

STEERING COMMITTEE



*Friday, May 9, 2025, 10:00 AM – 12:00 PM
North Clairemont Branch Public Library
4616 Clairemont Drive, San Diego, CA 92117
(Meeting Room)*

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

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Meeting Location & Directions:

Steering Committee

Friday, May 9, 2025

10:00 AM - 12:00 PM

North Clairemont Library

4616 Clairemont Drive

San Diego, CA 92117

(Meeting Room)



Parking: The library parking lot has 15 spaces, including one disability-accessible space. Plenty of street parking is available all day.

FROM I-5 N:

1. Follow I-5 S to Regents Rd.
2. Take Exit 1B from CA-52 E.
3. Continue on Regents Rd. Take Clairemont Mesa Blvd to Clairemont Dr.
4. The destination will be on the right.

FROM I-805 S:

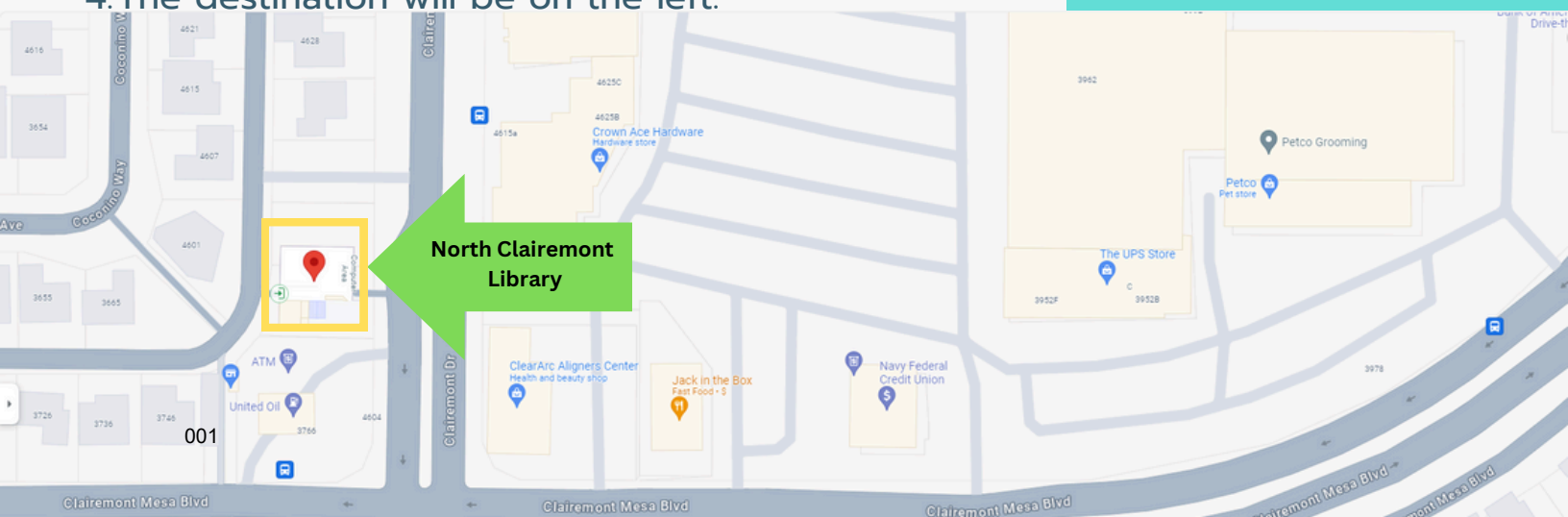
1. Take I-805 N to Clairemont Mesa Blvd.
2. Take Exit 22 from I-805 N.
3. Continue on Clairemont Mesa Blvd. Drive to Clairemont Dr.
4. The destination will be on the left.



PUBLIC TRANSPORTATION

MTS Bus Routes:

43, 105



STEERING COMMITTEE



Friday, May 9, 2025, 10:00 AM – 12:00 PM
North Clairemont Branch Public Library
4616 Clairemont Drive, San Diego, CA 92117
(Meeting Room)

To participate remotely via Zoom:

<https://sdcounty-ca-gov.zoom.us/j/87616321238?pwd=iS2ZSlcitaJ3PHVx8fcMjOmbli8aGX.1>

Call in: +1 (669) 444-9171

Meeting ID (access code): 876 1632 1238

Password: STEER

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

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

A quorum for this meeting is four (4)

Committee Members: Michael Donovan | Felipe Garcia-Bigley | Dr. David Grelotti | Cinnamen Kubricky (Vice-Chair) | Mikie Lochner (Chair) | Rhea Van Brocklin | Michael Wimpie

MEETING AGENDA ORDER OF BUSINESS

1. Call to order, introductions, comments from the chair and a moment of silence
2. Public comment (for members of the public)
3. Sharing our concerns (for committee members)
4. **ACTION:** Approve the Steering Committee agenda for May 9, 2025
5. **ACTION:** Approve meeting minutes from March 14, 2025
6. **ACTION:** Approve the HIV Planning Group agenda May 28, 2025
7. Committee reports and recommendations
8. Old Business
 - a. **Update:** California Planning Group (CPG) meeting – May 28-30, 2025 in San Diego
9. New Business
 - a. **ACTION** (*Strategies and Standards Committee and Community Engagement Group*):
Approve the Anti-Racism Statement
 - b. **Discussion:** Consider holding an ad hoc Steering Committee meeting on June 13
 - c. **Discussion:** Open forum at HPG meetings
 - d. **Discussion:** Town halls in conjunction with HPG meetings
 - e. **Discussion:** Dental implants as an allowable service
 - f. **Discussion:** Memorandum of Understanding (MOU) between HSHB and HPG
 - g. **Discussion:** Leading the HPG meeting in Chair's and Vice-Chair's absence

