

SAN DIEGO HIV PLANNING GROUP (HPG)



Wednesday, March 25, 2026, 3:00 PM – 5:00 PM
Southeastern Live Well Center
5101 Market Street, San Diego, CA 92114
Tubman Chavez Rooms B and C

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

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Meeting Location & Directions:

HIV Planning Group (HPG)

Wednesday, March 25, 2026

3:00 PM – 5:00 PM

Southeastern Live Well Center

5101 Market Street

San Diego, CA 92114

Tubman Chavez Rooms B & C



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

FROM I-805 SOUTH:

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

FROM I-805 NORTH:

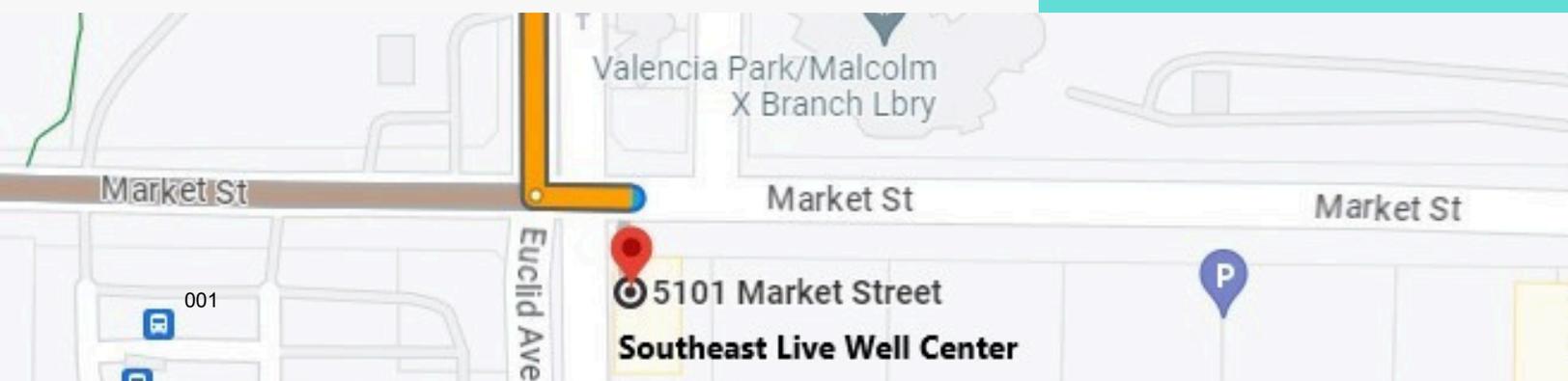
1. Head southeast on I-805 South.
2. Take exit 13A for CA-94-E/M L King Jr. Fwy.
3. Merge onto CA-94 E.
4. Take exit 4A for Euclid Ave.
5. Turn left onto Euclid Ave.
6. Use the left 2 lanes to turn left onto Market St.
7. The destination will be on your right.



PUBLIC TRANSPORTATION

MTS Trolley:
Orange Line

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



Procedure of HPG Public Requests During HPG Meetings

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

The process/procedure for responding is as follows.

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

Explain the process for a response and indicate that:

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

HPG CONFLICT OF INTEREST (COI) SHEET

| | 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
Blea, Leroy
Donovan, Michael

Garcia, Rosemary
Garland, Kalee
Fleming, Tyra
Ignalino, Ben

Jones, Lori
Kubricky, Cinnamon
Lochner, Michael
Lothridge, Jen

Miles, Skyler
Rooney, Ivy
Weber, Jeffery
Yancey, Adrienne

SAN DIEGO HIV PLANNING GROUP (HPG)



Wednesday, March 25, 2026, 3:00 PM – 5:00 PM
Southeastern Live Well Center
5101 Market Street, San Diego, CA 92114
Tubman Chavez Rooms B and C

To participate remotely via Zoom:

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

Call in: +1 (669) 444-9171

Meeting ID (access code): 853 6898 7291

Password: SDHPG

Language translation services are available upon request at least 96 hours prior to the meeting.

Please contact HPG Support Staff via e-mail at hpg.hhsa@sdcounty.ca.gov.

A quorum for this meeting is 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 | Cinnamen 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 | 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 March 25, 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 March 25, 2026 which includes:

- i. Approval of HPG minutes from February 25, 2026
- ii. Acceptance of the following committee minutes:

| | |
|--|-------------------|
| Steering Committee | January 9, 2026 |
| Membership Committee | February 4, 2026 |
| Priority Setting and Resource Allocation Committee | November 13, 2025 |
| Medical Standards and Evaluation Committee | None |
| Community Engagement Group | None |
| Strategies and Standards Committee | None |

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

SAN DIEGO HIV PLANNING GROUP (HPG)

CARE Partnership

January 12, 2026

- iii. (*Membership Committee*): HPG appointments/reappointments – Tania Avalos-Bello and Andrew Cross
 - b. Report Outs (Office of AIDS, Housing Committee, other committees)
 - c. **Review**: HPG Attendance
8. Old Business: (3:55-4:05)
 - a. **Update**: Integrated HIV Plan – Virginia Suarez
9. New Business: (4:05-4:40)
 - a. **ACTION**: FY 26 reallocations (current fiscal year, March 1, 2026 – February 28, 2027)
 - b. **Presentation**: Core Medical Services Waiver and the 75% grant funding spending requirement
 - c. **Update**: Client Services Evaluation (Goldenrod)
 - d. **Update**: Senate Bill (SB) 707 and guidance on hybrid meetings
 - e. **Reminder**: HPG Retreat – April 22, 2026 at 2:00 PM – 5:00 PM
10. HPG Support Staff Updates (4:40-4:50)
11. Announcements (4:50-5:00)
12. Adjournment (5:00)

Next Meeting Date: **Wednesday, April 22, 2026, at 2:00 PM – 5:00 PM**

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

HSHB Report to HPG

March 2026



COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY



LIVE WELL
SAN DIEGO



HSHB HPG March Report Overview

1. Ryan White Report

Patrick Loose (Chief) and Maritza Herrera (Program Manager)

2. Ending the HIV Epidemic Report

Carlie Langit (Program Manager)

3. County of San Diego Harm Reduction Services Program Report

Erica Leary (Program Manager)

Ryan White - Key Metrics Overview

Expenditure Report

Expenditure Report includes expenses through December (83.3% of year for most categories)

Service Utilization

Service Utilization overall, we are about 5% below when compared to last year in terms of clients served

Viral Suppression

Viral suppression is at 94%

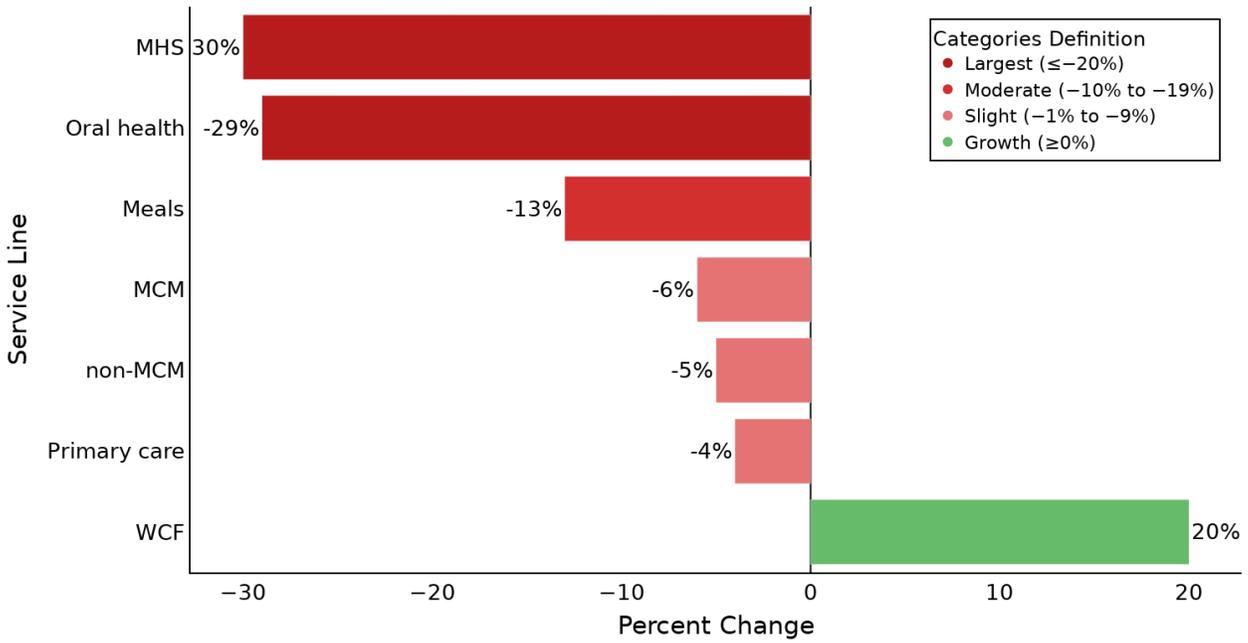
Spending -

- Expenditures for FY25
- Timeline for FY25 final expenditures



Service Utilization

Change in Total # of Clients Vs. Same Time Last Year (February 2025)
Percent change by service line



Service Utilization Summary

When compared to February 2025, the steepest drops were in MHS at 30 percent and Oral Health at 29 percent. Meals, MCM, non-MCM, and Primary Care saw smaller declines. Only WCF grew, increasing 20 percent.



PARS Report – As of 3/9/2026

Current Clients Summary Table

| Category | Details |
|-------------------------|--|
| Total Clients | 85 clients currently enrolled |
| Gender | 58 male, 18 female, 9 transgender |
| Race / Ethnicity | 11 Black, 48 Hispanic/Latino, 23 White, 2 Asian, 1 American Indian |
| Age Groups | 55 over 45, 28 ages 31-44, 2 ages 18-30 |
| Regions | Central 49, East 13, South 18, North 5 |



PARS Report – As of 3/9/2026

Waiting List Summary Table

| Category | Details |
|-----------------------------------|--|
| Total Waitlist | 70 clients currently on the waitlist |
| Previously Enrolled (PARS) | 26 previously enrolled in PARS |
| New Applicants | 44 new applicants |
| Gender | 51 male, 14 female, 5 transgender |
| Race / Ethnicity | 18 Black, 35 Hispanic/Latino, 15 White, 1 Asian, 1 American Indian |
| Age Groups | 48 over 45, 20 ages 31-44, 2 ages 18-30 |
| Regions | Central 48, East 11, South 5, North 6 |

February 2026 Client Service Evaluation (Goldenrods)

| Description | Total # |
|-------------------------------|---------|
| # Goldenrods Received | 0 |
| # of Providers | 0 |
| # Satisfactory Remarks | 0 |
| # Unsatisfactory Remarks | 0 |
| # Remarks Requiring Follow-Up | 0 |

CDC HIV Prevention & EHE Overview



Strengthen disease investigation infrastructure



Expand and provide navigation services



Expand access to syringe services for people who inject drugs



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

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.



2026 HIV Prevention & EHE

Status-neutral linkage to and retention in care

Community-based and ROOT testing

| HIV | |
|------------------|------------|
| Tests | 251 |
| Positives | 4 |
| Linkages | 4 |

| HCV | |
|------------------|-----------|
| Tests | 62 |
| Positives | 3 |
| Linkages | 1 |

| STI | |
|------------------|-----------|
| Tests | 22 |
| Positives | 2 |
| Linkages | 2 |

| PrEP | |
|-----------------|-----------|
| Linkages | 17 |



2026 HIV Prevention & EHE

Harm Reduction and Benefits Navigation Services

| Harm Reduction | |
|---------------------------|-----|
| Referrals and Education* | TBD |
| Harm Reduction Kits | TBD |
| Hygiene Kits | TBD |
| Safer Sex Kits | TBD |
| Syringe Services Supplies | TBD |

| Benefits Navigation | |
|---|----|
| Navigation Outreach Events | 6 |
| Referrals to HIV Care | 13 |
| Individuals Receiving Benefits Navigation Assistance* | 73 |

* Education about safer drug use practices, up-to-date resource lists with Syringe Service Programs (SSP) schedules (if applicable), how to access and use naloxone, and where to seek harm reduction services, medication for opioid use disorder (MOUD), or treatment for other substance use disorders.

*ADAP Covered CA PrEP AP
 CalFresh Medi-Cal Pharmacy Assistance Program

**Additional information can be found on
the HSHB Prevention Dashboard**



Updates / Successes / Upcoming Items:

- **Soon to implement rapid syphilis test kit distribution**

County of San Diego Harm Reduction Services Program Overview

PROGRAM GOALS

- Reduce transmission of HIV, hepatitis C and other blood-borne infections in the community.
- Decrease the number of fatal overdoses.
- Increase the number of syringes that are safely and securely discarded in the community.

- Increase community understanding of the health and social benefits of substance use treatment and harm reduction services.
- Decrease harm for those who use drugs.

