STEERING COMMITTEE

Tuesday, January 16, 2024, 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, January 16, 2024
11:00 AM - 1:00 PM

Southeastern Live Well Center
5101 Market Street
San Diego, CA 92114
Tubman Chavez Room A

Visitor/Employee parking available in parking structure. Main entrance can be accessed by exiting the parking structure on the 2nd floor and walking down the sidewalk to the left.

FROM I-805 SOUTH:

1. Head northwest on I-805 North.
2. Take exit 12B for Market St.
3. Turn right onto Market St.
4. The destination will be on your right.

FROM I-805 NORTH:

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

PUBLIC TRANSPORTATION

MTS Trolley:
Orange Line

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

Valencia Park/Malcolm X Branch Lbry

Market St

Market St

Market St

Euclid Ave

⊙ 5101 Market Street
Southeast Live Well Center

001

Tuesday, January 16, 2024, 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 (Vice-Chair)

MEETING AGENDA
ORDER OF BUSINESS

1. Call to order, roll call, comments from the chair and a moment of silence

2. Public comment (for members of the public)

3. Sharing our concerns (for committee members)

4. **ACTION:** Approve the Steering Committee agenda for January 16, 2024

5. **ACTION**: Approve meeting minutes from November 21, 2023

6. **ACTION:** Approve the HIV Planning Group agenda for January 24, 2024

7. Committee reports and recommendations

8. Old Business

    a. Needs Assessment Working Group – updates

    b. HIV & Aging ad hoc committee

9. New Business

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

    b. Review process for public comment review/follow-up from committee meetings

    c. Review HPG 2024 Workplan and training schedule

    d. Discuss and plan the March 2024 HPG Retreat

    e. Discuss next steps for the Needs Assessment

f. **ACTION** *(Priority Setting and Resource Allocation Committee)*: Approve the 2024 Needs Assessment Survey

g. **ACTION:** Review and approve 2024 meeting calendar

10. Routine Business

a. **ACTION** *(Priority Setting and Resource Allocation Committee):* Re-allocations for FY 23 (current FY: March 1, 2023 – February 29, 2024) or budget changes for FY 24 (March 1, 2024 – February 28, 2025)

b. Follow-up: Strategies and Standards Committee to create an anti-racism statement for the HPG and committees

c. Discussion: Getting to Zero Community Engagement Project and next steps

d. Discussion: HPG Leadership transition process and mentorship training

e. Review committee attendance

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

12. HPG Support Staff Report

a. Administrative budget review

b. Plan for HPG Orientation in April 2024

13. Future agenda items for consideration

14. Announcements

15. Next meeting date: **Tuesday, February 20, 2024, 11:00 AM - 1:00 PM**

Location: **Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room C)**

16. Adjournment

STEERING COMMITTEE

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).
Members Present: Dr. Delores Jacobs | Bob Lewis | Mikie Lochner | Shannon Ransom | Dr. Winston Tilghman | Rhea Van Brocklin
Members Absent: Allan Acevedo

ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order, roll call, comments from the chair, and a moment of silence	Mikie Lochner called the meeting to order at 11:00 AM and noted the presence of an in-person quorum. A moment of silence was observed. Mikie Lochner reminded the committee that the decision to hold the meeting and deem its importance are up to the Chair. Mikie Lochner read the committee charge and reminded the Committee to adhere to their conflicts of interest during discussions and voting.	
2. Public comment (for members of the public)	None	
3. Sharing our concerns (for committee members)	Mikie Lochner expressed concern about his own unstable housing and the community's housing resources.	
4. **ACTION:** Approve the Steering Committee agenda for November 21, 2023	**Motion:** Approve the Steering Committee agenda for November 21, 2023 **Motion/Second/Count (M/S/C):** Jacobs/Lewis/5-0 **Abstentions:** Lochner **Motion carries**	

Agenda Item	Discussion/Action	Follow-Up
5. **ACTION**: Approve meeting minutes from September 19, 2023	**Motion:** Approve committee meeting minutes from September 19, 2023 **M/S/C:** Van Brocklin/Jacobs/4-0 **Abstentions:** Lochner, Ransom **Motion carries**	
6. **ACTION:** Approve the HIV Planning Group agenda for November 29, 2023	**Motion:** Approve the HIV Planning Group agenda for November 29, 2023 **M/S/C:** Tilghman/Van Brocklin/5-0 **Abstentions:** Lochner **Motion carries**	
7. Committee reports and recommendations		
a. Discussion: CARE Partnership and requirements for becoming HPG Committee	CARE Partnership has expressed interest in becoming an HPG committee. The Chair mentioned that CARE Partnership would need to enter into a Memorandum of Understanding (MOU). Shannon Ransom and Rhea Van Brocklin commented that this was not discussed with them. Rhea Van Brocklin clarified that Janiesha, as her employee, did not go directly to her, but might have been compelled to go directly to HPG Support Staff. The CARE Partnership leadership will meet offline, decide on next steps, and bring back to Steering Committee. HPG Support Staff provided clarification that Janiesha spoke to Erika and has expressed interest in becoming an HPG committee. Dr. Tilghman asked to clarify what the reason for being in person would be if this meeting doesn't need to follow a Brown Act. Dr. Jacobs expressed interest in learning more about transportation being a big concern. Patrick Loose clarified that CARE Partnership isn't a HRSA-funded activity; therefore, there is no mechanism for providing this.	HPG Support Staff will look into the history and when CARE Partnership became an independent group. Recipients' Office to follow up with the HRSA Project Officer on CARE Partnership becoming an HPG committee.

Agenda Item	Discussion/Action	Follow-Up
	This issue will be brought to HRSA at the next scheduled monthly call with the project officer. It was suggested that action items from CARE Partnership be brought to the bimonthly Strategies and Standards Committee. Mikie Lochner provided a staffing update on changes of the HPG Support Staff.	
8. Old Business		
a. HIV & Aging ad hoc committee	None	
b. Needs Assessment Working Group	Shannon Ransom provided an update on the working group. The meeting to review the Survey on HIV Impact is scheduled for December 6, 2023 at the Allied Gardens Library, and there are 4 members of HPG in the group along with Shannon Ransom and Beth Davenport.	
9. New Business		
a. Public comments/HPG member comments/Suggestions to the Steering Committee from previous HPG meeting(s)	Chair of the Membership Committee provided an update on the membership guidelines that are being finalized. A member of the public expressed concern about the inconsistencies in the Bylaws. Mikie addressed the comment about long access times. There is no language in the standards about training and peer navigation. He has recommended that the Strategies & Standards Committee address this. Patrick Loose also suggested that perhaps a peer navigator could be of big help. Suggestion was made to discuss expanded access to services at one of the next steering committee meetings. Mikie Lochner suggested that HPG be	

Agenda Item	Discussion/Action	Follow-Up
	mindful that services are available to all the community.	
b. **ACTION:** (Medical Standards & Evaluation Committee): Approve the Practice Guidelines for the Care of Persons with HIV/AIDS	Dr. Tilghman provided an update on the Medical Practice Standards that were reviewed at the November 2023 Medical Standards & Evaluation Committee. The document is reviewed every three years or based on need.	HPG Support Staff to forward to the HPG for action on Wednesday, November 29. 2023
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	Shannon Ransom mentioned that this is on the list of items to address at the next meeting.	
d. Discussion: Getting to Zero Community Engagement Project and next steps	Tabled	
e. Discussion: HPG Leadership transition process and mentorship training	Mikie Lochner reminded the chairs that vice-chairs need to be HPG members, and there has been a concern that members of color are not represented on committees. Dr. Tilghman made a comment that his vice-chair isn't an HPG member; therefore, it will be a challenge moving forward.	
f. Review 2023 HPG Work Plan and Draft 2024 HPG Work Plan	Mikie Lochner informed the committee that he and HPG Support Staff Lead will review and bring forward the 2024 Work Plan.	HPG Support Staff to review the 2024 Work Plan with the HPG Chair.
g. Review committee attendance	Allan Acevedo has missed 5 consecutive Steering Committee meetings. Mikie Lochner will reach out to him to gauge his future interest.	HPG Support Staff to provide a list of open seats

Agenda Item	Discussion/Action	Follow-Up
	Patrick made a comment about the importance of not making it daunting for people to join and be involved. Patrick recommended that the committee look at engaging general members. Bob commented that the membership application has been streamlined, and the interview process is going to be more efficient and accessible. Patrick Loose confirmed that there is no legislation around two four-year term limits and recommended that members in partial seats be moved to full term seats.	to the steering committee. Mikie will work with HPG SS Lead to streamline the steering and HPG agendas.
11. HIV, STD, and Hepatitis Branch (HSHB) Report	Mikie Lochner made a comment that the expenditure report is not included in the packet. Patrick Loose provided an update on the year-to-date expenditures. He also mentioned that there is a significant delay at the CDC end in issuing funding for HIV prevention. The current funding goes through December 31, 2023, but has been extended through May 31, 2024 via a no-cost extension. Patrick Loose also provided an update on the year-to-date utilization of services.	
12. HPG Support Staff Report		
a. Administrative budget review	Tabled	
13. Future agenda items for consideration	Tabled	
14. Announcements	Bob Lewis reminded the committee to be mindful of the HPG Support Staff currently being short-staffed.	
a. The 34th Annual Dr. A. Brad Truax Award Ceremony	The Reception will take place on Friday, December 1, 2023 at the LGBT Center at 3:00 PM – 5:00 PM.	
15. Next meeting date	**Date:** Tuesday, December 19, 2023 **Time:** 11:00 AM – 1:00 PM	

Agenda Item	Discussion/Action	Follow-Up
	Location: In-person and via Zoom Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114	
16. Adjournment	1:05PM	

SAN DIEGO HIV PLANNING GROUP (HPG)

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

To participate remotely via Zoom:

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

Call in: +1 (669) 444-9171

Meeting ID (access code): 853 6898 7291   **Password:** SDHPG

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

A quorum for this meeting is fourteen (14).

Committee Members: Allan Acevedo | Marco Aguirre Mendoza | 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 | 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
2. Welcome, roll call, moment of silence
3. Matters from the Chair
4. <u>Public comment</u> (for members of the public) – concerns/questions/suggestions for future topics
5. <u>HPG Member Open Forum</u> – concerns/questions/suggestions for future topics
6. **ACTION:** Approve the HPG agenda for January 24, 2024
7. <u>Old Business</u>:
    a. Needs Assessment Working Group – next steps
8. <u>New Business</u>:
    a. **ACTION** *(Priority Setting and Resource Allocation Committee)*: Approve the 2024 Needs Assessment Survey
    b. **ACTION:** Review and approve 2024 meeting calendar
    c. **ACTION** *(Membership Committee)*: Approve Dr. Stephen Spector's reappointment to the HPG seat #31 for the second term
    d. **ACTION** *(Membership Committee)*: Approve Tyra Fleming's re-appointment to the HPG seat #3 for the second term
    e. **ACTION** *(Membership Committee)*: Approve Ivy Rooney's appointment to the HPG seat #43 for the first term
    f. **ACTION** *(Priority Setting and Resource Allocation Committee):* Re-allocations for FY 23 (current FY: March 1, 2023 – February 29, 2024) or budget changes for FY 24 (March 1, 2024 – February 28, 2025)
    g. Discussion – announcing open nominations for Vice-Chair

9. Routine Business:
   a. **ACTION:** Approval of consent agenda for January 24, 2024 which includes:
      i. Approval of HPG minutes from November 29, 2023.
      ii. Acceptance of the following committee minutes: Steering Committee (November 21, 2023); Membership Committee (November 15, 2023; December 13, 2023); Priority Setting and Resource Allocation Committee (November 9, 2023); Community Engagement Group (October 18, 2023; December 13, 2023).
      (The following is for HPG information, not for acceptance):
         CARE Partnership (October 16, 2023; November 20, 2023; December 11, 2023).
         HIV Housing Committee (September 20, 2023).
10. HIV, STD, and Hepatitis Branch (HSHB) Report
11. HPG Support Staff Report
    a. Administrative Budget Review
    b. Staffing Update
12. Committee Reports
    a. HPG Committees
    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
13. Announcements
14. Adjournment
    Next Meeting Date: **Wednesday, February 28, 2024,** 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.

