HPG) Planning Group Support Staff	HPG Support Staff provided updates on: <ul style="list-style-type: none"> • 2024 Needs Assessments Survey • Membership Recruitment • The Community Engagement Group (CEG) Happyville exercise on Wednesday, July 17, 2024. 	

Agenda Item	Action	Follow-up
c. Ryan White Part D	Tabled	
d. Research	Recruiting new pregnant infected baby participants for studies and inducing adolescents 18 +	
i. AIDS Clinical Trials Group (ACTG)/ Antiviral Research Center (AVRC)	Tabled	
ii. HIV Neurobehavioral Research Program (HNRP)	UC San Diego HNRP-CMCR - Study outreach and scheduling manager for HIV and Cannabis studies. For those seeking to participate in research studies, please contact at 619-543-5000 or email jrgallardo@health.ucsd.edu	
iii. Mother, Child & Adolescent Program (MCAP)	UCSD MCAP Research studies for pregnant HIV people and exposed adolescents with HIV, please call Rosalva at 619-375-6678 at rmarthpatten@ucsd.edu	
iv. UC San Diego Moores Cancer Center	Tabled	
13. Announcements	<ul style="list-style-type: none"> • Hate Crime continue, and please report to the police or contact Carolina Ramos from The Center for support. • Christie's Place September Retreat: for more information, please contact Maria Vergara at mvergara@christiesplace.org 	
14. Next Meeting Date: Monday, September 16, 2024	Next CARE Partnership Meeting Monday, September 16, 11:00 AM In-Person Location: Southeastern Live Well Center 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room C), And via Zoom	
15. Adjournment	The meeting adjourned at 12:57 pm.	

Committee Reports – September 2024

Medical Standards and Evaluation Committee (MSEC):

The Medical Standards and Evaluation Committee (MSEC) met on September 10, 2024.

Leadership Transition: This meeting was Dr. Winston Tilghman’s last meeting as Committee Chair, since he will be terming out of his HPG seat in October 2024. Dr. David Grelotti will serve as Committee Chair moving forward, and Dr. Jeanette (Nette) Aldous will continue to serve as Co-Chair.

Outpatient/Ambulatory Health Service Standards: The Committee reviewed the working draft of the revised Outpatient/Ambulatory Health Service Standards and suggested a few additional edits. Since approval of the revised document was not listed on the agenda as an action item, the final document will be approved during the November meeting.

Periodic Revision of Dental Practice Guidelines, Oral Health Service Standards, and List of Allowable Services: The Committee discussed potential approaches to revising these documents. There was general agreement that dental provider input is critical to this effort. Initial attempts to obtain input from Ryan White dental providers were not successful. Support staff will attempt to contact providers a second time, and committee members may consider reaching out to dental providers at their institutions to obtain input. County will obtain input from Dr. Fadra Whyte (Chief Dental Officer). The Committee will revisit this topic at the November meeting.

Mental Health Services and Psychiatric Medication Management: The Committee will consider these services as a future agenda item.

The next meeting will take place November 12, 2024, at 4pm (location to be determined).

Priority Setting & Resource Allocation Committee (PSRAC):

The committee’s September meeting was cancelled and has been rescheduled to Thursday, October 10, 2024.

Membership Committee:

The committee met on Wednesday, September 11, 2024 and went over the following items:

- A recommendation to appoint Juan Conant to the HIV Planning Group
- Mentorship guidelines
- Member expectations

Steering Committee:

The committee met on Tuesday, September 17, 2024 and went over the following items:

- Promotional materials
- Assessment of the Administrative Mechanism
- The Board Letter
- Mileage Reimbursement Form updates

Community Engagement Committee (CEG):

The committee met on Wednesday, September 18, 2024.

Strategies and Standards Committee:

The committee met on Tuesday, August 6, 2024.

