

SAN DIEGO HIV PLANNING GROUP (HPG)



Wednesday, May 27, 2026, 3:00 PM – 5:00 PM
Southeastern Live Well Center
5101 Market Street, San Diego, CA 92114
Tubman Chavez Rooms A and B

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

Wednesday, May 27, 2026

3:00 PM – 5:00 PM

Southeastern Live Well Center

5101 Market Street

San Diego, CA 92114

Tubman Rooms A & B



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

FROM I-805 SOUTH:

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

FROM I-805 NORTH:

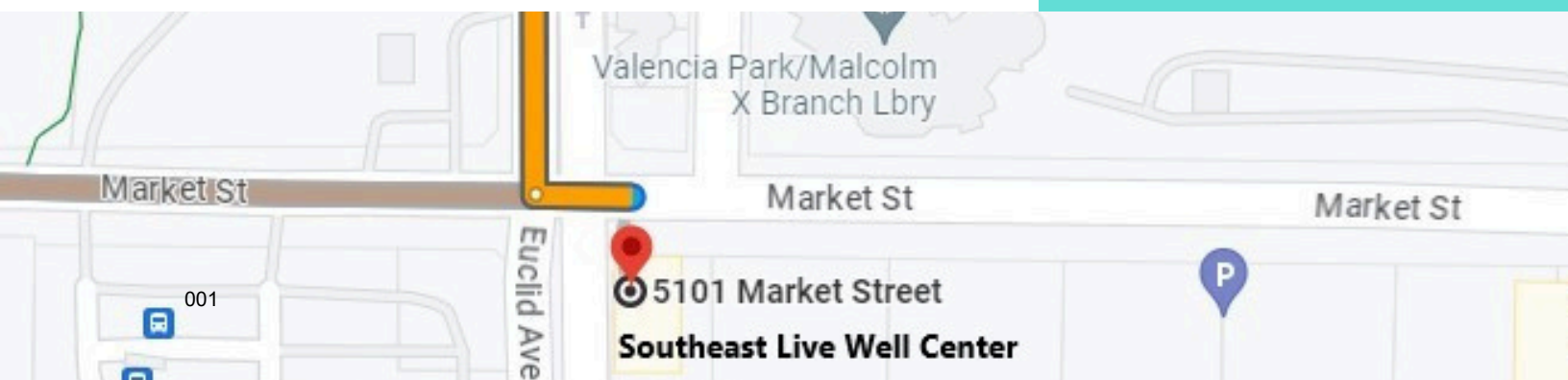
1. Head southeast on I-805 South.
2. Take exit 13A for CA-94-E/M L King Jr. Fwy.
3. Merge onto CA-94 E.
4. Take exit 4A for Euclid Ave.
5. Turn left onto Euclid Ave.
6. Use the left 2 lanes to turn left onto Market St.
7. The destination will be on your right.



PUBLIC TRANSPORTATION

MTS Trolley:
Orange Line

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



Procedure of HPG Public Requests During HPG Meetings

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

The process/procedure for responding is as follows.

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

Explain the process for a response and indicate that:

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

HPG CONFLICT OF INTEREST (COI) SHEET

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

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

**Referral for Healthcare and Support Services

No Conflicts

Aguilar, Nicole
Aguirre Mendoza, Marco
Blea, Leroy
Donovan, Michael

Garcia, Rosemary
Garland, Kalee
Fleming, Tyra

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

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

SAN DIEGO HIV PLANNING GROUP (HPG)



Wednesday, May 27, 2026, 3:00 PM – 5:00 PM
Southeastern Live Well Center
5101 Market Street, San Diego, CA 92114
Tubman Chavez Rooms A and B

To participate remotely via Zoom:

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

Call in: +1 (669) 444-9171

Meeting ID (access code): 853 6898 7291

Password: SDHPG

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

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

A quorum for this meeting is thirteen (13)

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

ORDER OF BUSINESS

1. Call to order and roll call (3:00-3:05)
2. Welcome, moment of silence, matters from the Chair (3:05-3:10)
3. Public comment (for members of the public) – concerns/questions/suggestions for future training topics/agenda items (3:10-3:20)
4. HPG Member Open Forum – concerns/questions/suggestions for future training topics/agenda items (3:20-3:25)
5. **ACTION:** Approve the HPG agenda for May 27, 2026 (3:25-3:30)
6. HIV, STD, and Hepatitis Branch (HSHB) Report (3:30-3:50)
7. Routine Business: (3:50-4:00)
 - a. **ACTION:** Approval of consent agenda for May 27, 2026 which includes:

- i. Approval of HPG minutes from April 22, 2026
- ii. Acceptance of the following committee minutes:

Steering Committee	March 13, 2026
Membership Committee	None
Priority Setting and Resource Allocation Committee	January 8, 2026
Medical Standards and Evaluation Committee	February 10, 2026
Community Engagement Group	None
Strategies and Standards Committee	February 3, 2026

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

SAN DIEGO HIV PLANNING GROUP (HPG)

CARE Partnership

March 16, 2026

- iii. (*Membership Committee*): HPG appointments/reappointments – none
 - b. Report Outs (Office of AIDS, Housing Committee, other committees)
 - c. **Review**: HPG attendance
8. New Business: (4:00-4:40)
- a. **ACTION**: FY 26 reallocations (current fiscal year, March 1, 2026 – February 28, 2027)
 - b. **ACTION** (*Priority Setting and Resource Allocation Committee*): Approve new FY 26 service categories
 - c. **ACTION** (*Strategies and Standards Committee*): Approve criteria on the extension requirements for the PARS enrollment
 - d. **ACTION** (*Strategies and Standards Committee*): Approve Food Bank/Home Delivered Meals Service Standard
9. Old Business: (4:40-4:50)
- a. **Discussion**: 2026 Retreat Debrief
10. HPG Support Staff Updates (4:50-4:55)
11. Announcements (4:55-5:00)
12. Adjournment (5:00)

Next Meeting Date: **Wednesday, June 24, 2026, at 3:00 PM – 5:00 PM**

Location: North Central Live Well Center, 5055 Ruffin Rd, San Diego, CA 92123 (PBS Room 2220) and via Zoom

HSHB Report to HPG

May 2026



COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY



LIVE WELL
SAN DIEGO



Ryan White - Key Metrics Overview

Expenditure Report

Expenditure Report includes expenses through February (100% of year for most categories)

Service Utilization

Due to last year's transition to HIV Care Connect, a service utilization report for April 2025 was not completed. Therefore, Prior Year Total data cannot be compared for this month's report.

Viral Suppression

Viral suppression of clients receiving services in the month of April 2026 was 95% for clients who have viral load tests documented in HCC.

Spending

- Expenditures for FY25
- Timeline for Final FY25 Expenditures



Service Utilization

- There were **1,651** total clients served March-April 2026.
- Part A Services:
 - Primary Care: **440** total clients served
 - Early Intervention Services: **382** total clients served
 - Medical Case Management Services: **392** total clients served
 - Mental Health Services Counseling/Therapy: **79** total clients served
 - Food Services: Food Bank/Home Delivered Meals
 - Total clients served: **149**
 - Meals provided: **4,048**



PARS Report – as of 5/14/2026

Current Clients Summary Table

Category	Details
Total Clients	86 clients currently enrolled
Gender	59 male, 17 female, 10 transgender
Race / Ethnicity	8 Black, 53 Hispanic/Latino, 20 White, 3 Asian, 1 American Indian, 1 Unknown
Age Groups	57 over 45, 27 ages 31-44, 2 ages 18-30
Regions	Central 63, East 8, South 10, North 5



PARS Report – as of 5/14/2026

Waiting List Summary Table

Category	Details
Total Waitlist	78 clients currently on the waitlist
Previously Enrolled (PARS)	27 previously enrolled in PARS
New Applicants	51 new applicants
Gender	56 male, 15 female, 7 transgender
Race / Ethnicity	19 Black, 41 Hispanic/Latino, 16 White, 1 Asian, 1 American Indian
Age Groups	50 over 45, 25 ages 31-44, 3 ages 18-30
Regions	Central 51, East 12, South 7, North 8

April 2026 Client Service Evaluation (Goldenrods)

Description	Total #
# Goldenrods Received	2
# of Providers	2
# Satisfactory Remarks	1
# Unsatisfactory Remarks	1
# Remarks Requiring Follow-Up	1



2026 HIV Prevention & EHE

Measures of Success

Measure	Goal	Current
People vulnerable to HIV outreach received PrEP information	100%	100%
People requesting linkage to PrEP prescriber linked within 30 days	80%	77%
People newly diagnosed with HIV linked to ART within 7 days	85%	77%
People newly diagnosed with STI linked to treatment within 7 days	80%	N/A
Confirmed HIV positive rate	>1%	3%
Tests conducted within identified priority populations	70%	90%

2026 HIV Prevention & EHE

Status-neutral linkage to and retention in care
Community-based and focused testing

HCV	
Tests	356
Positives	0
Linkages	0

STIs	
Tests	274
Positives	0
Linkages	0

HIV	
Tests	612
Positives	17
Linkages to ART	13
Linkages to PrEP	64

HSHB Prevention Dashboard



public.tableau.com/app/profile/cosdhiv



2026 HIV Prevention & EHE

Harm reduction

Benefits navigation

Harm Reduction	
Harm Reduction Kits	4,316
Hygiene Kits	1,701
Safer Sex Kits	1,930
Syringe Services Supplies	579

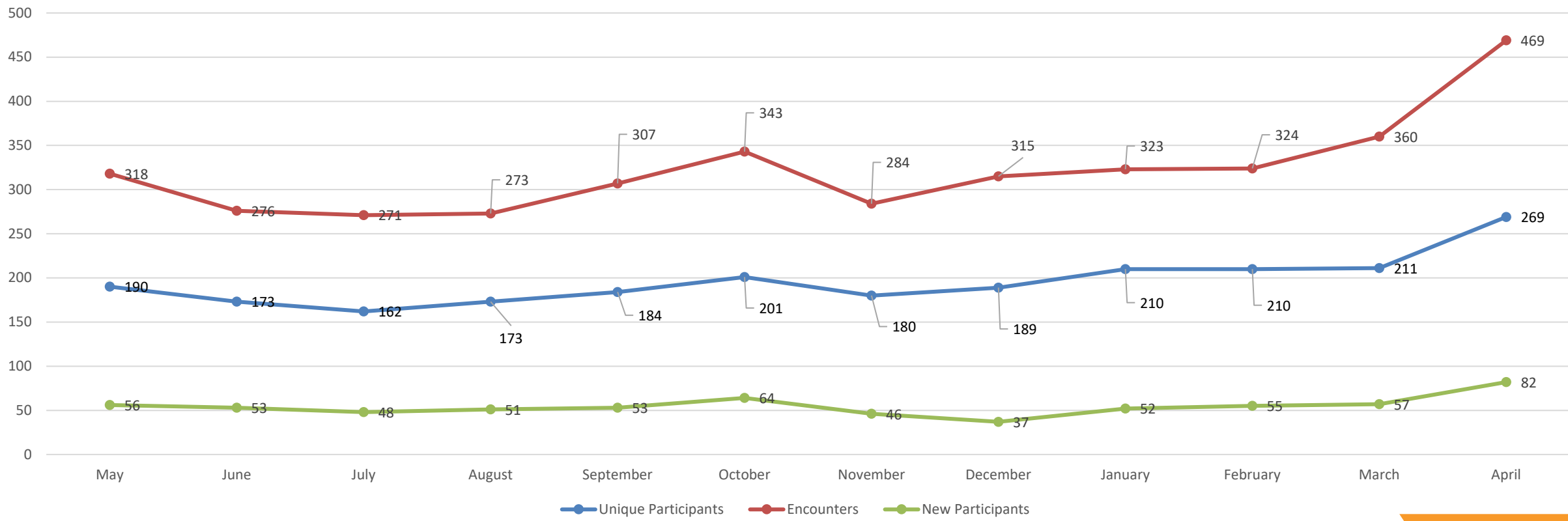
Benefits Navigation	
Navigation Outreach Events	10
Referrals to HIV Care	44
Individuals Receiving Benefits Navigation Assistance*	195