Public Comment/Sharing Concerns/Suggestions to the Steering Committee from the November 29, 2023 HPG meeting

Agenda Item	Comment	Steering Committee Response
Public Comment	• A member of the public requested an online component for the Truax ceremony on December 1, 2023. • A member of the public noted there was no flyer for the Truax Ceremony posted at The Center. They also recommended training for HPG members on attendance and voting. They also recommended more resources to the service category Partial Assistance Rental Subsidy (PARS) instead of to Emergency Housing. • Two members of the public introduced themselves and noted their planned participation in the HIV planning process. • A member of the public applauded staff for having meetings in an area where there are underserved populations. They also recommended the Community Engagement Group have meetings at The Center.	
Sharing Concerns	• None	
Suggestions to the Steering Committee for consideration of future items	• None	

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 Housing assistance	• 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 consider when	• 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 Board letter to

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPG SUPPORT STAFF	RECIPIENT ACTIVITY
		• 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==	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	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 available for RW planning; 2)	• 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 Services service	• New Member Orientation • Finalize and submit updated HPG Polices and Procedures to Steering for approval • Continue developing KF documents for	• Regular reports (Expenditures, HSHB, utilization, Goldenrod) • Submit Ryan White Service Report (RSR)

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPG SUPPORT STAFF	RECIPIENT ACTIVITY
	Programs and resource available in the HIV community; 3) Ending the HIV Epidemic (EHE) update	standards • Review Policies and Procedures for HPG and committees based updated Bylaws (perhaps move to Jan. or earlier)	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. <mark>From Recipient's Office; RW Parts C, D, and F</mark>	• Review and consider Policies & procedures	• Convene past Truax recipients and start	• Regular reports (Expenditures,

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPG SUPPORT STAFF	RECIPIENT ACTIVITY
	<mark>and how they interact with Parts A & B; 2. Women, Infants, Children, Youth, and Families; 3. Substance Use Treatment and Resources</mark>	• Review plan for assessment of the Administrative Mechanism • <mark>Plan for Training outside regular HPG meeting time: Using Data for Decision Making (D. Jacobs)</mark>	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	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 • <mark>Prepare to present to HPG on Border Health next month</mark> • Ensure Continuum of Care/Viral Suppression Data is available for PSRAC
June	• Begin reviewing Key Finding documents from PSRAC • Consider recommendation for	• Make recommendation to HPG for Core Medical Services	• Work with Recipient to determine if HPG recommendation for	• Regular reports (Expenditures, HSHB, utilization,

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPG SUPPORT STAFF	RECIPIENT ACTIVITY
	Core Medical Services Waiver • Training: 1) Border Health (2023); 2) Biomedical prevention topic	Waiver (if requested by HSHB) • Formal review of progress on GTZ Community Engagement Plan • Review and approve template for August weekly HPG meetings	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	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 Allocations in Level and	• Consider authorization to request 5% increase to RW Funding for FY25 (if needed)	• Continue formal planning of Truax Awards • Preplanning for	• Regular reports (Expenditures, HSHB, utilization, Goldenrod)

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPG SUPPORT STAFF	RECIPIENT ACTIVITY
	Reduction Funding Scenarios		HPG Fall retreat with HPG Chair	• 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 2025 HPG Work	• Regular reports (Expenditures, HSHB, utilization, Goldenrod) • Review for any recommendations for reallocations

MONTH	HPG ACTIVITY	STEERING COMMITTEE	HPG SUPPORT STAFF	RECIPIENT ACTIVITY
			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

County of San Diego | HHSA HIV Needs Assessment Survey

What is the purpose of the HHSA Needs Assessment Survey? The County of San Diego Health and Human Services Agency is conducting a 2024 needs assessment survey. The survey will help County planners address the service needs of people living with or vulnerable to HIV and AIDS in San Diego County.

How does it work? You may complete the survey on paper or follow this link to complete it online: _____. Your participation in this survey is voluntary and your answers will remain anonymous. This means that no information you provide is linked to you. <u>You do not need to answer any questions you do not feel comfortable answering</u>. There are no right or wrong answers – we want to hear about you and your experiences. Some of these questions are personal. However, your open and honest responses are important so that the County can best serve people who are living with or vulnerable to HIV/AIDS. If you decide not to participate, it will <u>not</u> affect the services you are currently receiving or may seek in the future.

Some of the content of this survey might be uncomfortable. You are encouraged to prepare yourself emotionally before reading further. If you believe that you will find the survey to be uncomfortable, you should choose to not participate. The County of San Diego has a variety of resources. A 24/7 Access and Crisis Line provides free, confidential support in over 200 languages. Call 1 (888) 724-7240.

The survey should take about 25 minutes to complete. We appreciate the valuable time you are taking to complete the survey! Your responses are anonymous and will contribute to our analysis of the San Diego community needs.

Where to go for questions or comments about the survey? If you have any questions about the survey and the analysis, please email hpg.hhsa@sdcounty.ca.gov.

Survey Date: _____, 2024

SECTION 1: HIV STATUS

1. **What is your current HIV/AIDS status?**

   ○ Living with HIV (undetectable)
   SKIP TO QUESTION 6

   ○ Living with HIV (detectable)
   SKIP TO QUESTION 6

   ○ Living with AIDS
   SKIP TO QUESTION 6

   ○ Not living with HIV

   ○ Not sure of current HIV status

2. **Do you get tested for HIV at least once every year?**

   ○ Yes   ○ No

3. **If you are not living with HIV or not certain of your current HIV status, when did you last test for HIV?**

   ○ Within the last 3 months
   ○ Within the last 6 months to 1 year
   ○ Not sure
   ○ Within the last 3-6 months
   ○ More than a year ago
   ○ Never been tested

4. **Pre-exposure prophylaxis (PrEP) is a medication that a person who does not have HIV takes every day to reduce the risk of getting HIV. Are you currently taking PrEP?**

   ○ Yes   ○ Considering taking PrEP   ○ No, but used to   ○ Decided not to   ○ Do not know about PrEP

5. **Has your health care provider ever offered you an HIV test?**

   ○ Yes   ○ No   ○ Not sure

If you are not living with HIV or unaware of your HIV status, SKIP TO SECTION 2

6. **Do you currently have a case manager?**

   ○ Yes   ○ No   ○ Not sure

7. **Do you have a health care provider (doctor, nurse practitioner, or physician assistant) who provides HIV treatment?**

   ○ Yes   ○ No, I don't currently have a health care provider who provides HIV treatment   ○ I've never had a health care provider who provides HIV treatment SKIP TO QUESTION 10

8. **Have you received HIV care in the last 12 months?** *(this may include a virtual visit)*

   ○ Yes   ○ No   ○ Not sure

9. **If you answered "yes" to the previous question, was your last visit with a doctor, nurse, or other health care team member for your HIV/AIDS?**

   ○ In Person   ○ Virtual   ○ Both

10. **If you did NOT get HIV medical care for one year or more, or have never received care, why not?** *(Select all that apply)*

☐ I felt healthy	☐ I was unhoused	☐ I needed someone to talk to who understands HIV	☐ I was afraid of people finding out	☐ HIV medications made me feel sick
☐ Children, family, or childcare needs came first	☐ I didn't have enough money to pay	☐ I didn't know where or how to find services	☐ I had a bad experience with a health care provider	☐ I was afraid of possible side effects of medications
☐ I was not ready to deal with having HIV	☐ I was using drugs and/or alcohol	☐ I didn't think I could get services	☐ I didn't trust doctors or clinics	☐ I had difficulty with getting health coverage
☐ I was tired of dealing with HIV	☐ I was too sick to leave home	☐ I didn't have a ride to services	☐ I needed someone who spoke my language	☐ I had problems with keeping health coverage
☐ I am/was physically disabled	☐ I had mental health problems	☐ I didn't think medical care would help me	☐ There was a waitlist	☐ Does not apply, I have not been out of care

    ☐ Other (please explain): _____

    _____

    _____

11. **CD4/T-cell blood test is a test used to check the health of people with HIV, to see if they may be at risk for getting sick. In the last 12 months, how many CD4/T-cell blood tests have you had?**

    ○ Zero   ○ One   ○ Two
    ○ More than two   ○ Not sure   ○ I've never had a CD4/T-cell blood test

12. **An HIV viral load blood test measures the amount of HIV virus in your blood. Like T-cells, it is also used to check the health of people with HIV. In the last 12 months, how many HIV viral load tests have you had?**

○ Zero   ○ One   ○ Two

○ More than two   ○ Not sure   ○ I've never had an HIV viral load blood test

13. **Do you currently have a suppressed/undetectable viral load?**

○ Yes   ○ No   ○ Not sure

14. **Are you currently on antiretroviral therapy (ART)?**

○ Yes   ○ No   ○ Not sure

15. **How often do you take ART medication as prescribed by your doctor?**

○ Always   ○ Usually (more than half the time)   ○ Sometimes (about half the time or less)   ○ Never

16. **In the last five years, has there been a time in which you were off your HIV medication for more than 6 months?**

○ No   ○ I have never taken HIV medication

○ Yes (please explain): _____

_____

_____

_____

_____

17. **In your opinion, which of the following changes in your life would impact your decision to stop your HIV medication in the future?** (Select all that apply)

☐ Housing   ☐ Move to another area   ☐ Change in relationship status   ☐ Perception that medication isn't helping

☐ Other, please explain: _____

_____

_____

SECTION 2: OTHER HEALTH CONCERNS

18. **Do you have a disability? If so, please check those that apply to you:**

☐ I do not have a disability   ☐ Deaf/hard of hearing (use ASL)   ☐ Intellectual and developmental disability

☐ Blind/visually impaired   ☐ Physically disabled   ☐ Post-Traumatic Stress Disorder (PTSD)

☐ Other: _____

19. **Do you have or have you had in the past Hepatitis B?**

    ○ Yes   ○ No   ○ Not sure

20. **Have you ever been tested for Hepatitis C?**

    ○ Yes   ○ No   ○ Not sure

21. **If you tested positive for Hepatitis C, did you receive treatment?**

    ○ Yes   ○ No   ○ Not sure   ○ I have never tested positive

22. **If you answered "No" to the previous question, please explain why you didn't receive treatment:**

    _____

    _____

    _____

23. **Do you have or have you had in the past Tuberculosis?**

    ○ Yes   ○ No   ○ Not sure

24. **Have you ever been screened or tested for other Sexually Transmitted Infection(s) (STIs such as Chlamydia, Gonorrhea, Syphilis)?**

    ○ Yes   ○ No   ○ Not sure

25. **In the 12 months, how many times have you been screened or tested for STIs?** _____