STEERING COMMITTEE

- h. **Discussion:** 2025 Truax Awards Ceremony and Reception
- i. **Review:** 2025 Outreach Schedule – Katie Emmel

10. Routine Business

- a. **Review:** Committee attendance
- b. Public comments/HPG member comments/Suggestions to the Steering Committee from previous HPG meeting(s)

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

12. HPG Support Staff Report

- a. Administrative budget review

13. Future agenda items for consideration

14. Announcements

15. Next meeting date: **Friday, July 11, 2025, 10:00 AM – 12:00 PM**

Location: 5530 Overland Ave, San Diego, CA 92123, Conference Room 124 and via Zoom

16. Adjournment

STEERING COMMITTEE



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

A quorum for this meeting is four (4)

Members Present: Michael Donovan | Felipe Garcia-Bigley | Cinnamen Kubricky (Vice-Chair) | Mikie Lochner (Chair) | Michael Wimpie

Members Joining Remotely: Dr. David Grelotti (Just Cause)

Members Absent: Rhea Van Brocklin

ORDER OF BUSINESS

| Agenda Item | Discussion/Action | Follow-Up |
|---|--|-----------|
| 1. Call to order, introductions, comments from the chair, and a moment of silence | Mikie Lochner called the meeting to order at 10:00 AM. Introductions were had. A moment of silence was observed. | |
| 2. Public comment (for members of the public) | None | |
| 3. Sharing our concerns (for committee members) | | |
| 4. ACTION: Approve the Steering Committee agenda for March 14, 2025 | Motion: Approve the Steering Committee agenda for March 14, 2025 Motion/Second/Count (M/S/C): Kubricky/Garcia-Bigley/5-0 Discussion: none Abstentions: Lochner Motion carries | |
| 5. ACTION: Approve meeting minutes from January 21, 2025 | Motion: Approve meeting minutes for January 21, 2025 M/S/C: Donovan/Wimpie/4-0 Discussion: none Abstentions: Grelotti, Lochner Motion carries | |
| 6. ACTION: Approve the HIV Planning Group agenda for March 26, 2025 | Motion: Approve the HIV Planning Group agenda for March 26, 2025 M/S/C: Kubricky/Donovan/5-0 Discussion: none Abstentions: Lochner Motion carries | |
| 7. Committee reports and recommendations | <u>Priority Setting and Resource Allocation Committee (PSRAC):</u> FY25 reallocations were discussed and will be | |

STEERING COMMITTEE

| Agenda Item | Discussion/Action | Follow-Up |
|--|--|-----------|
| | <p>recommended at the next HPG meeting.</p> <p><u>Strategies and Standards Committee:</u> no updates</p> <p><u>Membership Committee:</u> There is a potential new member from the Family Health Centers of San Diego who is being scheduled for an interview and will be attending the March HPG meeting/retreat. One HPG member will be receiving a written notification on attendance and may likely be unable to vote until they are back in good standing. The Committee is reviewing attendance policy and adjusting based on various meeting cadences. The member expectations guidelines are being reviewed and finalized.</p> <p><u>Community Engagement Group (CEG):</u> no updates</p> <p><u>Medical Standards and Evaluation Committee (MSEC):</u> The committee is reviewing oral health standards and has recently welcomed new members. The meeting had to end abruptly due to interruption, and support staff is scheduling another one in April.</p> | |
| 8. Old Business | | |
| a. Update: 2025 Retreat | Dasha Dahdouh provided an overview of the retreat agenda and introduced the facilitator to the Steering committee members. The annual retreat will take place on March 26 at the HPG meeting. The theme is living with and aging with HIV. | |
| 9. New Business | | |
| a. Update: California Planning Group (CPG) meeting – May 28-30, 2025 in San Diego | Mikie Lochner provided an update on the annual CPG meeting will be held in San Diego. HPG has been asked to co-host the reception. More information will be shared as it becomes available. | |
| b. Public comments/HPG member comments/Suggestions to the Steering Committee | <p>The following comments were shared at the January 22 HPG meeting:</p> <ul style="list-style-type: none"> - <u>Public comment:</u> A member of the public expressed concern about | |