INSIDE:

- Awareness
- Updates
- Strategic Plan
- Racial Equity
- Health Access for All

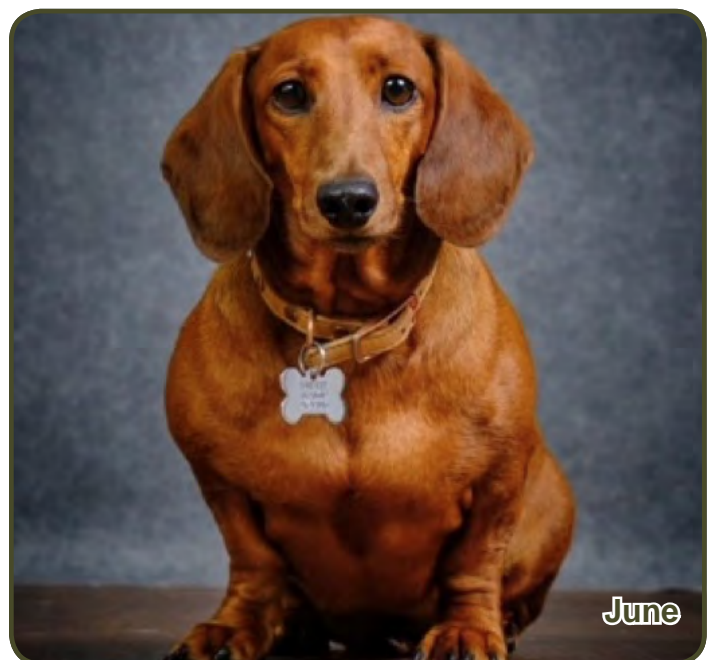
This newsletter is organized to align with the six Social Determinants of Health found in the *Ending the Epidemics Integrated Statewide Strategic Plan*, addressing the syndemic of HIV, HCV, and STIs in California. More about the *Strategic Plan* is available on the [Office of AIDS \(OA\) website](#).

STAFF HIGHLIGHT

OA would like to congratulate **Anna-Katrina Rasmussen** on her promotion. Anna-Katrina began her career in State service at CA Department of Education as the Executive Secretary to the Director in the career and college transition division, and in February 2020 promoted to Staff Services Analyst at CA Department of Parks and Recreation. In November 2021, she joined OA, Program Support Branch, Procurement and Purchasing Unit working with the AIDS Drug Assistance Program (ADAP) Branch on their contracts. June of 2024, she promoted and joined the ADAP Branch Team as the Contracts and Grants Manager.

Prior to State service, she worked in the private sector for Dunlop manufacturing (guitar accessories) for international orders-artist relations and customer service, Truro University as the Purchasing Agent, and Caltronics business systems as their Solano/ Napa sales representative. Outside of work, she enjoys racing her race champion sausage dog, Benny the Jet, and rescued another sausage dog, June.

Anna-Katrina also enjoys riding her bike, painting, crafting, playing music, and trying out new activities that catch her eye and is always taking an adventure with the hot dogs to the beach and on other vacation spots! She loves trying out new eateries and breweries around the Sacramento and surrounding areas.



HIV AWARENESS

August 31 is International Overdose Awareness Day (OAD). This day is observed to provide an opportunity for people to collectively mourn loved ones lost to overdose and help inform people about overdose prevention and support services available. The theme this year is #TogetherWeCan, aimed at highlighting the strength of coming together in addition to supporting those connected to the tragedy of overdose. OAD also is acknowledged to send a message to current and former people who use drugs that they are valued and supported.

with the Division of Communicable Disease Control (DCDC), a program within the Center of Infectious Diseases and have disseminated a number of documents in an effort to keep our clients and stakeholders informed. Please refer to the [DCDC website](#) to stay informed.

Mpox digital assets are available for LHJs and CBOs on DCDC's [Campaign Toolkit](#) website.