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



County of San Diego Harm Reduction Services

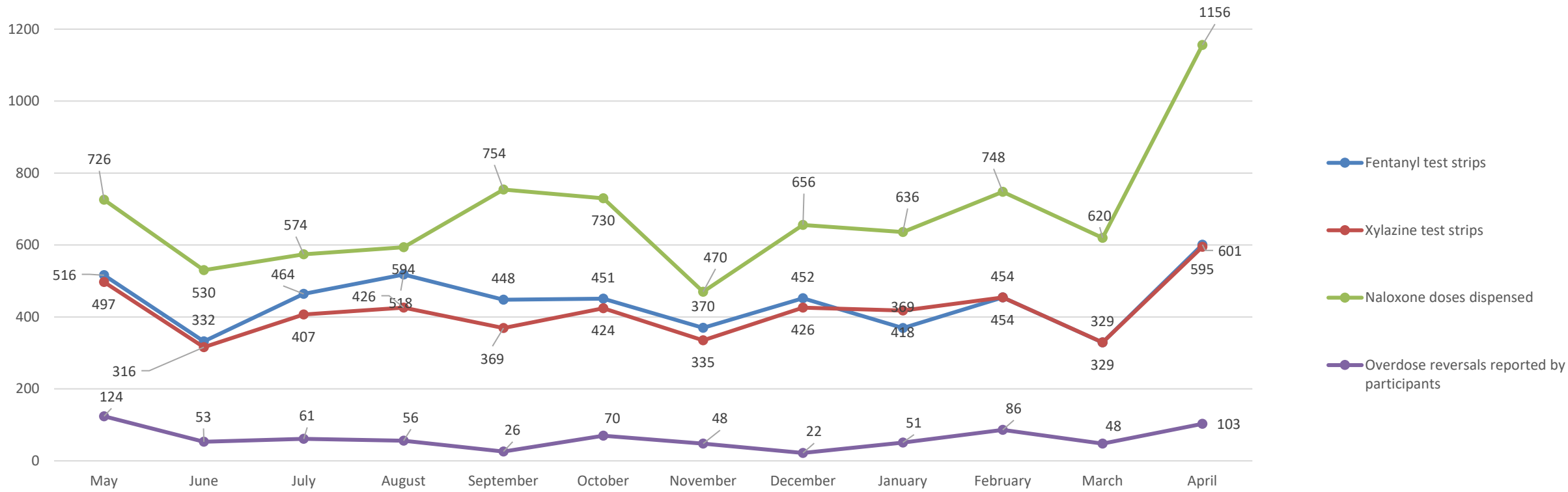
Participants





County of San Diego Harm Reduction Services

Overdose Prevention





HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES
5530 OVERLAND AVENUE, SUITE 210, MS P-578
SAN DIEGO, CA 92123-1507
(619) 542-4170 • FAX (619) 542-4186

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INTERIM DIRECTOR

SAYONE THIALOLIPAVAN, MD, MPH
PUBLIC HEALTH OFFICER

**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
May 2026**

Updates are bolded

Ryan White Part A

Ryan White Part A Service Utilization Report provides data regarding clients and service utilization through April 30, 2026.

- **To date, the Ryan White Part A system of care provided services to 1,651 clients.**
- **Viral suppression of clients receiving services in the month of April 2026 was 95% for clients who have viral load tests documented in HCC.**
- **For the period (3/1/25 – 2/28/26), the report reflects expenditures through February, representing 100% of the grant period.**

PARS report as of May 14, 2026: 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.

- **78 currently on the waitlist**
 - **27 on waitlist previously enrolled in PARS**
 - **51 are new applicants**
 - **Demographics of clients on the waitlist:**
 - **Gender: 56 male, 15 female, 7 transgender**
 - **Race/ethnicity: 19 Black, 41 Hispanic/Latino, 16 white, 1 Asian, 1 American Indian**
 - **Age: 50 over 45, 25 ages 31-44, 3 ages 18-30**
 - **Central region 51, East 12, South 7, North 8**
- **86 currently enrolled**
 - **Demographics of clients currently enrolled:**
 - **Gender: 59 male, 17 female, 10 transgender**
 - **Race/ethnicity: 8 Black, 53 Hispanic/Latino, 20 white, 3 Asian, 1 American Indian, 1 Unknown**
 - **Age: 57 over 45, 27 ages 31-44, 2 ages 18-30**
 - **Central region 63, East 8, South 10, North 5**

Goldenrods Summary

April 2026 Goldenrods	Total Number
# Goldenrods Received	2
# of providers	2
# Satisfactory Remarks	1
# Unsatisfactory Remarks	1
# Remarks Requiring Follow-Up	1

Minority AIDS Initiative (MAI) – Under Part A, MAI funding provides core medical and related support services for racial and ethnic minority populations disproportionately affected by HIV.

Funded activities:

1. **Medical Case Management - \$226,033**
2. **Non-Medical Case Management - \$45,657**
3. **Mental Health Services - \$102,108**
4. **Early Intervention Services - \$44,715**
5. **Peer Navigation - \$22,548**
6. **Outreach Services - \$18,536**
7. **Substance Abuse - \$114,639**
8. **Temporary Housing - \$100,000**

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.

The current Part B grant is funded for a five-year period from April 1, 2024, through March 31, 2029. We are now in the third year of the grant cycle.

Current fiscal year (FY): April 1, 2026 – March 31, 2027

HRSA has updated the Part A allocation formula, resulting in reduced Part A funding for six of California’s eight Part A jurisdictions. To help offset this reduction, HRSA increased the Part B allocation for Years 3 – 5. The total grant award for Part B is \$2,426,948 for FY26-27.

Funded activities:

1. **Legal Services - \$285,264**
2. Linkage to Care (Bridge/Outreach Program) - \$92,480
3. Fiscal Intermediary Services (Emergency Financial Assistance, Residential Substance Use Treatment, Representative Payee) - \$1,153,817
4. Administrative Services - \$115,000
5. County of San Diego HSHB - \$780,386
 - a. CoSD Medical Case Management

b. CoSD Early Intervention Services (Data to Care)

Program Update:

- **Focused HIV Testing contracts expired on March 31, 2026. Community-Based Testing efforts are now conducted under HIV Prevention (PS24-0047).**
- **Legal Services are now being funded under Part B (previously funded under Part A).**

HIV Prevention
PS24-0047

CDC funding for HIV prevention is entitled “High-Impact HIV Prevention (HIP) and Surveillance Programs for Health Departments.” Activities are based on the Office of AIDS HIV prevention strategies which are to 1) Strengthen disease investigation infrastructure; 2) Expand and provide navigation services; and 3) Expand access to syringe services for people who inject drugs.

PS24-0047 is a five-year funded grant (August 1, 2024 – May 31, 2029) which is currently in Year 2.

Current fiscal year: June 1, 2025 – May 2026

Funded activities (1/1/26-5/31/26):

- HIP/Community-Based Testing - **\$310,121**
- Social Media - **\$33,521**
- Data/Evaluation Support - **\$16,700**

Program Update:

- **Notice of Award for Year 23 funding is still pending. CDPH continues to work with CDC Project Officer and recommended funded counties assume flat funding.**

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

CDC EHE
PS24-0047

CDC Ending the HIV Epidemic funding 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.

PS24-0047 is a five-year funded grant (August 1, 2024 – May 31, 2029) which is currently in Year 2.

Current fiscal year: June 1, 2025 – May 2026

Funded activities:

- Wrap Around Services for Persons Who Inject Drugs (provide comprehensive testing, navigation services, and linkage to SUD treatment and resources) - **\$300,000**

- Mobile PrEP (provide PrEP-related medical evaluation and care, testing, and linkage to benefit navigation) - **\$265,606**
- Routine Opt-Out Testing (ROOT in primary care, urgent care, and emergency departments) - **\$350,000**
- Getting to Zero Mobile Application (GTZ) and Resource Guide (develop and maintain mobile application and guide) - **\$23,500**
- Benefits Navigation (help clients enroll in necessary benefits programs, including Medi-Cal, Covered California, ADAP, PrEP-AP, CalFresh, pharmaceutical patient assistance programs, etc.) - **\$175,000**
- Transgender Services (address the needs of and reduce health disparities for transgender persons) - **\$200,000**

Program Update:

- **Notice of Award for Year 23 funding is still pending. CDPH continues to work with CDC Project Officer and recommended funded counties assume flat funding.**
- **HSHB has started procurement planning for next iteration of services.**

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.

Update May 2026

- HRSA EHE Current Fiscal Year: March 1, 2026-February 28, 2027
- Final Notice of award issued by HRSA on 5/12/2026 and received by the County on 5/20/2026 for a total budget of \$2,837,918.
- Funded activities:
 - Leadership Training and Development: provide leadership training and development to 3 cohorts of 15 persons living with HIV. This activity is being implemented by Christie’s Place
 - Medical Advocacy for persons living with HIV implemented by The San Diego LGBT Community Center
 - Community Engagement for AAPI and people over 50 conducted by The San Diego LGBT Community Center
 - Emergency Housing Assistance implemented by La Maestra Family Clinic
 - Psychosocial Support Groups in collaboration with Ryan White Part A, implemented by UCSD MCAP
 - Housing Supportive Services for HOPWA eligible clients, implemented by Stepping Stone, Fraternity House, St. Vincent de Paul and Townspeople.
- Request for information meeting on Low Barrier Medical Care held on 5/7/2026
- Planned activities for this fiscal year
 - Expansion of Home Delivered Meals in collaboration with Ryan White Part A that will be implemented by Mama’s Kitchen
 - New procurement for Short-Term Rental Assistance

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, 2025 – August 31, 2026

Funded activities:

This is a three-year HRSA grant with \$500,000 annually.

- 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.

