

COMMUNITY ENGAGEMENT GROUP (CEG)



Wednesday, October 16, 2024, 3:00 PM – 5:00 PM
Southeastern Live Well Center 5101 Market Street, San Diego,
CA 92114
(Tubman Chavez Room A)

NOTE: This meeting is audio and video recorded.

Language translation services are available upon request at least 96 hours prior to the meeting.
Please contact HPG Support Staff via e-mail at hpg.hhsa@sdcounty.ca.gov

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Meeting Location & Directions:

Community Engagement Group

Wednesday, October 16, 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:

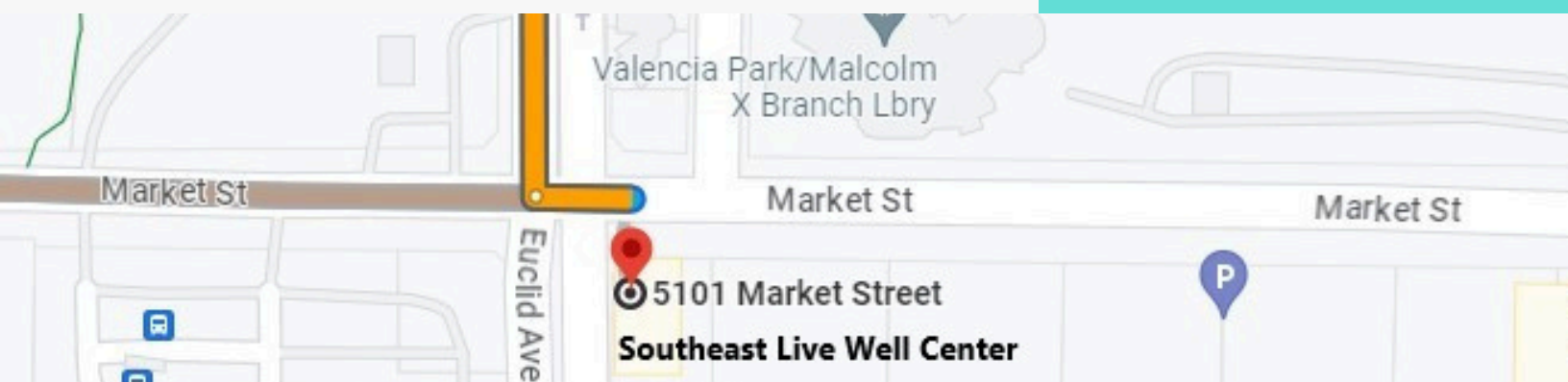
1. Head southeast on I-805 South.
2. Take exit 13A for CA-94-E/M L King Jr. Fwy.
3. Merge onto CA-94 E.
4. Take exit 4A for Euclid Ave.
5. Turn left onto Euclid Ave.
6. Use the left 2 lanes to turn left onto Market St.
7. The destination will be on your right.



PUBLIC TRANSPORTATION

MTS Trolley:
Orange Line

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





Wednesday, October 16, 2024, 3:00 PM – 5:00 PM
Southeastern Live Well Center; 5101 Market St, San Diego, CA
92114 (Tubman Chavez Room A)

To participate remotely via Zoom:

<https://us06web.zoom.us/j/89778142157?pwd=5G57jMW0b1b1V8l8KVbljbAgedPsWV.1>

Call in: US Toll +1 669 444 9171

Meeting ID: 897 7814 2157

Passcode: 106514

Language translation services are available upon request at least 96 hours prior to the meeting.
Please contact HPG Support Staff via e-mail at hpg.hhsa@sdcounty.ca.gov.

A quorum for this meeting is three (3)

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

**MEETING AGENDA
ORDER OF BUSINESS**

1. Call to order, roll call, comments from the chair, and a moment of silence
2. Review Background, Mission Statement, Goals, and Agreement of Meeting Decorum
3. Introductions and Icebreaker
4. Public comment (for members of the public)
5. Sharing our concerns (for committee members)
6. **Action:** Approve the consent agenda for October 16, 2024 (which includes the CEG meeting agenda for October 16, 2024 and the minutes for September 18, 2024)
7. Updates
 - a. Committee Updates:
 - i. Membership Committee
 - ii. Strategies and Standards Committee
 - iii. Medical Standards and Evaluation Committee
 - iv. Priority Setting and Resource Allocation Committee
 - v. Steering Committee
 - vi. HIV Planning Group
 - b. Community Updates:
 - i. CARE Partnership
 - ii. HIV Housing Committee/Housing Opportunities for Persons with AIDS (HOPWA)
 - iii. Additional community groups
8. Old Business
 - a. Committee Attendance
 - b. Role of CEG in the onboarding process of new or returning HPG members
 - c. Review/develop an HPG Anti-racism statement in preparation for the HPG discussion. (recommendation from the Strategies and Standards Committee)

9. New Business

- a. Data on People Experiencing Homelessness and Living with HIV – Dr. Dustin Walker
- b. In-depth review of the 5 services categories and discussion – Dr. Ken Riley
- c. Discuss rescheduling the 6/18/2025 meeting to 6/11/2025
- d. Discuss training schedule for 2025 and potential meeting spaces

10. Announcements

11. **Next meeting date:** Wednesday, November 20, 2024 from 3:00 PM – 5:00 PM
Location: Southeastern Live Well Center; 5101 Market St, San Diego, CA 92114 (Tubman Chavez Room A)

12. Adjournment

Community Engagement Group Charge:

1) Educate Community Members

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

2) Increase Community Members’ Participation

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

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

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



Wednesday, September 18, 2024, 3:00 PM – 5:00 PM
North Clairemont Library
4616 Clairemont Drive, San Diego, CA 92117 Meeting Room

A quorum for this meeting is three (3).

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

MEETING MINUTES

Agenda Item	Discussion/Action	Follow-Up
1. Call to order, roll call, comments from the chair, and a moment of silence	Michael Donovan called the meeting to order at 3:01 PM and noted the presence of an in-person quorum.	
2. Review Background, Mission Statement, Goals, and Agreement of Meeting Decorum	Jen Lothridge, Skyler Miles, and Veronica Nava read the Mission Statement and the Community Engagement Group (CEG) Charge. The Co-Chair reviewed the meeting decorum.	
3. Introductions (Name, Role with HPG/Consumer, Pronouns), Icebreaker	Members and participants introduced themselves.	
4. Public comment (for members of the public)	<p>A member of the public stated he believed less than one third of the people in the meeting were consumers.</p> <p>A member of the public expressed they want to get involved with this group to apply what they have learned from their medical practice in Venezuela, can potentially offer counseling services like, and counseling, and can apply their knowledge and expertise to help people.</p>	
5. Sharing our concerns (for committee members)	None.	
6. ACTION: Approve the CEG agenda for September 18, 2024	Motion: Approve the CEG agenda for September 18, 2024 as presented with the noted change: Move agenda item 10a (HPG Bylaws Training to follow approval of the minutes:	

