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## SAN DIEGO HIV PLANNING GROUP (HPG)

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*Wednesday, April 23, 2025, 3:00 PM – 5:00 PM*  
*Southeastern Live Well Center*  
*5101 Market Street, San Diego, CA 92114*  
*Tubman Chavez Room A*

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**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

Tuesday, April 23, 2025

3:00 PM - 5:00 PM

## **Southeastern Live Well Center**

5101 Market Street

San Diego, CA 92114

Tubman Chavez Room A



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

### **FROM I-805 SOUTH:**

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

### **FROM I-805 NORTH:**

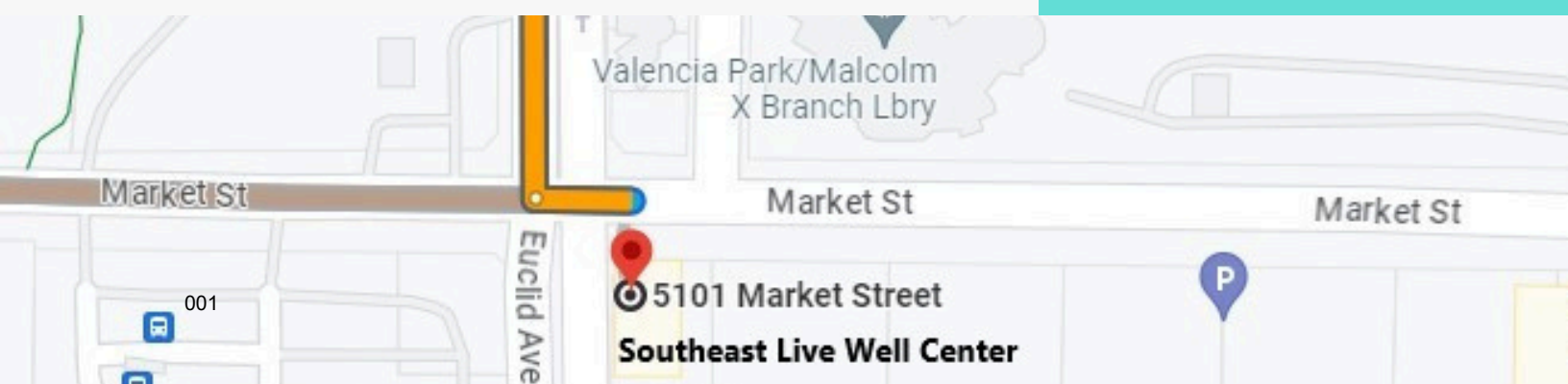
1. Head southeast on I-805 South.
2. Take exit 13A for CA-94-E/M L King Jr. Fwy.
3. Merge onto CA-94 E.
4. Take exit 4A for Euclid Ave.
5. Turn left onto Euclid Ave.
6. Use the left 2 lanes to turn left onto Market St.
7. The destination will be on your right.



## **PUBLIC TRANSPORTATION**

**MTS Trolley:**  
Orange Line

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



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

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

The process/procedure for responding is as follows.

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

Explain the process for a response and indicate that:

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

## HPG CONFLICT OF INTEREST (COI) SHEET

	Conant, Juan	Davenport, Beth	Garcia Bigley, Felipe	Grelotti, David J.	Ignalino, Ben	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: Groups / Therapy										
Mental Health: Counseling / Therapy										
Mental Health: Psychiatric Medication Management										
Non-Medical Case Management										
Oral Health										
Outpatient Ambulatory Health Services: Medical Specialty										
Outpatient Ambulatory Health Services: Primary Care										
Outreach Services										
Peer Navigation**										
Substance Use Disorder Treatment: Outpatient										
Substance Use Disorder Treatment: Residential										
Transportation: Assisted and Unassisted										

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

\*\*Referral for Healthcare and Support Services

*No Conflicts*

Aguirre Mendoza, Marco  
Donovan, Michael  
Garcia, Hector  
Garcia, Rosemary

Fleming, Tyra  
Jones, Lori  
Kubricky, Cinnamen  
Lochner, Michael

Miles, Skyler  
Price, Venice  
Rooney, Ivy  
Weber, Jeffery

West, Abigail  
Wimpie, Michael  
Yancey, Adrienne

Revised 4/20/25



## SAN DIEGO HIV PLANNING GROUP (HPG)



Wednesday, April 23, 2025, 3:00 PM – 5:00 PM  
Southeastern Live Well Center  
5101 Market Street, San Diego, CA 92114  
(Tubman Chavez Room A)

### To participate remotely via Zoom:

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

Call in: +1 (669) 444-9171

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

**Password:** SDHPG

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

Please contact HPG Support Staff via e-mail at [hpg.hhsa@sdcounty.ca.gov](mailto:hpg.hhsa@sdcounty.ca.gov).

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

**HPG Members:** Marco Aguirre Mendoza | Juan Conant | Beth Davenport | Michael Donovan | Tyra Fleming | Hector Garcia | Rosemary Garcia | Felipe Garcia-Bigley | David Grelotti | Ben Ignalino | Lori Jones | Cinnamen Kubricky (Vice-Chair) | Michael Lochner (Chair) | Eva Matthews | Skyler Miles | Veronica Nava | Shannon Paugh | Venice Price | Stephen Spector | Rhea Van Brocklin | Jeffery Weber | Abigail West\* | Michael Wimpie | Adrienne Yancey

*\*Participating virtually from 1616 Capitol Ave, Sacramento, CA 95814*

### ORDER OF BUSINESS

1. Call to order and roll call
2. Welcome, moment of silence, matters from the Chair
3. Public comment (for members of the public) – concerns/questions/suggestions for future topics
4. HPG Member Open Forum – concerns/questions/suggestions for future topics
5. Member Recognition
6. **ACTION:** Approve the HPG agenda for April 23, 2025
7. Routine Business:

a. **ACTION:** Approval of consent agenda for April 23, 2025 which includes:

- i. Approval of HPG minutes from March 26, 2025
- ii. Acceptance of the following committee minutes:

Steering Committee	None
Membership Committee	February 12, 2025
Priority Setting and Resource Allocation Committee	None
Medical Standards and Evaluation Committee	February 11, 2025
Community Engagement Group	February 19, 2025

## SAN DIEGO HIV PLANNING GROUP (HPG)

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Strategies and Standards Committee      None

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

CARE Partnership      None

iii. *(Membership Committee)*: HPG appointments/reappointments

iv. Committee Reports

1. HPG committees

2. State Office of AIDS (OA) and AIDS Drug Assistance Program (ADAP)  
Report – Abigail West

3. Housing Committee Report – committee representative

v. California HIV Planning Group (CHPG) Report – Mikie Lochner

vi. Administrative Items:

1. HPG expenditures report

8. Old Business:

a. None

9. New Business:

a. **ACTION**: Approve the Board Letter

b. **ACTION** *(Priority Setting and Resource Allocation Committee)*: Approve re-allocations  
for FY 25 (March 1, 2025 – February 28, 2026)

c. **Presentation**: Student Organization on HIV/AIDS – UC San Diego

d. **Discussion**: Navigating the Impact of Executive Orders and Federal Actions

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

11. HPG Support Staff Updates

12. Announcements

13. Adjournment

Next Meeting Date: **Wednesday, May 28, 2025, at 3:00 PM – 5:00 PM**

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



# County of San Diego

**KIMBERLY GIARDINA, DSW, MSW**  
DEPUTY CHIEF ADMINISTRATIVE OFFICER

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

**ANKITA S. KADAKIA, M.D.**  
INTERIM PUBLIC HEALTH OFFICER  
  
**ELIZABETH A. HERNANDEZ, Ph.D.**  
PUBLIC HEALTH SERVICES DIRECTOR

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

**APPROVE BOARD LETTER TO ACCEPT HIV SERVICES GRANT FUNDING,  
AUTHORIZE REQUEST FOR STATEMENT OF QUALIFICATIONS (RFSQ) AND  
AWARD CONTRACTS FROM THE RFSQ FOR OUTPATIENT AMBULATORY  
HEALTH SERVICES AND RE-ENGAGEMENT IN CARE SERVICES, ORAL HEALTH  
SERVICES AND PSYCHIATRIC SERVICES, AND AUTHORIZE APPLICATIONS FOR  
FUTURE FUNDING OPPORTUNITIES**

**DATE:** April 23, 2025

**ITEM:** Approve the board letter to accept HIV services funding, authorize RFSQ and award contracts from the RFSQ for outpatient ambulatory health services and re-engagement in care services, oral health services and psychiatric services, and authorize applications for future funding opportunities.

### **BACKGROUND:**

For almost three decades, the San Diego County Board of Supervisors (Board) has authorized grants and agreements with the California Department of Public Health Office of AIDS (CDPH-OA) to reduce transmission of HIV in San Diego County.

Today's action requests the Board to authorize an RFSQ for Outpatient Ambulatory Health Services and Re-engagement in HIV Care, Oral Health Services, and Psychiatric Services. Contracts would be awarded to all providers found to be qualified through the RFSQ process.

The actions support the County of San Diego 2025-2030 Strategic Plan Initiatives of Sustainability (Resiliency) and Equity (Health), and the regional *Live Well San Diego* vision by support access to prevention, testing, and high-quality medical care that results in improved physical health.

Please refer to the attached Board Letter for additional background information.

### **RECOMMENDATIONS:**

1. Waive Board Policy B-29, Fees, Grant, Revenue Contracts – Department Responsibility for Cost Recovery, which requires prior approval of grant applications and full-cost recovery of grants.
2. Authorize the acceptance of approximately \$37.4 million and \$2.6 million in grant funds from the Health Resources and Services Administration for the period of

March 1, 2025 through February 29, 2028, for Ryan White Part A and Ryan White Part A Minority AIDS Initiative respectively, and authorize the Deputy Chief Administrative Officer, Health and Human Services Agency, to execute all required grant documents, upon receipt, including any annual extensions, amendments and/or revisions thereto that do not materially impact or alter the services or funding level.

3. Authorize the acceptance of approximately \$12.8 million in grant funds from the Health Resources and Services Administration for the period of March 1, 2025 through February 28, 2030 for Ending the HIV Epidemic, and authorize the Deputy Chief Administrative Officer, Health and Human Services Agency, to execute all required grant documents, upon receipt, including any annual extensions, amendments and/or revisions thereto that do not materially impact or alter the services or funding level.
4. In accordance with Section 401, Article XXIII of County Administrative Code, authorize the Director, Department of Purchasing and Contracting, to issue a Request for Statement of Qualifications (RFSQ), for Outpatient Ambulatory Health Services and Re-engagement in HIV care, Oral Health Services, and Psychiatric Services, and upon successful negotiations and determination of a fair and reasonable price, award contracts as needed for a term of one year with four option years and up to an additional six months if needed, and to amend the contracts as needed to reflect changes in services and funding, subject to the approval of the Deputy Chief Administrative Officer, Health and Human Services Agency.
5. In accordance with Board Policy A-87, Competitive Procurement, and Administrative Code Section 401, approve and authorize the Director, Department of Purchasing and Contracting, subject to successful negotiations and a determination of a fair and reasonable price, to amend Outpatient Ambulatory Health Services and Re-engagement in Care, Oral Health and Psychiatric service contracts (#556170, #556172, #556175, #556212, #563231, #563284, #566466, and #566476) to extend the contract term through December 31, 2025; and amend the contracts as required in order to reflect changes to services and funding allocations, subject to the approval of the Deputy Chief Administrative Officer, Health and Human Services Agency.
6. In accordance with Board Policy A-87, Competitive Procurement, and Administrative Code Section 401, approve and authorize the Director, Department of Purchasing and Contracting, subject to successful negotiations and a determination of a fair and reasonable price, to amend contract #507645 and #554288 with United HealthCare (dba AmeriChoice) to extend the contract term through December 31, 2025, and amend the contract as required in order to reflect changes to services and funding allocations, subject to the approval of the Deputy Chief Administrative Officer, Health and Human Services Agency.
7. Authorize the Deputy Chief Administrative Officer, Health and Human Services Agency, or designee, to apply for any additional funding opportunity announcements, if available, to address the prevention, testing, care and treatment needs of those impacted by HIV.

These recommendations #1, #2, #3, and #7 come to the HPG requiring a motion and second to proceed. The Health Services Advisory Board will review items #4, #5, and #6.  
Attachment: Board Letter



# COUNTY OF SAN DIEGO

## AGENDA ITEM

### BOARD OF SUPERVISORS

VACANT  
First District

JOEL ANDERSON  
Second District

TERRA LAWSON-REMER  
Third District

MONICA MONTGOMERY STEPPE  
Fourth District

JIM DESMOND  
Fifth District

**DATE:** May 20, 2025

**XX**

**TO:** Board of Supervisors

### SUBJECT

**ACCEPTANCE OF HIV SERVICES GRANT FUNDING, AUTHORIZE REQUEST FOR STATEMENT OF QUALIFICATIONS (RFSQ) AND AWARD CONTRACTS FROM THE RFSQ FOR OUTPATIENT AMBULATORY HEALTH SERVICES AND RE-ENGAGEMENT IN CARE SERVICES, ORAL HEALTH SERVICES AND PSYCHIATRIC SERVICES, AUTHORIZE AMENDMENTS TO EXTEND EXISTING CONTRACTS, AND AUTHORIZE APPLICATIONS FOR FUTURE FUNDING OPPORTUNITIES (DISTRICTS: ALL)**

### OVERVIEW

The San Diego County Board of Supervisors (Board) has authorized grants and agreements with the United States Health Resources and Services Administration (HRSA) to provide care and treatment services to persons living with HIV for over three decades. These funding sources include the *Ryan White HIV/AIDS Treatment Extension Act of 2009* (Ryan White) Part A and Ryan White Part A Minority AIDS Initiative (MAI), and *Ending the HIV Epidemic: A Plan for America – Ryan White HIV/AIDS Program Parts A and B*.