STEERING COMMITTEE

| Agenda Item | Discussion/Action | Follow-Up |
|--|---|--|
| from previous HPG meeting(s) | underspending in the Partial Assistance Rental Subsidy (PARS) service category with only one month of the award year left. Additionally, they expressed concern about lack of consideration for the consumers' time when it comes to meeting attendance. - <u>Sharing Concerns</u> : a reminder to be mindful of the need for social support services; a reminder about the requirement to complete the annual HPG forms. | |
| 10. Routine Business | | |
| a. Review: Committee attendance | The committee reviewed the attendance summary. HPG Support Staff (HPG SS) provided an update on the amendment to the Assembly Bill (AB) 2449. The only significant change in the AB 2302 is that, starting January 1, 2025, the Just Cause and Emergency Circumstance can only be used up to two times in a 12-month period. | |
| 11. HIV, STD, and Hepatitis Branch (HSHB) Report | Lauren Brookshire provided an update on the FY24 expenditure report through the month of January. The final expenditure report for FY24 will be available in May. There is some underspending. Primary Care will be nearly expended. Part B operates on an April 1 – March 31 fiscal timeframe. The final notice of the award has not yet been received. Maritza Herrera provided an update on the utilization report and the viral suppression rates. | Lauren Brookshire will ask fiscal to revise the Part B report for the next Steering Committee meeting. |
| 12. HPG Support Staff Report | | |
| a. Administrative budget review | Dasha Dahdouh reviewed the monthly administrative budget expenditure report. | |
| 13. Future agenda items for consideration | The Vice-Chair asked if there is an opportunity to convene a town hall or meeting to help convey to the | |

STEERING COMMITTEE

| Agenda Item | Discussion/Action | Follow-Up |
|-----------------------|--|--|
| | community any federal changes that may impact the community. | |
| 14. Announcements | A reminder that the next Steering Committee meeting will be held at a library. | HPG SS to schedule an outreach meeting for the Chair of HPG, Membership Chair, and CEG Chair to discuss outreach ideas and potential activities this year. |
| 15. Next meeting date | Date: Friday, May 19, 2025 Time: 10:00 AM – 12:00 PM Location: North Clairemont Library, 4616 Clairemont Dr, San Diego, CA 92117 and via Zoom | |
| 16. Adjournment | Meeting adjourned at 11:51 AM. | |

SAN DIEGO HIV PLANNING GROUP (HPG)



Wednesday, May 28, 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.

A quorum for this meeting is twelve (12)

HPG Members: Marco Aguirre Mendoza | Juan Conant | Beth Davenport | Michael Donovan | Tyra Fleming | 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 May 28, 2025
7. Routine Business:
 - a. **ACTION:** Approval of consent agenda for May 28, 2025 which includes:

- i. Approval of HPG minutes from April 23, 2025
- ii. Acceptance of the following committee minutes:

| | |
|--|----------------|
| Steering Committee | March 14, 2025 |
| Membership Committee | April 9, 2025 |
| Priority Setting and Resource Allocation Committee | March 13, 2025 |
| Medical Standards and Evaluation Committee | April 8, 2025 |
| Community Engagement Group | April 16, 2025 |

SAN DIEGO HIV PLANNING GROUP (HPG)

Strategies and Standards
Committee None

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

CARE Partnership March 17, 2025

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

b. Suggestions to the Steering Committee for consideration of future items

c. Suggestions from the community on future training topics and other agenda items

8. Old Business:

a. None

9. New Business:

a. **ACTION** *(Medical Standards and Evaluation Committee):* Approve Oral Health Standards

b. **ACTION** *(Medical Standards and Evaluation Committee):* Approve Dental Practice Guidelines

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

d. **Report:** 2025 HPG Retreat

e. **Review:** Anti-Racism Statement

f. **Review:** 2025 Outreach Schedule – Katie Emmel

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

11. HPG Support Staff Updates

12. Announcements

13. Adjournment

Next Meeting Date: **Wednesday, June 25, 2025, at 3:00 PM – 5:00 PM**

Location: TBD and via Zoom

Public Comment/Sharing Concerns/Suggestions to the Steering Committee from the March 26, 2025 and April 23, 2025 HPG meetings

| Agenda Item | Comment | Steering Committee Response |
|--|--|-----------------------------|
| Public Comment | 03/26/2025: <ul style="list-style-type: none"> - A concern about the declining health of the general community and requested if there is a possibility of allocating funds for emergency funeral services. - A concern about lack of coordination between payor systems. 04/23/2025: <ul style="list-style-type: none"> - None | |
| Sharing Concerns | 03/26/2025: <ul style="list-style-type: none"> - A concern that some funding may be eliminated. - A request to be mindful of the current crisis and fear among the community members. 04/23/2025: <ul style="list-style-type: none"> - A reminder to complete the required Clerk of the Board forms. - A concern that there isn't enough attention for people outside of HIV care. - A concern that Part F might be impacted by the federal funding cuts. | |
| Suggestions to the Steering Committee for consideration of future items | None | |
| Request from the community on future training topics and other agenda items | None | |



HPG Anti-racism Statement

To create a supportive environment where all members can feel heard, valued, and respected with acknowledgement to the voice and differential treatment of all cultural backgrounds.

From: Herrera, Maritza <Maritza.Herrera@sdcounty.ca.gov>
Sent: Thursday, April 17, 2025 12:00 PM
To: Brookshire, Lauren <Lauren.Brookshire@sdcounty.ca.gov>; Emmel, Katie (She/Her) <Katie.Emmel@sdcounty.ca.gov>
Subject: RE: Clarification on 02.11.2025 MSEC Minutes

Hello,

Following up on the email below. This was what was shared by Jade, our project officer, today. Perhaps we can discuss further with Jade during our call with her this month. Thank you.