26. **Has your health care provider offered Doxycycline Post-Exposure Prophylaxis for Bacterial STI prevention?**

    ○ Yes   ○ No   ○ Not sure

27. **Are you currently pregnant or have been pregnant in the last 5 years?**

    ○ Yes   ○ No   ○ Not sure   ○ Not applicable

28. **Have you obtained prenatal care/services (ongoing medical care during a pregnancy)?**

    ○ Yes   ○ No   ○ Not sure   ○ Not applicable

SECTION 3: MENTAL HEALTH AND SUBSTANCE USE CONCERNS

29. **In the past 6 months, have you seen a therapist or received counseling?**

    ○ Yes   ○ No   ○ Not sure

30. **Select all that apply to you from the list below:**

    ☐ I may have an alcohol problem   ☐ I may have a drug problem   ☐ I am in recovery

    ☐ I have had an alcohol problem, but no longer use alcohol   ☐ I have had a drug problem, but no longer use drugs   ☐ None apply to me

31. **Have you ever injected illicit and non-prescribed drugs?** *(select underline only one)*

    ○ No SKIP TO SECTION 4   ○ Yes, in the last 12 months   ○ Yes, more than 12 months ago

32. **Have you ever shared needles or works?**

    ○ Always   ○ Usually (more than half the time)   ○ Sometimes (about half the time or less)   ○ Never

33. **Which drugs have you injected?** *(Select all that apply)*

    ☐ Cocaine   ☐ Non-prescribed hormones   ☐ Methamphetamine (Crystal)   ☐ Fentanyl

    ☐ Heroin   ☐ Does not apply   ☐ Other: _____

SECTION 4: CRIMINAL JUSTICE HISTORY

34. **Have you ever been incarcerated (jail or prison)?**

    ○ Yes   ○ No SKIP TO SECTION 5

35. **If you answered "yes" to the previous question, when were you released?**

    ○ Within the past 2 years   ○ Within 3-5 years   ○ More than 5 years ago

36. **If you were incarcerated, did you have any problems getting the following AFTER your release:**

Medical care	**Housing**	**Other support services**	**Employment**
○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No

SECTION 5: EMPLOYMENT AND INCOME

37. **What is your current employment status?**

- ○ Employed
- ○ Self-employed
- ○ Retired
- ○ Not working, but looking for a job
- ○ Not working and not looking for a job
- ○ Homemaker/stay-at-home parent
- ○ Full- or part-time family caregiver
- ○ Unable to work/Disabled
- ○ Student

38. **What is the highest level of education you have completed?**

- ○ Never attended school
- ○ Less than high school
- ○ Some high school
- ○ High school graduate/GED
- ○ Some college/technical or vocational school
- ○ Associate's degree
- ○ Bachelor's degree
- ○ Graduate degree
- ○ Other: _____

39. **Currently, what is your main source of income?** *(Select only one)*

- ○ Earnings/job
- ○ Family/Friends
- ○ CalWorks
- ○ Social Security (e.g., SSI, SSDI)
- ○ General Assistance/Relief
- ○ Unemployment
- ○ Retirement
- ○ No income
- ○ Other: _____

40. **What is your best estimate of your gross (before tax) MONTHLY household income from all sources (work, social security, disability, alimony, etc.)?**

    _____

41. **What is the total monthly cost that you and your household pay for rent or mortgage and utilities (water, electricity, and/or gas)?**

    _____

42. **What is the total number of family members or people supported by your household income (including yourself)?**

    _____ adults (18+)   _____ children (under 18)

SECTION 6: HOUSING

43. **What is your current housing situation?**

- ○ Renting a property
- ○ Own a property
- ○ Living in a shelter
- ○ Unsheltered
- ○ Staying with a friend/relative
- ○ Living in a treatment facility
- ○ Incarcerated
- ○ Living in supportive living facility or group home

- ○ Moving from friend/relative to friend/relative (couch surfing)
- ○ Other: _____

44. Have any of these situations impacted your ability to obtain and retain housing? *(Select all that apply)*

☐ Lack of available housing	☐ Cost of housing	☐ Poor credit history	☐ Access to health insurance	☐ Limited support system
☐ Insufficient monthly income	☐ Family size	☐ Substance use	☐ Criminal record	☐ Homelessness
☐ Lack of employment opportunities	☐ Geographic accessibility to health care	☐ HIV/AIDS stigma	☐ Other stigma: _____	☐ None

☐ Other, please explain: _____

_____

_____

_____

SECTION 7: ACCESS TO TREATMENT AND BASIC NEEDS SERVICES

45. For each <u>HEALTH SERVICE</u> listed in the rows below, check <u>only one</u> box that most closely matches your experience during the past 12 months:

	I didn't need this service	I received this service, and it met my needs	I received this service, but it did not meet my needs	I received this service, but it was hard to access	I needed this service, but couldn't get it
A. Dental care	☐	☐	☐	☐	☐
B. HIV/AIDS medication/medicine (as prescribed by a doctor)	☐	☐	☐	☐	☐
C. HIV primary care (clinic, doctor, nurse practitioner, etc.)	☐	☐	☐	☐	☐
D. Home health care (nurse, attendant, hospice, physical therapy at your home)	☐	☐	☐	☐	☐
E. Medical specialist other than HIV specialist (Hep C/liver, eye, ear, etc.)	☐	☐	☐	☐	☐
F. Alcohol/drug recovery services/treatment	☐	☐	☐	☐	☐
G. Counseling/therapy (individual or group by a professional)	☐	☐	☐	☐	☐
H. Psychiatric services (medication management for bipolar, clinical depression, etc.)	☐	☐	☐	☐	☐

46. **If you responded "I received this service, but it was hard to access" or "I needed this service, but couldn't get it" for any of the HEALTH SERVICES listed above, why did you have trouble accessing this/these service(s)?** *(Select all that apply)*

☐ I felt healthy

☐ I was unhoused

☐ I needed someone to talk to who understands HIV

☐ I was afraid of people finding out

☐ HIV medications made me feel sick

☐ Children, family or childcare needs came first

☐ I didn't have enough money to pay

☐ I didn't know where or how to find services

☐ I had a bad experience with a health care provider

☐ I was afraid of possible side effects of medications

☐ I was not ready to deal with having HIV

☐ I was using drugs and/or alcohol

☐ I didn't think I could get services

☐ I didn't trust doctors or clinics

☐ I had difficulty with getting health coverage

☐ I was tired of dealing with HIV

☐ I was too sick to leave home

☐ I didn't have a ride to services

☐ I needed someone who spoke my language

☐ I had problems with keeping health coverage

☐ I am/was physically disabled

☐ I had mental health problems

☐ I didn't think medical care would help me

☐ There was a waitlist

☐ Does not apply, I have not been out of care

☐ Other (please explain): _____

_____

_____

47. **For each BASIC NEEDS SERVICE listed in the rows below, check only one box that most closely matches your experience during the past 12 months:**

	I didn't need this service	I received this service, and it met my needs	I received this service, but it did not meet my needs	I received this service, but it was hard to access	I needed this service, but couldn't get it
A. Childcare (day care or babysitting)	☐	☐	☐	☐	☐
B. Emergency housing/shelter (emergency hotel stay)	☐	☐	☐	☐	☐
C. Emergency utility payment (water, gas, electricity, phone)	☐	☐	☐	☐	☐
D. Food (home delivered meals, food bank, food pantry)	☐	☐	☐	☐	☐
E. Help to pay rent	☐	☐	☐	☐	☐
F. Legal services	☐	☐	☐	☐	☐
G. Transportation (bus pass,	☐	☐	☐	☐	☐

transportation vouchers to help you access health care services)

48. If you responded "I received this service, but it was hard to access" or "I needed this service, but couldn't get it" for any of the BASIC NEEDS SERVICES listed above, why did you have trouble accessing this/these service(s)? *(Select all that apply)*

☐ I felt healthy	☐ I was unhoused	☐ I needed someone to talk to who understands HIV	☐ I was afraid of people finding out	☐ HIV medications made me feel sick
☐ Children, family or childcare needs came first	☐ I didn't have enough money to pay	☐ I didn't know where or how to find services	☐ I had a bad experience with a health care provider	☐ I was afraid of possible side effects of medications
☐ I was not ready to deal with having HIV	☐ I was using drugs and/or alcohol	☐ I didn't think I could get services	☐ I didn't trust doctors or clinics	☐ I had difficulty with getting health coverage
☐ I was tired of dealing with HIV	☐ I was too sick to leave home	☐ I didn't have a ride to services	☐ I needed someone who spoke my language	☐ I had problems with keeping health coverage
☐ I am/was physically disabled	☐ I had mental health problems	☐ I didn't think medical care would help me	☐ There was a waitlist	☐ Does not apply, I have not been out of care

☐ Other (please explain): _____

_____

_____

49. For each SUPPORT SERVICE listed in the rows below, check only one box that most closely matches your experience during the past 12 months:

	I didn't need this service	I received this service, and it met my needs	I received this service, but it did not meet my needs	I received this service, but it was hard to access	I needed this service, but couldn't get it
A. Case management (ongoing help to get services or benefits, not just one-time)	☐	☐	☐	☐	☐
B. Coordinated services center (one-stop shop to get different services such as case management, education, peer navigation)	☐	☐	☐	☐	☐
C. Information and referral to services and how to get them (in writing, by phone or internet, in person)	☐	☐	☐	☐	☐

D. Peer advocacy or peer navigation (referral, advice to get services)	☐	☐	☐	☐	☐
E. Representation payee (someone who manages my money)	☐	☐	☐	☐	☐

50. **If you responded "I received this service, but it was hard to access" or "I needed this service, but couldn't get it" for any of the SUPPORT SERVICES listed above, why did you have trouble accessing this/these service(s)?** *(Select all that apply)*

☐ I felt healthy

☐ I was unhoused

☐ I needed someone to talk to who understands HIV

☐ I was afraid of people finding out

☐ HIV medications made me feel sick

☐ Children, family or childcare needs came first

☐ I didn't have enough money to pay

☐ I didn't know where or how to find services

☐ I had a bad experience with a health care provider

☐ I was afraid of possible side effects of medications

☐ I was not ready to deal with having HIV

☐ I was using drugs and/or alcohol

☐ I didn't think I could get services

☐ I didn't trust doctors or clinics

☐ I had difficulty with getting health coverage

☐ I was tired of dealing with HIV

☐ I was too sick to leave home

☐ I didn't have a ride to services

☐ I needed someone who spoke my language

☐ I had problems with keeping health coverage

☐ I am/was physically disabled

☐ I had mental health problems

☐ I didn't think medical care would help me

☐ There was a waitlist

☐ Does not apply, I have not been out of care

☐ Other (please explain): _____

_____

_____

51. **From the list below, which of the services are most important to you today?**
    *Please write the letters for the **5** most important services, in order of importance to you (1 being most important).*

    1 _____   2 _____   3 _____   4 _____   5 _____

A. Dental care	K. Emergency utility payment (water, gas, electricity, phone)
B. HIV/AIDS medication/medicine (as prescribed by a doctor)	L. Food (home delivered meals, food bank, food pantry)
C. HIV primary care (clinic, doctor, nurse practitioner, etc.)	M. Help to pay rent
D. Home health care (nurse, attendant, hospital, physical therapy at your home)	N. Legal services
E. Medical specialist other than HIV specialist (Hep C/liver, eye, ear, etc.)	O. Transportation (bus pass, transportation vouchers to help you access health care services)

