

SAN DIEGO HIV PLANNING GROUP (HPG)



Thursday, November 21, 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

Thursday, November 21, 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:

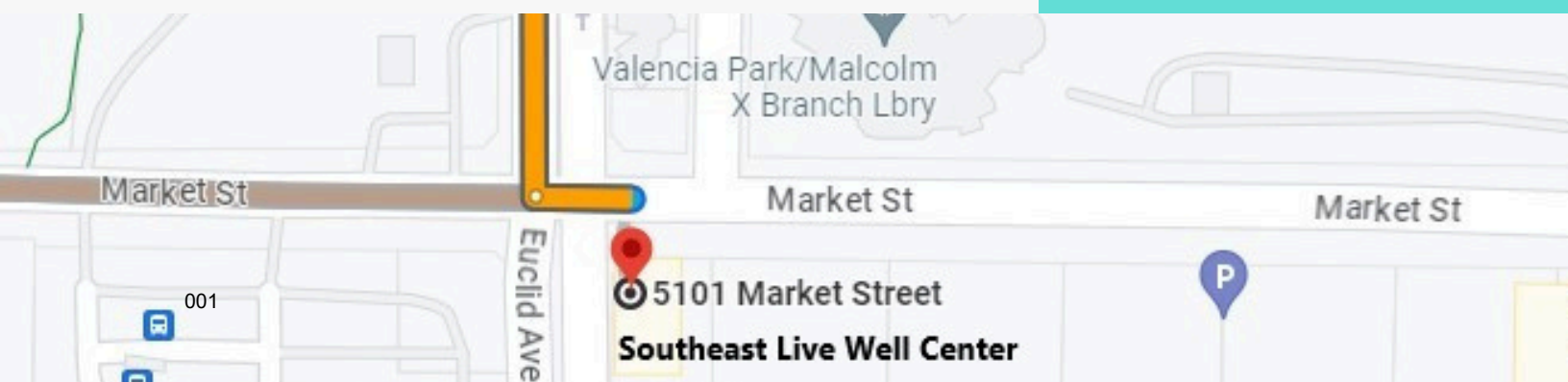
1. Head southeast on I-805 South.
2. Take exit 13A for CA-94-E/M L King Jr. Fwy.
3. Merge onto CA-94 E.
4. Take exit 4A for Euclid Ave.
5. Turn left onto Euclid Ave.
6. Use the left 2 lanes to turn left onto Market St.
7. The destination will be on your right.



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.

HPG CONFLICT OF INTEREST (COI) SHEET

	Davenport, Beth	Garcia Bigley, Felipe	Grelotti, David J.	Ignalino, Ben	Nava, Veronica	Spector, Stephen A.	Van Brocklin, Rhea
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, Cinnamon
Lochner, Michael
Miles, Skyler

Price, Venice
Rooney, Ivy
Weber, Jeffery

West, Abigail
Wimpie, Michael
Yancey, Adrienne

SAN DIEGO HIV PLANNING GROUP (HPG)



Thursday, November 21, 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 eleven (11).

HPG Members: Marco Aguirre Mendoza | Beth Davenport | Michael Donovan | Tyra Fleming | Felipe Garcia-Bigley | David Grelotti | Ben Ignalino | Lori Jones | Cinnamen Kubricky (Vice-Chair) | Michael Lochner (Chair) | Skyler Miles | Veronica Nava | Venice Price | Ivy Rooney | Stephen Spector | Rhea Van Brocklin | 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, introductions, moment of silence
3. Matters from the Vice-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 November 21, 2024
7. Old Business:
 - a. None
8. New Business:
 - a. **ACTION** (*Membership Committee*): Approve HPG appointments
 - b. **ACTION:** Reallocations for FY 24 (March 1, 2024 – February 28, 2025)
 - c. **ACTION** (*Medical Standards and Evaluation Committee*): Approve Outpatient/ Ambulatory Services Standards
9. Routine Business:
 - a. **ACTION:** Approval of consent agenda for November 21, 2024 which includes:
 - i. Approval of HPG minutes from October 23, 2024

SAN DIEGO HIV PLANNING GROUP (HPG)

ii. Acceptance of the following committee minutes:

Steering Committee	September 17, 2024
Membership Committee	September 11, 2024
Priority Setting and Resource Allocation Committee	None
Medical Standards and Evaluation Committee	June 11, 2024
Community Engagement Group	None
Strategies and Standards Committee	None

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

<i>CARE Partnership</i>	<i>September 16, 2024</i>
<i>Housing Committee</i>	<i>None</i>

iii. Committee Reports

1. HPG committees
2. State Office of AIDS (OA) and AIDS Drug Assistance Program (ADAP) – Abigail West
3. Housing Committee Report – none

iv. California HIV Planning Group (CHPG) – tabled

v. Administrative budget report

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

11. HPG Support Staff Updates

12. Announcements

13. Adjournment

Next Meeting Date: **Wednesday, December 18, 2024, at 3:00 PM – 5:00 PM**

Location: Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Rooms A and B) and via Zoom.



County of San Diego

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SAN DIEGO HIV PLANNING GROUP (HPG) ACTION ITEM INFORMATION SHEET

RECOMMENDATION FOR APPOINTMENT TO THE HIV PLANNING GROUP

DATE: November 21, 2024

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

BACKGROUND: On November 13, 2024, the Membership Committee recommended Eva Matthews for HPG membership.

RECOMMENDATION:

Action Item (*Membership Committee*): Approve Eva Matthews to the HPG Seat #19 – Social Service Provider, including providers of housing and homeless services.

Biographical information: Eva Matthews

Eva Matthews has been a committed advocate for HIV care and prevention, serving as the Chief Executive Officer (CEO) of Mama's Kitchen since January 2024. She leverages her leadership role as a platform for bringing about positive change. Before this, she dedicated over nine years to Family Health Centers of San Diego, focusing on HIV care and prevention. Eva's professional journey reflects her unwavering commitment to improving health outcomes, particularly for HIV-impacted communities.

Eva is interested in joining the HPG to stay connected to the collaborative landscape of HIV care in San Diego and have a unique opportunity to contribute. Her administrative leadership and direct service experience provide a broad and in-depth perspective. This, combined with her familiarity with HPG's role in setting county-level priorities and allocating funds, makes her an asset to the Planning Body. Eva has recently attended two HPG meetings and a committee meeting, further enhancing her understanding of its responsibilities. At Mama's Kitchen, she plans to leverage the organization's client advisory group and strong relationships with community members to promote HPG activities. Her widespread connections with medical and social service organizations, many linked to HIV services, will serve as a bridge to key stakeholders.

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



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SAN DIEGO HIV PLANNING GROUP (HPG) ACTION ITEM INFORMATION SHEET

RECOMMENDATIONS FOR REALLOCATION FOR FY 24-25 (03-01-2024 TO 02-28-2025)

November 19, 2024

ITEM: Approve the Priority Setting and Resource Allocation Committee (PSRAC) recommendations for reallocating Part A funds in fiscal year 2024-2025. The committee made this recommendation at its November 14, 2024 meeting.

BACKGROUND:

The HIV, STD, and Hepatitis Branch (HSHB) is seeing high utilization of Outpatient Ambulatory Health Services: Primary Care. We are recommending an increase to avoid any future potential interruption of the availability of this key service.

The reduction to Non-Medical Case Management for Housing, Housing: Location, Placement and Advocacy Services, and Psychosocial Support Services is recommended because these service categories will not be deployed until FY25. The savings identified can be deployed to meet the high utilization of Outpatient Ambulatory Health Services: Primary Care.

RECOMMENDATIONS:

1. **Action Item:** Decrease Non-Medical Case Management for Housing by **\$200,000** from **\$200,000** to **\$0**.
2. **Action Item:** Decrease Housing: Location, Placement and Advocacy Services by **\$100,000** from **\$100,000** to **\$0**.
3. **Action Item:** Decrease Psychosocial Support Services by **\$28,940** from **\$28,940** to **\$0**.
4. **Action Item:** Increase Outpatient Ambulatory Health Services: Primary Care by **\$328,940** from **\$1,102,630** to **\$1,431,570**.

This recommendation comes to the HPG as a second motion, open for discussion.



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SAN DIEGO HIV PLANNING GROUP (HPG)

ACTION ITEM INFORMATION SHEET

RECOMMENDATIONS FOR RE-ALLOCATION FOR FY 24-25 (03-01-2024 TO 02-28-2025)

DATE: November 21, 2024

ITEM: Approve the Recipient recommendations for re-allocating Part A funds in fiscal year 2024-2025.

BACKGROUND:

The HIV, STD, and Hepatitis Branch (HSHB) is seeing high utilization of Outpatient Ambulatory Health Services: Primary Care. We are recommending an additional increase to the seconded motion made at the Priority Setting and Resource Allocation Committee on November 14, 2024, to avoid potential interruption of the availability of this key service.

After reviewing expenditure trends, we recommend that funding be reduced in Peer Navigation, Mental Health and Home-Based Health Care Coordination. The allocations to these service categories can be reduced without impacting the availability of services. The savings identified can be deployed to meet the high utilization of Outpatient Ambulatory Health Services: Primary Care.

RECOMMENDATIONS:

1. **Action Item:** Decrease Peer Navigation by **\$46,800** from **\$260,000** to **\$213,200**.
2. **Action Item:** Decrease Mental Health by **\$81,000** from **\$810,000** to **\$729,000**.
3. **Action Item:** Decrease Home Based Health Care Coordination: by **\$73,120** from **\$228,500** to **\$155,380**.
4. **Action Item:** Increase Outpatient Ambulatory Health Services: Primary Care by **\$200,920** from **\$1,431,570** to **\$1,632,490**.



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SAN DIEGO HIV PLANNING GROUP (HPG) MEDICAL STANDARDS AND EVALUATION COMMITTEE (MSEC)

ACTION ITEM INFORMATION SHEET APPROVE OUTPATIENT/AMBULATORY HEALTH SERVICES STANDARDS

DATE: November 21, 2024

ITEM: Approve the attached revised *Outpatient/Ambulatory Health Services Standards*, as recommended by the Medical Standards and Evaluation Committee (MSEC).