Agenda Item	Discussion/Action	Follow-Up
	Motion/Second/Count (M/S/C): Lochner/Lothridge/4-0 Abstention(s): Donovan Motion carries	
7. ACTION: Approve the CEG minutes for July 17, 2024	Motion: Approve the CEG minutes for July 17, 2024 as presented. M/S/C: Lochner/Miles/4-0 Abstention(s): Donovan Motion carries	
a. Follow-Up Items from minutes:	Tabled	
8. Committee Updates		
a. CARE Partnership	No updates For future reference the HPG SS will arrange the CEG agenda and presentation slides in the following manner: <u>HPG Committee Updates:</u> (to include updates from Membership, Strategies and Standards, Priority Setting and Resource, Allocation, Medical Standards and Evaluation Committee <u>Community Updates:</u> Will include updates from CARE Partnership, HIV Housing Committee and any community groups of interest.	
b. Membership Committee	As of September 13, 2024, 9 HPG members have termed out. There are five vacancies, and three new members will join HPG: Skyler Miles, Benjamin Ignacio, and Michael Donovan in September 2024. There are 2 new applicants in process and one pending approval. HPG SS is working to get termed-out members to fill out the Exit Interview Survey, update the HPG application , and update the Mentorship guidelines.	
c. Strategies and Standards Committee	Last meeting in June was Michael Wimpie's 's first meeting as chair. They are in the process of voting for a new co-chair and planning to review service standards.	
d. Medical Standards and Evaluation	The meeting on Sept. 10, 2024 was Dr. Tilghman's last meeting as chair; Dr. Grelotti	

Agenda Item	Discussion/Action	Follow-Up
Committee (MSEC)	will be the new chairperson, and a staff member is pending to take the STD Control Office seat on the HPG.	
e. Priority Settings and Resource Allocation Committee (PSRAC)	No was meeting this month due to lack of quorum, rescheduled for October; will work on the PSRAC work plan and debriefing of the FY 25 psra process.	
f. Steering Committee	The committee met yesterday and reviewed the results of the retreat which will be continued at the next meeting. Dasha Dahdouh presented the Assessment of the Administrative Mechanism which will be presented at the September HPG meeting. The recommended HPG promotional items recommended by CEG were approved.	
g. HIV Planning Group	HPG will review the following on September 25, 2024: <ul style="list-style-type: none"> • Approve the Board Letter • Approve new member to HPG • A presentation on Women's and Children Services. 	
h. HIV Housing Committee/Housing Opportunities for Persons with AIDS (HOPWA)	The HIV Housing Committee has two seats for the HPG members, including one from the CEG; committee members are encouraged to apply.	
9. Old Business		
a. Committee Attendance	Reviewed	
b. Discussion: Resources and materials for community event outreach efforts		
1. ACTION: Review and approve the final revised HPG Trifold Brochure	The committee voted to use the first option brochure design presented.	HPG SS will create a Spanish version of the HPG brochure

Agenda Item	Discussion/Action	Follow-Up
<p>2. ACTION: Review and approve the final “Join Us” CEG flyer/postcard. Consider adding the recommended phrase.</p>	<p>Motion: Add “advocacy never felt better” on the palm cards M/S/C: Lothridge/Miles/2-2 Abstention(s): Donovan Motion fails The committee recommended collecting public feedback and then revisiting this design to make changes as needed/recommended to reflect the community’s interests.</p>	
10. New Business		
<p>a. Presentation: HPG Bylaws training – Lauren Brookshire</p>	<p>Lauren gave a presentation on the HPG Bylaws training, which included:</p> <ul style="list-style-type: none"> • The history of the Bylaws, • Processes to becoming involved with the HPG, • Explanation of terminology • duties, responsibilities, and expectations • Membership and committee roles and responsibilities • Meeting organization and expectations 	
<p>b. Role of CEG in the onboarding process of new or returning HPG members.</p>	<p>The committee discussed the following:</p> <ul style="list-style-type: none"> • Encourage new consumers to attend and join CEG first, as it is a good introductory place • Recommended every HPG member attend 2 – 3 CEG meetings a year with active participation. • Encourage consumers to attend CEG meetings and attend HPG meetings during the budget season to make public comment to express their needs and concerns • Recommend HPG and other committee (non-CEG) members attend this meeting, to understand the needs and interests of consumers. 	<p>Michael Donovan will bring this conversation to the Steering Committee</p> <p>Continue this topic on the next CEG agenda.</p>
<p>c. Truax Award Ceremony planning – the role of CEG</p>	<p>Mikie Lochner provided an update on the Truax Award Ceremony planning process and recommended including CEG members in the program as speakers.</p>	
<p>d. What are the requirements of the</p>	<p>The committee discuss the following:</p>	<p>HPG SS will share Katie</p>

Agenda Item	Discussion/Action	Follow-Up
CEG training sessions?	<ul style="list-style-type: none"> Request HPG SS to create flyers for specific events (i.e.: Happyville) and CEG members could assist by delivering the flyers to the community Recommend CEG members, share pictures from HPG meetings and events. Please send them to Katie Emmel or any of the HPG SS. 	Emmel's email address with CEG members.
e. Review/develop an HPG Anti-racism statement in preparation for the HPG discussion. (recommendation from the Strategies and Standards Committee)	<p>The committee discussed and recommended a short, simple statement in regard to anti-racism, similar to "Respect for the land" (Land acknowledgement) statements within the JEDI Principles state. Another consideration was something similar to "we are open to all members of all cultural backgrounds..." to be used at the opening of every meeting</p> <p>The committee will continue to think of ideas and continue the discussion during the next meeting.</p>	Continue discussion at the next CEG meeting.
11. Announcements	<ul style="list-style-type: none"> Truax Awards nominations are open. The Truax Awards Ceremony will be on Friday, December 6, 2024 2:00 – 4:00 PM at The LGBT Center. "Cure for HIV?" Townhall, Sunday, October 6, 2024 5:00 – 7:00 PM at St. Paul's Episcopal Cathedral. For more information visit www.harp-ps.org. The Center hosts special presentations every first Saturday of each month from 11am – 1pm. The next presentation will be on October 5, 2024. UCSD and Christie's Place is hosting "We Rise" a form of exercise for Women's living with HIV, \$80 incentive, for more information contact 610-543-8080. HPG Orientation on Tuesday October 29th from 2:00 – 4:00 PM, via Zoom. 	