F. Alcohol/drug recovery services/treatment	P. Case management (ongoing help to get services or benefits, not just one-time)
G. Counseling/therapy (individual or group by a professional)	Q. Coordinated services center (one-stop shop to get different services such as case management, education, peer navigation)
H. Psychiatric services (medication management for bipolar, clinical depression, etc.)	R. Information and referral to services and how to get them (in writing, by phone or internet, in person)
I. Childcare (day care or babysitting)	S. Peer advocacy or peer navigation (referral, advice to get services)
J. Emergency housing/shelter (emergency hotel stay)	T. Representation payee (someone who manages my money)

SECTION 8: PREVENTION NEEDS

52. Have you had sex (oral, vaginal, anal) in the last 12 months?

○ Yes   ○ No *SKIP TO SECTION 9*

53. How many sexual partners have you had in the last 12 months? _____

54. What parts of YOUR body are involved when having sex? *(Select all that apply)*

☐ Penis   ☐ Vagina   ☐ Anus   ☐ Mouth

55. What parts of your partner's/partners' body/bodies are involved when having sex? *(Select all that apply)*

☐ Penis   ☐ Vagina   ☐ Anus   ☐ Mouth

56. Where did you meet your sex partners within the last 12 months? *(Select all that apply)*

☐ Coffee shops   ☐ Parks   ☐ Online (Grindr, Scruff, etc.)   ☐ Work   ☐ Bathhouse
☐ Public place   ☐ Adult book/video store   ☐ Social parties/gatherings   ☐ Sex parties   ☐ No new sex partners
☐ Bars/clubs   ☐ Smartphone app   ☐ Through friends   ☐ Other: _____

57. If you met sex partners online or with a smartphone app, on which website(s) or app(s) did you meet your sex partners? *(Select all that apply)*

☐ Adam4adam   ☐ Snapchat   ☐ Manhunt.com   ☐ Tinder   ☐ Craiglist.com   ☐ Growler
☐ Facebook   ☐ Barebackrt.com ☐ Scruff   ☐ Recon   ☐ Bear411   ☐ Sniffies
☐ Jack'd.com   ☐ Grindr   ☐ Hornet   ☐ Does not apply   Other: _____

58. If you go online or use a smartphone app to meet partners, which of the following do you include on your profile? *(Select all that apply)*

☐ Not living with HIV   ☐ Living with HIV   ☐ HIV unknown   ☐ I do not use apps

☐ Not living with HIV and on PrEP   ☐ Living with HIV (undetectable)   ☐ I do not state

59. **If you go online or use a smartphone app to meet partners, how frequently do you include your HIV status on your profile?**

○ Always   ○ Usually (more than half the time)   ○ Sometimes (about half the time or less)   ○ Never   ○ I do not use apps

60. **In the last 12 months, were any of your sex partners:** *(Select all that apply)*

☐ Anonymous   ☐ Not living with HIV   ☐ Living with HIV   ☐ Sex workers

☐ Not aware of HIV status   ☐ Not living with HIV and on PrEP   ☐ Person(s) who inject drugs

☐ Gay/Bisexual/Other men who have sex with men

61. **For each item in the rows below, check <u>only one</u> box that most closely matches the frequency during the last 12 months:**

	Always	Sometimes	Never	Not Applicable
A. I knew the HIV status of my sex partners.	☐	☐	☐	☐
B. I knew whether my sex partners had been tested for STIs.	☐	☐	☐	☐
C. I told my sex partners my current HIV status.	☐	☐	☐	☐
D. I used condoms when having sex with person(s) who didn't know my HIV status.	☐	☐	☐	☐
E. I used condoms when having sex with a person(s) not living with HIV or a person(s) who did not know their HIV status.	☐	☐	☐	☐
F. I used condoms when having sex with a person(s) not living with HIV who is on PrEP.	☐	☐	☐	☐
G. I used condoms when having sex with a person(s) living with HIV.	☐	☐	☐	☐
H. I used condoms when having sex with a person(s) living with HIV who told me they have an undetectable viral load.	☐	☐	☐	☐
I. I am on PrEP and I told my sex partners about it.	☐	☐	☐	☐

SECTION 9: DEMOGRAPHICS

62. **What is the ZIP code where you live or stay most nights?** _____
    (Note: If you do not know your ZIP code, write the name of the city or area where you live)

63. **What is your age?** _____

64. **What is your race/ethnicity?** *(Select all that apply)*

☐ Black/African American   ☐ South American   ☐ Japanese   ☐ Laotian

☐ African   ☐ Central American   ☐ Chinese   ☐ Cambodian

☐ Caribbean Black   ☐ Filipino/a   ☐ Korean   ☐ White (non-Hispanic)

☐ Latino/Hispanic   ☐ Pacific Islander/Hawaiian   ☐ Middle Eastern   ☐ Asian Indian

☐ Mexican   ☐ Indigenous: _____   ☐ Multi-racial: _____   ☐ Other: _____

_____   _____   _____

65. What language do you speak primarily? *(Select only one)*

○ English   ○ Farsi   ○ Cantonese   ○ Korean

○ Spanish   ○ Tagalog   ○ Mandarin   ○ Creole

○ Arabic   ○ Vietnamese   ○ Chinese   ○ Other: _____

66. Which of these best describe your current gender identity? *(Select all that apply)*

☐ Woman   ☐ Man   ☐ Genderqueer/Gender Non-conforming/Gender Fluid

☐ Trans Woman   ☐ Trans Man   ☐ Questioning/Unsure/Exploring

☐ Non-binary   ☐ Two-spirit   ☐ A gender not listed here (please specify): _____

67. Which of these best describe your current sexual orientation? *(Select all that apply)*

☐ Asexual   ☐ Queer   ☐ Heterosexual/Straight

☐ Gay   ☐ Bisexual   ☐ Questioning/Unsure/Exploring

☐ Pansexual   ☐ Lesbian   ☐ A sexual orientation not listed here (please specify): _____

68. Do you have health insurance coverage?

○ Yes   ○ No   ○ Not sure

69. Do you receive medical care through the Ryan White HIV/AIDS Program?

○ Yes   ○ No   ○ Not sure

70. Figuring out the difference between medical coverage providers can be confusing. TO the best of your knowledge, which of the following plan(s) are your associated with? *(Select all that apply)*

☐ Medi-Cal (nationally known as Medicaid)   ☐ Private Insurance (via work, former employer, union, etc)   ☐ Veteran's Administration   ☐ Not sure

☐ Medi-Cal Managed Care   ☐ Covered CA (marketplace exchange)   ☐ Tricare or other military health care   ☐ None

☐ Medi-Cal Dental Program (Denti-Cal)   ☐ Medi-Medi (Medicare and Medicaid)   ☐ Indian Health Services

☐ Medicare (mostly for people 65 or older, and sometimes for people with certain disabilities)   ☐ Other _____

71. What is your current citizenship status? *(Reminder: your answers will remain anonymous. This means that your answer to this question will not be linked to you in any way.)*

○ US citizen   ○ Not a US citizen or permanent resident   ○ Decline to state

○ Permanent resident   ○ Refugee or asylum seeker

If you are 50 YEARS OLD OR OLDER, please continue to section 10. Your responses about the needs of the aging population will help us improve the service delivery for people living with HIV aged 50 and older!

- -

If you are under the age of 50, you are all done! Thank you again for your time!

SECTION 10: SERVICES FOR ADULTS 50 YEARS OF AGE AND OLDER

72. What are your greatest worries as you get older while living with HIV/AIDS? *(Select all that apply)*

☐ Overall health   ☐ Housing   ☐ End of life care

☐ Social isolation   ☐ Access to HIV/AIDS services/medications   ☐ None

☐ Other (please explain): _____

_____

_____

73. Has your health care provider ever talked to you about the implications of aging with HIV/AIDS?

○ Yes   ○ No   ○ Not sure

74. Are you dealing with any other diagnoses or chronic illnesses? *(Select all that apply)*

☐ Hepatitis   ☐ Osteoporosis/Bone disease   ☐ Diabetes   ☐ Sleep disorders   ☐ Mobility challenges

☐ Cancer   ☐ Cardiovascular (Health disease)   ☐ Neuropathy   ☐ Memory loss (neurocognitive challenges)   ☐ No other diagnoses or illnesses

☐ Other (please explain): _____

_____

_____

75. Are you currently or have you ever experienced mental health challenges? *(Select all that apply)*

☐ Anxiety   ☐ Depression   ☐ Isolation   ☐ Not sure   ☐ None

☐ Other (please explain): _____

_____

_____

76. Do you feel you have a support system that you can rely on during a time of need? *(Please select all that apply)*

☐ Family ☐ Service providers ☐ Support groups

☐ Friends ☐ Spiritual advisors ☐ None

☐ Other (please explain): _____

_____

_____

77. Are you experiencing any challenges carrying out your day-to-day activities such as preparing meals, cleaning, etc.?

○ Yes ○ No

78. Are you worried about losing your income or benefits as you age?

○ Yes ○ No

79. How often do you experience food insecurity (not having a steady supply of enough food)?

○ Always ○ Usually (more than half the time) ○ Sometimes (about half the time or less) ○ Never

80. How often do you have access to a computer?

○ Always ○ Usually (more than half the time) ○ Sometimes (about half the time or less) ○ Never

81. For each service in the rows below, check <u>only one</u> box that most closely matches your comfort level with using a telehealth option for (online consultations on the computer or mobile phone):

	1 Extremely uncomfortable	2 Somewhat uncomfortable	3 Neither comfortable nor uncomfortable	4 Somewhat comfortable	5 Extremely comfortable	Not applicable
A. Clinical services	☐	☐	☐	☐	☐	☐
B. Case management	☐	☐	☐	☐	☐	☐
C. Housing support	☐	☐	☐	☐	☐	☐

82. Do you have any <u>CLINICAL/MEDICAL</u> needs that are not being met and that have a negative impact on your quality of life?

○ Yes ○ No

83. If you answered "yes" to the previous question, what are the additional **CLINICAL/MEDICAL** needs that are not being met?

_____

_____

_____

84. Do you have any **SOCIAL SUPPORT** needs that are not being met and that have a negative impact on your quality of life?

○ Yes   ○ No

85. If you answered "yes" to the previous question, what are the additional **SOCIAL SUPPORT** needs that are not being met?

_____

_____

_____

86. What changes, if any, would you recommend related to HIV services? What would help make it easier for you to use the different services that are available?

_____

_____

_____

87. What matters most to you right now?

_____

_____

_____

THANK YOU!

2024 HIV PLANNING GROUP AND COMMITTEE MEETING SCHEDULE

HPG/Committee	Meeting Day and Time	Exception
HIV Planning Group (HPG)	**4th Wednesday/Month** 3:00 PM – 5:00 PM	*November and December meetings one week early due to holidays
Strategies and Standards Committee	**1st Tuesday every other Month** 3:00 PM – 4:30 PM	
Medical Standards and Evaluations Committee (MSEC)	**2nd Tuesday, 4x Year** 4:00 PM – 5:30 PM (Feb, May, Sep, Nov)	
Membership Committee	**2nd Wednesday/Month** 11:00 AM – 1:00 PM	
Priority Setting and Resource Allocation Committee (PSRAC)	**2nd Thursday every other Month** 3:00 PM – 5:00 PM	Half-day meetings in June/July (& possibly August) until the FY 25 priority setting and budget allocation process is completed.
Steering Committee	**3rd Tuesday/Month** 11:00 AM – 1:00 PM	
Community Engagement Group (CEG)	**3rd Wednesday/Month** 3:00 PM – 5:00 PM	*June meeting one week early due to holiday.