*Ryan White HIV/AIDS Treatment Extension Act (Ryan White) Part A and Ryan White Part A Minority AIDS Initiative Funding*

Ryan White and Ryan White Part A MAI comprise the single largest federal funding program focused on care, treatment and support services for persons living with diagnosed HIV. In San Diego County, this funding supports medical treatment, oral health care, mental health treatment, substance use disorder treatment, temporary housing assistance, and other critical services for persons living with HIV. This funding also supports operations of the HIV Planning Group, an official advisory body to the Board of Supervisors that, under the Ryan White legislation, has responsibility to assess unmet need and services gaps, and then allocate funding to address those gaps.

On October 2, 2024, the County of San Diego, Health and Human Services Agency applied for a three-year cycle of funding. The County received a notice of award on x. 2025 for FY25-26 in the amount of \$12.1 million, and received an application score of 99/100. While the amount of the award annually varies based upon federal appropriations, the County's annual awards over the past fifteen years have mostly included modest year-over-year increases between 2 and 5%. The only year in the past fifteen years where the County's award received a decrease was 2013 due to

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sequestration. Today's request is to accept an estimated three-year total of approximately \$37.4 million for Ryan White Part A and \$2.6 million in Ryan White MAI. If any substantial changes to this funding occur in the subsequent two years, we will return to the Board for approval.

#### *Ending the HIV Epidemic Funding*

In 2020, Congress created a new funding source, *Ending the HIV Epidemic: A Plan for America – Ryan White HIV/AIDS Program Parts A and B*, in response to the introduction of the federal Ending the HIV Epidemic (EHE) initiative. This funding supports community engagement, leadership development, linkage and retention in HIV care, workforce development, benefits navigation, and housing supports for persons living with diagnosed HIV.

On October 12, 2024, the County of San Diego applied for a five-year cycle of funding. The County received a notice of award on xxx 2025 for FY 25-26 in the amount of \$2,241,651 and received an application score of 99/100. Similar to the Ryan White award described earlier, the amount of the award varies annually based upon federal appropriations. The County's annual awards over the past five years increased from \$1 million in FY 20-21 to \$2.6 million in FY 24-25. Staff do not expect any substantial increases in the annual award during the life of the grant and have estimated the total award for the period of March 1, 2025, to February 28, 2030 to be approximately \$12.8 million. Today's request is to accept an estimated five-year total of approximately \$12.8 million. If any substantial changes to this funding occur in the subsequent four years, we will return to the Board for approval.

#### *Request for Statement of Qualifications*

The County of San Diego currently has eight contract agreements to provide an array of Outpatient Ambulatory Health Services and Re-engagement in Care Services, Oral Health Services, and Psychiatric Services. The purpose of these services is to provide diagnostic and therapeutic services to clients by licensed healthcare providers in outpatient medical and dental settings. Today's request is to authorize Request for Statement of Qualifications (RFSQ) for these service categories and to award contracts as needed.

#### *Extension of Ryan White Contracts*

The County of San Diego is currently procuring for services to address the primary care, oral health, and psychiatric needs of people living with HIV and utilizing services through Ryan White Part A. Approval of today's recommended actions would authorize an extension of eight existing contracts through December 31, 2025, to allow HHSA additional time to complete its procurement process and execute new contracts as a contingency measure in the event the procurement process is not complete by July 1, 2025.

#### *Administrative Services Organization*



**SUBJECT:** ACCEPTANCE OF HIV SERVICES GRANT FUNDING, AUTHORIZE REQUEST FOR STATEMENT OF QUALIFICATIONS (RFSQ) AND AWARD CONTRACTS FROM THE RFSQ FOR OUTPATIENT AMBULATORY HEALTH SERVICES AND RE-ENGAGEMENT IN CARE SERVICES, ORAL HEALTH SERVICES AND PSYCHIATRIC SERVICES, AUTHORIZE AMENDMENTS TO EXTEND EXISTING CONTRACTS, AND AUTHORIZE APPLICATIONS FOR FUTURE FUNDING OPPORTUNITIES (**DISTRICTS: ALL**)

The County of San Diego Health and Human Services Agency (HHSA) has ongoing and evolving needs for administrative service organization (ASO) support for its healthcare services. Since 2005, the County has contracted for ASO services with United Healthcare (DBA AmeriChoice), which includes support for HHSA Public Health Services, Self-Sufficiency Services, and Medical Care Services. Approval of today's recommended action authorizes an extension of the existing ASO contract through December 31, 2025, to allow HHSA additional time to complete a competitive solicitation and execute a new contract as a contingency measure in the event the procurement process is not complete by July 1, 2025.

This item supports the County vision of a just, sustainable, and resilient future for all, specifically those communities and populations in San Diego County that have been historically left behind as well as our ongoing commitment to the regional *Live Well San Diego* vision of healthy, safe, and thriving communities. This will be accomplished through education, prevention, and intervention to interrupt transmission of disease in the region. This item also supports the County's Getting to Zero initiative by planning and allocating resources dedicated to services for residents who are vulnerable to or living with HIV.

**RECOMMENDATION(S)**  
**CHIEF ADMINISTRATIVE OFFICER**

1. Waive Board Policy B-29, Fees, Grant, Revenue Contracts – Department Responsibility for Cost Recovery, which requires prior approval of grant applications and full-cost recovery of grants.
2. Authorize the acceptance of approximately \$37.4 million and \$2.6 million in grant funds from the Health Resources and Services Administration for the period of March 1, 2025 through February 29, 2028, for Ryan White Part A and Ryan White Part A Minority AIDS Initiative respectively, and authorize the Deputy Chief Administrative Officer, Health and Human Services Agency, to execute all required grant documents, upon receipt, including any annual extensions, amendments and/or revisions thereto that do not materially impact or alter the services or funding level.
3. Authorize the acceptance of approximately \$12.8 million in grant funds from the Health Resources and Services Administration for the period of March 1, 2025 through February 28, 2030 for Ending the HIV Epidemic, and authorize the Deputy Chief Administrative Officer, Health and Human Services Agency, to execute all required grant documents, upon receipt, including any annual extensions, amendments and/or revisions thereto that do not materially impact or alter the services or funding level.
4. In accordance with Section 401, Article XXIII of County Administrative Code, authorize the Director, Department of Purchasing and Contracting, to issue a Request for Statement of Qualifications (RFSQ), for Outpatient Ambulatory Health Services and Re-engagement in HIV care, Oral Health Services, and Psychiatric Services, and upon successful negotiations and determination of a fair and reasonable price, award contracts as needed

**SUBJECT:** ACCEPTANCE OF HIV SERVICES GRANT FUNDING, AUTHORIZE REQUEST FOR STATEMENT OF QUALIFICATIONS (RFSQ) AND AWARD CONTRACTS FROM THE RFSQ FOR OUTPATIENT AMBULATORY HEALTH SERVICES AND RE-ENGAGEMENT IN CARE SERVICES, ORAL HEALTH SERVICES AND PSYCHIATRIC SERVICES, AUTHORIZE AMENDMENTS TO EXTEND EXISTING CONTRACTS, AND AUTHORIZE APPLICATIONS FOR FUTURE FUNDING OPPORTUNITIES (**DISTRICTS: ALL**)

for a term of one year with four option years and up to an additional six months if needed, and to amend the contracts as needed to reflect changes in services and funding, subject to the approval of the Deputy Chief Administrative Officer, Health and Human Services Agency.

5. In accordance with Board Policy A-87, Competitive Procurement, and Administrative Code Section 401, approve and authorize the Director, Department of Purchasing and Contracting, subject to successful negotiations and a determination of a fair and reasonable price, to amend Outpatient Ambulatory Health Services and Re-engagement in Care, Oral Health and Psychiatric service contracts (#556170, #556172, #556175, #556212, #563231, #563284, #566466, and #566476) to extend the contract term through December 31, 2025; and amend the contracts as required in order to reflect changes to services and funding allocations, subject to the approval of the Deputy Chief Administrative Officer, Health and Human Services Agency.
6. In accordance with Board Policy A-87, Competitive Procurement, and Administrative Code Section 401, approve and authorize the Director, Department of Purchasing and Contracting, subject to successful negotiations and a determination of a fair and reasonable price, to amend contract #507645 and #554288 with United HealthCare (dba AmeriChoice) to extend the contract term through December 31, 2025, and amend the contract as required in order to reflect changes to services and funding allocations, subject to the approval of the Deputy Chief Administrative Officer, Health and Human Services Agency.
7. Authorize the Deputy Chief Administrative Officer, Health and Human Services Agency, or designee, to apply for any additional funding opportunity announcements, if available, to address the prevention, testing, care and treatment needs of those impacted by HIV.

## **EQUITY IMPACT STATEMENT**

According to the 2021 Gallup.com article “LGBTQ+ Identification Rises to 5.6% in the Latest U.S. Estimate,” gay, bisexual, and other men who have sex with men currently comprise approximately 2.5% of the adult population in the United States. In San Diego County, gay, bisexual, and other men who have sex with men comprise 62% of recent HIV diagnoses and 70% of persons living with HIV. Moreover, like much of the United States, HIV has disproportionately impacted some of San Diego County’s most vulnerable residents, who include Black and Hispanic communities, gay, bisexual, and other men who have sex with men. According to the 2023 local surveillance data, Black residents comprise less than 5% of the County population, but preoperationally they represent 13% of recent HIV diagnoses. Likewise, Hispanic residents comprise 35% of the County population, yet proportionally they represent 53% of recent HIV diagnoses.

The County of San Diego Health and Human Services Agency, Public Health Services in partnership with the HIV Planning Group, an official advisory board to the San Diego County Board of Supervisors, conducts need assessments of residents living with or vulnerable to HIV and

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assessments of system capacity and capabilities every three years. This process includes engaging with different impacted communities through focus groups annually. These engagement efforts play a crucial role in informing decisions and ensuring resources are effectively and equitably distributed to serve the needs of those most impacted by HIV in San Diego County. A needs assessment was conducted in 2024, with analysis of the data expected in June 2025.

### **SUSTAINABILITY IMPACT STATEMENT**

The proposed actions align with the County of San Diego Sustainability Goal #2 to provide just and equitable access to County services and resources, and Sustainability Goal #4 to protect the health and well-being of San Diegans. This will be accomplished by increasing capacity and services aimed to prevent, identify, and treat HIV. Testing identification, and treatment of HIV will improve the overall health of communities, reduce the demand of associated care services, while increasing effectiveness of care providers and lowering operating costs.

### **FISCAL IMPACT**

#### ***Recommendation #2: Authorize acceptance of Ryan White Part A and Part A Minority AIDS Initiative funds***

Funds for this request are included in the Fiscal Year (FY) 2024-26 Operational Plan in the Health and Human Services Agency. If approved, this request will result in estimated annual program costs of \$4,310,335 and revenue of \$4,234,475 in FY 2024-25, and costs of \$13,146,521 and revenue of \$12,915,150 in FY 2025-26, for a total of \$40,764,991 in costs and \$40,047,550 in revenue through FY 2028-29. The funding for this grant is the United States Health Resources and Services Administration. A waiver of Board Policy B-29 is requested because the funding does not offset all costs. These unrecovered costs are estimated to be \$75,859 for FY 2024-25, and \$231,371 for FY 2025-26, and a total of \$717,440 through FY 2028-29. The funding source for these costs will be existing Realignment. The public benefit for providing these services far outweighs the costs. There will be no change in net General Fund cost and no additional staff years.

#### ***Recommendation #3: Authorize acceptance of Ending the HIV Epidemic funding***

Funds for this request are included in the Fiscal Year (FY) 2024-26 Operational Plan in the Health and Human Services Agency. If approved, this request will result in estimated annual program costs of \$884,891 and revenue of \$854,696 in FY 2024-25, and costs of \$2,654,672 and revenue of \$2,564,088 in FY 2025-26, for a total of \$13,273,358 in costs and \$12,820,440 in revenue through FY 2029-30. The funding for this grant is the United States Health Resources and Services Administration. A waiver of Board Policy B-29 is requested because the funding does not offset all costs. These unrecovered costs are estimated to be \$30,195 for FY 2024-25, and \$90,584 for FY 2025-26, and a total of \$452,918 through FY 2029-30. The funding source for these costs will be existing Realignment. The public benefit for providing these services far outweighs the costs. There will be no change in net General Fund cost and no additional staff years.