As previously mentioned, Dental Implants are allowable however, your jurisdiction must have policies and procedures in place that address:

- **Costs:** as you are aware, a single dental implant can cost up to \$7,000 in some practices.
- **Maintenance and follow up costs:** your jurisdiction will need to consider the costs for pre and post follow up visits as it relates to installing the implant
- **Access/equity:** your jurisdiction will need to consider how they will make this option accessible for all in need. What procedures will you have in place to assess who qualifies for an implant, etc.
- **Sustainability:** how can you meet the need for dental implants without compromising funds for preventative/routine dental work

As with any other RW service, the need for Dental Implants must be documented and related to the client's HIV diagnosis in some manner.

Oral Health Care

Service Category Definition

Oral Health Care services include outpatient diagnosis, prevention, and therapy provided by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

Purpose and Goals

The goal of oral health care is to improve oral systemic health outcomes for clients and prevent further deterioration resulting from oral disease.

Intake

To be eligible for oral health services, clients shall have a confirmed diagnosis of HIV or AIDS.

Dental Benefits

| | |
|---|---|
| Exams and x-rays | Denture relines |
| Cleanings (prophylaxis) | Root canals (front and back teeth) |
| Fluoride treatments | Prefabricated crowns |
| Tooth removal (extraction) | Partial and full dentures |
| Fillings (restorations) | Periodontal maintenance |
| Emergency services | Deep cleanings (scaling and root planing) |
| Minimally invasive services | Laboratory crowns |
| Caries arrest services | |
| Sedation | |
| Other medically necessary dental services | |

Single tooth implants are not a benefit of the Ryan White Dental Program

Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed.

Exceptional medical conditions include, but are not limited to:

- i. cancer of the oral cavity requiring ablative surgery and/or radiation leading to destruction of alveolar bone, where the remaining osseous structures are unable to support conventional dental prostheses.
- ii. severe atrophy of the mandible and/or maxilla that cannot be corrected with vestibular extension procedures or osseous augmentation procedures, and the patient is unable to function with conventional prostheses.
- iii. skeletal deformities that preclude the use of conventional prostheses (such as arthrogyrosis, ectodermal dysplasia, partial anodontia and cleidocranial dysplasia).
- iv. traumatic destruction of jaw, face or head where the remaining osseous structures are unable to support conventional dental prostheses.

Key Service Components and Activities

| Standard | Measure |
|---|--|
| Staff ensures clients' eligibility and needs | Documentation of interviews and assessments of all potential clients utilizing a standard client eligibility screening tool |
| Staff maintains records of eligibility, intake and assessments | Documentation of eligibility, intake, comprehensive assessments, individual care plans, and progress of clients on a standard medical care management form Maintain a single record for each client |
| Staff ensures clients are connected to the appropriate services when needed | Documentation of all services provided/offered to clients |

| Standard | Measure |
|----------|--|
| | Completion of the Client Transition Plan for clients who are deemed ineligible for oral health services or deemed ready to be transitioned out of these services |

Personnel Qualifications

Prior to performing HIV/AIDS oral health services, all dental staff will be oriented and trained in policies and procedures of the general practice of dentistry and, specifically, the provision of dental services to people living with HIV.

| Standard | Measure |
|---|--|
| Staff will meet minimum qualifications | Documentation of appropriate licensure and/or degrees |
| Staff will have clear understanding of job responsibilities | Documentation of current job descriptions on file that are signed by staff and appropriate supervisors |
| Staff are competent | Documentation of a training plan that includes specific topics, identification of the trainer, and a timeline for all newly employed staff |
| These training programs shall include (at minimum): <ul style="list-style-type: none"> • Basic HIV information • Orientation to the office and policies related to the oral health of people living with HIV • Infection control and sterilization techniques • Methods of initial evaluation of the patient living with HIV disease • Education and counseling of patients regarding maintenance of their own health • Recognition and treatment of common oral manifestations and complications of HIV disease • Recognition of oral signs and symptoms of advanced HIV disease, including treatment and/or appropriate referral | Training documentation on file maintained in personnel record. |

Assessment and Service Plan

Initial Assessment

At the start of Oral Health Services, a baseline dental evaluation must be conducted.

Medical history. The provider shall perform a complete medical history for every new patient. This should include:

- Client's chief complaint
- HIV medical care provider
- Current medication regimen(s) and adherence, including HIV medications
- Alcohol, drug, and tobacco use
- Allergies
- Usual oral hygiene
- Date of last dental examination, and name of last dentist if known

Oral examination. Each patient should be given a comprehensive oral examination and assessment.

An oral examination should include:

- Documentation of the client’s presenting complaint
- Medical and dental history
- Caries (cavities) charting
- X-rays: Full mouth radiographs or panoramic and bitewing x-rays
- Complete oral hygiene and periodontal exam
- Comprehensive head and neck exam
- Complete intra-oral exam, including evaluation for HIV-associated lesions or sexually transmitted infections (STIs)
- Soft tissue exam for cancer screening
- Pain assessment
- Risk factors

Preventative Care and Maintenance

Education shall include:

- Instruction on oral hygiene, including proper brushing, a strategy to remove plaque from between the teeth, and mouth rinses
- Counseling regarding behaviors that may influence oral health (e.g., tobacco use, unprotected oral sex, body piercing)
- General health conditions that may compromise oral health
- The effect of nutrition on oral health.