BACKGROUND:

To ensure that HIV/AIDS primary and medical specialty care is accessible and to enable adherence to treatment plans, consistent with the US Public Health Services Guidelines, the Outpatient/Ambulatory Health Service Standards are reviewed every three years. The MSEC reviewed and recommended updates to the *Outpatient/Ambulatory Health Services Standards* at its November 12, 2024 meeting.

RECOMMENDATION:

Approve the attached revised *Outpatient/Ambulatory Health Services Standards*.

This recommendation comes to the HPG as a seconded motion, open for discussion.

Outpatient/Ambulatory Medical Care Services

Service Category Definition

Outpatient/ambulatory health services (OAHS) are diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include clinics, medical offices, mobile vans, and urgent care facilities for HIV-related visits. Emergency department visits are not considered outpatient settings. See **Appendix 1: 2020 RWPCP Provider Handbook** for a list of provider locations.

Primary activities for OAHS include:

- Medical history taking
- Physical examination
- Diagnostic testing (including HIV confirmatory and viral load testing), as well as laboratory testing
- Treatment and management of physical and mental/behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment (by referral if pediatric services are not available onsite)
- Prescription and management of medication therapy
- Early intervention and risk assessment
- Continued care and management of chronic conditions
- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis, including audiology and ophthalmology
- Telehealth

Primary medical care for the treatment of HIV includes the provision of care that is consistent with the United States (US) Public Health Service (PHS)'s Clinical Guidelines and the San Diego HIV Planning Group Practice Guidelines for the Primary Medical Care of Persons Living with HIV/AIDS. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies. Current PHS guidelines are available online at <https://clinicalinfo.hiv.gov/en/guidelines>. Current Practice Guidelines for the Primary Medical Care of Persons Living with HIV/AIDS are available online at <https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/hiv-planning-group/Practice%20Guidelines%20-%202023%20Revision%20-%20Final%2011.16.23.pdf>.

Diagnostic testing includes only testing procedures and applications as approved by the Health Resources and Services Administration (HRSA) for funding under the Ryan White Act. The policy describing the use of Ryan White Act Program funds for HIV diagnostics and laboratory tests is available online at <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/hivdiag-test-pn-0702.pdf>.

Purpose and Goals

The goal of OAHS is to ensure accessible HIV/AIDS primary and medical specialty care and to enable adherence to treatment plans, that is consistent with the US PHS Guidelines. In addition, OAHS are designed to interrupt or delay the progression of HIV disease, prevent, and treat opportunistic infections, prevent onward transmission of HIV, and promote optimal physical and mental health. All services and interventions must be based on proven and evidence-based clinical methods and in accordance with legal and ethical standards. The services delivered shall reflect a philosophy of service delivery that affirms a patient's right to privacy, confidentiality, self-determination, nondiscrimination, compassionate and non-judgmental care, dignity, and respect.

The service standards are provided to ensure that San Diego County's Ryan White-funded OAHS:

- Are accessible to all persons living with HIV/AIDS (PLWH) who meet eligibility requirements
- Promote continuity of care, patient monitoring, and follow-up

- Enhance coordination among service providers to eliminate duplication of services
- Provide opportunities and structure to promote patient and provider education
- Maintain the highest standards of care for patients
- Protect the rights of PLWH
- Increase patient self-sufficiency and quality of life
- Provide a framework to foster ethical and nondiscriminatory practices

Intake

Patient intake is required for all patients who request OAHS and shall be initiated at the time a patient presents for services. Intake is a time to gather registration information and provide basic information about OAHS and other HIV services, as appropriate. It is also a pivotal moment for establishment of trust and confidence in the care system. Practitioners shall provide an appropriate level of information that is helpful and responsive to patient need. Medical care provider staff shall conduct the patient intake with respect and compassion.

If a patient is receiving multiple Ryan White services with the same provider, intake need only be conducted one time. *With the exception of Releases of Information specific to medical information and Mental Health Consent for Treatment*, it is acceptable to note that eligibility, registration, and required documents discussed in this section were verified and exist in another patient service record at the same provider agency.

1. **Timeframe.** Intake and antiretroviral therapy (ART) shall take place as soon as possible, especially for those who are newly diagnosed with HIV. If there is an indication that the patient may be facing imminent loss of medication or is facing other forms of medical crisis, the intake process will be expedited, and appropriate intervention may take place prior to formal intake.
2. **Eligibility Determination.** The provider shall obtain the necessary information to establish the patient's eligibility. This includes verifying documentation of the patient's HIV status, lack of medical care coverage, income, and residency within San Diego County.
3. **Demographic Information.** The provider shall obtain the appropriate and necessary demographic information to complete registration. This includes basic information about the patient's HIV medical history, living situation, employment and financial status, service linkages, and emergency contact information. Based on this information, the provider may also determine the patient's share-of-cost for services.
4. **Provision of Information.** The provider shall provide information to the patient about the medical services they are receiving. The provider shall also provide the patient with information about resources, care, and treatment, which is available at https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/hiv_std_hepatitis_branch/hiv_aids_care_and_treatment_services.html.
5. **Required Documentation.** The following forms shall be provided in accordance with state and local guidelines and shall be signed and dated by each patient:
 - a. **County Electronic Reporting System Consent:** Patients shall be informed of the County electronic reporting system (CERS). The CERS consent must be signed at intake prior to entry into the CERS database and as required by the County thereafter. The signed consent form shall indicate: 1) whether the patient agrees to the use of the CERS in recording and tracking their demographic, eligibility, and service information and 2) whether the patient agrees to share select information contained in the CERS with other agencies in the Ryan White system of care.
 - b. **Confidentiality and Release of Information:** When discussing patient confidentiality, it is important not to assume that the patient's family or partner knows about the HIV-positive status of the patient. Part of the discussion about patient confidentiality should include inquiry about how the patient wants to be contacted (e.g., at home, at work, by mail, by phone). If there is a need to disclose information about a patient to a third party, including family members, patients shall be asked to sign a Release of Information form, authorizing such disclosure. A Release of Information form describes the situations under which a patient's information can be released and includes the name of the agency

and/or person with whom information will be shared, the specific information to be shared, duration of the release consent, and the patient's signature. This form may be signed at intake prior to the actual need for disclosure. Releases of information may be cancelled or modified by the patient at any time. For agencies and information covered by the Health Insurance Portability and Accountability Act (HIPAA), the Release of Information must be a HIPAA-compliant disclosure.

- c. **Consent for Treatment:** This form shall be signed by the patient, agreeing to receive medical care services/treatment.
- d. **Notice of Privacy Practices (NPP):** Patients shall be informed of the provider's policy regarding privacy rights based on the provider's confidentiality policy. For agencies and information covered by HIPAA, providers shall comply with HIPAA guidelines and regulations for confidentiality.
- e. **Client Rights and Responsibilities:** Patients shall be informed of their rights and responsibilities.
- f. **Client Grievance Process:** Patients shall be informed of the grievance process. Grievance appeals specifically related to medical, clinical, and/or HIPAA issues should be filed first with the agency where the client is receiving services. Issues that the client would like to elevate and/or are not addressed to the client's satisfaction by the agency should be directed to the County of San Diego HIV, STD, and Hepatitis Branch (HSHB).

Key Service Components and Activities

Key service components and activities include the following:

Medical Evaluation: Proper assessment/evaluation of patient need is fundamental to medical care services. OAHs providers shall provide a thorough evaluation of all patients to determine the appropriate level of care and to develop a therapeutic treatment plan. Each patient living with HIV who is entering into care should have a complete medical history, physical examination, laboratory/diagnostic evaluation, and counseling regarding the implications of HIV infection. The purpose is to confirm the presence of HIV infection, obtain appropriate baseline historical and laboratory data, assure patient understanding about HIV infection, and initiate care as recommended by the Practice Guidelines for the Primary Medical Care of Persons Living with HIV/AIDS, which are available at <https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/hiv-planning-group/Practice%20Guidelines%20-%202023%20Revision%20-%20Final%2011.16.23.pdf>. Baseline information then is used to define management goals and plans.

Psychosocial and Mental Health Assessment: Patients living with HIV infection must often cope with multiple medical and psychosocial issues that are best addressed through a multidisciplinary approach to the disease. The evaluation must also include assessment of mental health, nutritional status, oral health, substance use, economic factors (e.g., unstable housing), social support, high-risk behaviors, and other factors that are known to impair the ability to adhere to treatment and that promote HIV transmission. Once identified, these factors should be managed accordingly. Psychosocial and mental health assessments shall be conducted by providers of OAHs annually. More details about the components of the psychosocial and mental health assessment are available in the https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/hiv-planning-group/00_Final%20Service%20Standards%20-%20%20Approved%20February%202022%2c%202023.pdf.

Treatment Provision: All medical care will be consistent with the US PHS treatment guidelines (<https://hivinfo.nih.gov/home-page>) and the Practice Guidelines for the Primary Medical Care of Persons Living with HIV/AIDS (<https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/hiv-planning-group/Practice%20Guidelines%20-%202023%20Revision%20-%20Final%2011.16.23.pdf>), and will be guided by the care needs expressed in the treatment plan. Practitioners shall be knowledgeable about outcome research and utilize clinically proven treatment for their patient's presenting problems. Medical treatment and the prescription of antiretroviral and prophylactic medications shall conform to the standards of care recognized within the general community and supported by published clinical research for the patient's condition.

Treatment provision is documented through progress notes, treatment plans, problem lists, and medication lists.

Medical Subspecialty Care. To fully comply with the PHS Guidelines, medical specialty services are provided by tertiary care providers for medical services that are beyond the scope of Ryan White outpatient/ambulatory primary medical care clinics. Specialty medical care services include the provision of outpatient infectious disease and other specialty medical care for issues related to HIV. A list of covered specialties is available at <https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/HIV,%20STD%20&%20Hepatitis%20Branch/Ryan%20White%20docs/RW%20Specialty%20Services%20Program%20Provider%20Manual.pdf> (see pages 3 and 4). Additional specialty care may be available if needed to meet less common HIV-related needs. Specific services include diagnostic testing, preventive care and screening, practitioner examination, medical history, and treatment of common physical and mental health conditions within the specialty.