Agenda Item	Discussion/Action	Follow-Up
	Required for new HPG members, recommended for prospective members and a refresher for those on the HPG for 1 year or so.	
12. Next meeting date	<p>Next Meeting: Wednesday, October 16, 2024, at 3:00 PM – 5:00 PM.</p> <p>Location: <i>Southeastern Live Well Center</i> <i>5101 Market Street, San Diego, CA 92114</i> <i>(Tubman Chavez Room A)</i> and via Zoom</p>	
13. Adjournment	Meeting was adjourned at 5:01 PM.	

DRAFT

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

Community Engagement Group	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	#
Total Meetings	1	1	1	1	1	0	1	1	1	1	0	1	10
Member													
Donovan, Michael										*	NM	*	0
Lochner, Mikie ^c	*	*	*	*	*	NM	*	1	1	*	NM	*	2
Lothridge, Jen ^{cc}	*	*	*	*	*	NM	*	*	*	*	NM	*	0
Miles, Skyler										*	*	NM	*
Nava, Veronica								*	*	*	NM	*	0

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

* = Present

1 = Absent for the month

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

JC = Just Cause

EC = Emergency Circumstance

NM = No Meeting

NQ = No Quorum

ANTI-RACISM, DIVERSITY, AND INCLUSION INITIATIVE

The Commission supports and actively incorporates in its planning, the County's Anti-Racism, Diversity, and Inclusion Initiatives (ARDII); an initiative that articulates an anti-racist agenda that guides, governs, and increases the County's ongoing commitment to fighting racism in all its dimensions, especially racism that systemically and systematically affects Black residents.

The Commission welcomes commissioners, guests, and the public into a space where people of all opinions and backgrounds can contribute. We create a safe environment that celebrates differences while striving for consensus and is characterized by consistent, professional, and respectful behavior. Our common enemies are HIV and STDs. We strive to be introspective and understand and clarify our assumptions, while appreciating the complex intersectionality of the lives we live. We challenge ourselves to be self-reflective and committed to an ongoing understanding. Refer to the Commission's Code of Conduct [here](#).

For more information on the County's ARDII, click [here](#).

To access the Commission's Statements of Solidarity, click [here](#).

JUSTICE, EQUITY, DIVERSITY, AND INCLUSION INTENTION (JEDI) PRINCIPLES AND ACTIONS



The San Diego HIV Planning Group (HPG) is dedicated to creating and supporting an inclusive culture for members and others supporting HIV service contractors.

COMMITMENT

- Giving all HPG members an equal voice in developing policy;
- Honoring diverse views;
- Including representatives from communities affected by HIV in San Diego County; and
- Ensuring our HPG membership and the HIV workforce of our supporting HIV service contractors are reflective of those living with and at higher risk for HIV in San Diego County.

VISION AND INTENTION

We recognize the existence and impact of systemic racism, socioeconomic disparities, and inequities that affect the most vulnerable, especially Black and Hispanic/Latinx consumers, knowing that these conditions must be addressed.

Vision: To create a supportive environment where all members can feel heard, valued, and respected with acknowledgement to the voice and differential treatment of Black & Brown consumers.

Mission: To use the JEDI Principles as a framework for mindful practice among HPG members, contracted HIV Service providers, and stakeholders.

JEDI PRINCIPLES

- **Affirm** the right to dignity & strive to keep mutual respect for each other
- **Value/celebrate** cultural diversity of the HPG
- **Adapt** responsibly to cultural differences
- **Acknowledge** historical & divisive biases on race, ethnicity, sex, gender identity, age, disability, sexual orientation, religion, & political beliefs & seek understanding among individuals and groups
- **Continue** commitment to achieving proportional demographic representation among the HPG & its HIV service contractor workforce
- **Commit** to promoting & supporting a community where all people can work and learn together in a safe & welcoming space
- **Reject** acts of any discrimination and will address/respond to such acts appropriately
- **Affirm** the right to freedom of expression at the HPG
- **Commit** to the development & enforcements of policies that promote the achievement of these principles

RECOMMENDED ACTIONS

- **Submit** the JEDI Principles to the Strategies & Standards Committee for review & approval at the Steering Committee & HPG for adoption in 2022
- **Direct** HPG support staff to create, look over, & report out to HPG the total, demographic makeup of HPG members & request that the HPG ask for this information from HPG support staff
- **Request** that the Recipient look over & report out to HPG the demographic makeup of contracted HIV service providers' workforce. Request that the HPG request this information from the Recipient.
- **Request** that the Strategies & Standards Committee discuss the inclusion of Universal Standards language regarding contractor best efforts to ensure diverse and proportional representative HIV workforce

Future work is needed to address other marginalized communities, including Asian Americans, Native Hawaiian & Pacific Islanders (AANHPI), Immigrants, and People with Disabilities.

LAND ACKNOWLEDGEMENT

The HPG holds great respect for the land and the original people of the area where we do our work. The County of San Diego Health and Human Services Agency was built on the unceded territory of the **Kumeyaay Nation**. Today, the **Kumeyaay** people continue to maintain their political sovereignty and cultural traditions as vital members of the San Diego Community.

We also acknowledge the traditional territory of the **Luiseño/Payómkawichum** people. North County San Diego is still home to the six federally recognized bands of the **La Jolla, Pala, Pauma, Pechanga, Rincon, Soboba Luiseño/Payómkawichum** people. It is also important to acknowledge that this land remains the shared space among the **Kuupangaxwicheh/Cupeño** and **Kumeyaay** and **Ipai** peoples. We acknowledge their tremendous contributions to our region and thank them for their stewardship.