Program Update:

To date, there have been 1,409 case management encounters, referring 39 people to HIV testing and linking 1 to PrEP. Furthermore, 99 people have been linked to evidence-based substance use services, and 154 to other social support services. 13 individuals are currently enrolled in the evaluation component, being conducted by JSI through a separate HRSA-funded grant. Through the social networking strategy contract, 16 recruiters were enlisted, 472 network associates engaged, 41 people linked to HIV testing, 2 to PrEP, 34 to evidence-based substance use services, and 37 to 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:

HSHB was notified in late September that HRSP was awarded a \$300,000 COPHRI grant from the Sierra Health Foundation (CA Overdose Prevention and Harm Reduction Initiative). The grant term is 10/1/25-5/31/2027. Funding comes from State-level opioid settlement funds, managed by CDPH Office of AIDS to support authorized syringe service programs.

RW 2025-26 PART A AWARD INFORMATION

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

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

FY25-26 ALLOCATION BREAK DOWN

Funding Source	Admin. \$	Admin. %	CQM \$	CQM %	RW 2025-26 Service dollars	Total	CORE Medical Services	Support Services
Part A	1,149,330	10%	335,660	3%	10,382,266	11,867,256	40.7%	59.3%
Part A MAI	81,248	9%	34,092	4%	771,140	886,480		
TOTAL	1,230,577.80		369,752.07		11,153,406.13	12,753,736.00	49%	51%

Ryan White Part A Allocations

Service Categories	HRSA Ranking	Priority Ranking	RW 2025-26 HPG Initial Allocation	%	HPG & Recipient Approved Actions +/-	RW 2025-26 HPG Adjusted Allocation	%	% Elapsed		RW 2025-26 Balance	Comments
								RW 2025-26 Year to Date Expenditure	RW 2025-26 Year-to-Date - % Expenditure/Budget)		
Outpatient Ambulatory Health Services: Primary Care	1l	1	1,102,630.00	11%	29,157.00	1,131,787.00	11%	1,472,390.33	130%	(340,603.33)	
Outpatient Ambulatory Health Services: Medical Specialty	1l	2	195,000.00	2%	50,532.00	245,532.00	2%	38,816.32	16%	206,715.68	
Psychiatric Medication Management	1j	12	6,000.00	0%	7,500.00	13,500.00	0%	7,477.39	55%	6,022.61	
Oral Health	1k	3	160,940.00	2%	97,847.00	258,787.00	2%	270,163.66	104%	(11,376.66)	
Medical Case Management	1h	4	1,151,853.00	12%	(128,369.00)	1,023,484.00	10%	1,045,088.85	102%	(21,604.85)	
Non-Medical Case Management for Housing		6	200,000.00	2%	(50,532.00)	149,468.00		81,558.35	55%	67,909.65	
Housing: Emergency Housing	2e	9	1,183,515.00	12%	203,717.00	1,387,232.00	13%	1,079,336.98	78%	307,895.02	
Housing: Location, Placement and Advocacy Services		8	100,000.00	1%	(100,000.00)	-		-	0%	-	
Housing: Partial Assistance Rental Subsidy (PARS)	2e	7	850,507.00	9%	104,000.00	954,507.00	9%	898,578.59	94%	55,928.41	
Non-Medical Case Management	2h	5	392,021.00	4%	(85,000.00)	307,021.00	3%	354,220.74	115%	(47,199.74)	
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF)	1c	13	993,157.00	10%	64,400.00	1,057,557.00	10%	1,057,277.42	100%	279.58	
Childcare Services	2a		-	0%	-	-	0%	-	0%	-	
Early Intervention Services: Regional Services	1c	14	790,000.00	8%	(35,631.00)	754,369.00	7%	679,261.10	90%	75,107.90	
Health Education & Risk Reduction	2d	14a	-	0%	-	-	0%	-	0%	-	
Outreach Services	2j	14b	-	0%	-	-	0%	-	0%	-	

Ryan White Part A Allocations											
Service Categories	HRSA Ranking	Priority Ranking	% Elapsed					100%			
			RW 2025-26 HPG Initial Allocation	%	HPG & Recipient Approved Actions +/-	RW 2025-26 HPG Adjusted Allocation	%	RW 2025-26 Year to Date Expenditure	RW 2025-26 Year-to-Date - % Expenditure/Budget)	RW 2025-26 Balance	Comments
Referral Services	2l	14c	-	0%	-	-	0%	-	0%	-	
Referral to Health and Supportive Services (Peer Navigation)		16	260,000.00	3%	(61,148.00)	198,852.00	2%	160,282.14	81%	38,569.86	
Mental Health: Counseling/Therapy	1j	10	810,000.00	8%	(230,000.00)	580,000.00	6%	518,608.40	89%	61,391.60	
Psychosocial Support Services		17	46,744.00	0%	-	46,744.00	0%	40,644.84	87%	6,099.16	
Substance Use Services: Outpatient	1m	11	313,127.00	3%	41,010.00	354,137.00	3%	344,418.19	97%	9,718.81	
Substance Abuse Services: Residential	2o	18	-	0%	-	-	0%	-	0%	-	
Home-based Health Care Coordination	1e	19	228,500.00	2%	(10,741.02)	217,758.98	2%	218,810.62	100%	(1,051.64)	
Transportation: Assisted and Unassisted	2g	20	151,830.00	2%	(60,000.00)	91,830.00	1%	81,113.35	88%	10,716.65	
Food Services: Food Bank/Home-Delivered Meals	2c	21	536,073.00	5%	70,090.00	606,163.00	6%	599,386.52	99%	6,776.48	
Medical Nutrition Therapy	1i	22	35,542.00	0%	-	35,542.00	0%	34,807.42	98%	734.58	
Legal Services	2i	23	285,265.00	3%	-	285,265.00	3%	280,368.07	98%	4,896.93	
Emergency Financial Assistance	2b	24	61,856.00	1%	644,318.00	706,174.00	7%	554,163.56	78%	152,010.44	
Home Health Care	1f	25	-	0%		-	0%	-	0%	-	
Early Intervention Services: HIV Counseling and Testing	1c	26	-	0%		-	0%	-	0%	-	
Cost-Sharing Assistance	1d	27	-	0%		-	0%	-	0%	-	
Hospice	1g	28	-	0%		-	0%	-	0%	-	
Subtotal			9,854,560.00	100%	551,149.98	10,405,709.98	99%	9,816,772.84	94%	588,937.14	

Ryan White Part A Allocations													
								% Elapsed		100%			
Service Categories	HRSA Ranking	Priority Ranking	RW 2025-26 HPG Initial Allocation	%	HPG & Recipient Approved Actions +/-	RW 2025-26 HPG Adjusted Allocation	%	RW 2025-26 Year to Date Expenditure	RW 2025-26 Year-to-Date - % Expenditure/Budget)	RW 2025-26 Balance	Comments		
Ryan White Part A Minority AIDS Initiative (MAI)			RW 2025-26 HPG Initial Allocation	%	HPG & Recipient Approved Actions +/-	RW 2025-26 HPG Adjusted Allocation	%	RW 2025-26 Year to Date Expenditure	RW 2025-26 Year-to-Date - % Expenditure/Budget)	RW 2025-26 Balance	Comments		
Case Management (Non-Medical)			57,766.00		-	57,766.00	8%	34,307.73	59%	23,458.27			
Medical Case Management			231,231.00		-	231,231.00	33%	225,265.74	97%	5,965.26			
Mental Health Services			216,281.00		-	216,281.00	31%	61,633.76	28%	154,647.24			
Outreach Services			24,224.00		-	24,224.00	3%	18,730.75	77%	5,493.25			
Substance Abuse Services (Outpatient)			63,680.00		-	63,680.00	9%	105,206.62	165%	(41,526.62)			
Housing: Emergency Housing			100,000.00		-	100,000.00	14%	73,827.95	74%	26,172.05			
Subtotal			693,182.00		-	693,182.00	100%	518,972.55	75%	174,209.45			
TOTAL			10,547,742.00		551,149.98	11,098,891.98		10,335,745.39	93%	763,146.59			

CORE and Support Sevices Allocation Breakdown						
	Total Allocation	% Allocated	Total Expenditure	% Spent	Total Balance	% Balance
CORE Medical Services	4,238,053.34	40.73%	4,373,883.69	103%	(135,830.35)	-3.21%
Support Services	6,167,655.14	59.27%	5,442,889.15	88%	724,765.99	11.75%
TOTAL	10,405,708.48		9,816,772.84		588,935.64	

Other funding info

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

YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN THROUGH FEBRUARY 2026

RW 2025-26 SERVICE DOLLAR ALLOCATIONS AND EXPENDITURES

Funding Source	RW 2025/2026 Service Dollars	Contract YTD Expenditure	% of Year Invoiced	% Spent	Balance	Comments
Ryan White Part B						
Outpatient Ambulatory Health Services (Medical)	-	-	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	165,485.78	91.60%	88.07%	22,414.22	Part B Payment Summary
Medical Case Management (Emergency Financial Assistance)	215,736.09	124,419.49	91.60%	57.67%	91,316.60	Part B Payment Summary
Housing (Substance Abuse Services-Residential)	723,054.02	683,051.10	91.60%	94.47%	40,002.92	Part B Payment Summary
Non-medical Case Management (Rep Payee)	36,329.98	34,233.88	91.60%	94.23%	2,096.10	Part B Payment Summary
CoSD Medical Case Management	406,742.00	366,165.91	91.60%	90.02%	40,576.09	Part B Cost Report (Q3)
CoSD Early Intervention Services	284,624.00	239,429.31	91.60%	84.12%	45,194.69	Part B Cost Report (Q3)
Ryan White Part B Total	1,854,386.09	1,612,785.47			241,600.62	
Prevention (27-0047) - HIP						
<i>Counseling and Testing</i>	105,482.46	101,027.74	75%	96%	4,454.72	Payment Summary
<i>Evaluation/ Linkage Activities/ Needs Assessment</i>	526,760.39	523,836.51	75%	99%	2,923.88	Payment Summary
Prevention Total	632,242.85	624,864.25			7,378.60	
HRSA Ending the HIV Epidemic (EHE) - 25-063 FY25-26						
<i>HRSA EHE</i>	4,844,606.50	3,651,218.62	100%	75.37%	1,193,387.88	Payment Summary
EHE Total	4,844,606.50	3,651,218.62			1,193,387.88	
TOTAL	7,331,235.44	5,888,868.34			1,442,367.10	



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

Service Categories Alignment for FY 26-27 (3/1/2026 – 2/28/2027)

Date: May 27, 2026

Item: Aligning Service Categories as Defined in Policy Clarification Notice (PCN) 16-02 as Directed by Project Officer

Background: During previous meetings, members expressed concerns regarding how the HIV Planning Group (HPG) was allocating funding. These concerns were forwarded to the Health Resources and Services Administration (HRSA), which has determined that HPG's current allocations do not fully meet requirements set forth in the legislation, regulation or published guidance. As a result of this inquiry, they have issued guidance to HPG to prioritize and allocate funding only to service categories as defined in PCN 16-02, not to service models or specific programs. Further, aligning funding decisions with service categories only will reduce the potential for conflicts of interest and support a more transparent process.

To support this work, the HIV, STD, and Hepatitis Branch (HSHB) has provided an updated expenditure report template that outlines the required changes. Updates include combining some items funded separately by HPG into a single service category, such as Housing, and updates also include eliminating Coordinated HIV Services for WICY as a separate funded priority.