PROGRAM SERVICES



INTEGRATED SCREENING ACTIVITIES (HIV AND HCV)

- Onsite rapid testing
- Wound care due to needle injections



DISTRIBUTION OF HARM REDUCTION SUPPLIES

- Naloxone
- Fentanyl and xylazine strips
- Collection and safe disposal of used syringes
- Provision of sterile syringes and safer sex and other risk reduction supplies



WARM HAND-OFFS TO REFERRALS

- Screening and treatment for substance use related medical issues
- Enhanced care management
- Evidence-based services (low threshold medication-assisted treatment, behavioral treatment and recovery services)

PROGRAM SERVICES (CONT'D)



HEALTH EDUCATION

- Transmission of HIV, STIs, hepatitis C
- Proper syringe disposal and overdose prevention



ADDITIONAL SERVICES

- Work alongside businesses, community-based organizations, and other community stakeholders
- Foot outreach teams and community clean ups

PROGRAM FORMAT



MOBILE SERVICES

- San Diego, Southeastern San Diego (planning)
- Twice per week
- Onsite nurse, community health workers

County of San Diego Harm Reduction Services Program Overview



Fixed Mobile Location:

Mondays from 10 AM to 1 PM

Thursdays from 12 PM to 3 PM (added October 2024)

HHS Complex

3851 Rosecrans, San Diego

Provides 3 Areas:

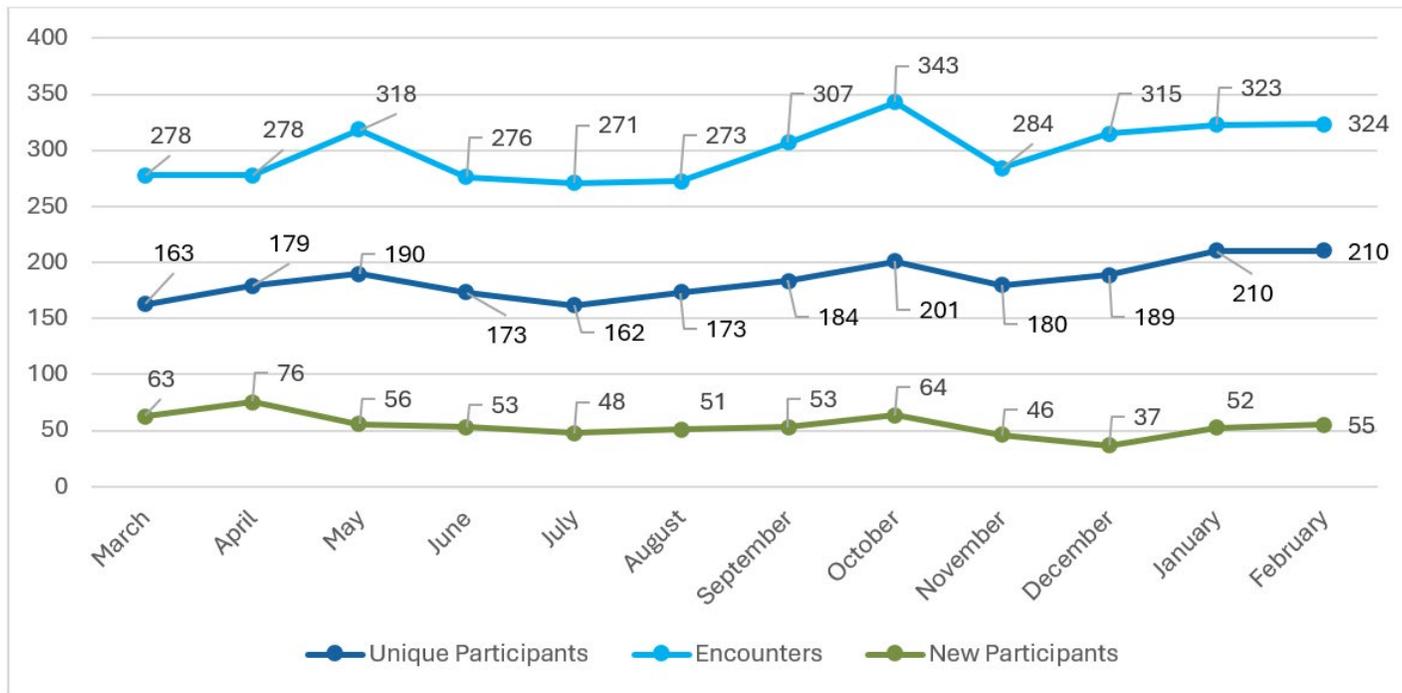
- Back area for HIV/HCV rapid testing
- Center area for supply assembly
- Front area for consultations





County of San Diego Harm Reduction Services – February 2026 (Selected Metrics)

Participants

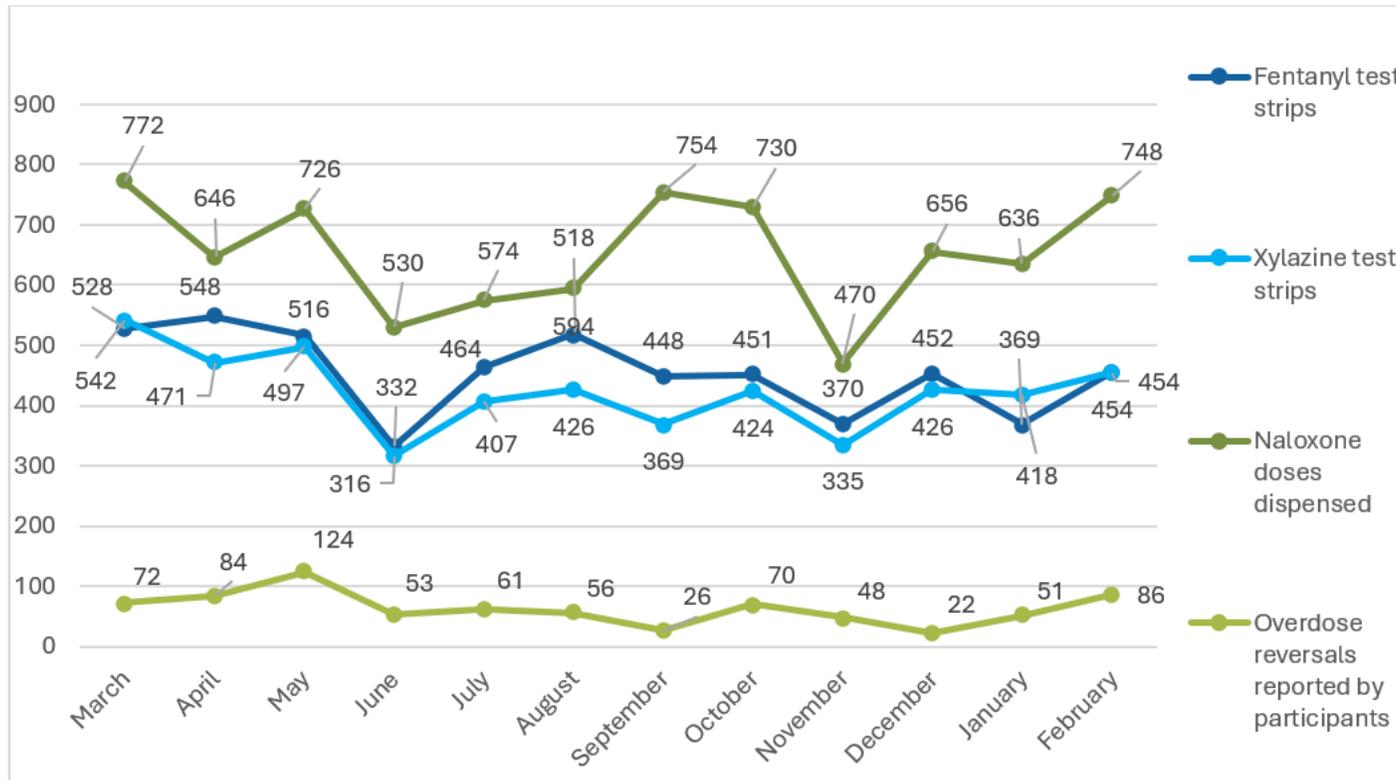


Participants Summary

The chart shows steady growth across all three metrics, with encounters consistently the highest and climbing from about 278 in March to 324 in February. Unique participants and new participants also trend upward overall, ending the year at 210 and 55 respectively.

County of San Diego Harm Reduction Services – February 2026 (Selected Metrics)

Overdose Prevention



Overdose Prevention Summary

In February, the chart shows 454 fentanyl test strips distributed, 454 xylazine test strips distributed, 748 naloxone doses dispensed, and 86 overdose reversals reported by participants. Across the March–February period, participants reported a total of 664 overdose reversals.

County of San Diego Harm Reduction Services Program Resources and Information



**COUNTY OF SAN DIEGO
HARM REDUCTION
SERVICES PROGRAM**
Harm reduction saves lives and protects the health of
people who use substances and their communities.

**MONDAYS: 10 AM TO 1 PM
THURSDAYS: 12 PM TO 3 PM**
HHSA Parking Lot
3851 Rosecrans St., San Diego

Program Goals

- Reduce the number of fatal overdoses
- Reduce transmission of HIV, hepatitis C and other blood-borne infections in the community
- Increase the number of syringes that are safely and securely discarded
- Increase community understanding of the health and social benefits of substance use treatment and harm reduction services
- Improve the quality of life of people who use drugs in underserved communities

FOR MORE INFORMATION
engage.sandiegocounty.gov/hrsp
PHS-HRSP.HHSA@sdcounty.ca.gov

10/2024

CONDADO DE SAN DIEGO PROGRAMA DE SERVICIOS DE REDUCCIÓN DE DAÑOS

Servicios gratuitos y confidenciales en su comunidad.

Servicios

- Jeringas estériles y eliminación segura
- Pruebas rápidas para VIH y VHC
- Naloxona
- Tiras reactivas de fentanilo y xilazina
- Cuidado de heridas
- Suministros para fumar y sexo más seguro
- Remisiones a otros servicios
- Educación sobre sobredosis y prevención de enfermedades

**Los lunes: 10:00am-1:00pm
Los jueves: 12:00pm-3:00pm**
HHSA Parking Lot
3851 Rosecrans St., San Diego

Líneas directas de recursos y referencias:

- 2-1-1, línea de referencia de servicios sociales
- 888-724-7240, línea de acceso y crisis
- 877-696-1996, línea de nunca lo use solo
engage.sandiegocounty.gov/hrsp



10/2024

Online Presence

[Harm Reduction
\(sandiegocounty.gov\)](http://sandiegocounty.gov)

[Harm Reduction Services Program |
Engage San Diego County](#)

Program Email

PHS-HRSP.HHSA@sdcounty.ca.gov

Program Info Line

619-692-8880

Thank you!

For additional information:

Maritza Herrera, Program Manager: Maritza.Herrera@sdcounty.ca.gov

Carlie Langit, Program Manager: Carlie.Langit@sdcounty.ca.gov

Erica Leary, Program Manager: EricaB.Leary@sdcounty.ca.gov

Felipe Ruiz, Health Program and Planning Specialist: Felipe.Ruiz@sdcounty.ca.gov

RW 2025-26 PART A AWARD INFORMATION

| Funding Source | Total RW 2025-26 Award |
|---------------------------|------------------------|
| Part A | 11,867,256.00 |
| Part A MAI | 886,480.00 |
| TOTAL AWARD AMOUNT | 12,753,736.00 |

| |
|---|
| <p>RW 2025-26 YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN <i>Through January 2026</i></p> |
|---|

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 | 40.71% | 59.29% |
| Part A MAI | 81,248 | 9% | 34,092 | 4% | 771,140 | 886,480 | | |
| TOTAL | 1,230,577.80 | | 369,752.07 | | 11,153,406.13 | 12,753,736.00 | 49% | 51% |

Ryan White Part A Allocations

| Service Categories | HRSA Ranking | Priority Ranking | RW 2025-26 HPG Initial Allocation | % | HPG & Recipient Approved Actions +/- | RW 2025-26 HPG Adjusted Allocation | % | % Elapsed | | RW 2025-26 Balance | Comments |
|--|--------------|------------------|-----------------------------------|-----|--------------------------------------|------------------------------------|-----|-------------------------------------|---|--------------------|----------|
| | | | | | | | | RW 2025-26 Year to Date Expenditure | RW 2025-26 Year-to-Date - % Expenditure/Budget) | | |
| Outpatient Ambulatory Health Services: Primary Care | 1l | 1 | 1,102,630.00 | 11% | 29,157.00 | 1,131,787.00 | 11% | 1,237,048.20 | 109% | (105,261.20) | |
| Outpatient Ambulatory Health Services: Medical Specialty | 1l | 2 | 195,000.00 | 2% | 50,532.00 | 245,532.00 | 2% | 127,520.22 | 52% | 118,011.78 | |
| Psychiatric Medication Management | 1j | 12 | 6,000.00 | 0% | 7,500.00 | 13,500.00 | 0% | 7,164.14 | 53% | 6,335.86 | |
| Oral Health | 1k | 3 | 160,940.00 | 2% | 97,847.00 | 258,787.00 | 2% | 159,141.35 | 61% | 99,645.65 | |
| Medical Case Management | 1h | 4 | 1,151,853.00 | 12% | (128,369.00) | 1,023,484.00 | 10% | 937,074.67 | 92% | 86,409.33 | |
| Non-Medical Case Management for Housing | | 6 | 200,000.00 | 2% | (50,532.00) | 149,468.00 | | 67,354.99 | 45% | 82,113.01 | |
| Housing: Emergency Housing | 2e | 9 | 1,183,515.00 | 12% | 203,717.00 | 1,387,232.00 | 13% | 983,983.83 | 71% | 403,248.17 | |
| 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% | 799,629.05 | 84% | 154,877.95 | |
| Non-Medical Case Management | 2h | 5 | 392,021.00 | 4% | (85,000.00) | 307,021.00 | 3% | 297,747.61 | 97% | 9,273.39 | |
| Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF) | 1c | 13 | 993,157.00 | 10% | 64,400.00 | 1,057,557.00 | 10% | 877,256.77 | 83% | 180,300.23 | |
| Childcare Services | 2a | | - | 0% | - | - | 0% | - | 0% | - | |
| Early Intervention Services: Regional Services | 1c | 14 | 790,000.00 | 8% | (35,631.00) | 754,369.00 | 7% | 624,883.86 | 83% | 129,485.14 | |
| 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% | 145,382.14 | 73% | 53,469.86 | |