FY21-FY23 Ryan White Client Homelessness

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LIVE WELL
SAN DIEGO

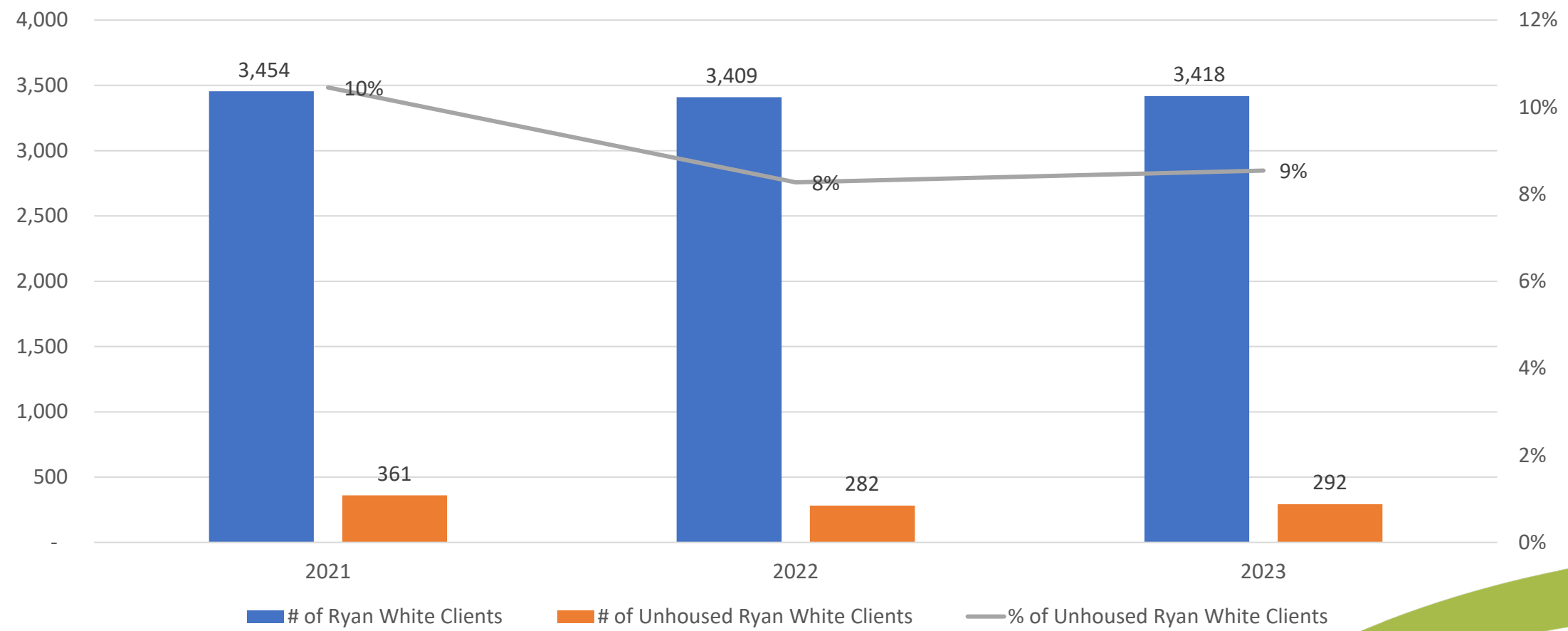


Dustin Walker, PhD (*he/him*)
CQM Manager
HIV, STD & Hepatitis Branch
[SANDIEGOCOUNTY.GOV/HHSA](https://www.sandiegocounty.gov/hhsa)



FY21-FY23 Ryan White Client Homelessness

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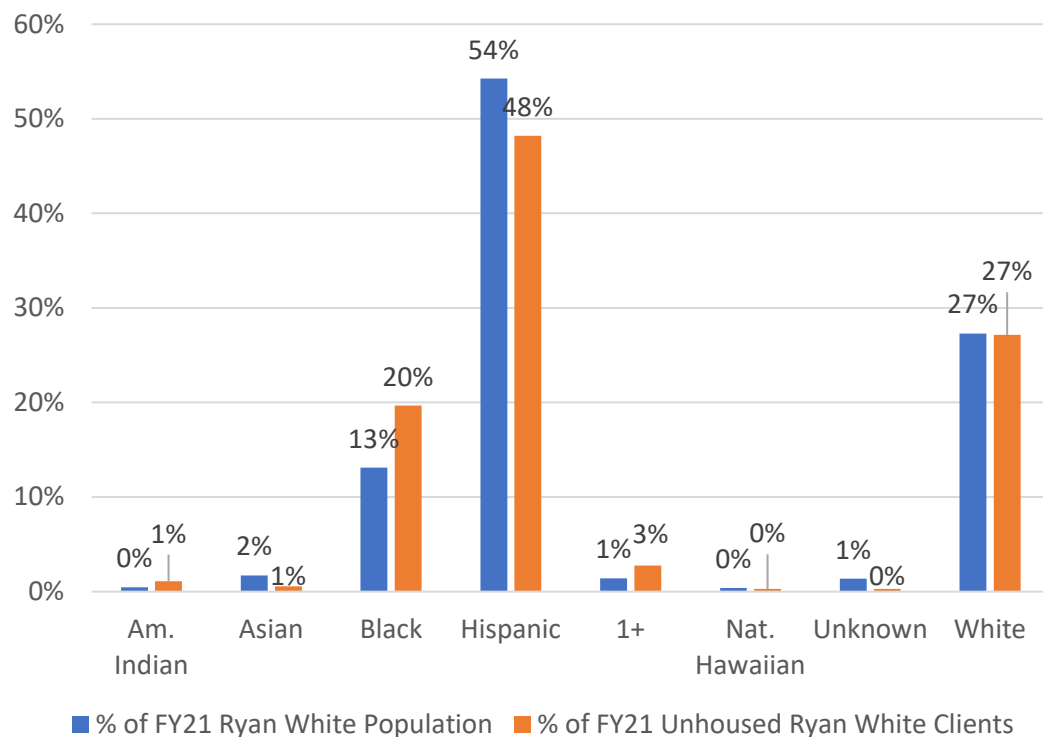




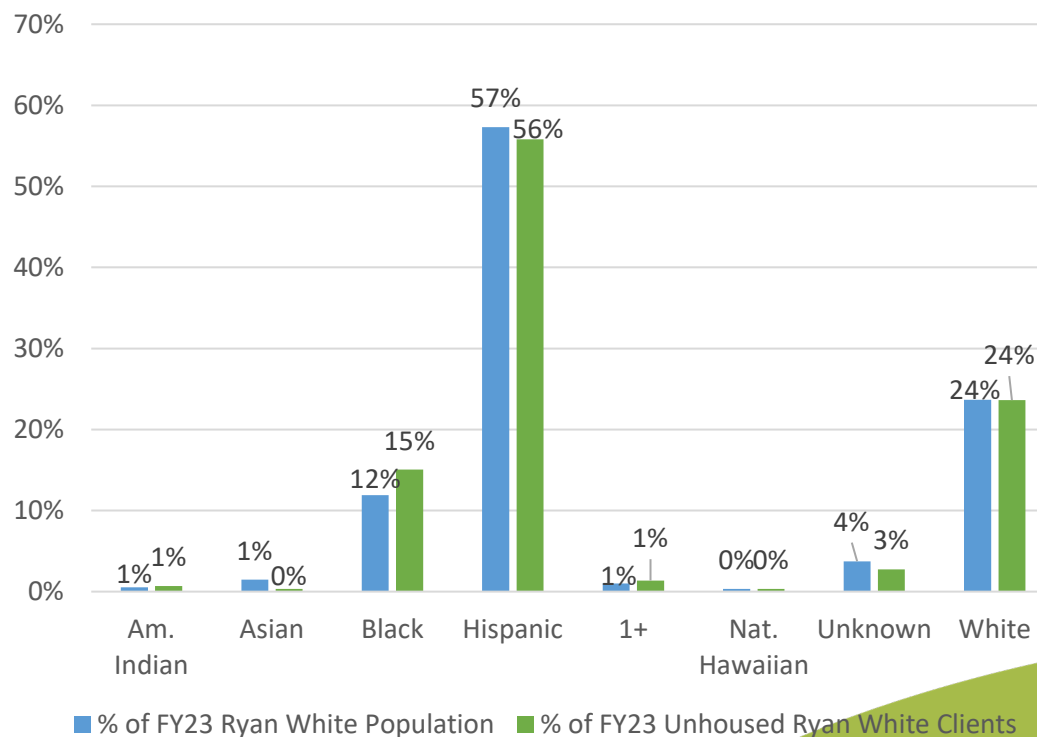
FY21 v. FY23 Ryan White Client Homelessness, by race