**SUBJECT:** ACCEPTANCE OF HIV SERVICES GRANT FUNDING, AUTHORIZE REQUEST FOR STATEMENT OF QUALIFICATIONS (RFSQ) AND AWARD CONTRACTS FROM THE RFSQ FOR OUTPATIENT AMBULATORY HEALTH SERVICES AND RE-ENGAGEMENT IN CARE SERVICES, ORAL HEALTH SERVICES AND PSYCHIATRIC SERVICES, AUTHORIZE AMENDMENTS TO EXTEND EXISTING CONTRACTS, AND AUTHORIZE APPLICATIONS FOR FUTURE FUNDING OPPORTUNITIES (**DISTRICTS: ALL**)

## **BUSINESS IMPACT STATEMENT**

N/A

## **ADVISORY BOARD STATEMENT**

The HIV Planning Group reviewed this item at its meeting on **April 23, 2025**, and recommended approval of items #1, #2, #3 and #7.

The Health Services Advisory Board reviewed this item at its meeting on **xxx**, 2025 and recommended approval of items #4, #5, and #6.

## **BACKGROUND**

On March 1, 2026 (25), the San Diego County Board of Supervisors adopted the Getting to Zero initiative, which seeks to end the HIV epidemic in San Diego County. Since its adoption, the Getting to Zero initiative has evolved into a comprehensive approach to ending the HIV epidemic, with five core strategies:

1. Test: Identify everyone living with HIV in San Diego County and link them to HIV treatment and other services that provide support for remaining in treatment.
2. Treat: Ensure that everyone living with HIV in San Diego County has access to HIV treatment services so that persons living with HIV can achieve viral suppression.
3. Prevent: Identify everyone at risk for HIV infection in San Diego County and link them to HIV prevention resources and other services that provide support for remaining HIV-negative.
4. Engage: Continue partnering with communities disproportionately impacted by HIV to achieve collective impact and improve outcomes along the HIV care continuum.
5. Improve: Engage in continuous quality improvement activities to achieve the objectives of the Getting to Zero plan.

The County of San Diego (County) Health and Human Services Agency, Public Health Services (PHS) leverages various resources to effectively support the needs of individuals vulnerable to or living with HIV, including ensuring the availability of testing, prevention, and treatment services. As of December 31, 2023, there were 15,035 people living with HIV in San Diego County and an estimated 1,300 persons living with but unaware of their HIV status.

### *Recommendation #2: Authorize acceptance of Ryan White Part A and Part A Minority AIDS Initiative funds*

For 34 years the Board has authorized grants and agreements with the United States Health Resources and Services Administration (HRSA) to provide care and treatment services to persons living with HIV. Services funded by the Ryan White Treatment Extension Act (Ryan White) Part A and Ryan White Part A Minority AIDS Initiative (MAI) revenue play a vital role in the County's Getting to Zero initiative. Ryan White Part A services fill gaps in the local HIV service delivery

**SUBJECT:** ACCEPTANCE OF HIV SERVICES GRANT FUNDING, AUTHORIZE REQUEST FOR STATEMENT OF QUALIFICATIONS (RFSQ) AND AWARD CONTRACTS FROM THE RFSQ FOR OUTPATIENT AMBULATORY HEALTH SERVICES AND RE-ENGAGEMENT IN CARE SERVICES, ORAL HEALTH SERVICES AND PSYCHIATRIC SERVICES, AUTHORIZE AMENDMENTS TO EXTEND EXISTING CONTRACTS, AND AUTHORIZE APPLICATIONS FOR FUTURE FUNDING OPPORTUNITIES (**DISTRICTS: ALL**)

system by ensuring individuals living with HIV have access to high quality HIV primary care and additional support services. Funded services include HIV primary medical and dental care, case management, mental health services, substance use disorder treatment services, emergency financial assistance, emergency and temporary housing assistance, and other supportive services. Currently, in San Diego County, over 3,300 persons living with HIV receive at least one of these services funded by Ryan White each year.

The goal of the Ryan White program is to ensure all persons living with HIV are linked to and are retained in HIV primary medical care. The key measure of success is the rate of viral suppression. A person living with HIV who is not virally suppressed would expect to have 50,000 or more copies of HIV in a milliliter of blood. However, when treated, the number can drop below 200, at which point the virus is deemed “suppressed.” When that happens, HIV can no longer do any further damage to the immune system. When a person living with HIV has been virally suppressed for six months or longer, they cannot transmit HIV sexually to anyone else. In calendar year 2023, 60% of people living with diagnosed HIV achieved viral suppression in San Diego County. Patients in the Ryan White Part A system of care have even better rates of viral suppression. In Ryan White fiscal year 2023-2024, patients receiving Ryan White Part A services in San Diego County, who had a recorded viral load test, showed a suppression rate of 94%, compared to the County overall viral suppression rate of 60%. Additional data from HRSA, which oversees the Ryan White program, shows that in 2023 San Diego County had one of the highest viral suppression rates of the 52 jurisdictions funded in the United States and Puerto Rico at 94.3%.

Ryan White Part A MAI was established in 1999 to improve access to HIV care and health outcomes for persons of color. Services funded by MAI include outreach, medical case management, non-medical case management, mental health counseling, outpatient substance use disorder treatment, and medical transportation services. In Ryan White fiscal year 2023-2024, there were 327 clients served in Part A MAI, of whom 90% were virally suppressed.

The goal of the Ryan White Treatment Extension Act is to improve health outcomes and reduce the spread of HIV by funding medical and support services for low-income people with HIV. This includes people who don’t have health insurance or who have limited access to health care. The purpose of Outpatient Ambulatory Health Services is to provide diagnostic and therapeutic services directly to a client by a licensed healthcare provider in an outpatient medical setting. The purpose of Re-engagement in HIV Care Services is to provide support for individuals living with HIV who not successfully linked to care within 30 days of diagnosis or who have not received HIV care in the prior 12 months. Services include identifying and addressing barriers to care and supporting linkage and re-linkage to care and work in alignment with Outpatient Ambulatory Health Services. Oral Health Services provide outpatient diagnostic, preventive, and therapeutic services by dental care professionals. Psychiatric Services consists of diagnostic and therapeutic psychiatric services which may include prescribing and monitoring of psychotropic medication. In

**SUBJECT:** ACCEPTANCE OF HIV SERVICES GRANT FUNDING, AUTHORIZE REQUEST FOR STATEMENT OF QUALIFICATIONS (RFSQ) AND AWARD CONTRACTS FROM THE RFSQ FOR OUTPATIENT AMBULATORY HEALTH SERVICES AND RE-ENGAGEMENT IN CARE SERVICES, ORAL HEALTH SERVICES AND PSYCHIATRIC SERVICES, AUTHORIZE AMENDMENTS TO EXTEND EXISTING CONTRACTS, AND AUTHORIZE APPLICATIONS FOR FUTURE FUNDING OPPORTUNITIES (**DISTRICTS: ALL**)

FY23-24, 988 clients received 2,760 Outpatient Ambulatory Health Services visits; 359 clients received 1,006 Oral Health visits; and 26 clients received 36 Psychiatric Services visits. Also, in FY23-24, 138 individuals who were previously identified as having fallen out of HIV, were re-engaged into HIV medical care. Of those 90% achieved viral suppression within 90 days of re-linkage to care, and 86% remained virally suppressed 12 months after re-engagement.

Today's action would authorize a RFAQ for Outpatient Ambulatory Health Services and Re-engagement in HIV Care, Oral Health Services, and Psychiatric Services. Contracts would be awarded to all providers found to be qualified through the RFSQ process.

*Recommendation #3: Authorize acceptance of Ending the HIV Epidemic funding*

The Ending the HIV Epidemic (EHE) initiative seeks to reduce new HIV infections in the United States to less than 3,000 per year by 2030. The initiative has four pillars and closely aligns with the local Getting to Zero initiative.

- Pillar One: **Diagnose** all people with HIV as early as possible.
- Pillar Two: **Treat** people with HIV rapidly and effectively to reach sustained viral suppression.
- Pillar Three: **Prevent** new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP); and
- Pillar Four: **Respond** quickly to potential HIV outbreaks to get needed prevention and treatment service to people who need them.

Funding from EHE enhances and supports the efforts of Ryan White services. Since the inception of this funding, the County has largely focused its efforts on community engagement, leadership training and development, and re-engagement in medical care for persons living with HIV who have fallen out of medical care. Future plans include continued community engagement, leadership development, and linkage and retention in HIV care, and new services include workforce development, benefits navigation, and housing supports. A three-year community engagement project that ended in 2024 focused on women and youth. Over 300 women and youth were reached through outreach community forums, and support groups. Leadership training has prepared emerging leaders in community planning efforts for HIV. Each year, three training cohorts are implemented and are comprised of 8-10 individuals per cohort. Four graduates of leadership training are currently serving on the HIV Planning Group. Re-engagement efforts have been successful with 70% of people who had fallen out of HIV primary care, relinking through efforts of these services.

*Recommendation #4: Authorize extension of Outpatient Ambulatory Health Services, Oral Health Services, and Psychiatric Services contracts.*



**SUBJECT:** ACCEPTANCE OF HIV SERVICES GRANT FUNDING, AUTHORIZE REQUEST FOR STATEMENT OF QUALIFICATIONS (RFSQ) AND AWARD CONTRACTS FROM THE RFSQ FOR OUTPATIENT AMBULATORY HEALTH SERVICES AND RE-ENGAGEMENT IN CARE SERVICES, ORAL HEALTH SERVICES AND PSYCHIATRIC SERVICES, AUTHORIZE AMENDMENTS TO EXTEND EXISTING CONTRACTS, AND AUTHORIZE APPLICATIONS FOR FUTURE FUNDING OPPORTUNITIES (**DISTRICTS: ALL**)

Primary care, dental care and psychiatric care are formally called Outpatient Ambulatory Health Services, Oral Health Services, and Psychiatric Services by the Health Resources and Services Administration. The County of San Diego currently has eight contracts, with seven organizations to provide these services. As referenced in Recommendation #2, the goal of the Ryan White program is to ensure all persons living with HIV are linked to and are retained in HIV primary medical care. Also referenced above is the highly successful viral suppression rate of people living with HIV in San Diego County and receiving one or more Ryan White service. In Ryan White Fiscal Year 2023-24, 988 clients received 2,760 primary care visits, 359 clients received 1,006 dental visits, and 26 clients received 36 psychiatric visits.

*Recommendation #5: Authorize extension of Administrative Services Organization contracts*

The County of San Diego (County), through the Health and Human Services Agency (HHSA) is responsible for maintaining and protecting the health of the residents of San Diego County in complying with statutes and regulations of the federal and state governments as well as ordinances and policies of the San Diego County Board of Supervisors. Since 2005, the County has contracted with United HealthCare (dba AmeriChoice) for administrative services organization (ASO) services to manage the day-to-day operations and the development, administration, implementation, monitoring and evaluation of contracts with providers of health care (contracts #507645 and #554228). Currently, this ASO contract provides administrative and support services for the Ryan White Treatment Extension Act program administered by HHSA, Public Health Services, and for County Medical Services (CMS) program administered by HHSA, Self Sufficiency Services. Future agreements will include HHSA, Medical Care Services. Specific activities of the ASO include:

- Fund management and administration,
- Management information system design and maintenance,
- Enrollment and eligibility certification,
- Utilization management and care coordination,
- Claims adjudication, payment processing, and financial analysis and management,
- Provider network development, provider relations, and management and oversight,
- Complaints, grievances, and appeals processing, and
- Reconciliation of claims at fiscal year-end.

The State Department of Healthcare Services (DHCS) is implementing the California Advancing and Innovating Medi-Cal (CalAIM), a multi-year initiative to improve the quality of life and health outcomes by implementing broad delivery system, program, and payment reform across the Medi-Cal program. This action will ensure HHSA has the infrastructure and capacity in place with these contracted services to manage operations, administration, and monitoring of contracts with private sector health care providers and third-party billing, as service under CalAIM continue to expand and grow.

**SUBJECT:** ACCEPTANCE OF HIV SERVICES GRANT FUNDING, AUTHORIZE REQUEST FOR STATEMENT OF QUALIFICATIONS (RFSQ) AND AWARD CONTRACTS FROM THE RFSQ FOR OUTPATIENT AMBULATORY HEALTH SERVICES AND RE-ENGAGEMENT IN CARE SERVICES, ORAL HEALTH SERVICES AND PSYCHIATRIC SERVICES, AUTHORIZE AMENDMENTS TO EXTEND EXISTING CONTRACTS, AND AUTHORIZE APPLICATIONS FOR FUTURE FUNDING OPPORTUNITIES (**DISTRICTS: ALL**)

Approval of today's recommended actions requests the Board to approve and authorize acceptance of \$37.4 million, \$2.6 million and \$12.8 million respectively in Ryan White Part A, Ryan White Part A Minority AIDS Initiative, and Ending the HIV Epidemic funding to support HIV care and treatment activities. Approval of today's recommended action authorizes an extension of the eight existing contracts for primary care, dental care and psychiatric care and the existing ASO contract for six months to allow HHSA and the Department of Purchasing and Contracting time needed to finish its competitive solicitations for these services and to award new contracts, subject to successful negotiations and determination of fair and reasonable pricing.