2024 Meeting Schedule (January – June)						
Meeting	**January**	**February**	**March**	**April**	**May**	**June**
HPG	01/24/2024	02/28/2024	03/27/2024	04/24/2024	05/22/2024	06/26/2024
Strategies		02/06/2024		04/02/2024		06/04/2024
MSEC		02/13/2024			05/14/2024	
Membership	01/17/2024	02/14/2024	03/13/2024	04/10/2024	05/08/2024	06/12/2024
PSRAC	01/11/2024		03/14/2024		05/09/2024	See Below
Steering	01/16/2024	02/20/2024	03/19/2024	04/16/2024	05/21/2024	06/18/2024
CEG	01/17/2024	02/21/2024	03/20/2024	04/17/2024	05/15/2024	06/12/2024*

2024 Meeting Schedule (July – December)						
Meeting	**July**	**August**	**September**	**October**	**November**	**December**
HPG	07/24/2024	See Below	09/25/2024	10/23/2024	11/21/2024*	12/18/2024*
Strategies		08/06/2024		10/01/2024		12/03/2024
MSEC			09/10/2024		11/12/2024	
Membership	07/10/2024	08/14/2024	09/11/2024	10/09/2024	11/13/2024	12/11/2024
PSRAC	See Below		09/12/2024		11/14/2024	
Steering	07/16/2024	08/20/2024	09/17/2024	10/15/2024	11/19/2024	12/17/2024
Community Eng.	07/17/2024	08/21/2024	09/18/2024	10/16/2024	11/20/2024	12/18/2024

2024 PSRAC Meeting Schedule for Budget Allocation Process (June – August)					
June		06/13/2024	06/27/2024		
July		07/11/2024**	07/25/2024**		
2024 HPG Meeting schedule for Budget Allocation Process (August)					
August**		08/07/2024**	08/14/2024**	08/21/2024**	08/28/2024**

CARE Partnership *(The CARE Partnership Group is a committee and community advisory board for the Part D Recipient)*	**3rd Monday/Month** 11:00 AM – 1:00 PM		*January and February meetings one week early due to holidays.			
CARE Partnership	01/08/2024*	02/12/2024*	03/18/2024	04/15/2024	05/20/2024	06/17/2024
	07/15/2024	08/19/2024	09/16/2024	10/21/2024	11/18/2024	12/16/2024

HIV PLANNING GROUP
12-MONTH COMMITTEE TRACKING
Jan 2023 - Dec 2023

STRATEGIES	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	#
Total meetings	0	1	0	1	0	0	0	1	0	1	0		4
Member													
Acevedo, Allan	NM	**1**	NM	**1**	NM	NM	NM	*	NM	**1**	NM	NM	**3**
Applebaum, Amy	NM	*	NM	**1**	NM	NM	NM	*	NM	*	NM	NM	**1**
Davenport, Dr. Beth	NM	*	NM	**1**	NM	NM	NM	*	NM	*	NM	NM	**1**
Franco, Lucia	NM	*	NM	*	NM	NM	NM	*	NM	**1**	NM	NM	**1**
Mora, Joseph	NM	*	NM	*	NM	NM	NM	*	NM	**1**	NM	NM	**1**
Mar-Tang, Moira	NM	*	NM	*	NM	NM	NM	*	NM	*	NM	NM	**0**
Price, Venice	NM	**1**	NM	*	NM	NM	NM	**1**	NM	*	NM	NM	**2**
Ransom, Shannon	NM	*	NM	*	NM	NM	NM	*	NM	*	NM	NM	**0**
Tilghman, Dr. Winston	NM	*	NM	*	NM	NM	NM	*	NM	*	NM	NM	**0**
Weber, Jeffery	NM	*	NM	*	NM	NM	NM	*	NM	**1**	NM	NM	**1**
Wimpie, Michael	NM	*	NM	*	NM	NM	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

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JC = Just Cause

EC = Emergency Circumstance

NM = No Meeting

MEMBERSHIP	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	#
Total meetings	1	1	1	0	1	0	1	0	1	0	1	1	8
Member													
Lewis, Bob	*	*			*	NM	*	NM	*	NM	*	*	0
Lochner, Mikie	*	*	*	NM	*	NM	*	NM	*	NM	1	*	1
Underwood, Regina	*	*	*	NM	*	NM	*	NM	*	NM	*	*	0
Rhea Van Brocklin	*	*	*	NM	1	NM	*	NM	JC	NM	*	*	1

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PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE															
PSRAC	Jan	Feb	Mar	Apr	May	8-Jun	20-Jun	20-Jul	27-Jul	Aug	Sep	Oct	Nov	Dec	#
Total meetings	1	1	1	0	1	1	1	1	1	0	1	0	1	0	**8**
Member															
Jacobs, Dr. Delores[C]	*	*	*	NM	*	*	*	*	*	NM	*	NM	*	NM	**0**
Carroll, Reginald			*	NM	*	*	*	*	*	NM	1	NM	*	NM	**1**
Cortes, Alberto	*	1	JC	NM	*	*	1	1	1	NM	*	NM	*	NM	**2**
Davenport, Beth	*	*	*	NM	*	*	*	*	*	NM	1	NM	1	NM	**2**
Garcia-Bigley, Felipe	*	*	*	NM	1	*	*	*	*	NM	*	NM	1	NM	**2**
Highfill, Pam	*	*	JC	NM	*	*	*	*	*	NM	*	NM	*	NM	**0**
Kubricky, Cinnamen[U]	*	*	*	NM	1	*	*	*	*	NM	*	NM	1	NM	**2**
Mueller, Chris	1	*	1	NM	*	*	*	*	*	NM	1	NM	*	NM	**3**
Robles, Raul	*	1	JC	NM	*	*	*	*	*	NM	1	NM	*	NM	**2**
Quezada-Torres, Karla	*	*	JC	NM	*	*	1	*	*	NM	*	NM	*	NM	**1**
Underwood, Regina	*	*	*	NM	*	1	*	*	*	NM	*	NM	1	NM	**2**
Van Brocklin, Rhea	*	*	*	NM	1	*	*	*	*	NM	1	NM	1	NM	**3**
Villafan, Freddy	*	1	*	NM	*	*	*	*	*	NM	1	NM	1	NM	**3**

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STEERING	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	#
Total Meetings	1	1	0	1	1	1	1	0	1	0	1		8
Community Engagement Group Allan Acevedo	1	1	NM	1	*	1	*	NM	*	NM	1	NM	5
Medical Standards Dr. Tilghman	*	*	NM	*	*	*	*	NM	*	NM	*	NM	0
Membership Bob Lewis	*	1			*	*	*	NM	*	NM	*	NM	1
Priority Setting and Resource Allocation Dr. Jacobs	*	*	NM	*	*	*	*	NM	*	NM	*	NM	0
Strategies & Standards Shannon Ransom	*	*	NM	*	*	*	*	NM	1	NM	*	NM	1
Chair- Mikie Lochner	*	*	NM	*	1	*	*	NM	*	NM	*	NM	1
Vice Chair - Rhea Van Brocklin	*	*	NM	*	*	*	*	NM	*	NM	*	NM	0

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Community Engagement Group	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	#
Total Meetings	1	1	1	1	1	1	1	1	1	1	1	1	**12**
Member													
Acevedo, Allan[UC]	*	*	*	*	*	*	*	*	*	1	1	1	3
De Jesus, Alfredo[U]	*	*	*	1	*	1	*	1	1	1	1	1	7
Donovan, Michael	*	*	JC	*	*	*	*	*	*	*	*	*	0
Duarte, Esteban			JC	*	*	1	1	1	*	1			
Fleming, Tyra			*	*	JC	*	*	*	JC	*	*	*	0
Lochner, Mikie[U]	*	1	*	*	1	*	*	*	*	*	*	*	2
Lothridge, Jen			*	*	*	*	*	*	*	*	*	*	0

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NM = No Meeting

Medical Standards & Evaluation Committee

MSEC	Feb	May	Sep	Nov	#
Total Meetings	1	1	1	1	4
Member					
Tilghman, Dr. Winston [C]	*	*	*	*	0
Aldous, Dr. Jeannette [N CC]	*	*	*	*	0
Bamford, Dr. Laura	*	*	*	*	0
Grelotti, Dr. David	*	*	*	*	0
Hernandez, Yessica	*	*	*	*	0
Lewis, Robert	1	1	JC	*	2
Lochner, Mikie	*	*	*	1	1
Ransom, Shannon	*	*	1	▓	▓
Spector, Dr. Stephen	1	1	*	*	2
Stangl, Lisa [N]	*	1	*	*	1
Quezada-Torres, Karla	*	*	1	*	1
Zweig, Dr. Adam [N]	1	1	▓	▓	▓

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

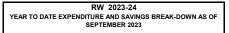**1** = Absence when there are multiple meetings that month.
Member needs to attend at least one (1) meeting for attendance to count for that month.

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DETAILED INTERNAL BUDGET

Program: HIV Planning Group Support-*County*
Year: RW 2023

DETAILED INTERNAL BUDGET

Budget Period: 03/01/2023 to 2/28/2024
CFDA#: 93.914
Updated - 9/2023 Expenditures for 11/2023 Meeting

TASK 008 S&S
TASK 026 S&B
TASK 001 Office Expenses/Zoom/Equipment

		% of Year Elapsed	58.31%		58.31% Elapsed	
		Budget Revision 5/11/23	**Expenditures September 2023**	**YTD Total Expenditures**	**Expended**	**Remaining Balance**
Personnel Expenses (Salary&Benefits)		$ 251,492.00	$ 45,579.00	$ 225,963.88	89.85%	$ 25,528.12
Needs Assessment		$ 75,000.00		$ -	0.00%	$ 75,000.00
Translation Services		$ 11,000.00	$ 791.94	$ 4,793.23	43.57%	$ 6,206.77
Meeting Space		$ -		$ -	#DIV/0!	$ -
Transportation, Mileage & Gas Cards		$ 4,500.00	$ 2,524.84	$ 4,211.49	93.59%	$ 288.51
Training for HPG Staff		$ -		$ -	#DIV/0!	$ -
Office Supplies		$ 4,000.00	$ 272.00	$ 7,267.32	181.68%	$ (3,267.32)
Food Purchases		$ 5,000.00	$ 72.74	$ 1,674.75	33.50%	$ 3,325.25
Transcription (Written) Services		$ 500.00		$ -	0.00%	$ 500.00
WebEx (monthly) 47.86 HPG charge		$ 750.00	$ 47.86	$ 335.02	44.67%	$ 414.98
Zoom (anually)		$ 950.00	$ 890.06	$ 890.06	93.69%	$ 59.94
Equipment (Meeting Owl Office Max)		$ 5,000.00		$ 1,948.23	38.96%	$ 3,051.77
Trainings/Consultants		$ 1,500.00		$ -	0.00%	$ 1,500.00
WiFi (MiFi) Monthly Service @ $286/month (6)		$ 2,000.00	$ 286.44	$ 2,005.08	100.25%	$ (5.08)
Mail Chimp		$ 504.00		$ -		
TOTAL PC BUDGET		$ 362,196.00	$ 50,464.88	$ 249,089.06	68.77%	$ 113,106.94