OAHS providers are responsible for assessing a patient's need for specialty care and the urgency of the need, completing prior authorization as needed, and providing appropriate referrals as needed. Medical specialty care should be provided as soon as possible based on the severity and urgency of the need. Specialty care services are considered consultative and, as such, patients shall be referred back to the original outpatient/ambulatory clinic for ongoing HIV medical care.

Medical subspecialty care shall be limited to those services authorized by the County of San Diego HSHB specialty services provider. A prior authorization form authorizing medical specialty care services shall be completed for each specialty referral. A copy of the specialty referral, in addition to a copy of a signed prior authorization form, shall be retained in each patient's service record. All referrals to medical specialty care shall be tracked and monitored by both the referring provider and the medical specialty care administrator.

Standard	Measure
Staff ensures clients' eligibility and needs	Documentation of interviews and assessments for all potential clients utilizing a standard client eligibility screening tool
Staff maintains records of eligibility, intake, and assessments	Documentation of eligibility, intake, comprehensive assessments, individual care plans, and progress of clients in the medical record
	Maintain a single record for each client
Staff ensures clients are connected to the appropriate services when needed	Documentation of all services provided/offered to clients
	Completion of the Client Transition Plan for clients who are deemed ineligible for the Ryan White Primary Care Program or deemed ready to be transitioned out of certain services
Medical evaluation is performed at baseline and at follow-up visits in accordance with practice guidelines and clearly documented in the medical record	Annual quality assurance (QA) review of patient medical record
Psychosocial and mental health assessment is performed at baseline and annually thereafter and clearly documented in the medical record	Annual QA review of patient medical record to assess documentation of assessment, findings, and actions taken
General health assessment is performed and documented in the medical record	Documentation of general health assessment, findings, and actions taken

Standard	Measure
Treatment plan is in the medical record, includes all required elements, and is updated at each medical visit	Documentation of treatment plan and updates
Needs for medical specialty services are identified, and patients who require such services are linked to them within the appropriate timeframe	Documentation of need for medical specialty services and referral for services

Personnel Qualifications

Professional diagnostic and therapeutic services under this service category must be provided by one of the following clinicians licensed by the State of California and operating within the scope of their license:

- Physicians (MD/DO)
- Physician’s Assistant (PA)
- Nurse Practitioner (NP)

Other professional and non-professional staff may provide services appropriate for their level of training, education, and licensure as part of a care team in coordination with or under the supervision of a clinician in a manner consistent with State of California requirements for licensure or certification. These staff may include, but are not limited to:

- Nurses (RN, LVN/LPN)
- Medical assistants (MA)
- Pharmacists
- Pharmacy assistants
- Health educators

Any non-clinician staff providing services must be 1) supervised by a clinician; 2) hold current licensure as required by the State of California when applicable; 3) provide services appropriate for their level of training/education; and 4) be trained and knowledgeable about HIV.

All staff providing OAHS must have training appropriate to their job description and will provide services to those with HIV. Training should be completed within 60 days of hire. Topics should include:

- General HIV knowledge, such as HIV transmission, care, and prevention
- HIV counseling and testing
- Privacy requirements and HIPAA regulations
- Navigation of the local system of HIV care

Ongoing Training: Staff must also receive ongoing annual HIV training as appropriate for their position. Training may be any combination of 1) in-person, 2) articles, 3) home studies, or 4) webinars, and must be clearly documented and tracked for monitoring purposes.

Standard	Measure
Staff will meet minimum qualifications	Documentation of appropriate licensure and/or degrees
Staff will have clear understanding of job responsibilities	Documentation of current job descriptions on file that are signed by staff and appropriate supervisors
Staff are competent	Documentation of a training plan that includes specific topics, identification of the trainer, and a timeline for all newly employed staff

Assessment and Service Plan

Initial Assessment:

- 1. Medical Evaluation:** At the start of OAHS, a baseline medical evaluation must be conducted. This evaluation should be performed in accordance with HHS guidelines, HIV primary care guidelines, and the Practice Guidelines for the Primary Medical Care of Persons Living with HIV/AIDS, and must include the following components as described in the local guidelines:
 - a. Complete history, which includes general background, current/lifetime sexual history, current/lifetime substance use history, HIV care history, and general medical history
 - b. Review of symptoms and physical examination
 - c. Laboratory testing, which includes recommended baseline laboratory tests for PLWH, as well as testing for sexually transmitted infections (STIs) and tuberculosis
- 2. Psychosocial and Mental Health Evaluation:** At the start of OAHS, a baseline psychosocial and mental health evaluation must be conducted to determine the need for services to address psychosocial, mental health, and substance use issues. The initial assessment should include diagnoses and a treatment plan that is formulated with input from the client after reviewing the range of available services and recommended therapies.
- 3. HIV Education:** Patients should always be provided with information regarding the results of diagnostic tests, prognosis, risks and benefits of treatment, instructions on treatment management and follow-up, and treatment adherence. In addition, they should be given HIV risk reduction and prevention education.
- 4. Partner Services:** Partner Services is defined as a confidential service that provides a safe way for PLWH to tell their sexual or needle-sharing partners that they may have been exposed to HIV, to provide education and information about HIV, and to link to HIV testing. For clients who are not virally suppressed, information and counseling should be offered, and referrals made for clients according to established processes.
- 5. Referral/Linkage:** Clients requiring specialized care should be referred for and linked to such care, with documentation of that referral in the client file and available upon request. These services may include, but are not limited to, treatment adherence counseling, Ryan White Oral Health, Ophthalmology (if CD4<50 cells/mm³), case management (if eligible), medical nutrition therapy, clinical trials, mental health, substance abuse, and partner services (including HIV pre-exposure prophylaxis or PrEP). Providers should assess for transportation needs and ensure that transportation is available, using available services.
- 6. Documentation:** All patient contacts, findings, procedures, diagnoses, education, and other information pertinent to patient care must be recorded in the patient chart.

Treatment Plan:

OAHS providers should create an individualized treatment plan for each patient that identifies and prioritizes the patient's medical and psychosocial/mental health care needs and incorporates client input. All treatment plans must be signed and dated by a provider and should follow national and local guidelines, including review and reassessment of the plan at each care appointment.

Treatment Provision:

ART is recommended for all PLWH, regardless of CD4 count, and should be provided as soon as possible after diagnosis. Same-day treatment is encouraged when feasible and where available. If same-day treatment is offered, use of an integrase inhibitor-based regimen is recommended. Treatment regimens should be selected based on HHS guidelines, as stated in the Practice Guidelines for the Primary Medical Care of Persons Living with HIV/AIDS.

Standard	Measure
Baseline medical evaluation and reassessments are conducted in accordance with HHS guidelines and the Practice Guidelines for the Primary Medical Care of Persons Living with HIV/AIDS	Annual quality assurance (QA) review of patient medical record

Standard	Measure
Baseline psychosocial and mental health evaluation is conducted, and reassessments are conducted at least annually and more frequently if indicated.	Annual QA review of patient medical record
Practitioners shall document results and outcomes of visit	Signed and dated progress notes in patient medical record
Treatment plans must be completed and/or reviewed and revised at each routine medical visit and must be signed and dated by the medical care practitioner who completed the assessment/evaluation	Signed and dated treatment plan documented in patient medical record
Treatment is consistent with US PHS guidelines	Annual QA review of patient medical record

Transition and Discharge

Since medical care services are considered the most critical services to preserve a patient’s physical and psychological wellbeing throughout the lifespan and to prevent adverse health outcomes from HIV infection, closure from OAHS must be carefully considered, and reasonable steps should be taken to assure that patients in need of medical care continue to receive services. The process includes formal client notification regarding pending case closure and the completion of a case closure summary to be maintained in the client chart. That process is described in the **Universal Service Standards**. Disenrollment may occur for the following reasons:

- Client has died.
- Client requests to be disenrolled.
- Client enrolls in another primary care program.
- Client cannot be located within 120 days after repeated efforts, including attempted written, oral and personal contact.
- Client relocates outside of San Diego County.
- Client demonstrates repeated non-compliance or inappropriate behavior in violation of specific written policies of the provider, especially with regard to violation of confidentiality of other client information.
- Client is incarcerated longer than 30 days.
- Client does not qualify for OAHS based on eligibility requirements.

Eligible clients may reenroll in the Ryan White program at any time in most cases. For clients who were disenrolled because of inappropriate behavior or violation of specific written policies, reenrollment will be considered on a case-by-case basis.