A waiver of Board Policy B-29 is requested because the funding does not offset all costs. Recommendation #2: Unrecovered costs are estimated at \$75,859 for FY 2024-25, for Ryan White Part A and Ryan White Part A Minority AIDS Initiative funding. The funding source for these unrecovered costs will be existing Realignment and is necessary due to the HRSA funding cap of 10% for administrative costs. Recommendation #3: Unrecovered costs are estimated at \$30,195 for FY 2024-25, for Ending the HIV Epidemic funding. The funding source for these unrecovered costs will be existing Realignment and is necessary due to the HRSA funding cap of 10% for administrative costs. The public benefit for providing these services far outweighs these costs filling an important gap in the local HIV service delivery system and ensuring individuals with HIV have access to high quality HIV primary care.

#### **LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN**

Today's proposed action support the County of San Diego 2025-2030 Strategic Plan Initiatives of Sustainability (Resiliency) and Equity (Health), and the regional *Live Well San Diego* vision by supporting access to prevention, testing, and high-quality medical care that results in improved physical health.

Respectfully submitted,

USE "INSERT PICTURE"  
FUNCTION TO INSERT  
SIGNATURE

EBONY N. SHELTON  
Chief Administrative Officer

#### **ATTACHMENT(S)**

N/A



# County of San Diego

**KIMBERLY GIARDINA, DSW, MSW**  
DEPUTY CHIEF ADMINISTRATIVE OFFICER

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**ELIZABETH A. HERNANDEZ, Ph.D.**  
PUBLIC HEALTH SERVICES DIRECTOR

## **HIV, STD and Hepatitis Branch (HSHB) of Public Health Services County of San Diego Health and Human Services Agency Monthly Report to the HIV Planning Group April 2025**

### **Updates are bolded**

#### Ryan White Part A

The Ryan White Part A grant has three parts:

- Formula - This amount is based upon the number of people living with HIV in San Diego County.
- Supplemental - This amount is based upon the strength of the County's application for funding.
- Minority AIDS Initiative - This amount is based upon the number of people living with HIV who are Black, Hispanic, Asian, Pacific Islander, Native American/Native Alaskan or whose ancestry includes more than one race.

**Due to the transition from ARIES to HIV Care Connect (HCC), there are no updates to the Ryan White Service Utilization Report for March 2025.**

**PARS report as of April 2, 2025:** Partial Assistance Rent Subsidy (PARS) program is a short-term, forty-eight (48) month maximum partial rental assistance program designed to transition clients to more stable housing arrangements.

- **43 currently on the waitlist**
  - **19 on waitlist previously enrolled in PARS**
  - **24 new applicants**
- **Demographics of clients on the waitlist:**
  - **Gender 28 male, 11 female, 4 transgender**
  - **Race/ethnicity 10 Black, 20 Hispanic/Latino, 10 white, 2 Asian, 1 American Indian**
  - **Age: 34 over 45, 9 ages 31-44**
  - **Central region 30, East 11, North 2**
- **94 currently enrolled**

#### Ryan White Part B

Ryan White Part B is funded by the California Department of Public Health on behalf of the Health Resources and Services Administration (HRSA). Ryan White Part B seeks to serve low-income and un/underinsured people living with HIV, and to improve the quality, availability, and organization of HIV health and supportive services in California.

**HSHB Monthly Report to the HIV Planning Group**  
**April 2025**

Current fiscal year: April 1, 2025 – March 31, 2026

**Funded activities:**

1. Housing (Substance Abuse Services – Residential)
2. CoSD Medical Case Management
3. CoSD Early Intervention Services (Data2Care)
4. Early Intervention Services (Focused Testing + Linkage/Retention to Care)
5. Emergency Financial Assistance
6. Other Professional Services (Representative Payee)
7. Medical Case Management (Bridge/Outreach Program)
8. Outpatient Ambulatory Health Services

Total grant award for Part B is \$2,322,859 per year, the same amount that was received the previous year.

**Program Update:**

- 04/01/2025 marked the start of the new fiscal year and the start new contract terms for two of the Part B contractors
- No other updates at this time.

HIV Prevention  
PS24-0047

CDC funding for HIV prevention, entitled “High-Impact HIV Prevention (HIP) and Surveillance Programs for Health Departments,” is now being funded under PS24-0047 (previously known as “PS18-1802”).

Current fiscal year: August 1, 2024 – May 31, 2025

The purpose of HIV Prevention services is to eliminate HIV transmission in San Diego County by

- 1) identifying individuals who are vulnerable to HIV infection and linking them to HIV pre-exposure prophylaxis (PrEP) and other needed services; and
- 2) identifying persons living with HIV and linking them to HIV treatment and other needed services.

HIP services are provided in the following regions:

- Central - \$156,851
- South - \$98,540
- Southeast (including Syringe Services Program) - \$215,799
- North Coastal - \$85,493

Social Media & Condom Distribution Program - \$6,7041.67

Routine Opt-Out Testing (ROOT) - \$157,461

Focused Testing - \$56,400

Data/Evaluation Support - \$63,333

**Program Update:**

- Current HIV Prevention activities are anticipated to expire on December 31, 2025.
- HSHB has started procurement planning for the next iteration of HIP services beginning in 2026.

For more information on HIV Prevention services, please visit our [HIV Prevention Services Dashboard](#).

CDC EHE  
PS24-0047

**HSHB Monthly Report to the HIV Planning Group**  
**April 2025**

CDC Ending the HIV Epidemic funding (previously known as “PS20-2010”) is part of the federal Ending the HIV Epidemic (EHE) Initiative to reduce new HIV infections in the United States by 75% in the next five years and by 90% in the next ten years.

EHE program activities focus on extending the goals to 1) Diagnose; 2) Treat; 3) Prevent; and 4) Respond  
Current fiscal year: August 1, 2024 – May 31, 2025

**Funded activities:**

- Wrap Around Services for Persons Who Inject Drugs (provide comprehensive testing, navigation services, and linkage to SUD treatment and resources) - \$250,000
- Peer-Based Mobile PrEP (provide PrEP-related medical evaluation and care, testing, and linkage to benefit navigation) - \$208,333
- Routine Opt-Out Testing (ROOT in primary care, urgent care, and emergency departments) - \$291,666
- Getting to Zero Mobile Application (GTZ) and Resource Guide (develop and maintain mobile application and guide) - \$19,583
- Benefits Navigation (help clients enroll in necessary benefits programs, including Medi-Cal, Covered California, ADAP, PrEP-AP, CalFresh, pharmaceutical patient assistance programs, etc.) - \$145,833
- Transgender Services (address the needs and reduce health disparities in transgender persons) - \$166,666

For more information on CDC EHE services, please visit our [HIV Prevention Services Dashboard](#).

HRSA EHE  
25-063

The federal Ending the HIV Epidemic (EHE) initiative focuses on achieving two ambitious goals: a 75% reduction in new HIV infections by 2025 and a 90% reduction in new HIV infections by 2030.

Current fiscal year: March 1, 2024 – February 28, 2025

**Funded activities:**

This is a five-year HRSA-funded grant which is currently at its last year. Several activities have been implemented through this grant including:

- Linkage and re-engagement in care of people who were diagnosed with HIV but out of care- \$474,000
- Navigation and support for Individuals Newly Diagnosed with HIV to ensure that clients are retained in care and adhere to their treatment after the initial linkage/re-engagement to care - \$281,005.

**Program updates:**

Final notice of award was received on 8/5/2024 for a total of \$4,641,884 with \$2,559,215 in formula funding and \$2,082,669 in Carryover funding.

**HSHB is currently procuring for:**

- Community engagement for people over the age of 50, indigenous populations and Asian/Pacific Islanders.
- Leadership training and development for people living with HIV.

## HSHB Monthly Report to the HIV Planning Group April 2025

- Medical Advocacy for people living with HIV.
- Low-Barrier Medical care

In addition, HSHB is currently in the process of amending 4 HCSD contracts to expand housing and supportive services to HOPWA clients.

### Program Update:

- Both contracts for Medical Advocacy and Leadership Training were executed in November and contract orientations held respectively on December 16 and 19.
- Amendments for the following HCDS contracts have been executed:
  - Stepping Stone
  - St. Vincent de Paul
  - Fraternity House

The goal of these amendments is to enhance Housing and supportive services to HOPWA eligible clients in efforts to increase retention in HIV and viral suppression.

### Update March 2025

- New grant fiscal year (3/1/25-2/28/26) started on 3/1/25
- Two Community Engagement contracts for people over the age of 50 and American Asian and Pacific/Islanders were executed on 3/1/25.
- Evaluation services contract for the Ending the HIV Epidemic was also executed on 3/1/25

### Update April 2025

- Working on Corrective Action Plan findings to be submitted by the end of April
- Finalizing final progress report summarizing activities for the last 5 years

### Status Neutral Approaches 23-126

While there is extensive treatment and prevention infrastructure in the region, there remains a critical service gap for those most vulnerable to HIV. These residents can be difficult to reach through traditional prevention programming. In order to bridge the gap, the County of San Diego is launching a two-pronged Status Neutral Approach or Whole Person Care strategy, including Social Networking Strategies (SNS) and Non-Medical Case Management (NMCM).

Current fiscal year: September 1, 2024 – August 31, 2025

### Funded activities:

This is a three-year HRSA grant with \$500,000 allocated to the year 1, and \$375,000 allocated to years 2 and 3. Funded activities include:

- Social networking strategies - engages community members as recruiters to identify people in their social networks, who are likely to engage in the same behaviors and are unaware of their HIV status. This activity is being conducted by Family Health Centers of San Diego.
- Non-medical case management for HIV-negative individuals - offer HIV-negative individuals vulnerable to acquisition ongoing support through care coordination, services planning, and medical and support services navigation that those living with HIV currently receive through Ryan White. This activity is being conducted by San Ysidro Health.



**HSHB Monthly Report to the HIV Planning Group**  
**April 2025**

**Program Update:**

To date, there have been 112 case management encounters, with 6 individuals linked to harm reduction services and 9 to other social support services.

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

The goals of the Harm Reduction Services Program (HRSP) are:

1. Reduce transmission of HIV, hepatitis C, and other blood-borne infectious diseases.
2. Decrease the number of fatal overdoses among people who inject drugs.
3. Increase the number of syringes that are safely discarded.
4. Increase community understanding of harm reduction services.
5. Improve the quality of life of people who inject drugs.

Current fiscal year: ongoing

**Services:**

- Health and risk-reduction education
- Sterile syringe services and used syringe disposal
- Naloxone and fentanyl & xylazine test strips
- Safer smoking and sex supplies
- HIV and HCV testing & linkage to treatment
- Linkage to substance use treatment, mental health services, housing support, self-sufficiency services, and other needed services

**Program Update:**

**Since launching a second day of program services at Rosecrans on Thursdays in October, attendance has grown from 283 participants in October to 378 in February.**

**For February 1<sup>st</sup> to 28<sup>th</sup>:**

- **7 program days**
- **142 new participants and 236 total encounters**
- **Distributed 6680 syringes and collected 717**
- **Distributed 1147 smoking kits, 468 fentanyl test strips, 397 xylazine test strips, and 544 naloxone kits.**
- **Administered 4 rapid HIV tests and 4 HCV tests**



# UCSD

*FOUNDED 2024*

AIDS  
AWARENESS  
ALLIANCE





# ABOUT US.

Our commitment to advancing public health is driven by a dedication to improving community well-being through evidence-based interventions, innovative research, and strategic partnerships. Discover how we are tackling today's most pressing health challenges to foster a healthier future for all.





# ABOUT US.

Our mission is to spread awareness and accurate information about HIV/AIDS-related issues while destigmatizing HIV/AIDS and sexual health.



# HOW WE STARTED

Our club was started when our president and founder was in a class that spoke on behalf of the experience and the science behind HIV and AIDS. After taking this class, she realized that there was no club or foundation on campus that was educating or supporting the epidemic that we are still in to this day. After realizing this, she and other motivated individuals founded our organization, which is the UC San Diego AIDS Awareness Alliance.







# ORGANIZATION OVERVIEW.

## VOLUNTEERING

We collaborate with local organizations to provide meaningful service opportunities that support individuals and families impacted by HIV/AIDS. From hosting meals to aiding in community events, our members make a direct impact beyond campus.

## EDUCATION

We aim to inform and empower through presentations, guest speakers, and evidence-based discussions. Our goal is to break down myths and promote sexual health literacy within the UCSD community.

## COMMUNITY

Fostering connection is at the heart of what we do. Through socials, support circles, and partnerships, we strive to build an inclusive and informed campus environment that uplifts all voices.





# TRUAX AWARDS

PRESENTED BY ISAC NC







# BANKERS HILL MEMORIAL





# ADVOCATING ON CAMPUS



Educating young people about HIV/AIDS is vital to dismantling stigma, promoting prevention, and empowering the next generation to make informed health decisions. By fostering awareness early, we create a ripple effect of understanding, compassion, and advocacy across campus and beyond.







