SAN DIEGO HIV PLANNING GROUP (HPG)

STEERING COMMITTEE

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Tuesday, November 21, 2023, 11:00 AM – 1:00 PM

Southeastern Live Well Center

5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room A)

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

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Meeting Location & Directions:

Steering Committee
Tuesday, November 21, 2023
11:00 AM - 1:00 PM

Southeast Live Well Center
5101 Market St.
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.

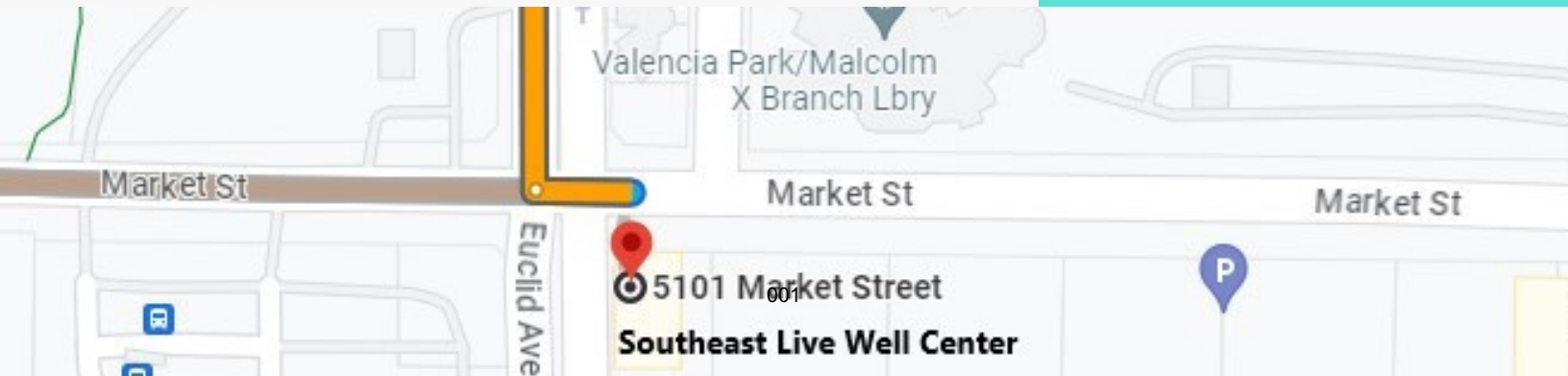
FROM I-805 NORTH:

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



SAN DIEGO HIV PLANNING GROUP (HPG)

STEERING COMMITTEE

MEETING AGENDA

Tuesday, November 21, 2023, 11:00 AM – 1:00 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/87049271222?pwd=aubVrdoZMXP2ldgXBfwNMiDph8Aa8w.1

Call in: +1 (669) 444-9171

Meeting ID (access code): 870 4927 1222 **Password:** STEER

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

A quorum for this meeting is four (4)

Committee Members: Allan Acevedo | Dr. Delores Jacobs | Bob Lewis | Mikie Lochner (Chair) | Shannon Ransom | Dr. Winston Tilghman | Rhea Van Brocklin (Co-Chair)

ORDER OF BUSINESS

1. Call to order, roll call, comments from the chair and a moment of silence
2. Public comment (for members of the public)
3. Sharing our concerns (for committee members)
4. **ACTION:** Approve the Steering Committee agenda for November 21, 2023
5. **ACTION**: Approve meeting minutes from September 19, 2023
6. **ACTION:** Approve the HIV Planning Group agenda for November 29, 2023
7. Committee reports and recommendations
    a. Discussion: CARE Partnership and requirements for becoming HPG Committee
8. Old Business
    a. HIV & Aging ad hoc committee
    b. Needs Assessment Working Group
9. New Business
    a. Public comments/HPG member comments/Suggestions to the Steering Committee from previous HPG meeting(s)

b. **ACTION** *(Medical Standards & Evaluation Committee)*: Approve the Practice Guidelines for the Care of Persons with HIV/AIDS

10. Routine Business
    a. **ACTION** *(Membership Committee):* New HPG applications – NONE
    b. **ACTION** *(Priority Setting and Resource Allocation Committee):* Re-allocations for FY 23 **–** NONE
    c. Follow-up: Strategies and Standards Committee to create an anti-racism statement for the HPG and committees
    d. Discussion: Getting to Zero Community Engagement Project and next steps
    e. Discussion: HPG Leadership transition process and mentorship training
    f. Review 2023 HPG Work Plan and Draft 2024 HPG Work Plan
    g. Review committee attendance
11. HIV, STD, and Hepatitis Branch (HSHB) Report
12. HPG Support Staff Report
    a. Administrative budget review
13. Future agenda items for consideration
14. Announcements
15. Next meeting date: **Tuesday, December 19, 2023** (if needed), **from 11:00 AM – 1:00 PM**
    Location: **Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room A)**
16. Adjournment

SAN DIEGO HIV PLANNING GROUP (HPG)

STEERING COMMITTEE

MINUTES

Tuesday, September 19, 2023, 11:00 AM – 1:00 PM

COUNTY OPERATIONS CENTER

5570 OVERLAND AVE, SAN DIEGO, CA 92123 (ROOM 1047, MEDICAL EXAMINER'S OFFICE)

To participate remotely via WebEx:

https://sdcountyca.webex.com/sdcountyca/j.php?MTID=me23699f8c07e9de1bde272d211644fd0

Call in: +1-650-479-3208 United States Toll / +52-55-5091-8054 Mexico Toll

Meeting ID (access code): 2633 927 0130 **Password:** Steer.20

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

A quorum for this meeting is four (4).

Steering Committee Members Present: Allan Acevedo, Dr. Delores Jacobs, Bob Lewis, Mikie Lochner, Dr. Winston Tilghman, Rhea Van Brocklin

Steering Committee Members Absent: Shannon Ransom

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 11:02 AM and noted the presence of an in-person quorum. A moment of silence was observed.	
2. Public comment (for members of the public)	A member of the public voiced concerns about the inconsistencies in the by-laws and long access times for some services.	
3. Sharing our concerns (for committee members)	None	
4. **ACTION:** Approve the Steering Committee agenda for September 19, 2023	**Motion:** Approve the Steering Committee agenda for September 19, 2023 **Motion/Second/Count (M/S/C):** Acevedo, Jacobs, 5/0 **Abstentions:** Lochner **Motion carries**	

Agenda Item	Discussion/Action	Follow-Up
5. **ACTION**: Approve meeting minutes from July 18, 2023	**Motion:** Approve committee meeting minutes from July 18, 2023 **M/S/C:** Jacobs, Lewis, 5/0 **Abstentions:** Lochner **Motion carries**	
6. **ACTION:** Approve the HIV Planning Group agenda for September 27, 2023	**Motion:** Approve the HIV Planning Group agenda for September 27, 2023 **M/S/C:** Van Brocklin, Acevedo, 5/0 **Abstentions:** Lochner **Motion carries**	
7. Committee reports and recommendations	None	HPG Support Staff to include committee co-chairs in requests for committee reports.
8. Old Business		
a. Outreach support staff worker update	Patrick Loose provided an update regarding recruitment for a Community Health Worker and shared the benefits of having a County of San Diego employee fill the position.	
9. New Business		
a. Public comments/HPG member comments/Suggestions to the Steering Committee from previous HPG meeting(s)	HPG Support Staff shared that the recommendations from the Steering Committee meeting on August 2, 2023 are being incorporated into the 2024 Work Plan. The Work Plan will be presented to the Steering Committee at the end of the year. A member of the public voiced a concern about the length of time it has taken to procure a housing contract. Patrick Loose commented that the contract will go out to bid within the next several months.	
b. **ACTION:** (Priority Setting and Resource Allocation Committee): Reallocation of funds for FY 23 (current fiscal year, March 1, 2023 – February 29, 2024)	The Action Item will be presented and reviewed at the HPG meeting on Wednesday, September 27, 2023.	HPG Support Staff to forward to the HPG for action on Wed. September 27, 2023

Agenda Item	Discussion/Action	Follow-Up
c. **ACTION:** (Membership Committee): Approval for HPG membership appointment or reappointment	The Action Item will be presented at the HPG meeting on Wednesday, September 27, 2023.	HPG Support Staff to forward to the HPG for action on Wed. September 27, 2023
d. **ACTION:** (Steering Committee): Approve application for a Core Medical Services Waiver	**Motion:** Approve the application for a Core Medical Services Waiver **M/S/C:** Jacobs, Acevedo, 5/0 **Abstentions:** Lochner **Motion carries**	HPG Support Staff to forward to the HPG for action on Wed. September 27, 2023
e. **ACTION:** (Steering Committee): Approve HIV/AIDS Services Funding Board Letter	**Motion:** Approve HIV/AIDS Services Funding Board Letter **M/S/C:** Acevedo, Lewis, 5-0 **Abstentions:** Lochner **Motion carries** A member of the public shared a concern about the importance of expanding the categories to align with needs.	HPG Support Staff to forward to the HPG for action on Wed. September 27, 2023
f. HIV & Aging ad hoc committee	The task force has been canceled due to the changes in strategy and the need to better assess the aging population by incorporating their voices. It was recommended that the Strategies and Standards Committee reach out to the Geriatric Services Medical Officer and the County of San Diego Aging and Independence Services (AIS) division.	The Strategies and Standards Committee to incorporate HIV and aging into the Committee Work Plan.
g. Needs Assessment Working Group	Dr. Delores Jacobs reviewed the three components of the Needs Assessment and recommended creating a working group with Shannon Ransom and Dr. Beth Davenport as leads. The goal is to translate and deploy the survey by March 1, 2024. Distribution and outreach will begin as soon as surveys have been printed. It was recommended to incorporate more diversity in participation and make the survey be available for public comment prior to deployment.	

Agenda Item	Discussion/Action	Follow-Up
h. Standardizing HPG documents for routine Spanish translation	The Steering Committee recommended having a standardized translation plan for the meeting agenda, the meeting minutes, and the table of contents.	HPG Support Staff to develop a standardized plan for translating the agenda, the minutes, and the table of contents.
i. Review Recruitment Flyer	The Steering Committee reviewed the Recruitment Flyer in English and Spanish and made recommendations on wording and images. It was recommended to keep the flyer on the future agenda for further review and input.	HPG Support Staff to send a Recruitment Flyer in Spanish to Allan Acevedo and the Community Engagement Group (CEG).
j. Plan for the next HPG Retreat	The next HPG retreat is scheduled for March 2024. Planning for the retreat will begin in December of 2023.	
10. Implementation of the Anti-Racism Goals and Recommendations		
a. Recommendation to create an anti-racism statement for all committees	The Steering Committee has recommended that one anti-racism statement be developed for all HPG committees.	The Strategies and Standards Committee will develop an anti-racism statement to be placed in all agendas and standard HPG documents.
11. Getting to Zero Community Engagement Project and next steps	Tabled	
12. Leadership transition process and mentorship training	Rhea Van Brocklin volunteered to lead the transition plan for mentorship.	The Steering Committee will send ideas for training and resources to the HPG Support Staff lead, Dasha Dahdouh.
13. Review the HPG Work Plan	Tabled	
14. HIV, STD, and Hepatitis Branch (HSHB) Report	Maritza Herrera and Patrick Loose provided a summary of the report.	

Agenda Item	Discussion/Action	Follow-Up
15. HPG Support Staff Report		
a. Administrative budget review	Carlie Catolico provided a summary of the administrative expenditures through August of 2023.	
b. Gas cards	Carlie Catolico apologized for the delay in processing mileage reimbursement and mentioned that the HPG Support Staff is working with a new vendor.	
16. Review committee attendance	The Steering Committee reviewed the committee attendance.	
17. Future agenda items for consideration	It was recommended to discuss expanded access to services as a future agenda item.	
18. Announcements		
a. Request for Truax nominations	Carlie Catolico reminded the attendees that the 2023 Truax Award nominations deadline is October 1, 2023.	
19. Next meeting date	Date: **Tuesday, October 17, 2023** Time: **11:00 AM – 1:00 PM** Location: In-person **South Region Live Well Center** **690 Oxford Street, Chula Vista, CA 91911** and via **Zoom**	
20. Adjournment	1:01 PM	

SAN DIEGO HIV PLANNING GROUP (HPG)

MEETING AGENDA

WEDNESDAY, NOVEMBER 29, 2023, 3:00 PM – 5:00 PM

SOUTHEASTERN LIVE WELL CENTER, TUBMAN CHAVEZ ROOM C

5101 MARKET STREET, SAN DIEGO, CA 92114

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 fourteen (14).