Actions Required to Align FY 26-27 Service Categories with HRSA Direction:

1. Combine Outpatient/Ambulatory Health Services (OAHS) Primary Care (#1) with OAHS Medical Specialty (#2) under OAHS, funded at \$1,996,037.
2. Combine Mental Health: Psychiatric Medication Management (#8) with Mental Health: Counseling and Therapy (#6) under "Mental Health", funded at \$931,230.
3. Combine Non-Medical Case Management for Housing (#11), Emergency Housing (#5), PARS (#4), and Housing Location, Placement and Advocacy (#12) under "Housing", funded at \$2,005,781.
4. Distribute Coordinated HIV Services for Women, Infants, Children, Youth and Families (#13) across individual services under this category and:
 - Increase funding for Early Intervention Services by \$195,596 for a revised total of \$948,596.
 - Increase funding for Medical Case Management by \$193,954 for a revised total of \$1,345,806.

- Increase funding for Non-Medical Case Management by \$122,854 for a revised total of \$514,876.
 - Increase funding for Mental Health by \$327,730 for a revised total of \$931,230.
 - Increase funding for Childcare by \$27,573 for a revised total of \$27,573.
 - Increase funding for Referral for Health Care and Other Supportive Services by \$110,197 for a revised total of \$379,049.
 - Increase Transportation by \$15,253 for a revised total of \$117,083.
5. Rename Legal Services (#23) to “Other Professional Services”.
 6. Rename Peer Navigation (Referral for Health Care and Support Services) to Referral for Health Care and Support Services.

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

RW 2026-27 PART A AWARD INFORMATION	
Funding Source	Total RW 2026-27 Award
Part A	11,867,256.00
Part A MAI	886,480.00
TOTAL AWARD AMOUNT	12,753,736.00

FY25-26 ALLOCATION BREAK DOWN										
Funding Source	Admin. \$	Admin. %	CQM \$	CQM %	RW 2026-27 Service dollars	Total	CORE Medical Services	Support Services		
Part A	1,149,330	10%	335,660	3%	10,382,266	11,867,256				
Part A MAI	81,248	9%	34,092	4%	771,140	886,480				
TOTAL	1,230,577.80		369,752.07		11,153,406.13	12,753,736.00	0%	0%		

Ryan White Part A Allocations											% Elapsed
Service Categories	HRSA Ranking	Priority Ranking	RW 2026-27 HPG Initial Allocation	%	HPG & Recipient Approved Actions +/-	RW 2026-27 HPG Adjusted Allocation	%	RW 2026-27 Year to Date Expenditure	RW 2026-27 Year-to-Date - % Expenditure/Budget	RW 2026-27 Balance	Comments
Outpatient/Ambulatory Health Services			1,996,037.00			1,996,037.00	20%		0%	1,996,037.00	
Mental Health			931,230.00	9%		931,230.00	9%		0%	931,230.00	
Oral Health			336,699.00	3%		336,699.00	3%		0%	336,699.00	
Medical Case Management			1,345,806.00	13%		1,345,806.00	13%		0%	1,345,806.00	
Non-Medical Case Management			514,876.00	5%		514,876.00	5%		0%	514,876.00	
Housing			2,005,781.00			2,005,781.00	20%		0%	2,005,781.00	
Childcare Services			27,573.00	0%		27,573.00	0%		0%	27,573.00	
Early Intervention Services (EIS): Regional Services			948,596.00	9%		948,596.00	9%		0%	948,596.00	
Health Education & Risk Reduction			-	0%		-	0%		0%	-	
Outreach Services			-	0%		-	0%		0%	-	
Psychosocial Support Services			46,744.00	0%		46,744.00	0%		0%	46,744.00	
Referral for Health Care and Support Svcs			379,049.00	4%		379,049.00	4%		0%	379,049.00	
Other Professional Services			285,265.00	3%	(261,493.00)	23,772.00	0%		0%	23,772.00	
Substance Use Tx Services: Outpatient			313,127.00	3%		313,127.00	3%		0%	313,127.00	
Substance Use Tx Services: Residential			-	0%		-	0%		0%	-	
Home-based Health Care Coordination			200,500.00	2%	28,000.00	228,500.00	2%		0%	228,500.00	
Transportation - Assisted & Unasst.			117,083.00	1%		117,083.00	1%		0%	117,083.00	
Food Services: Food Bank/Home Delivered Meals			536,073.00	5%	233,493.00	769,566.00	8%		0%	769,566.00	
Medical Nutrition Therapy			35,542.00	0%		35,542.00	0%		0%	35,542.00	
Emergency Financial Assistance			61,856.00	1%		61,856.00	1%		0%	61,856.00	
Subtotal			10,081,837	60%	0	10,081,837	100%	0	0%	10,081,837.00	
Ryan White Part A Minority AIDS Initiative (MAI)			RW 2026-27 HPG Initial Allocation		HPG & Recipient Approved Actions +/-	RW 2026-27 HPG Adjusted Allocation	%	RW 2026-27 Year to Date Expenditure	RW 2026-27 Year-to-Date - % Expenditure/Budget	RW 2026-27 Balance	Comments
Case Management (Non-Medical)			45,657.45		-	45,657.45	7%		0%	45,657.45	
Medical Case Management			293,299.11		-	293,299.11	44%		0%	293,299.11	
Mental Health Services			102,108.29		-	102,108.29	15%		0%	102,108.29	
Outreach Services			18,536.45		-	18,536.45	3%		0%	18,536.45	
Substance Abuse Services (Outpatient)			114,639.70		-	114,639.70	17%		0%	114,639.70	
Housing: Emergency Housing			100,000.00		-	100,000.00	15%		0%	100,000.00	
Subtotal			674,241		0	674,241	100%	0	0%	674,241	
TOTAL			10,756,078		0	10,756,078		0	0.00%	10,756,078	

CORE and Support Services allocation break-down						
	Total Allocation	% Allocated	Total Expenditure	% Spent	Total Balance	% Balance
030 CORE Medical Services						
Support Services						
TOTAL	-	0.00%	-			

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

**RECOMMENDATION TO APPROVE CRITERIA ON THE EXTENSION
REQUIREMENTS FOR THE PARTIAL ASSISTANCE RENTAL SUBSIDY (PARS)
ENROLLMENT**

DATE: May 27, 2026

ITEM: Approve criteria on the extension requirements for the PARS enrollment

BACKGROUND:

Based upon the Health Resources and Services Administration's (HRSA) current recommendation to offer temporary housing support for no longer than 24 months, the Strategies and Standards Committee and HPG made the changes to the PARS enrollment. They also approved allowing clients to extend their enrollment in six-month increments up to four (4) times as long as they are otherwise actively working with their case manager to find more affordable housing.

On April 7, 2026, the Strategies and Standards Committee voted to approve criteria on the extension requirements for the PARS enrollment within the Emergency Financial Assistance and Housing Standards.

RECOMMENDATION:

1. Approve criteria on the extension requirements for the PARS enrollment.

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

Emergency Financial Assistance and Housing

Service Category Definition

Emergency Financial Assistance:

Emergency financial assistance provides limited one-time or short-term payments to assist the Ryan White HIV/AIDS Program client with an emergent need for paying for essential utilities, limited supplemental rental assistance, food (including groceries and food vouchers), transportation and medication. Emergency financial assistance can occur as direct payment to an agency or through a voucher program.

Housing:

Housing services provide limited short-term assistance to support emergency, temporary or transitional housing to enable clients or families to gain or maintain outpatient/ambulatory health services. Housing-related referral services include assessment, search, placement, advocacy and the fees associated with these services.

Purpose and Goals:

Housing and emergency financial services are essential for an individual or family to gain or maintain access and compliance with HIV-related medical care and treatment. The goal of these services is to prevent negative client outcomes resulting from emergency financial and housing difficulties. This is done through providing financially stable living situations and environments which enable clients to access or maintain medical and other necessary care and treatment services, and improve compliance with medical regimens that improve health outcomes.

Intake:

Any case management program may refer and is responsible for determining client's need and eligibility for emergency financial and/or housing assistance. Clients must provide valid proof of the qualifying financial and/or housing emergency. Case managers shall coordinate client application intake and initiation of financial assistance services. Case managers may also provide information on other relevant services during the intake process. A new application must be completed for each subsequent emergency. For housing emergencies clients must access other subsidized housing, either tenant- or project-based, prior to accessing Ryan White services.

Key Service Components and Activities

Emergency Financial Assistance:

Emergency financial assistance provides fiscal support for essential services through either one-time or short-term payments to agencies or the establishment of voucher programs. Services include payments for:

- Utilities (water, electricity, and gas), capped at \$1,000 per year.
- Food Vouchers, which use the same criteria as described in Food Bank/Home-Delivered Meals, capped at 12 weeks per calendar year
- Grocery bags, which provide up to 12 weeks per year of shelf-stable pantry staples for the eligible Ryan White client and any legally dependent minors or adults
- Medications (on the ADAP formulary), capped at \$1,000 per year.

Emergencies are defined as facing potential loss of basic utilities, food or housing or temporary inability to access to needed medications. Funds provided are intended to help eligible clients through a temporary, unplanned crisis.

All other sources of funding in the community for emergency financial assistance must be used and any payment made by this service must be as the payer of last resort.

Housing:

Emergency Housing Assistance offers temporary assistance with housing needs, including:

- Short-term hotel/single room occupancy (SRO) stays of up to 30 days at establishments identified and approved by the Emergency Assistance provider, with extensions possible with prior approval from the County. Payment must be made directly to the hotel/SRO by the Emergency Assistance provider, or with prior approval, the referring case management agency, who shall be reimbursed by the Emergency Assistance provider
- Eviction Prevention, which provides payment to a landlord to prevent loss of housing for a Ryan White eligible client, capped at \$2,300 per year.
- Up to two months’ rental assistance for individuals establishing new housing. Assistance amount is based upon fair market value for the zip code the housing is located in.
- Partial Assistance Rent Subsidy (PARS) is a short-term, 24-month maximum, partial rental assistance program designed to transition clients to more stable housing arrangements. It provides up to 40% of the Fair Market Rate for rental housing in the client’s zip code, as published by HUD.

All clients utilizing PARS are required to meet at least monthly with their case managers to develop and implement a housing plan to promote stable housing, as PARS is a temporary, short-term program. Individuals on PARS can continue past the 24-month enrollment cap, in six-month increments for up to 24 additional months, provided they are enrolled in case management, have a housing plan, attend at least 90% of scheduled appointments, and have shown progress in meeting the objectives of their housing plan.

Standard	Measure
Staff verifies clients’ eligibility and needs based upon applications submitted by case manager	Retention of the Emergency Assistance Request Form and EARP Budget Worksheet in clients’ chart as verification of eligibility
Staff monitors utilization of services and release funds	Documentation of services provided/offered to clients with the dates of services and proof of payment

Exclusions

Housing services may not:

- Be used for mortgage payments.
- Be in the form of direct cash payments to clients.

