

SAN DIEGO HIV PLANNING GROUP (HPG)



Wednesday, June 25, 2025, 3:00 PM – 5:00 PM
Chula Vista Live Well Center
690 Oxford Street, Chula Vista, CA 91911
Courtyard Room 1305

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

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Meeting Location & Directions:

HIV Planning Group (HPG)
Wednesday, June 25, 2025
3:00 PM - 5:00 PM

Chula Vista Live Well Center
690 Oxford St.
Chula Vista, CA 91911
Courtyard Room 1305



Visitor/Employee parking available in the back of the building. All visitors must check in with security at the **main entrance** of the building to be escorted to employee areas. Visitors include County employees who do not work in the building.

FROM I-15:

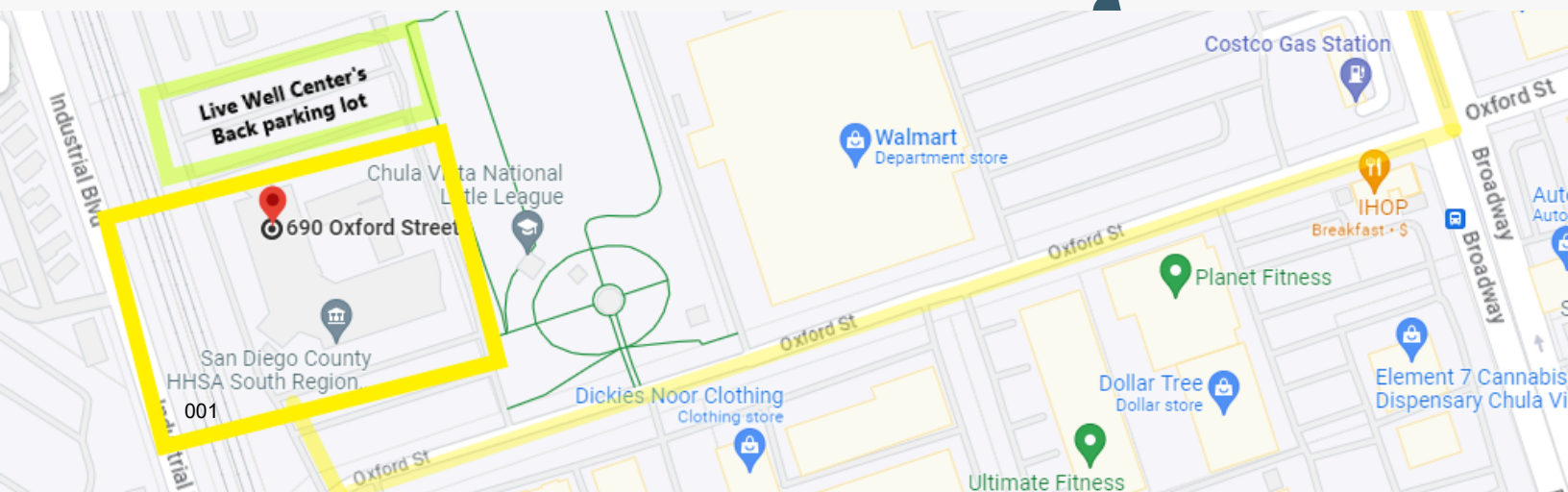
1. Take I-15 South.
2. Take exit 1C to merge onto I-5 towards National City/Chula Vista.
3. Take exit 7A toward L Street.
4. Keep right at the fork and merge onto Bay Blvd.
5. Turn right onto L Street.
6. Turn right onto Broadway.
7. Turn right onto Oxford St.
8. At the end of the cul-de-sac the destination is on the right.



PUBLIC TRANSPORTATION

MTS Trolley:
Blue Line

MTS Bus Routes:
932





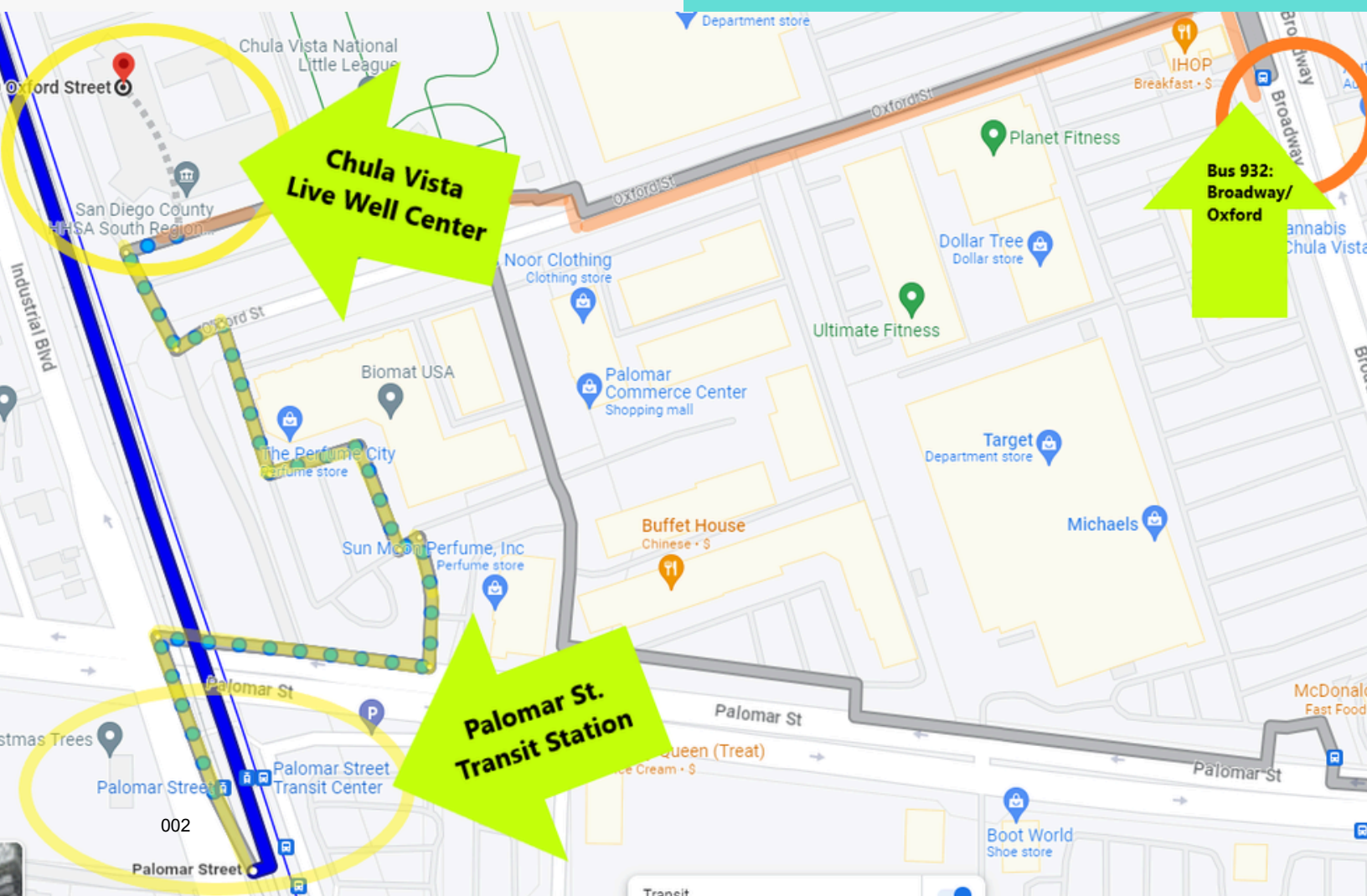
FROM TROLLEY & BUS:

1. Take the Blue Trolley Line towards San Ysidro.
2. Exit at Palomar Street Transit Center.
3. Turn right onto Palomar Street.
4. Turn left toward Oxford Street and follow path until you reach Chula Vista Live Well Center ahead.

FROM BUS:

From Broadway/Oxford St.:

1. Head north on Broadway toward Oxford St.
2. Turn left onto Oxford St. (Pass by IHOP on the left).
3. Destination will be on the right at the end of the cul-de-sac.



Procedure of HPG Public Requests During HPG Meetings

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

The process/procedure for responding is as follows.

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

Explain the process for a response and indicate that:

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

HPG CONFLICT OF INTEREST (COI) SHEET										
	Conant, Juan	Davenport, Beth	Garcia Bigley, Felipe	Grelotti, David J.	Ignalino, Ben	Matthews, Eva	Nava, Veronica	Paugh, Shannon	Spector, Stephen A.	Van Brocklin, Rhea
CHS: WICYF*										
Early Intervention Services: Regional Services										
Early Intervention Services: Minority AIDS Initiative										
Emergency Financial Assistance										
Food Services: Food Bank/Home Delivered Meals										
Home-Based Health Care Coordination										
Medical Case Management										
Medical Nutrition Services										
Mental Health: Counseling / Groups / 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										
004	Aguilar, Nicole Aguirre Mendoza, Marco Donovan, Michael Garcia, Rosemary			Fleming, Tyra Jones, Lori Kubricky, Cinnamen			Lochner, Michael Miles, Skyler Rooney, Ivy			Weber, Jeffery West, Abigail Wimpie, Michael Yancey, Adrienne

SAN DIEGO HIV PLANNING GROUP (HPG)



Wednesday, June 25, 2025, 3:00 PM – 5:00 PM
Chula Vista Live Well Center
690 Oxford Street, Chula Vista, CA 91911
Courtyard Room 1305

To participate remotely via Zoom:

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

Call in: +1 (669) 444-9171

Meeting ID (access code): 853 6898 7291

Password: SDHPG

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

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

A quorum for this meeting is thirteen (13)

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

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

ORDER OF BUSINESS

1. Call to order and roll call
2. Welcome, moment of silence, matters from the Chair
3. Public comment (for members of the public) – concerns/questions/suggestions for future topics
4. HPG Member Open Forum – concerns/questions/suggestions for future topics
5. Member Recognition and Acknowledgements
6. **ACTION:** Approve the HPG agenda for June 25, 2025
7. Welcome Dr. Sayone Thihalolipavan, Public Health Officer
8. HIV, STD, and Hepatitis Branch (HSHB) Report
9. Routine Business:

- a. **ACTION:** Approval of consent agenda for June 25, 2025 which includes:

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

Steering Committee	March 14, 2025
Membership Committee	April 9, 2025
Priority Setting and Resource Allocation Committee	March 13, 2025
Medical Standards and Evaluation Committee	April 8, 2025

SAN DIEGO HIV PLANNING GROUP (HPG)

Community Engagement Group	April 16, 2025; May 21, 2025
Strategies and Standards Committee	None

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

CARE Partnership March 17, 2025

- iii. (Membership Committee): HPG appointments/reappointments
- iv. Committee Reports
 - 1. HPG committees
 - 2. State Office of AIDS (OA) and AIDS Drug Assistance Program (ADAP) Report – Abigail West
 - 3. Housing Committee Report – committee representative
- v. California HIV Planning Group (CHPG) Report – Mikie Lochner
- vi. Administrative Items:
 - 1. HPG expenditures report
- b. Suggestions to the Steering Committee for consideration of future items
- c. Suggestions from the community on future training topics and other agenda items

10. Old Business:

- a. None

11. New Business:

- a. **ACTION** (Medical Standards and Evaluation Committee): Approve Oral Health Care Service Standards
- b. **ACTION** (Priority Setting and Resource Allocation Committee): Approve Key Data Findings on the Regional Distribution of Ryan White HIV/AIDS Treatment Extension Act (RWTEA) Part A/B Services
- c. **ACTION** (Priority Setting and Resource Allocation Committee): Approve Key Data Findings on Ryan White's Service Eligibility Criteria and Other Service Guidelines
- d. **Report**: 2025 HPG Retreat
- e. **For Reference**: Anti-Racism Statement
- f. **Review**: 2025 Outreach Schedule – Katie Emmel

12. HPG Support Staff Updates

13. Announcements

14. Adjournment

Next Meeting Date: **Wednesday, July 23, 2025, at 3:00 PM – 5:00 PM**

Location: TBD and via Zoom

RW 2024-25 PART A AWARD INFORMATION

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

RW 2024-25
YEAR TO DATE EXPENDITURE AND
SAVINGS BREAK-DOWN
Through February 2025

FY24-25 ALLOCATION BREAK DOWN

Funding Source	Admin. \$	Admin. %	CQM \$	CQM %	RW 2024-25 Service dollars	Total	CORE Medical Services	Support Services
Part A	1,131,364	10%	349,067	3%	10,187,043	11,667,474	50.40%	49.60%
Part A MAI	78,486	10%	32,933	4%	673,440	784,859		
TOTAL	1,209,850.00		382,000.00		10,860,483.00	12,452,333.00	70%	30%

Ryan White Part A Allocations

								% Elapsed	100%		
Service Categories	HRSA Ranking	Priority Ranking	RW 2024-25 HPG Initial Allocation	%	HPG & Recipient Approved Actions +/-	RW 2024-25 HPG Adjusted Allocation	%	RW 2024-25 Year to Date Expenditure	RW 2024-25 Year-to-Date % Expenditure/Budget	RW 2024-25 Balance	Comments
Outpatient Ambulatory Health Services: Primary Care	1l	1	1,102,630.00	11%	826,112.00	1,928,742.00	19%	1,192,322.60	62%	736,419.40	
Outpatient Ambulatory Health Services: Medical Specialty	1l	2	195,000.00	2%	-	195,000.00	2%	147,641.00	76%	47,359.00	
Psychiatric Medication Management	1j	12	6,000.00	0%	11,393.55	17,393.55	0%	13,712.08	79%	3,681.47	
Oral Health	1k	3	160,940.00	2%	80,631.00	241,571.00	2%	168,489.43	70%	73,081.57	
Medical Case Management	1h	4	1,151,853.00	12%	-	1,151,853.00	11%	1,128,936.90	98%	22,916.10	
Non-Medical Case Management for Housing		6	200,000.00	2%	(200,000.00)	-		-	0%	-	
Housing: Emergency Housing	2e	7	1,183,515.00	12%	(55,793.30)	1,127,721.70	11%	1,023,222.92	91%	104,498.78	
Housing: Location, Placement and Advocacy Services NEW		8	100,000.00	1%	(100,000.00)	-		-	0%	-	
Housing: Partial Assistance Rental Subsidy (PARS)	2e	9	807,507.00	8%	43,000.00	850,507.00	8%	627,611.60	74%	222,895.40	
Non-Medical Case Management	2h	5	392,021.00	4%	-	392,021.00	4%	363,421.47	93%	28,599.53	
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF)	1c	13	993,157.00	10%	-	993,157.00	10%	992,942.19	100%	214.81	
Childcare Services	2a		-	0%	-	-	0%	-	0%	-	
Early Intervention Services: Regional Services	1c	14	810,000.00	8%	(20,000.00)	790,000.00	8%	730,060.90	92%	59,939.10	
Health Education & Risk Reduction	2d	14a	-	0%	-	-	0%	-	0%	-	
Outreach Services	2j	14b	-	0%	-	-	0%	-	0%	-	
Referral Services	2l	14c	-	0%	-	-	0%	-	0%	-	
Referral to Health and Supportive Services (Peer Navigation)		16	300,000.00	3%	(86,800.00)	213,200.00	2%	195,353.42	92%	17,846.58	