# FUTURE DIRECTIONS

## WHAT WE ARE AIMING TO DO



We want to continue doing our part in the fight against the HIV/AIDS epidemic by supporting local organizations, volunteering at clinics and shelters, and being a reliable presence in the community. Our goal is to provide consistent, hands-on help where it's most needed.

## WHAT WE ARE LOOKING FOR



We are currently in need of guest speakers—whether you're a healthcare professional, researcher, or someone with lived experience, your voice matters. We're also seeking new volunteer opportunities and collaborative projects to keep our passionate members actively engaged in community impact.

UCSD AAA



# THANK YOU

A I D S A L L I A N C E @ U C S D . E D U

# FOR LISTENING

PRESENTED BY ISAAC NG

# Ryan White Utilization Report

## Summary of Services for FY 24

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

HIV, STD and Hepatitis Branch





## SAN DIEGO HIV PLANNING GROUP (HPG)



Wednesday, March 26, 2025, 1:00 PM – 5:00 PM  
Southeastern Live Well Center  
5101 Market Street, San Diego, CA 92114  
(Tubman Chavez Room A)

### A quorum for this meeting is twelve (12).

**HPG Members (19):** Marco Aguirre Mendoza | Juan Conant | Beth Davenport | Michael Donovan | Tyra Fleming | Rosemary Garcia | Felipe Garcia-Bigley | David Grelotti | Ben Ignalino | Cinnamen Kubricky (Vice-Chair) | Mikie Lochner (Chair) | Skyler Miles | Veronica Nava | Shannon Paugh | Venice Price | Rhea Van Brocklin | Jeffery Weber | Michael Wimpie | Adrienne Yancey

**HPG Members Joining Virtually (2):** Lori Jones | Abigail West

**HPG Members Absent (2):** Hector Garcia | Stephen Spector

### ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order and roll call	Mikie Lochner called the meeting to order at 1:02 PM and noted the presence of an in-person quorum.	
2. Welcome, moment of silence, matters from the Chair	A moment of silence was observed. The Chair reminded the members to be mindful of the conflicts of interest since the reallocations will be discussed and voted on.	
3. Public comment	Members of the public expressed the following: <ul style="list-style-type: none"><li>- A concern about the declining health of the general community and requested if there is a possibility of allocating funds for emergency funeral services.</li><li>- A concern about lack of coordination between payor systems.</li></ul>	
4. HPG Member Open Forum	HPG members shared the following: <ul style="list-style-type: none"><li>- A concern that some funding may be eliminated.</li><li>- A request to be mindful of the current crisis and fear among the community members.</li></ul>	
5. <b>ACTION:</b> Approve the HPG agenda for March 26, 2025	<b>Motion:</b> Approve the HPG agenda for March 26, 2025 <b>Motion/Second/Count (M/S/C):</b> Donovan/Spector/20-0 <b>Discussion:</b> none <b>Abstentions:</b> Jones, Lochner <b>Motion carries</b>	
6. Routine Business		

## SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
<p>a. <b>ACTION:</b> Approval of consent agenda for March 26, 2025:</p> <ul style="list-style-type: none"> <li>i. Approval of HPG minutes from January 22, 2025</li> <li>ii. Acceptance of the following committee minutes: &lt;&gt;</li> <li>iii. Committee Reports <ul style="list-style-type: none"> <li>1. HPG committees</li> <li>2. State Office of AIDS (OA) and AIDS Drug Assistance Program (ADAP)</li> <li>3. Housing Committee Report</li> </ul> </li> <li>iv. California HPG</li> <li>v. Administrative Items: <ul style="list-style-type: none"> <li>1. HPG expenditures report</li> </ul> </li> </ul>	<p><b>Motion:</b> Approve the consent agenda for March 26, 2025</p> <p><b>M/S/C:</b> Garcia-Bigley/Van Brocklin/20-0</p> <p><b>Discussion:</b> A member of the public expressed concern that the documents don't match what is available to the public.</p> <p><b>Abstentions:</b> Jones, Lochner</p> <p><b>Motion carries</b></p>	
7. New Business		
<p>a. <b>Presentation:</b> Core Medical Services Waiver</p>	<p>Lauren Brookshire reviewed the core medical services waiver. The following discussion took place:</p> <ul style="list-style-type: none"> <li>- The County is currently operating under the waiver.</li> <li>- The core medical services cannot be altered.</li> <li>- If we do not have a waiver and end up having a waitlist, we are not meeting a requirement, and there are penalties involved.</li> </ul>	
<p>b. <b>ACTION:</b> Reallocations for FY 25 (March 1, 2025 – February 28, 2026)</p>	<p>The Priority Setting and Resource Allocation Committee (PSRAC) met and came up with several options for reallocating funds so the savings can be used in the primary care service category.</p> <p>The following discussion was held:</p> <ul style="list-style-type: none"> <li>- All three scenarios are coming to the HPG as options for consideration.</li> <li>- The first two scenarios are not seconded motions because the committee didn't follow the rules of order as they relate to conflicts of interest.</li> </ul>	



## SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
	<ul style="list-style-type: none"> <li>- The committee decided to go with the option presented by the Recipients' Office.</li> <li>- The following motions were made:</li> </ul> <p><b>Motion:</b> Approve a decrease of Emergency Housing category by \$250,000 from \$1,183,515 to \$933,515.</p> <p><b>M/S/C:</b> Donovan/Aguirre Mendoza/16-0</p> <p><b>Discussion:</b> A member of the public expressed concern about the need to monitor the waitlist because the PARS program doesn't have enough funding. Another member of the public asked if there is a way to increase the length of the PARS program to five years.</p> <p><b>Abstentions:</b> Conant, Kubricky, Lochner, Nava, Paugh, Price, Van Brocklin</p> <p><b>Motion carries</b></p> <p><b>Motion:</b> Approve a decrease of Housing Location, Placement and Advocacy Services category by \$100,000 from \$100,000 to \$0.</p> <p><b>M/S/C:</b> Donovan/Aguirre Mendoza/19-0</p> <p><b>Discussion:</b> none</p> <p><b>Abstentions:</b> Ignalino, Lochner, Nava, Price, Van Brocklin</p> <p><b>Motion carries</b></p> <p><b>Motion:</b> Approve a decrease of Mental Health category by \$230,000 from \$810,000 to \$580,000.</p> <p><b>M/S/C:</b> Donovan/Aguirre Mendoza/15-0</p> <p><b>Discussion:</b> none</p> <p><b>Abstentions:</b> Conant, Davenport, Garcia-Bigley, Kubricky, Lochner, Nava, Paugh, Price, Van Brocklin</p> <p><b>Motion carries</b></p> <p><b>Motion:</b> Approve a decrease of Peer Navigation category by \$88,407 from \$260,000 to \$171,593.</p> <p><b>M/S/C:</b> Donovan/Aguirre Mendoza/14-1</p> <p><b>Discussion:</b> none</p> <p><b>Abstentions:</b> Conant, Davenport, Garcia-Bigley, Lochner, Nava, Paugh, Price, Spector, Van Brocklin</p>	

## SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
	<p><b>Motion carries</b></p> <p><b>Motion:</b> Approve a decrease of Transportation category by \$50,000 from \$151,830 to \$101,830.</p> <p><b>M/S/C:</b> Donovan/Aguirre Mendoza/15-0</p> <p><b>Discussion:</b> none</p> <p><b>Abstentions:</b> Garcia-Bigley, Grelotti, Kubricky, Lochner, Nava, Paugh, Price, Spector, Van Brocklin</p> <p><b>Motion carries</b></p> <p><b>Motion:</b> Approve an increase of Outpatient Ambulatory Health Services (OAHS): Primary Care category by \$718,407 from \$1,102,630 to \$1,821,037.</p> <p><b>M/S/C:</b> Donovan/Aguirre Mendoza/14-0</p> <p><b>Discussion:</b> none</p> <p><b>Abstentions:</b> Conant. Garcia-Bigley, Grelotti, Ignalino, Lochner, Nava, Paugh, Price, Spector, Van Brocklin</p> <p><b>Motion carries</b></p>	
c. 2025 Retreat	The members of HPG held their annual retreat, facilitated by the County of San Diego staff Francisco Puentes. The members received trained on Strengths, Weaknesses, Opportunities, and Threats (SWOT) and developing SMART (Specific, Measurable, Achievable, Relevant, Time-bound) goals, and participated in activities related to the trainings.	The HPG Support Staff (HPG SS) to summarize the results of the SWOT activity and the SMART goals and present at a future meeting.
8. Adjournment	The meeting was adjourned at 4:50 PM.	
Next meeting date	<p>Date: Wednesday, April 23, 2025</p> <p>Time: 3:00 PM – 5:00 PM</p> <p>Location: Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room A) and via Zoom</p>	

## MEMBERSHIP COMMITTEE



Wednesday, February 12, 2025, 11:00 AM – 1:00 PM  
Southeastern Live Well Center  
5101 Market St, San Diego, CA 92114  
(Tubman Chavez Room A)

A quorum for this meeting is three (3)

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

**Absent Members:** Benjamin Ignalino

### ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order	Felipe Garcia-Bigley called the meeting to order at 11:05 AM and noted the presence of an in-person quorum. The committee chair shared the following: Thank you, everyone, for being here and for all your contributions.	
2. Public Comment on non-agenda items (for Members of the public)	A committee member expressed interest in joining the Priority Setting & Resource Allocation Committee	
3. Sharing our concerns (for committee members)	<ul style="list-style-type: none"><li>A committee member inquired about the new procedure for joining the committee not reflecting his request to rejoin.</li><li>A committee member expressed confusion over the new membership process and suggested training for clarity.</li></ul>	
4. <b>ACTION:</b> Review and approve the February 12, 2025 meeting agenda	<b>Motion:</b> Approve the Membership agenda for February 12, 2025 <b>Motion/Second/Count (M/S/C):</b> Van Brocklin/Wimpie/3-0 <b>Abstentions:</b> Garcia-Bigley <b>Motion carries</b>	
5. <b>ACTION:</b> Review and approve the January 8, 2025 Membership minutes	<b>Motion:</b> Approve the Membership minutes for January 8, 2025, <b>M/S/C:</b> Wimpie/Van Brocklin/3-0 <b>Abstentions:</b> Garcia-Bigley <b>Motion carries</b>	
6. New Business		

## MEMBERSHIP COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
a. None	None	
7. Old Business		
a. <b>ACTION:</b> Discussion and approval on the HIV Planning Group Member Expectations	The Committee member decided to update the HIV Planning Group Member Expectations by incorporating a citation for the HPG Bylaws and move for voting until the next meeting.	HPG Support Staff (HPG SS) to update the document with a reference to the Bylaws.
b. <b>ACTION:</b> Discussion and approval on the HPG Mentorship Process	<b>Motion:</b> Approve the HPG Mentorship Process <b>M/S/C:</b> Jones/Wimpie/3-0 <b>Abstentions:</b> Garcia-Bigley <b>Motion carries</b>	
c. HPG Member recruitment update	<p>As of February 12, 2025, we have 23 members. Pending:</p> <ul style="list-style-type: none"> <li>Eva Matthew's pending COB approval</li> <li>Ivy Rooney pending HPG minutes approval</li> </ul> <p>Term Expired:</p> <ul style="list-style-type: none"> <li>Ivy Rooney 43- Prevention Intervention Representative: Formerly: Risk Reduction Activities Representative on <b>1/26/25</b></li> </ul> <p>The HPG staff diligently manages membership requests, ongoing applications, and outreach strategies. However, we are encountering challenges with some applicants who have not completed the application process. We are committed to addressing these issues to ensure a smoother experience for all involved.</p>	
i. Vacant Seats	<p>As of February 12, 2025, there are 21 vacant seats</p> <ul style="list-style-type: none"> <li>10 General seats</li> <li>17 - Healthcare Provider, including Federally Qualified Health Center (FQHC)</li> <li>20 - Mental Health Provider</li> <li>21 - Substance Abuse Treatment Provider</li> <li>24 - Hospital Planning Agency or Health Care Planning Agency</li> <li>27 - Prevention Services Consumer</li> <li>28 - State Government-State Medicaid</li> </ul>	

## MEMBERSHIP COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<ul style="list-style-type: none"> <li>• 24 - Board of Supervisors Designee: District 2</li> <li>• 40 - Recipient of other Federal HIV Programs- HOPWA / HUD</li> <li>• 43 - Prevention Intervention Representative</li> </ul>	
ii. New Committee Members	<ul style="list-style-type: none"> <li>• Dr. Rosemary Garcia – Medical Standards &amp; Evaluation Committee</li> <li>• Fadra Whyte - Medical Standards &amp; Evaluation Committee</li> </ul>	
d. HPG Membership Demographics	<ul style="list-style-type: none"> <li>• Need to address disparities in representation, especially among people of color.</li> <li>• Emphasis on recruiting young population and leveraging community partnerships.</li> </ul>	
Routine Business		
a. HIV Planning Group Attendance	<p>The HPG Support Staff sends reminders to members who have missed 3 consecutive meetings or a total of 6 meetings within a 12-month period—additionally, reminders to members who have utilized two Just Cause or Emergency Cause absences.</p> <p>The committee discussed and made the following recommendations for consideration:</p> <ul style="list-style-type: none"> <li>• Members are encouraged to maintain attendance by avoiding 3 consecutive or 6 absences within a 12-month.</li> <li>• Adapting the attendance policy for committees that convene less frequently (e.g., 6 times per year) is recommended.</li> <li>• A standardized attendance requirement should be established across all committees to ensure consistency.</li> <li>• Incorporating attendance policies into meeting agendas is advised to enhance visibility and awareness among members.</li> </ul>	HPG SS to follow up with each of their committees
b. Committee Attendance	The committee reviewed attendance.	
c. Getting to Zero (GTZ) Community	The HPG SS and the following recommendations presented in the CEG Recruitment plan were given:	.

