

## SAN DIEGO HIV PLANNING GROUP (HPG)



*Wednesday, January 28, 2026, 3:00 PM – 5:00 PM*  
*County Operations Center*  
*5560 Overland Ave, San Diego, CA 92123*  
*Training Room 171*

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

### TABLE OF CONTENTS

Document	Page Number(s)
Directions and Parking Instructions	001 – 002
Procedure for Public Requests During HPG Meetings	003
HPG Member Conflict of Interest (COI) Sheet	004
HPG Agenda 1/28/2026	005 – 006
HSHB Report (as of January 2026)	007 – 008
FY25 Expenditure Report (through November 2025)	009 – 011
FY25 Utilization Report (QR code)	012
Action Item Information Sheet: Recommendations for FY25 Reallocations	013
Action Item Information Sheet: Approval to continue the MOU between the County of San Diego and HPG	014
MOU between the County of San Diego and HPG	015 – 024
Presentation: HIV Prevention	025 – 027
2026 HPG and Committee Meeting Schedule	028
Meeting Minutes (HPG and Committees)	029 – 051
Office of AIDS Summary (January 2026)	052

# Meeting Location & Directions:

HIV Planning Group

Wednesday, January 28, 2026

3:00 PM - 5:00 PM

County Operations Center

5560 Overland Ave

San Diego, CA 92123

(Training Room 171)



Parking is **free**. 3-hour visitor parking is available in the parking lot and parking structure. For County business exceeding 3 hours, please park in the numbered spaces in the parking structure.

## FROM I-163 SOUTH:

1. Take I-163 North to Exit 8 for Kearny Villa Road.
2. Keep right, follow signs for Kearny Villa Road.
3. Turn right onto Chesapeake Dr.
4. County Operations Center will be on your right.

## FROM I-15 SOUTH:

1. Take I-15 North to Exit 10 for Clairemont Mesa Blvd.
2. Turn left onto Clairemont Mesa Blvd.
3. Turn right onto Overland Ave.
4. Continue straight to stay on Overland Ave.



## PUBLIC TRANSPORTATION

### MTS Bus Routes:

25, 235, 928





## Training Room 171

### FROM TROLLEY & BUS:

1. Take the Blue Trolley Line to the Balboa Avenue Transit Center.
2. Walk to Balboa Ave & Moraga Ave bus stop (about 7-minute walk, 0.3 miles).
3. Take Route 27 bus from Balboa Ave & Moraga Ave to Complex Dr & Clairemont Mesa Blvd.
4. Head north on Complex Dr.
5. Cross the street and turn right on Clairemont Mesa Blvd (after U.S. Bank Branch on the right).
6. Cross the street and turn left onto Overland Ave. and head north.
7. Enter east through County Operations Center entrance/black gate. **Building 5560** will be on your left.

### FROM BUS:

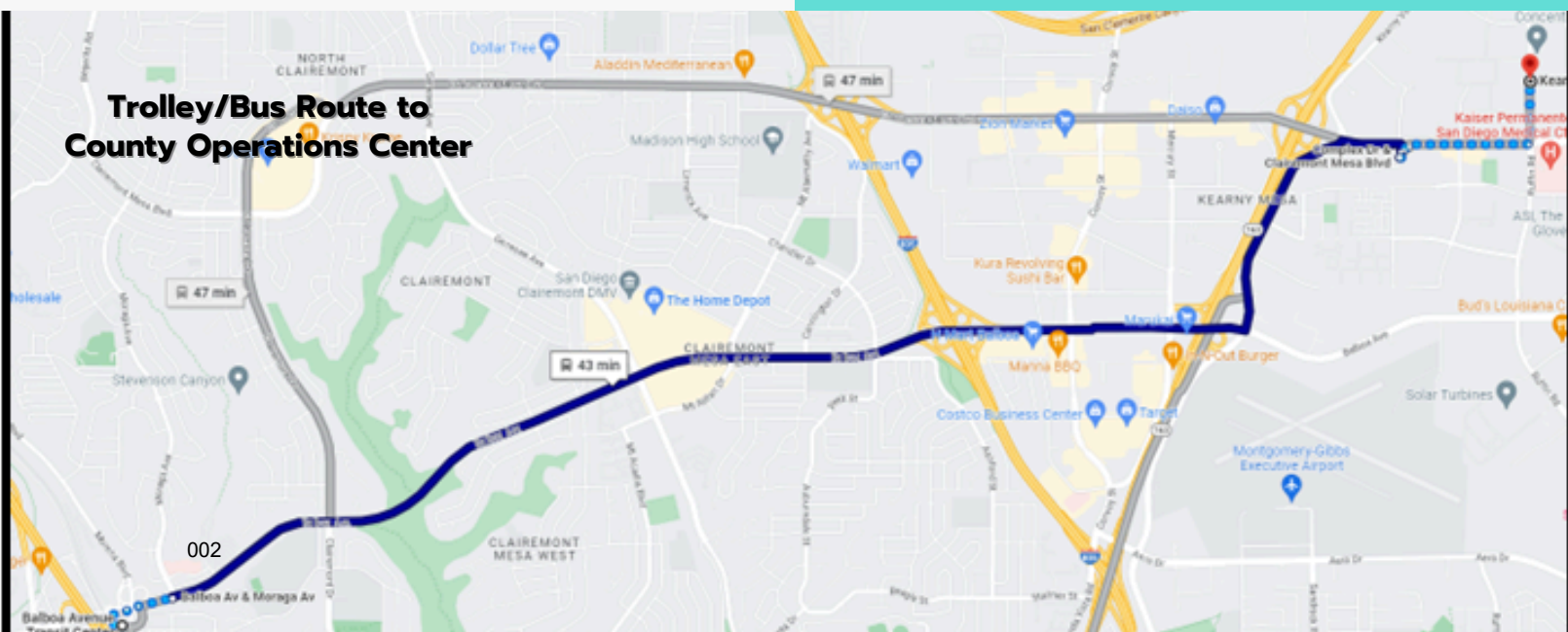
#### From Ruffin Road:

1. Walk north towards Ruffin Road.
2. Turn left on Hazard Way.
3. Enter through County Operations Center entrance/black gate and head further west. Access to County Operations Center buildings will be on your **left**.

#### From Overland Ave.:

1. Walk north on Overland Ave.
2. Enter east through County Operations Center entrance/black gate.
3. Turn left on pedestrian walkway. **Building 5560** will be on your **left**.

### Trolley/Bus Route to County Operations Center



## **Procedure of HPG Public Requests During HPG Meetings**

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

The process/procedure for responding is as follows.

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

Explain the process for a response and indicate that:

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



## HPG CONFLICT OF INTEREST (COI) SHEET

	Conant, Juan	Davenport, Beth	Garcia-Bigley, Felipe	Grelotti, David J.	King, Michael	Matthews, Eva	Nava, Veronica	Paugh, Shannon	Spector, Stephen A.	Van Brocklin, Rhea
CHS: WICYF*										
Early Intervention Services: Regional Services										
Early Intervention Services: Minority AIDS Initiative										
Emergency Financial Assistance										
Food Services: Food Bank/Home Delivered Meals										
Home-Based Health Care Coordination										
Medical Case Management										
Medical Nutrition Services										
Mental Health: Counseling / Therapy										
Mental Health: Psychiatric Medication Management										
Non-Medical Case Management										
Oral Health										
Outpatient Ambulatory Health Services: Medical Specialty										
Outpatient Ambulatory Health Services: Primary Care										
Outreach Services										
Peer Navigation**										
Substance Use Disorder Treatment: Outpatient										
Substance Use Disorder Treatment: Residential										
Transportation: Assisted and Unassisted										

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

\*\*Referral for Healthcare and Support Services

*No Conflicts*

Aguilar, Nicole  
Aguirre Mendoza, Marco  
Donovan, Michael  
Garcia, Rosemary

Fleming, Tyra  
Ignalino, Ben  
Jones, Lori  
Kubricky, Cinnamen

Lochner, Michael  
Lothridge, Jen  
Miles, Skyler  
Rooney, Ivy

Weber, Jeffery  
Wimpie, Michael  
Yancey, Adrienne

Revised 1/26/26

## SAN DIEGO HIV PLANNING GROUP (HPG)



Wednesday, January 28, 2026, 3:00 PM – 5:00 PM  
County Operations Center  
5560 Overland Ave, San Diego, CA 92123  
Training Room 171

### 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](mailto:hpg.hhsa@sdcounty.ca.gov).

### A quorum for this meeting is thirteen (13)

**HPG Members:** Nicole Aguilar | Marco Aguirre Mendoza | Juan Conant | Beth Davenport | Michael Donovan | Tyra Fleming | Rosemary Garcia | Felipe Garcia-Bigley | David Grelotti | Ben Ignalino | Lori Jones | Michael King | Cinnamon Kubricky (*Vice-Chair*) | Michael Lochner (*Chair*) | Jen Lothridge | Eva Matthews | Skyler Miles | Veronica Nava | Shannon Paugh | Ivy Rooney | Stephen Spector | Rhea Van Brocklin | Jeffery Weber | Michael Wimpie | Adrienne Yancey

### ORDER OF BUSINESS

1. Call to order and roll call (3:00-3:05)
2. Welcome, moment of silence, matters from the Chair (3:05-3:15)
3. Public comment (for members of the public) – concerns/questions/suggestions for future training topics/agenda items (3:15-3:20)
4. HPG Member Open Forum – concerns/questions/suggestions for future training topics/agenda items (3:20-3:25)
5. **ACTION:** Approve the HPG agenda for January 28, 2026 (3:25-3:30)
6. HIV, STD, and Hepatitis Branch (HSHB) Report (3:30-3:45)
7. Routine Business: (3:45-3:55)

a. **ACTION:** Approval of consent agenda for January 28, 2026 which includes:

- i. Approval of HPG minutes from November 19, 2025
- ii. Acceptance of the following committee minutes:

Steering Committee	November 14, 2025
Membership Committee	None
Priority Setting and Resource Allocation Committee	November 13, 2025
Medical Standards and Evaluation Committee	None
Community Engagement Group	November 12, 2025
Strategies and Standards Committee	None

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

CARE Partnership                      November 17, 2025

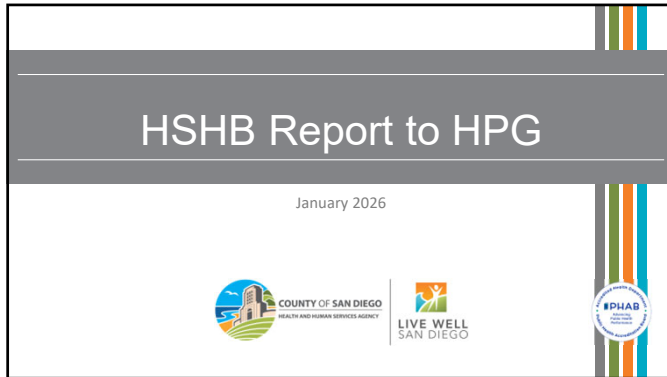
## SAN DIEGO HIV PLANNING GROUP (HPG)

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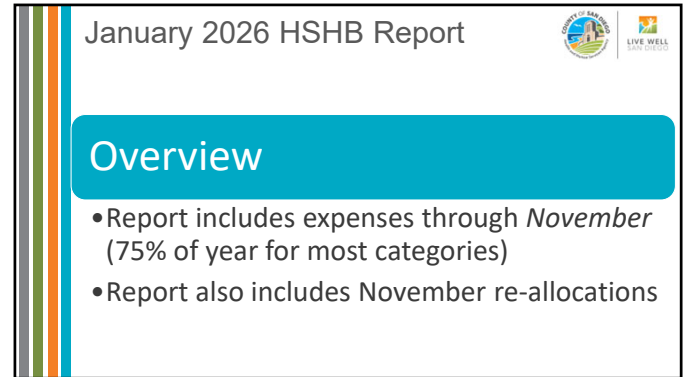
- iii. (*Membership Committee*): HPG appointments/reappointments – none
- b. Report Outs (Office of AIDS, Housing Committee, other committees)
- 8. Old Business: (N/A)
  - a. None
- 9. New Business: (3:55-4:45)
  - a. **ACTION** (*Priority Setting and Resource Allocation Committee*): Approve the FY25 (fiscal year March 1, 2025 – February 28, 2026) reallocations
  - b. **ACTION** (*Steering Committee*): Approve the continuation of the Memorandum of Understanding (MOU) between the County of San Diego and the HIV Planning Group until June 30, 2030
  - c. **Presentation**: HIV Prevention – Lynn Carson and Ana Ramos
  - d. **Discussion**: Committee Chairs to discuss ideas for their committees' recruitment strategy
  - e. **Update**: 2026 Community Performing Arts Event Series at Diversionary Theatre: call for participation – Michael Donovan and Jesse Marchese
  - f. **For Reference**: 2026 meeting calendar
- 10. HPG Support Staff Updates (4:45-4:50)
- 11. Announcements (4:50-5:00)
- 12. Adjournment (5:00)