Committee Members: Allan Acevedo | Amy Applebaum | Alberto Cortes | Beth Davenport | Tyra Fleming | Felipe Garcia-Bigley | David Grelotti | Pamela Highfill | Delores Jacobs | Cinnamen Kubricky | Robert Lewis | Michael Lochner | Moira Mar-Tang | Venice Price | Shannon Ransom | Raul Robles | Stephen Spector | Winston Tilghman | Karla Quezada-Torres | Regina Underwood | Rhea Van Brocklin | Freddy Villafan | Jeffrey Weber | Michael Wimpie | Abigail West | Adrienne Yancey

ORDER OF BUSINESS

1. Call to order, roll call, chair comments, and a moment of silence
2. Public comment (for members of the public)
3. Sharing our concerns/comments on items not on the agenda (for HPG members)
4. **ACTION:** Approve the HPG agenda for November 29, 2023
5. Celebration of Life
6. Old Business:
    a. None
7. New Business:
    a. **ACTION** *(Medical Standards & Evaluation Committee)*: Approve the Practice Guidelines for the Care of Persons with HIV/AIDS
    b. **ACTION** *(Priority Setting and Resource Allocation Committee)*: Re-allocation of funds for FY 23 – NONE
    c. Presentation: Hepatitis C – Andrea Tomada
    d. Membership Application Review – Bob Lewis
    e. Needs Assessment Working Group
8. Routine Business:

a. Anti-Racism: Assessment, Training, Recommendations, and Statement for HPG – Shannon Ransom
b. **ACTION:** Approval of consent agenda for November 29, 2023 which includes:
    i. Approval of HPG minutes from June 28, 2023, July 26, 2023, August 2, 2023; September 27, 2023
    ii. Acceptance of the following committee minutes:
        1. Steering Committee: May 16, 2023; June 20, 2023, July 18, 2023, September 19, 2023.
        2. Strategies and Standards Committee: August 1, 2023.
        3. Membership Committee: May 10, 2023, July 12, 2023, September 13, 2023.
        4. Priority Setting and Resource Allocation Committee: June 22, 2023; July 20, 2023; July 27, 2023, September 14, 2023.
        5. Community Engagement Group: June 21, 2023, July 19, 2023, August 30, 2023, September 20, 2023.

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

CARE Partnership: June 12, 2023, July 17, 2023; September 18, 2023.
HIV Housing Committee: May 17, 2023; September 20, 2023.
MPox Task Force: June 15, 2023.

9. HIV, STD, and Hepatitis Branch (HSHB) Report – Patrick Loose, Lauren Brookshire, Maritza Herrera
10. HPG Support Staff Report – Dasha Dahdouh
    a. Administrative Budget Review
11. Committee Reports/Updates
    a. Community Engagement Group, Membership Committee, Strategies & Standards Committee, Priority Setting and Resource Allocation Committee, Medical Standards and Evaluation Committee, Hepatitis C Task Force
    b. State Office of AIDS (OA) and AIDS Drug Assistance Program (ADAP) – Abigail West
    c. Housing Committee Report – Freddy Villafan
    d. California HIV Planning Group (CHPG) – Mikie Lochner
    e. Faith-Based Action Coalition – Kenyatta Parker
12. Suggestions to the Steering Committee for future agenda items for consideration
13. Announcements
14. Next Meeting Date: **Wednesday, December 20, 2023,** from **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.
15. Adjournment

Public Comment/Sharing Concerns/Suggestions to the Steering Committee from September 19, 2023

Agenda Item	Comment	Steering Committee Response
Public Comment	A member of the public voiced concerns about the inconsistencies in the by-laws and long access times for some services.	
Sharing Concerns	None	
Suggestions to the Steering Committee for consideration of future items	It was recommended to discuss expanded access to services.	

County of San Diego

ERIC C. MCDONALD, MD, MPH, FACEP
INTERIM AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
5469 KEARNY VILLA ROAD, SUITE 2000, MAIL STOP P-578
SAN DIEGO, CA 92123
(619) 531-5800 • FAX (619) 542-4186

WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

ELIZABETH A. HERNANDEZ, Ph.D.
ACTING DIRECTOR

SAN DIEGO HIV PLANNING GROUP
MEDICAL STANDARDS AND EVALUATION COMMITTEE (MSEC)
ACTION ITEM INFORMATION SHEET
APPROVE PRIMARY CARE PRACTICE GUIDELINES

DATE: November 29, 2023

ITEM: Approve the attached revised *Practice Guidelines for the Care of Persons with HIV/AIDS*, as recommended by the Medical Standards and Evaluation Committee (MSEC).

BACKGROUND: To ensure that the primary care of persons with human immunodeficiency virus (HIV) is aligned with the latest guidelines and evidence-based practices, the Practice Guidelines are reviewed every three years or sooner if there is a major practice change or advance in the field. The Medical Standards and Evaluation Committee (MSEC) reviewed and recommended updates to the *Practice Guidelines for the Care of Persons with HIV/AIDS* at its September 19, 2023 and November 14, 2023 meetings.

RECOMMENDATION: Approve the attached revised *Practice Guidelines for the Care of Persons with HIV/AIDS*.

This recommendation comes to the HIV Planning Group as a seconded motion, open for discussion.

Practice Guidelines for the Care of Persons with HIV/AIDS

Ryan White HIV Treatment Extension Act of 2009

San Diego County

In conjunction with United States (U.S.) Public Health Service (PHS) guidelines and accepted community practices, the San Diego County HIV Planning Group's Medical Standards and Evaluation Committee recommends the following practice guidelines for the management of human immunodeficiency virus (HIV) infection in patients enrolled in the Ryan White Primary Care Program of San Diego County. These guidelines are intended to serve as a framework for provision of medical care to persons with HIV (PWH), with management based on a respect for patient autonomy and a shared decision-making process between providers and patients.

Antiretroviral therapy (ART) and opportunistic infection (OI) prophylaxis (primary and secondary) are recommended in accordance with the most recent PHS guidelines, and vaccines are recommended in accordance with the most recent Advisory Committee on Immunization Practices (ACIP) recommendations. Guidelines may have been updated since the versions listed below; current versions are available at https://clinicalinfo.hiv.gov/en/guidelines and https://www.cdc.gov/vaccines/acip/recommendations.html, respectively.

For San Diego County Ryan White Clinics, chart reviews and performance assessments conducted on behalf of the County of San Diego Health and Human Services Agency (HHSA) – Division of Public Health Services – HIV, STD, and Hepatitis Branch (HSHB) will be based upon these guidelines.

A. Guidelines for Staging and Baseline Evaluation (recommended to be completed within the first two visits)

1) Complete history, to include at least the following:
   a. *General background:*
      - Race/ethnicity
      - Gender identity
      - Sex assigned at birth
      - Housing status
      - Family history
      - Social history
      - Travel history
      - Country of birth
   b. *Current/lifetime sexual history: (See Appendix A for example)*
      - Sexually transmitted infection/disease (STI/STD) history during lifetime and/or last 5 years
      - Relationship status
      - Detailed sexual history
      - Partner(s), including HIV status and, for partners living with HIV, engagement in HIV medical care
      - Exposure sites – anorectal, genital, oropharyngeal
      - Protection from HIV and STIs: including condoms, HIV pre-exposure prophylaxis (PrEP), and doxycycline STI post-exposure prophylaxis (i.e., Doxy-PEP)
      - Pleasure, performance, and any issues affecting these
   c. *Current/lifetime substance use history:*
      - Injection drug use (IDU), during lifetime and/or last 5 years
      - Non-injection drug use, during lifetime and/or last 5 years
      - Alcohol and/or drug treatment history
      - Sexual activity under the influence of substances
      - History of overdose or use of naloxone on self or others

- Tobacco use, during lifetime and/or last 5 years

d. *HIV care history:*
   - HIV status, including recent/historical CD4+ T-cell count/HIV-1 viral load results
   - Prior and current antiretroviral regimens
   - Resistance test results (if available)
   - Current prophylaxis
   - Prior HIV-related complications

e. *General medical history:*
   - Immunizations
   - Hepatitis history
   - Tuberculosis (TB) risk https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/tuberculosis_control_program/SD_TB%20Risk%20Assessment%202018.pdf
   - Reproductive history (persons assigned female at birth), including parity, last menstrual period (LMP), and method of birth control
   - Current allergies
   - Other current medications
   - Significant childhood illnesses
   - Surgical history
   - Mental health history, past/current mental health conditions, symptoms of depression, and psychiatric medications
   - Other medical history

2) Review of symptoms and general physical exam, including height, weight, temperature, blood pressure, pulse, respiratory rate, general appearance, skin, head, eyes, ears, nose and throat (HEENT), ophthalmoscopy, chest, heart, lungs, abdomen, rectum, anoscopy (if anorectal symptoms), pelvic (persons assigned female at birth), breasts, genitalia, extremities, lymph nodes, mental status, nervous system including reflexes

3) Laboratory tests

   a. For the current list of recommended labs and periodicity, please refer to PHS Guidelines for Laboratory Testing for Initial Assessment and Monitoring of Patients with HIV Receiving Antiretroviral Therapy.

   b. STI Testing
      - Should be performed at baseline and at least annually thereafter for sexually active clients, more frequently (e.g., every three months) if indicated based upon the client's sexual practices.
      - Syphilis serology
      - Gonorrhea/Chlamydia – Perform testing for all possible exposure sites (e.g., urogenital, throat, rectum) using nucleic acid amplification testing (NAAT). If antibiotic-resistant *Neisseria gonorrhoeae* is suspected, obtain *N. gonorrhoeae* culture from all exposure sites.
      - Trichomoniasis – Screening with NAAT should be performed annually for persons having vaginal sex.
      - Anal Pap test – See **Section H – Anal Cancer Screening**.
      - Resources:
        - Centers for Disease Control and Prevention (CDC) Recommendations for Providing Quality STD Clinical Services, 2020
        - CDC STI Treatment Guidelines, 2021
        - Updated CDC Gonorrhea Treatment Recommendations, 2020
        - California Department of Public Health Dear Colleague Letter: Doxycycline Post-Exposure Propohylaxis (doxy-PEP) for the Prevention of Bacterial STIs
        - CDC Recommendations for the Laboratory-Based Detection of *Chlamydia trachomatis* and *Neisseria gonorrhoeae*, 2014

   c. TB Testing
      - Annual screening in the form of Annual Risk Assessment: https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/tuberculosis_control_program/SD_TB Risk Assessment 2018.pdf

- Annual screening using purified protein derivative (PPD) or interferon-gamma release assay
  - If screening test is positive, the patient should have a chest x-ray.
- Chest x-ray: At least one should be documented in the medical record if the individual has a history of TB or a positive screening test.

d. Viral Hepatitis Testing

- Hepatitis B screening should be performed by testing for hepatitis B surface antibody (HBsAb), surface antigen (HBsAg), and antibody to core antigen (anti-HBc or HBcAb). Those who are susceptible to infection should be vaccinated against Hepatitis B Virus (HBV) (see **Section C – Guidelines for Immunization**). Patients who are negative for HBsAg and HBsAb but positive for anti-HBc should be screened for chronic HBV infection by determination of HBV deoxyribonucleic acid (DNA). Those without evidence of chronic infection should consider vaccination. https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-opportunistic-infection/hepatitis-b-virus-infection?view=full
- Hepatitis C screening with Hepatitis C Virus (HCV) antibody or, if recent (i.e., within last six months) infection is suspected, the patient has advanced immunodeficiency (CD4 count<100 cells/mm^3), or the patient has a history of successfully treated or spontaneously cleared HCV infection, ribonucleic acid (RNA) testing should be performed at baseline and at least annually for persons with ongoing risk factors (e.g., IDU) and sexually active men who have sex with men (MSM). HCV RNA should be ordered for all patients with a positive HCV antibody test to assess for active HCV disease. https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-opportunistic-infection/hepatitis-c-virus-infection?view=full

e. Other Testing:

- Measles antibody titer – All persons with HIV born in 1957 or after should be tested for immunity to measles by measuring antibody titers. The measles, mumps, and rubella (MMR) vaccine should be given to persons with CD4 ≥200 cells/mm^3 born in or after 1957 who have not received the vaccine or do not have immunity based on laboratory testing (see **Section C – Guidelines for Immunization**).

