

PRIORITY SETTING AND RESOURCE ALLOCATION COMMITTEE (PSRAC)



Thursday, June 25, 2026, 1:00 PM – 4:00 PM
Southeastern Live Well Center
5101 Market Street, San Diego, CA 92114
Meeting Rooms B and C

The Charge of the Priority Setting and Resource Allocation Committee: To review, analyze, and consider available data and make recommendations to the HIV Planning Group based upon that data regarding service priorities, service delivery, and funding allocation by service category, including the commitment to addressing racial/ethnic disparities for Black/African American MSM (retention in care, viral load suppression), Latinx MSM (late and simultaneous diagnoses) and transgender/Non-Binary persons (lack of data and non-representative participation).

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Meeting Location & Directions:

Priority Setting and Resource Allocation Committee (PSRAC)

Thursday, June 25, 2026

1:00 PM – 4:00 PM

Southeastern Live Well Center

5101 Market Street

San Diego, CA 92114

Meeting Rooms B & C



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

FROM I-805 SOUTH:

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

FROM I-805 NORTH:

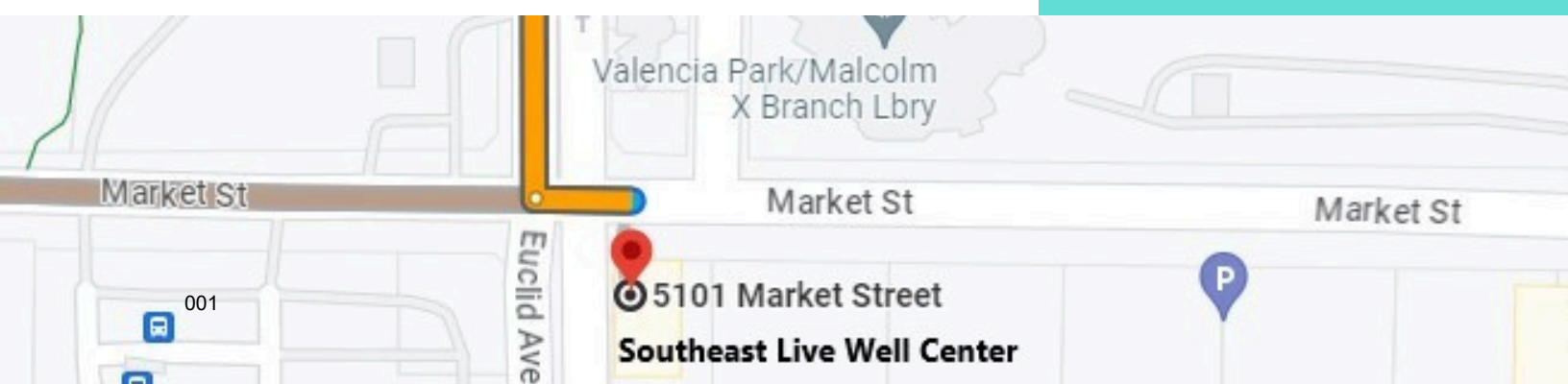
1. Head southeast on I-805 South.
2. Take exit 13A for CA-94-E/M L King Jr. Fwy.
3. Merge onto CA-94 E.
4. Take exit 4A for Euclid Ave.
5. Turn left onto Euclid Ave.
6. Use the left 2 lanes to turn left onto Market St.
7. The destination will be on your right.



PUBLIC TRANSPORTATION

MTS Trolley:
Orange Line

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



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To participate remotely via Zoom:

<https://us06web.zoom.us/j/82979385521?pwd=ucUoVVtBupxbdBxothszYHHIP2luoC.1>

Join the meeting via phone: 1-669-444-9171

Meeting ID: 829 7938 5521 | Password: PSRAC

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: Dr. Beth Davenport | Tyra Fleming (Chair) | Felipe Garcia-Bigley | Kalee Garland | Pamuela Halliwell | Dr. Delores Jacobs | Cinnamon Kubricky | Eva Matthews | Marco Aguirre Mendoza | Chris Mueller | Rhea Van Brocklin (Co-Chair) | Joe Westcott