Standard	Measure
Staff will document reasons for disenrollment in the client record	Documentation of reason for disenrollment
Staff will determine client eligibility for other programs and re-instatement in Ryan White Outpatient Ambulatory Care Services	Documentation of “inactive status” and maintenance of records and contact information to facilitate rapid re-enrollment, as appropriate

APPENDIX

National Online Resource on HIV/AIDS (HIVInfo) via National Institutes of Health (NIH):
<https://hivinfo.nih.gov/home-page>

Federally Approved Clinical Practice Guidelines for HIV/AIDS
<https://clinicalinfo.hiv.gov/en/guidelines>

San Diego County Practice Guidelines for the Care of Persons with HIV/AIDS:
<https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/hiv-planning-group/Practice%20Guidelines%20-%202023%20Revision%20-%20Final%2011.16.23.pdf>

Policy Notice 07-02: The Use of Ryan White HIV/AIDS Program Funds for HIV Diagnostics and Laboratory Tests Policy:
<https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/hiv-planning-group/Practice%20Guidelines%20-%202023%20Revision%20-%20Final%2011.16.23.pdf>

County of San Diego HIV, STD, and Hepatitis Branch HIV/AIDS Care and Treatment Services:
https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/hiv_std_hepatitis_branch/hiv_aids_care_and_treatment_services.html

HIV Service Standards for Ryan White Care and Treatment Services and Prevention Services:
https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/hiv-planning-group/00_Final%20Service%20Standards%20-%20%20Approved%20February%202022%2c%202023.pdf

San Diego County Ryan White Specialty Services Program – Provider Manual:
<https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/HIV,%20STD%20&%20Hepatitis%20Branch/Ryan%20White%20docs/RW%20Specialty%20Services%20Program%20Provider%20Manual.pdf>

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 OCT 2024
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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											
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		
Outpatient Ambulatory Health Services: Primary Care	1l	1	1,102,630.00	11%	-	1,102,630.00	11%	821,575.36	75%	281,054.64	
Outpatient Ambulatory Health Services: Medical Specialty	1l	2	195,000.00	2%	-	195,000.00	2%	83,910.58	43%	111,089.42	
Psychiatric Medication Management	1j	12	6,000.00	0%	-	6,000.00	0%	4,913.98	82%	1,086.02	
Oral Health	1k	3	160,940.00	2%	-	160,940.00	2%	100,947.48	63%	59,992.52	
Medical Case Management	1h	4	1,151,853.00	12%	-	1,151,853.00	12%	662,668.16	58%	489,184.84	
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%	579,309.03	49%	604,205.97	
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%	291,786.48	34%	558,720.52	
Non-Medical Case Management	2h	5	392,021.00	4%	-	392,021.00	4%	222,623.16	57%	169,397.84	
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF)	1c	13	993,157.00	10%	-	993,157.00	10%	572,685.80	58%	420,471.20	
Childcare Services	2a		-	0%	-	-	0%	-	0%	-	
Early Intervention Services: Regional Services	1c	14	810,000.00	8%	(20,000.00)	790,000.00	8%	448,344.98	57%	341,655.02	
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%	102,939.48	40%	157,060.52	

Ryan White Part A Allocations											
% Elapsed 67%											
Service Categories	HRSA Ranking	Priority Ranking	RW 2024-25 HPG Initial Allocation	%	HPG & Recipient Approved Actions +/-	RW 2024-25 HPG Adjusted Allocation	%	RW 2024-25 Year to Date Expenditure	RW 2024-25 Year-to-Date % Expenditure/Budget	RW 2024-25 Balance	Comments
Mental Health: Counseling/Therapy & Support Groups	1j	10	900,000.00	9%	(90,000.00)	810,000.00	8%	388,826.76	48%	421,173.24	
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%	169,564.07	54%	143,562.93	
Substance Abuse Services: Residential	2o	18	-	0%	-	-	0%	-	0%	-	
Home-based Health Care Coordination	1e	19	228,500.00	2%	-	228,500.00	2%	45,581.14	20%	182,918.86	
Transportation: Assisted and Unassisted	2g	20	122,830.00	1%	29,000.00	151,830.00	2%	88,431.94	58%	63,398.06	
Food Services: Food Bank/Home-Delivered Meals	2c	21	536,073.00	5%	-	536,073.00	5%	295,666.52	55%	240,406.48	
Medical Nutrition Therapy	1i	22	35,542.00	0%	-	35,542.00	0%	21,020.71	59%	14,521.29	
Legal Services	2i	23	285,265.00	3%	-	285,265.00	3%	173,471.56	61%	111,793.44	
Emergency Financial Assistance	2b	24	36,856.00	0%	25,000.00	61,856.00	1%	42,744.55	69%	19,111.45	
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%	5,117,011.74	52%	4,737,548.26	
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%	316,514.24	53%	276,668.76	
Housing: Emergency Housing			100,000.00		-	100,000.00	14%	84,340.74	84%	15,659.26	
Subtotal			693,183.00		-	693,183.00	100%	400,854.98	58%	292,328.02	
TOTAL			10,547,743.00		-	10,547,743.00		5,517,866.72	52%	5,029,876.28	

CORE and Support Sevcies Allocation Breakdown			
Total Allocation		Total Expenditure	Total Balance
CORE Medical Services		4,325,474.00	1,854,703.05
Support Services		5,200,146.00	2,553,905.21
TOTAL		9,525,620.00	4,408,608.26

Program: HIV Planning Group - Administrative Budget
Year: RW 2024

DETAILED INTERNAL BUDGET				
Budget Period: 03/01/2024 to 2/28/2025 CFD#: 93.914 Updated - 3/2024-10/2024 Expenditures for 11/2024 Meeting	% of Year Elapsed	66.7%		
	FY 24 Budget	YTD Total Expenditures	Expended	Remaining Balance
Personnel Expenses (Salary & Benefits)	\$ 307,705.26	\$ 294,974.51	95.86%	\$ 12,730.75
Interpreter Services	\$ 10,200.00	\$ 7,422.26	72.77%	\$ 2,777.74
Food	\$ 7,100.00	\$ 2,797.52	39.40%	\$ 4,302.48
Staff Training	\$ 250.00	\$ -	0.00%	\$ 250.00
Office Expenses	\$ 5,731.00	\$ 2,929.64	51.12%	\$ 2,801.36
Mileage and Gas Cards	\$ 7,100.00	\$ 2,838.94	39.99%	\$ 4,261.06
Zoom	\$ 750.00	\$ 3,220.07	429.34%	\$ (2,470.07)
WiFi (MiFi)	\$ 573.00	\$ 1,644.55	287.01%	\$ (1,071.55)
TOTAL PC BUDGET	\$ 339,409.26	\$ 315,827.49	93.05%	\$ 23,581.77

Ryan White Utilization Report

Summary of
Services for FY 24

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

HIV, STD and Hepatitis Branch



SAN DIEGO HIV PLANNING GROUP (HPG)



*Wednesday, October 23, 2024, 3:00 PM – 5:00 PM
Seville Plaza – Live Well Support Center
5469 Kearny Villa Rd, San Diego, CA 92123
(1st Floor, Training Room D)*

A quorum for this meeting is eleven (11).

HPG Members (15): Beth Davenport | Felipe Garcia-Bigley | David Grelotti | Ben Ignalino | Lori Jones | Cinnamen Kubricky (Vice-Chair) | Michael Lochner (Chair) | Skyler Miles | Veronica Nava | Ivy Rooney | Stephen Spector | Rhea Van Brocklin | Jeffery Weber | Michael Wimpie | Adrienne Yancey

HPG Members Absent (5): Marco Aguirre Mendoza | Michael Donovan | Tyra Fleming | Venice Price | Abigail West

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	Introductions were given by members and all in attendance in person and virtually. A moment of silence was observed.	
3. Matters from the Chair	Mikie Lochner made the following announcements: <ul style="list-style-type: none"> - Use microphone when speaking. - The November HPG meeting will be on Thursday, November 21. Staff sent a reminder; please add it to the calendars. Vice-Chair will lead the meeting. - October birthdays were acknowledged. 	
4. Public comment	Members of the public shared the following: <ul style="list-style-type: none"> - A concern about the social services sector experiencing significant issues, including lack of funding, leading to many clients being denied necessary services. - A concern about the amount of money allocated to mental health resources. 	
5. HPG Member Open Forum	HPG members shared the following: <ul style="list-style-type: none"> - A concern about rising housing costs and the unaffordability for Ryan White clients living with HIV, especially in Section 8. 	

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
	<ul style="list-style-type: none"> - Request for more information on County of San Diego harm reduction services, including data. - A concern about the amount of time the introductions take. - A concern about lack of services for the aging population living with HIV. They also shared their frustration with the Medi-Cal services. 	
<p>6. ACTION: Approve the HPG agenda for October 23, 2024</p>	<p>Motion: Approve the HPG agenda for October 23, 2024 Motion/Second/Count (M/S/C): Van Brocklin/Wimpie/12-0 Discussion: none Abstentions: Lochner Motion carries</p>	
<p>7. Member Recognition</p>	<p>Felipe Garcia-Bigley, Rhea Van Brocklin, Michael Wimpie, Michael Donovan, Dr. David Grelotti, Mikie Lochner, Cinnamen Kubricky, and Pam Highfill were recognized for their leadership roles.</p>	
<p>8. Old Business</p>	<p>None</p>	
<p>9. New Business</p>		
<p>a. Presentation: Whole Person Approach to Care Initiative – Lynn Carson</p>	<p>Lynn Carson presented on the Whole Person Approach to Care Initiative. The following additional items were noted:</p> <ul style="list-style-type: none"> - We are in year two of the initiative; it ends in August of 2026. - The contracted agency will provide Status Neutral Services (SNS). The advantage of SNS is being able to reach hard to reach populations and is an evidence-based approach. - The south region will be served by this initiative. 	
<p>b. Presentation: Recap of June 2024 HPG Retreat – Dasha Dahdouh</p>	<p>Dasha Dahdouh summarized the discussion held at the June 26, 2024 retreat. The following discussion was held:</p> <ul style="list-style-type: none"> - Consumers who are members of HPG and committees to help introduce new/incoming consumers to the planning process. - A need for simultaneous interpretation to Spanish. 	<p>Steering Committee will discuss the next steps in addressing the feedback received at the retreat.</p>

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
	<ul style="list-style-type: none"> - A recommendation for the Steering Committee to consider equipping English speakers with headsets to hear live interpretation as an opportunity to understand what it sounds like. - More peer-to-peer training opportunities. Many HPG members are new, and those who used to be involved in mentorship are no longer on HPG. - The length of time it takes to become a member. 	<p>The HPG Support Staff (SS) to send monthly updates to the new members awaiting appointment.</p>
<p>c. Review: In-depth review of the Mental Health Services category</p>	<p>Patrick Loose reviewed the Mental Health Services category. The following discussion was held:</p> <ul style="list-style-type: none"> - HPG does not provide oversight on any of the Medi-Cal managed care plans or the behavioral health programs that are provided under Medi-Cal or the substance use treatment. Section 8 is also not part of the County oversight. HPG does not advise the Housing and Community Development Services Department on the Section 8 program. - A client may be receiving services from multiple agencies that have different requirements for eligibility, which is frustrating and complicated. - Mental health is funded well and is not being used. If a client is enrolled in Medi-Cal, they are supposed to use that mental health benefit. What can we do with the Ryan White funding to ensure people have access to mental health care or nutrition support needs. - The new landscape is forcing us to learn new ways to navigate it. - There is a role for the Consumer Engagement Committee (CEG) to educate consumers and help them navigate the system. - A great opportunity for peer navigators with lived experience. - What are the requirements for the Medi-Cal seat, and can someone from San Diego fill it locally? 	<p>Send invite to case managers to attend and be here prior to the HPG meeting.</p>