> HIV/STD/HCV Integration

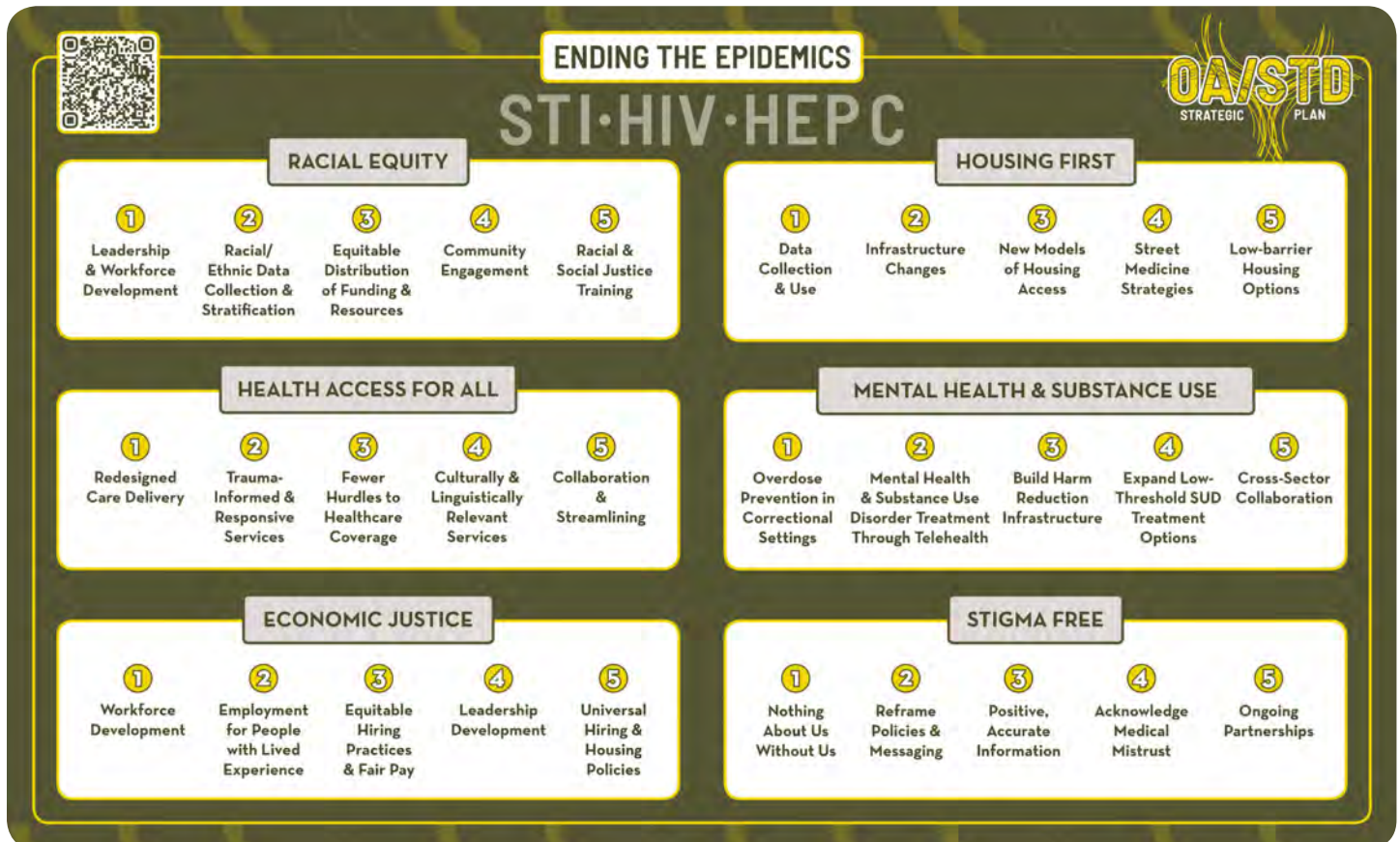
We are re-initiating our integration discussions and moving forward with the necessary steps to integrate our HIV, STI, and HCV programs into a single new Division. We will continue to keep you apprised on our journey!

GENERAL UPDATES

> Mpox

OA is committed to providing updated information related to mpox. We have partnered

The **visual below** is a high-level summary of our *Strategic Plan* that organizes 30 Strategies across six Social Determinants of Health (SDoH).



OA and STD Control Branch would like you to continue to use and share the [Strategic Plan](#) and the [Implementation Blueprint](#). These documents address HIV as a syndemic with HCV and other STIs, through a SDoH lens.

For technical assistance in implementing the [Strategic Plan](#), California LHJs and CBOs can visit [Facente Consulting's webpage](#).