RW 2023-24 PART A AWARD INFORMATION

Funding Source	Total RW 2023-24 Award
Part A	11,299,699.00
Part A MAI	773,155.00
TOTAL AWARD AMOUNT	**12,072,854.00**

RW 2023-24 YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN AS OF SEPTEMBER 2023

FY23-24 ALLOCATION BREAK DOWN

Funding Source	Admin. $	Admin. %	CQM $	CQM %	RW 202324 Service dollars	Total	CORE Medical Services	Support Services
Part A	1,129,969	10%	315,170	3%	9,854,560	11,299,699	70%	30%
Part A MAI	66,977	9%	32,932	4%	673,246	773,155		
TOTAL	**1,196,945.90**		**348,102.00**		**10,527,806.10**	**12,072,854.00**	**70%**	**30%**

Ryan White Part A Allocations

Service Categories	HRSA Ranking	Priority Ranking	RW 2023-24 HPG Allocation as of 08/11/22	%	HPG Approved Actions +/-	RW 2023-24 HPG Total as of today	%	RW 2023-24 Year to Date Expenditure	RW 2023-24 Year-to-Date - The % below is the % of the Budget Spent 58.33% of Year Elapsed/Invoiced)	RW 2023-24 Balance	Comments
Outpatient Ambulatory Health Services: Primary Care	1l	1	962,630.00	10%	$ 140,000.00	1,102,630.00	11%	784,641.52	71%	317,988.48	
Outpatient Ambulatory Health Services: Medical Specialty	1l	2	273,386.00	3%	-	273,386.00	3%	70,904.92	26%	202,481.08	
Psychiatric Medication Management	1j	3	28,036.00	84%	(15,000.00)	13,036.00	0%	2,957.77	23%	10,078.23	
Oral Health	1k	4	300,940.00	84%	(100,000.00)	200,940.00	2%	87,027.29	43%	113,912.71	
Medical Case Management	1h	5	1,268,338.00	14%	15,000.00	1,283,338.00	13%	739,449.28	58%	543,888.72	
Case Management-Non-Medical for Housing NEW		7	-	0%	-	-					
Housing: Emergency Housing	2e	8	530,000.00	6%	545,000.00	1,075,000.00	11%	729,908.68	68%	345,091.32	
Housing: Location, Placement and Advocacy Services NEW		9	-	0%	-	-					
Housing: Partial Assistance Rental Subsidy (PARS)	2e	10	807,507.00	100%	-	807,507.00	8%	439,399.93	54%	368,107.07	
Non-Medical Case Management	2h	6	392,021.00	4%	-	392,021.00	4%	243,337.96	62%	148,683.04	
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF)	1c	11	943,317.00	10%	50,000.00	993,317.00	10%	470,807.86	47%	522,509.14	
Childcare Services	2a	11a		0%		-	0%	-	0%	-	
Early Intervention Services: Regional Services	1c	12	477,703.00	5%	35,000.00	512,703.00	5%	463,455.23	90%	49,247.77	
Health Education & Risk Reduction	2d	12a	-	0%	-	-	0%	-	0%	-	
Outreach Services	2j	12b	322,683.00	3%	-	322,683.00	3%	-	0%	322,683.00	
Referral Services	2l	12c		0%		-	0%	-	0%	-	
Referral to Health and Supportive Services (Peer Navigation)		14	400,000.00	4%	-	400,000.00	4%	187,708.05	47%	212,291.95	
Mental Health: Counseling/Therapy & Support Groups	1j	15	1,061,062.00	11%	(155,000.00)	906,062.00	9%	517,940.95	57%	388,121.05	
Psychosocial Support Services		16	-	0%	-	-	0%	-	0%	-	
Substance Abuse Services: Outpatient	1m	17	315,127.00	3%	(45,000.00)	270,127.00	3%	156,118.81	58%	114,008.19	
Substance Abuse Services: Residential	2o	18	-	0%	-	-	0%	-	0%	-	
Home-based Health Care Coordination	1e	19	228,500.00	2%	-	228,500.00	2%	172,090.37	75%	56,409.63	
Transportation: Assisted and Unassisted	2g	20	142,830.00	2%	-	142,830.00	1%	87,734.66	61%	55,095.34	

Service Categories	HRSA Ranking	Priority Ranking	RW 2023-24 HPG Allocation as of 08/11/22	%	HPG Approved Actions +/-	RW 2023-24 HPG Total as of today	%	RW 2023-24 Year to Date Expenditure	RW 2023-24 Year-to-Date - The % below is the % of the Budget Spent 58.33% of Year Elapsed/Invoiced)	RW 2023-24 Balance	Comments
Food Services: Food Bank/Home-Delivered Meals	2c	21	536,073.00	6%	(24,000.00)	512,073.00	5%	272,205.00	53%	239,868.00	
Medical Nutrition Therapy	1i	22	35,542.00	0%	-	35,542.00	0%	25,540.89	72%	10,001.11	
Legal Services	2i	23	285,265.00	3%	-	285,265.00	3%	177,420.38	62%	107,844.62	
Emergency Financial Assistance	2b	24	28,730.00	0%	32,126.00	60,856.00	1%	33,898.00	56%	26,958.00	
Home Health Care	1f	25		0%		-	0%	-	0%	-	
Early Intervention Services: HIV Counseling and Testing	1c	26		0%		-	0%	-	0%	-	
Cost-Sharing Assistance	1d	27		0%		-	0%	-	0%	-	
Hospice	1g	28		0%		-	0%	-	0%	-	
Subtotal			9,339,690.00	355%	478,126.00	9,817,816.00	100%	5,662,547.55	58%	4,155,268.45	

Ryan White Part A Minority AIDS Initiative (MAI)			RW 2023-24 Allocation as of 08/11/22		HPG Approved Actions +/-	RW 2023-24 MAI Total as of today	%	RW 2023-24 Year to Date Expenditure	RW 2023-24 Year-to-Date - The % below is the % of the Budget Spent 58.33% of Year Elapsed/Invoiced)	RW 2023-24 Balance	Comments
Case Management (Non-Medical)			71,333.00		-	71,333.00	11%	35,521.82	50%	35,811.18	
Medical Case Management			258,925.00		-	258,925.00	38%	115,849.09	45%	143,075.91	
Mental Health Services			175,739.00		-	175,739.00	26%	72,156.53	41%	103,582.47	
Outreach Services			23,337.00		-	23,337.00	3%	22,185.96	95%	1,151.04	
Substance Abuse Services (Outpatient)			43,912.00		-	43,912.00	7%	40,394.92	92%	3,517.08	
Housing: Emergency Housing			100,000.00		-	100,000.00	15%	52,721.70	53%	47,278.30	
Subtotal			673,246.00		-	673,246.00	100%	338,830.02	50%	334,415.98	
TOTAL			10,012,936.00		478,126.00	10,491,062.00		6,001,377.57	57%	4,489,684.43	

CORE and Support Sevices allocation break-down			
	Total Allocation	Total Expenditure	Total Balance
CORE Medical Services	4,647,977.00	2,705,213.60	1,942,763.40
Support Services	5,169,839.00	2,957,333.95	2,212,505.05
TOTAL	9,817,816.00	5,662,547.55	4,155,268.45

0.00 variance

YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN AS OF AUGUST 2023

RW 22-23 & 23-24 SERVICE DOLLAR ALLOCATIONS AND EXPENDITURES

Funding Source	RW 2022/2023 & RW 2023/2024 Service Dollars	Contract YTD Expenditure	% of Year Invoiced	% Spent	Balance	Comments
Ryan White Part B						
Outpatient Ambulatory Health Services (Medical)	407,426.00	-	49.98%	0%	407,426.00	Part A Payment Summary, Part B tracking as of September 2023 invoices.
Early Intervention Services (Expanded HIV Testing)	-	-	49.98%	-	-	
Early Intervention Services (Focused Testing)	187,900.00	103,762.64	49.98%	55%	84,137.36	Part B Payment Summary as of September 2023 invoices.
Medical Case Management (Emergency Financial Assistance)	227,906.00	148,252.00	49.98%	65%	79,654.00	Part B Payment Summary as of September 2023 invoices.
Housing (Substance Abuse Services-Residential)	543,413.00	315,138.63	49.98%	58%	228,274.37	Part B Payment Summary as of September 2023 invoices.
Non-medical Case Management (Rep Payee)	45,833.00	20,616.22	49.98%	45%	25,216.78	Part B Payment Summary as of September 2023 invoices.
CoSD Medical Case Management	403,173.24	228,943.56	49.98%	57%	174,229.68	Per Q2 2023 Qtrly invoice
CoSD Early Intervention Services	396,482.82	222,640.90	49.98%	56%	173,841.92	Per Q2 2023 Qtrly invoice
Ryan White Part B Total	**2,212,134.06**	**1,039,353.95**		**47%**	**1,172,780.11**	
Ryan White Part B-MAI Bridge	**39,330.00**	**39,114.78**	41.65%	**99%**	**215.22**	Part B-MAI Payment Summary as of September 2023 invoices.
Prevention 2023						
Counseling and Testing	180,000.00	125,440.19	58.31%	70%	54,559.81	Prenvention Payment Summary as of September 2023 invoices.
Evaluation/ Linkage Activities/ Needs Assessment	962,418.58	607,722.02	58.31%	63%	354,696.56	Prenvention Payment Summary as of September 2023 invoices.
Prevention Total	**1,142,418.58**	**733,162.21**			**409,256.37**	
CDPH Ending the HIV Epidemic- Component A	**$1,309,150**	**101,348.35**	**100%**	8%	**1,207,801.65**	Prenvention Payment Summary as of September 2023 invoices.
CDPH Ending the HIV Epidemic- Component C	**$222,220**	-	**0%**	0.00%	**222,220.00**	CDPH EHE Comp C No Contract.
HRSA Ending the HIV Epidemic- 20-078 FY2324	**$2,555,761**	**867,205.00**	**41.65%**	33.93%	**1,688,556.00**	HRSA EHE Payment Summary as of September 2023
TOTAL	**7,481,013.64**	**2,780,184.29**		**37%**	**4,700,829.35**	

HIV, STD and Hepatitis Branch of Public Health Services
County of San Diego Health and Human Services Agency
Monthly Report to the HIV Planning Group
November 2023

Updates are **in bold**.

Items for HPG Follow-Up
- None.

Coronavirus (COVID-19) Impacts and Updates
- The County of San Diego has a webpage dedicated to COVID-19: www.coronavirus-sd.com. On this page, the public has information regarding the current status of COVID-19 in San Diego County.
- For general questions about COVID-19, the County recommends reaching out to 2-1-1 San Diego (211sandiego.org).
- State Public Health Emergency and local emergency came to end at the end of February 2023.
- On May 11, 2023, the federal COVID-19 public health emergency declaration ended. After this date, most tools, like vaccines, treatments, and testing will remain available. But, some tools, like certain data sources and reporting, will change.

MPOX (Monkeypox) Updates
- San Diego County's local health emergency for Monkeypox expired on Thursday, Nov. 10.

Ryan White Parts A/HRSA Updates/Clinical Quality Management
- The Ryan White Part A grant has three parts. The first is "formula." This amount is based upon the number of people living with HIV in San Diego County. The second

part is called "supplemental." This amount is based upon the strength of the County's application for funding. The final part of the award is "Minority AIDS Initiative." This amount is based upon the number of people living with HIV who are Black, Hispanic, Asian, Pacific Islander, Native American/Native Alaskan or whose ancestry includes more than one race.