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
	<ul style="list-style-type: none"> - Polyvalent community health workers can train and supervise others, provide services like blood pressure screenings. - Psychiatrist shortage is an issue. Integrated services are important. - It might be valuable to have case managers attend this meeting in the future. 	
d. Discussion: General member recruitment	<p>The following comments were shared:</p> <ul style="list-style-type: none"> - Incentives that aren't covered by Part A funds can be provided by community members. - A need to advocate at the State level to have these meetings virtually. 	
e. ACTION (<i>Membership Committee</i>): Approve HPG appointments	None	
f. ACTION (<i>Priority Setting and Resource Allocation Committee</i>): Reallocations for FY 24 (March 1, 2024 – February 28, 2025)	None	
10. Routine Business		
<p>a. ACTION: Approval of consent agenda for October 23, 2024 which includes:</p> <ul style="list-style-type: none"> i. Approval of HPG minutes from September 25, 2024 ii. Acceptance of the following committee minutes: Priority Setting and Resource Allocation Committee (June 6, 2024; June 13, 2024; July 11, 2024; July 18, 2024) Community Engagement Group (July 17, 2024) Strategies and Standards Committee (August 6, 2024) The following is for HPG information, not for acceptance: Housing Committee (July 17, 2024) 	<p>Motion: Approve consent agenda for October 23, 2024 M/S/C: Garcia-Bigley/Grelotti/14-0 Discussion: none Abstentions: Lochner Motion carries</p>	

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
iii. Committee Reports <ol style="list-style-type: none"> 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 <ol style="list-style-type: none"> v. Administrative budget report 		
11. HIV, STD, and Hepatitis Branch (HSHB) Report	<p>The Recipients' Office provided the following updates:</p> <ul style="list-style-type: none"> - We are at 70% expensed for the outpatient ambulatory health service standard. - The reallocations to the primary care category will be brought to the November HPG meeting. - Some underspent categories are due to salary savings related to staffing challenges. <p>The following comments were made:</p> <ul style="list-style-type: none"> - More resources are necessary in medical case management. - If a client chooses not to complete a Medi-Cal application, they can continue to receive services through Ryan White. - Primary care category does not include Part B funding. 	
12. HPG Support Staff Updates	None	
13. Announcements	<ul style="list-style-type: none"> - 35th Annual Dr. A. Brad Truax Award Ceremony and Reception, Friday December 6, 2024 at 3:00 PM – 5:00 PM at The Center. - HPG Orientation, Tuesday, November 5, 2024 at 2:00 PM – 4:00 PM, virtually. - A training on the Rural Health Toolkit, November 21, 2024 at 10:00 AM – 11:30 AM, virtually. More information at paetc.org. 	

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
	<ul style="list-style-type: none"> - Native Health Toolkit will be available via paetc.org soon. - UC San Diego is recruiting for We Rise study, an eight-week study with a compensation of \$80 for women 18 and older living with HIV. More information at 619-543-8080. 	
14. Adjournment	The meeting was adjourned at 5:05 PM.	
Next meeting date	Date: Thursday, November 21, 2024 Time: 3:00 PM – 5:00 PM Location: Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room A) and via Zoom	

STEERING COMMITTEE



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

A quorum for this meeting is four (4).

Members Present: Michael Donovan | Cinnamen Kubricky (Vice-Chair) | Mikie Lochner (Chair) | Rhea Van Brocklin | Michael Wimpie

Members Absent: Felipe Garcia-Bigley | Dr. Winston Tilghman

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 11:00 AM. All attendees introduced themselves. A moment of silence was observed.	
2. Public comment (for members of the public)	A member of the public expressed concern regarding the times of the meetings, the occasional change in meeting schedule, and the lack of people in attendance.	
3. Sharing our concerns (for committee members)	A member of the committee expressed the following concerns: <ul style="list-style-type: none"> - Clients with Blue Promise medical insurance have been informed that they are no longer covered at the Owen Clinic. - Section 8 housing has recently increased rent with little notice, impacting mental health among vulnerable populations. 	The Recipient's Office to look into the process for notifying clients when there are Medi-Cal changes, including reaching out to the providers and notifying clients.
4. ACTION: Approve the Steering Committee agenda for September 17, 2024	Motion: Approve the Steering Committee agenda for September 17, 2024 as presented. Motion/Second/Count (M/S/C): Van Brocklin/Kubricky/4-0 Abstentions: Lochner Motion carries	
5. ACTION: Approve meeting minutes from June 18, 2024	Motion: Approve meeting minutes for June 18, 2024 as presented. M/S/C: Kubricky/Lochner/4-0 Discussion: A member of the public expressed concern about not being able to access the materials before the meeting. Abstentions: Lochner	

STEERING COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	Motion carries	
6. ACTION: Approve the HIV Planning Group agenda for September 25, 2024	<p>Motion: Approve the HIV Planning Group (HPG) agenda for September 25, 2024 with a removal of item 9f (approval of FY 25 priority rankings). M/S/C: Van Brocklin/Wimpie/4-0 Discussion: A member of the public recommended the committee consider reviewing the Partial Assistance Rental Subsidy (PARS) program. It was recommended that this discussion take place the next Priority Setting and Resource Allocation Committee (PSRAC) meeting. Abstentions: Lochner Motion carries</p>	HPG Support Staff (HPG SS) to remove item 9f.
7. Committee reports and recommendations	None	
8. Old Business		
a. HPG Retreat – recap	<p>The committee reviewed the main discussion points from the HPG Retreat and noted the following:</p> <ul style="list-style-type: none"> - Not have meetings at the Medical Examiner’s Office in the future. - Is there a plan to begin addressing the discussion and feedback from the retreat? - Meetings are not consumer friendly; how do we shift the focus on the needs of the community? - Survey on topics among members and the community. - Better direction on expectations is needed. <p>Members of the public commented:</p> <ul style="list-style-type: none"> - HPG members with longer experience in their seats may consider being more hands on with newer members to give guidance and walkthroughs. - More regular monthly meetings are needed, and it is recommended that all individuals receiving Ryan White services receive travel reimbursement to attend all meetings. - Outreach to disadvantaged communities. - Address these issues also with the Community Engagement Group and the Membership Committee. 	HPG SS will place the topic on the next Steering Committee agenda for further discussion and recommendations.
9. New Business		

STEERING COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
<p>a. Discussion: Interpreting AB 2449 and the use of Just Cause and Emergency Circumstance for virtual attendance</p>	<p>Mikie Lochner reviewed the expectations and the rules set in place by the AB 2449, which sunsets on December 31, 2025. The HPG decided Abigail West is currently the only exception as the state does not allow travel to meetings. She is allowed to join the meeting virtually and must make her meeting space available to the public. Her meeting address is displayed at the top of the HPG agenda. This exception is part of the original AB 2449 rules.</p> <p>There was a discussion regarding considering a two-part meeting structure with the first part being more of a townhall/social structure and the second part being more formal and following the guidelines of the Brown Act.</p>	
<p>b. ACTION: Review, update and approve the Mileage Reimbursement Form</p>	<p>The committee discussed and made the following recommendations:</p> <ul style="list-style-type: none"> - Include a time in and time out. - Include amount of time attendee is expected to attend the meeting. <p>Add to the November Steering Committee agenda.</p>	<p>HPG SS to make the recommended changes and bring the form to the November meeting for review and approval.</p>
<p>c. ACTION: Approve the purchase of HPG promotional items</p>	<p>Motion: Approve the amount of \$1,000 spending out of the administrative budget on HPG promotional items.</p> <p>M/S/C: Van Brocklin/Donovan/4-0</p> <p>Abstentions: Lochner</p> <p>Motion carries</p>	<p>HPG SS will order the promotional material.</p>
<p>d. Review: Board Letter to Authorize Acceptance of HIV Services Grant Funding and Applications for Future Funding Opportunities</p>	<p>Lauren Brookshire reviewed the Board Letter which will go forward to the HPG at the September 25, 2024 meeting.</p>	<p>HPG SS to forward the Letter to the HPG for approval at the September 25 meeting.</p>
<p>e. Report: Assessment of the Administrative Mechanism (AAM)</p>	<p>Dasha Dahdouh reviewed the draft report of the AAM. The committee recommended clarifying the timeframe between procurement and contract.</p>	<p>Forward to the HPG at the September 25, 2024 meeting.</p>

STEERING COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
f. Public comments/HPG member comments/Suggestions to the Steering Committee from previous HPG meeting(s)	HPG SS reviewed the comments and topic suggestions for future meetings.	
10. Routine Business		
a. ACTION: (Priority Setting and Resource Allocation Committee): Reallocations for FY 24	None	
b. Review: Committee attendance	The committee reviewed the 12-month attendance.	
11. HIV, STD, and Hepatitis Branch (HSHB) Report	<p>Lauren Brookshire reviewed the expenditure report which was included in the meeting materials packet.</p> <p>Maritza Hererra reviewed the service utilization report which showed 2,636 services year to date, compared to 2,540 same timeframe last year. For Ryan White clients with a viral load, viral suppression was 94%. She also provided an update on the Partial Rental Assistance Subsidy (PARS) service category: As of Sept 6, 2024, 87 persons on the waiting list on which 15 previously enrolled and six (6) were new applicants.</p> <p>Demographics of clients on the waitlist (87):</p> <ul style="list-style-type: none"> • Gender: 60 male, 19 female, 8 transgender • Race/ethnicity: 14 Black, 46 Hispanic/Latino, 22 white, 3 Asian, 2 American Indian • Age: 50 clients over 45, 33 clients aged 31-44, 4 clients aged 18-30 • Region: Central region 59, East 12, South 6, North 10 <p>71 clients currently enrolled in PARS</p>	
12. HPG Support Staff Report		

STEERING COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
a. Administrative budget review	Dasha Dahdouh reviewed the administrative budget and expenditures to date.	
13. Future agenda items for consideration	<ul style="list-style-type: none"> - Identifying what is missing for long-time survivors who are out of care. - Being more engaged with new HPG members. 	
14. Announcements	<ul style="list-style-type: none"> - Dr. Tilghman will be recognized at the September 25 HPG meeting. - Mikie Lochner asked Michael Wimpie to introduce himself at the meeting. - Collaboration in Care Conference on Empowered Aging: Thriving Beyond HIV San Diego will be held at Marriott La Jolla on Sep 18-20, 2024. - Dancing with Hope Retreat: A Strength for the Journey Women’s Empowerment Retreat will be held at Camp Stevens Retreat Center in Julian, CA on September 20-22, 2024. - California Department of Public Health, Office of AIDS, Ending the Syndemic Symposium will be held on September 30-October 2, 2024. Registration is available at: https://web.cvent.com/event/78E9F755-FB35-4F11-8D68-7948CC8776BF/summary - HPG Orientation will be held on Tuesday, October 29, 2024 at 2:00 PM – 4:00 PM. 	
15. Next meeting date	<p>Date: Tuesday, November 19, 2024 Time: 11:00 AM – 1:00 PM Location: to be determined, in-person and via Zoom</p>	
16. Adjournment	Meeting adjourned at 1:06 PM.	