Next Meeting Date: **Wednesday, February 25, 2026, at 3:00 PM – 5:00 PM**

Location: Chula Vista Live Well Center, 690 Oxford Street, Chula Vista, CA 91911 (South Conference Room) and via Zoom



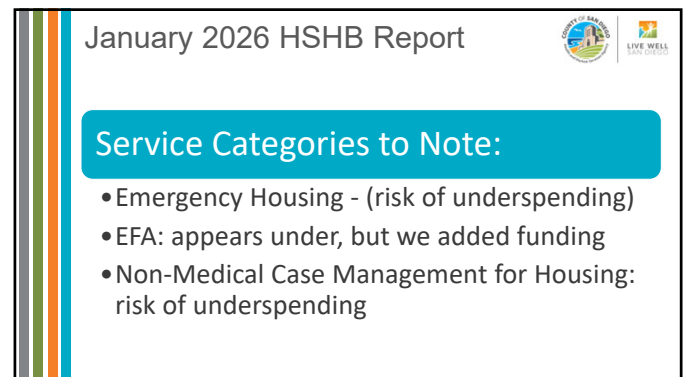
1



2



3



4



## January 2026 HSHB Report



## Service Utilization

- Overall, we are about 5% below last year in terms of clients served
- Viral suppression is at 95%

5

## January 2026 HSHB Report



The following service categories (12/2025 YTD) show change in utilization, compared to the same timeframe from the previous fiscal year (12/2024 YTD):

- Primary care (↓ 4% fewer clients)
- Oral health (↓ 23%)
- WCF (↑ 16%)
- Medical Case Management (↓ 8%)
- Non-Medical Case Management (↓ 9%)
- Mental Health Services (↑ 12%)
- Home-Delivered Meals (↓ 9%)
- Legal Services (↓ 32%)

6

## January 2026 HSHB Report



## PARS REPORT – AS OF 12/2025

## Waiting List

- 65 currently on the waitlist
  - 27 on waitlist previously enrolled in PARS
  - 38 are new applicants
  - Demographics of clients on the waitlist:
    - Gender: 46 male, 13 female, 6 transgender
    - Race/ethnicity: 17 Black, 32 Hispanic/Latino, 14 white, 1 Asian, 1 American Indian
    - Age: 44 over 45, 19 ages 31-44, 2 ages 18-30
    - Regions: Central 45, East 11, South 3, North 6

## Current Clients

- 83 currently enrolled
  - Demographics of clients currently enrolled:
    - Gender: 59 male, 16 female, 8 transgender
    - Race/ethnicity: 10 Black, 47 Hispanic/Latino, 23 white, 2 Asian, 1 American Indian
    - Age: 55 over 45, 26 ages 31-44, 2 ages 18-30
    - Regions: Central 47, East 13, South 18, North 5

7

## January 2026 HSHB Report



## INTEGRATED PLAN UPDATE

8

RW 2025-26 PART A AWARD INFORMATION	
Funding Source	Total RW 2025-26 Award
Part A	11,941,254.00
Part A MAI	812,482.00
<b>TOTAL AWARD AMOUNT</b>	<b>12,753,736.00</b>

RW 2025-26 YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN <i>Through November 2025</i>
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FY25-26 ALLOCATION BREAK DOWN								
Funding Source	Admin. \$	Admin. %	CQM \$	CQM %	RW 2025-26 Service dollars	Total	CORE Medical Services	Support Services
Part A	1,149,330	10%	335,660	3%	10,382,266	11,867,256	42.40%	57.60%
Part A MAI	81,248	9%	34,092	4%	771,140	886,480		
<b>TOTAL</b>	<b>1,230,577.80</b>		<b>369,752.07</b>		<b>11,153,406.13</b>	<b>12,753,736.00</b>	<b>49%</b>	<b>51%</b>

Ryan White Part A Allocations						% Elapsed		75%			
Service Categories	HRSA Ranking	Priority Ranking	RW 2025-26 HPG Initial Allocation	%	HPG & Recipient Approved Actions +/-	RW 2025-26 HPG Adjusted Allocation	%	RW 2025-26 Year to Date Expenditure	RW 2025-26 Year-to-Date - % Expenditure/Budget)	RW 2025-26 Balance	Comments
Outpatient Ambulatory Health Services: Primary Care	1l	1	1,102,630.00	11%	273,157.00	1,375,787.00	13%	1,030,383.06	75%	345,403.94	
Outpatient Ambulatory Health Services: Medical Specialty	1l	2	195,000.00	2%	-	195,000.00	2%	59,646.72	31%	135,353.28	
Psychiatric Medication Management	1j	12	6,000.00	0%	7,500.00	13,500.00	0%	6,585.73	49%	6,914.27	
Oral Health	1k	3	160,940.00	2%	97,847.00	258,787.00	2%	120,415.65	47%	138,371.35	
Medical Case Management	1h	4	1,151,853.00	12%	(122,000.00)	1,029,853.00	10%	769,907.84	75%	259,945.16	
Non-Medical Case Management for Housing		6	200,000.00	2%	-	200,000.00		39,908.74	20%	-	
Housing: Emergency Housing	2e	9	1,183,515.00	12%	203,717.00	1,387,232.00	13%	618,011.02	45%	769,220.98	
Housing: Location, Placement and Advocacy Services		8	100,000.00	1%	(100,000.00)	-		-	0%	-	
Housing: Partial Assistance Rental Subsidy (PARS)	2e	7	850,507.00	9%	104,000.00	954,507.00	9%	797,482.37	84%	157,024.63	
Non-Medical Case Management	2h	5	392,021.00	4%	(85,000.00)	307,021.00	3%	243,059.77	79%	63,961.23	
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF)	1c	13	993,157.00	10%	70,000.00	1,063,157.00	10%	717,531.78	67%	345,625.22	
Childcare Services	2a		-	0%	-	-	0%	-	0%	-	
Early Intervention Services: Regional Services	1c	14	790,000.00	8%	(42,000.00)	748,000.00	7%	506,183.79	68%	241,816.21	
Health Education & Risk Reduction	2d	14a	-	0%	-	-	0%	-	0%	-	
Outreach Services	2j	14b	-	0%	-	-	0%	-	0%	-	
Referral Services	2l	14c	-	0%	-	-	0%	-	0%	-	
Referral to Health and Supportive Services (Peer Navigation)		16	260,000.00	3%	(61,148.00)	198,852.00	2%	117,428.72	59%	81,423.28	

Ryan White Part A Allocations						% Elapsed		75%			
Service Categories	HRSA Ranking	Priority Ranking	RW 2025-26 HPG Initial Allocation	%	HPG & Recipient Approved Actions +/-	RW 2025-26 HPG Adjusted Allocation	%	RW 2025-26 Year to Date Expenditure	RW 2025-26 Year-to-Date - % Expenditure/Budget)	RW 2025-26 Balance	Comments
Mental Health: Counseling/Therapy	1j	10	810,000.00	8%	(230,000.00)	580,000.00	6%	393,439.31	68%	186,560.69	
Psychosocial Support Services		17	46,744.00	0%	-	46,744.00	0%	40,644.84	87%	-	
Substance Use Services: Outpatient	1m	11	313,127.00	3%	41,010.00	354,137.00	3%	235,667.01	67%	118,469.99	
Substance Abuse Services: Residential	2o	18	-	0%	-	-	0%	-	0%	-	
Home-based Health Care Coordination	1e	19	228,500.00	2%	(10,741.02)	217,758.98	2%	157,131.98	72%	60,627.00	
Transportation: Assisted and Unassisted	2g	20	151,830.00	2%	(60,000.00)	91,830.00	1%	62,324.42	68%	29,505.58	
Food Services: Food Bank/Home-Delivered Meals	2c	21	536,073.00	5%	70,090.00	606,163.00	6%	333,384.81	55%	272,778.19	
Medical Nutrition Therapy	1i	22	35,542.00	0%	-	35,542.00	0%	26,555.88	75%	8,986.12	
Legal Services	2i	23	285,265.00	3%	-	285,265.00	3%	216,631.61	76%	68,633.39	
Emergency Financial Assistance	2b	24	61,856.00	1%	445,250.00	507,106.00	5%	55,633.80	11%	451,472.20	
Home Health Care	1f	25	-	0%		-	0%	-	0%	-	
Early Intervention Services: HIV Counseling and Testing	1c	26	-	0%		-	0%	-	0%	-	
Cost-Sharing Assistance	1d	27	-	0%		-	0%	-	0%	-	
Hospice	1g	28	-	0%		-	0%	-	0%	-	
Subtotal			9,854,560.00	100%	601,681.98	10,456,241.98	98%	6,547,958.85	63%	3,908,283.13	
Ryan White Part A Minority AIDS Initiative (MAI)			RW 2025-26 HPG Initial Allocation		HPG & Recipient Approved Actions +/-	RW 2025-26 HPG Adjusted Allocation	%	RW 2025-26 Year to Date Expenditure	RW 2025-26 Year-to-Date - % Expenditure/Budget)	RW 2025-26 Balance	Comments
Multi-Disciplinary Team			593,182.00		-	593,182.00	86%	330,039.40	56%	263,142.60	
Housing: Emergency Housing			100,000.00		-	100,000.00	14%	49,403.27	49%	50,596.73	
Subtotal			693,182.00		-	693,182.00	100%	379,442.67	55%	313,739.33	
TOTAL			10,547,742.00		601,681.98	11,149,423.98		6,927,401.52	62%	4,222,022.46	

CORE and Support Sevices Allocation Breakdown						
	Total Allocation	% Allocated	Total Expenditure	% Spent	Total Balance	% Balance
CORE Medical Services	4,433,965.93	42.40%	3,057,496.50	68.96%	1,376,469.43	31.04%
Support Services	6,022,274.55	57.60%	3,490,462.35	57.96%	2,531,812.20	42.04%
TOTAL	10,456,240.48		6,547,958.85		3,908,281.63	

## Other funding info

Month: Nov-25

Part A &amp; Part B Prevention Comp A/C

HRSA 20-078

YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN THROUGH SEPTEMBER 2025						
RW 2025-26 SERVICE DOLLAR ALLOCATIONS AND EXPENDITURES						
Funding Source	RW 2025/2026 Service Dollars	Contract YTD Expenditure	% of Year Invoiced	% Spent	Balance	Comments
<b>Ryan White Part B</b>						
Outpatient Ambulatory Health Services (Medical)	\$ -	-	75%	0.00%	\$ -	Part A Payment Summary (Part B funding)
Early Intervention Services (Expanded HIV Testing)	\$ -	-	75%	0.00%	\$ -	Part A Payment Summary (Part B funding)
Early Intervention Services (Focused Testing)	\$187,900	\$106,756.87	75%	56.82%	\$ 81,143	Part B Payment Summary
Medical Case Management (Emergency Financial Assistance)	\$403,510	\$82,608.84	75%	20.47%	\$ 320,901	Part B Payment Summary
Housing (Substance Abuse Services-Residential)	\$421,512	\$452,704.48	75%	107.40%	\$ (31,192)	Part B Payment Summary
Non-medical Case Management (Rep Payee)	\$38,098	\$23,604.16	75%	61.96%	\$ 14,494	Part B Payment Summary
CoSD Medical Case Management	\$416,150	272,019.90	75%	65.37%	\$ 144,130	Part B Cost Report
CoSD Early Intervention Services	\$285,044	189,153.55	75%	66.36%	\$ 95,890	Part B Cost Report
<b>Ryan White Part B Total</b>	<b>\$ 1,752,214</b>	<b>\$ 1,126,848</b>			<b>\$ 625,366</b>	
<b>Prevention (27-0047) - HIP</b>						
<i>Counseling and Testing</i>	\$ 105,482.46	\$ 74,961.12	50%	71.07%	\$ 30,521	Payment Summary
<i>Evaluation/ Linkage Activities/ Needs Assessment</i>	\$ 531,178.89	\$ 338,220.63	50%	63.67%	\$ 192,958	Payment Summary
<b>Prevention Total</b>	<b>\$ 636,661</b>	<b>\$ 413,182</b>			<b>\$ 223,480</b>	
<b>HRSA Ending the HIV Epidemic (EHE) - 25-063 FY25-26</b>						
<i>HRSA EHE</i>	\$ 4,072,711.00	\$ 1,353,629.00	75%	33.24%	\$ 2,719,082	Payment Summary
<b>EHE Total</b>	<b>\$ 4,072,711</b>	<b>\$ 1,353,629</b>			<b>\$ 2,719,082</b>	
<b>TOTAL</b>	<b>\$ 6,461,586</b>	<b>\$ 2,893,659</b>			<b>\$ 3,567,928</b>	

# Ryan White Utilization Report

## Summary of Services for FY 25

*(March 1, 2025 - February 28, 2026)*

HIV, STD and Hepatitis Branch

012





**ELIZABETH A. HERNANDEZ, Ph.D.**  
INTERIM DEPUTY CHIEF  
ADMINISTRATIVE OFFICER

**HEALTH AND HUMAN SERVICES AGENCY**  
PUBLIC HEALTH SERVICES  
5530 OVERLAND AVENUE, SUITE 210, MS P-578  
SAN DIEGO, CA 92123-1261  
(619) 531-5800 • FAX (619) 542-4186

**ADRIENNE COLLINS YANCEY, MPH**  
INTERIM DIRECTOR

**SAYONE THIALOLIPAVAN, MD, MPH**  
PUBLIC HEALTH OFFICER

**SAN DIEGO HIV PLANNING GROUP (HPG)  
PRIORITY SETTING AND RESOURCE ALLOCATION COMMITTEE**

**ACTION ITEM INFORMATION SHEET**

**Recommendations for FY25 Reallocations  
(03-01-2025 to 02-28-2026)**

**DATE:** January 28, 2026

**ITEM:** Approve the Recipient recommendations for the reallocation of additional Part A funds to provide short-term food assistance to eligible Ryan White clients.