Clients should be scheduled for routine dental health maintenance visits, as follows:

- Routine examination. Prophylaxis and fluoride varnish or silver diamine fluoride (SDF) twice a year
- Comprehensive cleaning at least once a year
- Other procedures, such as root planing/scaling as needed

| Standard | Measure |
|---|--|
| Conduct a baseline dental evaluation that shall include at a minimum: <ul style="list-style-type: none"> • Medical history • Intra-oral and extra-oral examination • Education | Performance of a timely initial assessment, including evidence of a medical history, oral examination, and education as specified above, as well as provision and documentation of applicable referrals/linkages, will be monitored via site visit chart review. |
| Oral Health providers should emphasize prevention with fluoride varnish application. Clients should always be provided with information regarding prevention, early detection of oral disease, and preventive oral health practices, including what to do if having a dental emergency. | All client contacts, findings, procedures, diagnoses, education, and other information pertinent to patient care must be recorded in the client chart. |
| Clients will receive an intra-oral and extra-oral examination (this includes head and neck exam) by an oral health provider at least annually. The oral examination should include fluoride varnish application and an oral cavity exam | Clients who received an oral examination by an oral health provider. |

Treatment Plan

Oral Health providers should create an individualized dental treatment plan for each patient. The plan should:

- Identify and prioritize the patient's caries control status, periodontal status, and dental care needs
- Incorporate client input
- Describe the proposed interventions and treatment schedule
- Include any referrals and linkages to specialty care or other needed services
- Be signed and dated by the provider

The treatment plan should be reviewed at each appointment and revised as needed.

| Standard | Measure |
|---|---|
| Clients requiring specialized care should be referred for and linked to such care via the client's case manager and/or Ryan White oral health provider with documentation of that referral in the client file and available upon request. | Development and revision of individualized treatment plans that meet the requirements laid out above will be monitored via review of client charts and/or electronic health records during site visits. |



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 1st to 28th:

- **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**

RW 2024-25 PART A AWARD INFORMATION

| Funding Source | Total RW 2024-25 Award |
|---------------------------|------------------------|
| Part A | 11,667,474.00 |
| Part A MAI | 784,859.00 |
| TOTAL AWARD AMOUNT | 12,452,333.00 |

| |
|--|
| <p>RW 2024-25 YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN <i>Through February 2025</i></p> |
|--|

FY24-25 ALLOCATION BREAK DOWN

| Funding Source | Admin. \$ | Admin. % | CQM \$ | CQM % | RW 2024-25 Service dollars | Total | CORE Medical Services | Support Services |
|----------------|---------------------|----------|-------------------|-------|----------------------------|----------------------|-----------------------|------------------|
| Part A | 1,131,364 | 10% | 349,067 | 3% | 10,187,043 | 11,667,474 | 49.96% | 50.04% |
| Part A MAI | 78,486 | 10% | 32,933 | 4% | 673,440 | 784,859 | | |
| TOTAL | 1,209,850.00 | | 382,000.00 | | 10,860,483.00 | 12,452,333.00 | 70% | 30% |

Ryan White Part A Allocations

% Elapsed 100%

| Service Categories | HRSA Ranking | Priority Ranking | RW 2024-25 HPG Initial Allocation | % | HPG & Recipient Approved Actions +/- | RW 2024-25 HPG Adjusted Allocation | % | RW 2024-25 Year to Date Expenditure | RW 2024-25 Year-to-Date % Expenditure/Budget | RW 2024-25 Balance | Comments |
|--|--------------|------------------|-----------------------------------|-----|--------------------------------------|------------------------------------|-----|-------------------------------------|--|--------------------|----------|
| Outpatient Ambulatory Health Services: Primary Care | 1l | 1 | 1,102,630.00 | 11% | 826,112.00 | 1,928,742.00 | 19% | 1,352,778.91 | 70% | 575,963.09 | |
| Outpatient Ambulatory Health Services: Medical Specialty | 1l | 2 | 195,000.00 | 2% | - | 195,000.00 | 2% | 147,641.00 | 76% | 47,359.00 | |
| Psychiatric Medication Management | 1j | 12 | 6,000.00 | 0% | 11,393.55 | 17,393.55 | 0% | 12,709.03 | 73% | 4,684.52 | |
| Oral Health | 1k | 3 | 160,940.00 | 2% | 80,631.00 | 241,571.00 | 2% | 161,407.62 | 67% | 80,163.38 | |
| Medical Case Management | 1h | 4 | 1,151,853.00 | 11% | - | 1,151,853.00 | 11% | 1,191,561.25 | 103% | (39,708.25) | |
| Non-Medical Case Management for Housing | | 6 | 200,000.00 | 2% | (200,000.00) | - | | - | 0% | - | |
| Housing: Emergency Housing | 2e | 7 | 1,515,998.00 | 15% | (332,483.00) | 1,183,515.00 | 12% | 1,082,734.18 | 91% | 100,780.82 | |
| Housing: Location, Placement and Advocacy Services NEW | | 8 | 100,000.00 | 1% | (100,000.00) | - | | - | 0% | - | |
| Housing: Partial Assistance Rental Subsidy (PARS) | 2e | 9 | 807,507.00 | 8% | 43,000.00 | 850,507.00 | 8% | 574,011.60 | 67% | 276,495.40 | |
| Non-Medical Case Management | 2h | 5 | 392,021.00 | 4% | - | 392,021.00 | 4% | 361,648.82 | 92% | 30,372.18 | |
| Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF) | 1c | 13 | 993,157.00 | 10% | - | 993,157.00 | 10% | 992,942.19 | 100% | 214.81 | |
| Childcare Services | 2a | | - | 0% | - | - | 0% | - | 0% | - | |
| Early Intervention Services: Regional Services | 1c | 14 | 810,000.00 | 8% | (20,000.00) | 790,000.00 | 8% | 695,543.64 | 88% | 94,456.36 | |
| Health Education & Risk Reduction | 2d | 14a | - | 0% | - | - | 0% | - | 0% | - | |
| Outreach Services | 2j | 14b | - | 0% | - | - | 0% | - | 0% | - | |
| Referral Services | 2l | 14c | - | 0% | - | - | 0% | - | 0% | - | |
| Referral to Health and Supportive Services (Peer Navigation) | | 16 | 300,000.00 | 3% | (86,800.00) | 213,200.00 | 2% | 195,353.42 | 92% | 17,846.58 | |