HEALTH ACCESS FOR ALL

➤ Strategy 1: Redesigned Care Delivery

Since April 1, 2024, the Mpox vaccine, JYNNEOS, became available on the commercial market. While the California Department of Public Health (CDPH) will work to ensure access to vaccine through LGBTQ+ Pride season (starting as early as May 2024), access to vaccine for people who are uninsured/underinsured in a local jurisdiction may be impacted once the state supply is phased out. In light of these circumstances, please consider using the state's turnkey resource (Optum Serve) to bolster vaccination efforts at large community or Pride events this Summer, particularly those that would serve a large under/uninsured population.

The **Turnkey Program** can deploy teams to indoor and outdoor sites and are equipped with all the necessary materials and supplies (except the vaccines themselves which would be provided by the local health jurisdiction).

If you know a local jurisdiction is interested in using the Mpox Turnkey Program and/or for more information, please contact [Brenda Meza](mailto:brenda.meza@cdph.ca.gov), (brenda.meza@cdph.ca.gov) and [Justin Garcia](mailto:justin.garcia@cdph.ca.gov) (justin.garcia@cdph.ca.gov).

OA continues to implement its **Building Healthy Online Communities (BHOC)** self-testing

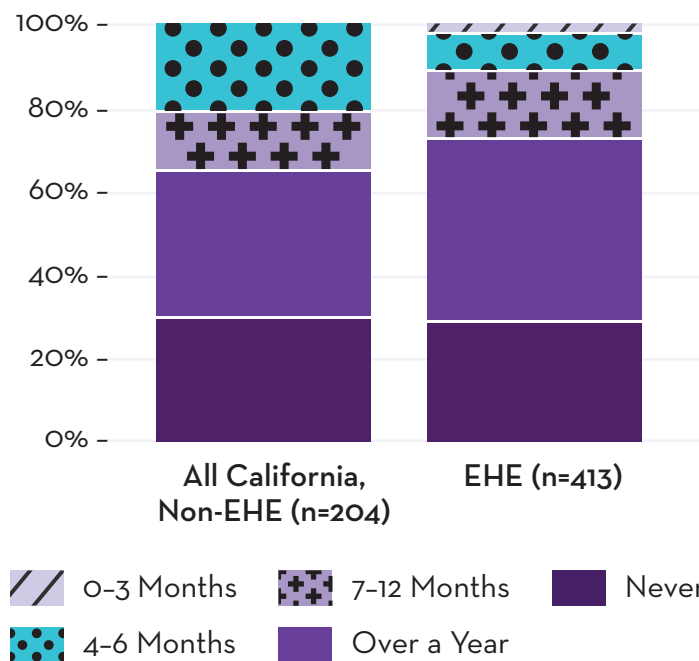
TAKEMEHOME



program to allow for rapid OraQuick test orders in all jurisdictions in California. The program, **TakeMeHome**[®], (<https://takemehome.org/>) is advertised on gay dating apps, where users see an ad for home testing and are offered a free HIV-home test kit.

In June, 204 individuals in 35 counties ordered self-test kits, with 134 (65.7%) individuals ordering two tests. Additionally, OA's existing TakeMeHome Program continues in the six California Consortium Phase I Ending the HIV Epidemic in America counties. In the first 46 months, between September 1, 2020, and June 30, 2024, 12,300 tests have been distributed. This month, mail-in lab tests (including dried blood spot tests for HIV, syphilis, and Hepatitis C, as well as 3-site tests for gonorrhea and chlamydia) accounted for 225 (54.5%) of the 413 total tests distributed in EHE counties. Of those ordering rapid tests, 144 (76.6%) ordered two tests.

HIV Test History Among Individuals Who Ordered TakeMeHome Kits, June 2024



Additional Key Characteristics	EHE	All California, Non-EHE
Of those sharing their gender, were cisgender men	54.9%	58.6%
Of those sharing their race or ethnicity, identify as Hispanic or Latinx	38.2%	38.6%
Were 17-29 years old	47.2%	41.7%
Of those sharing their number of sex partners, reported 3 or more in the past year	47.4%	42.9%

Since September 2020, 1,400 test kit recipients have completed the anonymous follow up survey from EHE counties; there have been 497 responses from the California expansion since January 2023.