**BACKGROUND:** Emergency Financial Assistance (EFA) is one of the allowable service categories that can be funded using Ryan White. It can be used to provide limited one-time or short-term assistance to support clients with an urgent need for essential items or services necessary to improve health outcomes, including food vouchers.

To meet the needs of clients who continue to experience food insecurity due to the ongoing volatility of Supplemental Nutrition Assistance Program (SNAP) benefits and escalating costs of living in San Diego County, the HIV, STD and Hepatitis Branch (HSHB) is recommending an increase in EFA Part A funds to provide short-term food assistance to eligible clients. HSHB recommends deploying additional food vouchers at a value of \$100 per week per eligible adult or dependent minor. These grocery vouchers will be distributed to eligible clients through Case Management programs as well as a few other services. The food vouchers and client agreements will prohibit clients from using the vouchers to purchase alcohol, tobacco, or any item other than food or hygiene supplies.

To be eligible for EFA, clients must be a current Ryan White participant or enroll in the program before receiving a voucher, and they must attest to a need for short-term support for food purchases. Use of food vouchers will be tracked through HIV Care Connect and will prohibit clients from accessing food vouchers from more than one provider.

HSHB has identified an additional \$244,000 in savings in Part A. This funding will provide 2,440 food vouchers to eligible clients through February 2026.

To support this request, HSHB is recommending a reduction in Outpatient Ambulatory Health Services (OAHS) by \$244,000. This reduction is possible due to under expenditure in this category and will not impact the availability of Outpatient Ambulatory Services for the remainder of the grant period.

**RECOMMENDATIONS:**

1. **Action Item:** Decrease Outpatient Ambulatory Health Services by \$244,000 from \$1,375,787 to \$1,131,787.
2. **Action Item:** Increase Emergency Financial Assistance by \$244,000 from \$507,106 to \$751,106.

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





**ELIZABETH A. HERNANDEZ, Ph.D.**  
INTERIM DEPUTY CHIEF  
ADMINISTRATIVE OFFICER

**HEALTH AND HUMAN SERVICES AGENCY**  
PUBLIC HEALTH SERVICES  
5530 OVERLAND AVENUE, SUITE 210, MS P-578  
SAN DIEGO, CA 92123-1261  
(619) 531-5800 • FAX (619) 542-4186

**ADRIENNE COLLINS YANCEY, MPH**  
INTERIM DIRECTOR  
**SAYONE THIALOLIPAVAN, MD, MPH**  
PUBLIC HEALTH OFFICER

**SAN DIEGO HIV PLANNING GROUP (HPG)  
STEERING COMMITTEE**

**ACTION ITEM INFORMATION SHEET**

**Continuation of Memorandum of Understanding (MOU) Between the County of San Diego and the HIV Planning Group (HPG) until June 30, 2030**

**DATE:** January 28, 2026

**ITEM:** Approve the continuation of the MOU between the County of San Diego and HPG until June 30, 2030.

**BACKGROUND:** The purpose of the MOU is to document agreements between parties and describe the responsibilities of the parties. The original MOU was in effect from July 21, 2021 through June 30, 2025. The Steering Committee reviewed the expired MOU at the meeting on July 11, 2025 and made a determination to extend it for an additional five (5) years without any updates. The current MOU will be in effect from the date it is signed by both parties and until June 30, 2030.

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



## **MEMORANDUM OF UNDERSTANDING**

### **Parties**

This Memorandum of Understanding (MOU or Agreement) is made between the County of San Diego (County) by and through its Health and Human Services Agency (HHSA) Public Health Services (PHS) HIV STD and Hepatitis Branch (HSHB), and the HIV Planning Group (HPG). The parties to this agreement may be referred to herein collectively as the “parties” or individually as a “party”.

1. **Purpose:** The purpose of this MOU is to document agreements between the parties and describe the roles and responsibilities of the parties.
2. **Administration of Agreement:** Each party identifies the following individual to serve as the authorized administrative representative for that party. Any party may change its administrative representative by notifying the other party in writing of such change. Any such change will become effective upon the receipt of such notice by the other party to this MOU. Notice of the authorized administrative representative should be sent to each party as follows:

<p style="text-align: center;"><b><u>HHSA-PHS-HSHB</u></b></p> <p style="text-align: center;">Patrick Loose, Chief 5530 Overland Ave, Suite 110 San Diego, CA 92123 619-293-4709 <a href="mailto:Patrick.Loose@sdcounty.ca.gov">Patrick.Loose@sdcounty.ca.gov</a></p> <p>Trisha Osuna, Administrative Representative 619-904-0015 <a href="mailto:trisha.osuna@sdcounty.ca.gov">trisha.osuna@sdcounty.ca.gov</a></p>	<p style="text-align: center;"><b><u>HIV Planning Group</u></b></p> <p style="text-align: center;">Michael Lochner, Chair 5530 Overland Ave, Suite 110 San Diego, CA 92123 619-972-6369 <a href="mailto:HPG.HHSA@sdcounty.ca.gov">HPG.HHSA@sdcounty.ca.gov</a></p>
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### **3. Parties' Responsibilities:**

- 3.1. **HIV Planning Group:** The HIV Planning Group is solely responsible for the following tasks, which are specified in the Ryan White HIV/AIDS Treatment Extension Act of 2009:
  - 3.1.1. **Priority setting and resource allocation for Ryan White Part A funding:** The HIV Planning Group sets priorities among service categories, allocates funds to those service categories and provides directives to the HIV, STD and Hepatitis Branch ("HSHB") on how best to meet these priorities. The HIV Planning Group is also responsible for reallocation of funds as required during the program year and allocation of carryover funds.
  - 3.1.2. **Assessment of the administrative mechanism:** The HIV Planning Group assesses HHSA's process for procuring services and disbursing Ryan White Part A funds to the areas of greatest need within San Diego County. HIV Planning Group support staff shall work with HSHB contract staff to obtain the data necessary for the HIV Planning Group to carry out this function. The HIV Planning Group provides the results of the assessment to HSHB in time for the annual grant application.



- 3.2. **HHSA-PHS-HSHB:** HSHB is a branch within the Health and Human Services Agency's Public Health Services division and is solely responsible for the following tasks and responsibilities:
- 3.2.1. **Procurement:** HSHB will work with the County's Department of Purchasing and Contracting to procure and award contracts for services according to the priorities, allocation and directives of the HIV Planning Group. Procurement is the County's responsibility. However, the HIV Planning Group develops standards of care that become part of requirements for service delivery.
  - 3.2.2. **Contracting:** The County shall distribute Ryan White Part A funds according to the priorities, allocations and directives of the HIV Planning Group.
  - 3.2.3. **Contract monitoring:** HSHB monitors contracts to ensure providers are meeting contracted responsibilities in compliance with established standards of care and other relevant local, state and federal requirements and guidance. HSHB will also recommend re-allocation of Ryan White Parts A and B funding during each grant year based on service category performance.
  - 3.2.4. **Technical Assistance to Service Providers:** HSHB provides technical assistance to providers on an as-needed basis to build capacity and to improve contract compliance and service delivery.
- 3.3. **Shared Responsibilities:** Both parties to this MOU share the following legislative responsibilities, with one entity having the lead role for each, as stated below:
- 3.3.1. **Priority setting and Resource Allocation for Ryan White Part B funding:** The HIV Planning Group advises HSHB in setting priorities among service categories and allocating funds to those service categories. Annually, HSHB provides the HIV Planning Group with allocations for activities provided by HSHB, including but not limited to, medical and non-medical case management and early intervention services. The HIV Planning Group shall also advise HSHB regarding reallocation of funds as required during the program year.
  - 3.3.2. **Priority setting and resource allocation for HIV testing and prevention services:** The HIV Planning Group advises HSHB regarding priorities for HIV prevention activities and allocations of funding for those activities. HSHB shall provide epidemiological data, service utilization data, reports, evaluation studies and expenditures to inform priority setting and resource allocation, the Getting to Zero initiative, and the system of care. The HIV Planning Group also advises HSHB regarding reallocation of funds as required during the program year.
  - 3.3.3. **Needs assessment:** The HIV Planning Group shall take the lead in determining the size, demographics and service needs of the population of persons living with or vulnerable to HIV in San Diego County. HSHB shall provide information necessary to plan the assessment, such as aggregate epidemiological data, service utilization data and expenditure data.
  - 3.3.4. **Comprehensive planning:** The HIV Planning Group shall develop and monitor the County of San Diego's integrated plan for HIV care, prevention, testing and surveillance, known locally as the Getting to Zero Plan, with substantial involvement and collaboration with HSHB. The plan provides an overview of HIV and the delivery of care, treatment, testing and prevention services within San Diego County. HSHB shall provide information and input to the plan and has the opportunity to review and make changes to the draft plan. The HIV Planning



Group and HSHB will determine, based on guidance from HRSA and the CDC, whether the plan will be developed jointly with the California Department of Public Health, Office of AIDS (CDPH-OA).

- 3.3.5. **Clinical Quality Management (CQM):** HSHB shall establish and maintain a CQM program to assess the extent to which Ryan White-funded HIV primary health care services are consistent with Public Health Service guidelines. HSHB shall also focus on enhancing health and supportive service access, with a focus on improving outcomes along the HIV Care Continuum, including identification of quality improvement projects. The HIV Planning Group shall designate at least two members who will participate in the Clinical Quality Management Committee.
- 3.3.6. **Standards of Care:** The HIV Planning Group shall develop and maintain standards of care and outcome measures with involvement of HSHB and unaffiliated consumers.
- 3.3.7. **Evaluation:** HSHB shall assess effectiveness of services in meeting needs identified and prioritized by the HIV Planning Group. HSHB shall serve as lead on evaluation based on HRSA-, CDC-, or CDPH-OA-specified performance measures. The HIV Planning Group has the option of evaluating service effectiveness, as stated in the legislation. When the HIV Planning Group conducts evaluations, it shall coordinate its efforts with HSHB's activities. HSHB will report the results of its evaluation efforts to the HIV Planning Group semi-annually.
- 3.3.8. **Fiscal management of HIV Planning Group support funds:** HSHB shall provide fiscal management of HIV Planning Group support funds. The annual support budget is funded at 30% of the recipient administrative allowance of the annual Ryan White grant award and 4.5% of the CDC HIV prevention funding received from the California Department of Public Health, Office of AIDS (CDPH-OA). HIV Planning Group support staff will work with the Steering Committee to develop the HIV Planning Group budget, which is reviewed by HSHB to ensure proposed uses of funds conform to federal, state and local requirements. This budget shall cover all costs associated with HIV Planning Group operations, including refreshments provided at meetings, mileage reimbursement and childcare expenses for HIV Planning Group members who are living with HIV, and translation and simultaneous language interpretation to support participation of persons living with HIV who have limited English proficiency. HIV Planning Group support staff shall work with the Steering Committee to monitor expenditures based on reports provided by HSHB.
- 3.3.9. **Procurement of HIV Planning Group consultants or services:** HSHB shall coordinate procurement activities when the HIV Planning Group needs to hire consultants or other contractors. Members of the HIV Planning Group will have input into the scope of work and participate in decisions about the hiring of consultants and other providers that are paid through HIV Planning Group funds. Procurements must meet local requirements as well as state and federal requirements, including RWHAP guidelines. The process, including oversight of contracts, shall be managed by HIV Planning Group support staff.
- 3.3.10. **Office Space and Equipment:** HSHB shall cover the cost of dedicated office space for HIV Planning Group support staff. Office space shall include telephones, voice mail, e-mail, computers, and photocopiers. Office space for



the HIV Planning Group will meet all Americans with Disabilities Act (ADA) requirements.