## MEMBERSHIP COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
Engagement Project i. Membership Committee Plan/Strategy for Recruitment	<ul style="list-style-type: none"> <li>• Development of outreach and recruitment materials, including brochures and presentations.</li> <li>• Utilization of national awareness days for social media outreach.</li> <li>• Distribution of outreach materials through community partners.</li> <li>• Implementation of kid-focused activities at events.</li> </ul> <p><b>Tracking and Reporting:</b></p> <ul style="list-style-type: none"> <li>• Creation of a tracking table covering months, events, locations, target populations, affiliated organizations, attendees, and quantifiable data.</li> <li>• Strategies to close the loop on applications through QR codes and digital forms.</li> </ul>	
8. Future agenda items for consideration	None	
9. Announcements	<p>A Woman's Voice Conference:</p> <ul style="list-style-type: none"> <li>• Date: March 15, 2025</li> <li>• Location: UCSC Park and Market, Downtown</li> <li>• Theme: The Evolution of Women and HIV</li> </ul> <p>HIV Planning Group Retreat:</p> <ul style="list-style-type: none"> <li>• Date: March 26, 2025</li> <li>• Time: 1:00 PM - 5:00 PM</li> <li>• Location: Southeastern Live Well Center</li> </ul>	
10. Next Meeting Date	<p>Date: Wednesday, March 12, 2025</p> <p>Time: 11:00 AM –1:00 PM</p> <p>Location: Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room A)</p>	
12. Adjourn	The meeting adjourned at 12:13 pm.	

## MEDICAL STANDARDS AND EVALUATION COMMITTEE (MSEC)



*Tuesday, February 11, 2025, 4:00 PM – 5:30 PM*  
*County Operations Center*  
*5570 Overland Ave, San Diego, CA 92123*  
*(Room 1047 - Medical Examiner's Office)*

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

**Committee Members Present:** Dr. Laura Bamford | Dr. David Grelotti (Chair) | Yessica Hernández | Bob Lewis | Shannon Paugh | Dr. Martha Rodriguez | Dr. Stephen Spector | Dr. Winston Tilghman

**Committee Members Absent:** Karla Quezada-Torres

**Committee Members Joining Virtually:** Dr. Jeannette Aldous (Co-Chair)

Agenda Item	Action	Follow-up
1. Welcome and moment of silence, comments from the Chair	<p>Dr. Grelotti called the meeting to order at 4:12 PM and introductions were done. A moment of silence was observed.</p> <p>Lauren Brookshire was asked to provide a federal government update: there are a lot of Executive Orders being issued at the federal level, creating a lot of uncertainty at the local level. Congress must pass the budget by March 14. If not passed, it will cause immediate impact to local funding. California has a robust Medicaid system, unlike some of the states where Ryan White is the only source of funding for HIV/AIDS services. All updates are being watched closely, and County leadership is prepared to respond.</p>	
2. Public Comment	None	
3. Sharing our Concerns	A committee member inquired whether the County has received the funding yet. Lauren Brookshire responded that at this time, only a partial funding has been awarded which is about 42 percent.	
4. <b>Action:</b> Review and approve the February 11, 2025 meeting agenda	<b>Motion:</b> Approve the February 11, 2025 meeting agenda as presented.	

## MEDICAL STANDARDS AND EVALUATION COMMITTEE (MSEC)

Agenda Item	Action	Follow-up
	<b>Motion/Section/Count (M/S/C):</b> Spector/Lewis/7-0 <b>Discussion:</b> none <b>Abstentions:</b> Dr. Grelotti <b>Motion carries</b>	
<b>5. Action:</b> Review and approve the November 12, 2024 meeting minutes	<b>Motion:</b> Approve the November 12, 2024 meeting minutes as presented. <b>M/S/C:</b> Lewis/Tilghman/5-0 <b>Discussion:</b> none <b>Abstentions:</b> Dr. Grelotti <b>Motion carries</b>	
<b>6. Old Business</b>		
<b>a.</b> Update on the Ryan White Quality Assurance Chart Review tool	The comments made at the last MSEC meeting were submitted to Jeanette Johnson to be addressed and the tool was finalized.	
<b>b. Discussion:</b> Update Dental Practice Guidelines, Oral Health Service Standards, and List of Allowable Dental Services	<p>The committee reviewed the Dental Practice Guidelines and the Oral Health Service Standards. The County of San Diego Chief Dental Officer Dr. Fadra Whyte was in attendance to offer subject matter expertise on night guards as well other questions related to oral health and dental services for people living with HIV. The following discussion was held:</p> <ul style="list-style-type: none"> <li>- Uncertainty about implants being an allowable service because the Health Resources and Services Administration (HRSA) has made it clear that it's not to be covered.</li> <li>- Dental services provided by Ryan White have historically mirrored Denti-Cal.</li> <li>- A need for clarification on what the allowable services are.</li> <li>- If services are not covered by Denti-Cal but will be covered by Ryan White, the committee needs to ensure there is a clear process and criteria for approval.</li> <li>- A recommendation to set a limit on the expenditures associated with night guard replacements.</li> </ul>	The Recipients' Office will follow up with the Project Officer on whether implants are an allowable service.



## MEDICAL STANDARDS AND EVALUATION COMMITTEE (MSEC)

Agenda Item	Action	Follow-up
	<ul style="list-style-type: none"> <li>- Medical conditions need to be considered.</li> <li>- Funding allocations can support adding the provision of night guards as long as the committee can develop.</li> </ul>	
<b>c. Action:</b> Update Dental Practice Guidelines, Oral Health Service Standards, and List of Allowable Dental Services	Tabled	
<b>d. Discussion:</b> Reviewed the meeting schedule and identify priorities for 2025 work plan	Tabled	
<b>7. New Business</b>		
<b>a. Action:</b> Approve the 2025 work plan	Tabled	
<b>8. Other Updates</b>		
<b>a.</b> STD and Mpox Update (Dr. Tilghman)	Tabled	
<b>b.</b> Committee member updates	Tabled	
<b>9.</b> Future agenda items for consideration	Tabled	
<b>10.</b> Announcements	Tabled	
<b>11.</b> Next meeting date:	<b>Date:</b> May 13, 2025 <b>Time:</b> 4:00 PM – 5:30 PM <b>Location:</b> TBD	The HIV Planning Group Support Staff (HPG SS) will work with the Chair to find alternative dates and times to hold another meeting before the scheduled May meeting.
<b>12. Adjournment</b>	The meeting was adjourned at 5:07PM.	

## COMMUNITY ENGAGEMENT GROUP



Wednesday, February 19, 2025, 3:00 PM – 5:00 PM  
Southeastern Live Well Center; 5101 Market St, San Diego,  
CA 92114 (Tubman Chavez Room A)

A quorum for this meeting is three (3).

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

**Committee Members Absent:** Skyler Miles | Hector Garcia

### MEETING MINUTES

Agenda Item	Discussion/Action	Follow-Up
1. Call to order, roll call, comments from the chair, and a moment of silence	The chair called the meeting to order at 3:01PM and noted the presence of an in-person quorum.	
2. Review Background, Mission Statement, Goals, and Agreement of Meeting Decorum	Committee members read the Mission Statement and the Community Engagement Group (CEG) Charge. Lothridge, Nava, and Donovan reviewed the meeting decorum.	
3. Introductions (Name, Role with HPG/Consumer, Pronouns), Icebreaker	Members and participants introduced themselves.	
4. Public comment (for members of the public)	A member from the community made the following suggestions: <ul style="list-style-type: none"><li>- Case managers report that individuals are struggling with rising utility costs, suggesting that the Ryan White utility assistance program should be indexed to inflation.</li><li>- Using AI tools and a mathematical equation for PARS could reduce wait times and improve efficiency.</li></ul>	
5. Sharing our concerns (for committee members)	None.	
6. <b>ACTION:</b> Approve the consent CEG agenda for February 19, 2025 (which includes the February 19, 2025 agenda and the	<b>Motion:</b> Approve the consent agenda for February 19, 2025 as presented  <b>Motion/Second/Count (M/S/C):</b> Lothridge/Nava/2-0 <b>Public comment:</b>	

## COMMUNITY ENGAGEMENT GROUP

Agenda Item	Discussion/Action	Follow-Up
January 29, 2025, minutes)	<b>Abstention(s):</b> Donovan <b>Motion carries</b>	
Follow-Up Items from minutes:	HPG SS will update the 2025 training plan; <b>STATUS: Completed</b> HPG SS will add the CEG expectation to one of the documents as a listed responsibility; <b>STATUS: Completed</b>	
7a. Committee Updates		
I. HIV Planning Group (HPG)	HPG was canceled for February due to PSRAC's meeting cancelation. The next meeting will be March for the retreat.	
II. Strategies and Standards Committee	Strategies and Standards approved Transportation Service Standards and the Anti-Racism Statement. They are continuing to review the Emergency Financial Assistance and Housing Service Standards, Trauma-Informed Care document, and Universal Service Standards.	
III. Steering Committee	Steering has changed their schedule to be the second Friday of every other month from 10am-12pm starting March.	
IV. Membership Committee	Membership reviewed the membership expectations document with CEG's input and discussed the outreach and recruitment plan. HPG has 11 general member seats vacant currently.	
V. Priority Settings and Resource Allocation Committee (PSRAC)	PSRAC's meeting was canceled due to lack of quorum. They will meet again on March 13th.	
VI. Medical Standards and Evaluation Committee (MSEC)	MSEC had some interruptions during their review of the Dental Practice Guidelines and Oral Health Care Service Standards in February. They will be rescheduling the meeting for April.	
7b. Community Updates		
I. CARE Partnership	CARE will meet again March 17 <sup>th</sup> , and presentations are still to be determined.	
II. HIV Housing Committee/Housing Opportunities for Persons with AIDS (HOPWA)	Miles will be providing HOPWA updates in future meetings.	
8. Old Business		

## COMMUNITY ENGAGEMENT GROUP

Agenda Item	Discussion/Action	Follow-Up
a. Committee Attendance	None.	
9. New Business		
a. Presentation: Ryan White Program – Maritza Herrera	<p>Maritza Herrera presented on the Ryan White Program and the following topics were discussed:</p> <ul style="list-style-type: none"> <li>- Who is Ryan White</li> <li>- What is the Ryan White HIV/AIDS Treatment Extension Act</li> <li>- Ryan White HIV/AIDS programs (Part A, B, C, D, F)</li> <li>- San Diego County regions covered</li> <li>- Clients to be served</li> <li>- Limitations of funding</li> <li>- Ryan White HIV/AIDS Program Part A and Part B</li> <li>- Service Categories 6-10</li> </ul>	
b. Presentation: County of San Diego Prevention Programs and Services – Carlie Catolico	<p>Carlie Catolico presented on the County of San Diego (CoSD) Prevention Programs and Services and the following topics were discussed:</p> <ul style="list-style-type: none"> <li>- Funding from the CDC</li> <li>- Overarching approach to prevention</li> <li>- Ending the HIV Epidemic (EHE)</li> <li>- CoSD prevention contracts</li> <li>- SD Getting to Zero App</li> <li>- CoSD Prevention Dashboard</li> <li>- America's HIV Epidemic Analysis Dashboard</li> </ul>	
10. Announcements	<ul style="list-style-type: none"> <li>- HIV Planning Group Retreat will occur on March 26<sup>th</sup> from 1-5pm with a facilitator led discussion on an analysis activity and SMART goals.</li> <li>- Latino+ resistance event March 1<sup>s</sup> at the LGBT Center.</li> <li>- Christie's Place Black History Month Celebration February 28th from 12:30-3PM. Theme is the 70s.</li> </ul>	
11. Next meeting date	<p><b>Next Meeting:</b> Wednesday, March 19, 2025, from 3:00 PM – 5:00 PM</p> <p><b>Location:</b> <i>Southeastern Live Well Center; 5101 Market St, San Diego, CA 92114 (Tubman Chavez Room A)</i></p>	
12. Adjournment	Meeting was adjourned at 4:40PM.	



# County of San Diego

**KIMBERLY GIARDINA, DSW, MSW**  
DEPUTY CHIEF ADMINISTRATIVE OFFICER

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**ELIZABETH A. HERNANDEZ, Ph.D.**  
PUBLIC HEALTH SERVICES DIRECTOR

## **SAN DIEGO HIV PLANNING GROUP MEMBERSHIP COMMITTEE ACTION ITEM INFORMATION SHEET**

### **RECOMMENDATION FOR APPOINTMENT TO THE HIV PLANNING GROUP (HPG)**

**DATE:** April 23, 2025

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

**BACKGROUND:** On April 9, 2025, the Membership Committee reviewed Michael King's membership application and voted to recommend him for appointment to the HPG.