4) Appropriate referrals, including but not limited to:
   - Treatment adherence counseling
   - Ryan White dental program (recommended annually)
   - Ophthalmologist if CD4 <50 cells/mm^3 (recommended)
   - Case management (if eligible)
   - Medical nutrition therapy
   - Clinical trials
   - Mental health
   - Substance use treatment
   - Partner services/PrEP if client has not achieved sustained viral suppression

For a list of currently funded Ryan White Service Providers, please visit:
HIV Care and Services Resources (sandiegocounty.gov)

B. Guidelines for Plasma HIV RNA (i.e., Viral Load) Measurements, CD4 Counts, and HIV Genotype
https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-arv/plasma-hiv-1-rna-viral-load-and-cd4-count-monitoring?view=full

1) HIV-1 RNA (i.e., Viral Load) – should be performed upon entry to care, before initiation of ART (if initiation of ART is deferred after entry to care), and within 2-4 weeks but no later than 8 weeks after ART initiation. After initiation or modification of ART, repeat at 4-8-week intervals until undetectable. Continue to monitor every 3-4 months during the first 2 years of ART, and then frequency can be decreased to every 6 months if the viral load is consistently undetectable for two years and the CD4 is >500 cells/mm^3.
2) CD4+ T-cell Count (i.e., CD4 Count) – should be performed upon entry to care and three months after initiation of ART (every 3-6 months in patients who defer ART). After initiation or modification of ART, repeat every 3-6 months during the first 2 years or if the CD4 count is <300 cells/mm^3 or if there is any viremia while on ART. May monitor every 12 months if the patient has consistently been on ART with a suppressed viral load and CD4 count 300-500 cells/mm^3. Optional once CD4

is consistently >500cells/mm^3 and viral load has been undetectable for >2 years.

3) HIV-1 genotype – should be performed upon entry to care for patients who are treatment-naïve and for persons with viral load ≥1,000 copies/mL who have been on a stable ART regimen for 30 days prior to the date of the viral load test.

C. Guidelines for Immunization

Adult Immunization Schedule by Vaccine and Age Group | CDC
Vaccines Indicated for Adults Based on Medical Indications | CDC

1) Vaccines should be offered as soon as possible after initial evaluation at recommended doses.
2) Viral loads should not be measured within three weeks of an immunization.
3) Pneumococcus, influenza, tetanus, Hepatitis B (if not immune), Hepatitis A (if not immune), human papillomavirus (HPV), meningococcal, varicella zoster virus (VZV), vaccinia (mpox)
4) Influenza vaccine: recommended yearly with trivalent inactivated vaccine (live attenuated vaccine is contraindicated in persons living with HIV or PLWH). https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html
5) HPV: Recommended for all PWH through age 26 years as a three-dose series, regardless of the age at initial vaccination. Vaccination may be considered, based on shared clinical decision-making, for persons aged 27-45 years. https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hpv.html
6) VZV:
   a. Varicella vaccine: live attenuated varicella vaccine is recommended for PLH if they do not have immunity to VZV and have a CD4 count of at least 200 cells/mm^3 and a CD4 percentage of at least 15%. The vaccine does not need to be given to persons born in the U.S. before 1980. https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/varicella.html
   b. Recombinant zoster vaccine (RZV) is recommended for all adults with HIV aged 18 years and older, regardless of previous receipt of VZV vaccine, history of herpes zoster infection, or CD4 count (although immunologic response may be suboptimal for persons with CD4 count <200 cells/mm^3 and/or those who have not achieved viral suppression). https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/shingles.html
7) Hepatitis Vaccines:
   a. Hepatitis B: Recommended in persons with negative serology or isolated positive core antibody (i.e., negative surface antigen and antibody). Double dosing (i.e., 40µg) of single-antigen three-dose vaccines is recommended to increase seroconversion rates. For those patients who do not seroconvert after the first series, a second series is recommended. If these persons do not seroconvert, they are unlikely to respond to a third series. The safety and efficacy of the two-dose vaccine has not been evaluated in PLWH but is an option if a two-dose regimen is preferred. https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepb.html
   b. Hepatitis A: Seroconversion rates are likely related to CD4 counts. The vaccine may be given in persons who are seronegative. However, if there is no response and the CD4 counts are less than 500 cells/mm^3, persons can receive a repeat series when CD4 counts are higher. https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepa.html
8) Pneumococcal: All PLH should be up-to-date on pneumococcal vaccination according to ACIP recommendations. https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/pneumo.html
9) Meningococcal: Vaccination against serogroups A, C, W, and Y is recommended for all PLH aged ≥2 years. Vaccination against serogroup B is recommended for persons aged ≥10 years who are at increased risk for serogroup B meningococcal disease due to certain underlying conditions or a serogroup B outbreak. HIV disease is not one of the underlying conditions for which serogroup B vaccination is recommended. Serogroup B vaccination may be considered for adolescents and young adults aged 16-23 years on the basis of shared decision-making. https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html
10) Tetanus vaccines: Recommended every 10 years. Recommend that the next booster contain pertussis booster (Tdap) (make sure the patient has had the pertussis vaccine).

https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/dtap.html

11) Mpox (formerly known as monkeypox): Vaccination with the JYNNEOS vaccine should be offered to all PLH who have not completed the series. https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/smallpox.html

12) SARS-CoV2 (Coronavirus Disease 2019 or COVID-19): COVID-19 vaccination is recommended for all PLWH, regardless of CD4 count or viral load, because the potential benefits outweigh the risks. PLWH should receive booster doses of COVID-19 vaccines as recommended by CDC. For people with untreated or advanced HIV, the CDC COVID-19 vaccination schedule for people with moderate to severe immunosuppression should be followed.

https://www.covid19treatmentguidelines.nih.gov/special-populations/hiv/

https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19.html

13) Respiratory syncytial virus (RSV): Vaccination is recommended for persons aged 60 years or older and pregnant persons based on shared decision making. https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/rsv.html

14) Live Vaccines (Live attenuated influenza vaccine, Varicella or Zoster vaccine, Vaccinia (smallpox ACAM-2000), Yellow Fever, Measles*, Typhoid) are contraindicated in persons with severe immunosuppression based on the person's age (ACIP): CD4<750 for those younger than 12 months, <500 for those aged 1-5 years, and <200 for those >6 years old. Expert consultation is recommended for persons under the age of 12 years.

*The MMR vaccine should be given to persons with CD4 ≥200 cells/mm^3 born in or after 1957 who have not received the vaccine or do not have immunity based on laboratory testing.

15) Pregnant persons: COVID-19, TdaP, and inactivated influenza vaccines are recommended for use during pregnancy. Other vaccines are either contraindicated or recommended under certain circumstances or if benefits outweigh risks through shared decision making. For further guidance, see https://www.cdc.gov/vaccines/pregnancy/hcp-toolkit/guidelines.html.

16) Pediatric patients: Expert consultation is recommended for children under the age of 12 years.

17) Booster doses as recommended by CDC guidelines.

D. Treatment:

1) All PWH should receive ART, regardless of CD4 count, to reduce morbidity and mortality, improve health outcomes, and prevent transmission of HIV to others.

2) Treatment should be initiated immediately or as soon as possible after diagnosis.

   a. Same-day treatment should be offered if there are no medical indications to defer therapy (e.g., signs/symptoms of intracranial OI).

   b. If treatment is offered before the results of treatment-naïve genotype are available, an integrase inhibitor-based regimen is recommended.

3) All PWH should be informed that maintaining a plasma HIV RNA (viral load) of <200 copies/mL, including any measurable value below this threshold value, with ART prevents sexual transmission of HIV to their partners. Patients may recognize this concept as Undetectable = Untransmittable or U=U.

4) Guidelines on antiretroviral treatment regimens for patients who are initiating ART can be found at https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/table-7-antiretroviral-regimen?view=full.

5) Guidelines for the management of treatment-experienced patients, including treatment optimization for patients using oral or long-acting injectable medications, can be found at https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/optimizing-antiretroviral-therapy?view=full.

6) For patients with HBV coinfection, as determined by a positive HBsAg or HBV DNA test result, tenofovir disoproxil fumarate or tenofovir alafenamide, plus either emtricitabine or lamivudine, should be used as part of the ART regimen to treat both HBV and HIV.

7) Patients with HCV coinfection should be managed based on the most up-to-date recommendations (http://www.hcvguidelines.org). In general, the goals of therapy, treatment regimen, and monitoring parameters for HIV/HCV-coinfected patients are similar to those

recommended for HCV-monoinfected patients.

E. Prophylaxis

1) Primary and secondary prophylaxis against opportunistic infections, including but not limited to *Pneumocystis jirovecii*, *Toxoplasma gondii*, coccidioidomycosis, histoplasmosis, cystoisosporiasis, and *Mycobacterium avium* complex should be provided if indicated. https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-opportunistic-infections/whats-new
2) Doxycycline STI post-exposure prophylaxis (doxy-PEP) should be offered to cismen and transwomen who have sex with men who have had a bacterial STI in the past twelve months and discussed with others in this population and prescribed if requested. Counseling of ciswomen who are interested in doxy-PEP should include the conflicting evidence to date on doxy-PEP efficacy among ciswomen, including: 1) a large clinical trial that showed no effect of doxy-PEP on STI incidence among ciswomen; 2) the likely contribution of low adherence to this result; and 3) pharmacologic studies that indicate that doxy-PEP should be effective at preventing STI acquisition through receptive vaginal intercourse. https://www.cdc.gov/std/treatment/guidelines-for-doxycycline.htm

F. Metabolic and Other Noncommunicable Comorbidities Associated with HIV, ART, and Aging

1) The availability of highly effective HIV treatment has resulted in longer life expectancy for PWH and a larger proportion of PWH who are aged 50 years or older.
2) For all PWH aged 50 years or older, providers should closely monitor for and promptly evaluate signs or symptoms of the following conditions that are associated with advanced age, long-term HIV infection, ART, or a combination of these:
   a. Cardiovascular disease and associated risk factors (e.g., hyperlipidemia, glucose intolerance or diabetes mellitus, hypertension, smoking)
   b. Osteoporosis and bone mineral density loss
   c. Hypogonadism
   d. Neurocognitive decline
   e. Mental health conditions, such as depression
   f. Polypharmacy
   g. Kidney disease
   h. Certain non-acquired immune deficiency syndrome (AIDS)-related cancers
3) Specific recommendations regarding metabolic and noncommunicable comorbidities include:
   a. Check lipid levels prior to and within 1-3 months after starting or modifying ART. Check lipid levels annually for those with normal baseline values who have risk factors for cardiovascular disease. Patients with abnormal lipid levels should be managed according to national guidelines.
   b. Random or fasting blood glucose and hemoglobin A1c (HbA1c) should be obtained prior to starting ART. If random glucose is abnormal, fasting glucose should be obtained. After ART initiation, only plasma glucose criteria should be used to diagnose diabetes. Patients with diabetes mellitus should have an HbA1c level monitored every 6 months with an HbA1c goal of <7%.
   c. Baseline bone densitometry (DEXA or DXA) screening for osteoporosis in post-menopausal women and men aged ≥50 years. Screening for transgender persons should follow national recommendations based on sex assigned at birth and individualized risk of osteoporosis.
   d. Testosterone replacement therapy for cisgender men should be prescribed with caution and only in those with symptomatic hypogonadism diagnosed based on the presence of symptoms plus low serum testosterone documented on two separate morning lab tests.

   Primary Care Guidance for Persons with Human Immunodeficiency Virus: 2020 Update by the HIV Medicine Association of the Infectious Diseases Society of America: https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciaa1391/5956736

G. Additional Guidelines for Care of Persons Assigned Female at Birth

1) Guidelines for Cervical Neoplasia:
   a. Age <21 years: Pap test within one year of sexual activity and no later than age 21
   b. Age 21-29 years: Pap test at time of HIV diagnosis. Repeat yearly for three years. If all tests

are normal, repeat Pap test every three years thereafter.

c. Age <30 years: No HPV testing should be performed unless abnormalities are found on Pap test.

d. Age ≥30 years: Pap only (same as for 21-29 years) or Pap with HPV testing. If both tests are negative, repeat Pap with HPV test every three years thereafter.

e. If three consecutive Pap tests are normal, then a follow-up test should be done every three years.

f. Patients with abnormal Pap smears or a history of an untreated abnormal Pap smear should be referred for colposcopy and should receive same management and follow-up as the general population.
Refer to American College of Obstetrics and Gynecology (ACOG) guidelines for management of abnormal cervical cancer screening results:
https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/10/updated-guidelines-for-management-of-cervical-cancer-screening-abnormalities

f. Cervical cancer screening should continue throughout the patient's lifetime and not, as in the general population, end at 65 years of age.