3.3.11. **Staff:** For all staff who are employees of the Health and Human Services Agency, recruitment and hiring practices shall follow established County of San Diego ordinances, policies and procedures. HSHB staff are hired and supervised by the Chief of the HIV, STD and Hepatitis Branch or managers and supervisors who report to the Chief. HIV Planning Group support staff members are hired and supervised by the Deputy Director of Public Health Services, who is located in Public Health Services Administration. These separate hiring and supervision structures help to maintain the independence of the two entities with their complementary but different legislative responsibilities. Where questions or concerns arise regarding the roles and responsibilities of County HIV Planning Group support staff, the ultimate decision maker is the Deputy Director. For HIV Planning Group support staff members who are provided by Contractors, hiring and supervision will be the responsibility of the Contractor. The Contracting Officer's Representative (COR) will be the ultimate decision maker regarding any questions or concerns related to Contractor staff.

3.3.12. **Annual Ryan White Application Process:** HSHB shall have primary responsibility for preparation and submission of the Part A application. HIV Planning Group support staff shall provide information for the application sections related to HIV Planning Group membership and responsibilities (such as priority setting and resource allocations) and assist with preparation and review of the application. Prior to the application due date, two to three members of the HIV Planning Group appointed by the Steering Committee, will have an opportunity to review the application and make suggestions for its improvement. HSHB will consider all recommendations and incorporate those that strengthen the application. The HIV Planning Group must approve or ratify action by the Chair or Vice-Chairs to sign a letter of assurance accompanying the application that indicates whether HSHB has expended funds in accordance with HIV Planning Group priorities, allocations, directives, and other information as specified in the annual Part A Funding Opportunity Announcement (FOA) from HRSNHAB.

### 3.4. Communications

3.4.1. HSHB and HIV Planning Group will each have a designated liaison responsible for sharing and receiving communications. For the HIV Planning Group, the designated liaison will be the Chair. For HSHB, it will be the Chief or their designee. All communications must be in writing and should include HIV Planning Group support staff.

3.4.2. HSHB shall assign a staff member to each subcommittee of the HIV Planning Group, except for the Membership, Consumer and Care Partnership subcommittees.

3.4.3. HIV Planning Group members and support staff shall not be involved in any complaints from consumers about services and/or service providers. All complaints shall be referred back to the provider with direction to follow the provider's internal complaint or grievance process. If there are broader, systemic complaints, those should be directed to the Ryan White program manager.



- 3.4.4. HSHB addresses routine data requests in the most expeditious manner possible. For data requests that were not planned and require substantial efforts to fulfill, the request shall be listed in the summary minutes of the meeting. In addition, HIV Planning Group support staff shall provide a list of requests in a follow-up e-mail within two business days, with a copy to the committee chair and HIV Planning Group Chair. The request shall specify the date by which the information is needed and the legislatively defined task that is being addressed through the request. HSHB shall respond to such requests within five working days indicating whether it can meet the request. In cases where HSHB cannot meet dates requested by the HIV Planning Group, content and timing will be decided in a meeting between the HIV Planning Group Steering Committee and staff members from HSHB.
- 3.5. **Information Sharing:** The HIV Planning Group and HSHB shall share important data and information that is required for each party to carry out their legislatively defined duties. At the beginning of each calendar year, the HIV Planning Group and HSHB will meet to develop a list, in table format, of the information and data that will be needed from each party during that calendar year and when that information or data will be needed.
- 3.5.1. **Information to Be Provided by HIV Planning Group to HSHB:** The HIV Planning Group shall provide:
- 3.5.1.1. An annual list of HIV Planning Group members, their seats and their terms of office, with primary affiliations as appropriate, updated as needed throughout the year, and in accordance with current HRSA/HAB, CDC or other requirements.
  - 3.5.1.2. Notification of the HIV Planning Group's monthly meetings, retreats, orientation and training sessions, and other HIV Planning Group events, at the same time notification goes to HIV Planning Group members.
  - 3.5.1.3. Meeting notice, agenda, and information package for each HIV Planning Group meeting, to be provided at the same time as they are provided to HIV Planning Group members.
  - 3.5.1.4. The annual list of service priorities and resource allocations, along with the process used to establish them and directives to HSHB or edits to existing directives on how best to meet these priorities. This information will be provided within five working days after the HIV Planning Group has approved the priorities, allocations, and/or directives.
  - 3.5.1.5. Copies of final planning documents prepared by the HIV Planning Group, such as needs assessment reports and the Comprehensive Plan, within five days after their completion and approval by the HIV Planning Group.
  - 3.5.1.6. Information or documents needed by HSHB to complete applications or reports to HRSA, CDPH-OA, or other funder. Information or documents will be provided by a date that is mutually agreed upon.
- 3.5.2. **Information to be Provided by HSHB to the HIV Planning Group:** The Chief of HSHB, or their designee, shall provide:





- 3.5.2.1. Copies of the annual Ryan White Notice of Grant Award (NGA), including: Conditions of Award; copies of all other notices of grant award; copies of any approved carryover requests; and copies of other official communications from HRSA/HAB or CDPH-OA that directly involve the HIV Planning Group, within three business days after they are received from the funding agency and more quickly where time-sensitive responses are required.
- 3.5.2.2. A written monthly expenditures report by service category, provided in writing at least 72 hours prior the meeting of the appropriate committee. HSHB will also provide an oral presentation to the Steering Committee and the HIV Planning Group, highlighting any unexpected expense levels.
- 3.5.2.3. A report to the HIV Planning Group regarding over- and under-expenditures and any unobligated balances, by service category, and any suggested reallocations, to be provided monthly at least 72 hours before the meeting of the Priority Setting and Resource Allocation Committee. This report is to be submitted monthly due to the importance of avoiding unobligated funds at the end of the program year, given the provisions of the legislation.
- 3.5.2.4. Utilization data by service category, including service units, unduplicated client totals and demographics and for mutually determined special populations requiring additional analysis, to be provided quarterly, including end-of-year data consistent with the Ryan White Services Report (RSR).
- 3.5.2.5. HIV Care Continuum data for all persons living with HIV in San Diego County and for Ryan White clients, as well as mutually agreed upon subpopulation analysis, to be provided annually in July.
- 3.5.2.6. Other performance and clinical outcomes data including HRSA/HAB-specific measures, collected by HSHB, to be provided twice a year in March and September.
- 3.5.2.7. Information and recommendations requested as needed by the HIV Planning Group to carry out its responsibility in setting priorities among service categories, allocating funds to those service categories, and providing directives to HSHB on how best to meet these priorities. The content and format for this information will be mutually agreed upon each year, but will typically include epidemiological data, additional cost and utilization data, and an estimate of unmet need for outpatient/ambulatory health services among people who know their status but are not in care. In addition to providing the information in written form, HSHB will participate in data presentations to the Priority Setting and Resource Allocation Committee and HIV Planning Group at mutually agreed upon dates and times.
- 3.5.2.8. Information requested as needed by the HIV Planning Group to meet its responsibility for assessing the efficiency of the administrative mechanism. The content and format for this information will be mutually agreed upon each year but will typically include information from HSHB on the procurement and grants award process for Ryan White Part A



funds; statistics, such as number of applications received, and number of awards made; and reimbursement procedures and timelines.

3.5.2.9. Carryover information as it becomes available. This includes the estimated carryover as submitted to HRSA/HAB at the end of the calendar year, the actual carryover from the Financial Status Report, the carryover plan submitted to HRSA/HAB, and the approved carryover plan. Each document will be provided to the HIV Planning Group within five business days after it is submitted or received.

3.5.2.10. Final reports to funders, including the Financial Status Report (FSR), the Final Implementation Plan and Final Allocations Report, and narrative reports related to care, testing, and prevention services. HSHB shall provide these reports to the HIV Planning Group within five business days after HSHB submits them. HSHB will strive to provide reports in time for use in priority setting and resource allocation. Names of providers will be redacted from all reports provided to the HIV Planning Group.

#### 3.6. Documents and Information That will Not be Shared

3.6.1. The HIV Planning Group will not share information on the HIV status of members of the HIV Planning Group who are not publicly disclosed as people living with HIV/AIDS.

3.6.2. HSHB will not share information about individual applicants for service contracts or about the performance of individual contractors. Information will be shared by service category only.

3.6.3. The HIV Planning Group will not have access to HSHB's detailed budget other than the summary version submitted in grant applications. The HSHB Chief will have access to the HIV Planning Group's detailed budget as needed for the Part A application, Conditions of Award, and other HRSA/HAB requirements.

3.7. **Disputes:** If disputes arise with regard to the roles and responsibilities described in this MOU, the parties will use the following procedures to resolve them:

3.7.1. Both parties shall agree to a face-to-face meeting to attempt to resolve the dispute within five working days after the dispute arises.

3.7.2. If the dispute cannot be resolved, both parties shall agree to a subsequent meeting that includes supervisors, during which they will discuss the dispute and attempt to reach resolution within ten working days after the initial meeting.

3.7.3. If the situation still cannot be resolved, both parties agree to a final meeting of representatives of HSHB and the HIV Planning Group and their two supervisors with the HHSA Agency Director or their representative. The decision of the HHSA Agency Director will be final.

4. **Conformance with Rules and Regulations:** All parties shall be in conformity with all applicable federal, State, County, and local laws, rules, and regulations, current and hereinafter enacted, including facility and professional licensing and/or certification laws and keep in effect any and all licenses, permits, notices, and certificates as are required. All parties shall further comply with all laws applicable to wages and hours of employment, occupational safety, and to fire safety, health, and sanitation.



5. **Permits and Licenses:** HPG certifies that it possesses and shall continue to maintain or shall cause to be obtained and maintained, at no cost to County, all approvals, permissions, permits, licenses, and other forms of documentation required for it and its employees to comply with all existing foreign or domestic statutes, ordinances, and regulations, or other laws, that may be applicable to performance of services hereunder. County reserves the right to reasonably request and review all such applications, permits, and licenses prior to the commencement of any services hereunder.
6. **Governing Law:** This agreement shall be governed, interpreted, construed, and enforced in accordance with the laws of the State of California.
7. **Third Party Beneficiaries Excluded:** This agreement is intended solely for the benefit of the parties listed herein. Any benefit to any third party is incidental and does not confer on any third party to this agreement any rights whatsoever regarding the performance of this agreement. Any attempt to enforce provisions of this agreement by third parties is specifically prohibited.
8. **Amendments to Agreement:** Any party may propose amendments to this agreement by providing written notice of such amendments to the other party. This agreement may only be amended by a written amendment signed by all parties.
9. **Severability:** If any terms or provisions of this agreement or the application thereof to any person or circumstance shall, to any extent, be held invalid or unenforceable, the remainder of this agreement, or the application of such term and provision to persons or circumstances other than those as to which it is held invalid or unenforceable, shall not be affected thereby and every other term and provision of this agreement shall be valid and enforced to the maximum extent permitted by law.
10. **Full Agreement:** This agreement represents the full and entire agreement between the parties and supersedes any prior written or oral agreements that may have existed.
11. **Scope of Agreement:** This agreement only applies to the program described herein and does not set forth any additional, current, or future obligations or agreements between the parties, except that the parties may by written amendment amend the scope of this agreement.
12. **Counterparts:** This agreement may be executed in any number of separate counterparts, each of which shall be deemed an original but all of which when taken together shall constitute one and the same instrument.
13. **Information Privacy and Security Provisions:** Reserved.
14. **Term:** This agreement shall become effective on the date all parties have signed this agreement and be in force until **June 30, 2030**.
15. **Termination for Convenience:** County may, by written notice stating the extent and effective date, terminate this agreement for convenience in whole or in part, upon thirty days written notice..



16. **Compensation:** Except for section 3.3.8, which describes how the HIV Planning Group budget is determined annually, there is no compensation associated with this MOU.
17. **Maintenance of Records:** Records related to the HIV Planning Group and its operations shall be maintained in accordance with the HSHB records retention policy.
18. **Live Well San Diego Vision:** The County of San Diego, Health and Human Services Agency (HHSA), supports the *Live Well San Diego* vision of Building Better Health, Living Safely, and Thriving. *Live Well San Diego*, developed by the County of San Diego, is a comprehensive, innovative regional vision that combines the efforts of partners inside and outside County government to help all residents be healthy, safe, and thriving. All HHSA partners and contractors, to the extent feasible, are expected to advance this vision. Building Better Health focuses on improving the health of residents and supporting healthy choices. Living Safely seeks to ensure residents are protected from crime and abuse, neighborhoods are safe, and communities are resilient to disasters and emergencies. Thriving focuses on promoting a region in which residents can enjoy the highest quality of life. Information about *Live Well San Diego* can be found on its website dedicated to the vision: <http://www.LiveWellSD.org>
19. **A Trauma-Informed System:** The County of San Diego Health and Human Services Agency (HHSA) is committed to becoming a Trauma-Informed System as part of its effort to build a better service delivery system. All programs operated and supported by HHSA shall be part of a Trauma-Informed System, which includes providing trauma-informed services and maintaining a trauma-informed workforce. It is an approach for engaging individuals – staff, clients, partners, and the community – and recognizing that trauma and chronic stress influence coping strategies and behavior. Trauma-informed systems and services minimize the risk of re-traumatizing individuals and/or families, and promote safety, self-care, and resiliency. Trauma-Informed Principles include:
- Understanding trauma and its impact to individuals.
  - Promoting safety.
  - Awareness of cultural, historical, disability, and gender issues, and ensuring competence and responsiveness.
  - Supporting consumer empowerment, control, choice, and independence.
  - Sharing power and governance (e.g. including clients and staff at all levels in the development and review of policies and procedures).
  - Demonstrating trustworthiness and transparency.
  - Integrating services along the continuum of care.
  - Believing that establishing safe, authentic, and positive relationships can be healing.
  - Understanding that wellness is possible for everyone.