Survey Highlights	EHE	All California, Non-EHE
Would recommend TakeMeHome to a friend	94.2%	94.2%
Identify as a man who has sex with other men	51.7%	54.5%
Reported having been diagnosed with an STI in the past year	8.5%	9.7%

➤ Strategy 3: Fewer Hurdles to Healthcare Coverage

As of August 2, 2024, there are 212 PrEP-AP enrollment sites and 231 clinical provider sites

that currently make up the [PrEP-AP Provider network](#).

[Data on active PrEP-AP clients](#) can be found in the three tables displayed on page five of this newsletter.

As of August 2, 2024, the number of ADAP clients enrolled in each respective [ADAP Insurance Assistance Program](#) are shown in the chart at the top of page 6.

RACIAL EQUITY

➤ Strategy 3: Equitable Distribution of Funding and Resources



Project Empowerment Request for Applications (RFA) 2024-2028, No. 24-10049

As previously announced, CDPH/OA will award contracts in the amount of \$4.5 million annually in local assistance funds to fund the development of 18 demonstration projects focused on providing innovative, comprehensive HIV prevention and control activities to Black/ African American and Latinx populations. Award allocations will be distributed over four years and funding amounts are based on the selected tier of this RFA.

The Notice of Intent to Award for Project Empowerment was released on the RFA website in July. Congratulations to the 18 awardees and thank you everyone who applied! Please visit the RFA website for a [full list of awardees](#).

➤ Strategy 4: Community Engagement

The CPG and OA hosted the Spring In-Person

Active PrEP-AP Clients by Age and Insurance Coverage:

Current Age	PrEP-AP Only		PrEP-AP With Medi-Cal		PrEP-AP With Medicare		PrEP-AP With Private Insurance		TOTAL	
	N	%	N	%	N	%	N	%	N	%
18 - 24	390	10%	---	---	---	---	25	1%	415	11%
25 - 34	1,250	34%	---	---	---	---	178	5%	1,428	38%
35 - 44	905	24%	---	---	2	0%	156	4%	1,063	29%
45 - 64	427	11%	---	---	15	0%	110	3%	552	15%
65+	26	1%	---	---	226	6%	7	0%	259	7%
TOTAL	2,998	81%	0	0%	243	7%	476	13%	3,717	100%

Active PrEP-AP Clients by Age and Race/Ethnicity:

Current Age	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18 - 24	226	6%	1	0%	49	1%	12	0%	2	0%	78	2%	1	0%	46	1%	415	11%
25 - 34	801	22%	4	0%	141	4%	93	3%	9	0%	280	8%	10	0%	90	2%	1,428	38%
35 - 44	600	16%	5	0%	97	3%	55	1%	5	0%	237	6%	5	0%	59	2%	1,063	29%
45 - 64	295	8%	---	---	56	2%	21	1%	2	0%	143	4%	1	0%	34	1%	552	15%
65+	25	1%	---	---	4	0%	5	0%	---	---	212	6%	---	---	13	0%	259	7%
TOTAL	1,947	52%	10	0%	347	9%	186	5%	18	0%	950	26%	17	0%	242	7%	3,717	100%

Active PrEP-AP Clients by Gender and Race/Ethnicity:

Gender	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Female	68	2%	---	---	6	0%	8	0%	1	0%	15	0%	---	---	6	0%	104	3%
Male	1,737	47%	9	0%	319	9%	173	5%	17	0%	904	24%	17	0%	217	6%	3,393	91%
Trans	118	3%	---	---	13	0%	5	0%	---	---	11	0%	---	---	4	0%	151	4%
Unknown	24	1%	1	0%	9	0%	---	---	---	---	20	1%	---	---	15	0%	69	2%
TOTAL	1,947	52%	10	0%	347	9%	186	5%	18	0%	950	26%	17	0%	242	7%	3,717	100%

All PrEP-AP charts prepared by: ADAP Fiscal Forecasting Evaluation and Monitoring (AFFEM) Section, ADAP and Care Evaluation and Informatics Branch, Office of AIDS. Client was eligible for PrEP-AP as of run date: 07/31/2024 at 12:01:39 AM
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from June
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	538	0.00%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,461	- 0.27%
Medicare Premium Payment Program (MPPP)	2,071	- 1.56%
Total	8,070	- 0.59%

Source: ADAP Enrollment System



CPG Meeting from June 10 – 12 in Sacramento. The theme of the meeting was Innovation Through Integration: Synergizing Health for HIV, STI, and HCV Challenges. It included presentations related to the syndemics of HIV, STI, and HCV, and it spotlighted OA’s Clinical Quality Management Program and the new HIV Care Connect Data System.