2) Annual mammograms initiated at age 50 or earlier depending on history
3) Treatment for pregnant persons living with HIV – recommend referral to specialist (i.e., UCSD Maternal, Child & Adolescent Program)

H. Anal Cancer Screening – Currently, there are no national screening guidelines for the use of anal Pap tests for cancer screening. However, the Committee endorses guidelines developed by the New York State Department of Health AIDS Institute (https://www.hivguidelines.org/guideline/hiv-anal-cancer/) that recommend annual screening for anal symptoms, visual inspection of the perianal region, education, and digital anorectal examination (DARE) for all PWH aged ≥35 years, regardless of HPV vaccination status. DARE should also be performed for persons <35 years of age who present with signs or symptoms suggestive of anal dysplasia. Further, PWH aged 35 years and older who are at higher risk of having anal dysplasia should have an anal Pap test, with appropriate follow-up (including high-resolution anoscopy) for those with an abnormal anal Pap test result. These recommendations will be revised as needed as new evidence and guidelines become available.

I. PrEP and Partner Prevention Services – Assess HIV status of partner(s) and evaluate for PrEP referral for all patients living with HIV who have not achieved sustained viral suppression. Please note that Ryan White does not provide reimbursement for PrEP services for HIV-negative partners.

1) For guidelines regarding evaluation for and provision of oral and long-acting injectable PrEP, please refer to the U.S. PHS Preexposure Prophylaxis for the Prevention of HIV Infection in the United States – 2021 Update.
https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf
2) For guidelines regarding partner services for PLWH, please refer to the Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection.
https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5709a1.htm

J. HIV Management Guidelines for Transgender Individuals – Primary care of transgender PLWH should address the specific needs of this population and include careful attention to potential interactions between gender-affirming therapy and ART and/or OI prophylaxis medications. Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People, from the Center of Excellence for Transgender Health at the University of California, San Francisco, include recommendations for transgender individuals living with HIV and can be accessed at https://transcare.ucsf.edu/guidelines.

K. COVID-19

1) As stated previously, all PWH should receive all recommended COVID-19 vaccines, in addition to vaccines for other respiratory pathogens (e.g., pneumococcus, influenza, RSV) according to ACIP recommendations (see **Section C – Guidelines for Immunization**).
2) All patients should maintain on-hand at least a 30-day (and ideally a 90-day) supply of ART.

3) Telephone and virtual visits for routine non-urgent care should be considered as an option to encourage continuous engagement in care.

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APPENDIX A
SAMPLE Sexual Health
Risk Assessment Form

Sexually transmitted diseases (STDs) raise the amount of HIV in the body and can make HIV easier to pass to another person. Alcohol and drugs can harm your immune system, stop HIV medication from working properly and increase side effects. To help your doctor help you stay healthy and lower your risk of passing HIV and STDs to others, please answer the following questions honestly. Your answers are entirely confidential.

1. Have you had sex (oral, vaginal, anal) within the **last 3 months**? □ Yes / □ No / □ Decline
   (If you answered **No please skip to #6**)

2. In the **last 3 months**, how many sexual partners did you have? # _____ Male / # _____ Female / # _____ Transgender

3. How often did you use condoms?
   □ Always (100%) / □ Most of the Time (75% or more) / □ Sometimes (50%) / □ Seldom (25%) / □ Never (0%)

4. In the **last 3 months** how many times have you had sex without using a condom?
   # _____ Oral / #_____ Vaginal / # _____Anal; check one: □ Insertive (top) / □ Receptive (bottom) / □ Both

5. In the **last 3 months** what was the HIV status of your sex partner(s)? (Check all that apply)
   □ Positive / □ Negative / □ Unsure

6. Have you had any of the following symptoms in the **last 3 months**? **Yes** **No**

Discharge from penis/vagina	□	□
Burning feeling with urination	□	□
Sores on your genitals	□	□
Anal discharge or pain	□	□
Mucous or blood in your stool	□	□
Throat sores or pain	□	□
Skin rash	□	□

7. Have you been diagnosed with a sexually transmitted disease (STD, such as Syphilis, Chlamydia, Gonorrhea, NGU, Genital Warts, and Genital Herpes) in the **last 3 months**? (Check one): □ Yes / □ No / □ Don't know
   If you answered yes, did you complete treatment? (Check one): □ Yes / □ No / □ Don't know

8. In the **last 3 months** have you used **non-injection** street drugs 9i.e. marijuana, meth, crystal, speed, glass, crack, ecstasy. cocaine)? □ Yes / □ No

9. Have you **ever injected** steroids, hormones, vitamins or street drugs? □ Yes / □ No
   a. If you answered yes, when was the last time you injected? _____
   b. Did you ever share needles? □ Yes / □ No

10. In the **last 3 months** do you feel that your alcohol or drug use caused you to engage in risky activities (i.e. unprotected sex, needle sharing), even once? □ Yes / □ No

11. Would you be interested in help to inform your sex and/ or needle sharing partner(s) of possible HIV exposure?
    □ Yes / □ No / □ Maybe

If you answered Yes or Maybe and would like to speak to a Counselor, please tell us the best way to contact you:
Phone: _____ Can we leave a confidential message? □ Yes / □ No
Text: _____ Email: _____

Provider/Staff Signature: _____

Change History:

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Incorporated references updated as necessary.

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Proposed changes adopted by the HIV Planning Group on XXXXXXXX XX, 2023

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GTZ Community Engagement 2023
June 2023

Final 2023 Report

Summary & Recommendations GTZ Community Engagement Project: *Consumer Recommendations & Implementation 2023*

Background

The San Diego County HIV Planning Group's (HPG) *Community Engagement Project for Getting to Zero and Ending the HIV Epidemic* began in January 2020 and the recommendations continue to help to guide HPG planning and HPG committee work. The Consumer Recommendations and the 2022-23 committee progress are contained in this report. HPG has envisioned a 3-year Action Plan to incorporate this consumer feedback and 2022-23 is year 1 of this 3-year Action Plan. A total of 30 Action Items were presented for HPG Committees to address: 40% of items (12 items) were fully completed, an additional 30% (9 items) are currently in various stages of completion in the committee process, and 30% (9 items) remain not yet addressed by the committees. Items and their completion status are listed in this report. Finally, consultant observations and recommendations are provided at the end of this report.

Community Engagement Methodology

This project included **160 community participants** living with or vulnerable to HIV. Participation included: 1 large group, in-person community member event (98 participants), 2 rounds of extended key informant telephone interviews (64 participants), 12 Advisory Committee meetings, 32 small regional team meetings , and a final framework for a 3-year action plan for HPG implementation. The final action plan contains 11 recommendations for addressing consumer needs and redressing disparities in late HIV diagnoses, retention in care, and viral suppression rates.

Participant Demographics & Descriptors

- ¾ participants living with HIV, ¼ participants vulnerable to HIV
- 78% identified as MSM, 8% of participants identified as women, and 14% as Transgender/Nonbinary.
- 77% of interview participants identified as community members of color: 36% as Black/African American; 36% as Latinx; 20% as White; and 6% as Bi-racial
- Ages of participants ranged from 20-71 years of age
- Among interview participants, 70% endorsed a history of **one of the following experiences** -
    - Substance use (primarily alcohol and/or methamphetamine)
    - or homelessness & food insecurity,
    - or significant traumatic experiences
    - or mental health symptoms.
- For 11% of the 70% indicating at least one of the above difficulties, the use of drugs included injection drug use.
- Further, among the 70% endorsing at least one of above, 83% of those participants discussed a history **that included all of the above experiences -** not only drug and alcohol use, but also struggles with homelessness, food insecurity, significant traumatic experiences, and mental health symptoms.
- 90% of **those indicating all of the experiences** above also indicated periodic struggles to remain in HIV care and adherent to medication protocols.

Consumer Recommendations Overview

Participants appeared very engaged and thoughtful. Responses were focused both on broad themes including: experiences which have created and reinforced care system mistrust; the need for greater transparency and improved communication about available resources; and the need for greater access to mental health and substance use treatment resources. Participants also offered descriptions of their every-day challenges in

prioritizing their healthcare and the barriers to accessing the systems of HIV care, as well as their suggestions for improvements that might reduce those barriers. These suggestions included improved workforce representation, enhanced communications and improved access to service and health information, greater and more rapid access to mental health and substance use treatments, greater and more rapid access to basic support resources (housing, food, transportation, emergency financial assistance), improved access to peer navigators, access to social support groups, and reduced duplicative, confusing bureaucratic barriers to service.

Brief Listing Consumer Recommendations & Committee Progress thru June 2023

Recommendation 1: Acknowledge and address medical system mistrust
REPRESENTATION **1a.** Ensure progress toward a contracted **HIV service-delivery workforce representative of those living with and at higher risk for HIV in San Diego County and ensure ongoing recruitment, support and retention of this representative workforce**
PROGRESS: Completed. Cultural Humility and Competence Standards including instruction to service providers to "Recruit staff members with lived experience at all levels of the organization and provide appropriate supports to ensure their success."
1b. Acknowledge systemic racism, missteps, mistakes and harms of the past and ensure plans are created and implemented to ensure ongoing training to help to ensure this past is not repeated.
PROGRESS: Partially completed. Anti-racist Retreat conducted, now awaiting consultant recommendations for further training or dialogues.
1c. WORKFORCE TRAINING CULTURAL HUMILITY, TRAUMA INFORMED CARE Provide access via links to **enhanced, skill-based trainings** to HIV service-delivery staff which improve the ability to consistently communicate **cultural respect, knowledge, and humility**, as well as the skills required for **trauma-informed care**.
Recommendation 2: Improve communications and outreach strategies for those living with and at higher risk for HIV who live, work or participate in historically-underserved, Low Information communities.
2a. Use multiple communications platforms and outreach strategies to better provide HIV services information to HIV community members and historically-underserved communities impacted in San Diego County, including the following HIV services information: What services are available? Where are services located? Who is eligible for services? What is the cost of services to the eligible community member? What is the contact information for scheduling or for more information? **This recommendation is intended to proactively provide the information to the community rather than placing the burden of information seeking solely on consumers.**
PROGRESS: Partially completed and ongoing. Enhanced Communication Plan begun and continuing weekly via email and social media. Awaiting app completion and deployment. Awaiting completion of services App.
2b. Provide increased and readily available **basic health information** to low information, historically-underserved community members and communities, including: **What is early disease detection and why is it important? Where is HIV, HCV, STD testing available? What is PrEP and who is eligible? Importance of early connection to HIV treatment and medication, What does an undetectable viral load mean for transmission of HIV? Information regarding mental health or substance use treatment (both out-patient and residential treatment).**
PROGRESS: Completed and ongoing. Health messaging via social media begun and continuing X2 monthly.
Recommendation 3: Ensure that all HIV community members have opportunities for equitable access to tele-health appointments and to participation in public meetings, address the digital disparities present for those with lower-income who are also living with or at higher risk for HIV
3a. For low-income HIV consumers, and HPG members who have not been able to access County or City digital resource programs, provide opportunities to gain access to affordable or no-cost, broadband internet connectivity and the hardware necessary to participate in healthcare appointments and public meeting opportunities.
PROGRESS: Completed and ongoing. Addressed via standards to allow telehealth to continue (as appropriate) and to provide for access to internet and hardware to those who need it.