Ryan White Part A Allocations						% Elapsed		100%			
Service Categories	HRSA Ranking	Priority Ranking	RW 2024-25 HPG Initial Allocation	%	HPG & Recipient Approved Actions +/-	RW 2024-25 HPG Adjusted Allocation	%	RW 2024-25 Year to Date Expenditure	RW 2024-25 Year-to-Date % Expenditure/Budget	RW 2024-25 Balance	Comments
Mental Health: Counseling/Therapy & Support Groups	1j	10	900,000.00	9%	(171,000.00)	729,000.00	7%	664,090.16	91%	64,909.84	
Psychosocial Support Services		17	46,744.00	0%	(46,744.00)	-	0%	-	0%	-	
Substance Abuse Services: Outpatient	1m	11	260,127.00	3%	53,000.00	313,127.00	3%	312,837.94	100%	289.06	
Substance Abuse Services: Residential	2o	18	-	0%	-	-	0%	-	0%	-	
Home-based Health Care Coordination	1e	19	228,500.00	2%	(73,120.00)	155,380.00	2%	107,676.90	69%	47,703.10	
Transportation: Assisted and Unassisted	2g	20	122,830.00	1%	29,000.00	151,830.00	1%	137,890.46	91%	13,939.54	
Food Services: Food Bank/Home-Delivered Meals	2c	21	536,073.00	5%	-	536,073.00	5%	535,362.04	100%	710.96	
Medical Nutrition Therapy	1i	22	35,542.00	0%	-	35,542.00	0%	33,693.12	95%	1,848.88	
Legal Services	2i	23	285,265.00	3%	-	285,265.00	3%	285,232.84	100%	32.16	
Emergency Financial Assistance	2b	24	36,856.00	0%	42,804.00	79,660.00	1%	67,237.95	84%	12,422.05	
Home Health Care	1f	25	-	0%	-	-	0%	-	0%	-	
Early Intervention Services: HIV Counseling and Testing	1c	26	-	0%	-	-	0%	-	0%	-	
Cost-Sharing Assistance	1d	27	-	0%	-	-	0%	-	0%	-	
Hospice	1g	28	-	0%	-	-	0%	-	0%	-	
Subtotal			9,854,560.00	100%	332,483.25	10,187,043.25	100%	8,727,735.92	86%	1,459,307.33	
Ryan White Part A Minority AIDS Initiative (MAI)			RW 2024-25 HPG Initial Allocation		HPG & Recipient Approved Actions +/-	RW 2024-25 HPG Adjusted Allocation	%	RW 2024-25 Year to Date Expenditure	RW 2024-25 Year-to-Date % Expenditure/Budget	RW 2024-25 Balance	Comments
Multi-Disciplinary Team			593,183.00		-	593,183.00	86%	511,851.17	86%	81,331.83	
Housing: Emergency Housing			100,000.00		-	100,000.00	14%	92,377.19	92%	7,622.81	
Subtotal			693,183.00		-	693,183.00	100%	604,228.36	87%	88,954.64	
TOTAL			10,547,743.00		332,483.25	10,880,226.25		9,331,964.28	86%	1,548,261.97	

CORE and Support Services Allocation Breakdown					
Total Allocation			Total Expenditure		Total Balance
CORE Medical Services			5,186,313.55	4,091,224.76	1,095,088.79
Support Services			5,103,029.70	4,636,511.16	466,518.54
TOTAL			10,289,343.25	8,727,735.92	1,561,607.33

Other funding info

Month:

Feb-25

Part A & Part B Prevention Comp A/C

HRSA 20-078

YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN AS OF FEB 2025

RW 2024-25 SERVICE DOLLAR ALLOCATIONS AND EXPENDITURES

Funding Source	RW 2024/2025 Service Dollars	Contract YTD Expenditure	% of Year Invoiced	% Spent	Balance	Comments
Ryan White Part B						
Outpatient Ambulatory Health Services (Medical)	-	-	100.00%	0.00%	-	Part A Payment Summary (Part B funding)
Early Intervention Services (Expanded HIV Testing)	-	-	100.00%	0.00%	-	Part A Payment Summary (Part B funding)
Early Intervention Services (Focused Testing)	187,900.00	\$182,527.73	100.00%	97.14%	5,372.27	Part B Payment Summary
Medical Case Management (Emergency Financial Assistance)	177,600.00	\$116,327.33	100.00%	65.50%	61,272.67	Part B Payment Summary
Housing (Substance Abuse Services-Residential)	714,552.00	\$630,714.36	100.00%	88.27%	83,837.64	Part B Payment Summary
Non-medical Case Management (Rep Payee)	50,000.00	\$39,182.14	100.00%	78.36%	10,817.86	Part B Payment Summary
CoSD Medical Case Management	392,403.61	375,087.29	100.00%	95.59%	17,316.32	Part B Cost Report
CoSD Early Intervention Services	375,134.29	364,863.83	100.00%	97.26%	10,270.46	Part B Cost Report
Ryan White Part B Total	1,897,589.90	1,708,702.68			188,887.22	
Prevention (27-0047) - awaiting						
<i>Counseling and Testing</i>				0.00%	-	Payment Summary
<i>Evaluation/ Linkage Activities/ Needs Assessment</i>				0.00%	-	Payment Summary
Prevention Total	-	-		0.00%	-	
HRSA Ending the HIV Epidemic Total - 20-078 FY 24-25	4,061,078.00	785,388.39		19.34%	3,275,689.61	Payment Summary
TOTAL	5,958,667.90	2,494,091.07			3,464,576.83	

Program: HIV Planning Group - Administrative Budget
Year: RW 2024-25

DETAILED INTERNAL BUDGET				
Budget Period: 03/01/2024 to 2/28/2025 CFD#: 93.914 Updated - 3/2024-2/2025 Expenditures for 6/2025 Meeting	% of Year Elapsed	100.0%		
	FY 24-25 Budget	YTD Total Expenditures	Expended	Remaining Balance
Personnel Expenses (Salary & Benefits)	\$ 307,705.26	\$ 442,931.60	143.95%	\$ (135,226.34)
Interpreter Services	\$ 10,200.00	\$ 15,345.05	150.44%	\$ (5,145.05)
Food	\$ 7,100.00	\$ 6,792.33	95.67%	\$ 307.67
Staff Training	\$ 250.00	\$ -	0.00%	\$ 250.00
Office Expenses	\$ 5,731.00	\$ 7,560.59	131.92%	\$ (1,829.59)
Mileage and Gas Cards	\$ 7,100.00	\$ 4,803.02	67.65%	\$ 2,296.98
Zoom and WiFi (MiFi)	\$ 1,323.00	\$ 3,220.07	243.39%	\$ (1,897.07)
TOTAL PC BUDGET	\$ 339,409.26	\$ 480,652.66	141.61%	\$ (141,243.40)



KIMBERLY GIARDINA, DSW, MSW
DEPUTY CHIEF ADMINISTRATIVE OFFICER

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES
5530 OVERLAND AVENUE, SUITE 210, MS P-578
SAN DIEGO, CA 92123-1507
(619) 581-5800 • FAX (619) 542-4186

ELIZABETH A. HERNANDEZ, PhD
DIRECTOR

SAYONE THIALOLIPAVAN, MD, MPH
PUBLIC HEALTH OFFICER

**SAN DIEGO HIV PLANNING GROUP (HPG)
MEDICAL STANDARDS AND EVALUATION COMMITTEE (MSEC)**

**ACTION ITEM INFORMATION SHEET
APPROVE ORAL HEALTH CARE SERVICE STANDARDS**

DATE: June 25, 2025

ITEM: Approve the attached revised *Oral Health Care Service Standards*, as recommended by the Medical Standards and Evaluation Committee (MSEC).

BACKGROUND:

To ensure that oral health care service is accessible to all clients living with HIV/AIDS, the Oral Health Care Service Standards are reviewed every three years. The MSEC reviewed and recommended updates to the *Oral Health Care Service Standards* at its May 13, 2025 meeting.

RECOMMENDATION:

Approve the attached revised *Oral Health Care Service Standards*.

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

Oral Health Care

Service Category Definition

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

Purpose and Goals

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

Intake

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

Dental Benefits

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

*Custom nightguards (aka occlusal splints) require a dentist to document signs of bruxism (wear facets, cracked teeth/restorations, tooth pain, jaw pain, headache, facial pain) and/or Temporomandibular Joint Dysfunction (TMD) (jaw pain, neck pain, headache, earache, difficult jaw opening: catching, locking, or shifting, painful joint noises: clicking, popping, or grating).

**Replacement as needed as documented by a dentist

Implants are not a benefit of the Ryan White Dental Program

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

Exceptional medical conditions include, but are not limited to:

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

Key Service Components and Activities

Standard	Measure
Staff ensures clients' eligibility and needs	Documentation of interviews and assessments of all potential clients utilizing a standard client eligibility screening tool
Staff maintains records of eligibility, intake and assessments	Documentation of eligibility, intake, comprehensive assessments, individual care plans, and progress of clients on a standard medical care management form
	Maintain a single record for each client

Standard	Measure
Staff ensures clients are connected to the appropriate services when needed	Documentation of all services provided/offered to clients
	Completion of the Client Transition Plan for clients who are deemed ineligible for oral health services or deemed ready to be transitioned out of these services

Personnel Qualifications

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

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

Assessment and Service Plan

Initial Assessment

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

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

- Client's chief complaint
- HIV medical care provider
- Current medication regimen(s) and adherence, including HIV medications
- Alcohol, drug, and tobacco use
- Allergies
- Other co-morbidities
- Labs including viral load, CD4 count, CBC with differential

Dental History

- Usual oral hygiene
- Date of last dental examination, and name of last dentist if known
- Nutrition assessment

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

An oral examination should include:

- Comprehensive head and neck exam
- Caries (cavities) charting
- Periodontal exam and charting
- Complete intra-oral exam, including evaluation for HIV-associated lesions or sexually transmitted infections (STIs), and oral cancer.
- Radiographs as indicated after clinical exam and may include: Full mouth radiographs or panoramic, bitewings, periapicals,

Preventative Care and Maintenance

Education shall include:

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

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

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

Standard	Measure
Conduct a baseline dental evaluation that shall include at a minimum: <ul style="list-style-type: none">• Medical history• Intra-oral and extra-oral examination• Education	Performance of a timely initial assessment, including evidence of a medical history, oral examination, and education as specified above, as well as provision and documentation of applicable referrals/linkages, will be monitored via site visit chart review.

Standard	Measure
Oral Health providers should emphasize prevention with fluoride varnish application. Clients should always be provided with information regarding prevention, early detection of oral disease, and preventive oral health practices, including what to do if having a dental emergency.	All client contacts, findings, procedures, diagnoses, education, and other information pertinent to patient care must be recorded in the client chart.
Clients will receive an intra-oral and extra-oral examination by an oral health provider at least annually. The oral examination should include fluoride varnish application and radiographs as necessary.	Clients who received an oral examination by an oral health provider.

Treatment Plan

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

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

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

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



KIMBERLY GIARDINA, DSW, MSW
DEPUTY CHIEF ADMINISTRATIVE OFFICER

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES
5530 OVERLAND AVENUE, SUITE 210, MS P-578
SAN DIEGO, CA 92123-1507
(619) 581-5800 • FAX (619) 542-4186

ELIZABETH A. HERNANDEZ, PhD
DIRECTOR

SAYONE THIALOLIPAVAN, MD, MPH
PUBLIC HEALTH OFFICER

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

**ACTION ITEM INFORMATION SHEET
APPROVE 2025 KEY DATA FINDINGS: REGIONAL SERVICE AVAILABILITY OF
RYAN WHITE PARTS A/B PROGRAMS**

DATE: June 25, 2025

ITEM: Approve the attached *2025 Key Data Findings: Ryan White Programs Parts A/B Regional Service Availability*, as recommended by the Priority Setting and Resource Allocation Committee (PSRAC).

BACKGROUND:

The key data findings are updated annually and reflect service gaps in availability for services funded by the Ryan White Parts A/B programs.
The PSRAC reviewed and recommended for approval the 2025 Key Data Findings at its June 12, 2025 meeting.

RECOMMENDATION:

Approve the attached *2025 Key Data Findings*.

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

San Diego HIV Planning Group
Priority Setting and Resource Allocation Committee



**2025 Key Data Findings:
Ryan White Programs (RWP) Parts A/B
Regional Service Availability**

Draft May 6, 2025



The table below identifies **service gaps** in availability for **only** those services funded by the Ryan White Programs (RWP) Parts A/B. ***If RWP services are not available* in specific areas, they may be accessed in other regions of the county.*** Additionally, non-Ryan White funded services may or may not also be available through other community resources.

A RWP service is considered to be not available in a region if it is 1) not available at a provider site in the region; 2) Not out stationed in the region; and 3) The service is not available in a client's home; The following RWP services are currently **not** available in the given regions:

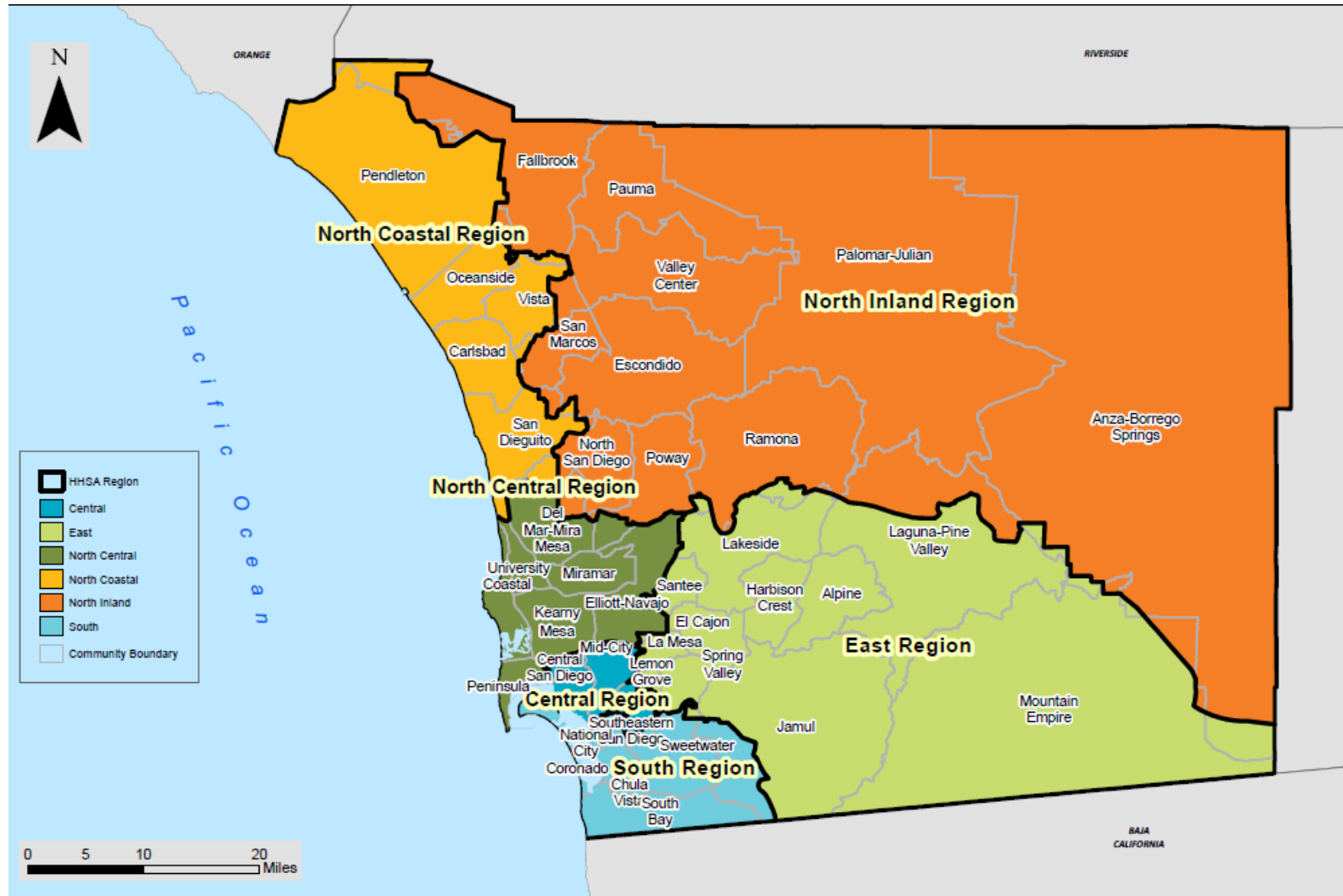
Region(s)*	RWP Parts A/B funded services <u>not</u> available
Central/North Central/Southeast	<ul style="list-style-type: none">• All services available
East	<ul style="list-style-type: none">• Substance Use Treatment Services (Residential)**• Substance Use Treatment Services (Outpatient)• Minority AIDS Initiative (MAI)
North Coastal/North Inland	<ul style="list-style-type: none">• Substance Use Treatment Services (Residential)**• Substance Use Treatment Services (Outpatient)• Minority AIDS Initiative (MAI)
South	<ul style="list-style-type: none">• Substance Use Treatment Services (Residential) **

*County of San Diego Health and Human Services Agency (HHSA) defined regions. See reverse side for map

**Substance Abuse (Drug & Alcohol) Treatment Services (Residential) are available countywide, regardless of the regions in which clients reside, because clients will reside at the service site while they are in treatment.

- Non-Medical Case Management for Housing, Housing Location, Placement and Advocacy Services, and Psycho-social Support Services are awaiting full procurement.