MEMBERSHIP COMMITTEE



Wednesday, September 11, 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: Felipe Garcia-Bigley (Chair) | Lori Jones (Just Cause) | Bob Lewis | Mikie Lochner | Rhea Van Brocklin | Michael Wimpie

Committee Members Absent: Regina Underwood

ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order	Felipe Garcia-Bigley called the meeting to order at 11:01 AM and noted the presence of an in-person quorum.	
2. Public Comment on non-agenda items (for Members of the public)	A public member indicated he could not view the agenda and meeting minutes online. The link was not working correctly.	
3. Sharing our concerns (for committee members)	This is Bob Lewis' (previous committee Chair) last day attending the Membership meeting. His seat term ends on September 13, 2024.	
4. ACTION: Review and approve the September 11, 2024 meeting agenda	Motion: Approve the September 11, 2024, Membership agenda as presented. Motion/Second/Count (M/S/C): Lochner/Wimpie/5-0 Abstentions: Garcia-Bigley Motion carries	
5. ACTION: Review and approve the July 10, 2024, Membership minutes	Motion: Approve the July 10, 2024, Membership minutes as presented. M/S/C: Lochner/Wimpie/4-0 Abstentions: Garcia-Bigley, Jones Motion carries	
6. New Business		
a. ACTION: Approve Appointment to Juan Conant to seat 25	Motion: Approve the Appointment of Juan Conant to seat 25. M/S/C: Van Brocklin/Lochner/5-0 Abstentions: Garcia-Bigley Motion carries	HPG Support Staff (SS) will forward Juan Conant's recommendation to the September 25, 2024, HPG

MEMBERSHIP COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
		Meeting for approval.
<p>b. Discuss and update the HPG Membership application and interview questions.</p>	<p>Motion: Discuss and update the HPG Membership application and interview questions. Motion: Change Section 3 Question 4 Discussion:</p> <ul style="list-style-type: none"> • Remove the term “Subcommittees” and replace it with “Committees” and Members of the HPG. • Remove “subcommittees meet monthly” and refer to the Opportunities and Involvement document. <p>Amended Motion: Approve the application with an amendment to Sections E and H, reference the attached document to include specific information that includes the “Opportunities for Involvement” document that has committee meetings, and note the in-person attendance requirement AB 2449. M/S/C: Jones/Lewis/5-0 Abstentions: Garcia-Bigley Motion carries</p>	<p>HPG SS will update it and send it to the committee members for review.</p>
<p>c. ACTION: Discussion on HIV Planning Group member Expectations</p>	<p>The committee discussed creating a new detailed HPG document regarding HPG Member expectations and recommended adding the following:</p> <ul style="list-style-type: none"> • Expectations of the HPG members attending the meeting. • HPG Members can arrive early to review and discuss the agenda and other documents 15 minutes before the meeting. • Attendance and AB 2449 requirements. 	<p>HPG SS and Felipe Garcia-Bigley will draft a document for the Membership Committee to review and approve the agenda for the next meeting.</p>
<p>7. Old Business</p>		
<p>a. HPG Member recruitment update</p>	<p>As of September 11, 2024, the following upcoming HPG Members will replace the former HPG members as noted:</p> <ul style="list-style-type: none"> • Juan Conant will be taking over Karla Quezada’s Seat #25 (pending appointment). • Skyler Miles will be taking over Amy Applebaum’s Seat #32. 	<p>HPG SS will draft a document describing each seat and its role.</p>

MEMBERSHIP COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<ul style="list-style-type: none"> • Michael Donovan will be taking over Shannon Ransom's District 4 Seat #36. • Ben Ignalino will be taking over Moira Mar-Tang's Seat #39. • Dr. Rosemary Garcia's application is being processed, and she will take over Dr. Tilghman's Seat #23 in late October. • There are two new applications in the review process and one Board of Supervisors application for District 5. 	
b. Open Seats	10 general member seats are available.	
c. Seats with Expiring Terms	<p>As of September 14, 2024, there will be the following vacant seats:</p> <ul style="list-style-type: none"> • Seat #3 – General Member • Seat #17 – Healthcare Provider, including Federally Qualified Health Center (FQHC) • Seat #19 – Social Service Provider, including providers of housing and homeless services • Seat #20 – Mental Health Provider • Seat #34 – Board of Supervisors Designee: District 2 	
d. New Committee members	<p>3 new HPG Members are starting September 14, 2024</p> <ul style="list-style-type: none"> • Skyler Miles in Seat 32 • Ben Ignalino in Seat 39 • Michael Donovan in Seat 36 (District 4) 	
e. HPG Membership Demographics	<p>HPG SS reviewed the HPG Membership Demographics and discussed the demographics before and after the HPG Members term out on September 13, 2024.</p> <p>The committee recommended that HPG SS add a more detailed numbering of people to the demographic chart.</p>	<p>HPG SS will update the monthly Membership demographic charts.</p>
8. Routine Business		
a. HIV Planning Group Attendance	<p>HPG SS reviewed HPG members who missed more than two meetings.</p> <p>Due to lack of participation, the committee discussed removing Allan Acevedo from the Strategies Committee meeting. Allan Acevedo</p>	<p>HPG SS will add an action item to remove Allan Acevedo from the Strategies</p>

MEMBERSHIP COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	has missed several meetings and has not responded to HPG SS or the Chair.	Standards Committee.
b. Committee Attendance	Reviewed; the report was included in the meeting materials packet.	
c. Continue Discussion on the HPG Mentorship Process	<p>The committee decided to table this item for the next meeting since they will also review membership expectations.</p> <p>The committee did, however, recommend the following regarding new members:</p> <ul style="list-style-type: none"> • Use video technology to introduce new members to review the procedures. • Provide a list of frequent Q&A. • Review the onboarding process. • Start with introductions at each HPG and Committee Meeting. 	
9. Suggested item for the future committee agenda	Discuss the HPG Seats description and work on the draft for review and approval.	
10. Announcement	<ul style="list-style-type: none"> • The Truax Awards Ceremony will be held on Friday, December 6, 2024, from 3 PM to 5 PM at The LGBT Center. Nominations are open. For more information, visit the HPG website at www.sdplanning.org. • HIV Resource Chat and Connect on Wednesday, September 18, 2024, at North Clairemont Library at 12 PM – 2 PM. • HPG Orientation on Tuesday, October 29, 2024, virtually via Zoom. • Clerk of Board Orientation on Tuesday, October 2, 2024, virtually via Zoom at 9 AM – 12 PM. <p>HPG Staff Changes</p> <ul style="list-style-type: none"> • Introduction and welcome to new staff, Katie Emmel. • Krystle Diaz will be leaving the HPG SS as she received a promotion in another branch. 	
11. Next Meeting Date	<p>Date: Wednesday, October 9, 2024 Time: 11:00 AM –1:00 PM Location: Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room A)</p>	
12. Adjourn	Meeting Adjourn at 12:55 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	

MEETING MINUTES
Monday, September 16, 11:00 AM – 1:00 PM

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

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), Pablo Corona (HICAP), Maritza Gomez, Maritza Gomez, Maria Vergara (Christies Place), Veronica Figueroa, Alexia Barrientos,

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

Agenda Item	Action	Follow-up
1. Welcome and introductions	Johneisha Jones started the meeting at 11:06 AM, and the participants introduced themselves online.	
2. Comments from the Chair/	None	
<ul style="list-style-type: 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	Patty Lopez read the Mission statement.	
5. Public comment/ Sharing our Concerns	<p>A member of the public recommended the following:</p> <ul style="list-style-type: none"> • Adjust meetings to make them more regular. • Housing security is an issue for those who are 65 and older. • Suggestion for future training/ presentations: The International Rescue Committee (IRC) has a women's resilience center in El Cajon. Contact Rhea Van Brocklin for the Program Director's contact information. 	