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## County of San Diego

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
KIMBERLY GIARDINA, DSW, MSW  
Deputy Chief Administrative Officer  
Health and Human Services Agency

## HIV Planning Group

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
MICHAEL LOCHNER  
Chair

## HIV Prevention



Lynn Carson (they/them), Community Health Program Specialist  
Ana Ramos (she/her), Program Coordinator

[SANDIEGOCOUNTY.GOV/IHSA](http://SANDIEGOCOUNTY.GOV/IHSA)





1

## Agenda

- Prevention funding
- Approaches to prevention
- County prevention contracts
- Public resources
- HIV testing
- Future directions

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2

## HIV Prevention

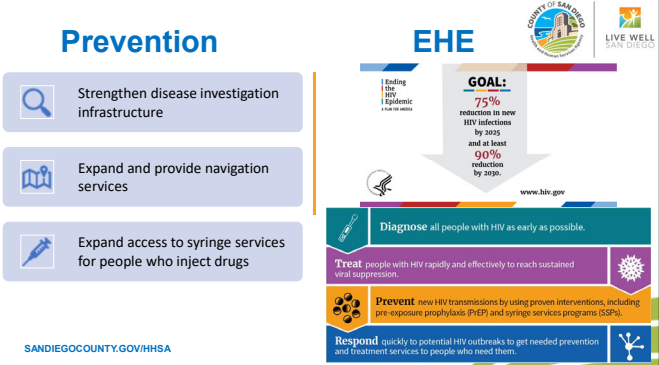
- **Funding: CDC → CDPH → Local Health Jurisdictions**
  - *High-Impact HIV Prevention and Surveillance Programs for Health Departments*, including Ending the HIV Epidemic (EHE) funds and strategies
  - Funding available from August 2024 – May 2029

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3

## Prevention



**Prevention**

- Strengthen disease investigation infrastructure
- Expand and provide navigation services
- Expand access to syringe services for people who inject drugs

**EHE**

Ending the HIV Epidemic  
A Plan for Action

**GOAL:**  
75% reduction in new HIV infections by 2025  
and at least 90% reduction by 2030.

[www.hiv.gov](http://www.hiv.gov)


**Diagnose** all people with HIV as early as possible.

**Treat** people with HIV rapidly and effectively to reach sustained viral suppression.

**Prevent** new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

**Respond** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

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4



## Prevention

- High Impact Prevention
  - Testing
  - Linkage to PrEP
- Social Media & Condom Distribution
- Evaluation

## EHE

- GTZ App
- Benefits Navigation
- PWID Wraparound Services
- Mobile PrEP
- Transgender Services
- Routine Opt-Out Testing
- BHOC/TMH Promotional Outreach

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5

## Getting to Zero App & Guide

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6

## Data Dashboard

public.tableau.com/app/profile/cosdhiv

7

## County Clinic Testing

Services Available at the Sexual Health Clinics:

- STI / HIV Risk Assessment
- Physical Exam
- STI Testing
- HIV Pre-Exposure Prophylaxis (PrEP)
- HIV non-occupational Post Exposure Prophylaxis (nPEP)
- DoxypEP for STI Prevention
- Treatment for most STI's
- Vaccines

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8

## ROOT

### HIV Testing at County Sexual Health Clinics

HIV only testing/HIV test without other STI testing or services are available at the South Sexual Health Clinic in Chula Vista. If you only want an HIV test, you will **not** be asked to pay the clinic fee.

All County of San Diego Sexual Health Clinics will run a routine HIV blood test as part of your STI visit unless:

1. You already have HIV
2. You tell your provider that you do not want an HIV test

\*All testing is confidential (i.e. your name is recorded but protected by law).  
Blood tests results are usually ready in about one week.


**See County Sexual Health Clinic Hours and Locations**

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9

## Future Directions

- **Status neutral and whole person approaches**
  - Health education & risk reduction
  - Linkage & retention in care
- **Syndemic lens**
  - Addressing HIV, HCV, & STIs as interlocking epidemics
- **Population of focus**
  - Historically MSM, transgender persons, & PWID
  - Now includes Black & Latino persons & women




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10

# THANK YOU

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 The Public Health Services department, County of San Diego Health and Human Services Agency, has maintained national public health accreditation, since May 17, 2016, and was re-accredited by the Public Health Accreditation Board on August 21, 2023.

11

## 2026 HIV PLANNING GROUP AND COMMITTEE MEETING SCHEDULE

Planning Body / Committee	Meeting Day and Time	Exceptions/Additional Notes
HIV Planning Group (HPG)	<b>4<sup>th</sup> Wednesday/month</b> 3:00 PM – 5:00 PM	*November and December meetings one week early due to holidays. **3hr meetings in August until the FY 27 priority setting and budget allocation process is completed.
Strategies and Standards Committee	<b>1<sup>st</sup> Tuesday every other month</b> 3:00 PM – 4:30 PM	Meeting months: February and every other month
Medical Standards and Evaluation Committee (MSEC)	<b>2<sup>nd</sup> Tuesday, 4x year</b> 4:00 PM – 5:30 PM	Meeting months: February, May, September, November
Membership Committee	<b>2<sup>nd</sup> Wednesday/month</b> 11:00 AM – 1:00 PM	*November meeting is adjusted to accommodate holidays and the HPG meeting.
Priority Setting and Resource Allocation Committee (PSRAC)	<b>2<sup>nd</sup> Thursday every other month</b> 3:00 PM – 5:00 PM	Meeting months: January and every other month **3hr meetings in June and July until the FY 27 priority setting and budget allocation process is completed. ^ad hoc meeting
Steering Committee	<b>2<sup>nd</sup> Friday every other month</b> 10:00 AM – 12:00 PM	Meeting months: January and every other month
Community Engagement Group (CEG)	<b>3<sup>rd</sup> Wednesday/month</b> 3:00 PM – 5:00 PM	*November and December meetings are adjusted to accommodate holidays and the HPG meeting.

### 2026 Meeting Schedule (January – June)

Meeting	January	February	March	April	May	June
HPG	1/28/2026	2/25/2026	3/25/2026	4/22/2026	5/27/2026	6/24/2026
Strategies		2/3/2026		4/7/2026		6/2/2026
MSEC		2/10/2026			5/12/2026	
Membership	1/21/2026	2/11/2026	3/11/2026	4/8/2026	5/13/2026	6/10/2026
PSRAC	1/8/2026		3/12/2026		5/14/2026	See Below**
Steering	1/9/2026		3/13/2026		5/8/2026	
CEG	1/21/2026	2/18/2026	3/18/2026	4/15/2026	5/20/2026	6/17/2026

### 2026 Meeting Schedule (July – December)

Meeting	July	August	September	October	November	December
HPG	7/22/2026	See Below**	9/23/2026	10/28/2026	11/18/2026*	12/16/2026*
Strategies		8/4/2026		10/6/2026		12/1/2026
MSEC			9/8/2026		11/10/2026	
Membership	7/8/2026	8/12/2026	9/9/2026	10/14/2026	11/4/2026*	12/9/2026
PSRAC	See Below**		9/10/2026		11/12/2026	
Steering	7/10/2026		9/11/2026		11/13/2026	
CEG	7/15/2026	8/19/2026	9/16/2026	10/21/2026	11/4/2026*	12/9/2026*

### 2026 PSRAC Meeting Schedule for Budget Allocation Process (June – July)\*\*

June (3hr meetings)	6/11/2026	6/25/2026			
July (3hr meetings)	7/9/2026	7/16/2026	7/23/2026	7/30/2026	

### 2026 HPG Meeting Schedule for Budget Allocation Process (August)\*\*

August (3hr meetings)	8/12/2026	8/19/2026	8/26/2026		
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CARE Partnership (not an HPG committee, included for information)	<b>3<sup>rd</sup> Monday every other month</b> 11:00 AM – 1:00 PM	December meeting is on the second Monday to celebrate the end of the year accomplishments.				
CARE Partnership 028	1/12/2026		3/16/2026		5/18/2026	
	7/20/2026		9/21/2026		11/16/2026	12/7/2026

## SAN DIEGO HIV PLANNING GROUP (HPG)



Wednesday, November 19, 2025, 3:00 PM – 5:00 PM  
Southeastern Live Well Center  
5101 Market Street, San Diego, CA 92114  
Tubman Chavez Room C

### A quorum for this meeting is thirteen (13)

**HPG Members Joining in Person (19):** Nicole Aguilar | Marco Aguirre Mendoza | Juan Conant | Beth Davenport | Michael Donovan | Tyra Fleming | Rosemary Garcia | Felipe Garcia-Bigley | Ben Ignalino | Lori Jones | Michael Lochner (*Chair*) | Jen Lothridge | Eva Matthews | Veronica Nava | Shannon Paugh | Stephen Spector | Rhea Van Brocklin | Jeffery Weber | Michael Wimpie

**HPG Members Absent (6):** David Grelotti | Michael King | Cinnamen Kubricky (*Vice-Chair*) | Skyler Miles | Ivy Rooney | Adrienne Yancey

### ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order and roll call	Mikie Lochner called the meeting to order at 3:03 PM and noted the presence of an in-person quorum.	
2. Welcome, moment of silence, matters from the Chair	A moment of silence was observed. The Chair made the following announcements: <ul style="list-style-type: none"><li>- Recognition of America Gonzalez Castaneda for all her work on HPG.</li><li>- Reminder about the conflicts of interest.</li><li>- Reminder to be kind to one another.</li></ul>	
3. A moment to remember and honor Kenneth Riley, MD, MPH	The HPG members and other attendees honored Dr. Kenneth Riley and shared the memories.	
4. Public comment	The following comments were made: <ul style="list-style-type: none"><li>- An acknowledgement that the County recently adopted a 24-month timeframe (from 48 months) for the PARS enrollment and discussed the criteria for the waiting list.</li></ul>	
5. HPG Member Open Forum	The following comments were made: <ul style="list-style-type: none"><li>- Appreciation for the food spread.</li><li>- A concern that Medi-Cal costs are on the rise, especially for married couples and people with dependents.</li></ul>	
6. <b>ACTION:</b> Approve the HPG agenda for November 19, 2025	<b>Motion:</b> Approve the HPG agenda for November 19, 2025 and switch the order of items 8 and 10. <b>Motion/Second/Count (M/S/C):</b> Van Brocklin/Nava/18-0	

## SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
	<b>Discussion:</b> None <b>Abstentions:</b> Lochner <b>Motion carries</b>	
7. HIV, STD, and Hepatitis Branch (HSHB) Report	Patrick Loose provided the following updates: <ul style="list-style-type: none"> <li>- The changes implemented at the October HPG meeting have not yet taken effect and will reflect by January.</li> <li>- All SNAP recipients have been funded again, but HSHB is still proposing reallocations to support those living with HIV with additional funds. SNAP is not alone to meet people's nutritional needs.</li> <li>- A recommendation for the planning body to assess the clients' nutritional needs moving forward; is there an opportunity to support them in ongoing ways as this reallocation is a temporary relief.</li> </ul>	The Recipients' staff will add additional information on the report to show comparison data
8. Old Business		
a. None		
9. New Business		
a. <b>ACTION:</b> Approve the Board Letter	<b>Motion:</b> Approve the Board Letter to authorize acceptance of funding to address sexually transmitted infections, support harm reduction services, and apply for future funding opportunities. <b>M/S/C:</b> Donovan/Lothridge/18-0 <b>Discussion:</b> <ul style="list-style-type: none"> <li>- A clarification from Patrick that the savings from a cancelled grant are going towards another a program to support disease intervention. This funding is guaranteed through June 30, 2026.</li> <li>- A confirmation that the total amount is over a five-year period.</li> </ul> <b>Abstentions:</b> Lochner <b>Motion carries</b>	
b. <b>ACTION (PSRAC):</b> Approve FY25 Reallocations	<b>Motion:</b> Approve a decrease in Outpatient Ambulatory Health Services by \$445,250 from \$1,821,037 to \$1,375,787. <b>M/S/C:</b> PSRAC/10-0 <b>Discussion:</b> none	

## SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
	<p><b>Abstentions:</b> Conant, Garcia-Bigley, Ignalino, Lochner, Matthews, Nava, Paugh, Spector, Van Brocklin</p> <p><b>Motion carries</b></p> <p><b>Motion:</b> Approve an increase of in Emergency Financial Assistance by \$445,250 from \$61,856 to \$507,106.</p> <p><b>M/S/C:</b> PSRAC/11-0</p> <p><b>Discussion:</b> none</p> <p><b>Abstentions:</b> Davenport, Garcia-Bigley, Lochner, Matthews, Nava, Paugh, Spector, Van Brocklin</p> <p><b>Motion carries</b></p>	
c. <b>Presentation:</b> The Pacific AIDS Education and Training Center (AETC)	The staff from the Pacific AETC presented on advancing the HIV workforce capacity through regional collaborations and partnerships. The group also held an open discussion with the HPG members.	
10. Routine Business		
<p>a. <b>ACTION:</b> Approve the consent agenda for November 19, 2025 which includes:</p> <ul style="list-style-type: none"> <li>i. HPG minutes (10/22/25)</li> <li>ii. Minutes from the following meetings: Steering Committee (9/12/25); Membership Committee (9/10/25); Priority Setting and Resource Allocation Committee (6/12/25, 7/17/25, 7/24/25, 7/31/25, 8/7/25); Medical Standards and Evaluation Committee (9/9/25); Community Engagement Group (10/16/25); Strategies and Standards Committee (8/5/25); CARE Partnership for reference only (9/15/25)</li> <li>iii. (<i>Membership Committee</i>): HPG appointments/ reappointments – Pamuela Halliwell, Sergio Luna, Joseph Westcott</li> <li>iv. (<i>CEG</i>): Joint City/County HIV Housing Committee designated CEG seat appointment – Jen Lothridge</li> </ul>	<p><b>Motion:</b> Approve the consent agenda for November 19, 2025</p> <p><b>M/S/C:</b> Fleming/Ignalino/18-0</p> <p><b>Discussion:</b> none</p> <p><b>Abstentions:</b> Lochner</p> <p><b>Motion carries</b></p>	
b. Report Outs	Deferred	



## SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
11. HPG Support Staff Updates	<p>Dasha Dahdouh shared the following updates:</p> <ul style="list-style-type: none"> <li>- America Gonzalez Castaneda will be transitioning to a new role with the contract team within the branch.</li> <li>- The HPG Support Staff (team is hiring for two vacancies.</li> <li>- Alexa Mugol is returning to the branch in a different capacity, to support HPG SS.</li> </ul>	
12. Announcements	<ul style="list-style-type: none"> <li>- The 36<sup>th</sup> Dr. A. Brad Truax Award Ceremony and Reception is taking place on Monday, December 1, 2025 at 3:00 PM – 5:00 PM. It will be held at The Center.</li> <li>- Tree Lighting Ceremony at Village Hillcrest at 6:00 PM, hosted by Mama's Kitchen.</li> <li>- Trauma-Informed Care event, hosted by Pacific AETC, on December 2, 2025. Open registration, a link will be disseminated.</li> <li>- Pacific AETC is currently hiring for a full-time remote worker to live and work on Hawaii.</li> <li>- Red Ribbon Gala, sponsored by Impulse San Diego, will benefit POZabilities, on November 30, 2025. It will include a silent auction.</li> <li>- Thanksgiving dinner at 11:00 AM at The Center.</li> </ul>	
13. Adjournment	The meeting was adjourned at 4:51 PM.	
Next meeting date	<p>Date: Wednesday, December 17, 2025 (<i>one week early</i>)</p> <p>Time: 3:00 PM – 5:00 PM</p> <p>Location: Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room C) and via Zoom</p>	

## STEERING COMMITTEE



Friday, November 14, 2025, 10:00 AM – 12:00 PM  
County Operations Center  
5530 Overland Ave, San Diego, CA 92123  
(Meeting Room 124)

### A quorum for this meeting is four (4)

**Members Present:** Michael Donovan | Dr. David Grelotti | Cinnamen Kubricky (Vice-Chair) | Mikie Lochner (Chair) | Rhea Van Brocklin | Michael Wimpie

**Members Absent:** Felipe Garcia-Bigley

### ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order, introductions, comments from the chair, and a moment of silence	Mikie Lochner called the meeting to order at 10:00 AM. Introductions were had. A moment of silence was observed.	
2. Public comment (for members of the public)	None	
3. Sharing our concerns (for committee members)	The following comments were made: <ul style="list-style-type: none"><li>- A concern about Medi-Cal changes.</li><li>- A clarification on the new requirement to take public comment before each item; a change from previous process at past meetings.</li></ul>	
4. <b>ACTION:</b> Approve the Steering Committee agenda for November 14, 2025	<b>Motion:</b> Approve the Steering Committee agenda for November 14, 2025 <b>Motion/Second/Count (M/S/C):</b> Van Brocklin/Donovan/5-0 <b>Discussion:</b> A request to combine 10b and 11d. It was clarified that these items cover different topics. <b>Abstentions:</b> Lochner <b>Motion carries</b>	
5. <b>ACTION:</b> Approve meeting minutes from September 12, 2025	<b>Motion:</b> Approve meeting minutes for September 12, 2025 <b>M/S/C:</b> Donovan/Grelotti/5-0 <b>Discussion:</b> Clarification on the policy to appoint community members. It was supposed to be brought to Membership,	

## STEERING COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	but there was a request to bring it back to Steering for additional discussion. <b>Abstentions:</b> Lochner <b>Motion carries</b>	
6. <b>ACTION:</b> Approve the HIV Planning Group agenda for November 19, 2025	<b>Motion:</b> Approve the HIV Planning Group agenda for November 19, 2025 <b>M/S/C:</b> Van Brocklin/Donovan/5-0 <b>Discussion:</b> none <b>Abstentions:</b> Lochner <b>Motion carries</b>	
7. HIV, STD, and Hepatitis Branch (HSHB) Report	Patrick Loose provided the following updates: <ul style="list-style-type: none"> <li>- Reallocations were presented to the Priority Setting and Resource Allocation Committee (PSRAC) at their November meeting to allocate funds for food to cover a gap in SNAP.</li> <li>- Food insecurity is an issue that shouldn't exist in our County.</li> <li>- A Board Letter will be brought to the November HPG meeting.</li> <li>- There are currently 61 clients on the waiting list for the Partial Assistance Rent Subsidy (PARS) Program.</li> </ul>	
8. Committee reports and recommendations	<u>Medical Standards and Evaluation Committee (MSEC):</u> The committee began the review of the Psychiatric Standards. <u>Community Engagement Group (CEG):</u> The committee met earlier this month and had a presentation on CalAIM. Attendance was low, but the slides will be shared on the HPG website. <u>PSRAC:</u> The committee met earlier this month to review delivery of services and any changes that need to be made. A need was identified to help new members better understand the budgeting process. The recent reallocations were also approved and are going to the November HPG as a seconded motion. <u>Membership Committee:</u> Three prospective members were	

## STEERING COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<p>recommended by the committee and will be going to the HPG as a seconded motion.</p> <p><u>Strategies and Standards Committee:</u> The committee met in October and approved the Case Management Standards, committee meeting attendance policy (to mirror MSEC's), Service Standards Introduction, and Emergency Financial Assistance and Housing Standards. At their December meeting, the committee plans to review the PARS placement list and begin review of the newly funded service categories.</p>	
9. HPG Support Staff Report	<p>Dasha Dahdouh provided the following updates:</p> <ul style="list-style-type: none"> <li>- Staffing changes and ongoing recruitment.</li> <li>- The upcoming annual Truax ceremony on December 1.</li> <li>- The recent passing of Dr. Ken Riley, an HPG expert and a dear friend to many. A reminder that a journal is available for people to share their kind words about Dr. Ken Riley. It will be sent to his family in early 2026.</li> </ul>	
10. Old Business		
a. <b>Update:</b> Committee Chair Retreat (January 2026)	The Knowledge Center (TKC) no longer offers resources and staff for community/planning groups. Dasha is looking into other options.	
b. <b>ACTION:</b> Develop and approve a policy on appointment of community members to committees	<p>Motion tabled</p> <p>The following discussion took place:</p> <ul style="list-style-type: none"> <li>- If someone wants to be part of the committee, they are asked to attend several meetings and are added to the Membership Committee agenda for discussion. The HPG Chair ultimately sends the email, but prior to the appointment works collaboratively with the</li> </ul>	HPG Support Staff to check with County Council regarding appointment of community members and whether it goes against the bylaws.

## STEERING COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<p>Membership and respective committee chairs.</p> <ul style="list-style-type: none"> <li>- A suggestion for support staff to track attendance. A committee chair for which there is interest will be responsible for recommending membership for that committee.</li> </ul>	
11. New Business		
a. <b>Discussion:</b> Member recruitment strategy	<p>The following discussion took place:</p> <ul style="list-style-type: none"> <li>- A request to invite the HRSA Project Officer to a future HPG meeting. She will need the questions ahead of time.</li> </ul>	Inquire with the project officer what other incentives are allowable under Part A.
b. <b>Discussion:</b> Brainstorming ideas on an activity to educate the community on Universal Standards at a future Community Engagement Group (CEG) meeting	<p>The following discussion took place:</p> <ul style="list-style-type: none"> <li>- The Happyville exercise is meant to help people understand the budgeting process and to become more fiscally literate. It addresses the needs.</li> <li>- The goal for the proposed exercise is to help the community understand the basic rules on reviewing and revising the Standards.</li> <li>- It should be the process discussion, while the work is done at the committee level.</li> <li>- We can use the currently approved standards, have a mock meeting, pretend to be a provider, allow consumers to use their voice.</li> </ul>	Dasha to follow up with Michael Wimpie and Michael Donovan on the script as well as the date and title for the training.
c. <b>Update:</b> HPG Retreat (March-April 2026)	<ul style="list-style-type: none"> <li>- Chairs are being requested to think of the ways to recruit consumers.</li> <li>- Retreat ideas at the January Steering meeting.</li> </ul>	
d. <b>Discussion:</b> HPG Bylaws changes	The committees have already begun reviewing the bylaws. Their feedback will be incorporated into discussion when the ad hoc committee meets in early 2026. The last revision took about a year.	

## STEERING COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
12. Routine Business		
a. <b>Review:</b> Committee attendance	Tabled	
b. Public comments/HPG member comments/Suggestions to the Steering Committee from previous HPG meeting(s)	Tabled	
13. Announcements	The 36 <sup>th</sup> annual Dr. A. Brad Truax Award Ceremony and Reception will take place on Monday, December 1 at 3:00 PM at the LGBT Center. It will be followed by a Tree of Life Ceremony at Village Hillcrest at 6:00 PM, hosted by Mama's Kitchen.	
14. Next meeting date	<b>Date:</b> Friday, January 9, 2026 <b>Time:</b> 10:00 AM – 12:00 PM <b>Location:</b> County Operations Center, 5530 Overland Ave, San Diego, CA 92123 (Meeting Room 124) and via Zoom	
15. Adjournment	Meeting adjourned at 12:04 PM.	



## PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)



Thursday, November 13, 2025, 3:00 PM – 5:00 PM  
County Operations Center  
5560 Overland Ave, San Diego, CA 92123  
Conference Room 172

### A quorum for this meeting is six (6)

**Committee Members:** Dr. Beth Davenport | Tyra Fleming (Co-Chair) | Pamuela Halliwell | Dr. Delores Jacobs | Cinnamen Kubricky | Eva Matthews | Rhea Van Brocklin (Chair) | Joe Westcott

**Committee Members Absent:** Marco Aguirre Mendoza | Chris Mueller | Kalee Garland | Felipe Garcia-Bigley

### MEETING MINUTES

Agenda Item	Action	Follow-up
1. Call to order	Rhea Van Brocklin called the meeting to order at 3:04 PM and noted an in-person quorum. A moment of silence was observed for Dr. Ken Riley, a long-standing and impactful advocate in the HIV community and HPG member, who passed away in early November. A physical journal was made available for committee members to share memories, and remote members were encouraged to email their thoughts.	
2. Reminders	The meeting charge and housekeeping were acknowledged. Joseph Westcott and Pamela Halliwell were welcomed to the committee as new members.	
3. Public comment on non-agenda items (for members of the public)	None	
4. Sharing our concerns (for committee members)	The following comments were made: <ul style="list-style-type: none"><li>- A request that clients be systematically notified of any annual changes to service categories, along with clear instructions for navigating transitions.</li><li>- A concern about lack of readily accessible, clear information for open enrollment options for seniors, many of whom lack smartphones or internet</li></ul>	

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**PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)**

<b>Agenda Item</b>	<b>Action</b>	<b>Follow-up</b>
	<ul style="list-style-type: none"> <li>- A concern about exhaustion and frustration among advocates serving as points of contact for desperate clients. Reiteration that peer navigators/case managers are overwhelmed by the burdens of system navigation.</li> <li>- A concern about increasing isolation and lack of visible support/resource information in care settings.</li> </ul>	
5. <b>Action:</b> Review and approve the agenda for November 13, 2025	<b>Motion:</b> Approve the November 13, 2025 meeting agenda as presented. <b>Motion/Second/Count (M/S/C):</b> Jacobs/Kubricky/6-0 <b>Abstentions:</b> Van Brocklin <b>Motion carries</b>	
6. <b>Action:</b> Review and approve the minutes for June 13, 27, July 17, 24, 31, and August 7, 2025	<b>Motion:</b> Approve the minutes for June 13, 27, July 17, 24, 31, and August 7, 2025. <b>M/S/C:</b> Jacobs/Davenport/5-0 <b>Abstentions:</b> Van Brocklin, Westcott <b>Motion carries</b>	
<b>7. Old Business</b>		
a. <b>ACTION:</b> Recommendations for how services should be organized and delivered in FY 26 (March 1, 2025 – February 28, 2026)	FY26 Recommendations Discussion <b>Mental Health Access</b> <b>Concern:</b> <ul style="list-style-type: none"> <li>- A recurring theme that practical access lags apparent capacity (ex, no official waitlists vs. client-reported access difficulties). Discrepancy between provider data service frequency, wait times, and client lived experience.</li> </ul> <b>Suggestions:</b> <ul style="list-style-type: none"> <li>- Conduct regional focus groups to identify concrete barriers to mental health access and to distinguish needs (ex, brief crisis supports vs. ongoing therapy).</li> <li>- Enrich provider surveys/needs assessments with client experience and expectations; “What does ‘cannot access’ mean?”; definitions of “reasonable” timelines.</li> </ul>	Seek a documented summary from relevant committees on the outcomes of last year’s recommendations, with special attention to mental health service access.  Explore methods regional focus groups, revised provider/client surveys to clarify the meaning and barriers of “access” as experienced by

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## PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

Agenda Item	Action	Follow-up
	<ul style="list-style-type: none"> <li>- Consider incentivizing participation to ensure diverse input, especially in underserved regions, such as East County, since we need more data.</li> </ul> <p><b>Special Population Focus:</b></p> <ul style="list-style-type: none"> <li>- Emphasis on engaging youth, single individuals, those struggling with substance use, and non-digitally connected seniors.</li> </ul> <p><b>Emergency Financial Assistance Concerns:</b></p> <ul style="list-style-type: none"> <li>- While prioritizing some groups (ex, PARS waitlists) is logical, other needs, unexpected car repairs, food, and caregivers, must not be overlooked.</li> <li>- Emphasis on the precarious financial reality of many clients' assistance programs must address diverse immediate needs.</li> </ul> <p><b>Suggestions:</b></p> <ul style="list-style-type: none"> <li>- Ensure systems are flexible to meet actual consumer-expressed needs, with eligibility not unduly narrowed to specific subgroups.</li> </ul> <p><b>Outreach and Community Information Concern:</b></p> <ul style="list-style-type: none"> <li>- Many clients, especially vulnerable groups, lack awareness of available services or updates, a gap compounded by the digital divide.</li> <li>- Traditional outreach posters, lobby materials, and in-person workshops have declined due to privacy and operational constraints.</li> </ul> <p><b>Suggestions:</b></p> <ul style="list-style-type: none"> <li>- Upcoming provider capacity and capability survey to include questions on outreach effectiveness.</li> <li>- Potential for broader, event-based engagement community fairs with various service tables, not overtly branded as HIV-specific.</li> <li>- Explore case manager/peer navigator support and training to</li> </ul>	<p>clients, including timeliness and modality of care.</p> <p>Develop recommendations for regionally and demographically diverse outreach, including physical and non-digital strategies, improved community event access, and training for frontline navigators.</p> <p>Re-evaluate the scope and priorities for Emergency Financial Assistance (EFA) to include beyond the PARS waitlist, tie eligibility and resource allocation to demonstrable consumer needs.</p> <p>Chairs to initiate discussion with MSEC to align questions, data collection, and strategies regarding mental health access and other crosscutting concerns.</p>

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**PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)**

Agenda Item	Action	Follow-up
	<p>serve as reliable “information conduits”.</p> <ul style="list-style-type: none"> <li>- Consider online bulletins, targeted workshops, and regionally distributed educational events as means of closing the information gap.</li> </ul> <p><b>Cross Committee Communication Concern:</b></p> <ul style="list-style-type: none"> <li>- Recommendation to formalize dialogue between this committee and the Medical Standards and Evaluation Committee (MSEC), especially regarding access to mental health. Shared challenges highlight the need for consistent data and questioning strategies across committees.</li> </ul>	
<b>8. New Business</b>		
<p>a. <b>ACTION:</b> Recommendations for FY 25 reallocations (current fiscal year, March 1, 2025 – February 28, 2026)</p>	<p><b>Motion:</b> Decrease Outpatient Ambulatory Health Services by \$445,250 from \$1,821,037 to \$1,375,787. <b>M/S/C:</b> Jacobs/Matthews/6-0 <b>Abstentions:</b> Van Brocklin <b>Motion carries</b></p> <p><b>Motion:</b> Increase Emergency Financial Assistance by \$445,250 from \$61,856 to \$507,106. <b>M/S/C:</b> Jacobs/Fleming/4-0 <b>Abstentions:</b> Matthews, Van Brocklin, Westcott <b>Motion carries</b></p>	
<p>b. Debrief the FY 26 priority setting and budget allocation process.</p>	<p><b>What went well:</b></p> <ul style="list-style-type: none"> <li>- Printed, large-format budget documents are appreciated.</li> <li>- Support for new members improved, including budget process cheat sheets.</li> <li>- Meeting structure and support for member engagement are highlighted as positive.</li> </ul> <p><b>Suggestions for the next planning budget process:</b></p> <ul style="list-style-type: none"> <li>- Need for more current, timely data in decision-making.</li> </ul>	

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**PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)**

Agenda Item	Action	Follow-up
	<ul style="list-style-type: none"> <li>- Acknowledgment of lag due to system transitions ARIES → HIV Care Connect.</li> <li>- Members suggested continuing real-time qualitative input from consumers and stakeholders.</li> <li>- Desire for more regular breaks, logistical support, and parking guidance at the County Operations Center (COC).</li> <li>- A greater emphasis on clear communication and the use of microphones is requested to improve accessibility.</li> <li>- Presentations from those on the “front lines” are valued as supplements to pending/lagging written data.</li> </ul>	
<p>c. <b>ACTION:</b> Review and approve the 2026 PSRAC work plan</p>	<p>The committee reviewed 2026 work plan.</p> <ul style="list-style-type: none"> <li>- No meetings in February or April due to the heavy summer meeting schedule.</li> <li>- <b>January:</b> Focus on regular reports and funding review.</li> <li>- <b>March:</b> Integrated planning data and short budget process review.</li> <li>- <b>May/June:</b> Data review (epi, co-occurring conditions, insurance, etc.); prioritize setting begins.</li> <li>- <b>July:</b> Multiple back-to-back meetings scheduled as needed; placeholders for flexibility.</li> <li>- <b>August</b> as an optional follow-up slot.</li> <li>- Addition of consumer needs assessment planning for the upcoming 2027 survey (tasks to begin January 2026).</li> <li>- Acknowledgment that some data requests will arise iteratively, especially from new members becoming familiar with the process.</li> </ul>	
<p><b>9. Routine Business</b></p>		
<p>a. Review Monthly and Year-to-Date expenditures and</p>	<p>Reviewed</p>	

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**PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)**

<b>Agenda Item</b>	<b>Action</b>	<b>Follow-up</b>
assess for recommended reallocations		
b. Partial Assistance Rent Subsidy (PARS) and Emergency Housing update	<p>As of November 12, 2025:  <b>61</b> currently on the waitlist  <b>27</b> on waitlist previously enrolled in PARS  <b>34</b> are new applicants</p> <p><b>Demographics:</b>  <u>Gender:</u> <b>42</b> male, <b>13</b> female, <b>6</b> transgender  <u>Race/ethnicity:</u> <b>16</b> Black, <b>30</b> Hispanic/Latino, <b>13</b> white, <b>1</b> Asian, <b>1</b> American Indian  <u>Age:</u> <b>42</b> over 45, <b>17</b> ages 31-44, <b>2</b> ages 18-30  <u>Location:</u> Central region <b>41</b>, East <b>11</b>, South <b>3</b>, North <b>6</b></p> <p><b>87</b> currently enrolled  <b>Demographics:</b>  <u>Gender:</u> <b>63</b> male, <b>16</b> female, <b>8</b> transgender  <u>Race/ethnicity:</u> <b>10</b> Black, <b>50</b> Hispanic/Latino, <b>24</b> white, <b>2</b> Asian, <b>1</b> American Indian  <u>Age:</u> <b>57</b> over 45, <b>28</b> ages 31-44, <b>2</b> ages 18-30  <u>Location:</u> Central region <b>51</b>, East <b>13</b>, South <b>18</b>, North <b>5</b></p>	
c. Review of the Monthly and Year-to-Date service utilization report	Reviewed	
d. Committee Attendance i. Discussed and approved the new attendance policy for PSRAC	Reviewed	
10. Suggested items for the future committee agenda	None	

For any inquiries, please send an email to [HPG.HHSA@sdcounty.ca.gov](mailto:HPG.HHSA@sdcounty.ca.gov)  
You may also visit our website at [sdplanning.org](http://sdplanning.org)



**PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)**

<b>Agenda Item</b>	<b>Action</b>	<b>Follow-up</b>
11. Announcements	<ul style="list-style-type: none"><li>- No December PSRAC meeting.</li><li>- Truax Awards Ceremony &amp; Reception: Monday, December 1, 2025 at 3:00 PM – 5:00 PM at the LGBT Center. Coincides with the World AIDS Day.</li><li>- Village Hillcrest “Tree of Life” event to follow at 6:00 PM, with traditional cookies at Mama’s Kitchen.</li><li>- The HPG Support Staff’s Administrative Analyst America Gonzalez Castaneda will transition to the contracts team within the branch in December. She was recognized by the committee for her dedicated, personalized contributions over three years.</li></ul>	
Next Meeting:	January 8, 2026 3:00 PM – 5:00 PM County Operations Center, 5560 Overland Ave, San Diego, CA 92123, conference Room 171 and Via Zoom	
12. Adjournment	The meeting adjourned at 4:46 PM.	

## COMMUNITY ENGAGEMENT GROUP



Wednesday, November 12, 2025, from 3:00 PM – 5:00 PM  
Southeastern Live Well Center  
5101 Market St, San Diego, CA 92114; Tubman Chavez Room C

A quorum for this meeting is three (3).

**Committee Members Present:** Michael Donovan (Chair) | Jen Lothridge (Co-Chair) | Sergio Luna | Veronica Nava

### MEETING MINUTES

Agenda Item	Discussion/Action	Follow-Up
1. Call to order, roll call, comments from the chair, and a moment of silence	<p>The chair called the meeting to order at 3:04PM and noted the presence of an in-person quorum.</p> <p>The Chair noted that despite recent disruptions from the government shutdown, operations are returning to normal and no critical funding changes affecting the group have been reported.</p> <p>The Chair also acknowledged the passing of Dr. Kenneth Riley, longtime staff member and former organizer of many meetings, remembering his significant contributions and presence, including his role as “Santa Claus” at past December gatherings.</p>	
2. Review Background, Mission Statement, Goals, and Agreement of Meeting Decorum	Committee members read the Mission Statement and the Community Engagement Group (CEG) Charge and reviewed the meeting decorum.	
3. Introductions (Name, Role with HPG/Consumer, Pronouns), Icebreaker	Members and participants introduced themselves.	
4. Public comment (for members of the public)	None.	
5. Sharing our concerns (for committee members)	None.	
6. <b>ACTION:</b> Approve the consent CEG agenda (which includes the November 12,	<b>Motion:</b> Approve the consent CEG agenda (which includes the November 12, 2025 agenda and the	

## COMMUNITY ENGAGEMENT GROUP

Agenda Item	Discussion/Action	Follow-Up
2025 agenda and the October 15, 2025 minutes)	October 15, 2025 minutes)  <b>Motion/Second/Count (M/S/C):</b> Nava/Lothridge/3-0 <b>Abstention(s):</b> Donovan <b>Motion carries</b>	
Follow-Up Items from minutes:	<ul style="list-style-type: none"> <li>• HPG SS will add a presentation idea for Disaster Preparedness month in September 2026 (Complete)</li> <li>• HPG SS will forward Jen's appointment to the HPG Meeting (Complete)</li> <li>• HPG SS will bring appointing HPG consumers to provide CEG updates to Membership Committee (In Progress)</li> </ul>	
7a. Committee Updates		
I. HIV Planning Group (HPG)	The committee will be reviewing a board letter and reallocations. The branch is trying to transfer funds to emergency food services to help support those in need due to SNAP benefits being cut for the month.	
II. Strategies and Standards Committee	The committee will be reviewing the PARS waiting list.	
III. Steering Committee	The committee will be discussing the revision plan for the bylaws. They will be discussing a steering retreat along with a general retreat for HPG members.	
IV. Membership Committee	The committee recommended three new appointments. Three other members are currently in review. Hopefully by February we will have 6 new members. They are also reviewing committee guidelines.	
V. Priority Settings and Resource Allocation Committee (PSRAC)	The committee will be reviewing reallocations and reviewing the 2026 workplan and ways to improve the budget season for next year.	
VI. Medical Standards and Evaluation Committee (MSEC)	The committee recently met recently to establish a plan to review the mental health landscape and identify	