15

FY 2021



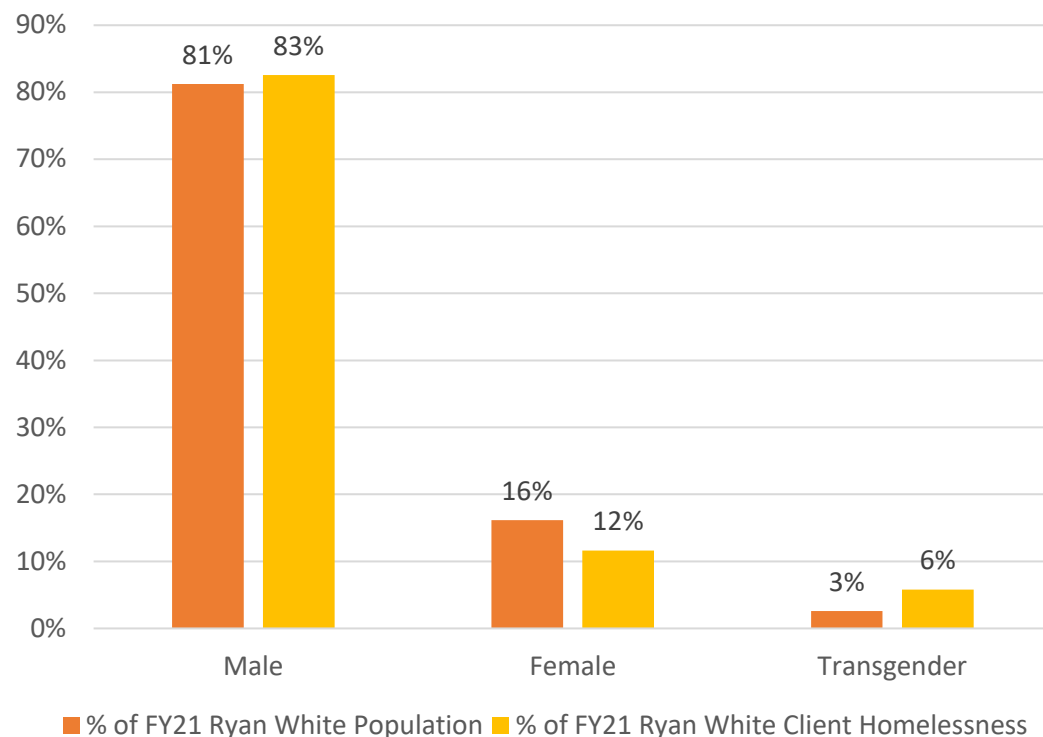
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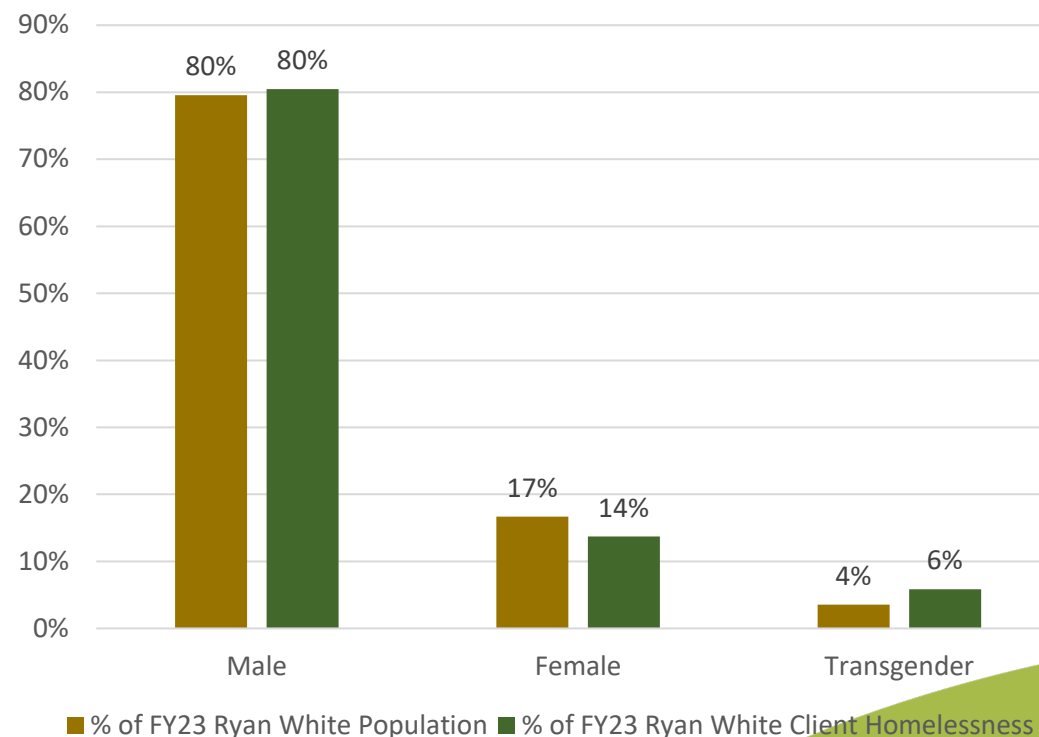
FY21 v. FY23 Ryan White Client Homelessness, by gender