024

| Ryan White Part A Allocations | | | | | | | | | | | |
|---|--------------|------------------|--|-------------|---|---|-------------|--|--|---------------------------|-----------------|
| Service Categories | HRSA Ranking | Priority Ranking | RW 2025-26 HPG Initial Allocation | % | HPG & Recipient Approved Actions +/- | RW 2025-26 HPG Adjusted Allocation | % | % Elapsed | | RW 2025-26 Balance | Comments |
| | | | | | | | | RW 2025-26 Year to Date Expenditure | RW 2025-26 Year-to-Date - % Expenditure/Budget) | | |
| Mental Health: Counseling/Therapy | 1j | 10 | 810,000.00 | 8% | (230,000.00) | 580,000.00 | 6% | 474,811.96 | 82% | 105,188.04 | |
| Psychosocial Support Services | | 17 | 46,744.00 | 0% | - | 46,744.00 | 0% | 40,644.84 | 87% | 6,099.16 | |
| Substance Use Services: Outpatient | 1m | 11 | 313,127.00 | 3% | 41,010.00 | 354,137.00 | 3% | 305,346.92 | 86% | 48,790.08 | |
| 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% | 178,862.24 | 82% | 38,896.74 | |
| Transportation: Assisted and Unassisted | 2g | 20 | 151,830.00 | 2% | (60,000.00) | 91,830.00 | 1% | 72,657.18 | 79% | 19,172.82 | |
| Food Services: Food Bank/Home-Delivered Meals | 2c | 21 | 536,073.00 | 5% | 70,090.00 | 606,163.00 | 6% | 443,637.71 | 73% | 162,525.29 | |
| Medical Nutrition Therapy | 1i | 22 | 35,542.00 | 0% | - | 35,542.00 | 0% | 31,201.36 | 88% | 4,340.64 | |
| Legal Services | 2i | 23 | 285,265.00 | 3% | - | 285,265.00 | 3% | 259,642.18 | 91% | 25,622.82 | |
| Emergency Financial Assistance | 2b | 24 | 61,856.00 | 1% | 644,318.00 | 706,174.00 | 7% | 373,606.21 | 53% | 332,567.79 | |
| 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% | 551,149.98 | 10,405,709.98 | 99% | 8,444,597.43 | 81% | 1,961,112.55 | |
| 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% | 412,579.53 | 78% | 180,602.47 | |
| Housing: Emergency Housing | | | 100,000.00 | | - | 100,000.00 | 14% | 61,883.03 | 62% | 38,116.97 | |
| Subtotal | | | 693,182.00 | | - | 693,182.00 | 100% | 474,462.56 | 68% | 218,719.44 | |
| TOTAL | | | 10,547,742.00 | | 551,149.98 | 11,098,891.98 | | 8,919,059.99 | 80% | 2,179,831.99 | |

| CORE and Support Services Allocation Breakdown | | | | | | |
|--|----------------------|-------------|---------------------|---------|---------------------|-----------|
| | Total Allocation | % Allocated | Total Expenditure | % Spent | Total Balance | % Balance |
| CORE Medical Services | 4,234,128.93 | 40.71% | 3,785,654.39 | 89.41% | 448,474.54 | 10.59% |
| Support Services | 6,167,655.14 | 59.29% | 4,655,018.63 | 75.47% | 1,512,636.51 | 24.53% |
| TOTAL | 10,401,784.07 | | 8,440,673.02 | | 1,961,111.05 | |

Other funding info

Month: Jan-26 Part A & Part B Prevention Comp A/C HRSA 20-078

| YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN THROUGH JANUARY 2026 | | | | | | |
|--|------------------------------|--------------------------|--------------------|---------|---------------------|---|
| RW 2025-26 SERVICE DOLLAR ALLOCATIONS AND EXPENDITURES | | | | | | |
| Funding Source | RW 2025/2026 Service Dollars | Contract YTD Expenditure | % of Year Invoiced | % Spent | Balance | Comments |
| Ryan White Part B | | | | | | |
| Outpatient Ambulatory Health Services (Medical) | - | - | 83% | 0% | - | Part A Payment Summary (Part B funding) |
| Early Intervention Services (Expanded HIV Testing) | - | - | 83% | 0% | - | Part A Payment Summary (Part B funding) |
| Early Intervention Services (Focused Testing) | 187,900.00 | \$147,594.56 | 83% | 79% | 40,305.44 | Part B Payment Summary |
| Medical Case Management (Emergency Financial Assistance) | 215,736.09 | \$116,837.04 | 83% | 54% | 98,899.05 | Part B Payment Summary |
| Housing (Substance Abuse Services-Residential) | 723,054.02 | \$677,911.03 | 83% | 94% | 45,142.99 | Part B Payment Summary |
| Non-medical Case Management (Rep Payee) | 36,329.98 | \$29,076.62 | 83% | 80% | 7,253.36 | Part B Payment Summary |
| CoSD Medical Case Management | 406,742.00 | 366,323.09 | 83% | 90% | 40,418.91 | Part B Cost Report (Q3) |
| CoSD Early Intervention Services | 284,624.00 | 239,429.31 | 83% | 84% | 45,194.69 | Part B Cost Report (Q3) |
| Ryan White Part B Total | \$ 1,854,386 | \$ 1,577,172 | | | \$ 277,214 | |
| Prevention (27-0047) - HIP | | | | | | |
| <i>Counseling and Testing</i> | \$ 105,482.46 | \$ 101,027.74 | 67% | 96% | \$ 4,455 | Payment Summary |
| <i>Evaluation/ Linkage Activities/ Needs Assessment</i> | \$ 531,178.89 | \$ 514,154.69 | 67% | 97% | \$ 17,024 | Payment Summary |
| Prevention Total | \$ 636,661 | \$ 615,182 | | | \$ 21,479 | |
| HRSA Ending the HIV Epidemic (EHE) - 25-063 FY25-26 | | | | | | |
| <i>HRSA EHE</i> | \$ 4,844,606.50 | \$ 2,528,561.00 | 92% | 52.19% | \$ 2,316,046 | Payment Summary |
| EHE Total | \$ 4,844,607 | \$ 2,528,561 | | | \$ 2,316,046 | |
| TOTAL | \$ 7,335,654 | \$ 4,720,915 | | | \$ 2,614,739 | |



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

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES
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PUBLIC HEALTH OFFICER

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

RECOMMENDATION FOR APPOINTMENT TO THE HPG

DATE: March 25, 2026

ITEM: Consider and vote to recommend an appointment to the HPG.

BACKGROUND: On March 4, 2025, the Membership Committee reviewed Tania Avalos-Bello's application and recommended her for appointment to HPG.

RECOMMENDATION:

Action Item (*Membership Committee*): Approve the recommendation to appoint Tania Avalos-Bello for the first term to the HPG (Seat #5): General Member.

Biographical information: Tania Avalos-Bello

Tania is eager to expand her community connections and use her lived experience to help destigmatize HIV and advocate for those whose voices often go unheard. She learned about the HPG through online resources and Christie's Place, where she is currently engaged in supportive services. She is also connected with Family Health Centers of San Diego and is seeking meaningful ways to deepen her involvement in the HIV community.

As a mother of three, Tania is committed to learning more about the HPG and contributing to efforts that strengthen and uplift the community. She hopes to join the HPG to offer her perspective, grow her advocacy skills, and support others through collective action. Enthusiastic and motivated, she looks forward to meeting the group and becoming an active participant.

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



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

RECOMMENDATION FOR APPOINTMENT TO THE HPG

DATE: March 25, 2026

ITEM: Consider and vote to recommend an appointment to the HPG.

BACKGROUND: On March 4, 2025, the Membership Committee reviewed Andrew Cross' application and recommended him for appointment to HPG.

RECOMMENDATION:

Action Item (*Membership Committee*): Approve the recommendation to appoint Andrew Cross for the first term to the HPG (Seat #2): General Member.

Biographical information: **Andrew Cross**

Andrew Cross brings extensive experience in performance leadership, community engagement, and organizational planning to his work with the LGBTQ+ community. With a performing arts background dating back to 1980, he has supported high school, college, and independent groups through teaching, choreography, and mentorship. He continues to contribute to the Drama Department at San Diego City College through logistics and costuming support.

Andrew has performed with the Seattle Men's Chorus, the Sacramento Gay Men's Chorus, the San Diego Gay Men's Chorus, and other concerts. Since 1982, he has participated in Pride parades across the country. These longstanding commitments reflect his dedication to visibility, community, and celebrating LGBTQ+ identities.

Beyond the performing arts, he remains active in San Diego's LGBTQ+ community, attending support groups and local events. His strong connections across LGBTQ+, college, and youth spaces, along with his familiarity with community activities, position him to offer valuable insights into local needs and engagement opportunities. Andrew is enthusiastic about participating in the HPG and eager to support it through education, outreach, and advocacy.

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



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PUBLIC HEALTH OFFICER

HIV PLANNING GROUP ACTION ITEM INFORMATION SHEET

Recommendations for Re-Allocation for FY26-27 (03/01/2026 – 02/28/2027)

Date: March 25, 2026

Item: Approve recommendations for re-allocating Part A funds in fiscal year 2026-2027.

Background: The HIV, STD and Hepatitis Branch (HSHB) is recommending funding Legal Services out of Ryan White Part B going forward. The amount of funding left in Legal Services for this fiscal year will cover one month of legal services while contract terms are being aligned. No service utilization will be impacted.

HSHB also recommends increasing funding for Home-Based Health Care Coordination to restore its previous level. This program fills a vital gap in the service delivery system by ensuring that uninsured and underinsured clients who are recuperating from medical conditions can receive home-based medical care and support services, thus preventing expensive stays in inpatient settings like hospitals and skilled nursing facilities.

HSHB also recommends increasing funding for Food Bank/Home Delivered Meals by \$233,493. Part of this increase will provide funding for Food Vouchers (\$112,228), which will provide Ryan White clients support in covering food expenses. The funding will support the purchase of approximately 900 Food Vouchers. The recommended increase also includes funding for a pilot program for medically tailored food bags (\$121,265). The medically tailored grocery bags pilot will serve 40 Ryan White clients. This pilot program has been developed in response to concerns from HPG members regarding the need to support medically tailored food bags for clients who otherwise would be unable to purchase food in alignment with recommendations of medical providers.

Recommendations:

- 1. Action Item:** Decrease Legal Services by \$261,493 from \$285,265 to \$23,772. This service category will then be funded through Ryan White Part B, ensuring Ryan White clients continue to have access to legal services.
- 2. Action Item:** Increase Home-Based Health Care Coordination by \$28,000 from \$200,500 to \$228,500 to ensure uninsured and underinsured clients have access to necessary medical and support services.
- 3. Action Item:** Increase Food Bank/Home Delivered Meals by \$233,493 from \$536,073 to \$769,566 to provide Food Vouchers and begin a medically tailored grocery bag pilot program for clients who would otherwise be unable to meet medical provider recommendations for food purchase.

Waiver of the Ryan White HIV/AIDS Program Core Medical Services Expenditure Requirement

Policy Notice 21-01 (Revised 10/01/24)

Replaces Policy Number 13-07

Scope of Coverage

Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB)
Ryan White HIV/AIDS Program (RWHAP) Parts A, B, and C.

Purpose of Policy Notice

This HRSA HAB Policy Notice (PN) provides the processes and requirements for HRSA RWHAP Parts A, B, and C recipients to request waivers of the statutory requirement regarding expenditure amounts for core medical services.

The revised PN describes a new requirement included on the RWHAP Core Medical Services Waiver Attestation Form. It also includes various editorial changes to respond to stakeholder feedback regarding clarity. The revised policy is effective beginning on October 1, 2024.

Background

Recipients must spend at least 75 percent of grant funds on core medical services. See Title XXVI of the Public Health Service Act (the RWHAP legislation, Part A section 2604(c), Part B section 2612(b), and Part C section 2651(c)). Grant funds include Minority AIDS Initiative (MAI) funding but exclude the amounts allowable by statute for administrative and clinical quality management (CQM) costs. The Secretary can waive this requirement for a recipient if: 1) there are no waiting lists for the AIDS Drug Assistance Program (ADAP), and 2) core medical services are available and accessible to all HRSA RWHAP eligible individuals in the recipient's service area. Approved RWHAP Part A, Part B, and Part C core medical services waivers are effective for one budget period of a grant award, which is one year.

Requirements

A HRSA RWHAP Part A, B, or C recipient must meet the following requirements:

1. Core medical services must be available and accessible within 30 days to all HRSA RWHAP eligible individuals identified in the recipient's service area. Core medical services must be available and accessible, regardless of the payment source. The recipient may use existing, non-RWHAP resources in the service area to ensure availability and access to core medical services.
2. There must be no ADAP waiting lists in the recipient's service area.
3. There must be a public process to obtain input on the waiver request. This public process must seek input from impacted communities on the availability of core medical services and the decision to request the waiver. Impacted communities include clients and RWHAP-funded core medical services providers. You may use the same method to seek input on community needs as part of the annual priority setting and resource allocation, comprehensive planning, statewide coordinated statement of need, public planning, and/or needs assessment processes.

Example of Applying the Requirement

If a RWHAP eligible individual needs outpatient ambulatory health services, which is a core medical service, an appointment to see a provider must be available within 30 days within the recipient's service area, regardless of how that service is funded. If all core medical services are not similarly accessible and available, or if there is an ADAP waiting list, you do not qualify for a waiver.

Requesting a Waiver

To request a waiver, the Chief Elected Official, Chief Executive Officer, or a designee of either must complete and submit the HRSA RWHAP Core Medical Services Waiver Request Attestation Form (attached below on page 4) to HRSA HAB as specified by the deadlines and methods described below.

The form must specify the percentages of HIV service dollars, including MAI funds, the recipient proposes to allocate to core medical and support services, if the waiver is approved. Signature indicates attestations for eligibility and the requirement of documentation upon request.

No other documentation is required to be submitted with the HRSA RWHAP Core Medical Services Waiver Request Attestation Form.

Submitting Waiver Requests

HRSA RWHAP Part A and RWHAP Part C waiver requests must be submitted as an attachment with the grant application or the mandatory non-competing continuation (NCC) progress report. Waiver requests do not count towards grant application or NCC progress report page limits.

HRSA RWHAP Part B recipients may submit a waiver request prior to the submission of a grant application, with the grant application or NCC progress report as an attachment or up to four months after the start of the budget period for which the waiver is requested.

HRSA RWHAP Part B recipients may request a waiver for the HIV Care Formula award, or the Ryan White Part B Supplemental award, or both. Recipients must request each waiver separately.

Methods for Submitting Waiver Requests

Waiver requests submitted with grant applications must be submitted through www.grants.gov. Waiver requests submitted with the mandatory NCC progress report must be submitted through the Electronic Handbooks (EHBs).

Part B recipients planning to request a waiver before or after the submission of a grant application or NCC progress report must notify their HRSA HAB project officer (PO) who will send a Request for Information (RFI) through the EHBs.

Waiver Review and Notification Process

HRSA HAB will review waiver requests and notify recipients of its approval or denial within four weeks of receipt of the request.

Approved core medical services waivers are only effective for one budget period. Approved waivers are not required to be implemented, should circumstances change. Recipients must submit a new request(s) each budget period.