3b. For those HIV community members who have experienced digital disparities, provide information regarding virtual training opportunities to learn digital/virtual skills that can allow them to more easily participate in virtual meetings and resources.
Recommendation 4: Provide increased mental health and alcohol/substance use treatment opportunities for those living with or at higher risk for HIV. Additionally, more widely communicate information about these opportunities to HIV community members.
4a. **Coordinating** with the existing harm reduction task force, provide **guidance** to contracted HIV service providers designed to **increase the availability of harm reduction services** for substance misuse treatment.
PROGRESS: Completed and ongoing. Guidance provided
4b. Expand and augment the current syringe exchange program(s) in San Diego County to allow services to be provided for an increased number of community members (including HIV community members) and to include more opportunities for connection to additional needed services (i.e., wound care, MAT, Case management, vaccinations, etc.)
PROGRESS: Completed approval syringe exchange (BOS), 2 programs up in County and ongoing.
4c. **Coordinating** with County drug and alcohol services personnel, ensure the design and implementation of a **coordinated system for rapid response** for HIV community members who desire to enter substance use residential or out-patient treatment.
4d. In light of reported treatment disruptions which often occur for those without secure housing, design and deploy more rapid interventions for consumers, **particularly when insecure housing and either substance misuse or mental health symptoms are co-occurring**.
4e. Investigate the current opportunities for substance use treatment for methamphetamine and, if inadequate opportunities exist, expand those available.
4f. Continue to increase the opportunities for s**ame-site location of medical providers, mental health providers and alcohol/substance use counselors** for those living with or at higher risk for HIV.
4g. **In collaboration with UCSD and AETC,** provide links and resources for **skill-based training for HIV service personnel** regarding the stigmatizing behaviors faced by substance using HIV community members and ways to reduce those stigmatizing behaviors within the health care system itself.
Recommendation 5: More consistently provide rapid access to **basic support services: housing, food, transportation, emergency financial assistance including shut-off** & **eviction prevention. Additionally, more widely communicate information about these opportunities and the processes to access them.**
5a. Chief among those mentioned above and directly related to community members' ability to meaningfully participate consistently in health care is **Housing**.
PROGRESS: Partially completed and continuing. Emergency Housing resources increased and continuing to monitor. Continuing to monitor PARS. Awaiting guidance/outcome of transportation recommendations.
Recommendation 6: Continue to expand the opportunities to hire, support and utilize peer navigators, peer health educators, peer outreach specialists, benefits navigators, and housing specialists.
PROGRESS: Partially completed. Peer Navigation deployed, awaiting housing case management and benefits specialists.
Recommendation 7: Design, integrate, and deploy strategies to address the stigmas faced by HIV community members including: the multiple layers of stigma faced by those living with HIV who are also Black and Latino MSM; Transgender persons; Immigrants who may be under-documented or undocumented; those struggling with mental health symptoms or alcohol/substance use challenges or those without stable housing.
7a. Increase opportunities/programs for participation in Psychosocial Support Groups for those living with or at higher risk for HIV who may, as a function of family or community stigma, have fewer social supports.
PROGRESS: Partially completed. Provided funding for Psychosocial support groups category, but not yet deployed.
Recommendation 8: Increase the number of HIV service sites that have the capacity for whole person-whole health services including PrEP, mental health services, substance use treatment services, hormone treatment, case management, and housing resources. This should include the capacity for coordinated, integrated, same-day, appointments when requested.

PROGRESS: Partially completed. Standard approved to ensure inclusion of Transgender/Nonbinary clients and hormone treatments. Coordinated service centers include mental health and substance use treatment services. Same-day appts not yet widely available to those who prefer them.
Recommendation 9: Design, create and execute improved community engagement and outreach strategies that utilize community organizing principles and personal relationship building. Strategies should include: transportation and meal reimbursements, as well as appropriate and respectful incentives, engaging, interesting meeting opportunities for planning participation and routine report-outs regarding what has been done with HIV community feedback.
Recommendation 10: Revise and refine the documentation processes that create a barrier to access services for persons living with or at increased risk for HIV.
10a. Reduce the duplication of forms and paperwork required to access HIV services.
PROGRESS: Awaiting completion of reduced paperwork process for initial/renewal RW eligibility.
10b. Explore use of an electronic signature system that does not require in-person, wet signatures for eligibility or authorization forms.
PROGRESS: Not available at this time in RW or County systems.
Recommendation 11: Design and deploy a variety of brief, on-line trainings for those living with or at higher risk for HIV. Trainings include but are not be limited to: what is the HIV Planning Group and options for involvement; What is the HPG Consumer group and how to get involved; What are HPG committees and how to get involved; How to effectively advocate for the HIV community.

Additional Data

Several of the community/consumer recommendations listed above are likely familiar to HPG members as they mirror findings from other relevant sources. These findings and their sources are listed below.

- San Diego County and City remain in a "Housing Crisis" with very limited availability of "affordable" housing options, an ever-growing unhoused and insecurely housed population, as well as ten-year wait-lists for government subsidized housing options (Section 8, HOPWA). Further, in Needs Assessment data, consumers continue to endorse being insecurely housed or unhoused in concerning numbers.
- Previous findings contained in Needs Assessment data have found that in order to remain in care, priority populations need basic support services (disproportionately Black MSM, Latinx MSM, Transgender populations and additionally women, specifically black and Latinx women).These support categories include: housing, food, transportation and emergency financial assistance.
- Additionally, the need for improved access to mental health and substance use service opportunities continues to be reflected in Needs Assessment focus groups discussion and themes. Needs Assessment data contained in the Co-Occurring Conditions report also reflects rates of mental health symptoms and substance use challenges that far exceed those endorsed by the non-HIV community sample.
- Two additional data points are provided by several 2021 consumer comments to the HIV Planning Group. These include 1) the need and desire for increased availability of Peer Navigators and/or Educators and 2) the need for Psychosocial Support Groups, particularly for those without familial support in their HIV health pursuits.

Overview HPG & Committee Progress 2022-23

Below listed are the 2022-23 HPG and HPG Committee accomplishments and progress toward addressing the Consumer Recommendations.

HPG

- Continuing to build a more welcoming, inclusive and supportive HPG culture

- HPG Retreat (initial anti-racist training/dialogue completed) and awaiting consultant recommendations for further dialogue training r/e anti-racist activities)
- Approved below-listed Standards
- Approved allocations for increased Housing Funds, Psychosocial Support Groups and Peer Navigation

Communications Task Force

- Enhanced Communications Work Plan drafted which now includes weekly emails and social media posts, including: monthly ICYMI, HIV & Health, Engagement and Participation opportunities. Also includes website enhancement and continuing work to target and expand lists.

Strategies & Standards

- Acknowledge and Address Hesitation& Mistrust
    - Crafted JEDI Principles
    - Potential JEDI Task Force (awaiting future consultant recommendations regarding JEDI Trainings/Dialogue)
- Crafted and approved Standards to ensure:
    - Access to Telehealth
    - Access to Primary Care, including Transgender clients
    - Cultural humility & culturally competent care
        - * Note that this Standard includes below language:
            - "Clients receive education and support to advocate for what they need, speak out when their needs are not being adequately addressed, and receive timely and adequate responses and supports to address their needs."
            - "Client support needs are assessed and reasonable accommodations are available to allow clients to participate in and receive benefit from services."
            - "Recruit staff members with lived experience at all levels of the organization and provide appropriate supports to ensure their success."

PSRAC

- Recommended allocations to increase access to Housing supports
- Continues to evaluate and focus upon capacity building for mental health services
- Recommended allocations for Peer Navigation and Psychosocial Support Groups

Membership

- Drafted HPG Recruitment Plan and continues to discuss additional items
- Attempting to build an HPG culture of consistent, ongoing Recruitment opportunities for consumers to learn about HPG and receive personal invitations to join HPG & HPG Committees

Consultant Observations & Recommendations – HPG and HPG Committee Ongoing work

This year HPG and its committees, with the help of HPG support staff, has completed 40% of the 3-year Action Plan items, with an additional 30% introduced into the committee process. This is indeed an encouraging and promising beginning! However, with HPG membership at a reduced number of members (27) and a reduced number of committee participants (especially Membership and Community Engagement Committees), it appeared challenging for many members to consistently participate as fully as they would like. Further complicating this has been the recent transitions in HPG support staff personnel and the return to in-person meetings, which created the additional time demands of travel for members and staff. Additionally, next year (2024) brings the end of the HPG terms of ¼ of the current HPG members. Those members terming out are primarily long-term members, many of whom are existing committee members and chairs. These circumstances underline the **need for HPG recruitment, particularly consumer recruitment.**

Recruitment and Training. Consumer recruitment for both HPG and HPG committees is a priority concern for HPG and likely will require active participation and focus by all HPG members and service providers. In addition, to

better ensure success, recruitment will also be accompanied by a need for enhanced training and support. As longer-term members step back to provide training and support, newer members can more confidently step forward to begin their participation and leadership.

Consultant Recommendations for 2023-2024 work

1. Focus upon building the HPG recruitment culture, including fully utilizing the successful Project PEARL program. This focus can include encouraging all HPG members and service providers to reach out to consumers who may be interested in opportunities to participate in HPG and/or it's committees and personally invite them to apply to HPG.
    a. Consult with the Recipient's office regarding the potential tools (standards, contract language, etc.) to provide guidance to contracted HIV service providers as they educate and support consumers in their awareness of and participation in planning opportunities with HPG.
    b. It may be the case that small recruitment events (perhaps held in a variety of provider identified support groups in all regions) may also be an effective vehicle for consumer awareness, education and opportunity to seek participation.
    c. Additionally, pursuing non-RW, private funds to subsidize small stipends for those with lived experience may increase consumer interest in participation.
2. Continue to focus upon building and sustaining a welcoming, inclusive, and supportive HPG culture
3. Continue to complete work on items (listed below) that are still in the committee processes
    a. As a part of that work - receive consultant recommendations regarding trainings, dialogues r/e anti-racist work and begin to implement
4. Begin the designated committee work on items not yet addressed (listed below)
5. **Note:**
    a. Unfinished work remains on Recommendation 10 - bureaucratic duplication for enrollment/recertification – Continue to routinely check on estimated completion
    b. Unfinished work remains on Recommendation 2a - Services Availability application – Continue to routinely check on estimated app completion
    c. Unfinished work remains on transportation service recommendation(s) – continue to check on progress
    d. **Note also** the periodic consumer comments this year about difficulties in accessing mental health services including: uncertainties about whom to call to access, delays of weeks to obtain initial appointments and difficulties in scheduling timely routine appointments once treatment begins. It may be the case that Strategies and Standards needs to review and address Standards of Care for mental health services.
6. In both Steering Committee and Strategies Committees - Begin to discuss potential strategies to comprehensively address the ongoing, multiple **stigmas** encountered by HIV consumers/community members.
7. As MediCal recipients renew and MediCal itself expands eligibility and enhanced services, the potential for decreased demands for RW Part A services exists. HPG can monitor service utilization and explore any potential for increasing funds in other service categories. If funds are available for the basic support services categories, it may help those with the greatest need to more consistently remain in care.

Listing 2022-23 Completed Items and Tasks

Below listed are the specific tasks enumerated in this first Action Plan year and progress to date. **(Initial Tasks Assigned are described in Bold)**

1. ***Completed initial retreat and awaiting consultant recommendations for ongoing trainings/dialogue, Completed Steering, Strategies, HPG.*** **JEDI Principles & Taskforce.**
2. ***Completed, Strategies, HPG.*** **Equitable Access Telehealth: Updating Primary Care standards** to ensure that clients, if interested, can participate in virtual medical visits, including provision of necessary equipment and Internet access
3. ***Completed, Strategies, HPG.*** **Updating Primary Care standards** to include requirements for **serving transgender clients,** including whole-person care, hormone therapy and STD testing and treatment.
4. ***Completed, Strategies, HPG.*** Updating **Client Rights and Responsibilities** to support inclusion of **family members/chosen others in supporting care.**
5. ***Completed, Strategies, HPG.*** **Cultural Humility & Competency: Updated Universal Standards including recruitment and retention of those with lived experience.**
6. ***Completed, Strategies, PSRAC.*** **Requested expanded and completed epi data (including demographic data) and continuum of care (viral loads) as well as multivariate analysis. Strategies and Standards Committee to identify any additional data needs to support planning and implementation of services to reduce disparities in health outcomes.**
7. ***Completed, Steering and HPG.*** Establish clear processes and timelines for **addressing requests from the public** to the HIV Planning Group
8. ***Completed Membership. (for on-line recruitment, now discussing in-person recruitment)*** *With Community Engagement Committee, **further develop and implement a Recruitment Plan for recruitment**
9. ***Completed and ongoing, Communications.*** **Develop and communicate a list of community engagement opportunities** beyond the HIV Planning Group.
10. ***Completed and ongoing, Communications. Continue to refine frequency based on need as further described below.*** The frequency and modes of communications for Communications Plan.
11. **Completed and ongoing, Communications. Continue to review: Post HPG meeting ICYMI emails, Community Events and participation emails at least twice monthly; HIV monthly themes(CDC); membership recruitment for HPG and committees once monthly Describe the types of messages that will be communicated**
12. **Completed and ongoing, Communications. Continue to review use of Instagram, Facebook, Twitter: Strategies for membership recruitment for HPG and committees and community awareness of HPG Describe strategies for use of social media platforms**

Items in active committee process

1. ***In process; Trauma-Informed Care components draft to be submitted in August Strategies Committee.**
2. ***Strategies - Strategies and Standards Committee to review models and resource requirements that would support drop-in services for primary care, mental health, and substance use treatment. In process currently with contract awarded. Services began March 01 2023. Awaiting data to evaluate resource requirements, particularly with regard to drop-in mental health, substance use treatments.**
3. ***Strategies - Strategies and Standards Committee to explore the feasibility and effectiveness of further expanding HIV testing into nontraditional testing sites. In process currently with RFP/Award. Awaiting data to evaluate resources and effectiveness.**
4. ***Steering - Completed and awaiting ongoing consultant recommendations.** Participate in **HPG retreat focused on GTZ Recomendation1: Acknowledge and Address Mistrust (JEDI Principles & Task Force)**
5. ***** **Membership - Discuss the feasibility and desirability of focusing recruitment efforts for service provider seats on frontline staff rather than supervisorial or managerial staff. Membership Committee discussing feasibility now**.
6. ***Community Engagement Committee - Membership committee with Community Engagement Committee to develop Community Engagement Outreach Plan. in process for in-person out-reach plans**.