County of San Diego Health and Human Services Agency (HHSA) Regions





KIMBERLY GIARDINA, DSW, MSW
DEPUTY CHIEF ADMINISTRATIVE OFFICER

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES
5530 OVERLAND AVENUE, SUITE 210, MS P-578
SAN DIEGO, CA 92123-1507
(619) 581-5800 • FAX (619) 542-4186

ELIZABETH A. HERNANDEZ, PhD
DIRECTOR

SAYONE THIALOLIPAVAN, MD, MPH
PUBLIC HEALTH OFFICER

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

**ACTION ITEM INFORMATION SHEET
APPROVE 2025 KEY DATA FINDINGS: SERVICE ELIGIBILITY CRITERIA AND
SERVICE GUIDELINES BY SERVICE CATEGORY FOR RYAN WHITE PARTS A/B
SERVICES**

DATE: June 25, 2025

ITEM: Approve the attached *2025 Key Data Findings on Ryan White's Service Eligibility Criteria and Other Service Guidelines*, as recommended by the Priority Setting and Resource Allocation Committee (PSRAC).

BACKGROUND:

The Health Resources and Services Administration (HRSA) requires that the income eligibility criteria be the same for all Ryan White service categories. To ensure that services continue to be equitable and accessible to all receiving HIV/AIDS care and treatment, The key data findings are updated annually and reflect service-specific guidelines for each Ryan White service provided by the County. The PSRAC reviewed and recommended for approval the 2025 Key Data Findings at its June 12, 2025 meeting.

RECOMMENDATION:

Approve the attached *2025 Key Data Findings*.

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



San Diego HIV Planning Group
Priority Setting and Resource Allocation Committee

2025 Key Data Findings

**SERVICE ELIGIBILITY CRITERIA AND SERVICE GUIDELINES
BY SERVICE CATEGORY
FOR RYAN WHITE PART A/B SERVICES**



Draft May 6, 2025

The Health Resources and Services Administration (HRSA) requires the income eligibility criteria be the same for all Ryan White service categories. Different income eligibility criteria for different services create barriers to receiving care and treatment.

Thus, to be eligible to receive Ryan White Parts A/B services in San Diego County, one must:

- Live in San Diego County
- Have an income at or below 600% Federal Poverty Level (FPL)* (\$93,900 annually for a household of one)
- Have a confirmed HIV diagnosis (except in service categories that permit services to HIV-negative and unaware)
- Have no other payer for the service

All clients must be reassessed for eligibility every twelve months

The chart, beginning on page 2, notes service-specific guidelines for each Ryan White service provided in the County.

*The FPL for changes every year and is usually published within the first few months of each calendar year. The 2025 600% FPL is \$93,900 annually for a household of one (adjusted for additional family members).

Definitions:

Medical Provider = Medical Doctor (MD or DO), Nurse Practitioner (NP), Physician Assistant (PA)

Clinical Provider = Medical Doctor (MD or DO), Nurse Practitioner (NP), Physician Assistant (PA), Registered Nurse (RN), Licensed Vocational Nurse (LVN), Case Manager (CM), Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT)





Mental Health Provider = Psychiatrist (a Medical Doctor, MD or DO), Psychologist (PhD or PsyD), Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT)

Dental Provider = Dentist (DDS or DDM), Dental Specialist (DDS or DDM)

 = Core Medical Service


Blue lettering = Service category with \$0 allocated currently or not presently procured/deployed


San Diego County EMA Ryan White Treatment Extension Act (RWTEA) Parts A/B
SERVICE SPECIFIC CRITERIA
Draft May 6, 2025

FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
1.  Outpatient Ambulatory Health Services (Primary Care)	No additional guidelines	Emergency room or urgent care services are not considered outpatient settings. There are no annual limits on the number of services provided.	
2.  Medical Specialty	Must have a referral from Ryan White HIV Primary Care provider	Requests triaged based on medical necessity, HIV relatedness and urgency. Limited to those services authorized by the County of San Diego HSHB specialty services provider.	<ul style="list-style-type: none"> Medical provider
3.  Oral Health Care (Dental Care)	Must have a referral from Ryan White Primary Care provider	Primary dental services are available as medically necessary or as required to treat pain. Dental specialty is limited to procedures to support palliative and medically necessary dental care outside of primary dental care setting. Service specifically excludes dental implants (with four specific exceptions)	<ul style="list-style-type: none"> Medical provider Dental provider for dental specialty service
4.  Medical Case Management Services	Limited to individuals who are unable to access or remain in HIV medical care as determined by medical care managers based on whether: <ul style="list-style-type: none"> Client is currently enrolled in outpatient/ambulatory health services Client is following his/her medical plan Client is keeping medical appointments Client is taking medication as prescribed 	Services are not intended for individuals who are able to access and remain in HIV medical care. Case is closed when all action items on the care plan are completed, and medical care is stabilized. There are no annual limits on the number of services provided.	
5. Non-Medical Case Management Services	Must demonstrate ability to access or remain in HIV medical care	Services are not intended for individuals who are unable to access or remain in HIV medical care. Case is closed when all action items on the care plan are completed, and medical care is stabilized. There are no annual limits on the number of services provided.	
6. Non-Medical Case Management for Housing	Eligible to receive Ryan White services Upon intake, all eligible clients will be required to enroll in all available housing assistance waiting lists, including Section 8, Housing Opportunities for	Housing case management does not provide support or guidance for accessing other services, and it is required that housing case managers closely coordinate client needs outside of housing	<ul style="list-style-type: none">


FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
	Persons with AIDS (HOPWA), and Tenant-Based Rental Assistance (TBRA). A housing plan must be developed within 60 days of enrolling in housing case management and no later than 90 days after enrolling in PARS. The client & case manager should review the plan regularly, and at least every quarter.	with medical or non-medical case managers as part of a treatment team approach.	
7. Housing: Partial Assistance Rental Subsidy (PARS)	<p>Must not receive other subsidized housing, either tenant-based or project-based</p> <p>Because all housing support provided under Ryan White is temporary, a housing transition plan is required to ensure clients maintain housing self-sufficiency at the conclusion of assistance.</p> <p>All clients enrolled in the Partial Assistance Rental Subsidy (PARS) program must also enroll in housing case management.</p>	<p>Provides 40% of a client's monthly rental costs not to exceed 40% of the fair-market rent for San Diego County as determined by the U.S. Department of Housing and Urban Development (HUD).</p> <p>Clients shall not receive PARS if they receive tenant-based or project-based rent subsidy including, but not limited to, subsidized low-income housing, or subsidized independent housing associated with any program such as Public Housing, Affordable Housing, HOPWA, or Section 8.</p> <p>Housing services may not:</p> <ul style="list-style-type: none"> • Be used for mortgage payments • Be in the form of direct cash payments to clients • Be used for rental or security deposits. Such deposits are typically returned to clients as cash which would violate the prohibition on providing cash payments to clients. 	<ul style="list-style-type: none"> • Case manager
8. Housing: Emergency Housing	<p>Eligible to receive RW services.</p> <p>Because all housing support provided under Ryan White is temporary, a housing transition plan is required to ensure clients maintain housing self-sufficiency at the conclusion of assistance.</p>	<p>Services prioritize hotel/single room occupancy (SRO) vouchers over rental assistance. Service can be used once in a 12-month period. Service is not available to individuals who:</p> <ul style="list-style-type: none"> • Receive Housing Opportunities for People with AIDS (HOPWA) funds. • Receive a tenant-based or project-based rent subsidy including, but not limited to, subsidized low-income housing, or subsidized independent housing associated with any program such as Public Housing, Affordable Housing, Section 8, HOPWA, or PARS rental assistance. • Have previously been terminated from receiving emergency housing assistance 	<ul style="list-style-type: none"> • Case manager


FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
		<p>or tenant-based rental assistance, have violated program guidelines in their use of emergency housing funds, or have been identified as ineligible for services.</p> <ul style="list-style-type: none"> Can include sober living and assisted living. <p>Housing services may not:</p> <ul style="list-style-type: none"> Be used for mortgage payments Be in the form of direct cash payments to clients Be used for rental or security deposits. Such deposits are typically returned to clients as cash which would violate the prohibition on providing cash payments to clients. 	
9. Housing Location, Placement and Advocacy Services	(The Strategies and Standards Committee will draft service standards for this service category)		
10. Mental Health: Counseling, Therapy/Support Groups	May request or be referred by providers or case manager	Case is closed when all action items on the care plan are completed, and medical care is stabilized. There are no annual limits on the number of services provided.	
11. Substance Use Treatment: Outpatient Care	Cannot currently be in a residential substance abuse treatment program	Case is closed upon successfully completion of treatment and client chooses not to participate in any other aftercare program activities. There are no annual limits on the number of services provided.	
12. Mental Health: Psychiatric Services	Must have a confirmed mental health diagnosis, and/or referral for specialized psychiatric care from a medical provider or mental health provider	There are no annual limits on the number of services provided.	<ul style="list-style-type: none"> Medical provider Mental health provider
13. Coordinated HIV Services for Women, Infants, Children, Youth and Families (CHS:WICYF)	Services focus on linkage or re-engagement in care and are not intended to be ongoing.	<p>Limited to:</p> <ul style="list-style-type: none"> Individuals who do not know their HIV status and need to be referred to counseling and testing Individuals who know their status and are not in care and need assistance to enter or re-enter HIV-related medical care 	
a. Childcare Services (A subcategory of CHS:WICYF)	Available for children living in the household of individuals with a confirmed HIV diagnosis and their affected family members while attending medical visits, related appointments, and/or Ryan White-funded meetings, groups, or training sessions.	For children from infancy through 12 years of age. Services are also available, if permitted at the appointing clinic, for parents and caregivers attending medical, dental, and mental health care appointments, including support groups, on-site childcare is prioritized for appointments, so family members can access support service needs. It	<ul style="list-style-type: none"> Case manager

FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
		may be available for other purposes as determined appropriate. For parents and caregivers utilizing on-site services, at least one parent or caregiver must remain on-site.	
14.  Early Intervention Services: Regional Services (EIS:RS)	Services focus on linkage or re-engagement in care and are not intended to be ongoing.	Limited to: <ul style="list-style-type: none"> Individuals who do not know their HIV status and need to be referred to counseling and testing Individuals who know their status and are not in care and need assistance to enter or re-enter HIV-related medical care 	<ul style="list-style-type: none">
a. Outreach Services (a subcategory of EIS:RS)	Services focus on linkage or re-engagement in care and are not intended to be ongoing.	Limited to: <ul style="list-style-type: none"> Individuals who do not know their HIV status and need to be referred to counseling and testing Individuals who know their status and are not in care and need assistance to enter or re-enter HIV-related medical care 	
15. Health Education and Risk Reduction (stand-alone service, not part of CHS:WICFY or EIS:RS)	<p>Eligible to receive Ryan White funded care</p> <p>The provision of education and information to clients living with HIV and how to reduce the risk of HIV transmission. It includes education, referral and related service navigation to clients living with HIV to improve their health and their partners to prevent HIV transmission.</p>	<p>Services are intended to complement and not replace other funded HIV prevention activities</p> <p>Exclusions:</p> <ul style="list-style-type: none"> Affected individuals (partners and family members not living with HIV) are only eligible if receiving services concurrently with the client. Health Education/Risk Reduction may not be delivered anonymously. However, all information is confidential. 	
16. Referral to Health and Care and Support Services (Peer Navigation)	Must currently be receiving case management, non-case management, mental health, substance abuse or outreach services	Services focus on linkage or re-engagement in care and are not intended to be ongoing.	<ul style="list-style-type: none"> Self-Referral Case manager Early Intervention Services
17. Psychosocial Support Services	Available to clients living with HIV; may include support groups and may be provided by a trained staff or volunteer, including peers.	Funds under this service category may not be used to pay for food, transportation or for professional mental health services.	
18. Substance Use Treatment: Residential Care	Must have a written referral from the clinical provider as part of a substance use disorder	Case is closed upon completion of treatment program. There are no annual limits on the number of services provided.	<ul style="list-style-type: none"> Clinical provider

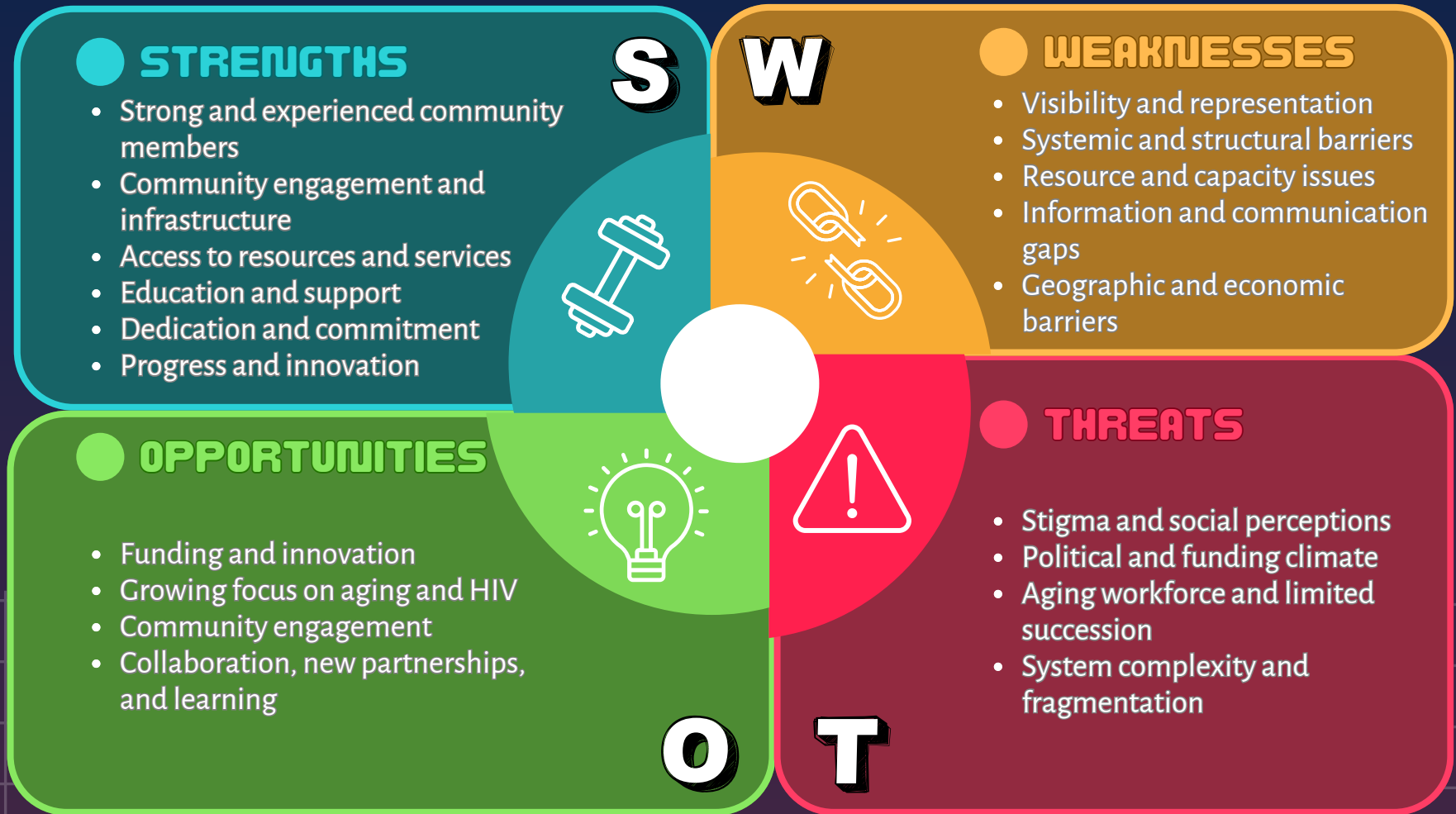
FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
	treatment program funded under the Ryan White program		
19.  Home and Community Based Health Services	<p>Must be at risk for hospitalization or entry into a skilled nursing facility. Must also:</p> <ul style="list-style-type: none"> • Have a health condition consistent with in-home services • Have a home environment that is safe for both the client and the service provider • Have a score of 70 or less on the Cognitive and Functional Ability (Karnofsky) Scale 	<p>Service specifically excludes:</p> <ul style="list-style-type: none"> • Emergency room services • In-patient hospital services • Nursing homes • Other long-term care facilities <p>Case is closed when all action items on the comprehensive service plan are complete and medical care is stabilized. There are no annual limits on the number of services provided.</p>	<ul style="list-style-type: none"> • Medical provider • Case manager
20. Transportation Pool – Assisted & Unassisted	<p>Individuals shall be eligible for transportation only if they would not otherwise have access to core medical and support services and only if they do not qualify for other transportation assistance programs.</p>	<p>Specific eligibility criteria for <u>assisted transportation</u>*:</p> <ul style="list-style-type: none"> • Used for transport to and from various core medical and support service providers. • Assisted transportation, consisting of ADA Para-Transit Passes and certified medical transport may be used if a client is unable to access unassisted transportation. • Contractor shall refer all clients requesting assisted transportation for screening and potential eligibility for AIDS Waiver program. • Clients are not eligible for RW assisted transportation services if they receive or are eligible for other public transportation benefits such as, but not limited to, ADA Para-Transit, AIDS Waiver Transportation Assistance, Home and Community-based Health Services, or Medi-Cal reimbursed medical transport. <p>Specific eligibility criteria for <u>unassisted transportation</u>:</p> <ul style="list-style-type: none"> • Reserved for individuals unable to access or stay in core medical and support services. • Disabled monthly passes may be issued for individuals who qualify for the disabled monthly pass and have more than three medical visits per month. • Day passes may be issued for individuals who do not qualify for the disabled monthly 	<ul style="list-style-type: none"> • Case manager • Any service provider

FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
		<p>passes and for those eligible for disabled monthly passes who have fewer than three medical visits per month.</p> <ul style="list-style-type: none"> ○ Individuals who receive day passes can be issued two extra day passes to cover unexpected or emergency medical visits. Clients are limited to two unused emergency day passes at a time. • Monthly passes may be issued to clients in lieu of day passes if a client's predetermined number of day-passes for a month equals or exceeds the cost of a standard monthly pass. • Other forms of transportation may include but are not limited to: taxis, ride sharing programs and/or mileage reimbursement. <p>Transportation services are limited to travel to and from core medical and support service appointments only; however, clients traveling with legal dependents are permitted to make stops at childcare facilities to drop children off before appointments and to pick children up after appointment.</p> <p>Unallowable services include: 1. Direct cash payment or reimbursements to clients 2. Direct maintenance expenses of personally owned vehicles (tires, repairs, etc.) 3. Payment of other cost associate with a personally owned vehicle (insurance, license, etc.)</p>	
21. Food Services/Home Delivered meals	Must be physically and/or mentally incapable of preparing own meals to qualify for home delivered meal services. Individuals who can prepare meals may still be eligible for food vouchers and food bank services	<p>Services do not provide:</p> <ul style="list-style-type: none"> • Permanent water filtration systems for water entering a home; • Household appliances; • Pet foods • Other non-essential products. <p>Case is closed when the service is deemed no longer medically necessary. There are no annual limits on the number of services provided.</p>	<ul style="list-style-type: none"> • Case manager • Medical provider
22. Medical Nutrition Therapy	Must be referred by a medical provider	Case is closed when all action items on the nutrition plan are competed, and medical care is	<ul style="list-style-type: none"> • Medical provider

FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
		stabilized. There are no annual limits on the number of services provided.	
23. Legal Services (Other Professional Services)	Services can also be provided to family members and others affected by a client's HIV disease when the services are specifically necessitated by the person's HIV status	Excludes criminal defense and class-action suits unless related to access to services eligible for funding under the Ryan White program. Case is closed when the legal matter has been resolved. There are no annual limits on the number of services provided.	
24. Emergency Financial Assistance	Eligible to receive RW services.	<p>The maximum amount for each item per year per client are as follows:</p> <ul style="list-style-type: none"> • Clients are eligible to receive up to \$1,000/year to use for utility payments. • Food bags: Each client is allowed a maximum of 12 weeks of emergency food bags per 12 months. • Medication: Covers prescription medication (1) not available through the AIDS Drug Assistance Program (ADAP) and (2) only intended for short term need. • Eyeglasses: One set of lenses per year, one set of frames every other year; one opportunity to replace if lost/stolen/damaged. • Eviction prevention: Limited to \$1,490/year. <p>Electronic devices (tablets, small laptops, etc.) can be provided to assist clients access virtual environments/telehealth appointments/RW planning meetings.</p>	<ul style="list-style-type: none"> • Case manager
25. Home Health Care	Must be deemed medically homebound by a medical provider	Home settings do not include nursing facilities or inpatient mental health/substance use treatment facilities. Case is closed when all services are completed, and medical care is stabilized. There are no annual limits on the number of services provided.	<ul style="list-style-type: none"> • Medical provider • Case manager
26.  Early Intervention Services: HIV Counseling and Testing	Services focus on linkage or re-engagement in care and are not intended to be ongoing.	<p>Limited to:</p> <ul style="list-style-type: none"> • Individuals who do not know their HIV status and need to be referred to counseling and testing 	

FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
		<ul style="list-style-type: none"> Individuals who know their status and are not in care and need assistance to enter or re-enter HIV-related medical care 	
27. Cost-Sharing Assistance	(The Strategies and Standards Committee will draft service standards for this service category)		
28.  Home Hospice	Must be certified as terminally ill by a physician and have a defined life expectancy of six months or less	Case is closed upon death. This service category does not extend to skilled nursing facilities or nursing homes. There are no annual limits on the number of services provided.	<ul style="list-style-type: none"> Medical provider Case manager

SWOT Activity Summary



SOURCE: MARCH 26, 2025 HIV PLANNING GROUP RETREAT



STRENGTHS:

1. Multiple participants noted the value of experienced consumer advocates, navigators, and members with lived experience. Diversity of membership and lived experiences strengthens representation and insight.
2. Stable partnerships between the community and County; engaged communities and consistent consumer input; consistency in meetings (timing, availability, structure).
3. Access to data, research portfolios, and standards of care. Access to services and good, accessible treatment.
4. Support groups, engaging speakers, and educational opportunities. Existing service standards are well-defined and utilized.
5. Dedicated and compassion providers. Strong commitment to the HPG and effective resource allocation.
6. Medical advancements in HIV care.



WEAKNESS:


1. Community invisibility of the HPG and its work. Lack of voices and difficulty reaching hard-to-reach populations.
2. Bureaucracy that hinders progress. Bigotry that closed-mindedness within systems and communities. Medical mistrust and general distrust of the health care system.
3. Loss of expertise and institutional knowledge due to retirements or disengagement. Challenges recruiting new people into HIV work. Burnout, time constraints, and staffing shortages.
4. Access to information. Education and awareness deficits in both the community and provider levels. Lack of coordination between programs and service agencies.
5. San Diego's size (urban/rural divide) and high cost of living and HIV care. Limited aging-specific education and coordination of services.



OPPORTUNITIES:

1. New funding for creative projects and access to philanthropic/non-governmental sources. Employment pathways for people living with HIV.
2. Growing national focus on aging in the HIV-positive population, including aging trans women. Opportunities to partner with agencies on aging and require inclusion of community plans.
3. Conferences and community councils to build connection and share best practices. Peer navigation/outreach roles tailored to cultural sensitivity. Support and social programming to reduce isolation among aging clients.
4. Technical assistance from the federal government. Partnerships with research institutions. Marketing campaigns and storytelling to increase visibility.

THREATS:

1. Persistent stigma and fear of being publicly known as HIV-positive. Misrepresentation of communities being affected. General disinterest in HIV due to perceptions of it being "solved".
 2. The current political environment introduces uncertainty and potential funding cuts. Health disparities and helplessness worsened by broader trends.
 3. Providers and mentors aging out with a lack of mentorship to replace them. Loss of grassroots energy and institutional history.
 4. Coordination of care, referral systems, and insurance landscapes remain overly complex. Service centralization often misaligned with where consumers live.
 5. Housing crisis and lack of resources. Immigration challenges. Social and financial vulnerability of clients. Cultural limitations and the de-emphasis of specialized HIV care.
- 

**S**
SPECIFIC

GOAL: Local Focus on People At Risk for HIV

By June 30, 2025, HPG will conduct one (1) community needs assessment with care providers and clients in the San Diego region. By June 30, 2025, HPG will collect 50 community needs assessments completed by care providers and clients in the San Diego region. By October 31, 2025, HPG will analyze and prepare a community needs assessment report detailing findings, including but not limited to gaps, service best practices, utilizations, successes, and challenges.

**M**
MEASUREABLE

GOAL: Complex System of Medi-Cal and Medicare

By December 31, 2025, provide comprehensive training to at least 100 individuals aging with HIV in San Diego on the complex enrollment processes of Medi-Cal and Medicare, through a series of four monthly workshops and one-on-one support sessions, with the goal of increasing participants' self-reported confidence and understanding by at least 75% as measured by pre- and post-training surveys.

**A**
ATTAINABLE

GOAL: Isolation

**R**
RELEVANT

By XXX, identify three (3) organizations to identify 20 homebound individuals to organize 10 events over three (3) months. Groups begin with said 20 individuals expanding to public events. At the end of three (3) months measure through those 20 individuals whether the 20 individuals are attending public events.

**T**
TIME-BOUND

GOAL: Building Better Support Groups

By March 26, 2026, implement effective support groups that are inclusive and responsive to community need by collecting county data, engaging with community outreach, and deploying participant follow-ups.



HPG Anti-racism Statement

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

2025 HIV Planning Group Outreach

Date	Event	Location	Zipcode	Region	Activities	Population	Notes
25-Jan	HIV and Cognition Workshop	3909 Centre St., San Diego, CA	92103	Central	Outreach/tabling	Aging	
7-Feb	National Black HIV/AIDS Awareness Day				Health campaign	Black/African American	
6-Mar	Harm Reduction Services Program	3851 Rosecrans St, San Diego, CA	92110	Central	County program	Providers; PEH	
10-Mar	National Women and Girls HIV/AIDS Awareness Day				Health campaign	Women; Youth	
15-Mar	A Woman's Voice Conference	1100 Market St, San Diego, CA	92101	Central	Outreach/tabling	Women; Youth	
20-Mar	National Native HIV/AIDS Awareness Day				Health campaign	Rural/Tribal Nations	
27-Mar	Harm Reduction Services Program	3851 Rosecrans St, San Diego, CA	92110	North Central	County program	Providers; PEH	
3-Apr	Harm Reduction Services Program	3851 Rosecrans St, San Diego, CA	92110	North Central	County program	Providers; PEH	
10-Apr	Harm Reduction Services Program	3851 Rosecrans St, San Diego, CA	92110	North Central	County program	Providers; PEH	
10-Apr	National Youth HIV & AIDS Awareness Day				Health campaign	Youth	
18-Apr	National Transgender HIV Testing Day				Health campaign	LGBTQ+	
22-Apr	San Diego City College Health & Wellness Fair	1313 Park Blvd., San Diego, CA	92101	Central	Outreach/tabling	Youth; General	
14-May	HIV Prevention / HPG Presentation	1315 25th Street, San Diego, CA	92102	Central	Presentation	General; Women	
15-May	Harm Reduction Services Program	3851 Rosecrans St, San Diego, CA	92110	Central	County program	Providers; PEH	
19-May	National Asian & Pacific Islander HIV/AIDS Awareness Day				Health campaign		
22-May	Harm Reduction Services Program	3851 Rosecrans St, San Diego, CA	92110	Central	County program	Providers; PEH	
5-Jun	HIV Long-Term Survivors Day				Health campaign	Aging	
21-Jun	The Collective Coalition Sober Pride 2025	1625 Newton Ave, San Diego, CA	92113	Central	Outreach/tabling	LGBTQ+	
23-Jun	Public Health Advocate Camp	2202 Comstock St, San Diego, CA	92111	North Central	Presentation	Youth	
24-Jun	Public Health Advocate Camp	2203 Comstock St, San Diego, CA	92111	North Central	Presentation	Youth	
25-Jun	Public Health Advocate Camp	2203 Comstock St, San Diego, CA	92111	North Central	Presentation	Youth	
26-Jun	Public Health Advocate Camp	2205 Comstock St, San Diego, CA	92111	North Central	Presentation	Youth	
27-Jun	La Maestra Pride Health Fair				Outreach/tabling	LGBTQ+	
27-Jun	National HIV Testing Day				Health campaign	General	
13-Jul	Big Gay Picnic	2908 Balboa Dr, San Diego, CA	92103	Central	Outreach/tabling	LGBTQ+	
16-Jul	CEG Meeting- Happyville				Meeting	General	
19-Jul	San Diego Pride Festival	1549 El Prado, San Diego, CA	92101	Central	Outreach/tabling	LGBTQ+	
20-Jul	San Diego Pride Festival	1549 El Prado, San Diego, CA	92101	Central	Outreach/tabling	LGBTQ+	
15-Aug	Regional Community Engagement / Town Hall	3003 Coronado Ave, San Diego, CA	92154	South	Meeting	General	
21-Sep	Latine Pride Celebration	2995 Commercial St, San Diego, CA	92113		Outreach/tabling	LGBTQ+; Hispanic/Latinx	Confirmation in progress
15-Oct	National Latinx AIDS Awareness Day				Health campaign	Hispanic/Latinx	
1-Dec	Truax Awards				County program	General	
1-Dec	World AIDS Day				Health campaign	General	
12-Dec	CEG Holiday Party				Meeting	General	

SAN DIEGO HIV PLANNING GROUP (HPG)



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

A quorum for this meeting is thirteen (13).

HPG Members (18): Marco Aguirre Mendoza | Beth Davenport | Tyra Fleming | Rosemary Garcia | Felipe Garcia-Bigley | David Grelotti | Ben Ignalino | Lori Jones | Mikie Lochner (Chair) | Eva Matthews | Veronica Nava | Shannon Paugh | Venice Price | Stephen Spector | Jeffery Weber | Michael Wimpie | Adrienne Yancey

HPG Members Joining Virtually (3): Michael Donovan | Hector Garcia | Abigail West

HPG Members Absent (3): Juan Conant | Cinnamen Kubricky (Vice-Chair) | Skyler Miles | Rhea Van Brocklin

ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order and roll call	Mikie Lochner called the meeting to order at 3:05 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">- Continue to be mindful of your conflicts of interest and refrain from participating in discussion if conflicted.- Be courteous and respectful of each other.- April birthdays were acknowledged.- A Long-Term Survivors banner was recently presented to HPG.	
3. Public comment	None	
4. HPG Member Open Forum	The following comments were made: <ul style="list-style-type: none">- A reminder to complete the required Clerk of the Board forms.- A concern that there isn't enough attention on coordination of services, especially for people outside of HIV care.- A concern that Part F might be impacted by the Federal funding cuts.	
5. Member Recognition	Cinnamen Kubricky, Felipe Garcia-Bigley, Marco Aguirre Mendoza, and Katie Emmel were recognized for their volunteer work at the outreach event Come Home for the Holidays that took place in December 2024.	