16

FY 2021



FY 2023

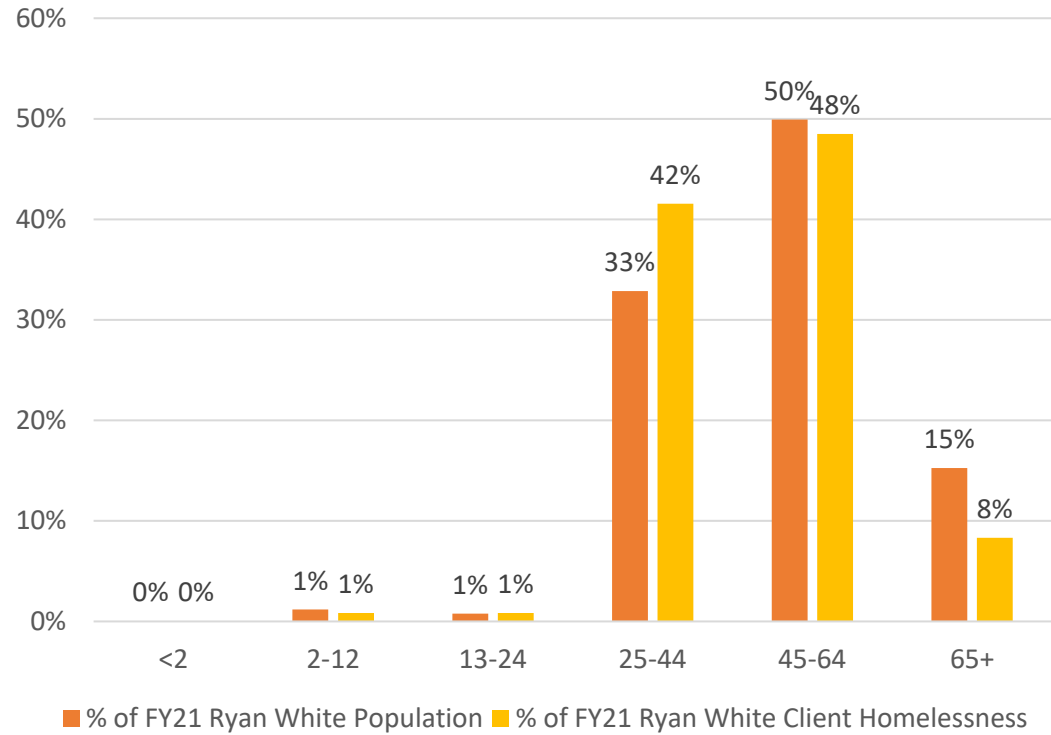




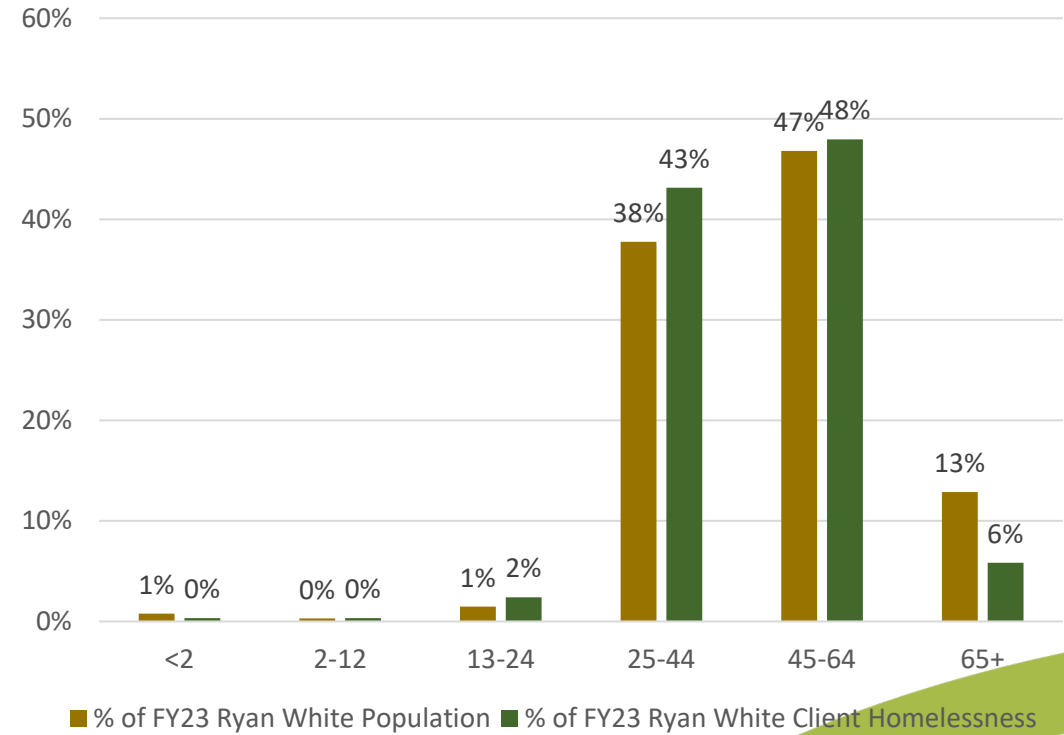
FY21 v. FY23 Ryan White Client Homelessness, by age

17

FY 2021



FY 2023





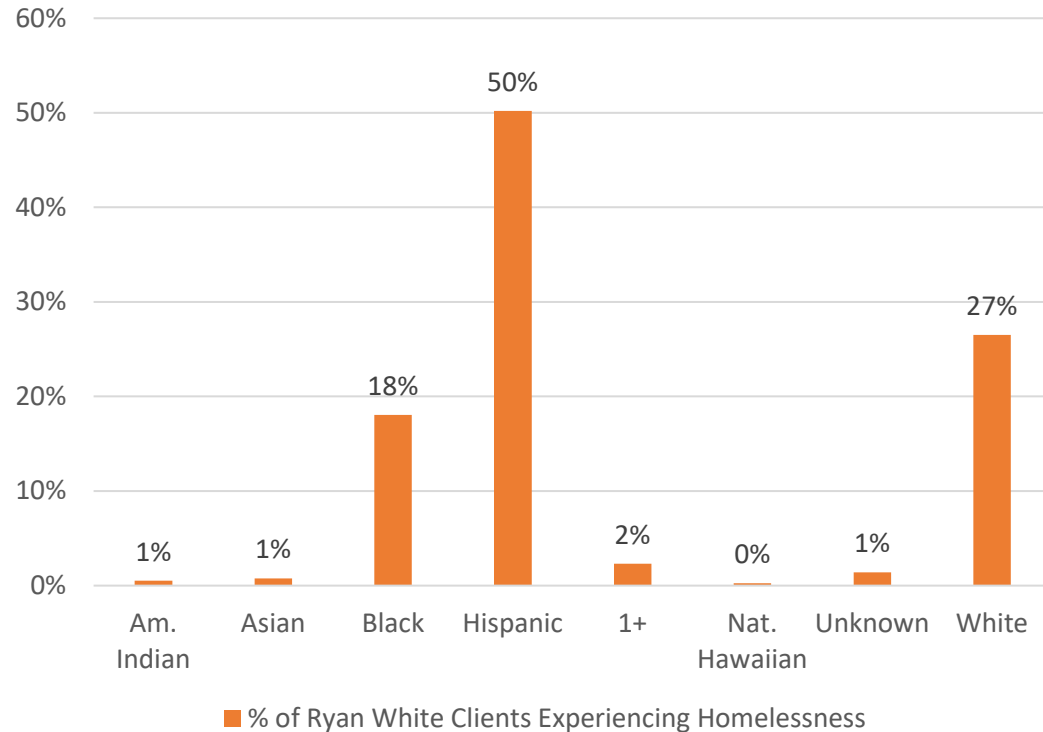
FY21-FY23 Ryan White Clients who Experienced Homelessness (n=781)