## COMMUNITY ENGAGEMENT GROUP

Agenda Item	Discussion/Action	Follow-Up
	data and subject matter experts to inform service standard revisions. They are requesting that consumers come to the February meeting to provide feedback.	
7b. Community Updates		
I. CARE Partnership	CARE Partnership will meet next week to have presentations on Program Elder Law & Advocacy and Medi-Cal Program.	
II. HIV Housing Committee/Housing Opportunities for Persons with AIDS (HOPWA)	Jen will be the CEG representative for the housing group and should be appointed at the end of January.	
8. New Business		
a. Presentation: Medi-Cal Transformation: California Advancing and Innovating Medi-Cal (CALAIM)	<p>Heather Summers presented on Medi-Cal Transformation: California Advancing and Innovating Medi-Cal (CALAIM) and the following was discussed:</p> <ul style="list-style-type: none"> <li>• Overview</li> <li>• Who can receive Enhanced Care Management (ECM) and Community Supports (CS)?</li> <li>• ECM seven (7) core services and examples</li> <li>• ECM eligibility <ul style="list-style-type: none"> <li>○ Nine (9) populations of focus</li> </ul> </li> <li>• CS <ul style="list-style-type: none"> <li>○ Example of services</li> </ul> </li> <li>• CS referral form</li> <li>• CALAIM Provider list</li> <li>• CALAIM community engagement events</li> </ul> <p><b>Contact information:</b> sdaim.hhsa@sdcounty.ca.gov</p>	
9. Old Business		
a. Committee Attendance	None.	
b. Discussion: Review 2025 CEG workplan	Holiday party location confirmed at the Mission Valley Library location	

## COMMUNITY ENGAGEMENT GROUP

Agenda Item	Discussion/Action	Follow-Up
	and the committee will try to come up with ideas for festive activities.	
c. Discussion: Ways to engage the community for 2026	<b>January</b> – review HPG presentation <b>February/March</b> – for non-profit <b>June</b> – long term survivors' day  <u>Other suggestions:</u> <ul style="list-style-type: none"> <li>- Community feedback sessions</li> <li>- Tagging along to existing events</li> </ul>	
10. Announcements	<ul style="list-style-type: none"> <li>- PATC is hiring a full-time remote person to help coordinate training in Honolulu as a UCSF employee.</li> <li>- Jingle Bells Christmas party 12/7 at Red Wing Bar.</li> <li>- Red Ribbon Gala 11/30 fundraiser for POZabilities.</li> </ul>	
11. Next meeting date	<b>Next Meeting:</b> Wednesday, December 10, 2025, from 3:00 PM – 5:00 PM <b>Location:</b> County Operations Center; 5530 Overland Ave, San Diego, CA 92123 (Training Room 124)	
12. Adjournment	Meeting was adjourned at 4:41PM.	

## MEETING MINUTES

### CARE PARTNERSHIP FOR WOMEN, CHILDREN, AND FAMILIES

**Monday, November 17, 2025 11:00 AM – 1:00 PM**

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

Agenda Item	Action	Follow-up
• Welcome and introductions	Johneisha Jones started the meeting at 11:06AM, and the participants introduced themselves online.	
• Comments from the Chair/	The chair commented that we will be disabling introductions, chat, and muting for security purposes.	
▪ Respectful Engagement	Respectful engagement guidelines read by Johneisha Jones.	
• Moment of silence	<p>A moment of silence was observed, remembering those who have passed and those living with or affected by HIV/AIDS and/or COVID-19.</p> <p>The Chair requested a special moment of silence in honor of Ken, noting his more than 20 years of service to the community and his positive impact on those who knew him. The Chair also shared that Ken was a personal friend. A moment of silence was observed.</p>	
• Review Mission Statement	Mission Statement read by a community member.	
• Public comment/ Sharing our Concerns	None.	
• Review & approval of the meeting agenda	The agenda for November 17, 2025, was approved by consensus as presented.	
• Review & approval of the meeting minutes	The minutes for September 15, 2025, was approved by CARE team and the process for accessing the documents were explained.	
• Discuss 2025 Training Opportunities/ Updates	<p><u>December 8<sup>th</sup></u>: Self-care presentation and holiday party  <u>January 12<sup>th</sup></u>: Christies Place and HNRP  <u>February</u>: UCSD MCAP</p> <p>The next Project Pearl training begins on Tuesday and is at full capacity with approximately 18 registrants. Information and a website link will be shared for those interested in future sessions. Christie's Place is also preparing its training calendar for next year, which will include an English Lotus Project training scheduled for the spring.</p>	
• Old Business		
a. None		

Agenda Item	Action	Follow-up
• New Business		
a. Presentation: Jennifer Fernandez, Program Specialist II/ICT,- Coordinator, Self Sufficiency Services – Medi-Cal Program	Jennifer Fernandez presented on the Medi-Cal Program and discussed the following topics: <ul style="list-style-type: none"> <li>• Application Process</li> <li>• Medi-Cal Programs</li> <li>• Income and Deductions</li> <li>• Annual Renewal</li> <li>• Property</li> <li>• Updates for those without Satisfactory Immigration Status</li> <li>• Resources</li> </ul>	
b. Presentation: Sophie Exdell HICAP Manager, Health Insurance Counseling & Advocacy Program Elder Law & Advocacy	Sophie Exdell presented on Health Insurance Counseling & Advocacy Program (HICAP) and Elder Law & Advocacy (ELA) and discussed the following topics: <ul style="list-style-type: none"> <li>• About HICAP and ELA</li> <li>• Medicare Basics</li> <li>• Original Medicare vs. Medicare Advantage</li> <li>• Assistance Programs</li> <li>• Medicare + Medi-Cal</li> <li>• HR 1 Changes to Medicare</li> <li>• Preventing Fraud and Abuse</li> </ul> <p>For a copy of the presentation please email <a href="mailto:info-hicap@elaca.org">info-hicap@elaca.org</a></p>	
c. Discussion: 2026 A Women's Voice Conference – Rhea Van Brocklin	<ul style="list-style-type: none"> <li>• Save the Date: A women's Voice Conference Saturday, March 7<sup>th</sup>, 2026. Crown Plaza Center in Mission Valley. Registration will begin at the beginning of 2026. The theme will be Strong Women Strong Communities.</li> <li>• Registration will start in January 2026.</li> <li>• There will be a hybrid access option.</li> </ul>	
• Reports		
a. Women and Youth Out of Care Group Discussion	<ul style="list-style-type: none"> <li>• A concern was raised about a newly diagnosed young person who has been unable to engage in care due to fears related to their parents' insurance, reflecting challenges currently faced by youth seeking HIV services.</li> </ul>	
a. HIV Planning Group (HPG)	<ul style="list-style-type: none"> <li>• <b>Truax Awards:</b> December 1<sup>st</sup> from 3-5PM</li> <li>• <b>CEG Holiday Party:</b> December 10 from 3-5PM</li> </ul>	



Agenda Item	Action	Follow-up
Planning Group Support Staff	<ul style="list-style-type: none"> <li>• <b>HPG Newsletter:</b> Subscribe to receive updates on community events, research studies, and HPG meeting announcements. Email <a href="mailto:HPG.HHSA@sdcounty.ca.gov">HPG.HHSA@sdcounty.ca.gov</a>.</li> </ul>	
b. Ryan White Part D	<ul style="list-style-type: none"> <li>• Shannon Ransom honored Dr. Riley and all his contributions to the community and consumers.</li> <li>• MCAP is trying to offset the federal shutdown that caused SNAP payments to be delayed or not paid by distributing gift cards.</li> <li>• November 30<sup>th</sup> fundraiser toy drive (\$25) drag show at The Rail.</li> </ul>	
c. Research		
i. AIDS Clinical Trials Group (ACTG)/ Antiviral Research Center (AVRC)	<ul style="list-style-type: none"> <li>• <b>HIV prevention study:</b> (16 years+, all genders) once yearly lenacapavir injection.</li> <li>• The waitlist open and if you are interested reach out to Marvin Hanashiro.</li> </ul>	
ii. HIV Neurobehavioral Research Program (HNRP)	<ul style="list-style-type: none"> <li>• <b>Intersection Margins:</b> A Study Exploring Multiple Discrimination, Methamphetamine Use, and Resilience Among People with HIV. (18+ living in Southern California)</li> </ul>	
iii. Mother, Child & Adolescent Program (MCAP)	<ul style="list-style-type: none"> <li>• <b>UPLIFT Study:</b> Focus on attitudes toward breastfeeding while living with HIV. For pregnant individuals, regardless of whether they plan to breastfeed.</li> </ul>	
iv. UC San Diego Moores Cancer Center	None.	
13. Announcements	<ul style="list-style-type: none"> <li>• Christies Place and MCAP Youth Program are creating a status neutral training in early 2026. Interest form at <a href="http://sdprojectPEARL.com">sdprojectPEARL.com</a>.</li> </ul>	
14. Next Meeting Date	<p>Next CARE Partnership Meeting-  <b>Monday, December 08, 2025</b>  In-Person Location: Southeastern Live Well Center  5101 Market St, San Diego, CA 92114; (Tubman Chavez Room A)</p>	
15. Adjournment	Meeting adjourned at 1:05PM.	

## Office of AIDS and AIDS Drug Assistance Program

### January 2026 Updates

#### AIDS Drug Assistance Program

- ADAP Enrollment Worker Advisory Committee (AEWAC): There was no AEWAC meeting scheduled for this month. The next bi-monthly meeting is scheduled for February 12<sup>th</sup>.
- Medi-Cal Expansion Freeze: Enrollment Workers (EWs) were informed that starting January 1, 2026, the Department of Health Care Services will freeze full scope Medi-Cal enrollments for new applicants who are 19 or older and who do not have satisfactory immigration status.
- Asset Test for Non-Modified Adjusted Gross Income Medi-Cal: EWs were informed that starting on January 1, 2026, the asset test for Non-Modified Adjusted Gross Income Medi-Cal programs will be reinstated. Assets will once again be considered when determining eligibility for certain Medi-Cal programs, reversing the previous policy that eliminated asset limits. The reinstated asset limits will be \$130,000 for an individual and \$65,000 for each additional household member, up to a maximum of 10 people. Assets include bank accounts, cash, and property excluding the primary home and one vehicle. If a client is already enrolled in Medi-Cal, assets will be reviewed at their annual renewal.
- Increased Reimbursement Rates for Allowable PrEP-AP Related Laboratory Services: EWs were informed that effective January 29, 2026, PrEP-AP is increasing the cap reimbursement rates for laboratory reimbursement rates. This adjustment is intended to better align with current market rates and ensure continued access to essential PrEP-related laboratory services for eligible patients.
- ADAP Open Formulary: OA transitioned ADAP to an open formulary model. This means that all FDA-approved medications will be included in formulary except for select medications that have been excluded due to safety concerns or cost. This change will expand access to medications for a number of common chronic conditions, including tirzepatide (diabetes mellitus type 2 treatment and weight management), levothyroxine (hypothyroidism treatment), clopidogrel (antiplatelet medication), allopurinol (gout treatment), sumatriptan succinate (migraine treatment), and many others. The full list of medications covered effective January 13, 2026 is [here](#). As you will note, now 1,800 FDA-approved medications included vs. 378 previously covered on ADAP. Some medications excluded for cost or safety concerns – most commonly biologics, monoclonals, chemotherapeutics, and controlled substances. Excluded medications and newly approved will continue to be reviewed. The expanded formulary will align ADAP more closely with Medi-Cal's broad medication coverage and will reduce treatment interruptions, especially for clients whose insurance changes between ADAP and Medi-Cal.

#### Other Updates

- February Prevention Partners Webinar – RFA Community Engagement Opportunity: February Prevention Partners Webinar: February 12th at 9:30am. This is a special opportunity to contribute feedback and ideas for the focus of CDPH's next HIV-focused demonstration project RFA. This will be for a two-year funding cycle (July 2027 through June 2029). This is an invitation for partners to share ideas to shape this funding opportunity.

Email: [Tiffany.Woods@cdph.ca.gov](mailto:Tiffany.Woods@cdph.ca.gov) for more info.