#### **RECOMMENDATION:**

**Action Item (*Membership Committee*):** Approve the recommendation to appoint Michael King to the HPG as the Healthcare Provider, including Federally Qualified Health Center (FQHC), Seat 17. If approved by the HPG, the recommendation will be forwarded to the County Board of Supervisors for appointment.

#### **BIOGRAPHICAL INFORMATION: Michael King**

Michael King is a highly experienced professional in nursing and administration, with a strong focus on infectious disease care and community health initiatives. His career accomplishments include introducing rapid HIV testing at a juvenile detention center and, later, County hospital urgent cares, being published in the Journal for Adolescent Medicine, and collaborating with organizations such as the Midwest AIDS Training & Education Center (MATEC), StepUP, and Damien Center in Indianapolis. Currently, he serves as the Director of the LGBTQ clinic in San Diego, specializing in HIV/AIDS education, prevention, and outreach. In this capacity, he develops vital partnerships with community programs like Trans Wellness and The Center and works closely with the leaders of special populations programs to enhance regional service offerings.

With nearly 15 years of dedicated involvement with the HIV community, Michael is deeply committed to addressing the evolving challenges faced by the HIV/AIDS community, particularly considering increasing political pressures. He recognizes the essential role that HPG plays in identifying service gaps, optimizing resource allocation, and facilitating collaboration through its various committees. Michael is passionate about elevating community voices, especially those from marginalized groups such as the transgender

community. He is also dedicated to connecting individuals with a range of vital resources, from insurance assistance to holistic care services.

His extensive community engagement includes leading rapid testing initiatives in Indianapolis, organizing fundraising events, and serving on the boards of organizations like Circle Center Pride. Michael is an advocate for continuous HIV education, promotion of new treatment options, and the encouragement of open discussions surrounding prevention and care. With a strong commitment to active involvement, he intends to attend monthly HPG meetings and contribute to committees, viewing this role as an opportunity to extend his impact from individual patient care to broader community health advancement.

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



# County of San Diego

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PUBLIC HEALTH SERVICES DIRECTOR

## **SAN DIEGO HIV PLANNING GROUP MEMBERSHIP COMMITTEE ACTION ITEM INFORMATION SHEET**

### **RECOMMENDATION FOR APPOINTMENT TO THE HIV PLANNING GROUP (HPG)**

**DATE:** April 23, 2025

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

**BACKGROUND:** On April 9, 2025, the Membership Committee reviewed Jennifer Lothridge's membership application and voted to recommend her for appointment to the HPG.

#### **RECOMMENDATION:**

**Action Item (*Membership Committee*):** Approve the recommendation to appoint Jennifer Lothridge to the HPG as the General Member, Seat 12. If approved by the HPG, the recommendation will be forwarded to the County Board of Supervisors for appointment.

#### **BIOGRAPHICAL INFORMATION: Jennifer Lothridge**

Jen is a passionate and dedicated advocate for individuals living with HIV, recognizing the critical importance of ensuring their voices are heard in decision-making spaces. She is deeply committed to representing those who may not have the opportunity to attend meetings, viewing her role as both a responsibility and a valuable opportunity to learn and to advocate for greater access to essential services, funding, and resources that support healthier, longer lives for people living with HIV.

As an active participant in the San Diego HPG, Jen plays a pivotal role in the oversight of funding allocation, services, and educational initiatives that impact both providers and consumers. Decisions regarding supportive services and funding priorities are presented to HPG, which is supported by a network of committees to ensure its work is inclusive and effective. Currently, Jen proudly serves as the Co-Chair of the Community Engagement Group (CEG), where she leads outreach initiatives and fosters meaningful community connections.

With a strong background in public engagement, Jen is committed to raising awareness about HPG and CEG through active involvement and outreach efforts. Her collaborations

include well-respected organizations such as Christie's Place, Family Health Centers of San Diego, San Ysidro Health, the Owen Clinic, and POZabilities. These organizations play a crucial role in providing medical care, case management, mental health support, and resources to combat isolation among individuals living with HIV. Her professional experience includes serving as a Client Care Specialist at 211 San Diego, where she supported Housing Opportunities for Persons with AIDS (HOPWA) clients, as well as holding multiple positions at Christie's Place, where she provided HIV prevention education and promoted access to PrEP. She has also conducted outreach at women's conferences, promoting HPG initiatives and HIV prevention strategies.

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



## **CALIFORNIA PLANNING GROUP REPORT**

**April 2025**

California Planning Group (CPG) - Spring meeting is happening May 28th - 30th in San Diego. More details to follow. CPG continues to monitor funding issues regarding what is currently happening politically in Washington. HIV and Aging Subcommittee continues to come up with possible virtual town hall on issues relating to the aging population, particularly Medi-Cal and Medicare.

- Updates
- Health Access for All
- Strategic Plan

This newsletter is organized to align with the six Social Determinants of Health found in the [Ending the Epidemics Integrated Statewide Strategic Plan](#), addressing the syndemic of HIV, HCV, and STIs in California. More about the *Strategic Plan* is available on the [Office of AIDS \(OA\) website](#).

## STAFF HIGHLIGHT

We are excited to introduce you to **Colby Middleton**, our new HIV Policy Analyst in the Special Programs Section within the HIV Care Branch. He will be working in the Ryan White HIV/AIDS Program (RWHAP), Housing Opportunities for Persons with AIDS (HOPWA) program, and the Medi-Cal Waiver Program (MCWP), supporting the branch in developing provider communication, engaging stakeholders, completing program data analysis and reporting, writing policy documents, and completing special projects.

Colby comes to us from the State Controller's Office (SCO) where he spent over four years serving as a Staff Services Analyst handling a large workload in the complex Property Tax Postponement program. He stands out in his ability to understand, explain, and apply complicated compliance requirements, his outstanding customer service skills, and his passion for both program policy work and HIV programs. Prior to SCO, Colby worked as an Associate Banker for JPMorgan Chase and has a B.A. in Political Science from Chico State. Colby brings a rich background to OA, and we are so excited that he has joined our team.

Colby enjoys spending time with his husband, Anthony, and their kids: Zach, Franco, and Chris. When time allows, they often enjoy simple entertainment, such as going to the movies or to concerts. They recently took a family trip to



Colby & Family

Tahoe for a much-needed getaway, filled with snowy fun and snowboarding lessons for the boys.

## HIV AWARENESS

**March 10th is National Women and Girls HIV/AIDS Awareness Day (NWGHAAD).** This day raises awareness about the impact HIV has on women and girls. Initially observed in 2005, NWGHAAD is meant to educate and highlight

prevention, treatment, and care strategies specific to women and girls and support those at risk or living with HIV. NWGHAADs goal is to increase HIV prevention and testing for women and girls, Improve HIV-related health outcomes, reduce disparities, and ensure equity in HIV care and treatment. The theme for 2025 is “Prevention and Testing at Every Age. Care and Treatment at Every Stage”.

In California, one in six new HIV diagnoses are among women, with 78% of cases attributed to sexual contact. Despite this, PrEP remains underutilized in 2023, with women making up just 6% of PrEP users, even though they represented at least 13% of new HIV diagnoses in 2022. To provide awareness and education around this issue, the California Planning Group Women’s committee has developed two Women and PrEP infographics, one [for the community](#) and another [for healthcare providers](#).

Help spread the word and support HIV prevention for women and girls!

**March 20th is National Native HIV/AIDS Awareness Day (NNHAAD).** NNHAAD is purposely observed on the first day of Spring, a symbolism of new beginnings in Native communities. Native communities are disproportionately a high-risk group due to societal stigmas surrounding homosexuality, high rates of drug and alcohol use and lack of various HIV/AIDS prevention strategies. This day is observed to promote HIV testing, prevention, and treatment in American Indians, Alaska Natives, and Native Hawaiian communities.

**March 31st is International Transgender Day of Visibility (TDOV).** This day is meant to celebrate the resilience and bravery of transgender and non-binary people. TDOV also acknowledges the many contributions made by transgender and non-binary people and celebrate the beauty and courage of living authentically.

TDOV is also meant to bring awareness of the discrimination, stigma, and anti-trans violence

this community faces every day, especially against Black and Brown trans women. In our current climate, it is imperative that we combat disinformation and discrimination, transgender and non-binary people are increasingly experiencing.

Educate yourself and help support our transgender and non-binary community. Visit our [OA Transgender Community Health in California webpage](#) for information about transgender health and resources.

## GENERAL UPDATES

### ➤ Mpox

OA is committed to providing updated information related to mpox. We have partnered with the Division of Communicable Disease Control (DCDC), a program within the Center of Infectious Diseases and have disseminated a number of documents in an effort to keep our clients and stakeholders informed. Please refer to the [DCDC website](#) to stay informed.

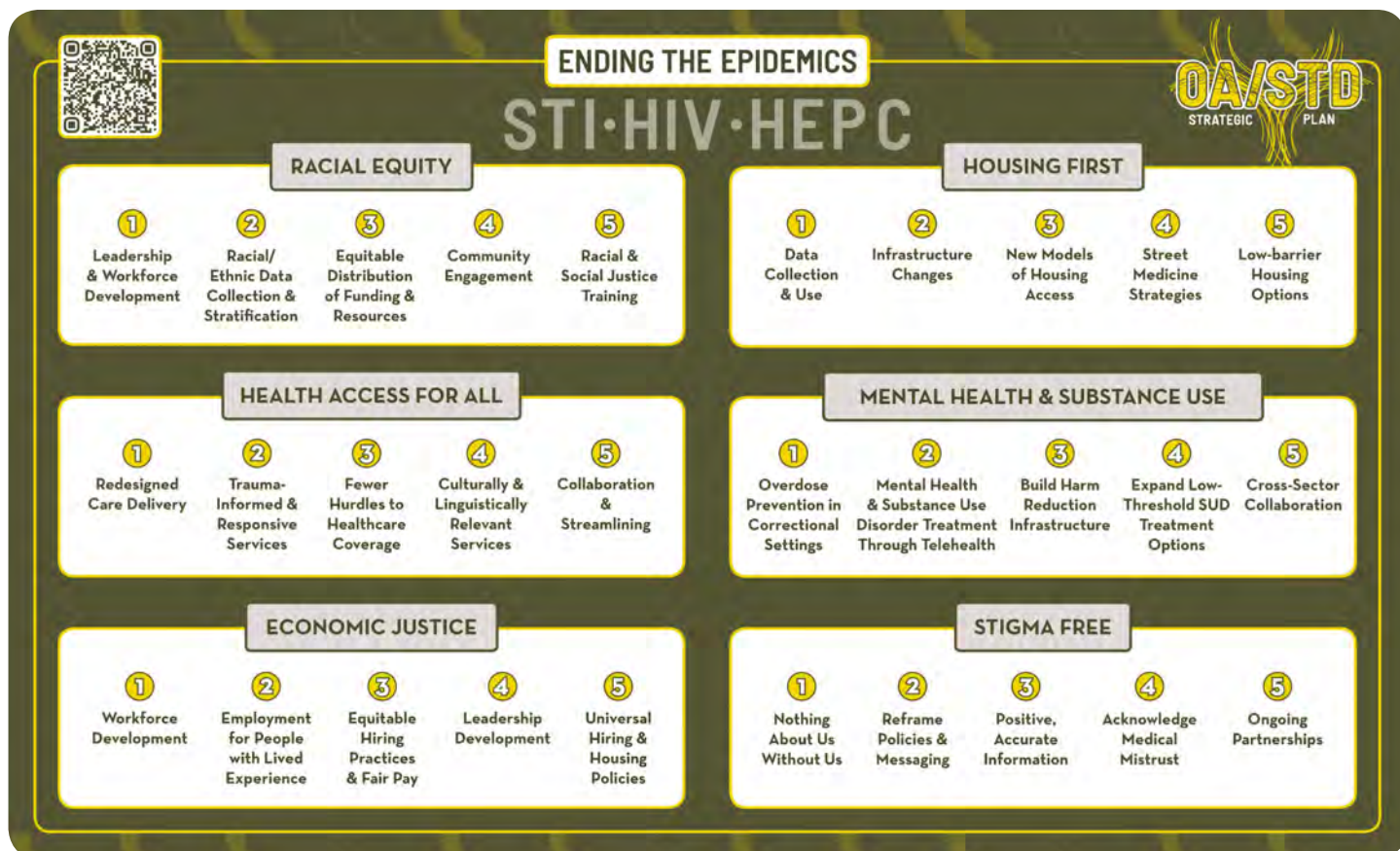
Digital assets continue to be available for LHJs and CBOs on DCDC’s [Campaign Toolkits](#) website.

### ➤ HIV/STI/HCV Integration

We continue to move forward with the necessary steps to integrate our HIV, STI, and HCV programs into a single new Division. We will continue to keep you apprised on our journey as new information comes in.