- Viral load suppression
 - VLS rate: **86%** (421/487)
 - No test on file: 294
- Years experiencing homelessness
 - Less than 1: 629 (81%)
 - Between 1 and 2: 119 (15%)
 - More than 2: 33 (4%)
- Most Recent living situation in ARIES
 - Stable: 20%
 - Temporary: 14%
 - Unstable: 66%

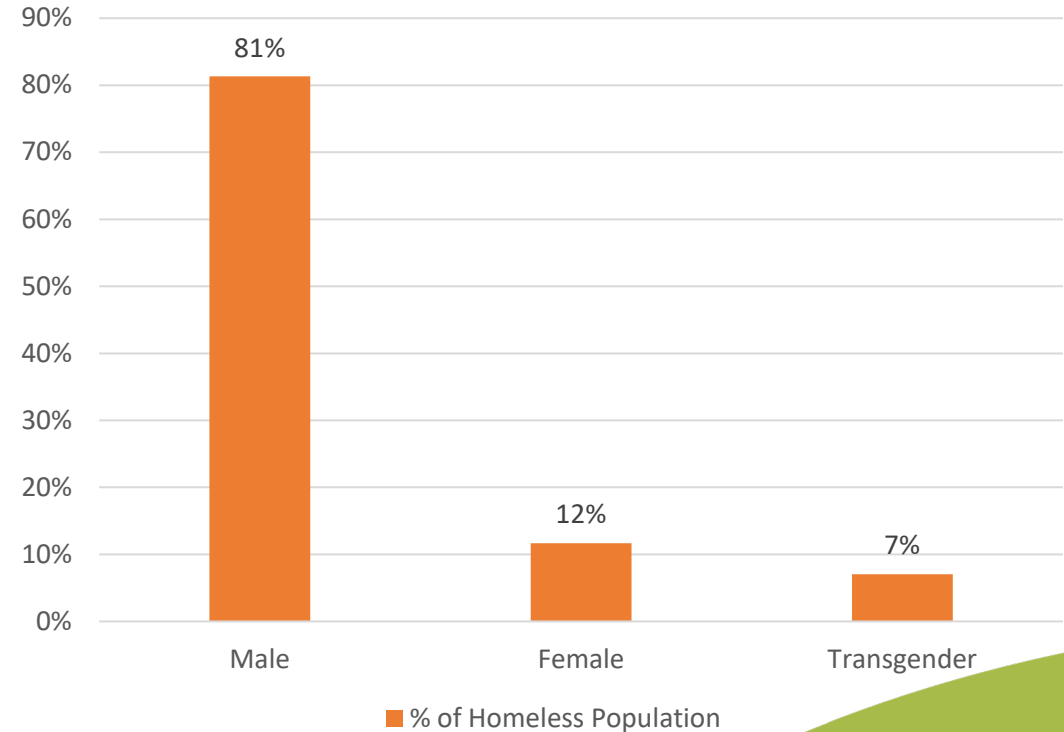


FY21-FY23 Ryan White Clients who Experienced Homelessness (n=781)

By race



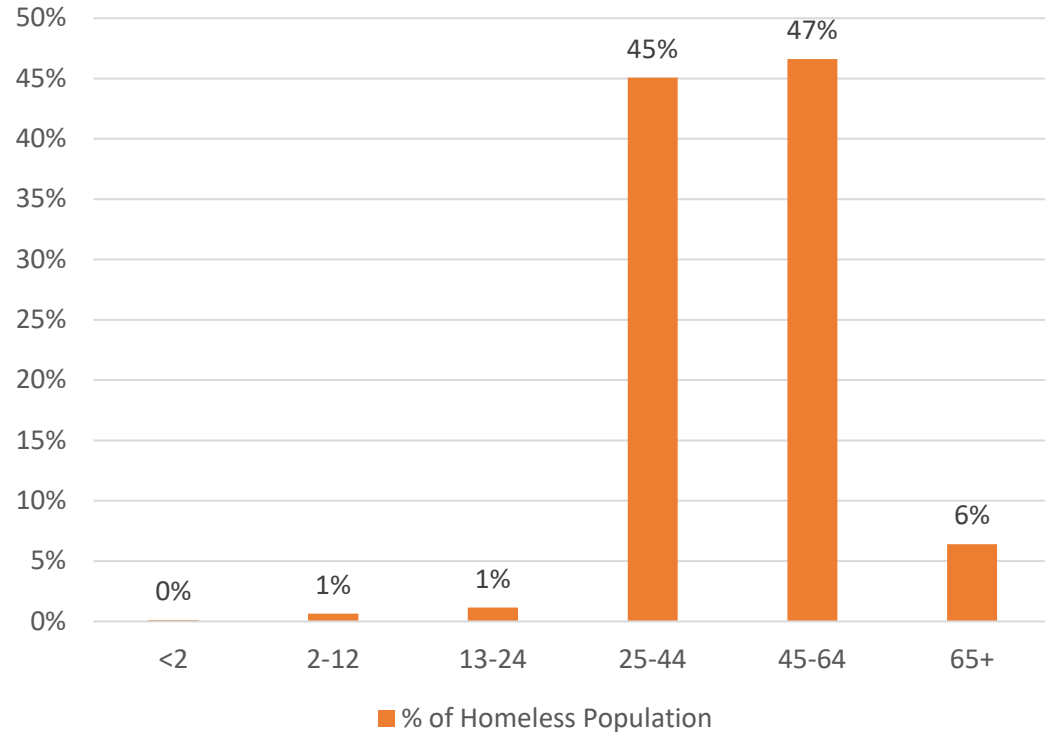
By gender





FY21-FY23 Ryan White Clients who Experienced Homelessness (n=781)

By age



FY21-FY23 Ryan White Client Homelessness

RW Year	# of Ryan White Clients	# of Unhoused Ryan White Clients	% of Ryan White Clients Unhoused
2021	3,454	361	10%
2022	3,409	282	8%
2023	3,418	292	9%

Race	FY21 Population	FY21 Homeless	FY22 Population	FY22 Homeless	FY23 Population	FY23 Homeless
Am. Indian	16	4	16	3	18	2
Asian	59	2	51	3	51	1
Black	453	71	438	45	407	44
Hispanic	1,874	174	1,915	151	1,958	163
1+	49	10	48	9	35	4
Nat. Hawaiian	13	1	10	0	12	1
Unknown	47	1	67	2	128	8
White	943	98	864	69	809	69
	3,454	361	3,409	282	3,418	292

Gender	FY21 Population	FY21 Homeless Population	FY22 Population	FY22 Homeless Population	FY23 Population	FY23 Homeless Population
Male	2,806	298	2761	223	2720	235
Female	558	42	532	32	570	40
Transgender	90	21	114	27	121	17
Other	-	-	2	0	7	0
	3,454	361	3409	282	3418	292