| Ryan White Part A Allocations | | | | | | | | | | | | |
|---|--------------|------------------|--|-------------|---|---|-------------|--|---|---------------------------|-----------------|----------|
| Service Categories | HRSA Ranking | Priority Ranking | RW 2024-25 HPG Initial Allocation | % | HPG & Recipient Approved Actions +/- | RW 2024-25 HPG Adjusted Allocation | % | % Elapsed | | 100% | | Comments |
| | | | | | | | | RW 2024-25 Year to Date Expenditure | RW 2024-25 Year-to-Date % Expenditure/Budget | RW 2024-25 Balance | | |
| Mental Health: Counseling/Therapy & Support Groups | 1j | 10 | 900,000.00 | 9% | (171,000.00) | 729,000.00 | 7% | 649,405.81 | 89% | 79,594.19 | | |
| Psychosocial Support Services | | 17 | 46,744.00 | 0% | (46,744.00) | - | 0% | - | 0% | - | | |
| Substance Abuse Services: Outpatient | 1m | 11 | 260,127.00 | 3% | 53,000.00 | 313,127.00 | 3% | 312,837.94 | 100% | 289.06 | | |
| Substance Abuse Services: Residential | 2o | 18 | - | 0% | - | - | 0% | - | 0% | - | | |
| Home-based Health Care Coordination | 1e | 19 | 228,500.00 | 2% | (73,120.00) | 155,380.00 | 2% | 107,676.90 | 69% | 47,703.10 | | |
| Transportation: Assisted and Unassisted | 2g | 20 | 122,830.00 | 1% | 29,000.00 | 151,830.00 | 1% | 140,770.99 | 93% | 11,059.01 | | |
| Food Services: Food Bank/Home-Delivered Meals | 2c | 21 | 536,073.00 | 5% | - | 536,073.00 | 5% | 535,362.04 | 100% | 710.96 | | |
| Medical Nutrition Therapy | 1i | 22 | 35,542.00 | 0% | - | 35,542.00 | 0% | 33,693.12 | 95% | 1,848.88 | | |
| Legal Services | 2i | 23 | 285,265.00 | 3% | - | 285,265.00 | 3% | 285,232.84 | 100% | 32.16 | | |
| Emergency Financial Assistance | 2b | 24 | 36,856.00 | 0% | 42,804.00 | 79,660.00 | 1% | 67,237.95 | 84% | 12,422.05 | | |
| Home Health Care | 1f | 25 | - | 0% | - | - | 0% | - | 0% | - | | |
| Early Intervention Services: HIV Counseling and Testing | 1c | 26 | - | 0% | - | - | 0% | - | 0% | - | | |
| Cost-Sharing Assistance | 1d | 27 | - | 0% | - | - | 0% | - | 0% | - | | |
| Hospice | 1g | 28 | - | 0% | - | - | 0% | - | 0% | - | | |
| Subtotal | | | 10,187,043.00 | 100% | 55,793.55 | 10,242,836.55 | 100% | 8,900,549.25 | 87% | 1,342,287.30 | | |
| Ryan White Part A Minority AIDS Initiative (MAI) | | | RW 2024-25 HPG Initial Allocation | | HPG & Recipient Approved Actions +/- | RW 2024-25 HPG Adjusted Allocation | % | RW 2024-25 Year to Date Expenditure | RW 2024-25 Year-to-Date % Expenditure/Budget | RW 2024-25 Balance | Comments | |
| Multi-Disciplinary Team | | | 593,183.00 | | - | 593,183.00 | 86% | 511,851.00 | 86% | 81,332.00 | | |
| Housing: Emergency Housing | | | 100,000.00 | | - | 100,000.00 | 14% | 92,377.19 | 92% | 7,622.81 | | |
| Subtotal | | | 693,183.00 | | - | 693,183.00 | 100% | 604,228.19 | 87% | 88,954.81 | | |
| TOTAL | | | 10,880,226.00 | | 55,793.55 | 10,936,019.55 | | 9,504,777.44 | 87% | 1,431,242.11 | | |

| CORE and Support Services Allocation Breakdown | | | |
|--|----------------------|---------------------|---------------------|
| Total Allocation | | Total Expenditure | Total Balance |
| CORE Medical Services | 5,186,313.55 | 4,291,536.21 | 894,777.34 |
| Support Services | 5,103,029.70 | 4,609,013.04 | 494,016.66 |
| TOTAL | 10,289,343.25 | 8,900,549.25 | 1,388,794.00 |