Assessment and Service Plan

Case managers shall work with clients, in-person or virtually, to determine the need for financial and/or housing assistance. Emergency financial assistance and housing assistance funds can only be used as a last resort for payment of services and items and complete or partial assistance with housing payments.

Case managers shall develop individualized housing plans for clients covering how each client

will receive short-term, transitional and emergency housing services. Each plan shall include a strategy to assist the client in obtaining stable housing. Case managers will meet with clients monthly. Clients shall be allowed to miss no more than three (3) consecutive appointments without extenuating circumstances over a period of 12 months.

Standard	Measure
<p>Staff will ensure that all services provided are accessed appropriately and for a period of time defined by each financial or housing assistance type</p>	<p>Documentation of services and payment to verify that:</p> <ul style="list-style-type: none"> • All services provided to individual clients is provided with limited frequency and for limited periods of time, with frequency and duration of assistance specified by the grantee • Assistance is provided only for the following essential services: utilities, housing, food (including groceries, food vouchers, and food stamps), or medications • Payments are made either through a voucher program or short-term payments to the service entity, with no direct payments to clients • Emergency funds are allocated, tracked, and reported by type of assistance • Ryan White is the payer of last resort • All service providers are for short-term assistance to support emergency, temporary, or transitional housing to enable an individual or family to gain or maintain medical care • Type of housing-related services provided including housing assessment, search, placement, advocacy, and the fees associated with them • Mechanisms are in place to allow newly identified clients access to housing services

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

**RECOMMENDATION TO APPROVE FOOD BANK/HOME DELIVERED MEALS
STANDARD**

DATE: May 27, 2026

ITEM: Approve Food Bank/Home Delivered Meals Standard

BACKGROUND:

Food Bank/Home Delivered Meals service category refers to the provision of actual food items, hot meals, or a voucher program to purchase food. Its goal is to improve and promote better health among the clients living with HIV by ensuring access to food items, personal hygiene products, and household cleaning supplies through the use of food vouchers.

The Strategies and Standards Committee voted to approve the standards around eligibility criteria and the components of the Food Bank/Home Delivered Meals category at their April 7, 2026 meeting.

RECOMMENDATION:

1. Approve the Food Bank/Home Delivered Meals Standard

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

Food Bank/Home Delivered Meals

Service Category Definition

Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food.

Purpose and Goals

The goal of this service category is to improve and promote better health in clients living with HIV by ensuring they can obtain food items, personal hygiene products (toilet paper, tampons/pads, incontinence products), and household cleaning supplies through the use of food vouchers. For clients who are unable to prepare their own food due to documented medical reasons, this program will provide three pre-prepared meals per day, seven days per week.

Intake

Clients who meet eligibility for Ryan White Part A services can access Food Bank/Home Delivered meals through case management.

The need for food vouchers will be based upon the following:

- Client income at or below the minimum living wage for an individual living in San Diego County, adjusted for the number of people living in the household, including dependent minors, as described by the [MIT Living Wage Calculator](#).
- Assessment of eligibility for programs and services available to client to obtain food, including SNAP and Medi-Cal. Clients who are eligible for SNAP and/or Medi-Cal can only receive Ryan White benefits for a maximum of 90 days per calendar year to provide coverage during the enrollment process. must enroll in those programs within 90 days of entering into Food Bank/Home-Delivered Meals.

Clients will be deemed eligible for food vouchers if they meet income requirements. Clients who are eligible for food benefits under any program (for example, SNAP or Medi-Cal) must enroll and use those benefits. Ryan White Food Vouchers can only supplement but not replace other benefits available to clients. Further, any monetary benefit received from other programs will be deducted from the weekly or monthly Food Voucher amount provided to clients under Ryan White.

The need for home-delivered meals will be made based upon diagnosed medical conditions that interfere with grocery shopping and preparation of food items.

Key Service Components and Activities

This service provides food items to clients, including hot meals or a voucher program to

purchase food. The service also includes the provision of essential non-food items that are limited to the following:

- Personal hygiene products
- Household cleaning supplies

Unallowable costs include:

- Permanent water filtration systems for water entering a home
- Household appliances
- Pet foods
- Other non-essential products

The dollar value of food vouchers will be based upon published guidelines regarding cost of food for residents of San Diego County and will be adjusted annually in March. As of April 2026, the current weekly value of a food voucher is \$100 per week for eligible Ryan White clients. For minors who are legal dependents of the Ryan White client, the weekly food voucher value as of April 2026 is \$50 for minors under the age of 12 and \$100 weekly for minors who are aged 12-17. The weekly food voucher limit will be offset by other food benefits (SNAP, Medi-Cal) received by the client.

Personnel Qualifications

For food vouchers, personnel qualifications are covered by Case Management standards. For Food Banks and providers of Home-Delivered Meals, staff will possess the appropriate licensure/certification in accordance with California regulations.

Assessment and Service Plan

Case managers will assess each client's need for services, and they will repeat that assessment at least every 12 months or when there are changes in client's income or health status. For clients enrolled in home-delivered meals, meal plans will be approved by a registered dietitian. Each client's food distribution plan will be determined at the time of the initial intake/assessment.

HIV PLANNING GROUP: CURRENT MEMBER ROSTER AND VACANCIES

As of 5/26/2026

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

HIV PLANNING GROUP: CURRENT MEMBER ROSTER AND VACANCIES

As of 5/26/2026

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

TOTAL ACTIVE MEMBERS: 25
Total Vacant Seats as of May, 2026: 19

57%

**Total Vacant Seats (excluding those pending appt/reappoint) 12*

Total Seats pending appointment/approval: 7

CALL FOR ARTISTS

37th Annual Dr. Truax Awards

The San Diego HIV Planning Group invites San Diego-based artists living with or impacted by HIV to submit applications to design and create a piece of art for the 37th Annual Dr. A. Brad Truax Award Ceremony and Reception!

Application Opens:

May 15, 2026

Deadline for Submission:

June 5, 2026 @ 11:00 PM

Compensation: \$750



Submit your application here:

www.surveymonkey.com/r/2026TruaxCallForArtists

If you have any questions about the application process, the award ceremony, or related details, please



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www.SDPlanning.org



Or email us at
HPG.HHSA@sdcounty.ca.gov





San Diego HIV Planning Group

INVITES YOU TO THE

HAPPYVILLE EXERCISE

This exercise is open to the public, and food will be provided!

The San Diego HIV Planning Group (HPG) is hosting a fun and interactive priority setting and budget allocation exercise where you can learn all about the key parts of the HIV care and prevention planning processes!

WEDNESDAY JUNE 17, 2026

3:00 PM - 5:00 PM

Mission Valley Library

2123 Fenton Parkway, San Diego, CA 92108

Join virtually at

<https://tinyurl.com/Happyville2026>



Visit our website
SDPlanning.org



For questions, please email staff
HPG.HHSA@sdcounty.ca.gov





**El Grupo de
Planificación del VIH
en San Diego**

**¡Este ejercicio
es para todos y
habrá comida!**

TE INVITA AL EJERCICIO DE HAPPYVILLE

El Grupo de Planificación del VIH de San Diego (HPG) está organizando una actividad divertida e interactiva para establecer prioridades y asignar presupuesto, donde podrás aprender todo sobre los aspectos clave del proceso de planificación.

MIÉRCOLES, 17 DE JUNIO DE 2026

3:00 PM - 5:00 PM

Mission Valley Library

2123 Fenton Parkway, San Diego, CA 92108

Únete virtualmente en

<https://tinyurl.com/Happyville2026>



Visita nuestro sitio web
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Si tienes preguntas, contáctanos en
HPG.HHSA@sdcounty.ca.gov



SAN DIEGO HIV PLANNING GROUP (HPG)



*Wednesday, April 22, 2026, 2:00 PM – 5:00 PM
Southeastern Live Well Center
5101 Market Street, San Diego, CA 92114
Tubman Chavez Rooms B and C*

A quorum for this meeting is fourteen (14)

HPG Members Joining in Person (22): Nicole Aguilar | Marco Aguirre Mendoza | Juan Conant | Beth Davenport | Michael Donovan | Tyra Fleming | Rosemary Garcia | Felipe Garcia-Bigley | David Grelotti | Ben Ignalino | Lori Jones | Michael King | Cinnamen Kubricky | Michael Lochner (*Chair*) | Jen Lothridge (*Vice-Chair*) | Eva Matthews (*Vice-Chair*) | Skyler Miles | Veronica Nava | Shannon Paugh | Ivy Rooney | Stephen Spector | Rhea Van Brocklin | Jeffery Weber

HPG Members Absent (4): Leroy Blea | Kalee Garland | Rhea Van Brocklin | Adrienne Yancey

ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order and roll call	Mikie Lochner called the meeting to order at 2:01 PM and noted the presence of an in-person quorum.	
2. Welcome, moment of silence, matters from the Chair	A moment of silence was observed. The Chair made the following announcements: <ul style="list-style-type: none"> - An acknowledgment of the engagement of all HPG members over the last several months. - A reminder to use microphones. - A reminder that today's meeting is an annual retreat. - A reminder to respond to quorum checks in a timely manner. - An acknowledgment of the challenges people living with HIV face when it comes to the side effects. The HPG Anti-Racism Statement was read.	
3. Public comment	None	
4. HPG Member Open Forum	The following comments were made: <ul style="list-style-type: none"> - An invitation to attend meetings to be more informed about the discussions being held and decisions being made at HPG and committee meetings. - A concern about accountability and communication. - A request to provide additional training both internally and within the program delivery system and a reminder that 	

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
	people are benefiting from the Ryan White services.	
5. ACTION: Approve the HPG agenda for March 25, 2026	Motion: Approve the HPG agenda for April 22, 2026 Motion/Second/Count (M/S/C): Fleming/Lothridge/19-0 Discussion: none Abstentions: Lochner Motion carries	
6. Routine Business		
a. ACTION: Approve the consent agenda for April 22, 2026 which includes: <ol style="list-style-type: none"> i. HPG minutes (3/25/26) ii. Minutes from the following meetings: Steering Committee (none); Membership Committee (3/4/26); Priority Setting and Resource Allocation Committee (none); Medical Standards and Evaluation Committee (none); Community Engagement Group (2/18/26); Strategies and Standards Committee (none); CARE Partnership for reference only (none) iii. (<i>Membership Committee</i>): HPG appointments/reappointments – Angelo Vito Cruz and Esteban Duarte 	Motion: Approve the consent agenda for March 25, 2026 M/S/C: Garcia-Bigley/King/19-0 Discussion: none Abstentions: Lochner Motion carries	
7. New Business		
a. 2026 Retreat	A consultant Andy Pendoley facilitated a discussion to assess the strengths of the current Ryan White Part A service delivery system and develop strategies around enhancing coordination and better equipping the community with resources. The summary of the discussion will be available at a future HPG meeting.	
8. Adjournment	The meeting was adjourned at 5:00 PM.	
Next meeting date	Date: Wednesday May 27, 2026 Time: 3:00 PM – 5:00 PM Location: Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Rooms A and B) and via Zoom	

STEERING COMMITTEE



*Friday, March 13, 2026, 10:00 AM – 12:00 PM
County Operations Center (COC)
5530 Overland Ave, San Diego, CA 92123
(Conference Room 124)*

A quorum for this meeting is four (4)

Committee Members: Michael Donovan | Felipe Garcia-Bigley | Dr. David Grelotti | Mikie Lochner (Chair) | Jen Lothridge (Vice-Chair) | Eva Matthews (Vice-Chair) | 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. The following comments were made: <ul style="list-style-type: none"> - Update on Michael Wimpie’s resignation as member of HPG and chair of the Strategies and Standards Committee. Jeffery Weber has been appointed as new chair. - Mikie will be absent at the May Steering Committee meeting and has asked Eva Matthews as the new vice-chair to run the meeting. - A reminder that consumers are welcome at all committees. 	
2. Welcome to new Vice-Chairs	Mikie Lochner and the committee welcomed new vice-chairs.	
3. Public comment (for members of the public)	None	
4. Sharing our concerns (for committee members)	The following comments were made: <ul style="list-style-type: none"> - An inquiry about the process for the public to make public comment during the review of data and the budget season, especially at the PSRAC meetings. Participation is encouraged at these meetings. It was recommended that the public be allowed to make public comment after the presentations, and there is no obligation to answer. - A recommendation to allow for public comment after the presentation or after the motion is made. 	HPG Support Staff (HPG SS) to update the public comment guidelines slide for HPG and committee meetings to reflect a change in when the public comment is acceptable.