## ENDING THE EPIDEMICS STRATEGIC PLAN

The [visual at the top of page three](#) is a high-level summary of our *Strategic Plan* that organizes



30 Strategies across six Social Determinants of Health (SDoH).

OA and STD Control Branch would like you to continue to use and share the [Strategic Plan](#) and the [Implementation Blueprint](#). These documents address HIV as a syndemic with HCV and other STIs, through a SDoH lens.

For technical assistance in implementing the [Strategic Plan](#), California LHJs and CBOs can visit [Facente Consulting's webpage](#).

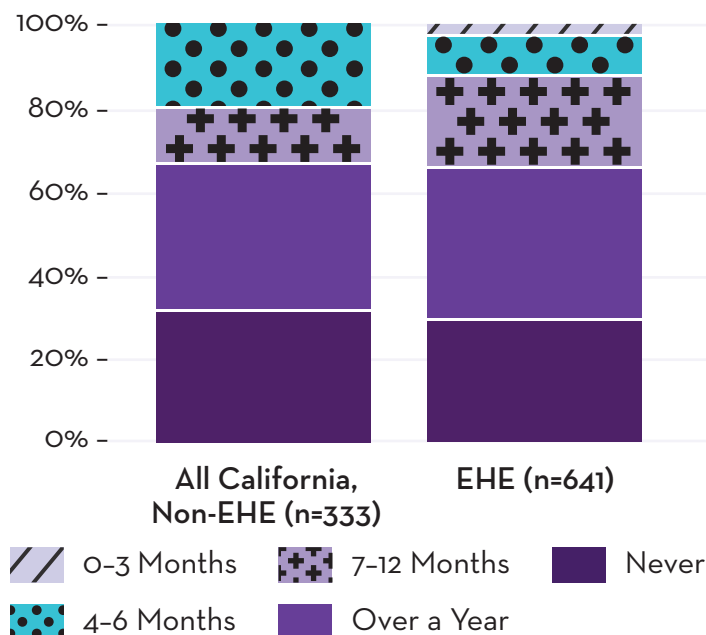
## HEALTH ACCESS FOR ALL

### ➤ Strategy 1: Redesigned Care Delivery

OA continues to implement its **Building Healthy Online Communities (BHOC)** self-testing program to allow for rapid OraQuick test orders in all jurisdictions in California. The program,

[TakeMeHome](#), is advertised on gay dating apps, where users see an ad for home testing and are offered a free HIV-home test kit.

### HIV Test History Among Individuals Who Ordered TakeMeHome Kits, Jan. 2025





# TAKEMEHOME



In January, 333 individuals in 38 counties ordered self-test kits, with 245 (73.6%) individuals ordering 2 tests. Additionally, OA's existing TakeMeHome Program continues in the six California Consortium Phase I Ending the HIV Epidemic in America counties. Between the program's initiation in September 1, 2020, and January 31, 2025, 15,901 tests have

been distributed. This month, mail-in lab tests (including dried blood spot tests for HIV, syphilis, and Hepatitis C, as well as 3-site tests for gonorrhea and chlamydia) accounted for 292 (45.6%) of the 641 total tests distributed in EHE counties. Of those ordering rapid tests, 253 (72.5%) ordered 2 tests.

Since September 2020, 1,778 test kit recipients have completed the anonymous follow up survey from EHE counties; there have been 749 responses from the California expansion since January 2023.

## ➤ Strategy 1: Redesigned Care Delivery

The **ADAP Annual Reports** for both FY 2022–2023 and FY 2023–2024 are now available on the [ADAP Reports webpage](#).

The reports, produced by the **ADAP Evaluation & Monitoring (AEM) team**, provide a detailed review of the program through tables and figures using data from the ADAP Enrollment System (AES).

The AEM team has been addressing a backlog of reports caused by staffing shortages during the COVID-19 pandemic and is working to publish reports from previous fiscal years going back to FY 2019–2020, starting with the most recent years. Continue to check the webpage as more reports are added.

## ➤ Strategy 3: Fewer Hurdles to Healthcare Coverage

As of February 28, 2025, there are 278 PrEP-AP enrollment sites and 229 clinical provider sites that currently make up the [PrEP-AP Provider network](#).

[Data on active PrEP-AP clients](#) can be found in the three tables displayed on page five of this newsletter.

As of February 28, 2025, the [number of ADAP clients enrolled in each respective ADAP Insurance Assistance Program](#) are shown in the chart at the top of page six.

Additional Key Characteristics	EHE	All California, Non-EHE
Of those sharing their gender, were cisgender men	63.2%	64.3%
Of those sharing their race or ethnicity, identify as Hispanic or Latinx	44.2%	42.2%
Were 17-29 years old	43.8%	38.1%
Of those sharing their number of sex partners, reported 3 or more in the past year	46.8%	46.7%

Survey Highlights	EHE	All California, Non-EHE
Would recommend TakeMeHome to a friend	94.5%	94.4%
Identify as a man who has sex with other men	49.3%	52.6%
Reported having been diagnosed with an STI in the past year	8.7%	9.9%

### Active PrEP-AP Clients by Age and Insurance Coverage:

Current Age	PrEP-AP Only		PrEP-AP With Medi-Cal		PrEP-AP With Medicare		PrEP-AP With Private Insurance		TOTAL	
	N	%	N	%	N	%	N	%	N	%
18 - 24	303	10%	---	---	---	---	11	0%	314	10%
25 - 34	1,050	33%	---	---	---	---	137	4%	1,187	37%
35 - 44	789	25%	---	---	1	0%	133	4%	923	29%
45 - 64	450	14%	---	---	9	0%	84	3%	543	17%
65+	35	1%	---	---	162	5%	6	0%	203	6%
TOTAL	2,627	83%	0	0%	172	5%	371	12%	3,170	100%

### Active PrEP-AP Clients by Age and Race/Ethnicity:

Current Age	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18 - 24	169	5%	3	0%	38	1%	17	1%	1	0%	43	1%	3	0%	40	1%	314	10%
25 - 34	644	20%	3	0%	119	4%	90	3%	6	0%	239	8%	6	0%	80	3%	1,187	37%
35 - 44	528	17%	3	0%	83	3%	53	2%	3	0%	193	6%	6	0%	54	2%	923	29%
45 - 64	302	10%	---	---	44	1%	14	0%	1	0%	134	4%	1	0%	47	1%	543	17%
65+	20	1%	---	---	4	0%	5	0%	---	---	164	5%	---	---	10	0%	203	6%
TOTAL	1,663	52%	9	0%	288	9%	179	6%	11	0%	773	24%	16	1%	231	7%	3,170	100%

### Active PrEP-AP Clients by Gender and Race/Ethnicity:

Gender	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Female	60	2%	---	---	5	0%	9	0%	1	0%	8	0%	---	---	7	0%	90	3%
Male	1,500	47%	8	0%	263	8%	167	5%	10	0%	735	23%	15	0%	203	6%	2,901	92%
Trans	84	3%	---	---	15	0%	2	0%	---	---	14	0%	1	0%	5	0%	121	4%
Unknown	19	1%	1	0%	5	0%	1	0%	---	---	16	1%	---	---	16	1%	58	2%
TOTAL	1,663	52%	9	0%	288	9%	179	6%	11	0%	773	24%	16	1%	231	7%	3,170	100%

All PrEP-AP charts prepared by: ADAP Fiscal Forecasting Evaluation and Monitoring (AFFEM) Section, ADAP and Care Evaluation and Informatics Branch, Office of AIDS. Client was eligible for PrEP-AP as of run date: 02/28/2025 at 12:01:18 AM  
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from January
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	578	4.33%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,906	9.29%
Medicare Premium Payment Program (MPPP)	2,234	1.36%
<b>Total</b>	<b>8,718</b>	<b>6.81%</b>

Source: ADAP Enrollment System

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

HIV PLANNING GROUP  
12-MONTH ATTENDANCE TRACKING  
April 2024 - March 2025

(22) HPG Members	1	0	1	1	1	1	1	1	0	1	0	1	9
Total Meetings	24-Apr	22-May	26-Jun	24-Jul	7-Aug	25-Sep	23-Oct	21-Nov	18-Dec	22-Jan	26-Feb	26-Mar	TOTAL
Aguirre Mendoza, Marco, 10	NM	NQ	*	*	*	1	1	*	NM	JC	NM	*	2
Conant, Juan, 25										*	NM	*	0
Davenport, Beth, 35	NM	NQ	*	*	1	1	*	*	NM	*	NM	*	2
Donovan, Michael, 32						*	1	*	NM	*	NM	1	2
Fleming, Tyra, 3	NM	NQ	*	*	*	*	1	*	NM	*	NM	*	1
Garcia, Hector, 42										*	NM	*	0
Garcia, Rosemary, 23										1	NM	*	1
Garcia-Bigley, Felipe, 38	NM	NQ	*	*	*	*	*	*	NM	*	NM	*	0
Grelotti, David, 30				*	1	*	*	*	NM	1	NM	*	2
Ignalino, Jr., Benjamin, 39						*	*	*	NM	*	NM	*	0
Jones, Lori, 26				JC	1	*	*	*	NM	*	NM	JC	1
Kubricky, Cinnamen, 4	NM	NQ	*	1	*	*	*	*	NM	JC	NM	*	1
Lochner, Mikie, 16	NM	NQ	*	*	*	*	*	1	NM	*	NM	*	1
Miles, Skyler, 32						*	*	*	NM	*	NM	*	0
Nava, Veronica, 33	NM	NQ	*	*	*	*	*	1	NM	*	NM	*	1



HIV PLANNING GROUP  
12-MONTH ATTENDANCE TRACKING  
April 2024 - March 2025

Total Meetings	24-Apr	22-May	26-Jun	24-Jul	7-Aug	25-Sep	23-Oct	21-Nov	18-Dec	22-Jan	26-Feb	26-Mar	TOTAL
Paugh, Shannon, 37									NM	*	NM	*	0
Price, Venice, 44	NM	NQ	JC	*	1	*	1	1	NM	1	NM	*	4
Rooney, Ivy, 43	NM	NQ	*	1	*	*	*	*	NM	*			
Spector, Stephen, 31	NM	NQ	1	1	*	1	*	*	NM	JC	NM	*	3
Van Brocklin, Rhea, 18	NM	NQ	1	*	*	*	*	*	NM	*	NM	*	1
Weber, Jeffery, 41	NM	NQ	*	1	*	1	*	1	NM	*	NM	*	3
West, Abigail, 29	NM	NQ	*	*	*	*	1	*	NM	JC	NM	*	1
Wimpie, Michael, 1	NM	NQ	*	*	*	*	*	*	NM	*	NM	*	0
Yancey, Adrianne, 22	NM	NQ	*	*	*	1	*	*	NM	1	NM	*	2
To remain in good standing and eligible to vote, the HPG member may not miss 3 consecutive meetings or 6 meetings within 12 months.													
* = 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													
EC = Emergency Circumstance													

# ASSEMBLY BILL (AB) 2302: THE USE OF JUST CAUSE AND EMERGENCY CIRCUMSTANCES (2025)

(An Amendment to AB 2449)

If the physical attendance quorum requirement is met, AB 2302 permits a member who is not physically present to request virtual attendance at the local legislative body’s meeting under two circumstances: (1) for “just cause” and (2) due to “emergency circumstances”.

Qualifying Reason	Provisions to Attend Remotely	Requirements/Limitations
<p><b>“Just Cause”</b></p>	<ul style="list-style-type: none"> <li>There is a childcare or caregiving need (for a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner) that requires the member to participate remotely.</li> <li>A contagious illness prevents the member from attending the meeting in person.</li> <li>There is a need related to a defined physical or mental disability that is not otherwise accommodated for.</li> <li>Traveling while on official business of the legislative body or another state or local agency.</li> </ul>	<p>A member is limited to <b>two (2)</b> virtual attendances due to “just cause” per calendar year.</p>
<p><b>“Emergency Circumstances”</b></p>	<p><b><i>“A physical or family medical emergency that prevents a member from attending the meeting in person.”</i></b></p> <p>A member is <b><i>not</i></b> required to disclose any medical diagnosis or disability, or any personal medical information that is already exempt from existing law.</p>	<p><b>A member of the legislative body must:</b></p> <ol style="list-style-type: none"> <li>Make a request to the body to allow the member to meet remotely due to an emergency circumstance; and</li> <li>Provide a general description of no more than 20 words of the circumstance justifying such attendance.</li> </ol> <p>A request from a member to attend remotely requires that the legislative body take action and <b><i>approve</i></b> the remote attendance at the start of the meeting for the member to be allowed to participate remotely for that meeting<sup>1</sup>.</p>

<sup>1</sup>If the request does not allow sufficient time to be placed on the agenda as a proposed action item, then the legislative body may take action at the beginning of the meeting.

## Additional Requirements for a Member Participating Remotely

In addition to making a request either for “just cause” or due to an “emergency circumstance” for remote appearance, AB 2302 imposes the following three (3) additional requirements on legislative body members seeking to appear remotely at public meetings:

- The member:
  - Notifies the legislative body 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. **OR**
  - Requests the legislative body to allow them to participate in the meeting remotely due to emergency circumstances and the legislative body takes action to approve the request. (See “requirements/limitations” for the use of emergency circumstances.)
- 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.
- The member shall participate through both audio and visual technology.