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
	Francisco Puentes was recognized for his facilitation of and training at the March HPG Retreat.	
6. ACTION: Approve the HPG agenda for April 23, 2025	Motion: Approve the HPG agenda for April 23, 2025 Motion/Second/Count (M/S/C): Spector/Davenport/16-0 Discussion: none Abstentions: Lochner Motion carries	
7. Routine Business		
a. ACTION: Approval of consent agenda for April 23, 2025: <ul style="list-style-type: none"> i. Approval of HPG minutes from March 26, 2025 ii. Acceptance of the following committee minutes: <ul style="list-style-type: none"> Membership Committee (2/12/2025); Medical Standards and Evaluation Committee (2/11/2025); Community Engagement Group (2/19/2025) iii. (<i>Membership Committee</i>): HPG appointments / reappointments iv. Committee Reports <ul style="list-style-type: none"> 1. HPG committees 2. State Office of AIDS (OA) and AIDS 	Motion: Approve the consent agenda for April 23, 2025 M/S/C: Weber/Nava/16-0 Discussion: none Abstentions: Lochner Motion carries	

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
<p>Drug Assistance Program (ADAP)</p> <p>v. California HPG Report</p> <p>vi. Administrative Items:</p> <p>1. HPG expenditures report</p>		
8. Old Business	None	
9. New Business		
a. ACTION: Approve the Board Letter	<p>Motion: Approve the Board Letter</p> <p>M/S/C: Nava/Weber/17-0</p> <p>Discussion: none</p> <p>Abstentions: Lochner, Yancey</p> <p>Motion carries</p>	
b. ACTION (<i>Priority Setting and Resource Allocation Committee</i>): Reallocations for FY 25 (March 1, 2025 – February 28, 2026)	None	
c. Presentation: Student Organization on HIV/AIDS – UC San Diego	Isaac Ng introduced AIDS Awareness Alliance, a newly founded student-run organization at UC San Diego, and discussed its mission and goals for the future.	HPG Support Staff (HPG SS) to connect Isaac Ng with POZabilities and Christie's Place.
d. Discussion: Navigating the Impact of Executive Orders and Federal Actions	<p>The members of HPG participated in an open discussion to address concerns about proposed Federal cuts to HIV programs and their potential impact. The Chair of HPG encouraged the members to support one another and advocate against these harmful changes. The following comments were made:</p> <ul style="list-style-type: none"> - The proposed changes feel like a repeat of past struggles for long-term HIV survivors, many of whom endured serious mental, physical, and emotional costs. This emphasizes the need for strong support systems to help those fighting the same battle again. 	<p>HPG SS to send a HPG member contact list to Adrienne Yancey, Veronica Nava, Felipe Garcia-Bigley, and Tyra Fleming.</p> <p>HPG SS to add Town Halls and Open Forum as the May Steering Committee</p>

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
	<ul style="list-style-type: none"> - A need to look at things from a pragmatic perspective and to not stress over things that cannot be controlled and identify things that can be done. - Some individuals will want to fight, and some will sacrifice their health to do so. There should be support systems in place for those individuals. - A contingency plan can be created during the budgeting process. - A general agreement that the country is at a critical juncture. A community meeting should be created to help understand what the community needs and how we can optimize resources for programs. - A suggestion to host a Town Hall before an HPG meeting and to further discuss the logistics at the Steering Committee meeting. 	meeting agenda items.
10. HIV, STD, and Hepatitis Branch (HSHB) Report	Patrick Loose reviewed the HSHB report and highlighted that the PARS waitlist has gone down. FY25 expenditures are not yet available. The request for carryover will go out in May.	
11. HPG Support Staff Updates	HPG SS team still has a Health Information Specialist II vacancy, and recruitment will start soon.	
12. Announcements	<ul style="list-style-type: none"> - May 14: A session on mitigating PrEP stigma and community health centers. - May 15: Family Health Centers of San Diego will be host a webinar on psychosocial support services for people aging with HIV. - May 28-30: Spring meeting for the California Planning Group (CPG). - August 2025: Circle of Harmony Conference focused on indigenous communities and HIV. - Venice Price announced that she will be stepping down from HPG and the Strategies and Standards Committee. - The May HPG meeting will be led by the Vice-Chair. 	
13. Adjournment	The meeting was adjourned at 4:51 PM.	
Next meeting date	Date: Wednesday, May 28, 2025 Time: 3:00 PM – 5:00 PM	

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
	Location: Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room A) and via Zoom	

STEERING COMMITTEE



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

A quorum for this meeting is four (4)

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

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

Members Absent: Rhea Van Brocklin

ORDER OF BUSINESS

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

STEERING COMMITTEE

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

STEERING COMMITTEE

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

STEERING COMMITTEE

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

MEMBERSHIP COMMITTEE



Wednesday, April 9, 2025, 11:00 AM – 1:00 PM
Southeastern Live Well Center
5101 Market St, San Diego, CA 92114
(Tubman Chavez Room A)

A quorum for this meeting is three (3)

Committee Members: Felipe Garcia-Bigley (Chair) | Lori Jones | Rhea Van Brocklin | Michael Wimpie
Absent Members: Benjamin Ignalino

ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order	Felipe Garcia-Bigley called the meeting to order at 11:02 AM and noted the presence of an in-person quorum.	
2. Public Comment on non-agenda items (for Members of the public)	None	
3. Sharing our concerns (for committee members)	None	
4. ACTION: Review and approve the April 9, 2025 meeting agenda	Motion: Approve the Membership agenda for April 9, 2025 Motion/Second/Count (M/S/C): Van Brocklin/ Wimpie 3/0 Abstentions: Garcia-Bigley Motion carries	
5. ACTION: Review and approve the February 12, 2025, Membership minutes	Motion: Approve the Membership minutes for February 12, 2025 M/S/C: Jones/ Van Brocklin 3/0 Abstentions: Garcia-Bigley Motion carries	
6. New Business		
a. ACTION: Approve Michael King for Seat 17	Motion: Approve Michael King for Seat 17 Healthcare Provider, including Federally Qualified Health Center (FQHC) Discussion: <ul style="list-style-type: none">• Michael King fills the seat previously vacated by Bob Lewis.• Currently employed at Family Health Centers.• 15 years of experience in nursing, administration, and infectious disease.	

MEMBERSHIP COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<ul style="list-style-type: none"> • Conducted rapid HIV testing at juvenile detention centers. • Published research in Medicine and collaborated with several San Diego clinics. • Passionate about elevating community voices and improving lives in the transgender community. <p>M/S/C: Van Brocklin/ Jones 3/0 Abstentions: Garcia-Bigley Motion carries</p>	
<p>b. ACTION: Approve Jennifer Lothridge for Seat 12</p>	<p>Motion: Approve Jennifer Lothridge for Seat 12, General Member</p> <p>Discussion:</p> <ul style="list-style-type: none"> • Experience working with the HIV community and advocacy. • Currently a co-chair for the Community Engagement Group (CEG), with perfect attendance • Active in HPG outreach events, recruitment, and education. • San Diego State student graduating in May 2025. • Volunteering with homeless populations and has experience as a client care specialist for 211. • Worked at Christie's Place in prevention education and HIV prevention strategies. <p>M/S/C: Jones/ Wimpie 3/0 Abstentions: Garcia-Bigley Motion carries</p>	
<p>c. Discussion: Membership Seat requirements- Hector Garcia</p>	<p>The committee discussed removing Hector Garcia from seat 42, designated as the HIV Testing Representative, due to his inability to meet the specified seat requirements. Mr. Garcia intends to reapply for the General Member seat 13.</p>	
<p>7. Old Business</p>		
<p>a. ACTION: Discussion and approval on the HIV Planning Group Member Expectations</p>	<p>Motion: Approve HIV Planning Group Member Expectations</p> <p>Discussion:</p> <ul style="list-style-type: none"> • Incorporated feedback from the general membership. • Added references to bylaws, specifically Article 2, Section E. <p>M/S/C: Jones/ Van Brocklin Abstentions: Garcia-Bigley / Wimpie</p>	

MEMBERSHIP COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	Motion carries	
b. HPG Member recruitment update	<p>As of April 9, 2025, we have XX members.</p> <p>Pending:</p> <ul style="list-style-type: none"> Eva Matthew's pending COB approved 4/8 Ivy Rooney pending routing to COB Nicole Aguilar pending routing to COB <p>Term Expired:</p> <ul style="list-style-type: none"> Ivy Rooney: Seat 43- Prevention Intervention Representative: Formerly: Risk Reduction Activities Representative on 1/26/25 Venice Price: Seat 44 - Affected community including people with HIV/AIDS, members of a federally recognized Indian tribe as represented in the population, individuals co-infected with Hep B or C, and historically underserved 8/17/25 Cinnamen Kubricky: Seat 4 - General Member 11/02/25 	
i. II.Vacant Seats	<p>As of April 9, 2025, there are 16 vacant seats</p> <ul style="list-style-type: none"> 10 General Member seats 20 - Mental Health Provider 21 - Substance Abuse Treatment Provider 24 - Hospital Planning Agency or Health Care Planning Agency 27 - Prevention Services Consumer 28 - State Government-State Medicaid 34 - Board of Supervisors Designee, District 2 	
ii. New Committee Members	<ul style="list-style-type: none"> Michael King - Strategies and Standards, MSEC, and CEG Jennifer Lothridge - current CEG Co-Chair 	
c. HPG Membership Demographics	Current HPG Demographics:	
Routine Business		
a. HIV Planning Group Attendance	HPG Support Staff sends reminders to members who have missed three (3) consecutive or six (6) meetings within 12 months.	
b. Committee Attendance	Reviewed	
c. Getting to Zero (GTZ) Community	<p>Harm Reduction Mobile Unit</p> <ul style="list-style-type: none"> Operating twice a month to connect with providers. 	

MEMBERSHIP COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
<p>Engagement Project</p> <p>i. Membership Committee Plan/Strategy for Recruitment</p>	<ul style="list-style-type: none"> Engaging student volunteers for harm reduction and HPG involvement. <p>Routine Business Section for CEG</p> <ul style="list-style-type: none"> Monthly reviews of potential outreach events. Gauging member interest for participation. Encouraging CEG members to contribute community ideas for outreach. <p>Upcoming Outreach Events</p> <ul style="list-style-type: none"> San Diego City College Outreach scheduled for next week or the following. City Heights Pride and Resource Fair Applied for a table to increase visibility. Community2Community Health Resource Fairs Reached out to secure tabling opportunities monthly. <p>HIV Prevention Collaborations</p> <ul style="list-style-type: none"> Partnering with the county's HIV prevention team. Developed an "HIV 101 Prevention" presentation including HPG information. First Presentation: Date: May Location: Turning Point Home Plans to gather feedback and refine the presentation for future events. <p>Public Health Summer Camp</p> <ul style="list-style-type: none"> A week-long program targeting high school seniors. Aim to engage young people early and encourage future involvement with HPG. <p>CARE Partnership Feedback.</p> <ul style="list-style-type: none"> Scheduled a comprehensive HPG presentation in May with America to address questions. 	
<p>Future agenda items for consideration</p>	<p>Bylaws Revision</p> <ul style="list-style-type: none"> Proposal to review and update bylaws to reflect current organizational structure. Suggested approach: Members review bylaws as homework. Discuss and revise section by section during meetings. 	
<p>8. Announcements</p>	<p>Mandatory County Orientation</p>	

MEMBERSHIP COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<ul style="list-style-type: none">• Date: April 30th• Time: 9 AM• Location: County Administration Center Building• Details: In-person, 3-4 hours, not recorded.• Requirement for all new members to attend.	
9. Next Meeting Date	Date: Wednesday, May 14, 2025 Time: 11:00 AM –1:00 PM Location: Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room A)	
12. Adjourn	The meeting adjourned at 12:39 PM.	

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)



Thursday, March 13, 2025, 3:00 PM – 5:00 PM
5101 Market Street, San Diego, CA 92114
(Tubman Chavez Room A)

A quorum for this meeting is five (5)

Committee Members Present: Cinnamen Kubricky | Dr. Beth Davenport | Tyra Fleming (Co-Chair) | Felipe Garcia-Bigley | Dr. Delores Jacobs | Chris Mueller Rhea Van Brocklin (Chair)

Committee Members Joining Virtually: Eva Matthews (Just Cause) | Marco Aguirre Mendoza (Just Cause)

MEETING MINUTES

Agenda Item	Action	Follow-up
1. Call to order	Rhea Van Brocklin called the meeting to order at 3:02 PM and noted an in-person quorum was established.	
2. Reminders		
3. Public Comment on non-agenda items (for members of the public)	A member of the public stated	
4. Sharing our concerns (for committee members)	Community Members expressed the following concerns and recommendations: <ul style="list-style-type: none">• Anxiety over potential federal budget cuts affecting local funding streams.• Specific concerns about Ryan White funding, which is crucial for healthcare for people living with HIV in many states.• The county has received no immediate cuts; operations are continuing as usual.• Monitoring ongoing legislative developments, particularly Congress's budget decisions, with a critical deadline by the following day.• Potential implications of a budget freeze if Congress does not pass the budget.	
5. Action: Review and approve the agenda for March 13, 2025	Motion: Approve the March 13, 2025 Meeting agenda as presented.	

For any inquiries, please send an email to HPG.HHSA@sdcounty.ca.gov
You may also visit our website at sdplanning.org

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

Agenda Item	Action	Follow-up
	Motion/Second/Count (M/S/C): Jacobs/Mueller/7-0 Abstentions: Van Brocklin Motion carries	
6. Action: Review and approve the meeting minutes for January 9, 2025	Motion: Review and approve the meeting minutes for January 9, 2025 M/S/C: Garcia-Bigley/Davenport/6-0 Abstentions: Jacobs, Kubricky, Van Brocklin Motion carries	
7. Old Business		
a. None		
8. New Business		
a. Presentation: Core Medical Services Waiver and the 75% grant funding spending requirement	<p>Purpose: Discussed that 75% of funding must go towards core medical services.</p> <p>Background: The organization has requested a waiver for this requirement for about 12 years and received it for the current year.</p> <p>Core Medical Services: Included medical, dental, medical case management, mental health services, early intervention services, home and community-based health services, and outpatient substance use disorder treatment.</p> <p>Impact of Legislation: The Affordable Care Act and the Portable Care Act have reduced the need for funding for core medical services.</p> <p>Current Allocation: Approximately 48% of funds are allocated to core services, below the required 75%.</p> <p>Compliance Requirements:</p> <p>No waiting list for the AIDS Drug Assistance Program (ADAP).</p> <p>Availability and accessibility of core medical services within 30 days.</p> <p>Evidence of a public process.</p>	

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PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

Agenda Item	Action	Follow-up
	Future Allocation: Estimate of \$1.9 million in expenditures for primary care for fiscal year 24-25.	
b. ACTION: Recommendations for reallocations for FY 25 (the next fiscal year, March 1, 2025 – February 28, 2026)	<p>Members discussed the following:</p> <ul style="list-style-type: none"> • Unexpended Funds: Consider funneling savings from underspent categories to overspent ones such as primary care. • Administrative Process: Reallocating funds mid-year requires a six-week administrative process, involving pulling money from one contract and allocating it to another. • Alternative Approach: Proposal to wait and assess savings later in the year to potentially minimize mid-year reallocations <p>Challenges Identified:</p> <ul style="list-style-type: none"> • Difficulty in identifying actual expenditures early in the year. • Ongoing procurements and absence of current contracts in certain categories. • Concerns about the impact of budget cuts on essential services and consumers relying on them. 	
	<p>Action: Reduce all categories except primary care by 9% and increase primary care according to M/S/C: Jacobs/Kubricky/2-1</p> <p>Abstentions: Aguirre-Mendoza, Davenport, Garcia-Bigley, Matthews, Mueller, Van Brocklin</p> <p>Motion carried, but the motion was withdrawn due to insufficient votes</p>	
	<p>Motion: Group smaller budget categories (under \$300,000) and reduce them by 5% instead of 9%. Categories included medical specialty, oral health, non-medical case management for housing, psychiatric services, peer navigation, psychosocial support, home-based healthcare, transportation, medical nutrition therapy, legal services, and emergency financial assistance.</p> <p>M/S/C: Fleming/Jacobs/4-0</p>	

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PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

Agenda Item	Action	Follow-up
	Abstentions: Davenport, Garcia-Bigley, Matthews, Mueller, Van Brocklin Motion carries	
	Motion: Reduce remaining categories by 9% and increase primary care by \$787,000. M/S/C: Jacobs/Fleming/4-0 Abstentions: Davenport, Garcia-Bigley, Matthews, Mueller, Van Brocklin Motion carries	
c. Review the Statewide Integrated Plan goals related to PSRAC	Tabled	
d. Review the status of the goals in the Getting to Zero (GTZ) Community Engagement Plan related to PSRAC	Tabled	
9. Routine Business		
a. Review Monthly and Year-to-Date expenditures and assess for recommended reallocations	Tabled	
b. Partial Assistance Rent Subsidy Program (PARS) and Emergency Housing update	Tabled	
c. Review Monthly and Year-to-Date service utilization report	QR code	.
d. Committee Attendance	Update: Under the provisions of AB 2302, which modifies AB 2449, a Just Cause or Emergency Circumstance designation is limited to a maximum of two occurrences within a rolling 12-month timeframe. Consequently, the count resets at the beginning of each calendar year; thus, any instances recorded in the prior year (e.g., 2024) are not factored into the current year's limitations.	
10. Suggested items for the PSRAC agenda		
11. Announcements	HIV Planning Group Retreat: Date: March 26, 2025 Time: 1:00 PM - 5:00 PM	

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PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

Agenda Item	Action	Follow-up
	Location: Southeastern LiveWell Center A Woman's Voice Conference: Date: March 15, 2025 Location: UCSC Park and Market, Downtown Theme: The Evolution of Women and HIV Clerk of the Board Orientation: May 29, 2025 New members are required to attend the Clerk of the Board orientation Annual HPG Documentation: Reminder for members to submit Form 700 and other annual documents	
12. Next Meeting	Date: Thursday, May 8, 2025, 3:00 PM - 5:00 PM Location: County Operations Center, 5570 Overland Ave, San Diego, CA 92123, Room 1047 - Medical Examiner's Office	
13. Adjournment	The meeting adjourned at 4:55 PM.	

MEDICAL STANDARDS AND EVALUATION COMMITTEE (MSEC)



*Tuesday, April 08, 2025, 4:00 PM – 5:30 PM
Seville Plaza – Live Well Support Center
5469 Kearny Villa Rd, San Diego, CA 92123,
1st Floor, Training Room B*

To participate remotely via Zoom:

<https://sdcounty-ca-gov.zoom.us/j/84391377931?pwd=0aQAdexL884STJrEFblqanmnCYD4bQ.1>

Call in: 1-669-444-9171

Meeting ID: 843 9137 7931

Passcode: 426890

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 seven (7).