Agenda Item	Action	Follow-up
	<ul style="list-style-type: none"> Prefer to have sessions together with English and Spanish speakers. 	
6. Review & approval of the meeting agenda for September 16, 2024	The agenda for September 16, 2024, was approved by consensus as presented.	
7. Review & approval of the meeting minutes for July 15, 2024	The meeting minutes for July 15, 2024, were approved by consensus as presented.	
8. Discuss 2024 Training Opportunities/Updates	Johneisha Jones reviewed the 2024 training calendar and noted that the December meeting date for the end-of-year holiday celebration has changed to Monday, December 9, 2024.	
9. Old Business		
a. None		
10. New Business		
a. Presentation: b. Diane Doherty, Executive Director, <i>Your Safe Place</i>	Diane Doherty, Executive Director of Your Safe Place, presented on Your Safe Space, which provides comprehensive services to anyone who has experienced domestic violence, family violence, elder abuse, sexual assault, and/or sex trafficking. The following was covered: <ul style="list-style-type: none"> Who are clients Client care coordination Space and facilities On- and off-site services offered: <ul style="list-style-type: none"> Danger assessments Counseling Legal Assistance Financial planning Sexual Assault-Specific Assistance Sex Trafficking-Specific Assistance Emergency clothing, funds, or gift cards and backpack drive Pet fostering program 	
c. Presentations: Kelsie Nuno, Clinical Social Worker- UCSD, and Karen Deutsch, NP-UCSD	Karen Deutsch of UC San Diego presented the Updated HIV Infant Feeding Guidelines: Implementation and Lessons Learned. The following was covered:	

Agenda Item	Action	Follow-up
	<ul style="list-style-type: none"> • UC San Diego Mother, Child, and Adolescent Program’s mission and demographic • Multidisciplinary Team Approach • International breastfeeding guidance • Updated US perinatal HIV guidelines • Breast/chest feeding patient-centered initiative • Patient/provider relationship • Milk bank and donor milk partnership • Gaps and lessons learned • Data regarding US perinatal HIV transmission 	
11. Reports		
a. Women and Youth Out of Care Group Discussion	The 2025 Women’s Conference will be held on March 15, 2025.	
b. HIV Planning Group (HPG) Planning Group Support Staff	<p>HPG Support Staff provided updates on:</p> <ul style="list-style-type: none"> • 2024 Needs Assessments Survey updates • Membership Recruitment Efforts • The CEG HIV Chat & Connect event will be held on September 18th at North Clairemont Library, 4606 Clairemont Drive, San Diego, CA 92117 (meeting room) • The Truax Award Ceremony and Reception will be held on December 6th from 3:00 PM to 5:00 PM. Nominations are due October 13th. • HPG Orientation will be held on October 29th at 2:00 PM – 4:00 PM Via Zoom 	
c. Ryan White Part D	No updates	
d. Research	No updates	
i. AIDS Clinical Trials Group (ACTG)/ Antiviral Research Center (AVRC)	No updates	

Agenda Item	Action	Follow-up
ii. HIV Neurobehavioral Research Program (HNRP)	<ul style="list-style-type: none"> • The program conducts studies focusing on HIV and the brain, open to all genders and both positive and negative participants. • Compensation is offered for participation, though not substantial. • Encouraged clients to participate in studies to advance HIV research, treatments, and medications. 	
iii. Mother, Child & Adolescent Program (MCAP)	She introduced a study focusing on pregnant individuals living with HIV and the long-term effects of HIV medications on children.	
iv. UC San Diego Moores Cancer Center	<ul style="list-style-type: none"> • Announced a new initiative to connect community members with researchers. • An info session will be held on September 25 p.m., from 1:30 to 3:00 p.m., providing lunch and a paid opportunity for participation. • The program aims to involve diverse communities in research projects. 	
13. Announcements	The 2025 Women’s Conference will be held on March 15, 2025.	
14. Next Meeting Date: Monday, September 16, 2024	Monday, November 18, 11:00 AM In-Person Location: Southeastern Live Well Center 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room A), and via Zoom	
15. Adjournment	The meeting adjourned at 12:58 PM.	

INSIDE:

- Awareness
- Updates
- Strategic Plan
- Health Access for All
- Racial Equity
- Mental Health and Substance Use

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

We are excited to introduce you to **Felicia Bard**, our new OA Division Assistant! Felicia comes to OA with a diverse background, most notably as a prior contractor with both CDPH and the Department of Healthcare Access and Information, addressing COVID-19 vaccination efforts and providing grant management support for the Song-Brown Healthcare Workforce Training Program, respectively. Her most recent role was providing administrative support to Paratransit Inc. and their client as a contractor. In her free time, Felicia enjoys trying new restaurants and coffee shops around Sacramento, spending time with family, and testing new recipes.

Please join us in welcoming Felicia to the OA Team!

➤ **Customer Service Week: Celebrating Our Call Center Team**

Customer Service Week, celebrated in the first full week of October, began in 1984 when Congress recognized the importance of customer service across industries. For call centers, this week serves as a vital opportunity to highlight the unique challenges and achievements of our frontline team members.

In our AIDS Drug Assistance Program (ADAP) call center, our **Client Services Technicians** handle a myriad of unique inquiries daily,



Felicia

demonstrating patience, empathy, and problem-solving skills. During this week, we acknowledge the dedication and resilience of the **ADAP Client Services team**.

As we celebrate Customer Service Week, let's take a moment to applaud our outstanding ADAP Client Services call center! Your unwavering commitment to delivering exceptional service transforms each interaction into a positive experience. Thank you for your hard work – together, we continue to serve our ADAP and PrEP-AP clients, enrollment workers, and providers, and set the ultimate standard for excellence in customer support!

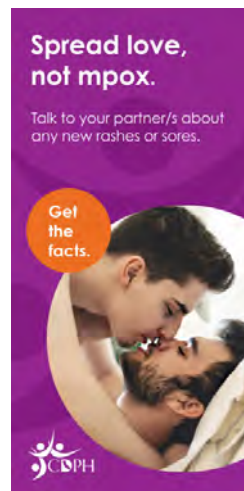
in California, 2022. NLAAD promotes HIV testing, prevention and treatment methods, and education in Latinx communities.

GENERAL UPDATES

> Mpx

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

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



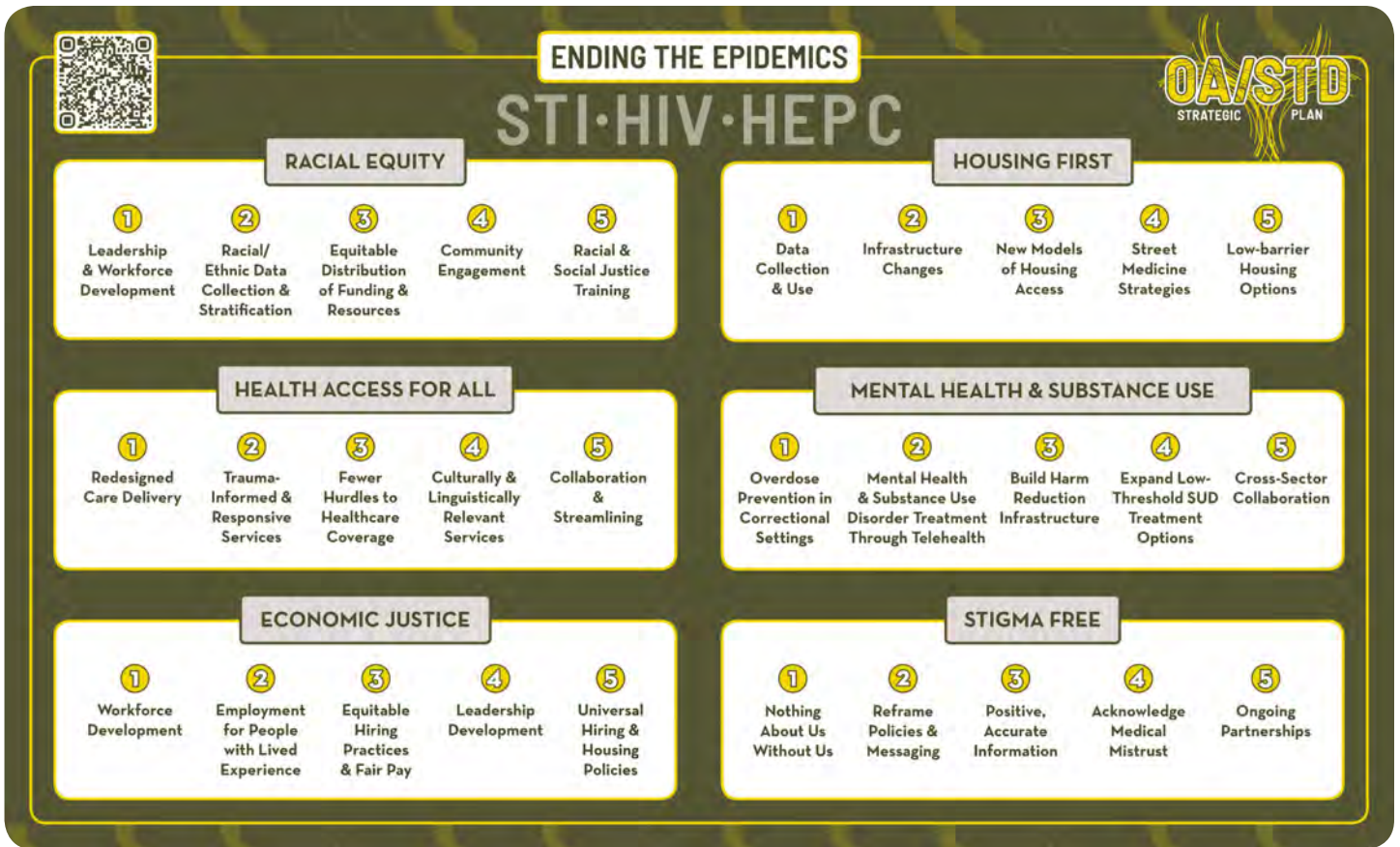
> HIV/STD/HCV Integration

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!



HIV AWARENESS

National Latinx HIV/AIDS Awareness Day (NLAAD) is observed on October 15 to bring awareness to the impact of HIV/AIDS on the Latinx population. Social factors such as systemic racism, discrimination, HIV stigma, and limited access to quality health care influence health outcomes including those related to HIV. According to CDPH OA Surveillance Data, in 2022, the Latinx community accounted for 41% of living HIV cases and 57% of new HIV diagnoses, for more information the HIV/AIDS Epidemiology and Health Disparities in California 2022, is located on our OA website at [HIV/AIDS Epidemiology and Health Disparities](#)



The **visual above** 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

As we have previously mentioned, the **Mpox**

vaccine, JYNNEOS, became available on the commercial market on April 1, 2024. While CDPH has worked to ensure access to the vaccine through the LGBTQ+ Pride season, access to vaccine for people who are uninsured/underinsured in a local health jurisdiction may be impacted once the state supply is phased-out. Please consider using the state's turnkey resource, **Optum Serve**, to bolster vaccination efforts at large community or remaining seasonal Pride events, particularly those that would serve a large under/uninsured population.