7. ***Communications – Outline strategies for in-person and on-line outreach. Communications Task Force Currently working on continuing to identify on-line influencers and providers willing to help increase list for communications**
8. ***Communications- Strategies to expand and create consistent culturally respectful communications into high mistrust, low information communities, including communications in Spanish. Communications Task Force *has identified review process for accuracy and appropriateness for Spanish translation but requires further standardization*.**

Remaining Tasks Not yet addressed.

1. *Not yet addressed. **Strategies and Standards Committee** to Update standards for **emergency financial assistance** to identify circumstances where same-day response is warranted
2. *Not yet addressed. **Strategies and Standards Committee** to incorporate strategies for **dismantling HIV-related stigma** among Black, Hispanic and transgender persons living with or vulnerable to HIV
3. *Not yet addressed **Strategies and Standards Committee** to review and **re- evaluate eligibility criteria for basic needs support**
4. *Not yet addressed. **Strategies and Standards Committee** to explore the potential effectiveness and feasibility of funding **mobile health clinic**s
5. *Not yet addressed. **Steering Committee -** Discuss the feasibility and desirability of developing **an online orientation and training** for members of the HIV Planning Group
6. *Not yet addressed.***Membership, Steering** - Strategies to **develop and maintain relationships in neighborhoods** and communities and to involve existing groups and community leaders
7. *Not yet addressed. **Steering** - develop an **evaluation plan** for the communications plan
8. *Not yet fully addressed. **Communications Task Force** - Strategies for development and dissemination of **printed materials**
9. *Not yet fully addressed. **Communications Task Force** - Needs standardization.*Strategies for ensuring that all messaging is accessible to people regardless of **literacy levels or health literacy levels**

2023 Work Plan
HPG, Steering Committee, and Support Staff

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPGSS	• RECIPIENT ACTIVITY
January	• Review and approve HPG meeting calendar • Review In-person meeting plan • Elect HPG Vice-Chair • Training: HPG Roles and responsibilities and Membership recruiting	• Data Requests to Recipient • Work with PSRAC to review Needs Assessment: Should the cycle be reset and how will this be implemented? • Plan to complete ad hoc Bylaws update • Set meeting locations • Review and approve 2022 meeting calendar • Review HPG Work plan • Review HPG Training Schedule • Finalize Training/Consultation on discrimination/anti-racism as related to Implementation of JEDI Principles	• Distribute Committees meeting calendar • Implement in-person meetings (Set up, Food, Gas card distribution) • Develop HPG and Steering Committee training schedule • Track status of ad hoc bylaws • Begin developing KF documents for PSRAC • Confirm with HPG Chair and reserve The Center or other venue for HPG Retreat on March 29, 2022 10:00 a.m. – 2:00 p.m.; • Ensure Strategies, Steering or whatever appropriate Committees or Task Group are working on	•

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPGSS	• RECIPIENT ACTIVITY
			California Integrated Strategic Plan Phase-2 document • Work with Chair to plan draft agenda for HPG retreat	
February	• Training: Transgender community - From Support Staff and Recipient's Office - Data available for RW planning; Programs and resource available in the HIV community • Planning for Regional Community Meetings	• Discuss plan for 2023 Integrated HIV prevention and Care plan • Review timing for updating of Service Standards • Work with Recipients office re NOA and letter to BOS to accept funds • Membership Recruitment Plan • Work with HSHB to ensure training for Providers to educate Consumers about all changes to Temporary Housing assistance. • Confirm agenda for HPG Retreat (March 29, 2022 10:00 a.m. – 2:00 p.m.;) that includes antiracism training	• Watch for RW NOA FY23 • Continue developing KF documents for PSRAC • Send out information re Form 700, HPG COI Disclosure Form, and continue to track Ethics Training • Tracking HPG Code of Conduct • Follow up with MSEC to see if there will be a report of results for chart review to Steering or full HPG (if so, add to the Work Plan) • "HHSA Advisory Board/Committee Annual Review" form (ref County Policy A-74) every other year; next due 2024.	•

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPGSS	• RECIPIENT ACTIVITY
March	• HPG Retreat (March 29, 2022 10:00 a.m. – 2:00 p.m.;)/Antiracism training • Form 700, COI disclosure, and Ethics training • Accept RW FY23 Funds; Approve letter to BOS to accept funds • Reallocation based on FY23 funding award, if needed • Training: Ending the HIV Epidemic (EHE) update • Training (prior to Priority Ranking process): From County Counsel, General Conflict of Interest (COI) Training for HPG and Committee members	• Update from MSEG on plan to update service standards • Review recommendation of the ad hoc Bylaws and procedures and make recommendation to the HPG • Review Procedures for HPG and committees • Decide if HPG will develop a local Integrated HIV prevention and Care plan in 2023 to supplement Statewide plan	• New Member Orientation • Finalize and submit procedures to Steering for approval • Continue developing KF documents for PSRAC • Form 700 due by the end of March for all HPG members; Ethics training due for some HPG members	• Submit Ryan White Service Report (RSR)
April	• Training: From Aging and Independent Services; Assistance available for finding assisted living facilities • Training: From Community Based Organization (CBO); Service available for aging PLWH and needs of long-term survivors •	• Once new Bylaws are approved, review and adopt P&P for HPG and Committees	• Continue developing KF documents for PSRAC • Start preparing logistics for weekly PSRAC in June and July	•

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPGSS	• RECIPIENT ACTIVITY
May	• Training: From Recipient's Office; RW Parts C, D, and F and how they interact with Parts A & B	• Review and consider Policies & procedures • Review plan for assessment of the Administrative Mechanism • Plan for Training outside regular HPG meeting time: Using Data for Decision Making (D. Jacobs ?)	• Convene past Truax recipients and start planning 2023 Truax Awards • FY23 Reflectiveness and Rooster • Service Priority assurance and endorsement letter • Begin Assessment of the Administrative Mechanism • Logistics for weekly HPG meetings in Aug • Per County Policy A-74, HPGSS Manager shall prepare "HHSA Advisory Board/Committee Annual Review" form and submit it to the Office of Strategy and Innovation in May of each year	•
June	• Begin reviewing Key Finding documents from PSRAC • Consider recommendation for Core Medical Services Waiver • Training: Border Health (2023) • Training: Biomedical prevention topic	• Make recommendation to HPG for Core Medical Services Waiver (if requested) • Formal review of progress on GTZ	• Work with Recipient to determine if HPG recommendation for Core Medical Services Waiver will be requested	•

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPGSS	• RECIPIENT ACTIVITY
		Community Engagement Plan •	• Work with Chair to review MOU with Recipient • Prepare Priority Ranking worksheets Prepare Funding allocation worksheets	
July	• FY 23 Funding Reallocations (if needed) • Vote on FY24 Service Priority Rankings • Start voting on FY24 Funding Allocations	•	• Begin working on RW non-competitive renewal application •	•
August	• FY 23 Funding Reallocations (if needed) • Final FY24 Funding Allocations in Level and Reduction Funding Scenarios •	• Consider authorization to request 5% increase to RW Funding for FY24 (if needed)	• Continue formal planning of Truax Awards	•
September	• FY 23 Funding Reallocations (if needed) • Approve planned use of funds in carryover request • Final Assessment of the Administrative Mechanism • Members review RW non-competitive renewal application • (If needed, Action: Apply for 5% increase in RW Part A funds)	• Plan HPG retreat •	• Chairs signature on Waiver of Core medical if needed • Chair signature on Letter of Concurrence for Noncompeting continuing review (or Part A application when applicable)	• Carryover Request

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPGSS	• RECIPIENT ACTIVITY
			• Begin preparations for HPG retreat	
October	• FY 23 Funding Reallocations (if needed) • Training: New HPG and Committee members COI P&P and form	•	• New Member Orientation • Continue to prepare for HPG retreat • Start developing 2024 Work Plan	•
November	• FY 23 Funding Reallocations (if needed) • HPG Retreat OR Training: Biomedical Prevention topics	• 2024 Work Plan • Integrated HIV prevention and Care plan	• Chair's signature of carryover request, if needed	•
December	• FY 23 Funding Reallocations (if needed) • Truax Awards •	•	•	•

2024 DRAFT Work Plan
HPG, Steering Committee, and Support Staff

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPG SUPPORT STAFF	RECIPIENT ACTIVITY
January	• Action Item: Review HPG meeting calendar and approve • Review In-person meeting plan • Open nominations for HPG Vice-Chair • Provide input for California Integrated Plan Phase-2 • Training: 1. HPG Roles and responsibilities and Membership recruiting; 2. Parliamentary Procedures	• Review HPG 2023 Work plan and training schedule • Review and approve 2023 meeting calendar • Discuss Steering Retreat and HPG Retreat and confirm dates • Coordinate Data Requests to Recipient • Coordinate Needs Assessment with PSRAC: Schedule for cycle components: 1. Survey, 2. Focus Group, 3. Provider Survey • Plan Training/Consultation on discrimination/anti-racism as related to Implementation of JEDI Principles • Discuss California Integrated Plan Phase-2	• Finalize HPG and Steering Committee 2023 Work Plan and training schedule • Finalize 2023 HPG and Committees meeting calendar • Confirm availability of meeting locations for HPG and Committee meetings, Feb. – March 2024 • Prepare Set up, Food, Gas card distribution • Begin developing KF documents for PSRAC/HPG • Work with HPG Chair to Plan Steering Retreat • HPG Retreat Planned for March___, 2024 at _____; Confirm and work with Chair	• HSHB Report • Budget Report • Service Utilization Report • Client Service Evaluation (Goldenrod) Report • Response to Data Requests • Assist HPG Support to set up food purchase on P-card • Arrange for County Counsel to provide training to HPG at February meeting • Begin planning for Needs Assessment • Submit for California Integrated Plan Phase-2 documents

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPG SUPPORT STAFF	RECIPIENT ACTIVITY
			to plan draft agenda for HPG retreat; Reserve The Center or alternate venue • Ensure Strategies, Steering and/or other appropriate Committees or Task Group are working on California Integrated Strategic Plan Phase-2 document	• Contract for antiracism training at HPG retreat in March
February	• Elect HPG Vice-Chair • Discuss planning for Regional Community Meetings • Members must complete Form 700, HPG COI Disclosure, Ethics Training • Training (prior to Priority Ranking process): From County Counsel, General Conflict of Interest (COI) Training for HPG and Committee members	• Discuss planning for Regional Community Meetings • Review timing for updating of Service Standards • Work with Recipients office re NOA and letter to BOS to accept funds • Review Membership Recruitment Plan • Work with HSHB to ensure training for Providers to educate Consumers about all changes to Temporary	• Watch for RW NOA FY23 • Continue developing KF documents for PSRAC/HPG • Send out information re Form 700, HPG COI Disclosure Form, HPG Conduct agreement and continue to track Ethics Training; Code of Conduct, Confidentiality Form: Staff to Track • Ask MSEC to	• Regular reports (Expenditures, HSHB, utilization, Goldenrod) • Provide training to providers so they can educate Consumers about changes to Temporary Housing assistance • Communicate with HPG support staff re: NOA and requirements • Start preparing

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPG SUPPORT STAFF	RECIPIENT ACTIVITY
		Housing assistance • Confirm agenda for HPG Retreat (March ____, 2024 at _____) that includes antiracism training • Watch for any possible recommendation for changes to FY 24 allocation from PSRAC • Help prepare for March EHE site visit including help coordinate consumer forum	consider when medical standards need to be updated • Ask MSEC to consider when oral health standards need to be updated • Follow up with MSEC to see if there will be a report of results for chart review to Steering or full HPG (if so, add to the Work Plan) • Next due in 2024 - "HHSA Advisory Board/Committee Biannual Review" form (ref County Policy A-74) every other year	Board letter to accept RW funds • Begin Prep for Ryan White Service Report
March	• HPG Retreat (Date/time TBD Topic(s) TBD • Reminder to members regarding Form 700, COI disclosure, and Ethics training • Possible Training: Transgender community - From Support Staff and Recipient's Office – 1) Data	• Update from MSEG on status of plan to update Outpatient Ambulatory Health Services (OAHS) service standards • Update from MSEG on status of plan to update Oral Health	• New Member Orientation • Finalize and submit updated HPG Polices and Procedures to Steering for approval • Continue developing	• Regular reports (Expenditures, HSHB, utilization, Goldenrod) • Submit Ryan White Service Report (RSR)