HRSA Ryan White HIV/AIDS Program (RWHAP) Core Medical Services Waiver Request Attestation Form

This form is to be completed by the Chief Elected Official, Chief Executive Officer, or a designee of either. Please initial to attest to meeting each requirement after reading and understanding the corresponding explanation. Include the proposed percentages of HIV service dollars allocated to core medical and support services in the Proposed Ratio for RWHAP Core Medical and Support Services section.

Name of recipient _____

RWHAP Part A recipient RWHAP Part B recipient RWHAP Part C recipient

Initial request Renewal request

Year of request _____

| REQUIREMENT | EXPLANATION |
|--|---|
| No ADAP waiting lists | By initialing here and signing this document, you attest there are no AIDS Drug Assistance Program (ADAP) waiting lists in the service area. <input type="checkbox"/> |
| Availability of, and accessibility to core medical services to all eligible individuals | By initialing here and signing this document, you attest to the availability of and access within 30 days to core medical services for all HRSA RWHAP eligible individuals in the service area. Such access is without regard to funding source, and without the need to spend at least 75 percent of funds remaining from your RWHAP award (after reserving statutory permissible amounts for administrative and clinical quality management costs). You also agree to provide HRSA HAB supportive evidence of meeting this requirement upon request. <input type="checkbox"/> |
| Evidence of a public process | By initialing here and signing this document, you attest to having had a public process during which input related to the availability of core medical services and the decision to request this waiver was sought from impacted communities, including clients and RWHAP funded core medical services providers. You also agree to provide supportive evidence of such process to HRSA HAB upon request. <input type="checkbox"/> |
| PROPOSED RATIO FOR RWHAP CORE MEDICAL AND SUPPORT SERVICES | |
| RWHAP core medical services | RWHAP support services |
| % | % |

SIGNATURE OF CHIEF ELECTED OFFICIAL OR CHIEF EXECUTIVE OFFICER (OR DESIGNEE)

 PRINT NAME

 TITLE

 DATE

Public Burden Statement: HRSA uses the documentation submitted in core medical services waiver requests to determine if the applicant/grant recipient meets the statutory requirements for waiver eligibility including: (1) No waiting lists for AIDS Drug Assistance Program (ADAP) services; and (2) evidence of core medical services availability within the grant recipient's jurisdiction, state, or service area to all people with HIV identified and eligible under Title XXVI of the PHS Act. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0906-0065 and it is valid until 08/31/2027. This information collection is required to obtain or retain a benefit (Ryan White HIV/AIDS Treatment Extension Act of 2009, Part A section 2604(c), Part B section 2612(b), and Part C section 2651(c)). Data will be kept private to the extent required by law. Public reporting burden for this collection of information is estimated to average 0.49 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Information Collection Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857 or paperwork@hrsa.gov. Please see <https://www.hrsa.gov/about/508-resources> for the HRSA digital accessibility statement.



Guide for Facilitating Hybrid Meetings

December 2025 (updated February 2026)

The California State Legislature passed Senate Bill 707 (SB 707) that implemented significant changes for local legislative bodies that hold meetings subject to the Brown Act. This guide is provided to assist staff liaisons to County boards and commissions in complying with SB 707 to hold hybrid meetings. (Ref. Government Code §54953.8.6)

What the Law Allows

If approved by the Board of Supervisors, members of a board, commission, or committee (BCC) may participate in meetings remotely without listing their location on the agenda or making that location public. However, there must be at least one physical meeting location within the County where the public can attend, and a staff member must be present at that location. BCC members may also choose to attend in person at the designated meeting site.

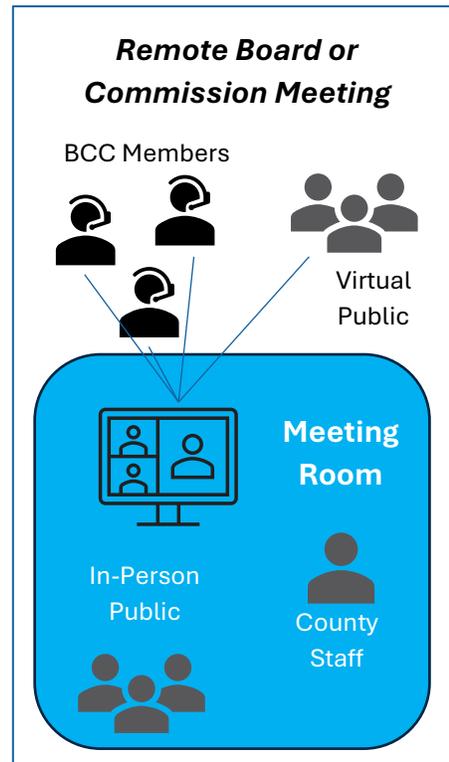
Members participating virtually are required to appear visibly on camera throughout the meeting. A member may turn off their camera only for a non-ADA physical or medical condition or if it becomes technologically infeasible to remain on video—such as due to unreliable internet connectivity. In such cases, the member must announce the reason before disabling their camera.

Additionally, Government Code §54953.8 has requirements for any legislative body member that participates remotely in a public meeting. The member must disclose anyone over the age of 18 that is in the room with them, along with their relationship to the member, the meeting must be stopped if there are technological disruptions, there must be a reasonable public comment period, and the County cannot require public comments before the meeting (e.g. require recorded or email comments before the meeting starts). Lastly, members who participated remotely must be listed in the minutes.

Please note that any elected official serving on the BCC in their official capacity is not permitted to participate remotely and must attend in person.

Additionally, the public must be given a way to both watch and participate in the meeting remotely. This can be done in one of two ways:

- A two-way video platform, like Zoom or Teams, where people can see and hear the meeting and speak during public comment.
- Or, a combination of a phone line that allows people to speak, along with a live video stream of the meeting they can watch online.



Who is Eligible

A board or commission **can hold virtual meetings** if all the following are true:

1. **It was officially created** by the Board of Supervisors. This includes any group formed by a formal vote, ordinance, resolution, or charter.
2. **It only gives advice** — it doesn't make final decisions. The group's role is to provide recommendations, not to act on laws, contracts, permits, or funding.
3. **It cannot take final action** on important matters. This means it doesn't have the power to approve or deny things like:
 - Laws or regulations
 - Contracts or licenses
 - Permits or grants
 - Spending or budget decisions
4. **It doesn't focus on sensitive or high-impact topics** like:
 - Elections
 - Budgets
 - Police oversight
 - Privacy
 - Library content restrictions
 - Taxes or spending proposals

Please refer to the attached analysis of eligible boards and commissions.

For reference, Government Code Section 54953.8.6(b) states: *For purposes of this section, "eligible subsidiary body" means a legislative body that meets all of the following:*

- (A) *Is described in subdivision (b) of Section 54952: A commission, committee, board, or other body of a local agency, whether permanent or temporary, decision-making or advisory, created by charter, ordinance, resolution, or formal action of a legislative body. However, advisory committees, composed solely of the members of the legislative body that are less than a quorum of the legislative body are not legislative bodies, except that standing committees of a legislative body, irrespective of their composition, which have a continuing subject matter jurisdiction, or a meeting schedule fixed by charter, ordinance, resolution, or formal action of a legislative body are legislative bodies for purposes of this chapter.*
- (B) *Serves exclusively in an advisory capacity.*
- (C) *Is not authorized to take final action on legislation, regulations, contracts, licenses, permits, or any other entitlements, grants, or allocations of funds.*
- (D) *Does not have primary subject matter jurisdiction, as defined by the charter, an ordinance, a resolution, or any formal action of the legislative body that created the subsidiary body, that focuses on elections, budgets, police oversight, privacy, removing from, or restricting access to, materials available in public libraries, or taxes or related spending proposals.*

(2) An eligible subsidiary body may include members who are elected officials, members who are not elected officials, or any combination thereof.

How to Comply

1. Submit a Request to the Board of Supervisors (BOS)

Before a BCC can hold teleconference meetings, the Board of Supervisors must approve it.

- **When to Submit:** At least 4–6 weeks before the Board’s March or September meetings.
- **How to Submit:** Contact the Clerk of the Board (COB) to coordinate docketing.
- **See sample memo template on pages 5-6.**

2. Ensure the Board Can Make These Required Findings

The BOS must be able to confirm the following:

✓ Public Access

- Teleconferencing will improve public access to meetings.
- The public must have been made aware of the type of remote participation that the BCC will be using, including audio-visual or telephonic and will have the opportunity to provide comment at an in-person meeting.

✓ Member Participation

- Teleconferencing will help:
 - **Attract and retain** members.
 - **Increase diversity**, for example, by making participation easier for people with:
 - Caregiving or work responsibilities
 - Health or mobility challenges
 - Long travel distances

3. Board of Supervisors Reviews and Approves at a Regular Board Meeting

- If the BOS agrees with the findings, they will approve the use of teleconferencing.
- This approval is valid for **six months**.

4. BCC Must Also Approve

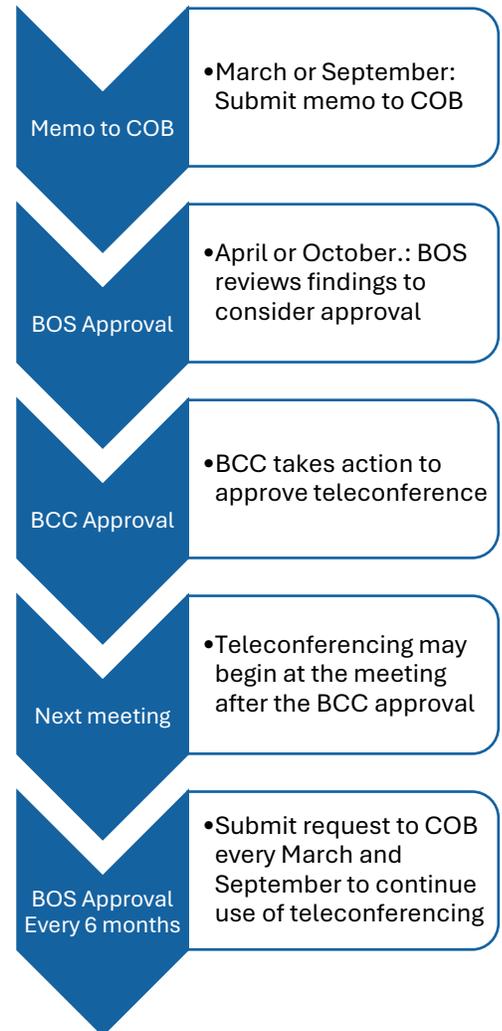
- After BOS approval, the BCC must vote to approve the use of teleconferencing for its own meetings.
- The BCC may then use the teleconferencing provisions at the next meeting.

5. Re-Approval Every Six Months

- The BOS must **renew approval** every six months (planned for **March and September**).
- BCCs should plan ahead and submit updated requests if they wish to continue teleconferencing.

6. BOS Can Revoke Approval at Any Time

- The Board may withdraw approval if conditions change or requirements are not met.



Running a Hybrid Meeting

Below are the best practices for running the meeting if the Board of Supervisors approves use of teleconferencing:

| | |
|------------------------------------|---|
| Platform Setup | <ul style="list-style-type: none">• Schedule the meeting in Zoom or Teams<ul style="list-style-type: none">○ It is recommended that the meeting be set up as a Zoom Webinar or Teams Event to mitigate the risk of unauthorized access and disruptive behavior, such as Zoom bombing.• Enable:<ul style="list-style-type: none">○ Waiting room/lobby (if needed)○ Enable Panelists so that the BCC members can have a specific link to join that grants them permissions to show their video and audio.○ Live captions (for accessibility)○ Screen sharing for Panelists (for presentations)○ Recording• Share the meeting link publicly in advance• Test audio/video with both in-person and remote participants before the meeting |
| Technology Setup | <ul style="list-style-type: none">• Reliable Internet (wired preferred)• Laptop or desktop in meeting room• Projector or large screen for in-person attendees to see remote participants• Microphones:<ul style="list-style-type: none">○ Room mic for in-person speakers○ USB or Bluetooth mic for computer audio• Speakers:<ul style="list-style-type: none">○ Ensure remote participants can be heard clearly in the room• Camera:<ul style="list-style-type: none">○ Wide-angle webcam to show the room• Optional: second camera for speaker podium or Owl Camera |
| Agenda/Public Participation | <ul style="list-style-type: none">• Provide clear instructions for:<ul style="list-style-type: none">○ Joining remotely (link, dial-in, etc.)○ How to request to speak (e.g., “Raise Hand” feature)• Monitor chat/Q&A for public comments• Ensure equal opportunity for remote and in-person public comment |
| During the Meeting | <ul style="list-style-type: none">• Assign roles:<ul style="list-style-type: none">○ Tech facilitator: manages platform, mics, and screens○ Moderator: tracks speakers and public comment• Mute/unmute participants as needed• Announce when remote participants are speaking• Monitor for technical issues and troubleshoot quickly |

Sample Memo Requesting Teleconferencing

Below is a sample memo to submit to the Clerk of the Board of Supervisors to request that the Board of Supervisors make the findings to authorize teleconferencing for a BCC.

[DEPARTMENT LETTERHEAD]

DATE

TO: Andrew Potter, Clerk of the Board of Supervisors

FROM: Department Head

REQUEST FOR BOARD OF SUPERVISORS FINDINGS TO AUTHORIZE TELECONFERENCING FOR [NAME OF BCC]

This memo is submitted on behalf of the [Name of Board/Commission/Committee], which met on [Insert Date] and voted to request authorization to conduct its meetings via teleconference. The [Department Name] is submitting this request in support of [Name of BCC]'s decision.

We respectfully request that the Board of Supervisors make the necessary findings under Government Code section 54953.8.6 to allow the [Name of BCC] to hold meetings via teleconference for the next six-month period.

Required Findings and Supporting Details

1. Public Access

Teleconferencing will improve public access to meetings of the [Name of BCC] in the following ways:

- [Insert specific explanation from the BCC and/or department]
(e.g., "Many members of the public live in rural areas and have limited transportation options. Teleconferencing allows them to participate without traveling long distances.")
- The BCC will use [Zoom / Microsoft Teams / other platform], which allows both audio-visual and telephonic participation.
- Instructions for joining remotely will be posted on the meeting agenda and website, and public comment will be accepted from both in-person and remote attendees.
- The public has been provided the opportunity to comment at an in-person meeting of the legislative body authorizing the subsidiary body to meet entirely remotely by [identify physical meeting location and details for in-person participation].