- HSHB has received final notice of award for the current grant period, March 1, 2023 to February 29, 2024. The final award is $12,072,854. This represents approximately a 1% increase over the prior year's award.

Year	Formula	Supplemental	MAI	Total
21-22	$7,124,107	$3,469,994	$742,177	$11,336,278
22-23	$7,625,887	$3,557,289	$793,221	$11,976,397
23-24	$7,492,416	$3,807,283	$773,155	$12,072,854

- HSHB has received a core medical services waiver from HRSA for March 2023 to February 2024. Ordinarily, 75% of grant funding would have to be spent on "core medical services." With the waiver, the HIV Planning Group is exempt from that requirement. San Diego County has received a core medical services waiver for the past 9 years. The core medical services waiver can be granted if there are no waiting lists for Ryan White HIV core medical services and there is no waiting list for California's AIDS Drug Assistance Program.

Ryan White Part B
- Notice of Grant Award for FY19-24 was received. Total grant award for Part B and MAI is $2,291,806 each year.
- Ryan White Part B funds HIV primary care and oral health, medical and non-medical case management, inpatient substance use treatment services, emergency financial assistance, early intervention services, representative payee, and focused HIV testing.

Ending the HIV Epidemic (HRSA 20-078)
- The federal Ending the HIV Epidemic (EHE) initiative focuses on achieving two ambitious goals: a 75% reduction in new HIV infections by 2025 and a 90% reduction in new HIV infections by 2030.
- HRSA conducted a comprehensive site visit from March 14-16, 2023. We are awaiting the final report that will be shared with HPG once received.

- The site visit report was received on May 18. A corrective action plan addressing the findings was submitted to HRSA and we are awaiting theOfficer feedback. The Project Officer had returned the Corrective Action Plan to us, which we updated and resent to HRSA. The updated Corrective Action Plan was approved by HRSA on September 8, 2023.
- A new notice of award of $343,068.00 was received on 1/24/2023 for Budget Period Start Date 03/01/2023 - End Date 02/28/2024. Final notice of award for Budget Period Date 03/01/2023 – End Date 02/28/2024 was received on 03/24/2023 and the total amount is $2,555,761.00.
- EHE has funded a Leadership Training Program with the goal of engaging persons living with HIV infection in the community planning process. This includes having a role in priority setting and resource allocations, establishing service standards, in efforts to ensure that persons living with HIV receive high quality services to improve retention in care and viral suppression. Training with the pilot group began on 8/30/22. Seven participants attended each module in the month of September, and they all completed the training session. Cohort 1 of Leadership Training began on 11/7/2022 with a total of 13 participants registered and 9 participants attended and completed the session(s). Recruitment for the second cohort began in December and this cohort will be facilitated in Spanish. Out of the 9 participants who completed the first cohort of the Leadership Training, two were selected to apply for HPG as their community-based project (CBP), one decided to do outreach and six were selected as training facilitators. Recruitment for the second cohort began on 12/13/22 and as of 12/16/22 there were 7 participants registered.
- The Spanish-speaking cohort of Leadership Training graduated on 02/24. Participants are working on their community-based projects in collaboration with UCSD MCAP Health Educator. Two graduates will apply to the HPG. There are also several outreach opportunities planned for the next few weeks for graduates to recruit for the upcoming June cohort.
- The Leadership Training program completed in June the first training cohort for the fiscal year 23-24. All participants have been highly engaged in discussion throughout all Project PEARL modules. Many are showing interest in participating in the HIV Planning Group. A few participants are already thinking ahead of what they want their Community-Based Project to look like.

Integrated HIV Surveillance and Prevention (CDC 18-1802)

- Current CDC funding for HIV prevention (known as "PS18-1802"), called High Impact Prevention (HIP) is currently focusing on three areas:
  - Strengthening disease intervention infrastructure;
  - Expanding and providing navigation services (medical care, benefits, support services); and
  - Expanding access to syringe services for persons who inject drugs.
- **CDC 18-1802 funding was originally scheduled to expire on December 31, 2023. However, as a new funding opportunity has yet to be released, HSHB has issued a six-month contract extension from January 1, 2024 to June 30, 2024. The purpose of this extension is to ensure there will be no gaps in services and to allow additional time to complete the next procurement process. This extension will include HIP, MPOX, SSP, Routine Opt-Out Testing, and Focused Testing/Linkage to PrEP service activities.**
- Between January and June 2023:
  - PrEP navigators served 455 individuals who requested help accessing HIV PrEP. Among those who had not yet seen a PrEP prescriber, navigators linked 92% (412/448) to appropriate medical care resulting in 353 individuals newly initiating PrEP. Of 455 served: MSM 87%, MSM/PWID <1%, Other sex risk 12%; 91% male, 5% female, 3% transgender, 1% other/unknown; 48% Hispanic, White 24%, Asian 8%, Black 6%, Unknown 13%, Native Hawaiian/Pacific Islander 1%.
  - Navigators also linked or re-linked 65 individuals living with HIV to medical care. Of these individuals, 26 were newly diagnosed, 32 were previously diagnosed and had fallen out of care and 7 who had not yet fallen out of care were aided in making their next appointment. Of 67 served, 65 linked: 90% MSM, 9% other sex risk, 1% MSM/PWID; 84% Male, 12% transgender, 4% Female; and 58% Hispanic, 21% White, 9% Asian, 7% Black, 3% Unknown, and 1% Native American.
  - Contractors outreached to 1,679 persons vulnerable to HIV and 40 persons living with HIV during the first half of 2023.
  - Contractors also successfully engaged and provided follow-up checks with 101 condom distribution sites throughout San Diego County frequented by people vulnerable to HIV infection.
  - Social media efforts aimed at providing PrEP and PEP information to social/sexual networking sites resulted in 123,926 regional website hits, 44,134 interactions/ impressions, and 9,197 followers on social media.
  - Syringe services were provided to 1,149 individuals during 3,682 sessions.

- **An updated summary of program activities from July 2023 through December 2023 will be provided in January 2024.**

Ending the HIV Epidemic (CDC PS20-2010)
- CDC Ending the HIV Epidemic (CDC EHE) is part of the federal Ending the HIV Epidemic Initiative to reduce new HIV infections in the United States by 75% in the next five years and by 90% in the next ten years.
- In 2020, HSHB was awarded $1.9 million per year for five years to implement comprehensive HIV programs, that complement existing programs, such as CDC prevention, Ryan White, and other HHS programs to accelerate efforts to reduce new HIV infections across San Diego County.
- **The Recipient's office has been actively procuring services to implement CDC EHE activities. Four contracts have been awarded as of 8/30/23:**
  - **Comprehensive HIV Prevention Services for Persons Who Inject Drugs:**
    - **Contract was awarded to Family Health Centers of San Diego. Funding will support the foundation of expansion of high-quality, stigma-free, community-based harm reduction services to underserved areas of the County. Services will aim to reduce barriers to HIV, STD and HCV testing and treatment, identify individuals who are at risk of HIV acquisition and link them to needed services, and increase referrals to behavioral and social support services.**
  - **HIV Prevention and Care Services for Transgender Persons**
    - **Contract was awarded to San Ysidro Health. Funding will support enhancement of their existing transgender system of healthcare which includes PrEP, HIV treatment, primary care, care coordination services, and linkages to evidence-based harm reduction services and social support services.**
  - **Benefits Navigation**
    - **Contract was awarded to Family Health Centers of San Diego. Funding will support HIV positive and negative individuals identify and enroll in timely, essential, and appropriate HIV-related medical and social services. Emphasis will be placed on assisting individuals experiencing unique and complex challenges engaging with health and social support systems.**
  - **Implementation Grants for Routine Optout Testing**

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- Contract was awarded to UCSD. Funding will help establish new service delivery systems for conducting routine HIV testing in settings that that are not currently conducting routine HIV testing (ex. emergency departments).
  - One additional procurement is in process:
    - **Mobile PrEP Services**
      - Currently in the contract awarding process.
      - Funding will aim to increase access to PrEP, provide culturally and gender responsive PrEP related services, and reduce disparities for our focus populations across the County via mobile units, street-based PrEP teams, and PrEP champions.
- In September 2023, the new County of San Diego Getting to Zero (GTZ) mobile application and GTZ Resource Guide was launched to increase access to free, multi-lingual, HIV related resource information in San Diego County. The app is available for download in the Apple Store and Google Play and the Resource Guide is available in both online and print version.

Status Neutral Approaches to Improve HIV Prevention and Health Outcomes for Racial and Ethnic Minorities - Implementation Sites (HRSA 23-126)

- HSHB was awarded funding from HRSA to develop and implement a "status-neutral approach" to HIV service delivery for racial and ethnic minorities. Status-neutral refers to an approach for systems design that integrates HIV testing, care, treatment and prevention into a single system, thus breaking down the silos between HIV care and HIV prevention. For a long time, one of the limits of our HIV prevention efforts has been the much smaller amount of funding we received for prevention when compared with the funding we receive for care and treatment.
- Deploying three major activities:
  - Deploy care coordination/case management services for persons vulnerable to HIV acquisition, providing us with an opportunity to engage in more substantial work with HIV-negative persons who might need additional support due to housing status, mental health, substance use or disability.
  - Deploy a Social Networking Strategy (SNS). SNS is an evidence-based approach to identify, engage, and motivate people who are unaware of their status to accept HIV testing and engage in available care and prevention services.

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- o **Support our HIV Planning Group in shifting its approach to encompass a status-neutral approach by updating its service standards and reducing or eliminating distinctions between services for persons living with HIV and persons who are vulnerable to HIV.**
  - ▪ **The total award for the first year is $500,000, and $375,000 in years 2 and 3.**

Service Utilization

- **Ryan White Parts A and B**
  - o **Ryan White Part A Service Utilization Report provides data regarding clients and service utilization through October 31, 2023.**
  - o **To date, the Ryan White Part A system of care provided services to 2,871 clients. This number represents a slight decrease in the number of clients served during the prior grant period, which was 2,929.**
  - o **Viral suppression of clients receiving services in the month of October 2023 was 92% for clients who have viral load tests documented in ARIES.**
  - o **HSHB continues to assess the capacity of the Ryan White system on a monthly basis in critical core medical services. We also include non-medical case management due to its important role in linking clients to needed services. The system capacity assessment looks at the availability of services by measuring the time until the third available appointment. Because of our Core Medical Services Waiver, we must ensure that there are no waiting lists for any core medical service that are longer than 30 days.**
    - ▪ **Outpatient/Ambulatory Health Services: No concerns.**
    - ▪ **Oral Health: No concerns.**
    - ▪ **Psychiatry: No concerns.**
    - ▪ **Mental Health: No concerns.**
    - ▪ **Medical Case Management: No concerns.**
    - ▪ **Non-Medical Case Management: No concerns.**
  - o **PARS Waitlist as of 11/01/23**
    - ▪ **54 currently on the waitlist**
    - ▪ **10 previously enrolled**
    - ▪ **10 new applicants**
    - ▪ **Demographics of clients on the waitlist: 54**
      - o **Gender 39 male, 10 female, 5 transgender**
      - o **Race/ethnicity: 9 Black, 27 Hispanic/Latino, 18 white, 0 Asian**

   o **Age: 30 over 45, 22 ages 31-44, 2 ages 18-30**
   o **Central region 38, East 6, South 4, North 6**
   ▪ **103 currently enrolled in PARS**

Budget

- In general, one of the primary measures we use to assess spending is to compare the percent of the year elapsed with the percent of the service category that has been spent. For a 12-month period, around 8% of funding should be spent each month to ensure funding is fully spent by the end of the grant period. When the percent of funds spent is higher than the percent of year elapsed, it means that funding might run out before the end of the grant period. When the percent of funds spent is less than the percent of the year elapsed, there is the possibility of savings and unspent grant dollars at the end of the period. For purposes of this analysis, a variance that is less than 4% (approximately two weeks) is used to determine whether service categories are displaying accelerated or slower-than-expected expenditure.