STEERING COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
5. ACTION: Approve the Steering Committee agenda for March 13, 2026	<p>Motion: Approve the Steering Committee agenda for March 13, 2026</p> <p>Motion/Second/Count (M/S/C): Van Brocklin/Donovan/5-0</p> <p>Discussion: none</p> <p>Abstentions: Lochner</p> <p>Motion carries</p>	
6. ACTION: Approve meeting minutes from January 9, 2026	<p>Motion: Approve meeting minutes for January 9, 2026</p> <p>M/S/C: Garcia-Bigley/Donovan/5-0</p> <p>Discussion: none</p> <p>Abstentions: Lochner</p> <p>Motion carries</p>	HPG SS to correct the theme of the POZabilities event
7. ACTION: Approve the HIV Planning Group agenda for March 25, 2026	<p>Motion: Approve the HIV Planning Group agenda for March 25, 2026</p> <p>M/S/C: Van Brocklin/Garcia-Bigley/5-0</p> <p>Discussion: none</p> <p>Abstentions: Lochner</p> <p>Motion carries</p>	
8. HIV, STD, and Hepatitis Branch (HSHB) Report	<p>Patrick Loose provided the following updates:</p> <ul style="list-style-type: none"> - 5% below in expenses through the month of December compared to the same timeframe last year. - Program staff have been working with clients who are experiencing fear associated with immigration enforcement officers. They are urging them not to use public transportation. - Viral suppression rates are at 94%. - 2.4 million dollars are unspent as of December. In February 1.3 million dollar balance is anticipated. We will likely have about \$200K of unspent funds which we can request to carry over to the following year. <p>The following discussion took place:</p> <ul style="list-style-type: none"> - A reminder to review the reallocations that are being presented at the March HPG meeting. - A recommendation to maximize on the food voucher resource to ensure those who don't know about the program, are enlightened and are able to access. Patrick clarified that occasionally programs encounter 	<p>Strategies and Standards Committee or Priority Setting and Resource Allocation Committee (PSRAC) to have a discussion about a way to respond to changes in insurance coverage</p> <p>Mikie to reach out to Nicole and invite her to Steering Committee meetings for HOPWA updates</p>

STEERING COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<p>people who are living with HIV but are not in care. The data are collected and reported on.</p> <ul style="list-style-type: none"> - Case Management focus groups that are taking place in the spring are having the same conversations about what is working well and what are the limitations. - A reminder that the Getting to Zero app is a great resource. Printed materials have been distributed across the County. - A recommendation to show month-to-month trends and a graphic that displays utilization compared to last year. 	
9. Committee reports and recommendations	<p><u>PSRAC</u>: March meeting cancelled due to lack of data. Next meeting will take place in May.</p> <p><u>Strategies and Standards Committee</u>: The committee met in February and discussed food vouchers, brought back the Service Standards Introduction language and the Case Management Standards.</p> <p><u>Membership Committee</u>: Andrew Cross and Tania Avalos-Bello were recommended for appointment. Member seat descriptions were visited and finalized. Working on the guidelines. Mikie requested that the committee 1) review the number of seats and consider eliminating some; and 2) review the membership in each committee to ensure quorum is consistent.</p> <p><u>Community Engagement Group (CEG)</u>: No March meeting, but one will be held offsite at Christie's Place in August.</p> <p><u>Medical Standards and Evaluation Committee (MSEC)</u>: Plan to finalize mental health standards in May.</p>	
10. HPG Support Staff Report	<p>HPG Support Staff provided the following updates:</p> <ul style="list-style-type: none"> - Welcome to Tanya Ochoa-Cipes and Angello Nava as new HPG SS. - An update on SB 707 and ADA accommodation. 	
11. Old Business		

STEERING COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
a. Discussion: HPG Retreat (April 22, 2026)	The annual retreat will take place at 2:00 PM – 5:00 PM. A consultant will facilitate discussion.	
12. New Business		
a. Discussion: SB 707 and Guide for Facilitating Hybrid Meetings	Dasha Dahdouh provided the following update: <ul style="list-style-type: none"> - HPF does not qualify for virtual meetings, but other committees might be able to. - A suggestion to put an action item on the HPG agenda to vote on remote meetings. 	HPG to discuss and vote if the County Counsel allows the committees to hold remote meetings
b. Update: Integrated HIV Plan updates and next steps – Virginia Suarez	Virginia Suarez reminded the committee that the draft plan was sent to all on March 12 and the deadline to provide feedback using an online form is due on March 25.	
c. Update: Bylaws updates	A working group will be formed after Membership makes decisions on the seats. <ul style="list-style-type: none"> - A recommendation to use more trauma-informed and person-centered language in the bylaws as they are being revised. <p>A needs assessment working group will be formed later this year as we will be deploying the triennial survey in 2027.</p>	
13. Routine Business		
a. Review: Committee attendance	The committee reviewed the attendance summary.	
b. Public comments/HPG member comments/Suggestions to the Steering Committee from previous HPG meeting(s)	Public comments: <ul style="list-style-type: none"> - A concern regarding agencies not printing golden rod forms on yellow or golden paper. - A concern regarding providers and/or the Recipients’ Office not notifying the clients about termination of contracts/services. Sharing concerns: <ul style="list-style-type: none"> - A suggestion to provide insurance navigation resources outside the Ryan White program. - A request to continue food support as it is very helpful to the community. - A reminder that the priority setting process should be data-informed and 	HPG needs to provide direction to HSHB on whether they want to stop printing it on the golden/yellow paper

STEERING COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<p>an encouragement to request specific data during this process.</p> <p>The following comments were made:</p> <ul style="list-style-type: none"> - A reminder that the Client Services Evaluation Form is required for clients during intake too. - Goldenrod is used for sharing positive experience. - Getting the data from the clients matters more than the paper color. 	
14. Announcements	<ul style="list-style-type: none"> - A Women's Voice Conference held on March 7. Well attended. - Diversionary Theatre is holding a series of Rent productions in May. Community partners and HPG have been invited to talk about their work. Testing will available. 	
15. Next meeting date	<p>Date: Friday, May 8, 2026 Time: 10:00 AM - 12:00 PM Location: Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room C) and via Zoom</p>	
16. Adjournment	Meeting adjourned at 12:02 PM.	

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)



Thursday, January 8, 2026, 3:00 PM – 5:00 PM
County Operations Center
5560 Overland Ave, San Diego, CA 92123
Conference Room 171

A quorum for this meeting is seven (7)

Committee Members: Dr. Beth Davenport | Tyra Fleming (Co-Chair) | Felipe Garcia-Bigley | Pamuela Halliwell | Cinnamen Kubricky | Eva Matthews | Marco Aguirre Mendoza | Chris Mueller | Rhea Van Brocklin (Chair) | Joe Westcott

Committee Members Joining Virtually: Kalee Garland

Committee Members Absent: Dr. Delores Jacobs

MEETING MINUTES

Agenda Item	Action	Follow-up
1. Call to order	Rhea Van Brocklin called the meeting to order at 3:00 PM and noted an in-person quorum.	
2. Reminders	The chair made the following comments: <ul style="list-style-type: none">- A reminder to review data and make data-informed decisions.- A reminder to remember the conflicts.	
3. Public Comment on non-agenda items (for members of the public)	A member of the public stated that they want to learn more about priority setting and the role that this committee plays in allocations.	
4. Sharing our concerns (for committee members)	The following comments were made: <ul style="list-style-type: none">- A concern about loss of childcare funding due to federal funding cuts and declining mental health among women and children.- A concern that people are feeling defeated due to loss of funding for multiple services, cost of living increases, and Diversity, Equity and Inclusion (DEI) language being discouraged.- A reminder to consider prioritizing housing and food security as everything else is impacted due to lack of stability.	

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PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

Agenda Item	Action	Follow-up
5. Action: Review and approve the agenda for January 8, 2026	Motion: Approve the January 8, 2026 meeting agenda as presented. Motion/Second/Count (M/S/C): Fleming/Davenport/9-0 Abstentions: Van Brocklin Motion carries	
6. Action: Review and approve the minutes for November 13, 2025	Motion: Approve the minutes for November 13, 2025 M/S/C: Fleming/Westcott/9-0 Abstentions: Van Brocklin Motion carries	
7. Old Business		
a. None		
8. New Business		
a. ACTION: Recommendations for FY 25 reallocations (current fiscal year, March 1, 2025 – February 28, 2026)	Motion: Decrease Outpatient Ambulatory Health Services (OAHS) by \$244,000 from \$1,375,787 to \$1,131,787 and increase Emergency Financial Assistance by \$244,000 from \$507,106 to \$751,106. M/S/C: Kubricky/Aguirre Mendoza/5-0 Discussion: The following discussion took place: <ul style="list-style-type: none"> - A clarifying question about the relationship between these two categories and the reason for transfer of funds. It was clarified that this action is often performed as a result of underspending. - An appreciation for program-level food assistance and a question about accessing the service outside of the dispensing programs. It was clarified that clients need to be eligible for Ryan White services to receive the food vouchers. - Part B funds the OAH services. Underspent funds roll over to ambulatory care. Abstentions: Van Brocklin Motion carries	

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PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