2. Member Participation

**COUNTY BOARD AND COMMISSIONS
GUIDE FOR FACILITATING HYBRID MEETINGS**

Teleconferencing will support the attraction, retention, and diversity of the members that serve on the [Name of BCC] in the following ways:

- **[Insert specific explanation from the BCC]**
(e.g., “Several members have caregiving responsibilities or work full-time jobs. Teleconferencing allows them to participate without taking extended time off or arranging for childcare.”)
- It enables participation from individuals with health or mobility challenges and those who live in geographically distant areas of the County.
- The [Name of BCC] believes that continuing to offer remote participation will help maintain quorum and encourage broader community representation.

Request

Based on the above, we request that the Board of Supervisors make the required findings and authorize the [Name of BCC] to conduct its meetings via teleconference for the upcoming six-month period.

For reference, attached are the minutes from the referenced meeting.

Please let us know if additional information is needed.

NAME
TITLE

ATTACHMENT

County of San Diego Boards and Commissions
 Eligibility for Teleconferencing under SB 707

| Subsidiary Body | Eligible for Remote Meetings | Notes |
|---|------------------------------|---|
| Abandoned Vehicle Abatement Service Authority | ● No | Not merely advisory; allocates funds |
| Aging & Independence Services Advisory Council | ● Yes* | *Except for any members who are Elected Officials |
| Alpine Community Planning Group | ● Yes | |
| Alpine Design Review Board | ● Yes | |
| Arts and Culture Commission, San Diego County | ● Yes | |
| Assessment Appeals Boards | ● No | Subject Matter Exclusion – Quasi-Judicial |
| Behavioral Health Advisory Board (BHAB) | ● No | Group Required by State Law |
| Bonsall Community Sponsor Group | ● Yes | |
| Borrego Springs Sponsor Group | ● Yes | |
| Boulevard Community Planning Group | ● Yes | |
| Campo - Lake Morena Community Planning Group | ● Yes | |
| Child And Family Strengthening Advisory Board of SD | ● Yes | |
| Child Care and Development Local Planning Council | ● No | Group Required by State Law |
| Citizens Law Enforcement Review Board (CLERB) | ● No | Subject Matter Exclusion - Police Oversight |
| Citrus Pest Control District, San Diego County | ● No | Decision Making |
| City/County Reinvestment Task Force | ● Yes* | *Except for any members who are Elected Officials |
| Civil Service Commission | ● No | Decision Making |
| Community Action Partnership Administering Board | ● No | Group Required by Federal Law |
| County Hearing Officers | ● No | Decision Making |
| Countywide Redevelopment Successor Agency Oversight Board | ● No | Decision Making |
| Crest/Dehesa/Granite Hills/Harbison Canyon Community Planning Group | ● Yes | |

*County of San Diego Boards and Commissions
Eligibility for Teleconferencing under SB 707*

| Subsidiary Body | Eligible for Remote Meetings | Notes |
|---|-------------------------------------|--|
| CSA No. 017 - San Dieguito EMS District Advisory Committee | ● Yes | |
| CSA No. 026 - Rancho San Diego Local Park District Advisory Board | ● Yes | |
| CSA No. 069 - Heartland EMS District Advisory Committee | ● Yes | |
| CSA No. 081 - Fallbrook Local Parks Advisory Committee | ● Yes | |
| CSA No. 128 - San Miguel Local Park District Citizen Advisory Board | ● Yes | |
| CSA No. 138 - Valley Center Park and Recreation Advisory Committee | ● Yes | |
| Cuyamaca Sponsor Group | ● Yes | |
| Descanso Community Planning Group | ● Yes | |
| Emergency Medical Care Committee | ● No | Group Required by State Law |
| Environmental Health and Quality Advisory Board, San Diego County | ● Yes | |
| Eye Gnat Abatement Appeals Board | ● No | Decision Making - Administrative Appeals |
| Fairbanks Ranch Community Services District | ● No | Decision Making |
| Fallbrook Airpark Advisory Committee | ● Yes | |
| Fallbrook Community Planning Group | ● Yes | |
| Fallbrook Public Utility District | ● No | Decision Making |
| Fallbrook Regional Health District | ● No | Decision Making |
| Fire Protection District Fire Advisory Board, San Diego County | ● Yes | |
| First 5 Commission | ● No | Decision Making |
| Fish And Wildlife Advisory Commission, San Diego County | ● Yes | |

County of San Diego Boards and Commissions
 Eligibility for Teleconferencing under SB 707

| Subsidiary Body | Eligible for Remote Meetings | Notes |
|---|------------------------------|--|
| Flood Control District Advisory Commission | ● Yes | |
| Fly Abatement and Appeals Board | ● No | Decision Making |
| Gillespie Field Development Council | ● No | Decision Making |
| Health Services Advisory Board (HSAB) | ● Yes | |
| Healthy San Diego Consumer and Professional Advisory Committee | ● Yes | |
| Hidden Meadows Community Sponsor Group | ● Yes | |
| Historic Site Board | ● Yes | |
| HIV Planning Group, County of San Diego | ● Yes | |
| Housing Authority, Board of Commissioners | ● No | Decision Making |
| Human Relations Commission, Leon L. Williams San Diego County | ● Yes | |
| Human Trafficking and Commercial Sexual Exploitation of Children Advisory Council | ● Yes | |
| I-15 Corridor Design Review Board | ● Yes | |
| Indian Gaming Local Community Benefit Committee (Committee Currently Inactive) | ● No | Decision Making – Grant-Making & Allocations |
| In-Home Supportive Services/Public Authority Advisory Committee | ● No | Group Required by State Law |
| Jacumba Hot Springs Sponsor Group | ● Yes | |
| Jamul/Dulzura Community Planning Group | ● Yes | |
| Jess Martin Park Advisory Committee | ● Yes | |
| Julian Community Planning Group | ● Yes | |
| Julian Historic District Architectural Review Board | ● Yes | |
| Lakeside Community Planning Group | ● Yes | |
| Lakeside Design Review Board | ● Yes | |
| Law Library Board of Trustees, San Diego County | ● No | Decision Making |

*County of San Diego Boards and Commissions
Eligibility for Teleconferencing under SB 707*

| Subsidiary Body | Eligible for Remote Meetings | Notes |
|---|-------------------------------------|----------------------------------|
| North County Gang Commission | ● Yes | |
| Otay River Watershed Advisory Panel | ● No | Group Required by State Law |
| Pala-Pauma Community Sponsor Group | ● Yes | |
| Palomar Airport Advisory Committee | ● Yes | |
| Palomar Health District | ● No | |
| Palomar Mountain Community Sponsor Group | ● Yes | |
| Parks Advisory Committee, San Diego County | ● Yes | |
| Past Grand Jurors Association Implementation Review Committee | ● Yes | |
| Persons with Disabilities, Committee for | ● Yes | |
| Pine Valley Community Planning Group | ● Yes | |
| Planning Commission | ● No | Decision Making |
| Potrero Community Planning Group | ● Yes | |
| Rainbow Community Planning Group | ● Yes | |
| Ramona Community Planning Group | ● Yes | |
| Ramona Design Review Board | ● Yes | |
| San Diego County Capital Asset Leasing Corp | ● No | Decision Making |
| San Diego Military and Veterans Advisory Council | ● Yes | |
| San Dieguito Community Planning Group | ● Yes | |
| Social Services Advisory Board | ● Yes | |
| Solid Waste Hearing Panel | ● No | Decision Making – Quasi-Judicial |
| South Bay Irrigation Hearing Panel | ● No | Decision Making – Quasi-Judicial |
| Spring Valley Community Planning Group | ● Yes | |
| Status of Women and Girls, Commission On The | ● Yes | |
| Sweetwater Community Planning Group | ● Yes | |
| Sweetwater River Watershed Advisory Panel | ● No | Group Required by State Law |

County of San Diego Boards and Commissions
 Eligibility for Teleconferencing under SB 707

| Subsidiary Body | Eligible for Remote Meetings | Notes |
|--|------------------------------|---|
| Tecate Sponsor Group | ● No | Subject Matter Exclusion - Quasi-regulatory |
| Tijuana River Watershed Advisory Panel | ● No | Group Required by State Law |
| Traffic Advisory Committee | ● Yes | |
| Treasury Oversight Committee | ● No | Decision Making – Fiduciary oversight |
| Tri-City Healthcare | ● No | Decision Making |
| Twin Oaks Valley Sponsor Group | ● Yes | |
| Underground Utilities Advisory Committee | ● Yes | |
| Valle De Oro Community Planning Group | ● Yes | |

HIV PLANNING GROUP
12-MONTH ATTENDANCE TRACKING
Mar 2025 - Feb 2026

| Total Meetings | 26-Mar | 23-Apr | 28-May | 25-Jun | 23-Jul | 6-Aug | 13-Aug | 24-Sep | 22-Oct | 19-Nov | 17-Dec | 28-Jan | 25-Feb | TOTAL | # of JC Starting 2026 |
|----------------------------|--------|--------|--------|--------|--------|-------|--------|--------|--------|--------|--------|--------|--------|-------|-----------------------|
| (25) HPG Members | 1 | 1 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 1 | 1 | 11 | |
| Aguilar, Nicole, 40 | | | | * | JC | 1 | * | * | * | * | NM | * | * | 0 | |
| Aguirre Mendoza, Marco, 10 | * | * | NM | * | * | * | * | * | * | * | NM | * | * | 0 | |
| Conant, Juan, 25 | * | 1 | NM | * | * | 1 | * | * | 1 | * | NM | * | * | 2 | |
| Davenport, Beth, 35 | * | * | NM | * | * | 1 | * | 1 | * | * | NM | * | * | 1 | |
| Donovan, Michael, 32 | 1 | JC | NM | 1 | * | * | * | * | 1 | * | NM | * | * | 3 | |
| Fleming, Tyra, 3 | * | 1 | NM | * | * | * | * | * | * | * | NM | JC | * | 1 | 1 |
| Garcia, Rosemary, 23 | * | * | NM | * | * | * | * | * | * | * | NM | * | * | 0 | |
| Garcia-Bigley, Felipe, 38 | * | * | NM | * | * | * | * | * | * | * | NM | 1 | * | 1 | |
| Grelotti, David, 30 | * | * | NM | * | 1 | 1 | * | * | * | 1 | NM | * | * | 2 | |
| Ignalino, Benjamin, 39 | * | * | NM | 1 | 1 | 1 | * | * | * | * | NM | * | 1 | 3 | |
| Jones, Lori, 26 | JC | * | NM | * | * | * | * | * | * | * | NM | * | * | 0 | |
| King, Michael | | | | | | | | * | JC | 1 | NM | * | * | 1 | |
| Kubricky, Cinnamen, 4 | * | 1 | NM | * | * | 1 | 1 | * | * | 1 | NM | * | | 2 | |
| Lochner, Mikie, 16 | * | * | NM | * | * | * | * | * | * | * | NM | * | * | 0 | |
| Lothridge, Jen | | | | | | | | * | * | * | NM | * | * | 0 | |
| Matthews, Eva 19 | | | * | NM | * | * | * | * | * | * | NM | * | * | 0 | |

HIV PLANNING GROUP
12-MONTH ATTENDANCE TRACKING
Mar 2025 - Feb 2026

| Total Meetings | 26-Mar | 23-Apr | 28-May | 25-Jun | 23-Jul | 6-Aug | 13-Aug | 24-Sep | 22-Oct | 19-Nov | 17-Dec | 28-Jan | 25-Feb | TOTAL | # of JC |
|---|--------|--------|--------|--------|--------|-------|--------|--------|--------|--------|--------|--------|--------|-------|---------|
| Miles, Skyler, 32 | * | 1 | NM | * | * | * | * | 1 | * | 1 | NM | * | * | 3 | |
| Nava, Veronica, 33 | * | * | NM | * | * | * | * | * | * | * | NM | 1 | * | 1 | |
| Paugh, Shannon, 37 | * | * | NM | * | * | * | * | * | * | * | NM | * | * | 0 | |
| Rooney, Ivy, 43 | * | * | NM | * | * | * | * | * | * | 1 | NM | * | * | 1 | |
| Spector, Stephen, 31 | * | * | NM | * | * | * | 1 | * | * | * | NM | * | * | 0 | |
| Van Brocklin, Rhea, 18 | * | 1 | NM | 1 | * | * | * | * | * | * | NM | * | * | 2 | |
| Weber, Jeffery, 41 | * | * | NM | * | * | * | 1 | * | * | * | NM | * | * | 0 | |
| Wimpie, Michael, 1 | * | * | NM | * | * | * | * | * | * | * | NM | 1 | 1 | 2 | |
| Yancey, Adrienne, 22 | * | * | NM | * | * | * | 1 | 1 | 1 | 1 | NM | * | 1 | 4 | |
| <i>To remain in good standing and eligible to vote, the HPG member may not miss 3 consecutive meetings or 6 meetings within 12 months.</i> | | | | | | | | | | | | | | | |
| * = Present | | | | | | | | | | | | | | | |
| 1 = Absent for the month | | | | | | | | | | | | | | | |
| 1 = Absent when there are multiple meetings in a month. The member needs to attend at least one meeting for attendance to count for the specific month. | | | | | | | | | | | | | | | |
| JC = Just Cause | | | | | | | | | | | | | | | |
| NQ = No Quorum | | | | | | | | | | | | | | | |
| NM = No Meeting | | | | | | | | | | | | | | | |