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPG SUPPORT STAFF	RECIPIENT ACTIVITY
	available for RW planning; 2) Programs and resource available in the HIV community; 3) Ending the HIV Epidemic (EHE) update	Services service standards • Review Policies and Procedures for HPG and committees based updated Bylaws (perhaps move to Jan. or earlier)	KF documents for PSRAC • Form 700 due by the end of March for all HPG members; HPG COI Disclosure Form, HPG Conduct agreement (for all HPG and committee members); • Ethics training due for some HPG members	
April	• Accept RW FY24 Funds; Approve letter to BOS to accept funds • Modify allocations based on FY24 funding award, if needed • Training: 1) From Aging and Independent Services; Assistance available for finding assisted living facilities and from Community Based Organization (CBO) regarding services available for aging PLWH and needs of long-term survivors •	• Once revised Bylaws are approved, review and adopt Policy & Procedures for HPG and Committees	• Support Staff to work with HPG Chair and Vice Chair to review P&P for agreement with new Bylaws • Continue developing KF documents for PSRAC • Start preparing logistics for extra and/or weekly PSRAC meetings in June and July	• Regular reports (Expenditures, HSHB, utilization, Goldenrod) • Review spending to determine if any recommendations for reallocation • Ensure Epi Data and Unmet Need Data are available for PSRAC
May	• Training: 1. From Recipient's	• Review and consider	• Convene past Truax	• Regular reports

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPG SUPPORT STAFF	RECIPIENT ACTIVITY
	Office; RW Parts C, D, and F and how they interact with Parts A & B; 2. Women, Infants, Children, Youth, and Families; 3. Substance Use Treatment and Resources	Policies & procedures • Review plan for assessment of the Administrative Mechanism • Plan for Training outside regular HPG meeting time: Using Data for Decision Making (D. Jacobs)	recipients and start planning 2024 Truax Awards Ceremony • FY24 Reflectiveness and Rooster • Service Priority assurance and endorsement letter • Begin Assessment of the Administrative Mechanism • Logistics for weekly HPG meetings in Aug • Per County Policy A-74, HPGSS Manager shall prepare "HHSA Advisory Board/Committee Annual Review" form and submit it to the Office of Strategy and Innovation in May of each year	(Expenditures, HSHB, utilization, Goldenrods • Review spending to determine if any recommendations for reallocation • Recommendations for reallocations in FY 24 • HPG Service Priority assurance and endorsement letter • FY24 Reflectiveness and Rooster • Prepare for Assessment of the Administrative Mechanism • Prepare to present to HPG on Border Health next month • Ensure Continuum of Care/Viral Suppression Data is available for PSRAC
June	• Begin reviewing Key Finding documents from PSRAC	• Make recommendation to HPG for Core	• Work with Recipient to determine if HPG	• Regular reports (Expenditures,

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPG SUPPORT STAFF	RECIPIENT ACTIVITY
	• Consider recommendation for Core Medical Services Waiver • Training: 1) Border Health (2023); 2) Biomedical prevention topic	Medical Services Waiver (if requested by HSHB) • Formal review of progress on GTZ Community Engagement Plan • Review and approve template for August weekly HPG meetings	recommendation for Core Medical Services Waiver will be requested • Work with Chair to review MOU with Recipient • Prepare Priority Ranking worksheets Prepare Funding allocation worksheets • Prepare template of weekly HPG meetings in Aug (remove reports and other routine business and focus on priorities and allocations) in case Steering does not meet in July	HSHB, utilization, Goldenrod) • Review spending to determine if any recommendations for reallocation • Prepare for Core Medical Services Waiver • Begin review of HPG MOU • Prepare any guidance to support staff for new RW application
July	• FY 24 Funding Reallocations (if needed) • Vote on FY25 Service Priority Rankings • Start voting on FY25 Funding Allocations	•	• Begin working on RW Part A/MAI application	• All Report • Review for any recommendations for reallocations • Renewal
August	• FY 24 Funding Reallocations (if needed) • Final FY25 Funding	• Consider authorization to request 5% increase to RW Funding for	• Continue formal planning of Truax Awards	• Regular reports (Expenditures, HSHB, utilization,

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPG SUPPORT STAFF	RECIPIENT ACTIVITY
	Allocations in Level and Reduction Funding Scenarios	FY25 (if needed)	• Preplanning for HPG Fall retreat with HPG Chair	Goldenrod) • Review expenditures for any recommendations for reallocations
September	• FY 23 Funding Reallocations (if needed) • Approve planned use of funds in carryover request • Final Assessment of the Administrative Mechanism • Members review RW Part A/MAI application • (If needed, Action: Apply for 5% increase in RW Part A funds)	• Plan HPG Fall retreat •	• Announce Truax Award nominations • Chairs signature on Waiver of Core medical, if needed • Chair signature on Letter of Concurrence for Part A/MAI application Begin preparations for HPG Fall retreat	• Regular reports (Expenditures, HSHB, utilization, Goldenrod) • Review expenditures for any recommendations for reallocations • Prepare waiver of Core medical • Carryover Request • Letter of concurrence for noncompeting RW application
October	• FY 23 Funding Reallocations (if needed) • HPG Fall retreat announcement (if there will be one) • Training: New HPG and Committee members COI P&P and form	• Consider Fall retreat	• Open Truax Award Nominations • Truax Location, Planning, logistics • New Member Orientation • Continue to prepare for HPG retreat • Start developing	• Regular reports (Expenditures, HSHB, utilization, Goldenrod) • Review for any recommendations for reallocations

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPG SUPPORT STAFF	RECIPIENT ACTIVITY
			2025 HPG Work Plan • Ask HSHB for any end of year reallocation to try to have for Nov meeting	
November	• FY 23 Funding Reallocations (if needed) • HPG Fall Retreat OR Training: Biomedical Prevention topics	• 2024 Work Plan • Consider canceling Nov HPG meeting if no pressing agenda items	• Chair's signature of carryover request, if needed	• Regular reports (Expenditures, HSHB, utilization, Goldenrod) • Review expenditures for any recommendations for reallocations
December	• FY 23 Funding Reallocations (if needed) • Truax Awards	• Consider canceling Dec HPG meeting if no pressing agenda items	•	• Regular reports (Expenditures, HSHB, utilization, Goldenrod) • Review expenditures for any recommendations for reallocations

September 2023 Goldenrods	Total #
# Goldenrods Received	3
# of Providers	2
# of RW-funded services provided	2
# of Clients Contacted	0
# Given permission to use information	2
# Positive Remarks	3
# Remarks Requiring Follow-Up	0

October 2023 Goldenrods	Total #
# Goldenrods Received	1
# of Providers	1
# of RW-funded services provided	1
# of Clients Contacted	1
# Given permission to use information	1
# Positive Remarks	0
# Remarks Requiring Follow-Up	1

SUMMARY OF SERVICES FOR FY23

Mar. 1, 2023 - Feb. 29 2024

RYAN WHITE SERVICES		Oct	Year To Date Total	Prior Year Total
FY 2023-2024				
Total clients served each month	Clients	1,204		
New clients in FY23	Clients	120	**2,871**	**2,929**
Returning FY23 clients	Clients	1,084		
VIRAL LOAD SUPPRESSION				
Virally suppressed	Clients	946		
% Virally suppressed		1		
With Test	Tests	1,027		
Without Test	Tests	177		
PART-A SERVICES				
Outpatient Ambulatory Health Services: HIV Primary Care*	Visits	170	**1,676**	**1,081**
	Clients	153	**783**	**595**
Outpatient Ambulatory Health Services: Medical Specialty Care	Visits	0	**0**	**238**
	Clients	0	**0**	**117**
Psychiatric Medication Management	Visits	0	**13**	**11**
	Clients	0	**11**	**8**
Oral Health Care: Dental Care	Visits	58	**673**	**752**
	Clients	49	**278**	**326**
Early Intervention/Integrated Services for Women, Children & Families: Coordinated Care	Visits	66	**1,813**	**1,470**
	Clients	25	**158**	**149**
Early Intervention/Integrated Services for Women, Children & Families: Childcare	Visits	0	**48**	**53**
	Clients	0	**30**	**41**
Early Intervention Services: Regional Services	Visits	811	**6,403**	**5,790**
	Clients	327	**978**	**993**
Early Intervention Services: Peer Navigation Services	Visits	148	**2,361**	**842**
	Clients	48	**329**	**177**
Early Intervention Services: Outreach Services	Visits	0	**0**	**0**
	Clients	0	**0**	**0**
Medical Case Management Services	Visits	938	**8,326**	**6,867**
	Clients	401	**786**	**737**

*Includes Part B funded services

SUMMARY OF SERVICES FOR FY23

Mar. 1, 2023 - Feb. 29 2024

RYAN WHITE SERVICES		Oct	Year To Date Total	Prior Year Total
PART-A SERVICES continued				
Home-based Health Care Coordination	Visits	36	**544**	**536**
	Clients	18	**44**	**42**
Case Management -Non-Medical	Visits	333	**3,186**	**3,421**
	Clients	165	**315**	**319**
Mental Health Services: Counseling/Therapy	Visits	262	**2,661**	**2,178**
	Clients	117	**313**	**239**
Substance Abuse Treatment Services – Residential*	Visits	0	**83**	**107**
	Clients	0	**21**	**30**
Substance Abuse Treatment Services - Outpatient	Visits	293	**2,469**	**2,548**
	Clients	46	**93**	**88**
Housing Services: Partial Assistance Rental Subsidy	Visits	0	**672**	**884**
	Clients	0	**113**	**130**
Medical Transportation Services - Assisted	Visits	0	**11**	**42**
	Clients	0	**10**	**32**
Medical Transportation Services - Unassisted	Visits	240	**2,142**	**2,314**
	Clients	171	**362**	**399**
Housing Services: Emergency Housing Assistance	Visits	117	**702**	**615**
	Clients	94	**370**	**368**
Food Services: Food Bank/ Home Delivered Meals	Meals	1,606	**18,790**	**24,319**
	Clients	89	**194**	**200**
Medical Nutrition Therapy	Visits	0	**95**	**102**
	Clients	0	**61**	**71**
Legal Services	Visits	16	**113**	**116**
	Clients	15	**99**	**82**
Emergency Financial Assistance	Visits	5	**554**	**204**
	Clients	5	**136**	**69**
Internet Access	Visits	0	**1**	**1**
	Clients	0	**1**	**1**
Internet Equipment	Visits	8	**50**	**7**
	Clients	6	**24**	**5**
Collateral Contacts	Visits	192	**1,633**	**1,921**
	Clients	102	**388**	**497**

*Includes Part B funded services

SUMMARY OF SERVICES FOR FY23

Mar. 1, 2023 - Feb. 29 2024

RYAN WHITE SERVICES		Oct	Year To Date Total	Prior Year Total
MAI SERVICES				
Medical Case Management Services	Visits	149	**1,180**	**842**
	Clients	60	**140**	**140**
Mental Health Services: Therapy/Counseling	Visits	47	**371**	**636**
	Clients	26	**77**	**80**
Substance Abuse Treatment Services - Outpatient	Visits	62	**550**	**179**
	Clients	30	**88**	**27**
Faciliated Referrals	Visits	0	**0**	**0**
	Clients	0	**0**	**0**
Outreach Encounters	Visits	0	**0**	**0**
	Clients	0	**0**	**0**
Medical Transportation Services - Assisted	Visits	0	**0**	**0**
	Clients	0	**0**	**0**
Medical Transportation Services - Unassisted	Visits	0	**0**	**0**
	Clients	0	**0**	**0**
Case Management -Non-Medical	Visits	85	**639**	**696**
	Clients	47	**85**	**85**