Agenda Item	Action	Follow-up
<p>b. Data requests/needs from the Recipients' Office</p>	<p>The chair reviewed the 2026 work plan. The following discussion took place:</p> <ul style="list-style-type: none"> - A request for PARS/case management client/demographic specific data and how effective it is. - A request for information about prevention and Getting to Zero, specifically data on utilization of testing services, PrEP referrals, and linkage. - A request to provide data prior to the priority setting and resource allocation process and a reminder that the team needs enough notice to be able to pull the information and generate a report. - A reminder that data available to us are limited to Ryan White Part A even though there are other sources of HIV funding. - A clarification that prevention/testing data include number of new countywide diagnoses regardless of testing source. Data regarding outreach are limited. 	<p>HPG Support Staff (HPG SS) will:</p> <ul style="list-style-type: none"> - Include 2026 work plan in the packets - Work with Lynn on making the utilization data printer friendly
<p>9. Routine Business</p>		
<p>a. Review Monthly and Year-to-Date expenditures and assess for recommended reallocations</p>	<p>Lauren Brookshire went over the January 2026 HSHB report and the year-to-date expenditures.</p>	
<p>b. Partial Assistance Rent Subsidy (PARS) and Emergency Housing update</p>	<p>Maritza Herrera reviewed the PARS report.</p> <ul style="list-style-type: none"> - 65 are currently on the waitlist (38 of which are new). - 83 are currently enrolled, 55 of which are over 45 and more than 50% are in the central region. <p>The following discussion took place:</p> <ul style="list-style-type: none"> - A concern about so few transgender clients. It was clarified that the demographics are self-reported. 	
<p>c. Review of the Monthly and Year-</p>	<p>Lauren Brookshire reviewed the utilization data and noted the steadily high viral suppression rates.</p>	<p>Recipients' Office to look into utilization trends</p>

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PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

Agenda Item	Action	Follow-up
to-Date service utilization report		year to date compared to last year
d. Committee Attendance	The committee discussed potentially changing the attendance policy as other committees are currently establishing theirs. It was suggested to consider a requirement to not miss more than three meetings in 12 months.	The committee to further discuss and vote on an attendance policy at the March meeting
10. Suggested items for the future committee agenda	The following suggestions were shared: <ul style="list-style-type: none"> - A recommendation to add the 2026 work plan to the report. - A request to bring a subject matter expert to speak on the current state of funding and what is anticipated at the federal level. - A request for data on accessibility, case management, and mental health. - A request to discuss the needs assessment information and what is required to be collected. 	
11. Announcements	<ul style="list-style-type: none"> - Annual Women's Voice Conference hosted by Christie's Place on March 7, 2026. - Missed Connections, a speed dating event, hosted by the Family Health Centers of San Diego (FHCS) at Mujeres Brew House on February 7, 2026. - HIV Unwrapped, a Hulu Special, premiered on November 30, 2025 to coincide with World AIDS Day. - Red Hot Dance at the LGBT Center on February 7, 2026. - 2026 Happyville exercise at the April Community Engagement Group (CEG) meeting. 	
Next Meeting:	March 12, 2026, at 3:00PM – 5:00PM County Operations Center, 5560 Overland Ave, San Diego, CA 92123 (Training Room 171)	
12. Adjournment	The meeting adjourned at 4:55 PM.	

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MEDICAL STANDARDS AND EVALUATION COMMITTEE (MSEC)



Tuesday, February 10, 2026, 4:00 PM – 5:30 PM
County Operations Center
5530 Overland Ave, San Diego, CA 92123 (Room 124)

A quorum for this meeting is seven (7).

Committee Members Present: Dr. Laura Bamford | Dr. Rosemary Garcia | Dr. David Grelotti (Chair) | Yessica Hernández | Mikie Lochner | Shannon Paugh | Karla Quezada-Torres | Edith Saville | Dr. Stephen Spector

Committee Members Absent: Dr. Jeannette Aldous (Co-Chair) | Dr. Winston Tilghman | Dr. Martha Rodriguez | Dr. Fadra Whyte

Agenda Item	Action	Follow-up
1. Welcome and moment of silence, comments from the Chair	Dr. Grelotti called the meeting to order at 4:07PM and introductions were made. A moment of silence was observed.	
2. Public Comment	None	
3. Sharing our Concerns	<ul style="list-style-type: none"> - A request that non-HPG members sign required forms for participation. - A reminder that providers should treat their patients with care and respect. 	
4. Action: Approve the consent MSEC agenda (which includes the February 10, 2026 agenda and November 04, 2025 minutes	<p>Motion: Approve the consent MSEC agenda (which includes the February 10, 2026 agenda and November 04, 2025 minutes</p> <p>Motion/Second/Count (M/S/C): Quezada-Torres/Saville/8-0</p> <p>Abstentions: Grelotti</p> <p>Motion Carries</p>	
5. Old Business:		
a. None.		
6. New Business:		
a. Mental Health Service Utilization Report i. Discuss additional data requests	<p>Dustin Walker presented the FY23-FY24 Mental Health Service (MHS) Utilization Report and the following discussion occurred.</p> <ul style="list-style-type: none"> - A question regarding why utilization had decreased while the need continued to increase. - A clarification that some of the data does not include individuals accessing services outside of the Ryan White system. 	

MEDICAL STANDARDS AND EVALUATION COMMITTEE (MSEC)

Agenda Item	Action	Follow-up
	<ul style="list-style-type: none"> - A clarification that individuals receiving psychiatric medications from primary care providers are not represented in the data. - A clarification that underspending is often due to staff vacancies. - A clarification that the number of contracted agencies did not change. However, information regarding staffing amongst those agencies is unknown. 	
<p>b. Discussion: Mental Health task force or working group</p>	<ul style="list-style-type: none"> - A clarification that a working group would comprise fewer than a quorum of this committee and would not need to follow the Brown Act. - A clarification that a task force would be created by the HPG and therefore would be open to other members and the public. - A reminder that the Clinical Quality Management (CQM) meetings are currently looking at mental health. - A question regarding the limitations and restrictions of a task force. - A clarification that conflict of interest requirements would still apply to a task force due to the Brown Act. - A clarification that a task force is more limited than a working group but would allow consumers receiving services to be part of the process. - A reminder that the Priority Setting and Resource Allocation Committee will be creating the questions for the needs assessment survey. - A suggestion to create a working group that could build the foundation for a task force. - A clarification that CQM meetings should be the starting point that can inform a task force. 	<p>HPG Support Staff will forward CQM meeting information to committee.</p>
<p>c. Discussion: Update the Mental Health and Psychiatric Medication</p>	<p>The committee reviewed the Mental Health Services Standards documents and the following discussion occurred. Packet Page 11 (Document Page 1)</p>	

MEDICAL STANDARDS AND EVALUATION COMMITTEE (MSEC)

Agenda Item	Action	Follow-up
<p>Management Service Standards</p>	<ul style="list-style-type: none"> - Add “partners” to be inclusive of couples. - Change psychosocial stress to mental health crisis. - Add a timeline for the intake. <p>Page 12 (Page 2)</p> <ul style="list-style-type: none"> - Add “provider will provide referrals back to primary care providers as appropriate”. - Add Medications and adherence to medication regimens. <p>Page 13 (Page 3)</p> <ul style="list-style-type: none"> - Add a timeline for treatment plans or frequency of visits. - Add a section for frequency and duration. <p>Discussion:</p> <ul style="list-style-type: none"> - A suggestion that training should be incorporated into the Service Standard documents to hold providers accountable. - A reminder that the Universal Standards incorporated language regarding training. - A clarification that timelines are highly encouraged and can be monitored on the contract side. - A question regarding incorporating whole person care language being applied to each of the Service Standards section. - A clarification that the integration has been primarily through case-management. - A reminder that wait times for mental health services should be considered when reviewing standards. 	
<p>d. Discussion: Review meeting schedule and identify priorities for 2026 work plan</p>	<p>Tabled.</p>	
<p>7. Other Updates:</p>		
<p>a. STD and Mpox Update (Dr. Tilghman)</p>	<p>Tabled.</p>	

MEDICAL STANDARDS AND EVALUATION COMMITTEE (MSEC)

Agenda Item	Action	Follow-up
b. Committee member updates	Tabled.	
8. Future agenda items for consideration	Tabled.	
9. Announcements	Tabled.	
10. Next meeting date:	Date: May 12, 2026, Time: 4:00 PM – 5:30 PM Location: TBD	
11. Adjournment	The meeting was adjourned at 5:35PM	

STRATEGIES AND STANDARDS COMMITTEE



Tuesday, February 3, 2026, 3:00 PM – 4:30 PM
County Operations Center
5530 Overland Ave, San Diego, CA 92123
Training Room 124

A quorum for this meeting is seven (7)

Committee Members: Nicole Aguilar | Amy Applebaum | Juan Conant | Skyler Miles | Joseph Mora | Ivy Rooney | Dr. Winston Tilghman | Jeffery Weber

Members Absent: Beth Davenport | Michael King | Michael Wimpie (Chair) | Veronica Nava

ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order, introductions, comments from the chair, and a moment of silence	Dasha Dahdouh called the meeting to order at 3:02 PM and requested that a chair stand-in be selected and voted in for the duration of the meeting. Motion: Select and approve Jeffery Weber as a chair stand-in to lead the meeting. Motion/Second/Count (M/S/C): Miles/Aguilar/7-0 Abstentions: none Motion carries 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)	None	
4. ACTION: Approve the Strategies and Standards Committee agenda for February 3, 2026	Motion: Approve the Strategies and Standards Committee agenda for February 3, 2026 M/S/C: Tilghman/Miles/8-0 Abstentions: none Motion carries	
5. ACTION: Approve the Strategies and Standards Committee meeting minutes from October 7, 2025	Motion: Approve meeting minutes for October 7, 2025 M/S/C: Applebaum/Aguilar/8-0 Discussion: none Abstentions: Mora Motion carries	
6. Review follow-up items from last meeting	- The approved Case Management Standards will	

STRATEGIES AND STANDARDS COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<p>be forwarded to the October 2025 HPG meeting for review and approval. COMPLETED</p> <ul style="list-style-type: none"> - The approved attendance policy will be brought to the Membership Committee for review and approval. IN PROGRESS - The approved Service Standards Introduction will be forwarded to the October 2025 HPG meeting for review and approval. COMPLETED - The approved Emergency Financial Assistance and Housing Standards will be forwarded to the October 2025 HPG meeting for review and approval. COMPLETED 	
7. Old Business		
<p>a. Discussion: Additional clarification on the extension requirements for the PARS enrollment</p>	<p>The following discussion was held:</p> <ul style="list-style-type: none"> - A clarification on what it means to be “actively working with a case manager” and what kind of criteria would apply. - A reminder to avoid creating language that is too prescriptive. - There aren’t great options for housing right now, and that may not change in the next several years. It’s important to define “affordable” housing. - “Active search” for housing may look very different for each client without taking into account someone’s capacity and life circumstances. - A recommendation to define active search as active enrolled in case management, a housing plan, and their engagement with scheduled appointments. 	<p>HPG Support Staff (HPG SS) to bring a revised document to the April meeting with the markup of the discussed criteria for review and approval</p>