Age	FY21 Population	FY21 Homeless Population	FY22 Population	FY22 Homeless Population	FY23 Population	FY23 Homeless Population
<2	-	0	6	0	27	1
2-12	41	3	29	1	10	1
13-24	27	3	43	3	50	7
25-44	1,135	150	1234	134	1291	126
45-64	1724	175	1621	130	1600	140
65+	527	30	476	14	440	17
	3,454	361	3,409	282	3,418	292

Service Categories 1 – 5

(Excerpts from PCN-1602 and KF Service Eligibility Criteria and Service Guidelines)

Outpatient/Ambulatory Health Services

Priorities #1 & #2

Outpatient/Ambulatory Health Services are diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings include clinics, medical offices, and mobile vans where clients do not stay overnight. Emergency room or urgent care services are not considered outpatient settings. Allowable activities include:

- Medical history taking
- Physical examination
- Diagnostic testing, including laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription, and management of medication therapy
- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis

Program Guidance:

Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category whereas Treatment Adherence services provided during a Medical Case Management visit should be reported in the Medical Case Management service category.

Oral Health Care

Priority #3

Oral Health Care services provide outpatient diagnostic, preventive, and therapeutic services by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

Medical Case Management, including Treatment Adherence Services Priority #4

Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication). Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

In addition to providing the medically oriented services above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

Program Guidance:

- Medical Case Management services have as their objective improving health care outcomes whereas Non-Medical Case Management Services have as their objective providing guidance and assistance in improving access to needed services.
- Visits to ensure readiness for, and adherence to, complex HIV treatments shall be considered Medical Case Management or Outpatient/Ambulatory Health Services. Treatment Adherence Services provided during a Medical Case Management visit should be reported in the Medical Case Management service category whereas Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category.

Description:





Non-Medical Case Management Services (NMCM) provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. Non-Medical Case management services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, or health insurance Marketplace plans. This service category includes several methods of communication including face-to-face, phone contact, and any other forms of communication deemed appropriate by the RWHAP Part recipient. Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems

Program Guidance:

Non-Medical Case Management Services have as their objective providing guidance and assistance in improving access to needed services whereas Medical Case Management services have as their objective improving health care outcomes.

Excerpt from Key Findings document “Service Eligibility Guidelines and Service Criteria”

FY 24 Priority Rank/Category	Criteria	Limitations	Requires Referral
1.  Outpatient Ambulatory Health Services (Primary Care)	No additional guidelines	Emergency room or urgent care services are not considered outpatient settings. There are no annual limits on the number of services provided.	
2.  Medical Specialty	Must have a referral from Ryan White HIV Primary Care provider	Requests triaged based on medical necessity, HIV relatedness and urgency.	Medical provider
3.  Oral Health Care (Dental Care)		Primary dental services are available as medically necessary or as required to treat pain. Dental specialty is limited to procedures to support palliative and medically necessary dental care outside of primary dental care setting. Service specifically excludes dental implants (with four specific exceptions)	Dental provider for dental specialty service
4.  Medical Case Management Services	Limited to individuals who are unable to access or remain in HIV medical care as determined by medical care managers based on whether: <ul style="list-style-type: none"> • Client is currently enrolled in outpatient/ambulatory health services • Client is following his/her medical plan • Client is keeping medical appointments • Client is taking medication as prescribed 	Services are not intended for individuals who are able to access and remain in HIV medical care. Case is closed when all action items on the care plan are completed, and medical care is stabilized. There are no annual limits on the number of services provided.	
5. Non-Medical Case Management Services	Must demonstrate ability to access or remain in HIV medical care	Services are not intended for individuals who are unable to access or remain in HIV medical care. Case is closed when all action items on the care plan are completed, and medical care is stabilized. There are no annual limits on the number of services provided.	

2024 Training Plan

Month	Presentation / Training
January	<ul style="list-style-type: none"> ▪— Insurance Programs
February	<ul style="list-style-type: none"> ▪— Housing
March	<i>No meeting</i>
April	<ul style="list-style-type: none"> ▪— In depth review of 4-5 service categories
May	<ul style="list-style-type: none"> ▪— Robert's Rules of Order / Parliamentary Procedure (Dr. Delores Jacobs) ▪— In depth review of 4-5 service categories
June	<ul style="list-style-type: none"> ▪— Epidemiology data (using to make decisions) (Dr. Ken Riley) ▪— Expenditure Sheets and budget sheets (Dr. Ken Riley)
July	<ul style="list-style-type: none"> ▪— Happyville exercise / "Another Day in Happyville" (Dr. Ken Riley) ▪— In depth review of 4-5 service categories
August	<i>None, due to weekly HPG meetings</i>
September	<ul style="list-style-type: none"> ▪— HPG Bylaws Training / Ryan White (Lauren Brookshire)
October	<ul style="list-style-type: none"> ▪ In-depth review of the 4-5 service categories (Dr. Ken Riley) ▪ Data on people experiencing homelessness and living with HIV
November	<ul style="list-style-type: none"> ▪ Ryan White Program (Maritza Herrera) ▪ Dental services ▪ Transportation ▪ In-depth review of the 4-5 service categories
December	<ul style="list-style-type: none"> ▪ None

Topics without a set date

- HIV Prevention topics (include in several trainings)
- Conflict of interest

DR. A. BRAD TRUAX AWARDS

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CALL FOR NOMINATIONS

35th Annual Dr. A. Brad Truax Awards

EXTENDED!

Due Sunday, October 20th, 2024

Each year, the **San Diego HIV Planning Group** recognizes individuals who have served the community and made outstanding contributions to the fight against the HIV/AIDS epidemic. We extend a cordial invitation to all community members to partake in the submission of nominations.

The Selection Committee, composed of former Dr. A. Brad Truax Award winners, will select one individual to receive the Dr. A. Brad Truax Award. The awards will be presented at a reception honoring all nominees on **Friday, December 6, 2024**.

From all nominations, awards are given in three (3) service categories:

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

Nomination Procedure:

- Submit the **Nomination** through google forms.
- Attach relevant supporting information.
- All nominations are due **by Sunday October 13, 2024**.



Scan the
QR Code

For any additional support please contact
HPG.HHSA@sdcounty.ca.gov with the subject line:
"Truax Nomination"



Or visit
<https://bit.ly/4dLerkk>



TO LEARN MORE, VISIT SDPLANNING.ORG

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

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

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

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

ADDITIONAL REQUIREMENTS FOR A MEMBER PARTICIPATING REMOTELY:

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

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

AB 2449 Checklist

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

Procedures for Public Participation

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

Procedures for Member to Teleconference from a Remote Location

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

Procedures for the Board/Commission/Committee/Group

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

TELECONFERENCING RULES UNDER THE BROWN ACT

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