*Includes Part B funded services

SUMMARY OF SERVICES FOR FY22

Mar. 1, 2022- Feb. 28, 2023

CLIENT DEMOGRAPHICS	Number of Clients	% of Client Total	Client Total
FY 2023-2024			
Race/Ethnicity			
White (not Hispanic)	656	22.85%	
Black or African American (not Hispanic)	331	11.53%	
Hispanic or Latino(a)	1,679	58.48%	
Asian	44	1.53%	
American Indian/Alaska Native	15	0.52%	
Multi-Race	31	1.08%	
Native Hawaiian/Pacific Islander	9	0.31%	
Race data not in ARIES	106	3.69%	**2,871**
Gender			
Male	2,261	78.75%	
Female	496	17.28%	
Transgender FTM	2	0.07%	
Transgender MTF	110	3.83%	
Other	2	0.07%	
Client Refused to Report	0	0.00%	**2,871**
Age Categories			
< 2	23	0.80%	
02-12	8	0.28%	
13-24	57	1.99%	
25-44	1,090	37.97%	
45-64	1,363	47.47%	
65 and over	330	11.49%	**2,871**
Poverty Level			
<138%	2,091	72.83%	
138-199%	320	11.15%	
200-299%	210	7.31%	
300-399%	50	1.74%	
400-499%	15	0.52%	
>500%	15	0.52%	
Financial data not in ARIES	170	5.92%	**2,871**
HRSA Housing Status			
Stable/Permanent	1,081	37.65%	
Temporary	293	10.21%	
Unstable	189	6.58%	
Housing Status not in ARIES	1,308	45.56%	**2,871**
Insurance Status			
Private	50	1.74%	
Medicaid	502	17.49%	
Medicare	89	3.10%	
Other	396	13.79%	
No Insurance	114	3.97%	
Insurance not in ARIES	1,720	59.91%	**2,871**
San Diego Region			
Central	962	33.51%	
East	182	6.34%	
South Bay	534	18.60%	
Southeast	249	8.67%	
North Coastal	306	10.66%	
North Inland	166	5.78%	
North Central	187	6.51%	
Zip Code may be outside SD County	11	0.38%	
Zip Code not in ARIES	274	9.54%	**2,871**

HIV PLANNING GROUP
12-MONTH COMMITTEE TRACKING
Oct 2022 - Sep 2023

STEERING	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**#**
Total Meetings	1	0	0	1	1	0	1	1	1	1	0	1	**8**
Community Engagement Group Allan Acevedo	*	NM	NM	**1**	**1**	NM	**1**	*	**1**	*	NM	*	**4**
Medical Standards Dr. Tilghman	**1**	NM	NM	*	*	NM	*	*	*	*	NM	*	**1**
Membership Bob Lewis	**1**	NM	NM	*	**1**			*	*	*	NM	*	**2**
Priority Setting and Resource Allocation Dr. Jacobs	*	NM	NM	*	*	NM	*	*	*	*	NM	*	**0**
Strategies & Standards Shannon Ransom	*	NM	NM	*	*	NM	*	*	*	*	NM	**1**	**1**
Chair- Mikie Lochner	*	NM	NM	*	*	NM	*	**1**	*	*	NM	*	**1**
Vice Chair - Rhea Van Brocklin	*	NM	NM	*	*	NM	*	*	*	*	NM	*	**0**

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

***** = Present

1 = Absent for the month

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

JC = Just Cause

EC = Emergency Circumstance

NM = No Meeting

Presented by the
San Diego HIV Planning Group

The 34th Annual
DR. A. BRAD TRUAX AWARDS

The Dr. A. Brad Truax Award was created to honor the memory of Dr. Truax and his contributions to the HIV/AIDS effort in San Diego.

The award is given annually on World AIDS Day (December 1) to recognize the outstanding overall contributions made by a person involved in the fight against the HIV/AIDS epidemic in our community.

World AIDS Day
DECEMBER 1
WORLD AIDS DAY 35
Remember and Commit

Additionally, awards are given in each of the following three (3) categories:

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

Each honoree will be acknowledged as a Community Award Recipient.

Event Details

Friday, December 1, 2023
3:00 PM - 5:00 PM
The San Diego LGBT Community Center
3909 Centre St, San Diego, CA 92103

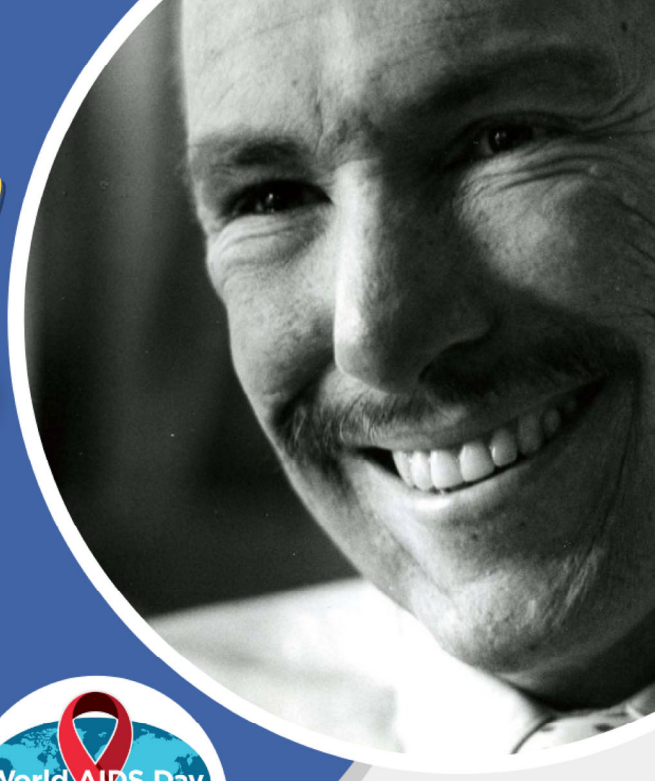
Spanish interpretation will be provided.
ASL provided upon request.

For more info, send email to:
HPG.HHSA@sdcounty.ca.gov

Presentado por el Grupo de Planificación del VIH de San Diego

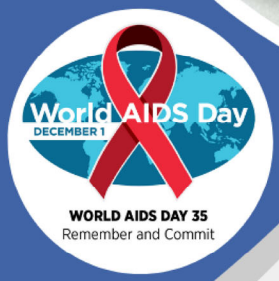
La 34a Edición Anual

DEL DR. A. BRAD PREMIOS TRUAX



El Premio Dr. A. Brad Truax fue creado para honrar la memoria del Dr. Truax y sus contribuciones al esfuerzo contra el VIH/SIDA en San Diego.

El premio se otorga anualmente en el Día Mundial del SIDA (1 de diciembre) para reconocer las contribuciones generales sobresalientes realizadas por una persona involucrada en la lucha contra la epidemia del VIH/SIDA en nuestra comunidad.



Además, se otorgan premios en cada una de las siguientes tres (3) 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 persona honrada sera reconocida como Ganador del Premio de la Comunidad.

Detalles del evento

Viernes, 1 de diciembre de 2023

3:00 PM - 5:00 PM

The San Diego LGBT Community Center

3909 Centre St. San Diego, CA 92103

Se proporcionará interpretación al español. ASL proporcionado a pedido.

Para obtener más información, envíe un correo electrónico a:

HPG.HHSA@sdcounty.ca.gov

November 2023 – HIV Planning Group Committee Meetings

	Meeting	Date	Time	Location
1	Membership Committee	Wednesday, November 8, 2023	11:00 AM – 1:00 PM	**South Region (Chula Vista) Live Well Center** 690 Oxford St. Chula Vista, CA 91911 - **Conference Room 2**
2	Priority Setting & Resource Allocation Committee (PSRAC)	Thursday, November 9, 2023	3:00 PM – 5:00 PM	**Southeast Live Well Center 5101 Market St. San Diego, CA 92114 (Tubman Chavez Room A)**
3	Medical Standards & Evaluation Committee (MSEC)	Tuesday, November 14, 2023	4:00 PM – 5:30 PM	**Southeast Live Well Center 5101 Market St. San Diego, CA 92114 (Tubman Chavez Room C)**
4	Community Engagement Group	Wednesday, November 15, 2023	3:00 PM – 5:00 PM	**Southeast Live Well Center 5101 Market St. San Diego, CA 92114 (Tubman Chavez Room A)**
5	Steering Committee	Tuesday, November 21, 2023	11:00 AM – 1:00 PM	**Southeast Live Well Center 5101 Market St. San Diego, CA 92114 (Tubman Chavez Room A)**
6	HIV Planning Group	Wednesday, November 29, 2023	3:00 PM – 5:00 PM	**Southeast Live Well Center 5101 Market St. San Diego, CA 92114 (Tubman Chavez Room C)**

Reminder: *PSRAC switched to every other month in alteration with Strategies effective April 2023 (except for the Budget Allocation Process from June – July).*

Strategies Committee time change to 3:00 PM effective June 2023.

As of 11/08/2023

December 2023 – HIV Planning Group Committee Meetings

	Meeting	Date	Time	Location
	Strategies and Standards Committee	Tuesday, December 5, 2023	3:00 PM – 4:30 PM	**Southeast Live Well Center 5101 Market St., San Diego, CA 92114 (Tubman Chavez Room A)**
	Membership Committee	Wednesday, December 13, 2023	11:00 AM – 1:00 PM	**Southeast Live Well Center 5101 Market St., San Diego, CA 92114 (Tubman Chavez Room A)**
	Community Engagement Group	Wednesday, December 13, 2023	3:00 PM – 5:00 PM	**Southeast Live Well Center 5101 Market St., San Diego, CA 92114 (Tubman Chavez Room A)**
	Steering Committee	Tuesday, December 19, 2023	11:00 AM – 1:00 PM	**Southeast Live Well Center 5101 Market St., San Diego, CA 92114 (Tubman Chavez Room A)**
	HIV Planning Group	Wednesday, December 20, 2023	3:00 PM – 5:00 PM	**Southeast Live Well Center 5101 Market St., San Diego, CA 92114 (Tubman Chavez Room A)**

Reminder: *PSRAC switched to every other month in alteration with Strategies effective April 2023 (except for the Budget Allocation Process from June – July).*

Strategies Committee time change to 3:00 PM effective June 2023.

As of 11/08/2023

January 2024 – HIV Planning Group Committee Meetings

	Meeting	Date	Time	Location
1	Membership Committee	Wednesday, January 10, 2024	11:00 AM – 1:00 PM	**Southeast Live Well Center 5101 Market St., San Diego, CA 92114 (Tubman Chavez Room C)**
2	Priority Setting & Resource Allocation Committee (PSRAC)	Thursday, January 11, 2024	3:00 PM – 5:00 PM	**County Operations Center (COC):** 5530 Overland Ave. San Diego, CA 92123 **Training Room 124**
3	CARE Partnership	Monday, January 15, 2024	11:00 AM – 1:00 AM	**Southeast Live Well Center 5101 Market St., San Diego, CA 92114 (Tubman Chavez Room C)**
4	Steering Committee	Tuesday, January 16, 2024	11:00 AM – 1:00 PM	**Southeast Live Well Center 5101 Market St., San Diego, CA 92114 (Tubman Chavez Room A)**
	Membership Committee	Wednesday, January 17, 2024	11:00 AM – 1:00 PM	**Southeast Live Well Center 5101 Market St., San Diego, CA 92114 (Tubman Chavez Room C)**
5	Community Engagement Group	Wednesday, January 17, 2024	3:00 PM – 5:00 PM	**Southeast Live Well Center 5101 Market St., San Diego, CA 92114 (Tubman Chavez Room A)**
6	HIV Planning Group	Wednesday, January 24, 2024	3:00 PM – 5:00 PM	**Southeast Live Well Center 5101 Market St., San Diego, CA 92114 (Tubman Chavez Room A)**

Reminder: *PSRAC switched to every other month in alteration with Strategies effective April 2023 (except for the Budget Allocation Process from June – July).*

Strategies Committee time change to 3:00 PM effective June 2023.

As of 11/08/2023

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	• 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	"A physical or family medical emergency that prevents a member from attending the meeting in person." A member is not required to disclose any medical diagnosis or disability, or any personal medical information that is already exempt from existing law.	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. 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*.

**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 and in person	Call-in or internet-based and in person
Disruption of broadcast or public's ability to comment	Meeting can proceed	No further action taken	No further action taken	No further action taken
Reason must be approved by legislative body	No	Yes (Initial findings and renewed findings every 30 days)	No, but general description to be provided by legislative body	Yes and general description to be provided to legislative body
Votes must be taken by roll call	Yes	Yes	Yes	Yes
Member's remote location included on agenda	Yes	No	No	No
Declared emergency and health official's recommendations for social distancing	No	Yes	No	No
Annual limits	None	None	Twice per calendar year (limits for emergency circumstances also apply for collective number of times AB 2449 can be used per year)	3 consecutive months/ 20% of regular meetings per calendar year; or 2 meetings per calendar year if body meets less than 10 times per year (collectively with just cause)
Effective Dates	Ongoing	Expires 12/31/2023	Expires 12/31/2025	Expires 12/31/2025