STRATEGIES AND STANDARDS COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
<p>b. Discussion: Continue to discuss additional changes to the Case Management Standards</p>	<ul style="list-style-type: none"> - More discussion may be necessary to help clients navigate the system. - It's important to continue to see medical case management as a resource for those living with HIV. - A recommendation to add "prevention" as a category in the first sentence. - A recommendation to change HIS to IHS in the Exclusions section. 	
<p>8. New Business</p>		
<p>a. Discussion: Criteria for ongoing food vouchers</p>	<p>The following discussion was held:</p> <ul style="list-style-type: none"> - A reminder that last year, emergency food vouchers were deployed quickly due to SNAP interruptions. It was a temporary solution, but the community has found a lot of value in it. HPG has recommended that this benefit become permanent. - The Federal Poverty Level (FPL) is not aligned with the cost of living in this region. - A reminder that it is important to healthy food is associated with better health outcomes for those living with HIV. - The committee is being asked to review eligibility criteria and note that they are still being established for children. - A reminder that same size households may not have the same needs because they are based on the household makeup. - Food/grocery bags will be added to the list of items under the intake/assessment category. Hygiene products are allowed, as well. 	<p>HPG SS to bring revised draft to April meeting for review and approval</p>

STRATEGIES AND STANDARDS COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<ul style="list-style-type: none"> - The deductions will be based on other comparable benefits that are being obtained elsewhere. - If peer navigators continue to experience access issues, they can reach out to HSHB. 	
b. ACTION: Approve additional Service Standards Introduction updates	Tabled	HPG SS to work with Patrick Loose to bring the updated document to April meeting for review and approval
c. ACTION: Approve a Strategies and Standards Committee co-chair	<p>Motion: Approve Jeffery Weber as co-chair of Strategies and Standards Committee</p> <p>M/S/C: Aguilar/Miles/8-0</p> <p>Abstentions: none</p> <p>Motion carries</p>	
9. Routine Business		
a. Review: Committee Work Plan	The committee reviewed the work plan.	
b. Review: Committee Attendance	The committee reviewed attendance.	
c. Discussion: Recommendations from Priority Setting & Resource Allocation Committee (PSRAC)	None	
d. Recommendations to the HIV Planning Group (HPG), HPG committees, and requests of recipient	None	
e. Suggested items for future committee agenda	None	
10. Announcements	None	
11. Next meeting date	<p>Date: Tuesday, April 7, 2026</p> <p>Time: 3:00 PM – 4:30 PM</p> <p>Location: County Operations Center, 5560 Overland Ave, San Diego, CA 92123 (Training Room 172) and online via Zoom</p>	
12. Adjournment	Meeting adjourned at 4:12 PM.	

MEETING MINUTES

CARE PARTNERSHIP FOR WOMEN, CHILDREN, AND FAMILIES

Monday, March 16, 2026 11:00 AM – 1:00 PM

Southeastern Live Well Center

5101 Market St, San Diego, CA 92114; (Tubman Chavez Room C)

Agenda Item	Action	Follow-up
1. Welcome and introductions	Johneisha Jones started the meeting at 11:04AM, and the participants introduced themselves online	
2. Comments from the Chair/	The chair provided information regarding translation services	
<ul style="list-style-type: none"> • Respectful Engagement 	Respectful engagement guidelines read by a community member	
3. Moment of silence	A moment of silence was observed, remembering those who have passed and those living with or affected by HIV/AIDS and/or COVID-19	
4. Review Mission Statement	Mission Statement read by a Johneisha Jones	
5. Public comment/ Sharing our Concerns	<ul style="list-style-type: none"> • A concern regarding housing support and the reduction in programs. • A comment regarding services for individuals aging with HIV. • A comment regarding efforts made to notify clients about updates for Ryan White providers. 	
6. Review & approval of the meeting agenda	The agenda for March 16, 2026, was approved by consensus as presented	
7. Review & approval of the meeting minutes	The minutes for January 12, 2026, was approved by consensus as presented	
8. Discuss 2026 Training Opportunities/ Updates	None	
9. Old Business		
a. Discussion: 2026 A Women's Voice Conference	<ul style="list-style-type: none"> • The conference was well attended, featured an impactful panel, and included a presentation on HIV and aging based on prior-year feedback. • Attendees were encouraged to join the conference committee. 	
10. New Business		
a. Presentation: Nicole Pepper, PhD, LCSW-Social Services Supervisor – UCSD MCAP	Nicole Pepper presented on the UCSD MCAP and the following was discussed: <ul style="list-style-type: none"> • Mission • Ryan White Programs <ul style="list-style-type: none"> ○ Part D 	

Agenda Item	Action	Follow-up
	<ul style="list-style-type: none"> ○ Part A ● Populations Served <ul style="list-style-type: none"> ○ Pediatrics ○ Obstetric ○ Youth ○ Women ● Model of Care: Integrated Medical and Social Services ● Clinics <ul style="list-style-type: none"> ○ Pediatrics ○ Obstetrics ○ Youth ○ Women ● Clinical Guidelines for Infant Feeding for People with HIV ● Support Groups 	
<p>b. Presentation: Dafna Paltin, M.S. Doctoral Candidate in Clinical PsychologyHNRP, Co-Director – Harm Reduction IHC Syringe Services Program</p>	<p>Dafna Paltin presented on the Multiple Discrimination and Resilience Among Racial and Sexual Minority Individuals with HIV study and the following was discussed:</p> <ul style="list-style-type: none"> ● Study Background and Specific Aims ● How Discrimination is Measured ● Identifying Patterns of Discrimination ● Results ● What We're Doing Now <ul style="list-style-type: none"> ○ Why Interviews? ○ Study Visit: What to Expect ○ Early Observations ○ Different Presentations of Meth use ○ Resilience: Relational, Narrative, Behavioral 	
11. Reports		
a. Women and Youth Out of Care Group Discussion	Tabled	
b. HIV Planning Group (HPG) Planning Group Support Staff	Tabled	
c. Ryan White Part D	Tabled	
d. Research	Tabled	
i. AIDS Clinical Trials Group (ACTG)/	Tabled	

Agenda Item	Action	Follow-up
Antiviral Research Center (AVRC)		
ii. HIV Neurobehavioral Research Program (HNRP)	Tabled	
iii. Mother, Child & Adolescent Program (MCAP)	Tabled	
iv. UC San Diego Moores Cancer Center	Tabled	
12. Announcements	Tabled	
13. Next Meeting Date	Next CARE Partnership Meeting- Monday, May 18, 2026 In-Person Location: Southeastern Live Well Center; 5101 Market St, San Diego, CA 92114; (Tubman Chavez Room B & C)	
14. Adjournment	Meeting adjourned at 1:07pm	

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

ADAP Branch Updates

- ADAP Enrollment Worker Advisory Committee (AEWAC): No meeting was scheduled this month. The next meeting is scheduled for June 11, 2026.
- ADAP Enrollment Worker Advisory Committee Update: No meeting was scheduled this month. The next meeting is scheduled for June 11, 2026.
- ADAP MM 2026-03 ADAP Formulary Additions – Dental and Over-the-Counter (OTC) Vitamin Products: On April 22nd an email was sent out to Enrollment Workers (EWs) informing them about additions to the ADAP Formulary. Several dental-related products and a range of OTC medications have been added to support client comfort, oral health needs, and general symptom management. A correction to the management memo will go out regarding the OTC medications to clarify that while there are a variety of products (like Prilosec for acid suppression or Vitamin D3) that you can buy over the counter without a prescription, in order for ADAP to cover them, your healthcare provider must write a script. This prescription step is necessary to allow the pharmacy to bill ADAP and confirms that receipt of this product is part of your healthcare plan.
- Upcoming Changes to ADAP Enrollment System (AES) Demographics Tab: CDPH is adding new questions to the AES demographics tab to improve collection of Sexual Orientation, Gender Identity, and Sex Characteristics (SOGISC) data. This is critical for ensuring LGBTQ+ and Intersex communities are fully seen in our public health systems. Past emergencies like COVID-19 and the mpox outbreak showed that without this data, communities lacked visibility and equitable resources. Strengthened SOGISC reporting will help CDPH close longstanding gaps, guide more inclusive programs, and advance health equity for all Californians.

Prevention Branch Updates

- Harm Reduction Unit: Two new resources are available to street medicine providers and to people advocating for overdose prevention and other harm reduction efforts. OA has funded Keck School of Medicine to provide training for street medicine providers (including medical staff, peer navigators and others) and to develop a resource library. The library is now live, and posted at: <https://sites.usc.edu/streetmed-resourcecenter/>.
- Harm Reduction Fact Sheet: The Harm Reduction Unit released a [fact sheet](#) highlighting the role harm reduction organizations funded under the California Overdose Prevention and Harm Reduction Initiative (COPHRI) play in expanding naloxone access in CA. COPHRI-grantees have reported nearly half of all overdose reversals despite representing only 1% of the state's organizations who received naloxone through the state's Naloxone Distribution Project.

Care Branch Updates

- Reporting Tools in HIV Care Connect: The Office of AIDS will be hosting a webinar on how to generate the HOPWA Consolidated Annual Performance and Evaluation Report (CAPER). The webinar is Wednesday, June 10 at 10 AM. Invitations will be sent out to OA-funded HOPWA project sponsors next week. If you are a project sponsor in an Eligible Metropolitan Statistical Area and plan to use HIV Care Connect (HCC) to prepare your CAPER, you can e-mail HOPWARFA@cdph.ca.gov for an Outlook invite.

Other CDPH Updates

- Ending the Syndemic Symposium 2026: Please save the date for the 5th Annual Ending the Syndemic Symposium 2026! This year's free virtual symposium will be held September 29-October 1st from 12-4 PM each day. Speakers will be addressing three of the social determinants

on which our [Strategic Plan](#) and [Implementation-Blueprint](#) are organized: Racial Equity, Housing First and Health Access for All.

Save the Date Link: <https://event.me-kwgxKQ>

HRSA resources and training to help providers support people aging with HIV:

Medicare and Medicare-Medicaid Dual Eligibility for Ryan White HIV/AIDS Program Clients: June Webinars

The HRSA/HAB-funded ACE TA Center will host three webinars covering Medicare and Medicare-Medicaid dual eligibility for Ryan White HIV/AIDS Program (RWHAP) clients in June. They are intended for HIV program staff who enroll and help clients access coverage through Medicare and Medicaid. Each webinar will cover a distinct topic area and will include knowledge checks to reinforce key concepts.

The Basics of Medicare Eligibility for RWHAP Clients: June 2, 2026, 2:00–3:30 pm ET

- Eligibility criteria and common enrollment pathways for Medicare
- The different Medicare Parts
- Original Medicare vs. Medicare Advantage

Medicare Enrollment and Coverage for RWHAP Clients: June 16, 2026, 2:00–3:30 pm ET

- Best practices to support RWHAP clients to enroll in Medicare
- Common enrollment challenges
- Sources of financial assistance for Medicare costs
- How the RWHAP, including the RWHAP Part B AIDS Drug Assistance Program, can support Medicare-eligible people with HIV

Medicare-Medicaid Dual Eligibility for RWHAP Clients: June 23, 2026, 2:00–3:30 pm ET

- Eligibility criteria for Medicare and Medicaid
- Health coverage considerations for RWHAP clients who are dually eligible
- Best practices for helping dually eligible clients enroll in health coverage
- Financial assistance options
- Sources of enrollment support for RWHAP case managers and program administrators

[Register for one or all of the webinars](#)

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

(An Amendment to AB 2302)

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

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

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

Additional Information for Members Participating Remotely

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

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

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

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