HIV PLANNING GROUP: CURRENT MEMBER ROSTER AND VACANCIES

As of 3/19/2026

| Seat | Title | Member Name | Term Start | Term End | Term # |
|------|---|-----------------------|------------|-----------|--------|
| 1 | General Member | Vacant | 3/19/2026 | 5/21/2027 | |
| 2 | General Member | Pending HPG approval | | | |
| 3 | General Member | Tyra Fleming | 4/9/2024 | 4/9/2028 | 2 |
| 4 | General Member | Cinnamen Kubricky | 3/24/2026 | 3/24/2030 | 2 |
| 5 | General Member | Pending HPG approval | | | |
| 6 | General Member | Vacant | | | |
| 7 | General Member | Vacant | | | |
| 8 | General Member | Vacant | | | |
| 9 | General Member | Vacant | | | |
| 10 | General Member | Marco Aguirre Mendoza | 12/5/2023 | 12/5/2027 | 1 |
| 11 | General Member | Vacant | | | |
| 12 | General Member | Jen Lothridge | 8/26/2025 | 8/26/2029 | 1 |
| 13 | General Member | Vacant | | | |
| 14 | General Member | Kalee Garland | 3/24/2026 | 3/24/2030 | 1 |
| 15 | General Member | Vacant | | | |
| 16 | Chairperson | Michael Lochner | 6/24/2024 | 6/24/2028 | 2 |
| 17 | Health care provider, including FQHC | Michael King | 8/26/2025 | 8/26/2029 | 1 |
| 18 | Community-based organizations serving affected populations and/or AIDS service organizations | Rhea Van Brocklin | 11/7/2023 | 11/7/2027 | 3 |
| 19 | Social service provider, including providers of housing and homeless services | Eva Matthews | 4/8/2025 | 4/8/2029 | 1 |
| 20 | Mental health provider | Pending COB approval | | | |
| 21 | Substance abuse treatment provider | Pending COB approval | | | |
| 22 | Local public health agency - HHS Director or designee | Adrienne Yancey | 5/2/2023 | 5/2/2027 | 1 |
| 23 | Local public health agency - PH Officer or designee | Rosemary Garcia, MD | 1/7/2025 | 1/7/2029 | 1 |
| 24 | Hospital planning agency or health care planning agency | Vacant | | | |
| 25 | Non-elected community leader | Juan Conant | 1/7/2025 | 1/7/2029 | 1 |
| 26 | Prevention services consumer/advocate | Lori Jones | 7/16/2024 | 5/2/2027 | 1 |
| 27 | Prevention services consumer | Pending COB approval | | | |
| 28 | State government - State Medicaid | Vacant | | | |
| 29 | State government - CDPH Office of AIDS Part B | Leroy Blea | 3/24/2026 | 3/12/2027 | |
| 30 | Recipient of Ryan White Part C | David Grelotti | 7/16/2024 | 7/16/2028 | 2 |
| 31 | Recipient of Ryan White Part D | Stephen Spector | 4/9/2024 | 4/9/2028 | 2 |

HIV PLANNING GROUP: CURRENT MEMBER ROSTER AND VACANCIES

As of 3/19/2026

| Seat | Title | Member Name | Term Start | Term End | Term # |
|------|---|----------------------|------------|------------|--------|
| 32 | Representative of individuals who formerly were federal, state or local prisoners, were released from custody of the penal system during the preceding 3 years, and had HIV/AIDS as of the date of release | Skyler Miles | 9/14/2024 | 9/14/2028 | 1 |
| 33 | Board of Supervisors - District 1 representative | Veronica Nava | 4/9/2024 | 8/30/2026 | 1 |
| 34 | Board of Supervisors - District 2 representative | Vacant | | | |
| 35 | Board of Supervisors - District 3 representative | Beth Davenport | 2/10/2025 | 2/10/2029 | 2 |
| 36 | Board of Supervisors - District 4 representative | Michael Donovan | 9/14/2024 | 9/14/2028 | 1 |
| 37 | Board of Supervisors - District 5 representative | Shannon Paugh | 12/10/2024 | 12/10/2028 | 1 |
| 38 | Recipient of other federal HIV programs - prevention provider | Felipe Garcia-Bigley | 10/11/2022 | 10/11/2026 | 1 |
| 39 | Recipient of other federal HIV programs - Part F, AIDS Education and Training Center and/or RW dental provider | Ben Ignalino | 9/14/2024 | 9/14/2028 | 1 |
| 40 | Recipient of other federal HIV programs - Housing Opportunities for Persons with AIDS (HOPWA)/Housing and Urban Development (HUD) | Nicole Aguilar | 6/24/2025 | 6/24/2029 | 1 |
| 41 | Recipient of other federal HIV programs - Veterans Administration | Jeffery Weber | 12/13/2022 | 12/13/2026 | 1 |
| 42 | HIV testing representative | Vacant | | 1/7/2029 | |
| 43 | Prevention intervention representative | Ivy Rooney | 6/24/2025 | 6/24/2029 | 2 |
| 44 | Affected community, including people with HIV/AIDS, member of a federally recognized Indian tribe as represented in the population, individual co-infected with Hep B/C, and historically underserved group and/or subpopulation | Vacant | | | |

| | | |
|---|----|-----|
| TOTAL ACTIVE MEMBERS: | 26 | 59% |
| Total Vacant Seats as of March, 2026: | 18 | |
| <i>*Total Vacant Seats (excluding those pending appt/reappoint)</i> | 13 | |
| Total Seats pending appointment/approval: | 5 | |

SAN DIEGO HIV PLANNING GROUP (HPG)



*Wednesday, February 25, 2026, 3:00 PM – 5:00 PM
Chula Vista Live Well Center
690 Oxford Street, Chula Vista, CA 91911
South Conference Room*

A quorum for this meeting is thirteen (13)

HPG Members Joining in Person (21): Nicole Aguilar | Marco Aguirre Mendoza | Juan Conant | Beth Davenport | Michael Donovan | Tyra Fleming | Rosemary Garcia | Felipe Garcia-Bigley | David Grelotti | Lori Jones | Michael King | Michael Lochner (*Chair*) | Jen Lothridge | Eva Matthews | Skyler Miles | Veronica Nava | Shannon Paugh | Ivy Rooney | Stephen Spector | Rhea Van Brocklin | Jeffery Weber

HPG Members Absent (3): Ben Ignalino | Michael Wimpie | 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 3:01 PM and noted the presence of an in-person quorum. | |
| 2. Welcome, moment of silence, matters from the Chair | <p>A moment of silence was observed. The Chair made the following announcements:</p> <ul style="list-style-type: none"> - A reminder of this being the last meeting of FY25. The next HPG meeting will begin a new fiscal year. - An acknowledgment to members with lived experiences, emphasizing the meeting is focused on their needs and priorities. A reminder to encourage consumers to participate in all committee meetings. - A clarification that discussions should not involve provider contracts or procurement issues. - A reminder to complete the annual form requirements by March 20th and to check in with HPG Support Staff (HPG SS) if there are questions. - Recognition of Tyra Fleming and Dr. Rosemary Garcia for volunteering at the National Black HIV/AIDS Awareness & Testing Event. | |
| 3. Public comment | <p>The following public comments were made:</p> <ul style="list-style-type: none"> - A concern that the Client Services Evaluation (Goldenrod) is not being printed on yellow or golden paper. | |

SAN DIEGO HIV PLANNING GROUP (HPG)

| Agenda Item | Discussion/Action | Follow-Up |
|--|--|--|
| | <ul style="list-style-type: none"> - A concern about the clients not being notified about termination of contracts and services. | |
| 4. HPG Member Open Forum | <ul style="list-style-type: none"> - A suggestion to provide insurance navigation services outside of Ryan White program. - A request to continue food support as it is very helpful in the community. - A reminder that the priority setting process should be data-informed, and an encouragement to request specific data during the process. | |
| 5. ACTION: Approve the HPG agenda for February 25, 2026 | <p>Motion: Approve the HPG agenda for February 25, 2026</p> <p>Motion/Second/Count (M/S/C): Lothridge/Miles/20-0</p> <p>Discussion:</p> <ul style="list-style-type: none"> - A concern about the absences among certain members. - A request to start adding a list of open seats in the packet. <p>Abstentions: Lochner</p> <p>Motion carries</p> | |
| 6. HIV, STD, and Hepatitis Branch (HSHB) Report | <p>Patrick Loose provided the following updates:</p> <ul style="list-style-type: none"> - The federal administration previously proposed eliminating HIV prevention funding for multiple states, including California. A temporary restraining order blocking that action has expired. The California Attorney General, along with other states, is challenging the proposal. No new updates are available at this time, but further information will be shared as it becomes available. - The current award year (FY25) ends at the end of February. The County has received a partial award due to delayed federal budget decisions. A full award is expected by mid-April. - Due to the County’s high application score, the Minority AIDS Initiative (MAI) will expect a strong supplemental funding award. - Over the next five years, San Diego County is expected to see small annual decreases in Part A funding because | HPG SS to follow up with the Recipients’ Office to ensure future utilization reports include the total number (n). |

SAN DIEGO HIV PLANNING GROUP (HPG)

| Agenda Item | Discussion/Action | Follow-Up |
|--|---|-----------|
| | <p>the number of people living in the County differs from the number diagnosed here.</p> <ul style="list-style-type: none"> - Part B funding from the State will increase for the next several years, helping offset projected Part A reductions. - The packet includes the expenditure report through December. The year-to-date expenditures for PARS and emergency housing were reversed. - San Diego continues to have one of the highest rates of viral suppression among all Ryan White-funded counties. | |
| 7. Routine Business | | |
| <p>a. ACTION: Approve the consent agenda for February 25, 2026 which includes:</p> <ul style="list-style-type: none"> i. HPG minutes (1/28/26) ii. Minutes from the following meetings: Steering Committee (none); Membership Committee (11/5/25); Priority Setting and Resource Allocation Committee (none); Medical Standards and Evaluation Committee (11/4/25); Community Engagement Group (12/10/25, 1/21/26); Strategies and Standards Committee (10/7/25); CARE Partnership for reference only (11/17/25) iii. <i>(Membership Committee):</i> HPG appointments/ reappointments – none | <p>Motion: Approve the consent agenda for November 19, 2025 M/S/C: Fleming/Nava/20-0 Discussion: none Abstentions: Lochner Motion carries</p> | |
| <p>b. Report Outs (Office of AIDS, Housing Committee, other committees)</p> | <p>Leroy Blea provided the following updates. The full report was included in the packet:</p> <ul style="list-style-type: none"> - The Office of AIDS and DHCS will be identifying an individual to fill the Medi-Cal representative seat of different planning bodies and commissions throughout the state. - The Ending the Syndemic Symposium 2026 will have Spanish interpreters. - Additional questions or comments can be forwarded to HPG support staff at hpg.hhsa@sdcounty.ca.gov | |

SAN DIEGO HIV PLANNING GROUP (HPG)

| Agenda Item | Discussion/Action | Follow-Up |
|---|---|-----------|
| | <p>Nicole Aguilar provided the following Housing Opportunities for Persons with AIDS (HOPWA) updates:</p> <ul style="list-style-type: none"> - HOPWA award letters have been issued to providers, with contract implementation on July 1, 2026. | |
| 8. Old Business | | |
| a. None | | |
| 9. New Business | | |
| a. Presentation: Housing Case Management program, NAMI San Diego – Carlos Acevedo | Carlos Acevedo presented on housing case management program offered by NAMI San Diego. | |
| b. Presentation: Integrated Plan – Virginia Suarez | Virginia Suarez presented on the HIV Prevention and Care Plan. | |
| c. Discussion: Strategies to continue food vouchers within the Food Bank/Home Delivered Meals service category | <p>Jeffery Weber and Patrick Loose provided an overview of the discussion that took place at the last Strategies and Standards Committee meeting regarding the Food Bank/Home Delivered Meals service category. The following discussion took place:</p> <ul style="list-style-type: none"> - Using food bank/home delivered meals category is not a time-limited benefit. - It's Important to consider the different family makeup and children's ages when reviewing the assessment criteria. - The funds will be distributed to multiple eligible providers. The primary goal is to identify the number of clients who have the need and to assess for equitable distribution. - Ryan White cannot provide a service that can be paid for by another payor. Clients will be screened for eligibility with Medi-Cal and other sources of food supply. This information will be subtracted from the total to determine ultimate eligibility for food vouchers. | |
| d. ACTION: Elect HPG Vice-Chair(s) | The HPG members elected Jen Lothridge and Eva Matthews to serve as HPG Vice-Chairs. | |
| 10. HPG Support Staff Updates | <p>Dasha Dahdouh provided the following update:</p> <ul style="list-style-type: none"> - HPG SS will be welcoming two new staff in early March, Health Information Specialist II and Administrative Analyst I. HPG SS team will be fully staffed. | |

SAN DIEGO HIV PLANNING GROUP (HPG)

| Agenda Item | Discussion/Action | Follow-Up |
|-------------------|---|-----------|
| | <ul style="list-style-type: none"> - HPG SS will be reaching out to newly appointed vice-chairs to onboard them and invite them to the future Steering Committee meetings. | |
| 11. Announcements | <ul style="list-style-type: none"> - A long-term depression treatment trial is going to start at the AntiViral Research Center (AVRC) at the University California of San Diego. More information is available at Current Studies. - Diversionary Theatre is working on offering a Spanish interpreter at the Latino night, prior to the preview performance of Rent. | |
| 12. Adjournment | The meeting was adjourned at 5:04 PM. | |
| Next meeting date | Date: Wednesday March 25, 2026 Time: 3:00 PM – 5:00 PM Location: Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room C) and via Zoom | |

STEERING COMMITTEE



Friday, January 9, 2026, 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 | Felipe Garcia-Bigley | Dr. David Grelotti | Cinnamen Kubricky (Vice-Chair) | Mikie Lochner (Chair) | Rhea Van Brocklin

Members Absent: Michael Wimpie

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"> - A concern about federal childcare funding cuts. - A reminder that holidays increase the risk of a substance use relapse. - A concern about increased premiums and a loss of health care. A request to discuss it at a future meeting. | |
| 4. ACTION: Approve the Steering Committee agenda for January 9, 2026 | Motion: Approve the Steering Committee agenda for January 9, 2026 Motion/Second/Count (M/S/C): Van Brocklin/Grelotti/5-0 Discussion: none Abstentions: Lochner Motion carries | |
| 5. ACTION: Approve meeting minutes from November 14, 2025 | Motion: Approve meeting minutes for November 14, 2025 M/S/C: Van Brocklin/Grelotti/5-0 Discussion: none Abstentions: Lochner Motion carries | |
| 6. ACTION: Approve the HIV Planning Group agenda for January 28, 2026 | Motion: Approve the HIV Planning Group agenda for January 28, 2026 M/S/C: Kubricky/Van Brocklin/5-0 Discussion: | |