Other funding info

Month: Feb-25 Part A & Part B Prevention Comp A/C HRSA 20-078

| YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN AS OF DEC 2024 | | | | | | |
|--|------------------------------|--------------------------|--------------------|---------------|---------------------|---|
| RW2425 SERVICE DOLLAR ALLOCATIONS AND EXPENDITURES | | | | | | |
| Funding Source | RW 2024/2025 Service Dollars | Contract YTD Expenditure | % of Year Invoiced | % Spent | Balance | Comments |
| Ryan White Part B | | | | | | |
| Outpatient Ambulatory Health Services (Medical) | - | - | 91.60% | 0.00% | - | Part A Payment Summary (Part B funding) |
| Early Intervention Services (Expanded HIV Testing) | - | - | 91.60% | 0.00% | - | Part A Payment Summary (Part B funding) |
| Early Intervention Services (Focused Testing) | 187,900.00 | \$164,126.51 | 91.60% | 87.35% | 23,773.49 | Part B Payment Summary |
| Medical Case Management (Emergency Financial Assistance) | 177,600.00 | \$99,170.74 | 91.60% | 55.84% | 78,429.26 | Part B Payment Summary |
| Housing (Substance Abuse Services-Residential) | 589,552.00 | \$512,534.77 | 91.60% | 86.94% | 77,017.23 | Part B Payment Summary |
| Non-medical Case Management (Rep Payee) | 50,000.00 | \$31,160.91 | 91.60% | 62.32% | 18,839.09 | Part B Payment Summary |
| CoSD Medical Case Management | 392,403.61 | 272,862.43 | 91.60% | 69.54% | 119,541.18 | Part B Cost Report |
| CoSD Early Intervention Services | 375,134.29 | 333,475.31 | 91.60% | 88.89% | 41,658.98 | Part B Cost Report |
| Ryan White Part B Total | 1,772,589.90 | 1,413,330.67 | | | 359,259.23 | |
| Prevention (27-0047) - awaiting | | | | | | |
| <i>Counseling and Testing</i> | | | | 0.00% | - | Payment Summary |
| <i>Evaluation/ Linkage Activities/ Needs Assessment</i> | | | | 0.00% | - | Payment Summary |
| Prevention Total | - | - | | 0.00% | - | |
| HRSA Ending the HIV Epidemic Total - 20-078 FY2324 | 4,061,078.00 | 624,269.73 | | 15.37% | 3,436,808.27 | Payment Summary |
| TOTAL | 5,833,667.90 | 2,037,600.40 | | | 3,796,067.50 | |

Program: HIV Planning Group - Administrative Budget
 Year: RW 2024

| DETAILED INTERNAL BUDGET | | | | |
|---|--------------------------|-------------------------------|-----------------|--------------------------|
| Budget Period: 03/01/2024 to 2/28/2025 CFD#: 93.914 Updated - 3/2024-2/2025 Expenditures for 5/2025 Meeting | % of Year Elapsed | 100.0% | | |
| | FY 24 Budget | YTD Total Expenditures | Expended | Remaining Balance |
| Personnel Expenses (Salary & Benefits) | \$ 307,705.26 | \$ 438,059.55 | 142.36% | \$ (130,354.29) |
| Interpreter Services | \$ 10,200.00 | \$ 15,345.05 | 150.44% | \$ (5,145.05) |
| Food | \$ 7,100.00 | \$ 7,093.08 | 99.90% | \$ 6.92 |
| Staff Training | \$ 250.00 | \$ - | 0.00% | \$ 250.00 |
| Office Expenses | \$ 5,731.00 | \$ 7,774.83 | 135.66% | \$ (2,043.83) |
| Mileage and Gas Cards | \$ 7,100.00 | \$ 3,301.08 | 46.49% | \$ 3,798.92 |
| Zoom and WiFi (MiFi) | \$ 1,323.00 | \$ 3,220.07 | 243.39% | \$ (1,897.07) |
| TOTAL PC BUDGET | \$ 339,409.26 | \$ 474,793.66 | 139.89% | \$ (135,384.40) |