Committee Members Present: Dr. Jeannette Aldous (Co-Chair) | Dr. Laura Bamford | Dr. Rosemary Garcia | Dr. David Grelotti (Chair) | Yessica Hernández | Karla Quezada-Torres | Dr. Martha Rodriguez | Dr. Stephen Spector | Dr. Winston Tilghman | Dr. Fadra Whyte

Committee Members Absent: Bob Lewis | Shannon Paugh

Agenda Item	Action	Follow-up
1. Welcome and moment of silence, comments from the Chair	Dr. Grelotti called the meeting to order at 4:05PM and introductions were done. A moment of silence was observed. The chair comments from the chair: Thank you for accommodating this extra meeting due to unusual circumstances. The chair also asked for a County update on the Federal Impact. Dr. Tilghman mentioned that there have been cuts but nothing impacting Ryan White at this point. However, there may be some changes with MediCal.	
2. Public Comment	None	
3. Sharing our Concerns	None	
4. Action: Review and approve the April 08, 2025 meeting agenda	Motion: Approve the April 08, 2025, meeting agenda as presented. Motion/Second/Count (M/S/C): Spector/Tilghman/9-0 Discussion: Abstentions: Dr. Grelotti Motion Carries	

MEDICAL STANDARDS AND EVALUATION COMMITTEE (MSEC)

Agenda Item	Action	Follow-up
5. Action: Review and approval of the February 11, 2025 meeting minutes	Motion: Approve the February 11, 2025 meeting minutes as presented. M/S/C: Bamford/Hernández/8-0 Discussion: Abstentions: Dr. Grelotti, Quezada-Torres Motion Carries	
6. Old Business:		
a. Action: Update and approve Dental Practice Guidelines	Motion Tabled The following discussion took place: -To support night guards as a covered preventive service, standardized eligibility guidelines should be created to make it easier for the Ryan White providers to decide. -Diagnosis of Bruxism/TMJ is subjective and based on clinical symptoms (e.g., jaw pain, tooth wear, clicking). -Dr. Whyte to create clear documentation criteria for when a night guard is clinically necessary. - Include formal language and coverage limits (e.g., one every 3 years for adults), with consistent footnotes across documents to clarify usage and restrictions. Outline separate, flexible guidelines for pediatric patients. -Emphasize clearly that CD4 count and viral load are not reasons to withhold or modify dental treatment. Mentioning CD4 in relation to care can unintentionally create barriers to care. -Keep the headers and simplify language by removing outdated content to mirror other guidelines.	Dr. Whyte will incorporate items discussed during the meeting for both dental documents. Committee members can email any recommended changes to HPG Support Staff (SS). Dr. Aldous will work with the HPG Support Staff (HPG SS) and the Chair to review and simplify the document before the next meeting.
b. Action: Update and approve Oral Health Service Standards	Motion Tabled	
c. Discussion: Reviewed the meeting schedule and identify priorities for 2025 work plan	<ul style="list-style-type: none"> May - review/approve dental & review needs assessment and identify priorities. September - address priorities from needs assessment. 	

MEDICAL STANDARDS AND EVALUATION COMMITTEE (MSEC)

Agenda Item	Action	Follow-up
	<ul style="list-style-type: none"> November 4th selected meeting date. 	
7. New Business:		
a. Discussion: Review the Mental Health Services and Psychiatric Medication Management	Tabled	
8. Other Updates:		
a. STD and Mpox Update (Dr. Tilghman)	The committee reviewed the County of San Diego Monthly STD Report in packet.	
b. Committee member updates	None	
9. Future agenda items for consideration	None	
10. Announcements	- Gilead has a new PrEP brochure.	
11. Next meeting date:	Date: May 13, 2025 Time: 4:00 PM – 5:30 PM Location: TBD	
12. Adjournment	The meeting was adjourned at 5:33 PM.	

COMMUNITY ENGAGEMENT GROUP



Wednesday, April 16, 2025, 3:00 PM – 5:00 PM
Southeastern Live Well Center; 5101 Market St, San Diego,
CA 92114; Tubman Chavez Room A

A quorum for this meeting is three (3).

Committee Members Present: Michael Donovan (Chair) | Hector Garcia | Jen Lothridge (Co-Chair) | Skyler Miles | Veronica Nava

Committee Members Absent:

MEETING MINUTES

Agenda Item	Discussion/Action	Follow-Up
1. Call to order, roll call, comments from the chair, and a moment of silence	The chair called the meeting to order at 3:00PM and noted the presence of an in-person quorum. Comments from the Co-Chair: Our chair is currently out, and we are wishing a speedy recovery.	
2. Review Background, Mission Statement, Goals, and Agreement of Meeting Decorum	Committee members read the Mission Statement and the Community Engagement Group (CEG) Charge. Jen Lothridge, Skyler Miles, Veronica Nava reviewed the meeting decorum.	
3. Introductions (Name, Role with HPG/Consumer, Pronouns), Icebreaker	Members and participants introduced themselves.	
4. Public comment (for members of the public)	None	
5. Sharing our concerns (for committee members)	None	
6. ACTION: Approve the consent CEG agenda for April 16, 2025 (which includes the April 16, 2025 agenda and the February 19, 2025, minutes)	Motion: Approve the consent CEG agenda for April 16, 2025 (which includes the April 16, 2025 agenda and the February 19, 2025 minutes) Motion/Second/Count (M/S/C): Miles/Nava/2-0 Public comment: Abstention(s): Lothridge Motion carries	

COMMUNITY ENGAGEMENT GROUP

Agenda Item	Discussion/Action	Follow-Up
Follow-Up Items from minutes	None	
7a. Committee Updates		
I. HIV Planning Group	The HPG held its annual retreat in March, gathering valuable feedback on the SWOT activity and SMART goals, which will be summarized and discussed at the next meeting. That meeting will include a board letter approval, recognitions, and a presentation from UC San Diego's student-run organization.	
II. Strategies and Standards Committee	The committee was unable to meet in April due to a lack of quorum and the absence of a chair or co-chair.	
III. Steering Committee	The committee meets every other month on the second Friday now and will meet next in May.	
IV. Membership Committee	Two new applicants were interviewed this month, with both moving forward for HPG membership recommendations.	
V. Priority Settings and Resource Allocation Committee (PSRAC)	PSRAC is preparing for its annual data review in May, with follow-up meetings in June to assess epidemiological data for upcoming funding allocations. Allocations discussions and decisions will take place in June and July, with community input strongly encouraged.	
VI. Medical Standards and Evaluation Committee (MSEC)	MSEC is using subject matter experts to help revise and approve the Oral Health Service Standards and Dental Practice Guidelines. They will then be reviewing the 2024 needs assessment results to inform their 2025 work plan.	
7b. Community Updates		
I. CARE Partnership	Care Partnership will meet on May 19th and receive a presentation about the HIV Planning Group and how to get involved. The aim is to engage interested individuals who want to learn more about HPG's membership opportunities.	
II. HIV Housing Committee/Housing Opportunities for Persons with AIDS	Miles gave the following updates on HOPWA: <ul style="list-style-type: none"> - 127 active households are currently searching for housing through HOPWA programs. 	

COMMUNITY ENGAGEMENT GROUP

Agenda Item	Discussion/Action	Follow-Up
(HOPWA)	<ul style="list-style-type: none"> - 5,140 individuals are on the housing waitlist and eligibility is not determined until screening. - The average length of stay in the HOPWA is 4.9 years. - Being Alive continues to accept referrals - Steppingstone had 14 of 16 beds filled; 2 clients on the waitlist. - Mama's Kitchen served 2,382 medical meals to 31 clients in February 2025 and is accepting new referrals. - Fraternity House opened 2 new apartments in Vista; 35 active referrals and seeking women applicants. 	
8. Old Business		
a. Committee Attendance	None	
b. Discussion: Review the 2025 Community Engagement Group Outreach Plan	<p>Women's Voice Conference</p> <ul style="list-style-type: none"> • 7 applications were distributed, 2 completed on-site, and 1 follow-up contact was made. • 22 individuals signed up for the distribution list. <p>Future outreach efforts include:</p> <ul style="list-style-type: none"> • Participation in the Harm Reduction Mobile Unit twice a month to engage providers and community members. • San Diego City College Health & Wellness Fair • HPG Presentation at CARE • HIV Prevention/HPG presentation at Turning Point Home • Weeklong summer camp to engage the youth 	
9. New Business		
a. Presentation: 2024 Needs Assessment Findings	<p>Virginia Suarez presented on the 2024 Needs Assessment Findings and the following was discussed:</p> <ul style="list-style-type: none"> • HIV and Ryan White Status • Demographics • Residence • Common Themes <ul style="list-style-type: none"> ○ Housing 	

COMMUNITY ENGAGEMENT GROUP

Agenda Item	Discussion/Action	Follow-Up
	<ul style="list-style-type: none"> ○ Substance use and sobriety ○ Social Support ○ Trouble accessing services ○ English and Spanish differences ● 10 Year Trend - Top 5 Most Important Services ● Services for Adults 50+ 	
10. Announcements	<ul style="list-style-type: none"> ● LGBTQ Center host yoga Fridays at 11am that is very beginner friendly. ● Our HPG brochures have arrived and feel free to distribute. 	
11. Next meeting date	<p>Next Meeting: Wednesday, May 21, 2025, at 3:00 PM – 5:00 PM</p> <p>Location: County Operations Center, 5570 Overland Ave, San Diego, CA 92123, Room 1047 - Medical Examiner's Office</p>	
12. Adjournment	Meeting was adjourned at 4:19PM.	

COMMUNITY ENGAGEMENT GROUP



Wednesday, May 21, 2025, 3:00 PM – 5:00 PM
Seville Plaza; 5469 Kearny Villa Rd., San Diego Ca 92123
1st floor Room C

A quorum for this meeting is three (3).

Committee Members Present: Michael Donovan (Chair) | Hector Garcia | Jen Lothridge (Co-Chair) | Skyler Miles | Veronica Nava

MEETING MINUTES

Agenda Item	Discussion/Action	Follow-Up
1. Call to order, roll call, comments from the chair, and a moment of silence	The chair called the meeting to order at 3:01PM and noted the presence of an in-person quorum.	
2. Review Background, Mission Statement, Goals, and Agreement of Meeting Decorum	Committee members read the Mission Statement and the Community Engagement Group (CEG) Charge. Miles, Nava, and Lothridge reviewed the meeting decorum.	
3. Introductions (Name, Role with HPG/Consumer, Pronouns), Icebreaker	Members and participants introduced themselves.	
4. Public comment (for members of the public)	None.	
5. Sharing our concerns (for committee members)	A committee member noted the high attendance at CARE meetings and suggested changing the time of this meeting to make it more accessible.	
6. ACTION: Approve the consent CEG agenda for May 21, 2025 (which includes the May 21, 2025 agenda and the April 16, 2025, minutes)	Motion: Approve the consent CEG agenda for May 21, 2025 (which includes the May 21, 2025 agenda and the April 16, 2025 minutes) with the revision of marking Michael Donovan as absent under the April 16, 2025 minutes. Motion/Second/Count (M/S/C): Lothridge/Miles/4-0 Public comment: Abstention(s): Donovan Motion carries	
Follow-Up Items from minutes:	None	
7a. Committee Updates		
I. HIV Planning Group (HPG)	HPG met at the end of April and had a presentation from UC San Diego student organization – AIDS Awareness Alliance. The group also had a discussion on navigating the impact of federal actions	
II. Strategies and Standards Committee	Strategies and Standards Committee will meet June 3 rd to review and/or approve the Service	

COMMUNITY ENGAGEMENT GROUP

Agenda Item	Discussion/Action	Follow-Up
	Standards Introduction, Non-Medical Case Management, Universal, Trauma-Informed Care and Emergency Financial Assistance and Housing.	
III. Steering Committee	Steering met earlier this month and approved the Anti-Racism Statement. They also discussed incorporating open forums/town halls into HPG meetings and planning for the 2025 Truax Awards Ceremony.	
IV. Membership Committee	Membership Committee approved Hector Garcia for seat 13 and discussed the pending and expired seats. As of May there are 17 vacant seats including 9 general member seats. The Getting to Zero Community Engagement Project was also reviewed.	
V. Priority Settings and Resource Allocation Committee (PSRAC)	PSRAC did not meet in May due to lack of quorum. They will be meeting next on June 12, 2025.	
VI. Medical Standards and Evaluation Committee (MSEC)	MSEC met earlier this month and approved the Oral Health Care Service Standards. They are continuing to update the Dental Practice Guidelines and will then move on to mental health.	
7b. Community Updates		
I. CARE Partnership	CARE met earlier this month and had a presentation from the HIV Planning Group Support Staff (HPG SS) along with two members. The presentation covered general information about the HPG, how to become a member, 2025 Happyville, and the importance of priority setting and resource allocation.	
II. HIV Housing Committee/Housing Opportunities for Persons with AIDS (HOPWA)	Miles attended the HOPWA meeting and reported the following updates: <ul style="list-style-type: none"> San Diego Housing Committee is experiencing budget cuts Being Alive is almost at full capacity No updates from Mama's Kitchen 	
8. Old Business		
a. Committee Attendance	None.	
b. Discussion: Review 2025 CEG workplan	The committee discussed and made the following edits: <ul style="list-style-type: none"> August – joint presentation with outside organization. Or in-depth review of 4-5 service categories October – similar exercise to Happyville but for the service standards documents. December – holiday party 	HPG SS will update the workplan with the changes.

COMMUNITY ENGAGEMENT GROUP

Agenda Item	Discussion/Action	Follow-Up
9. New Business		
a. Discussion: Outreach Materials and Community Events	<p>HPG SS presented the current outreach materials and upcoming community events:</p> <ul style="list-style-type: none"> • The Collective Coalition Sober Pride 2025 - 6/21 from 2 – 8PM • La Maestra Pride Health Fair - 6/21 from 2 – 8PM • Big Gay Picnic - 6/27 TBD • San Diego Pride Festival - 7/19 TBD • San Diego Pride Festival - 6/21 TBD <p>The following was discussed:</p> <ul style="list-style-type: none"> • A committee member expressed appreciation for the inclusion of harm reduction and wondered if there was a way for us to distribute Narcan at outreach events. Additionally, we could provide their resources or training formation (i.e. Alpha Project) 	<p>HPG SSS will send outreach presentation to the group for additional edits and feedback.</p> <p>HPG SS will look into more ways to incorporate harm reduction and prevention in outreach activities.</p>
i. Townhall	<p>The committee discussed the following for a potential townhall:</p> <ul style="list-style-type: none"> • A two-part meeting format was proposed: an open townhall followed by the official business meeting. This format aims to boost community engagement and make meetings more accessible and informative. • The townhall could be co-hosted with an outside organization and focus on topics like prevention, harm reduction, or others of community interest. • August was proposed as a good month to test the new meeting structure. • Alternative venues such as libraries or The Center could be possible hosting locations. • Offering food through partner organizations was suggested to attract more participants. 	<p>HPG SS to follow up regarding logistics for hosting a townhall.</p>
10. Announcements	<ul style="list-style-type: none"> • The Chair of the Strategies and Standards Committee encouraged folks to come to their meetings to look at the material, ask questions, and make suggestions. • POZabilities is hosting a Flamingo themed fundraiser for Memorial Day. Monday, May 26, 2025 from 1:00 - 3:30PM. • POZabilities is sponsoring the San Diego HIV consortium – a Provider-Patient forum to discuss HIV research and findings. 	

COMMUNITY ENGAGEMENT GROUP

Agenda Item	Discussion/Action	Follow-Up
	<ul style="list-style-type: none"> Yoga at the Center Fridays 11 am - 12 pm LGBT Center The Chair also announced the passing of John Stein who was a key member in the community including his work with Being Alive, the yoga program, and the HIV consortium. 	
11. Next meeting date	Next Meeting: Wednesday, June 11, 2025, at 3:00 PM – 5:00 PM Location: Southeastern Live Well Center; 5101 Market St, San Diego, CA 92114; Tubman Chavez Room A	
12. Adjournment	Meeting was adjourned at 4:27 PM.	