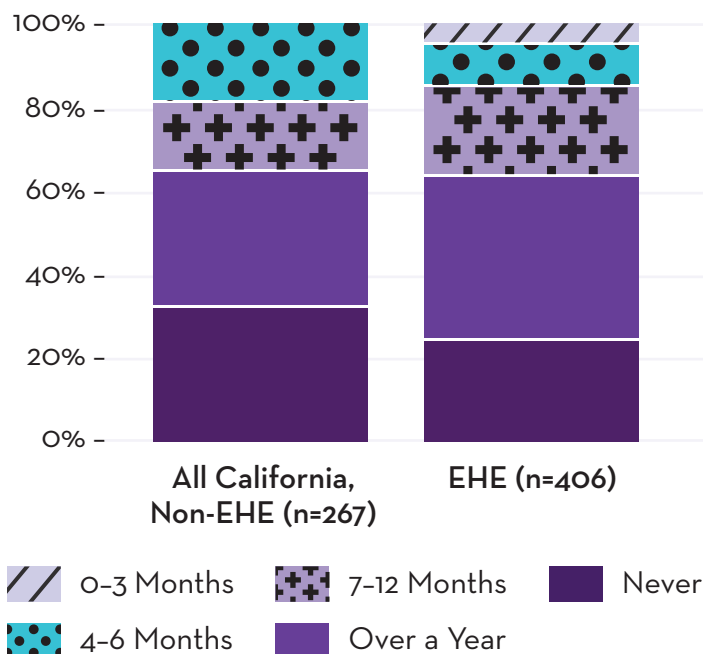
The **Mpox Turnkey Program** can deploy teams to indoor and outdoor sites and are equipped with all the necessary materials and supplies (except the vaccines themselves, which would be provided by the local health jurisdiction).

Local health jurisdictions interested in using the **Mpox Turnkey Program** can 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 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 August, 267 individuals in 36 counties ordered self-test kits, with 195 (73.0%) individuals ordering 2 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 48 months, between September 1, 2020, and August 31, 2024, 13,048 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 117 (28.8%) of the 406 total tests distributed in EHE counties. Of those ordering rapid tests, 225 (77.9%) ordered 2 tests.

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



TAKEMEHOME



Additional Key Characteristics	EHE	All California, Non-EHE
Of those sharing their gender, were cisgender men	62.1%	64.1%
Of those sharing their race or ethnicity, identify as Hispanic or Latinx	42.1%	36.3%
Were 17-29 years old	39.9%	39.7%
Of those sharing their number of sex partners, reported 3 or more in the past year	47.6%	49.5%

Since September 2020, 1,492 test kit recipients have completed the anonymous follow up survey from EHE counties; there have been 616 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	51.1%	53.7%
Reported having been diagnosed with an STI in the past year	8.7%	10.7%

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from August
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	554	+ 1.00%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,404	- 0.99%
Medicare Premium Payment Program (MPPP)	2,204	+ 1.10%
Total	8,162	+ 1.01%

Source: ADAP Enrollment System

➤ Strategy 3: Fewer Hurdles to Healthcare Coverage

As of October 2, 2024, there are 221 PrEP-AP enrollment sites and 245 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 six of this newsletter.

As of October 2, 2024, the number of ADAP clients enrolled in each respective ADAP Insurance Assistance Program are shown in the chart at the top of this page.

RACIAL EQUITY

➤ Strategy 4: Community Engagement



The Fall 2024 In-Person Meeting for the **California Planning Group (CPG)** will be November 20–22 in Riverside, CA at the [Marriott Riverside at the Convention Center](#).

The meeting's theme will be focused on self-care and healing. It will feature community-led and state-led presentations on storytelling, doxyPEP, and LGBTQ+ health. It will also spotlight CPG members and their work in reaching communities most impacted by HIV.

CPG and OA welcomes the participation and input of the general public. We highly encourage you to join us at the Fall meeting to explore strategies for rest, healing, and self-care as we continue our efforts to enhance health outcomes within our community!

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

➤ Strategy 5: Racial and Social Justice Training

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

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	398	11%	---	---	---	---	24	1%	422	12%
25 - 34	1,194	34%	---	---	---	---	175	5%	1,369	39%
35 - 44	813	23%	---	---	2	0%	137	4%	952	27%
45 - 64	410	12%	---	---	13	0%	98	3%	521	15%
65+	28	1%	---	---	212	6%	5	0%	245	7%
TOTAL	2,843	81%	0	0%	227	6%	439	13%	3,509	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	219	6%	3	0%	54	2%	16	0%	2	0%	79	2%	2	0%	47	1%	422	12%
25 - 34	765	22%	4	0%	136	4%	93	3%	8	0%	265	8%	11	0%	87	2%	1,369	39%
35 - 44	536	15%	3	0%	84	2%	53	2%	4	0%	213	6%	5	0%	54	2%	952	27%
45 - 64	279	8%	---	---	53	2%	22	1%	1	0%	132	4%	1	0%	33	1%	521	15%
65+	20	1%	---	---	4	0%	6	0%	---	---	204	6%	---	---	11	0%	245	7%
TOTAL	1,819	52%	10	0%	331	9%	190	5%	15	0%	893	25%	19	1%	232	7%	3,509	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	63	2%	---	---	8	0%	8	0%	1	0%	12	0%	---	---	6	0%	98	3%
Male	1,629	46%	9	0%	301	9%	178	5%	14	0%	848	24%	18	1%	200	6%	3,197	91%
Trans	103	3%	---	---	15	0%	4	0%	---	---	15	0%	1	0%	5	0%	143	4%
Unknown	24	1%	1	0%	7	0%	---	---	---	---	18	1%	---	---	21	1%	71	2%
TOTAL	1,819	52%	10	0%	331	9%	190	5%	15	0%	893	25%	19	1%	232	7%	3,509	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: 09/30/2024 at 12:01:35 AM
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

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 at CBA@cdph.ca.gov.

MENTAL HEALTH & SUBSTANCE USE

➤ Strategy 3: Build Harm Reduction Infrastructure

RESEARCH: Overdose Prevention Centers as Spaces of Safety, Trust, and Inclusion

Overdose prevention centers (OPC) are spaces where people bring their own drugs to use, have access to sterile supplies, and are supervised by trained staff to intervene in the event of an overdose. Currently, OPCs are still illegal to operate in most states in the U.S., including California. A new study that was published in Drug and Alcohol Review concludes that OPCs can enable participants to develop feelings of safety and trust that build longer term trajectories of social inclusion with potential to improve other aspects of their health.

The study, *Overdose Prevention Centers as Spaces of Safety, Trust, and Inclusion: A Causal Pathway Based on a Realist Review*, found that conditions of OPCs as a safe space build trust among their participants and can often generate other positive outcomes including less risky drug use, reductions in blood borne viruses and injection-related infections, and access to housing.

To view this study, go to: [Overdose prevention centres as spaces of safety, trust and inclusion: A causal pathway based on a realist review - Stevens - 2024 - Drug and Alcohol Review - Wiley Online Library](#).

RESOURCES: Gender Affirming Harm Reduction Toolkit

In harm reduction, how services are delivered are often as important as what services are provided. To help improve the quality of services for transgender, gender non-conforming, and nonbinary (TGNCNB) communities, National Harm Reduction Coalition's Lighthouse Learning Collective has published a toolkit for syringe services programs on gender-affirming harm reduction.

The toolkit includes an organizational assessment to highlight areas for growth and opportunities as well as information on chemsex, overdose response and prevention, sex work, and how to ask for and write up a more affirming sexual health history, and more. Also included in the resource are self-reflection questions to guide understanding of the toolkit and content to continue learning and expanding knowledge.

To view the toolkit, go to: [Gender Affirming Harm Reduction: A Toolkit for Syringe Service Programs](#).

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



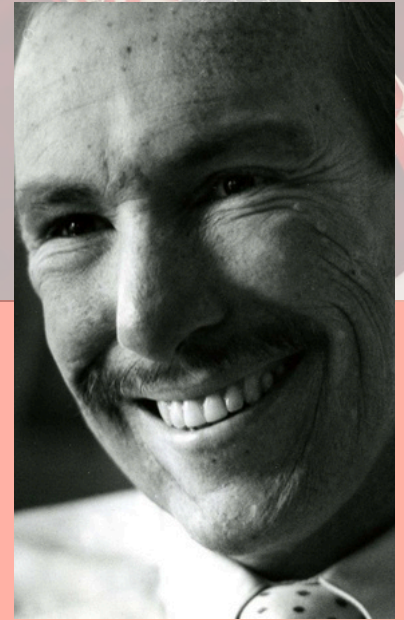
DR. A. BRAD TRUAX AWARDS

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



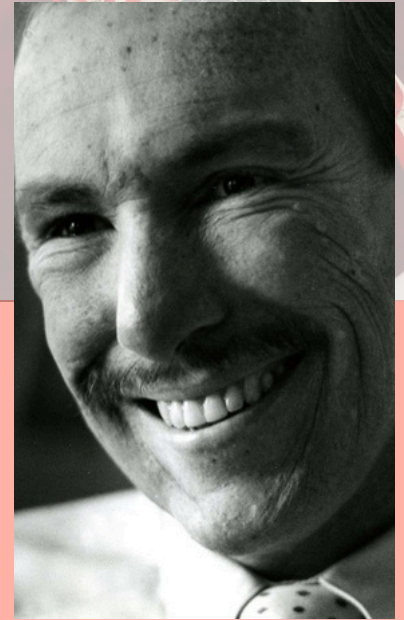
DR. A. BRAD TRUAX AWARDS

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

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 056	Ongoing	Expires 12/31/2023	Expires 12/31/2025	Expires 12/31/2025