2025 HIV Planning Group Outreach

| Date | Event | Location | Zipcode | Region | Activities | Population | Notes |
|--------|---|----------------------------------|---------|---------------|------------------|------------------------|-------|
| 25-Jan | HIV and Cognition Workshop | 3909 Centre St., San Diego, CA | 92103 | Central | Outreach/tabling | Aging | |
| 7-Feb | National Black HIV/AIDS Awareness Day | | | | Health campaign | Black/African American | |
| 6-Mar | Harm Reduction Services Program | 3851 Rosecrans St, San Diego, CA | 92110 | Central | County program | Providers; PEH | |
| 10-Mar | National Women and Girls HIV/AIDS Awareness Day | | | | Health campaign | Women; Youth | |
| 15-Mar | A Woman's Voice Conference | 1100 Market St, San Diego, CA | 92101 | Central | Outreach/tabling | Women; Youth | |
| 20-Mar | National Native HIV/AIDS Awareness Day | | | | Health campaign | Rural/Tribal Nations | |
| 27-Mar | Harm Reduction Services Program | 3851 Rosecrans St, San Diego, CA | 92110 | North Central | County program | Providers; PEH | |
| 3-Apr | Harm Reduction Services Program | 3851 Rosecrans St, San Diego, CA | 92110 | North Central | County program | Providers; PEH | |
| 10-Apr | Harm Reduction Services Program | 3851 Rosecrans St, San Diego, CA | 92110 | North Central | County program | Providers; PEH | |
| 10-Apr | National Youth HIV & AIDS Awareness Day | | | | Health campaign | Youth | |
| 18-Apr | National Transgender HIV Testing Day | | | | Health campaign | LGBTQ+ | |
| 22-Apr | San Diego City College Health & Wellness Fair | 1313 Park Blvd., San Diego, CA | 92101 | Central | Outreach/tabling | Youth; General | |
| 14-May | HIV 101 / HPG Presentation | 1315 25th Street, San Diego, CA | 92102 | Central | Presentation | General; Women | |
| 15-May | Harm Reduction Services Program | 3851 Rosecrans St, San Diego, CA | 92110 | Central | County program | Providers; PEH | |
| 19-May | CARE Partnership Presentation | 5101 Market St, San Diego, CA | 92114 | Central | Presentation | Women; Youth | |
| 22-May | Harm Reduction Services Program | 3851 Rosecrans St, San Diego, CA | 92110 | Central | County program | Providers; PEH | |
| 5-Jun | HIV Long-Term Survivors Day | | | | Health campaign | Aging | |
| 11-Jun | CEG Meeting | 5101 Market St, San Diego, CA | 92114 | Central | Meeting | | |
| 21-Jun | The Collective Coalition Sober Pride 2025 | 1625 Newton Ave, San Diego, CA | 92113 | Central | Outreach/tabling | LGBTQ+ | |
| 23-Jun | Public Health Advocate Camp | 2202 Comstock St, San Diego, CA | 92111 | North Central | Presentation | Youth | |
| 24-Jun | Public Health Advocate Camp | 2203 Comstock St, San Diego, CA | 92111 | North Central | Presentation | Youth | |
| 25-Jun | Public Health Advocate Camp | 2203 Comstock St, San Diego, CA | 92111 | North Central | Presentation | Youth | |
| 26-Jun | Public Health Advocate Camp | 2205 Comstock St, San Diego, CA | 92111 | North Central | Presentation | Youth | |
| 27-Jun | Public Health Advocate Camp | 2206 Comstock St, San Diego, CA | 92111 | North Central | Presentation | Youth | |
| 27-Jun | La Maestra Pride Health Fair | | | | Outreach/tabling | LGBTQ+ | |
| 27-Jun | National HIV Testing Day | | | | Health campaign | General | |
| 16-Jul | CEG Meeting- Happyville | | | | Meeting | General | |
| 19-Jul | San Diego Pride Festival | 1549 El Prado, San Diego, CA | 92101 | Central | Outreach/tabling | LGBTQ+ | |
| 20-Jul | San Diego Pride Festival | 1549 El Prado, San Diego, CA | 92101 | Central | Outreach/tabling | LGBTQ+ | |
| 20-Aug | CEG Meeting | | | | Meeting | General | |
| 17-Sep | CEG Meeting | | | | Meeting | General | |
| 15-Oct | National Latinx AIDS Awareness Day | | | | Health campaign | Hispanic/Latinx | |
| 15-Oct | CEG Meeting | | | | Meeting | | |
| 12-Nov | CEG Meeting | | | | Meeting | | |
| 1-Dec | Truax Awards | | | | County program | General | |
| 1-Dec | World AIDS Day | | | | Health campaign | General | |
| 12-Dec | CEG Meeting | | | | Meeting | General | |

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

| STEERING COMMITTEE | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | # |
|---|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|----------|
| Total Meetings | 1 | 1 | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 7 |
| (7) Members | | | | | | | | | | | | | |
| Community Engagement Group Michael Donovan | * | * | * | NM | NM | * | NM | * | NM | * | NM | * | 0 |
| Medical Standards & Evaluation Committee Dr. David Grelotti | | | | | | | | 1 | NM | 1 | NM | JC | 2 |
| Membership Committee Felipe Garcia-Bigley | | | | NM | NM | 1 | NM | * | NM | * | NM | * | 1 |
| Priority Setting & Resource Allocation Committee Rhea Van Brocklin | * | * | 1 | NM | NM | * | NM | * | NM | * | NM | 1 | 2 |
| Strategies & Standards Committee Michael Wimpie | | | | | NM | * | NM | 1 | NM | * | NM | * | 1 |
| HIV Planning Group Mikie Lochner (Chair) | * | * | * | NM | NM | * | NM | 1 | NM | * | NM | * | 1 |
| HIV Planning Group Cinnamen Kubricky (Vice-Chair) | * | * | * | NM | NM | * | NM | * | NM | * | NM | * | 0 |

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

* = Present

1 = Absent for the month

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

JC = Just Cause

EC = Emergency Circumstance

NM = No Meeting

NQ = No Quorum