MEETING MINUTES

CARE PARTNERSHIP FOR WOMEN, CHILDREN, AND FAMILIES

Monday, March 17, 2025, 11:00 AM – 1:00 PM

Southeastern Live Well Center

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

Attendees In-Person: Patty Lopez (UCSD MCAP), Johneisha Jones (Chair), Rosalia Vargas, Veronica Figueroa (UCSD MCAP), Venice Price (Co-Chair), Virginia Suarez (CoSD), Marilyn Armenta (San Ysidro Health), Alexa Mugol (CoSD), Loren Goldstein (CoSD), Maria Vergara (Christie's Place), Itzel Maganda (Alliance San Diego),

Attendees Online: Marvin Hanashiro (UCSD AVRC), Philip Preston (UCSD MCAP), Kelsie Nuno, Shannon Ransom (UCSD MCAP), Kelsie Nuno (MCAP), Chris Mueller, Martha Patten, Pablo Corona, Miriam Zuazo, Dahlia Sandoval, James Edward Holmes

HPG Support Staff: Katie Emmel & Dasha Dahdouh

Agenda Item	Action	Follow-up
• Welcome and introductions	Johnisha Jones started the meeting at 11:03 AM, and the participants introduced themselves online.	
• Comments from the Chair/	<ul style="list-style-type: none">The Chair wanted to share that Saturday's A Women's Voice conference was awesome and thanked everyone who joined and had fun.	
▪ Respectful Engagement	Respectful engagement guidelines read by Loren Goldstein..	
• 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.	
• Review Mission Statement	Mission Statement read by Johneisha Jones.	
• Public comment/ Sharing our Concerns	<ul style="list-style-type: none">A member from the public attended a conference in Washington, DC, with advocates from across the U.S. who expressed fear, anger, and uncertainty about the current administration's impact on services. Despite the challenges, there is hope, as experienced advocates, legal professionals, and organizations are committed to protecting services. At CARE Partnership it is important to stay informed, and work together to ensure protection and support.CARE is such an important piece right now, because this is where ladies can come to have a safe space to be able to speak how they feel about what is going on right now.	
• Review & approval of the meeting	The agenda for March 17, 2025, was approved by consensus as presented.	

Agenda Item	Action	Follow-up
agenda for March 17, 2025		
<ul style="list-style-type: none"> Review & approval of the meeting minutes for January 13, 2025 	The minutes for January 13, 2025, was approved by consensus as presented.	
<ul style="list-style-type: none"> Discuss 2025 Training Opportunities/Updates 	Patty Lopez provided the following updates... <ul style="list-style-type: none"> May – HPG July – 211 San Diego & San Ysidro Health September – Jewish Family Health Services & Catholic Charities November – Open for presenters (let us know if you have an agency in mind) 	
<ul style="list-style-type: none"> Old Business 		
<ul style="list-style-type: none"> <ul style="list-style-type: none"> a. None 		
<ul style="list-style-type: none"> New Business 		
<ul style="list-style-type: none"> <ul style="list-style-type: none"> a. Presentation: Itzel Magda Chavez, Civic Engagement Director at Alliance San Diego 	Itzel Magda Chavez presented on Alliance San Diego and discussed the following: <ul style="list-style-type: none"> Mission: Protect civil/human rights, advocate for policies, communicate strategically, engage communities, develop leaders What is dignity? What are the threats? Deportation statistics and who profits Harmful history, lack of accountability, and inhumane treatment Customs and Border Protection (CBP) vs ICE (powers, size, funding, allowed locations) California protections Know your rights and recognize warrants Rumors vs reality Fixing the system 	HPG support staff (HPG SS) will follow-up with the presentation for attendees.
<ul style="list-style-type: none"> Reports 		
<ul style="list-style-type: none"> <ul style="list-style-type: none"> a. Women and Youth Out of Care Group Discussion 	<ul style="list-style-type: none"> The chair commented that PrEP awareness and accessibility for women is crucial, as many remain unaware about its availability and benefits. With limited sex education in schools and misconceptions in media, community-driven efforts are essential to ensure women of all ages have access to HIV prevention resources. 	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> b. HIV Planning Group (HPG) 	<ul style="list-style-type: none"> HPG SS expressed appreciation for the opportunity to table at the A Women's Voice 	

Agenda Item	Action	Follow-up
Planning Group Support Staff	<p>Conference, where many familiar faces from CARE stopped by, and CARE flyers were widely distributed.</p> <ul style="list-style-type: none"> Community Engagement – No upcoming outreach events, but the Community Engagement Group (CEG) is always open to new members and consumers. Expanding Meeting Locations – Plans to hold meetings in different locations across the County, including libraries, to ensure accessibility for all regions. 	
c. Ryan White Part D	<ul style="list-style-type: none"> Monitoring Policy Changes – No current changes to Part D services but watching closely. Ongoing efforts to share legal protection information. HIV Testing Program Success – Routine HIV testing at UCSD clinics and Rady's Children's Hospital has met its 10,000-test goal ahead of schedule. Encouraging individuals with concerns to reach out for support as services continue to expand and adapt. 	
d. Research		
i. AIDS Clinical Trials Group (ACTG)/ Antiviral Research Center (AVRC)	No updates for today. But a few new studies coming up this summer.	
ii. HIV Neurobehavioral Research Program (HNRP)	HNRP Staff mentioned they have studies in Spanish, and they have many participants who are Spanish speakers that live across the border and HNRP is ensuring their protection.	
iii. Mother, Child & Adolescent Program (MCAP)	MCAP has a new study called the Up Lift Study. This study is to understand practices of lactation and infant feeding for people living with HIV.	
iv. UC San Diego Moores Cancer Center	Cancer Health Equity Collaborative Work Group meeting will occur March 27 from 12-1PM and is open to all.	
13. Announcements	None.	
14. Next Meeting Date: Monday, September 16, 2024	<p>Next CARE Partnership Meeting- Monday, May 19, 2025 In-Person Location: Southeastern Live Well Center 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room A), And via Zoom</p>	
15. Adjournment	Meeting adjourned at 12:17pm.	



County of San Diego

KIMBERLY GIARDINA, DSW, MSW
DEPUTY CHIEF ADMINISTRATIVE OFFICER

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

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

SAN DIEGO HIV PLANNING GROUP MEMBERSHIP COMMITTEE ACTION ITEM INFORMATION SHEET

RECOMMENDATION FOR APPOINTMENT TO THE HIV PLANNING GROUP (HPG)

DATE: May 28, 2025

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

BACKGROUND: On May 14, 2025, the Membership Committee reviewed Hector Garcia's membership application and voted to recommend him for appointment to the HPG.

RECOMMENDATION:

Action Item (*Membership Committee*): Approve the recommendation to appoint Hector Garcia to the HPG as the General Member, Seat 13. If approved by the HPG, the recommendation will be forwarded to the County Board of Supervisors for appointment.

BIOGRAPHICAL INFORMATION: Hector Garcia

Hector Garcia has been actively involved in the HIV community since 2012. From 2021 to 2025, he served as a Peer Navigator at San Ysidro Health, providing direct support and advocacy for individuals living with HIV. He has participated in the Strength for the Journey retreat for five years and remains engaged in two support groups at the LGBTQ+ Center in San Diego. Previously, he was involved in two additional support groups in North County—at Vista Community Clinic and the LGBTQ+ Center in Oceanside. In January 2025, Hector was appointed to the HPG as the HIV Testing Representative (Seat 42). However, due to no longer meeting the criteria for that seat, he has re-applied for a General Member seat. A passionate advocate for equity and dignity, Hector believes that all individuals—regardless of sexuality, race, religion, or economic status—deserve to be treated with respect and compassion. Helping people is not only Hector's passion but a calling he continues to answer with dedication.

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

- Awareness
- Updates
- Strategic Plan
- Health Access for All
- Mental Health & Substance Use
- Racial Equity

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

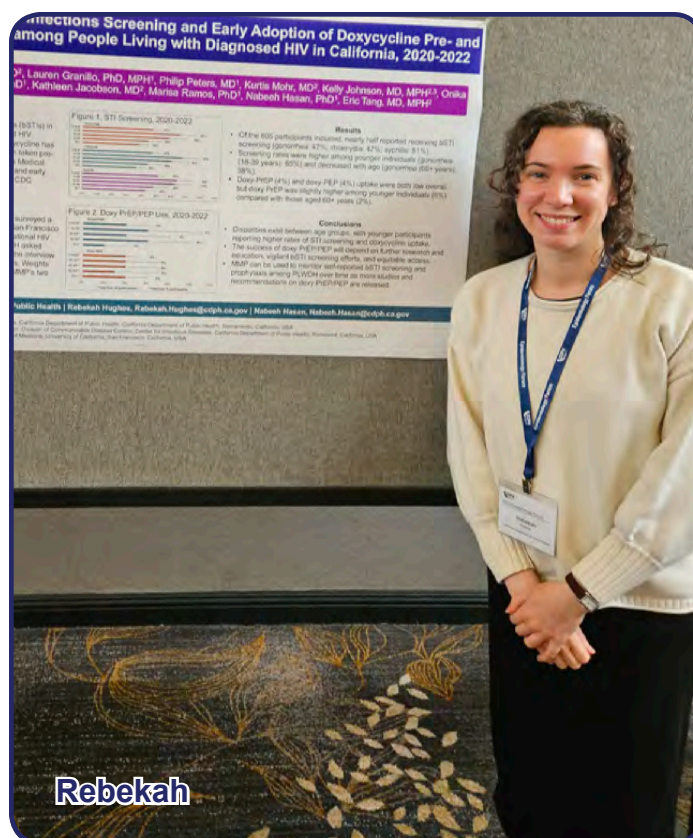
STAFF HIGHLIGHT

➤ OA Posters at the CDPH Epidemiology Forum

The CDPH Epidemiology Forum took place April 16–17 and was an opportunity for staff to collaborate with colleagues to learn more about how data is being used in different areas of CDPH. There were various sessions available, including a panel on the CDPH response efforts to bird flu, communicating public health data to external audiences, and understanding the data governance and stewardship efforts of CDPH. At the conclusion of the forum there was a poster session for staff to explore the different projects being done across CDPH programs.

Rebekah Hughes and **Stephanie Sanz**, both from the Surveillance and Prevention Evaluation and Reporting Branch, presented posters highlighting recent findings from their respective surveillance projects.

Rebekah presented a poster exploring bacterial STI screening and early adoption of doxycycline pre-exposure prophylaxis and post-exposure prophylaxis (doxy PrEP and doxy PEP) among people living with diagnosed HIV (PLWDH) who participated in the Medical Monitoring Project (MMP) for the 2020 through 2022 cycle years. This project is a collaboration between OA and STDCB using local supplementary questions at the conclusion of the MMP interview. Of the



605 individuals included in the project, nearly half reported receiving the recommended annual bacterial STI screening (gonorrhea: 47%; chlamydia: 47%; syphilis: 51%). Bacterial STI screening rates were higher among younger individuals (gonorrhea (18-39 years): 65%) and decreased with age (gonorrhea (60+ years): 38%). Doxycycline uptake was low overall (doxy PrEP: 4%; doxy PEP: 4%). Many people were encouraged at the prospect of doxycycline being used to prevent bacterial STIs among PLWDH and were interested in learning more about MMP.

HIV AWARENESS

May 18 is National HIV Vaccine Awareness Day (NHVAD). This day is observed to raise awareness about the need for an effective preventive HIV vaccine and to honor and recognize the scientists and researchers who are determined to develop a vaccine to prevent HIV. NHVAD also provides an opportunity to appreciate the health professionals, community members, and advocates who continuously educate and bring awareness to the importance of preventative HIV vaccine research. This collaborative work is essential to ending the HIV epidemic.

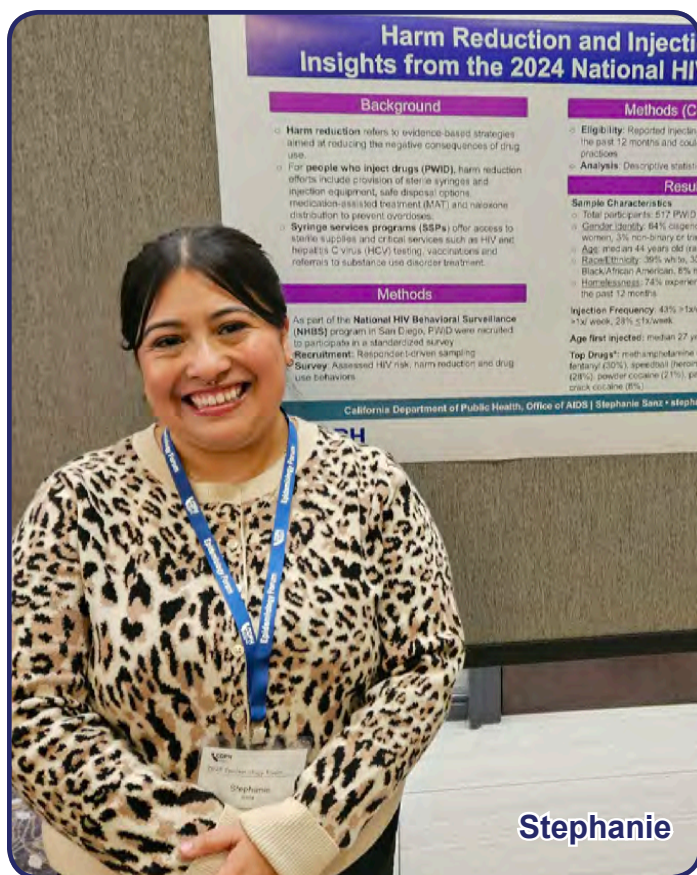
May 19 is National Asian & Pacific Islander HIV/AIDS Awareness Day (NAPIHAAD). Asian and Pacific Islander communities face unique barriers to accessing HIV prevention, testing and care, due to the silence and shame surrounding HIV within their community. NAPIHAAD emphasizes the importance of encouraging conversations about HIV, testing and treatment options to combat the HIV/AIDS epidemic and end the silence and shame within the API communities.

GENERAL UPDATES

➤ Mpox

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

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



Stephanie

Stephanie presented a poster summarizing findings from the 2024 National HIV Behavioral Surveillance (NHBS) survey among people who inject drugs (PWID) in San Diego. The poster focused on harm reduction practices and injection drug use behaviors, including most-used drugs, injection frequency, syringe access and disposal, overdose experiences, and treatment engagement. Among 517 PWID surveyed, more than half reported injecting some drug at least once per day, with methamphetamine (88%) being the most commonly injected substance. Syringe services programs (SSPs) were the primary source of sterile syringes (62%), though syringe disposal in the trash was still common (59%). Fourteen percent of participants reported experiencing an overdose in the past year. These findings underscore the ongoing need to expand harm reduction and treatment services for PWID and highlight the continued importance of using NHBS data to inform public health efforts.

➤ HIV/STI/HCV Integration

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

ENDING THE EPIDEMICS STRATEGIC PLAN OA/STD

The **visual below** is a high-level summary of our *Strategic Plan* that organizes 30 Strategies across six Social Determinants of Health (SDoH).

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

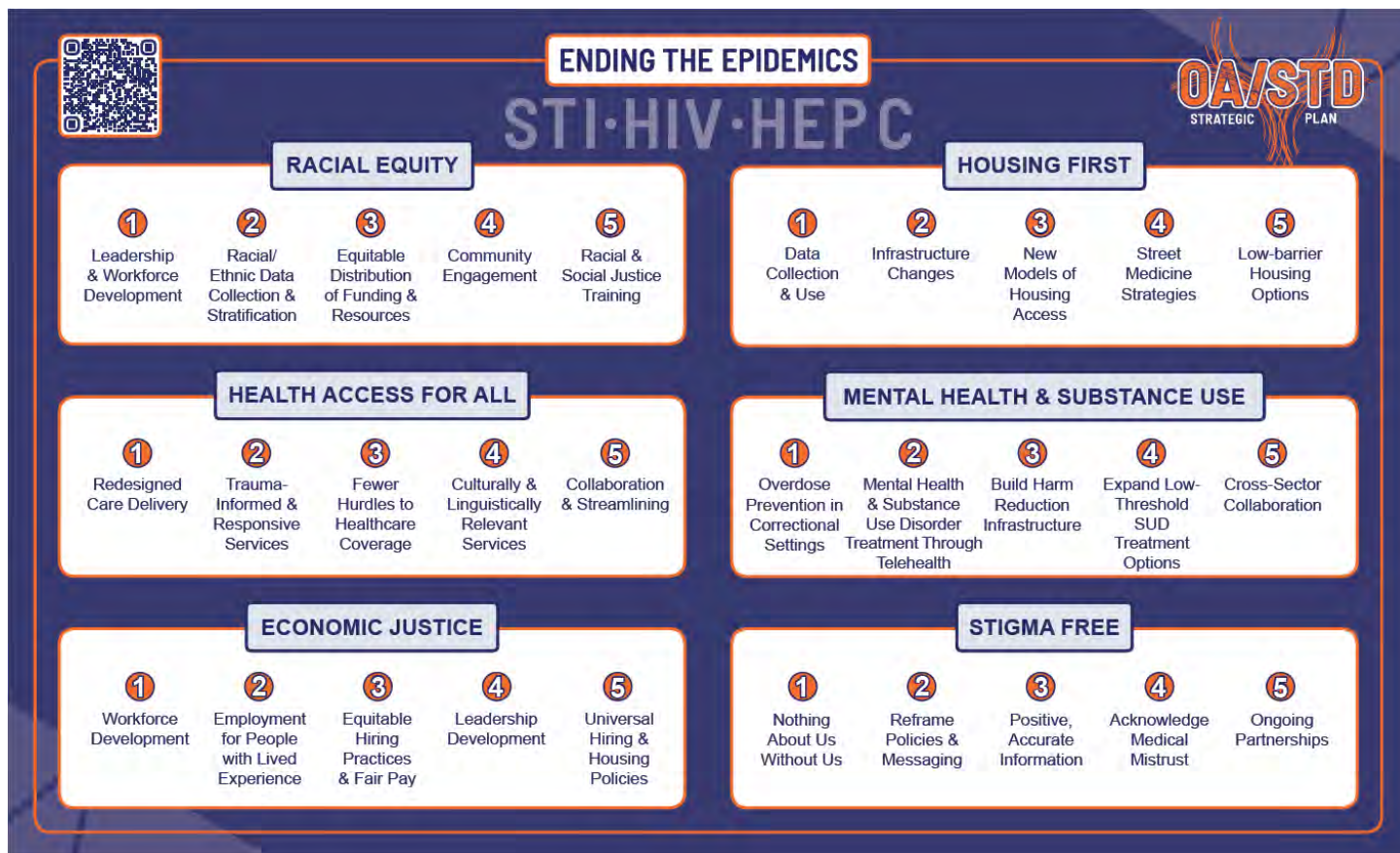
For technical assistance in implementing the *Strategic Plan*, California LHJs and CBOs can visit [Facente Consulting's webpage](#).