Again, we want to thank all CPG members and community members for their attendance, active participation and engagement, personal perspectives, and help in creating a safe space for sharing and learning. Huge thank you to Community Co-Chairs Rafael Gonzalez and Yara Tapia as well as the CPG Host Committee for their ongoing work and support in helping to plan for this meeting. We also want to thank all Steering Committee members who helped to plan the meeting, support the CPG members, and helped with setting up, running mics, cleaning up, and so much more. Also, much appreciation to the OA and STD Control Branch Committee Liaisons who continuously support CPG members throughout the monthly committee meetings leading up to and during this event. Without you all, this would not have

been possible. We hope you found the meeting informative to our CPG and collective work.

For more information about CPG, please visit our website at https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_CPG.aspx.



Dear Ending the Syndemics Partners,

Please save the dates for the virtual ***Ending the Syndemic Symposium 2024 Annual Meeting*** taking place **September 30th**, from 12:00 – 4:00 PM, **October 1st**, from 9:00 AM – 12:00 PM, and **October 2nd**, from 12:00 – 4:00 PM.

The *Ending the Syndemic Symposium* is sponsored by CDPH/OA and will offer an opportunity for California Counties and their funded Community Programs to share best practices and innovations in serving the communities most impacted by HIV, HCV, and STIs.

Each day of the *Symposium* will have a particular theme we are asking speakers and panelists to address. The theme of day one is

“Racial Equity”, one of the Social Determinants of Health on which our work in California is organized (Page 11 in the [Ending the Epidemics Integrated Statewide Strategic Plan](#)). Speakers on day one will highlight how addressing Racial Equity directly will lead to better health outcomes in California and across the country.

This *Symposium* is free and open to any partner working to end the syndemic of HIV, STIs and HCV in California. Simultaneous Spanish translation will be available at all sessions.

Information about how to register will be released soon, and we look forward to seeing you at the *Symposium*!

➤ Strategy 5: Racial and Social Justice Training

Capacity Building Assistance

The CDC offers free capacity building assistance (CBA) through training, technical assistance,

and other resources to reduce HIV infection and improve health outcomes for people with HIV in the United States. Its CBA Provider Network provides CBA on a vast variety of HIV preventions related topics, including enhancing cultural competency for a successful HIV program, cultural responsiveness and humility for people who inject drugs (PWID), diversity, equity, and inclusion, motivational interviewing, planning a condom distribution program, and so much more! To submit a CBA request, please [contact the Local Capacity Building and Program Development Unit](mailto:CBA@cdph.ca.gov) at CBA@cdph.ca.gov.

For [questions regarding The OA Voice](#), please send an e-mail to angelique.skinner@cdph.ca.gov.



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

Spanish interpretation will be provided



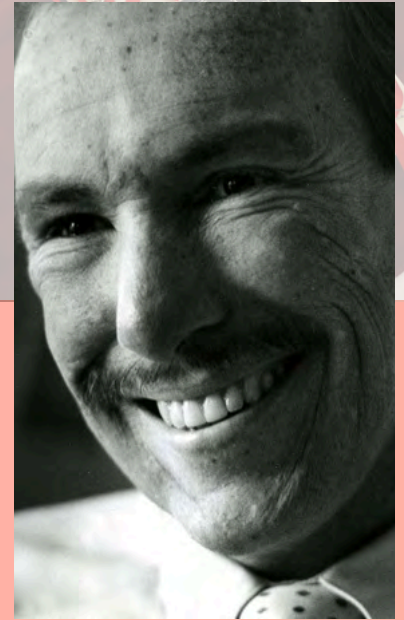
DR. A. BRAD TRUAX AWARDS

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