STEERING COMMITTEE

| Agenda Item | Discussion/Action | Follow-Up |
|---|--|---|
| | <p>Abstentions: Lochner</p> <p>Motion carries</p> | |
| 7. HIV, STD, and Hepatitis Branch (HSHB) Report | <p>Patrick Loose provided the following updates:</p> <ul style="list-style-type: none"> - The deployment of food vouchers was successful. PSRAC approved additional funds at their January meeting. - The County is looking into ways to deploy MAI funding. - Health Resources and Services Administration (HRSA) is coming in July for a site visit to review the programs. They will be reviewing policies and procedures, HPG agendas and minutes. They will also hold consumer focus groups. <p>The following discussion took place:</p> <ul style="list-style-type: none"> - A recommendation to develop a strategy to distribute food vouchers to a larger population in need. - If people are not eligible for enhanced case management, how can case manager ensure clients in those programs get food vouchers too. The process for fund deployment was clarified. - How do we manage the funding deployment and continuation of emergency financial assistance while being a payor of last resort. - Stigma still persists and affects access, which is important to address when developing strategies to reach those in need. How can messaging change, especially within the outreach and prevention realm. | |
| 8. Committee reports and recommendations | <p><u>Priority Setting and Resource Allocation Committee (PSRAC):</u> met in January to approve FY25 reallocations and had a discussion about data requests. A decision on the attendance policy will be discussed at the next meeting.</p> <p><u>Strategies and Standards Committee:</u> tabled</p> | <p>Mikie Lochner to inquire with the Project Officer regarding a possibility of switching the hospital agency</p> |

STEERING COMMITTEE

| Agenda Item | Discussion/Action | Follow-Up |
|--|--|---|
| | <p><u>Membership Committee</u>: met in November and completed the 2026 workplan. Next meeting will be held in January, and the committee will review the seat descriptions. The goal is to also recruit a new member. Mikie Lochner updated the committee that HRSA is moving closer to appointing a Medi-Cal member.</p> <p><u>Community Engagement Group (CEG)</u>: the committee hosted a holiday party in December. It was well attended.</p> <p><u>Medical Standards and Evaluation Committee (MSEC)</u>: the committee is working on updating the mental health service standards.</p> | representative seat to a non-voting seat |
| 9. HPG Support Staff Report | <p>HPG Support Staff provided the following updates:</p> <ul style="list-style-type: none"> - Interviews were concluded for two candidates, Administrative Analyst I and Health Information Specialist II. We expect new staff to join in March. - Brief updates on SB 707 and the upcoming changes were provided. | HPG SS to summarize the SB 707 at the January HPG |
| 10. Old Business | | |
| a. Update: Committee Chair Retreat (March 2026) | The committee decided to delay the retreat until fall of 2026. | |
| b. Discussion: HPG Retreat (April 2026) | <p>The following discussion took place:</p> <ul style="list-style-type: none"> - A suggestion to review what does and doesn't work in the current service structure (like care coordination) instead of the SWOT analysis. - Since there are several new members, a suggestion to review letter 16-02 that outlines the service categories, policies, and acronyms. - A recommendation to have a deeper conversation and clarify member expectations, specifically what the members have control over and what they don't. - Use the retreat to provide direction to the committees like the | <p>HPG SS to reach out to Francisco regarding facilitating the discussion</p> <p>HPG SS to work with Recipient's Office to reach out to Delores Jacobs about her availability and next steps (if available to facilitate)</p> |

STEERING COMMITTEE

| Agenda Item | Discussion/Action | Follow-Up |
|---|---|--|
| | <p>Strategies and Standards Committee and PSRAC.</p> <ul style="list-style-type: none"> - A request to prioritize solution-based activities. - A recommendation to use the appreciative inquiry framework as the basis for discussion. - What do we do differently to reach more people or those we are not reaching, even though our system works great. - Use the first hour to level set everyone on the rules and what the current service delivery is like. Emphasis on what is going well. - What can be revisited and potentially approved – access, helping people navigate changes (small continuous improvements). - Develop actionable items for each of the committees. | |
| 11. New Business | | |
| a. ACTION: Approve 2026 meeting schedule | <p>Motion: Approve the 2026 HPG and committee meeting schedule with the changes to the August HPG schedule M/S/C: Garcia-Bigley/Donovan/5-0 Discussion:</p> <ul style="list-style-type: none"> - Request to adjust the HPG August schedule to 8/12, 8/19 and 8/26 and remove 8/5 <p>Abstentions: Lochner Motion carries</p> | |
| b. Discussion: Data requests for 2026 meetings | Mikie Lochner requested that the chairs reach out to HPG SS until end of January with any data requests. | |
| c. Discussion: Continuation of food vouchers | A request to have an agenda item on the HPG agenda in February to discuss continuation of food vouchers Emergency financial assistance is meant to be temporary, but a discussion is necessary at a future HPG meeting about access to food via home delivered meals which is a more permanent funding source. | Strategies and Standards to discuss food vouchers and set criteria; work with staff to leverage data |
| d. Discussion: HPG Vice-Chair elections | Mikie Lochner made an announcement that the HPG vice-chair elections will take place at the February HPG meeting. | |

STEERING COMMITTEE

| Agenda Item | Discussion/Action | Follow-Up |
|---|--|-----------|
| e. Update: 700 form and other annual requirements (deadline – 4/1/26) | HPG SS provided an update on the submission status. | |
| 12. Routine Business | | |
| a. Review: Committee attendance | The committee reviewed attendance. | |
| b. Public comments/HPG member comments/Suggestions to the Steering Committee from previous HPG meeting(s) | <p>Public comments:</p> <ul style="list-style-type: none"> - A comment about the recently adopted 24-month timeframe for the PARS enrollment and the criteria for the waiting list. <p>Sharing concerns:</p> <ul style="list-style-type: none"> - Appreciation for the food spread. - A concern that Medi-Cal costs are on the rise, especially for married couples and people with dependents. | |
| 13. Future agenda items for consideration | This item is redundant and will be removed from future agendas. | |
| 14. Announcements | <ul style="list-style-type: none"> - A Women’s Voice Conference, hosted by Christie’s Place on March 7, 2026. - A POZabilities speed dating fundraiser on February 21, 2026. - Diversionary Theatre will hold five performances of Rent in May with a plug for HPG at the beginning. Tickets will be available to the clients of the involved organizations. | |
| 15. Next meeting date | <p>Date: Friday, March 13, 2026 Time: 10:00 AM - 12:00 PM Location: County Operations Center, 5530 Overland Ave, San Diego, CA 92123 (Meeting Room 124) and via Zoom</p> | |
| 16. Adjournment | Meeting adjourned at 12:02 PM. | |

MEMBERSHIP COMMITTEE



Wednesday, February 4, 2026, 12:00 PM – 2:00 PM
 County Operations Center
 5570 Overland Ave., San Diego, CA 92123
 1st Floor – Room 1047 (Medical Examiner Conference Room)

A quorum for this meeting is three (3)

Committee Members: Felipe Garcia-Bigley (Chair) | Lori Jones | Rhea Van Brocklin

Committee Members Absent: Michael Wimpie

ORDER OF BUSINESS

| Agenda Item | Discussion/Action | Follow-Up |
|---|--|-----------|
| 1. Call to order | Felipe Garcia-Bigley called the meeting to order at 12:05AM and noted the presence of an in-person quorum. | |
| 2. Public Comment on non-agenda items (for Members of the public) | None | |
| 3. Sharing our concerns (for committee members) | None | |
| 4. ACTION: Review and approve the February 4, 2026 meeting agenda | Motion: Approve the Membership agenda for February 4, 2026, with the following correction: remove item 6a Motion/Second/Count (M/S/C): Jones/Van Brocklin/3-0 Motion carries | |
| 5. ACTION: Review and approve the November 5, 2025 Membership minutes | Motion: Approve the Membership minutes for November 5, 2025 M/S/C: Van Brocklin/Jone/3-0 Motion carries | |
| 6. New Business | | |
| a. ACTION: Approve Andrew Cross, Seat #2 | Tabled | |
| b. Review and Discussion: 2026 Membership workplan | The Membership Committee meeting for November has been moved to 11/4/2026 to accommodate the HPG meeting and holidays. | |
| c. Review and Discussion: Senate Bill 707 - SB-707 Open meetings: meeting and | Alexa Mugol reviewed the new accessibility requirements that went into effect on 1/1/2026. The following discussion took place: - The ADA accommodation will still allow members to attend in person when possible. | |

MEMBERSHIP COMMITTEE

| Agenda Item | Discussion/Action | Follow-Up |
|---|--|---|
| teleconference requirements | <ul style="list-style-type: none"> - The requirements align with the 2026 accessibility ruling. | |
| <p>d. Review and Discussion: Develop HPG member Seat description and Responsibilities</p> | <p>The following discussion took place:</p> <ul style="list-style-type: none"> - General Member seats are very restrictive, not allowing consumers who are employed by a Ryan White organization to be counted towards the 33% requirement. - A recommendation to add “and impacted by HIV” in the seat descriptions where applicable. <p>Seat #:</p> <ul style="list-style-type: none"> - [20 & 21] Separate the descriptions based on which is applicable. - [22] Add “representative who can bring an HHS perspective.” - [26] Add “an individual who advocates for services”. - [27] Add “an individual who is a service recipient”. - [28 & 29] Separate the descriptions based on which is applicable. - [31] Remove the “if not” dot point. - [32] Change the description to match the legislative language: “a member who represents...”. - [33–37] List zip codes and add “subject to approval by the districts”. - [38] Add other federal programs such as CDPH, HRSA, and SAMHSA. - [38] Move the three dot points down to 39-41. - [42] Include “knowledgeable about testing services and technologies”. - [43] Anyone knowledgeable about prevention and interventions, including behavioral and biomedical approaches. - [44] Use more people-first language. | <p>HPG SS will bring revised document to next meeting</p> <p>HPG SS to confirm with the project officer: would a sub-recipient of Part D (seat 31) meet the criteria for the Part D seat?</p> |
| 7. Old Business | | |
| <p>a. HPG Member recruitment update</p> | <p>As of February 4, 2026, we have 24 members. Updates:</p> <ul style="list-style-type: none"> - Applications Received in January 2026: 4 <ul style="list-style-type: none"> o 1 new application o 2 incompletes o 1 application on hold - Members pending Clerk of the Board: 7 | |

MEMBERSHIP COMMITTEE

| Agenda Item | Discussion/Action | Follow-Up |
|--|--|---|
| | <ul style="list-style-type: none"> ○ 6 new members ○ 1 term expired seat | |
| i. Vacant Seats | <p>As of February 4, 2026, there are 13 vacant seats</p> <ul style="list-style-type: none"> - 8 General Member seats - 24- Hospital Planning Agency or Health Care Planning Agency - 28- State Government-State Medicaid - 34- Board of Supervisors Designee: District 2 - 42- HIV Testing Representative - 44- Affected community including people with HIV/AIDS, member of a federally recognized Indian tribe as represented in the population, individual co-infected with Hep B or C, and historically underserved group and/or subpopulation | |
| ii. New Committee Members | <ul style="list-style-type: none"> - Roger is interested in Strategies and Standards and the Community Engagement Group. | |
| b. HPG Membership Demographics | Current HPG Demographics: reviewed and recruitment efforts were discussed. | |
| Routine Business | | |
| a. HIV Planning Group Attendance | HPG Support Staff sends reminders to members who have missed three (3) consecutive or six (6) meetings within 12 months. | |
| b. Committee Attendance | None | |
| c. Getting to Zero (GTZ) Community Engagement Project i. Review Outreach and Event Engagement Efforts | <ul style="list-style-type: none"> - HPG SS working with HSHB on an HIV integrated plan to develop objective, activities and performance measures for HPG outreach and recruitment <ul style="list-style-type: none"> ○ An integrated plan draft will be presented at the next HPG meeting | |
| 8. Future agenda items for consideration | None | |
| 9. Announcements | Mr. Connections, an 18+ gentlemen's speed dating event on 2/7 from 4-7PM at Mujeres Brew House. | |
| 10. Next Meeting Date | Date: Wednesday, March 11, 2026 Time: 11:00 AM –1:00 PM Location: County Operations Center, 5560 Overland Ave, San Diego, CA 92123 (Room 172) | A request to change to March 4 at 2:00 PM – 4:00 PM |
| 12. Adjourn | The meeting adjourned at 1:43pm. | |

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">- A request that clients be systematically notified of any annual changes to service categories, along with clear instructions for navigating transitions.- A concern about lack of readily accessible, clear information for open enrollment options for seniors, many of whom lack smartphones or internet | |

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PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

| Agenda Item | Action | Follow-up |
|--|---|---|
| | <ul style="list-style-type: none"> - 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. - A concern about increasing isolation and lack of visible support/resource information in care settings. | |
| <p>5. Action: Review and approve the agenda for November 13, 2025</p> | <p>Motion: Approve the November 13, 2025 meeting agenda as presented. Motion/Second/Count (M/S/C): Jacobs/Kubricky/6-0 Abstentions: Van Brocklin Motion carries</p> | |
| <p>6. Action: Review and approve the minutes for June 13, 27, July 17, 24, 31, and August 7, 2025</p> | <p>Motion: Approve the minutes for June 13, 27, July 17, 24, 31, and August 7, 2025. M/S/C: Jacobs/Davenport/5-0 Abstentions: Van Brocklin, Westcott Motion carries</p> | |
| <p>7. Old Business</p> | | |
| <p>a. ACTION: Recommendations for how services should be organized and delivered in FY 26 (March 1, 2025 – February 28, 2026)</p> | <p>FY26 Recommendations Discussion Mental Health Access Concern:</p> <ul style="list-style-type: none"> - 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. <p>Suggestions:</p> <ul style="list-style-type: none"> - Conduct regional focus groups to identify concrete barriers to mental health access and to distinguish needs (ex, brief crisis supports vs. ongoing therapy). - Enrich provider surveys/needs assessments with client experience and expectations; “What does ‘cannot access’ mean?”; definitions of “reasonable” timelines. | <p>Seek a documented summary from relevant committees on the outcomes of last year’s recommendations, with special attention to mental health service access.</p> <p>Explore methods regional focus groups, revised provider/client surveys to clarify the meaning and barriers of “access” as experienced by</p> |