- **Ryan White Part A**
  - For the period (3/1/23 – 2/29/24), **the report reflects expenditures through September, representing 58.33% of the grant period.**
  - The following service categories are under mark for the fiscal year:
    - Peer Navigation (47%)
    - Oral Health (43%)
  - The following services are over mark for the fiscal year:
    - Early Intervention Services (90%)
    - Primary Care (71%)
    - Emergency Housing (68%)
- Ryan White Part B
  - For the period (4/1/22 – 3/31/23), the report reflects expenditures through August, representing 42% of the grant period.
  - No concerns.
- HIV Prevention (PS 18-1802 Funding)
  - The report reflects expenditures through August 2023, representing 67% of the funding period.
  - No concerns.
- HRSA EHE (20-078 Funding)

- o The report reflects 50% of the grant year elapsed (March 1, 2023-February 29, 2024). HRSA will allow carryover of funds from Years 1 and 2 of the project to Years 3-5.
  - o No concerns.
- CDC/CDPH (PS20-2010 Funding)
  - o This report reflects 8% of the grant year elapsed (August 1, 2023-July 31, 2024).
  - o No Concerns.

Policy Updates
- No Updates.

RYAN WHITE SERVICES		Dec	Year To Date Total	Prior Year Total
FY 2023-2024				
Total clients served each month	Clients	1,244		
New clients in FY23	Clients	86	**3,109**	**3,156**
Returning FY23 clients	Clients	1,158		
VIRAL LOAD SUPPRESSION				
Virally suppressed	Clients	1,088		
% Virally suppressed		95%		
With Test	Tests	1,147		
Without Test	Tests	97		
PART-A SERVICES				
Outpatient Ambulatory Health Services: HIV Primary Care*	Visits	200	**2,178**	**1,328**
	Clients	180	**885**	**648**
Outpatient Ambulatory Health Services: Medical Specialty Care	Visits	-	**0**	**270**
	Clients	-	**0**	**129**
Psychiatric Medication Management	Visits	5	**28**	**15**
	Clients	5	**23**	**10**
Oral Health Care: Dental Care	Visits	47	**803**	**872**
	Clients	34	**303**	**343**
Early Intervention/Integrated Services for Women, Children & Families: Coordinated Care	Visits	33	**2,207**	**1,825**
	Clients	22	**164**	**162**
Early Intervention/Integrated Services for Women, Children & Families: Childcare	Visits	-	**49**	**74**
	Clients	-	**31**	**46**
Early Intervention Services: Regional Services	Visits	604	**7,862**	**7,192**
	Clients	271	**1,077**	**1,075**
Early Intervention Services: Peer Navigation Services	Visits	32	**2,826**	**1,288**
	Clients	19	**349**	**214**
Early Intervention Services: Outreach Services	Visits	-	**0**	**0**
	Clients	-	**0**	**0**
Medical Case Management Services	Visits	952	**10,652**	**8,455**
	Clients	435	**884**	**814**

*Includes Part B funded services

SUMMARY OF SERVICES FOR FY23
March 1, 2023 - February 29, 2024

RYAN WHITE SERVICES		Dec	Year To Date Total	Prior Year Total
PART-A SERVICES continued				
Home-based Health Care Coordination	Visits	20	597	654
	Clients	10	44	48
Case Management -Non-Medical	Visits	298	3,962	4,139
	Clients	177	344	348
Mental Health Services: Counseling/Therapy	Visits	255	3,362	2,591
	Clients	133	344	264
Substance Abuse Treatment Services – Residential*	Visits	-	125	142
	Clients	-	33	37
Substance Abuse Treatment Services - Outpatient	Visits	239	3,031	3,139
	Clients	40	102	100
Housing Services: Partial Assistance Rental Subsidy	Visits	91	944	1,114
	Clients	91	116	135
Medical Transportation Services - Assisted	Visits	1	12	23
	Clients	1	11	17
Medical Transportation Services - Unassisted	Visits	199	2,577	2,834
	Clients	153	388	422
Housing Services: Emergency Housing Assistance	Visits	47	870	760
	Clients	46	444	433
Food Services: Food Bank/ Home Delivered Meals	Meals	3,441	25,994	31,443
	Clients	128	216	225
Medical Nutrition Therapy	Visits	15	132	112
	Clients	15	67	79
Legal Services	Visits	17	147	140
	Clients	15	120	99
Emergency Financial Assistance	Visits	-	690	285
	Clients	-	160	89
Internet Access	Visits	-	1	2
	Clients	-	1	2
Internet Equipment	Visits	8	69	10
	Clients	7	26	6
Collateral Contacts	Visits	156	1,995	2,206
	Clients	103	433	534

*Includes Part B funded services

SUMMARY OF SERVICES FOR FY23
March 1, 2023 - February 29, 2024

RYAN WHITE SERVICES		Dec	Year To Date Total	Prior Year Total
MAI SERVICES				
Medical Case Management Services	Visits	92	1,391	1,135
	Clients	40	154	159
Mental Health Services: Therapy/Counseling	Visits	29	449	704
	Clients	21	84	90
Substance Abuse Treatment Services - Outpatient	Visits	61	686	290
	Clients	29	101	49
Faciliated Referrals	Visits	-	0	0
	Clients	-	0	0
Outreach Encounters	Visits	-	0	0
	Clients	-	0	0
Medical Transportation Services - Assisted	Visits	-	0	0
	Clients	-	0	0
Medical Transportation Services - Unassisted	Visits	-	0	0
	Clients	-	0	0
Case Management -Non-Medical	Visits	45	762	863
	Clients	25	87	90

*Includes Part B funded services

SUMMARY OF SERVICES FOR FY23
March 1, 2023 - February 29, 2024

CLIENT DEMOGRAPHICS	Number of Clients	% of Client Total	Client Total
FY 2023-2024			
Race/Ethnicity			
White (not Hispanic)	720	23.16%	
Black or African American (not Hispanic)	352	11.32%	
Hispanic or Latino(a)	1,808	58.15%	
Asian	45	1.45%	
American Indian/Alaska Native	16	0.51%	
Multi-Race	33	1.06%	
Native Hawaiian/Pacific Islander	11	0.35%	
Race data not in ARIES	124	3.99%	**3,109**
Gender			
Male	2,474	79.58%	
Female	517	16.63%	
Transgender FTM	2	0.06%	
Transgender MTF	114	3.67%	
Other	2	0.06%	
Client Refused to Report	0	0.00%	**3,109**
Age Categories			
< 2	23	0.74%	
02-12	9	0.29%	
13-24	60	1.93%	
25-44	1,195	38.44%	
45-64	1,453	46.74%	
65 and over	369	11.87%	**3,109**
Poverty Level			
<138%	2,256	72.56%	
138-199%	345	11.10%	
200-299%	228	7.33%	
300-399%	55	1.77%	
400-499%	18	0.58%	
>500%	16	0.51%	
Financial data not in ARIES	191	6.14%	**3,109**
HRSA Housing Status			
Stable/Permanent	1,181	37.99%	
Temporary	303	9.75%	
Unstable	203	6.53%	
Housing Status not in ARIES	1,422	45.74%	**3,109**
Insurance Status			
Private	38	1.22%	
Medicaid	342	11.00%	
Medicare	44	1.42%	
Other	472	15.18%	
No Insurance	104	3.35%	
Insurance not in ARIES	2,109	67.84%	**3,109**
San Diego Region			
Central	1,034	33.26%	
East	192	6.18%	
South Bay	579	18.62%	
Southeast	262	8.43%	
North Coastal	343	11.03%	
North Inland	172	5.53%	
North Central	202	6.50%	
Zip Code may be outside SD County	16	0.51%	
Zip Code not in ARIES	309	9.94%	**3,109**

January 2024 – HIV Planning Group Committee Meetings

	Meeting	Date	Time	Location
1	CARE Partnership	Monday, January 8, 2024	11:00 AM – 1:00 AM	**Southeastern 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	Steering Committee	Tuesday, January 16, 2024	11:00 AM – 1:00 PM	**Southeastern Live Well Center** **5101 Market St., San Diego, CA 92114 (Tubman Chavez Room A)**
4	Membership Committee	Wednesday, January 17, 2024	11:00 AM – 1:00 PM	**Southeastern 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	**Southeastern 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	**Southeastern 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 1/4/2024

February 2024 – HIV Planning Group Committee Meetings

	Meeting	Date	Time	Location
1	Strategies & Standards Committee	Tuesday February 6, 2024	3:00 PM – 4:30 PM	**Southeastern Live Well Center 5101 Market St., San Diego, CA 92114 (Tubman Chavez Room A)**
2	Medical Standards & Evaluation Committee (MSEC)	Tuesday, February 13, 2024	4:00 PM – 5:30 PM	**Southeastern Live Well Center 5101 Market St., San Diego, CA 92114 (Tubman Chavez Room A)**
3	Membership Committee	Wednesday, February 14, 2024	11:00 AM – 1:00 AM	**Southeastern Live Well Center 5101 Market St., San Diego, CA 92114 (Tubman Chavez Room A)**
4	Steering Committee	Tuesday, February 20, 2024	11:00 AM – 1:00 PM	**Southeastern Live Well Center 5101 Market St., San Diego, CA 92114 (Tubman Chavez Room C)**
5	Community Engagement Group (CEG)	Wednesday, February 21, 2024	3:00 PM – 5:00 PM	**Southeastern Live Well Center 5101 Market St., San Diego, CA 92114 (Tubman Chavez Room C)**
6	HIV Planning Group (HPG)	Wednesday, February 28, 2024	3:00 PM – 5:00 PM	**Southeastern 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 1/4/2024

March 2024 – HIV Planning Group Committee Meetings

	Meeting	Date	Time	Location
1	Membership Committee	Wednesday, March 13, 2024	11:00 AM – 1:00 AM	**County Operations Center (COC)** 5570 Overland Ave. San Diego, CA 92123 **Training Room 1047**
2	Priority Setting & Resource Allocation Committee	Thursday, March 14, 2024	3:00 PM – 5:00 PM	**County Operations Center (COC)** 5530 Overland Ave. San Diego, CA 92123 **Training Room 124**
3	Steering Committee	Tuesday, March 19, 2024	11:00 AM – 1:00 PM	**County Operations Center (COC)** 5530 Overland Ave. San Diego, CA 92123 **Training Room 124**
4	Community Engagement Group (CEG)	Wednesday, March 20, 2024	3:00 PM – 5:00 PM	**Southeastern Live Well Center** **5101 Market St., San Diego, CA 92114 (Tubman Chavez Room A)**
5	HIV Planning Group (HPG)	Wednesday, March 27, 2024	3:00 PM – 5:00 PM	**Southeastern 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 1/4/2024

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 **<u>must</u>** 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 <u>just cause</u>. 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 <u>emergency circumstances</u>, 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

☐   <u>Limits per Member</u>: 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 <u>emergency circumstances</u>; 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