HEALTH ACCESS FOR ALL

➤ Strategy 1: Redesigned Care Delivery

No-Cost Mpox Vaccination and Optional Rapid HIV/Syphilis/HCV Testing Available:

CDPH is offering a free, turnkey service for LHJs and CBOs to provide mpox vaccination for people who are uninsured, underinsured, experiencing homelessness, or facing other barriers to care. This service can also include on-site rapid testing for HIV, syphilis, and hepatitis C, with telehealth services available for select treatments, including syphilis treatment, HIV PrEP, and doxy PEP. To [request this resource](#), [complete this survey](#), and for any



questions, please email mpoxadmin@cdph.ca.gov.

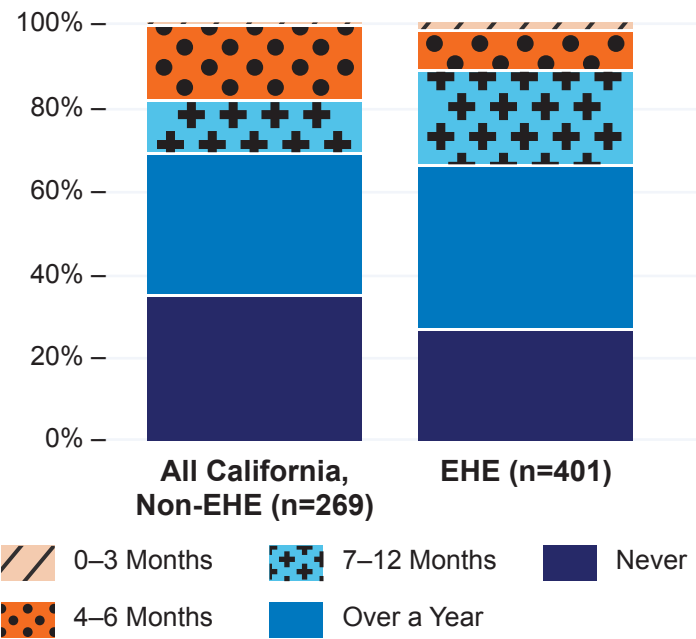
➤ Strategy 1: Redesigned Care Delivery

OA continues to implement its **Building Healthy Online Communities (BHOC)** self-testing program to allow for rapid OraQuick test orders in all jurisdictions in California. The program, **TakeMeHome**, is advertised on gay dating apps, where users see an ad for home testing and are offered a free HIV-home test kit.



In March, 269 individuals in 36 counties ordered self-test kits, with 188 (69.9%) individuals ordering 2 tests. Additionally, OA’s existing TakeMeHome Program continues in the six California Consortium Phase I Ending the HIV Epidemic in America counties. Between the program’s initiation in September 1, 2020, and March 31, 2025, 16,749 tests have been

HIV Test History Among Individuals Who Ordered TakeMeHome Kits, March 2025



distributed. This month, mail-in lab tests (including dried blood spot tests for HIV, syphilis, and Hepatitis C, as well as 3-site tests for gonorrhea and chlamydia) accounted for 107 (26.7%) of the 401 total tests distributed in EHE counties. Of those ordering rapid tests, 215 (73.1%) ordered 2 tests.

Since September 2020, 1,872 test kit recipients have completed the anonymous follow up survey from EHE counties; there have been 791 responses from the California expansion since January 2023.

Additional Key Characteristics	EHE	All California, Non-EHE
Of those sharing their gender, were cisgender men	60.5%	49.0%
Of those sharing their race or ethnicity, identify as Hispanic or Latinx	33.8%	41.6%
Were 17-29 years old	41.7%	42.4%
Of those sharing their number of sex partners, reported 3 or more in the past year	46.1%	40.1%

Survey Highlights	EHE	All California, Non-EHE
Would recommend TakeMeHome to a friend	94.6%	94.3%
Identify as a man who has sex with other men	48.3%	52.1%
Reported having been diagnosed with an STI in the past year	8.6%	10.1%

➤ Strategy 3: Fewer Hurdles to Healthcare Coverage

As of April 30, 2025, there are 281 PrEP-AP enrollment sites and 229 clinical provider sites that currently make up the [PrEP-AP Provider network](#).

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

As of April 30, 2025, the number of ADAP clients enrolled in each respective ADAP Insurance Assistance Program are **shown in the table below**.

MENTAL HEALTH & SUBSTANCE USE

➤ Strategy 3: Build Harm Reduction Infrastructure

Update: Over the Counter Naloxone Made Available at Lower Cost

Although many community-based organizations like syringe services programs distribute naloxone to the public at no cost, not everyone in California is able to access these types of

programs. The need for naloxone in harm reduction deserts still exists, but with less resources available. To increase availability of the life-saving drug, last month [California announced that CalRx branded naloxone is available through the mail at a discounted price](#).

Californians can now purchase a twin pack of naloxone nasal spray for \$24, plus tax and shipping fees, by visiting the CalRx website. This initiative works to reach all areas of California, especially areas that have limited resources for harm reduction.

Fact Sheet: Vending Machines – A Tool for Distributing Harm Reduction Equipment

In recent years, harm reduction programs have started to use a novel approach to increasing distribution of harm reduction supplies – utilizing vending machines. Syringe services programs along with local health jurisdictions have set up harm reduction vending machines throughout California and the United States as a way to provide low barrier access to life-saving supplies. Supplies vary by machine, but many include naloxone, sterile syringes, safer smoking equipment, HIV tests, wound care supplies, and other supplies to help keep people who use drugs safe.

(continued on page 7)

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from March
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	596	3.07%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,932	0.44%
Medicare Premium Payment Program (MPPP)	2,297	2.77%
Total	8,825	1.22%

Source: ADAP Enrollment System

Active PrEP-AP Clients by Age and Insurance Coverage:

Current Age	PrEP-AP Only		PrEP-AP With Medi-Cal		PrEP-AP With Medicare		PrEP-AP With Private Insurance		TOTAL	
	N	%	N	%	N	%	N	%	N	%
18 - 24	313	10%	---	---	---	---	10	0%	323	10%
25 - 34	1,059	34%	---	---	---	---	135	4%	1,194	38%
35 - 44	764	25%	---	---	3	0%	126	4%	893	29%
45 - 64	437	14%	---	---	6	0%	88	3%	531	17%
65+	33	1%	---	---	136	4%	5	0%	174	6%
TOTAL	2,606	84%	0	0%	145	5%	364	12%	3,115	100%

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

Current Age	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18 - 24	171	5%	2	0%	37	1%	18	1%	2	0%	44	1%	4	0%	45	1%	323	10%
25 - 34	652	21%	3	0%	111	4%	99	3%	6	0%	234	8%	9	0%	80	3%	1,194	38%
35 - 44	508	16%	4	0%	80	3%	52	2%	2	0%	189	6%	7	0%	51	2%	893	29%
45 - 64	292	9%	---	---	40	1%	13	0%	1	0%	131	4%	2	0%	52	2%	531	17%
65+	16	1%	---	---	4	0%	5	0%	---	---	138	4%	---	---	11	0%	174	6%
TOTAL	1,639	53%	9	0%	272	9%	187	6%	11	0%	736	24%	22	1%	239	8%	3,115	100%

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

Gender	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Female	47	2%	---	---	4	0%	12	0%	2	0%	10	0%	---	---	13	0%	88	3%
Male	1,500	48%	8	0%	245	8%	170	5%	8	0%	703	23%	20	1%	207	7%	2,861	92%
Trans	78	3%	---	---	17	1%	4	0%	1	0%	11	0%	2	0%	4	0%	117	4%
Unknown	14	0%	1	0%	6	0%	1	0%	---	---	12	0%	---	---	15	0%	49	2%
TOTAL	1,639	53%	9	0%	272	9%	187	6%	11	0%	736	24%	22	1%	239	8%	3,115	100%

All PrEP-AP charts prepared by: ADAP Fiscal Forecasting Evaluation and Monitoring (AFFEM) Section, ADAP and Care Evaluation and Informatics Branch, Office of AIDS. Client was eligible for PrEP-AP as of run date: 04/30/2025 at 12:01:37 AM
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

National Harm Reduction Coalition, in collaboration with RTI International and the North American Syringe Exchange Network, published a fact sheet last month on harm reduction vending machines. The fact sheet looks at lessons learned from 12 SSPs and looks at their planning, implementation, and stocking of the machines. The fact sheet also includes information about funding sources, challenges and opportunities, and advantages to this modality.

[View the fact sheet in English](#), or [view the fact sheet in Spanish](#).

RACIAL EQUITY

➤ Strategy 4: Community Engagement

California Planning Group (CPG) – Spring Meeting Announcement

The CPG and OA will be hosting the Spring In-Person CPG Meeting from May 28–30. The

meeting's theme is *Rooted in Resilience: Turning Challenges into Collective Action*.

On May 28, we will host a CPG Leadership Academy, which focuses on skills and capacity building for the current CPG members only. Attendance on May 29 and 30 will be invite-only.

The meeting will feature community-led and state-led presentations on long acting injectables, social media, mental health, as well as cluster response and detection.

[For more information, please visit the CPG webpage.](#)

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

HIV PLANNING GROUP
12-MONTH ATTENDANCE TRACKING
June 2024 - May 2025

(22) HPG Members	1	1	1	1	1	1	0	1	0	1	1	0	9
Total Meetings	26-Jun	24-Jul	7-Aug	25-Sep	23-Oct	21-Nov	18-Dec	22-Jan	26-Feb	26-Mar	23-Apr	28-May	TOTAL
Aguirre Mendoza, Marco, 10	*	*	*	1	1	*	NM	JC	NM	*	*	NM	2
Conant, Juan, 25								*	NM	*	1	NM	1
Davenport, Beth, 35	*	*	1	1	*	*	NM	*	NM	*	*	NM	2
Donovan, Michael, 32				*	1	*	NM	*	NM	1	JC	NM	2
Fleming, Tyra, 3	*	*	*	*	1	*	NM	*	NM	*	1	NM	2
Garcia, Hector, 42								*	NM	*	JC	NM	0
Garcia, Rosemary, 23								1	NM	*	*	NM	1
Garcia-Bigley, Felipe, 38	*	*	*	*	*	*	NM	*	NM	*	*	NM	0
Grelotti, David, 30			*	1	*	*	NM	1	NM	*	*	NM	2
Ignalino, Jr., Benjamin, 39				*	*	*	NM	*	NM	*	*	NM	0
Jones, Lori, 26			JC	1	*	*	NM	*	NM	JC	*	NM	1
Kubricky, Cinnamen, 4	*	1	*	*	*	*	NM	JC	NM	*	1	NM	2
Lochner, Mikie, 16	*	*	*	*	*	1	NM	*	NM	*	*	NM	1
Miles, Skyler, 32				*	*	*	NM	*	NM	*	1	NM	1
Nava, Veronica, 33	*	*	*	*	*	1	NM	*	NM	*	*	NM	1
Paugh, Shannon, 37							NM	*	NM	*	*	NM	0

HIV PLANNING GROUP
12-MONTH ATTENDANCE TRACKING
June 2024 - May 2025

Total Meetings	26-Jun	24-Jul	7-Aug	25-Sep	23-Oct	21-Nov	18-Dec	22-Jan	26-Feb	26-Mar	23-Apr	28-May	TOTAL
Price, Venice, 44	JC	*	1	*	1	1	NM	1	NM	*	*		
Rooney, Ivy, 43	*	1	*	*	*	*	NM	*					
Spector, Stephen, 31	1	1	*	1	*	*	NM	JC	NM	*	*	NM	3
Van Brocklin, Rhea, 18	1	*	*	*	*	*	NM	*	NM	*	1	NM	2
Weber, Jeffery, 41	*	1	*	1	*	1	NM	*	NM	*	*	NM	3
West, Abigail, 29	*	*	*	*	1	*	NM	*	NM	*	*	NM	1
Wimpie, Michael, 1	*	*	*	*	*	*	NM	*	NM	*	*	NM	0
Yancey, Adrienne, 22	*	*	*	1	*	*	NM	1	NM	*	*	NM	2
<i>To remain in good standing and eligible to vote, the HPG member may not miss 3 consecutive meetings or 6 meetings within 12 months.</i>													
* = Present													
1 = Absent for the month													
1 = Absent when there are multiple meetings in a month. The member needs to attend at least one meeting for attendance to count for the specific month.													
JC = Just Cause													
EC = Emergency Circumstance													



San Diego HIV Planning Group INVITES YOU TO THE HAPPYVILLE EXERCISE

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! For questions, email hpg.hhsa@sdcounty.ca.gov, or visit sdplanning.org.

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

WEDNESDAY, JULY 16, 2025

3:00 PM - 5:00 PM

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

Join virtually at

<https://bit.ly/Happyville2025>



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

TE INVITA A LA 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.

Si tienes preguntas, envía un correo electrónico a hpg.hhsa@sdcounty.ca.gov o visita sdplanning.org

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

MIÉRCOLES 16 DE JULIO DE 2025

15:00 - 17:00

Southeastern Live Well Center
5101 Market St, San Diego, CA 92114
(Tubman Chávez Sala A)

Únete virtualmente en
<https://bit.ly/Happyville2025>

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

(An Amendment to AB 2449)

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

Qualifying Reason	Provisions to Attend Remotely	Requirements/Limitations
"Just Cause"	<ul style="list-style-type: none"> There is a childcare or caregiving need (for a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner) that requires the member to participate remotely. A contagious illness prevents the member from attending the meeting in person. There is a need related to a defined physical or mental disability that is not otherwise accommodated for. Traveling while on official business of the legislative body or another state or local agency. 	A member is limited to two (2) virtual attendances due to "just cause" per calendar year.
"Emergency Circumstances"	<p><i>"A physical or family medical emergency that prevents a member from attending the meeting in person."</i></p> <p>A member is <i>not</i> required to disclose any medical diagnosis or disability, or any personal medical information that is already exempt from existing law.</p>	<p>A member of the legislative body must:</p> <ol style="list-style-type: none"> Make a request to the body to allow the member to meet remotely due to an emergency circumstance; and Provide a general description of no more than 20 words of the circumstance justifying such attendance. <p>A request from a member to attend remotely requires that the legislative body take action and <i>approve</i> the remote attendance at the start of the meeting for the member to be allowed to participate remotely for that meeting¹.</p>

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

Additional Requirements for a Member Participating Remotely

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

- The member:
 - Notifies the legislative body at the earliest opportunity possible, including at the start of a regular meeting, of their need to participate remotely for just cause, including a general description of the circumstances relating to their need to appear remotely at the given meeting. **OR**
 - Requests the legislative body to allow them to participate in the meeting remotely due to emergency circumstances and the legislative body takes action to approve the request. (See "requirements/limitations" for the use of emergency circumstances.)
- The member shall publicly disclose at the meeting before any action is taken, whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member's relationship with any such individuals.
- The member shall participate through both audio and visual technology.