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PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

| Agenda Item | Action | Follow-up |
|-------------|--|--|
| | <ul style="list-style-type: none"> - Consider incentivizing participation to ensure diverse input, especially in underserved regions, such as East County, since we need more data. <p>Special Population Focus:</p> <ul style="list-style-type: none"> - Emphasis on engaging youth, single individuals, those struggling with substance use, and non-digitally connected seniors. <p>Emergency Financial Assistance Concerns:</p> <ul style="list-style-type: none"> - While prioritizing some groups (ex, PARS waitlists) is logical, other needs, unexpected car repairs, food, and caregivers, must not be overlooked. - Emphasis on the precarious financial reality of many clients' assistance programs must address diverse immediate needs. <p>Suggestions:</p> <ul style="list-style-type: none"> - Ensure systems are flexible to meet actual consumer-expressed needs, with eligibility not unduly narrowed to specific subgroups. <p>Outreach and Community Information Concern:</p> <ul style="list-style-type: none"> - Many clients, especially vulnerable groups, lack awareness of available services or updates, a gap compounded by the digital divide. - Traditional outreach posters, lobby materials, and in-person workshops have declined due to privacy and operational constraints. <p>Suggestions:</p> <ul style="list-style-type: none"> - Upcoming provider capacity and capability survey to include questions on outreach effectiveness. - Potential for broader, event-based engagement community fairs with various service tables, not overtly branded as HIV-specific. - Explore case manager/peer navigator support and training to | <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"> - Consider online bulletins, targeted workshops, and regionally distributed educational events as means of closing the information gap. <p>Cross Committee Communication Concern:</p> <ul style="list-style-type: none"> - 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. | |
| 8. New Business | | |
| <p>a. ACTION: Recommendations for FY 25 reallocations (current fiscal year, March 1, 2025 – February 28, 2026)</p> | <p>Motion: Decrease Outpatient Ambulatory Health Services by \$445,250 from \$1,821,037 to \$1,375,787. M/S/C: Jacobs/Matthews/6-0 Abstentions: Van Brocklin Motion carries</p> <p>Motion: Increase Emergency Financial Assistance by \$445,250 from \$61,856 to \$507,106. M/S/C: Jacobs/Fleming/4-0 Abstentions: Matthews, Van Brocklin, Westcott Motion carries</p> | |
| <p>b. Debrief the FY 26 priority setting and budget allocation process.</p> | <p>What went well:</p> <ul style="list-style-type: none"> - Printed, large-format budget documents are appreciated. - Support for new members improved, including budget process cheat sheets. - Meeting structure and support for member engagement are highlighted as positive. <p>Suggestions for the next planning budget process:</p> <ul style="list-style-type: none"> - Need for more current, timely data in decision-making. | |

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

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

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PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

| Agenda Item | Action | Follow-up |
|-------------------|---|-----------|
| 11. Announcements | <ul style="list-style-type: none"> - No December PSRAC meeting. - Truax Awards Ceremony & Reception: Monday, December 1, 2025 at 3:00 PM – 5:00 PM at the LGBT Center. Coincides with the World AIDS Day. - Village Hillcrest “Tree of Life” event to follow at 6:00 PM, with traditional cookies at Mama’s Kitchen. - 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. | |
| 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. | |

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MEETING MINUTES

CARE PARTNERSHIP FOR WOMEN, CHILDREN, AND FAMILIES Monday, January 12, 2026 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 |
|---|---|-----------|
| 1. Welcome and introductions | Shannon Ransom started the meeting at 11:05AM, and the participants introduced themselves online | |
| 2. Comments from the Chair/ | Shannon and Patty will be facilitating today's meeting in the absence of the CARE Partnership Chair, who is currently recovering from surgery. Well wishes were extended during her recovery process. | |
| <ul style="list-style-type: none"> • Respectful Engagement | Respectful engagement guidelines read by Shannon Ransom | |
| 3. Moment of silence | A moment of silence was observed, remembering those who have passed and those living with or affected by HIV/AIDS and/or COVID-19 | |
| 4. Review Mission Statement | Mission Statement read by Rhea Van Brocklin | |
| 5. Public comment/ Sharing our Concerns | <ul style="list-style-type: none"> • A concern regarding recent statewide data showing a rise in new HIV diagnoses among women, increasing from roughly 10% to nearly 15% of new cases, despite the decline in overall diagnoses. This prompts a need to educate and uplift prevention tools amongst women. • A reminder to refer clients to Christie's Place for support groups, educational groups, and other social work services. | |
| 6. Review & approval of the meeting agenda | The agenda for January 12, 2026, was approved by consensus as presented | |
| 7. Review & approval of the meeting minutes | The minutes for December 8, 2025, was approved by consensus as presented | |
| 8. Discuss 2026 Training Opportunities/ Updates | <ul style="list-style-type: none"> • March – Mother, Child & Adolescent Program (MCAP) • Potential future presentation includes housing programs. Participants were encouraged to provide suggestions for future meetings. | |
| 9. Old Business | | |
| a. Discussion: 2026 A Women's Voice Conference | <ul style="list-style-type: none"> • A Women's Voice Conference will be held at the Crown Plaza Conference Center on March 7th from 10AM – 4PM. • Speakers will include: <ul style="list-style-type: none"> i. HIV and Aging ii. HIV Prevention for Women | |

| Agenda Item | Action | Follow-up |
|---|---|-----------|
| | <ul style="list-style-type: none"> Register at awomansvoice.info | |
| 10. New Business | | |
| <p>a. Presentation: Lynn Carson, MPH, Community Health Program Specialist, Public Health Services — HIV, STD and Hepatitis Branch</p> | <p>Lynn Carson presented on the Getting to Zero App (GTZ) and the following was discussed:</p> <ul style="list-style-type: none"> Ending the HIV Epidemic Initiative Online and Phone Application Application Categories Language Services County Website GTZ Resources Physical Resource Guide Social Media Toolkit | |
| <p>b. Presentation: Rhea Van Brocklin Executive Director Christie's Place — Christie's Place Services</p> | <p>Rhea Van Brocklin presented on Christie's Place and discussed the following:</p> <ul style="list-style-type: none"> Christie's Place history and mission Services <ul style="list-style-type: none"> Clinical Services Essential Support Empowerment & Leadership Capacity Building Change 4 Women (C4W) Geographical Expansion Accomplishments | |
| 11. Reports | | |
| <p>a. Women and Youth Out of Care Group Discussion</p> | <ul style="list-style-type: none"> The Youth Team has seen a recent increase in new HIV diagnoses, primarily in December and continuing into this month. While rapidly linking affected youth to care, the trend is concerning. The team is working to understand the drivers and will coordinate with the County to ensure this population's needs are met. | |
| <p>b. HIV Planning Group (HPG) Planning Group Support Staff</p> | <ul style="list-style-type: none"> HIV Planning Group budget season is approaching. Discussions typically take place in June, July, and part of August. Given the rapidly changing priority populations, it is essential that community voices are represented in this process. We encourage everyone to participate and use their voice in these important decision-making meetings. The Priority Setting and Resource Allocation Committee has approved reallocating funds to | |

| Agenda Item | Action | Follow-up |
|--|--|-----------|
| | extend the food voucher program through the end of February. Providers should receive these funds soon so they can continue offering this support beyond the originally anticipated timeline. | |
| c. Ryan White Part D | None | |
| d. Research | | |
| i. AIDS Clinical Trials Group (ACTG)/ Antiviral Research Center (AVRC) | <ul style="list-style-type: none"> • HIV prevention study: (16 years+, all genders) once yearly lenacapavir injection. | |
| ii. HIV Neurobehavioral Research Program (HNRP) | <ul style="list-style-type: none"> • Intersection Margins: A Study Exploring Multiple Discrimination, Methamphetamine Use, and Resilience Among People with HIV. (18+ living in Southern California). | |
| iii. Mother, Child & Adolescent Program (MCAP) | <ul style="list-style-type: none"> • UPLIFT Study: Focus on attitudes toward chestfeeding while living with HIV. For pregnant individuals, regardless of whether they plan to breastfeed. | |
| iv. UC San Diego Moores Cancer Center | None | |
| 12. Announcements | | |
| 13. Next Meeting Date | Next CARE Partnership Meeting- Monday, March 16, 2026 In-Person Location: Southeastern Live Well Center; 5101 Market St, San Diego, CA 92114; (Tubman Chavez Room C) | |
| 14. Adjournment | Meeting adjourned at 12:21pm | |

Office of AIDS (OA) and AIDS Drug Assistance Program (ADAP) March 2026 Updates

AIDS Drug Assistance Program

- ADAP Enrollment Worker Advisory Committee (AEWAC): There was no AEWAC meeting scheduled this month. The next bi-monthly meeting is scheduled for April 9th.
- PrEP-AP Acceptable Supporting Documentation Checklist (Spanish): An email was sent to Enrollment Workers on February 26, 2026, sharing the Spanish-language version of the PrEP-AP Acceptable Supporting Documentation Checklist. This resource outlines the documents required to determine PrEP-AP eligibility. The document is available on our webpage here: [PrEP-AP Acceptable Supporting Documentation Checklist \(Spanish\)](#).

Other CDPH Updates

- Ending the Syndemic Symposium 2026: Please save the date for the 5th Annual Ending the Syndemic Symposium 2026! This year's free virtual symposium will be held September 29-October 1st from 12-4 PM each day. Speakers will be addressing three of the social determinants on which our [Strategic Plan](#) and [Implementation-Blueprint](#) are organized: Racial Equity, Housing First and Health Access for All. Save the Date Link: <https://cvent.me/kwgxKQ>.

- Ending the Syndemic Workshop Series: Ending the Syndemic partners are invited to a workshop series on the California HIV/HCV/STI Strategic Plan's Implementation Blueprint. If you attended our first workshop series, this second series will provide specific examples of existing programs that support the work toward implementing the strategies in the plan by social determinant of health. The kickoff workshop featured presentations from counties that have adapted the blueprint about how they succeeded, plus reviewing the technical assistance resource portal and a refresher on how to seek TA. The California Department of Public Health, Office of AIDS (CDPH-OA) and the Sexually Transmitted Disease Control Branch (STDCB) are pleased to continue this critical work in 2026.

Workshop Registration to be distributed through the OA Listserv.

Save the Dates for future workshops:

February 27th 11:30-12:30 Examples of Implementation (recording available soon)

March 27th 11:30-12:30 Racial Equity and Economic Justice

April 10th 11:30-12:30 Health Access for All and Mental Health and Substance Use

April 24th 11:30-12:30 Housing First and Stigma Free

- Live Virtual HIV PrEP Navigation Certification (HIVPNC): California providers, we would like to share a special opportunity to enhance your knowledge and skills to deliver inclusive, affirming PrEP navigation services! Join HealthHIV online for a two-part training on Tuesday, April 21, 2026 (Part 1) and Thursday, April 23, 2026 (Part 2) from 9:30 to 1:00 PM Pacific Standard Time (PST), respectively, to earn the free HIV PrEP Navigation Certification (HIVPNC). The HIVPNC is the only national certification program that prepares providers and allied health professionals to guide community members in initiating, using, and staying engaged in PrEP care. Complete the live virtual training and gain new skills, CE credits, an "HIVPNC" designation recognizing your certification in PrEP navigation, and a listing alongside hundreds of others in the Certified HIV PrEP Navigator national online directory.

For more information and to register visit: <https://tinyurl.com/eakapbxr>.

- Care Branch Update: Ryan White funded providers must submit their 2025 Ryan White Services Report (RSR) to HRSA by March 30. Those providers who use HIV Care Connect (HCC) can generate the report using HCC. For questions about HCC, please contact CEMS@cdph.ca.gov.

OA Voice March Edition: [OA Voice Newsletter – March 2026 Issue](#)

SENATE BILL (SB) 707: THE USE OF JUST CAUSE (2026)

(An Amendment to AB 2302)

If the physical attendance quorum requirement is met, SB 707 permits a member who is not physically present to request virtual attendance at the local legislative body's meeting under "just cause".

| Qualifying Reason | Provisions to Attend Remotely | Requirements /Limitations |
|---------------------|--|--|
| "Just Cause" | <ul style="list-style-type: none"> ▪ Childcare or caregiving need of a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner that requires them to participate remotely. ▪ A contagious illness prevents the member from attending the meeting in person. ▪ A need related to a physical or mental condition not otherwise accommodated by any reasonable accommodations provided. ▪ Travel while on official business of the legislative body or another state or local agency. ▪ An immunocompromised child, parent, grandparent, grandchild, sibling, spouse, or domestic partner of the member that requires the member to participate remotely. ▪ A physical or family medical emergency that prevents a member from attending in person. ▪ Military service obligations that result in a member being unable to attend in person because they are serving under official written orders for active duty, drill, annual training, or any other duty required as a member of the California National Guard or a United States Military Reserve organization that requires the member to be at least 50 miles outside the boundaries of the local agency. | A member is limited to two (2) virtual attendances due to "just cause" per calendar year. |

Note: The criteria for "emergency circumstance" from AB 2302 are now combined with "just cause" for remote participation.

Additional Information for Members Participating Remotely

In addition to making a request for "just cause" for remote attendance, SB 707 imposes the following three (3) additional requirements on legislative body members seeking to appear remotely at public meetings:

1. The member shall notify the support staff at the earliest opportunity possible, including at the start of a regular meeting, of their need to participate remotely for just cause, including a general description of the circumstances relating to their need to appear remotely at the given meeting.
2. The member shall publicly disclose at the meeting before any action is taken, whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member's relationship with any such individuals.
3. The member shall participate through both audio and visual technology.

Furthermore, a member of a legislative body may request reasonable accommodation, pursuant to the applicable law, to participate in meetings remotely. Remote participation due to reasonable accommodation shall be treated as in-person attendance (counting towards quorum) and shall adhere to the following requirements:

1. The member shall request reasonable accommodation to participate remotely at the time of quorum check prior to each meeting.
2. The member shall participate through both audio and visual technology. Any member with a disability, as defined in Section 12102 of Title 42 of the United States Code, may participate only through audio technology if a physical condition related to their disability results in a need to participate off camera.
3. The member shall disclose at the meeting before any action is taken, whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member's relationship with any such individuals.