ORDER OF BUSINESS

1. Call to order, roll call, comments from the chair
2. Reminders
 - a. **Review Committee Charge**
 - b. **Committee members' Conflicts of Interest:** Disclose areas of financial interest (e.g., employment); Refrain from participation in related votes.
 - c. **Areas NOT the purview of this committee:** Selection of contractors; contract details; how contractors implement contracted services (e.g., staff salaries). These are the sole purview of the Recipient.
 - d. **Focus on service priorities, not on specific service providers**
 - e. **Rules for the meeting** (as necessary): Committee members are limited to two (2) minutes per comment and limited to two (2) comments per item; public comments are welcome at the beginning and prior to each agenda item, limited to two (2) minutes so that all have an opportunity to participate.
3. Public comment on non-agenda items (for members of the public)
4. Sharing our concerns (for committee members)
5. **ACTION:** Approve the PSRAC agenda for June 25, 2026
6. **ACTION:** Approve the PSRAC minutes for June 11, 2026
7. Old Business:
 - a. **ACTION:** Review and approve data on co-occurring conditions, poverty, and insurance
8. New Business:
 - a. **ACTION:** Recommendations for FY 26 reallocations (current fiscal year, March 1, 2026 – February 28, 2027)
 - b. **ACTION:** Review and approve data on Ryan White's service eligibility criteria and other service guidelines

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- c. **ACTION:** Review and approve data on the HIV care continuum/unaware estimates, including Ryan White clients vs. all clients, viral suppression rates, and Ryan White client homelessness
- d. **Presentation:** FY 25 service utilization among Ryan White clients, by sex assigned at birth and gender
- 9. Routine Business:
 - a. **Review:** Monthly and year-to-date expenditures
 - b. **Update:** Partial Assistance Rent Subsidy (PARS) and Emergency Housing
 - c. **Review:** Monthly and year-to-date service utilization report
 - d. **Review:** Committee attendance
- 10. Suggested agenda items for the future committee meetings
- 11. Announcements

Next meeting date: July 9, 2026, at 1:00 PM – 4:00 PM

Location: Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114 (Meeting Rooms B and C)
- 12. Adjournment

Principles for PSRA Decision-Making Process	Criteria for the PSRA Decision-Making Process
Principles Guiding Decision Making (Priorities should reflect the Principles) 1. Decisions are made in an open, transparent process 2. Decisions are based on documented needs (Needs assessment, etc.) 3. Decisions are based on overall needs within the service area, not narrow single focus concerns 4. Decisions include reports from the Needs Assessment committee of the HIV Planning Group 5. Services should be responsive to the epidemiology of HIV in San Diego, including demographics and region 6. Services must be culturally and linguistically appropriate and responsive 7. Services should focus on the needs of low-income, underserved, and disproportionately impacted populations 8. Services should minimize disparities in the availability and quality of treatment for HIV/AIDS 9. Equitable access to services should be provided across subpopulations and regions	Criteria for Priority Setting 1. Documented need based on: a. Epidemiology of San Diego epidemic (Epi data) b. Needs and unmet needs expressed in needs assessment, including the needs expressed by consumers, not in care and/or from historically underserved communities (Needs assessment data) 2. Minimize disparities in the availability and quality of treatment for HIV/AIDS (Demographic service utilization data compared to HIV/AIDS demographic) 3. Quality, outcome effectiveness, and cost-effectiveness of services (Measured by service category outcomes, CQM, and client satisfaction data by service category) 4. Consumer preferences or priorities for interventions or services, particularly for populations with severe need, historically underserved communities, or those who know their status but are not in care 5. Consistency with the continuum of care

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Thursday, June 11, 2025, 1:00 PM – 4:00 PM
Southeastern Live Well Center,
5101 Market Street, San Diego, CA 92114
Meeting Rooms A and B

A quorum for this meeting is seven (7)

Committee Members: Tyra Fleming (Chair) | Felipe Garcia-Bigley | Kalee Garland | Pamuela Halliwell | Dr. Delores Jacobs | Cinnamen Kubricky | Marco Aguirre Mendoza | Chris Mueller | Rhea Van Brocklin (Co-Chair) | Joe Westcott

Committee Members Joining Virtually: Beth Davenport

Committee Members Absent: Eva Matthews

MEETING MINUTES

Agenda Item	Action	Follow-up
1. Call to order	Tyra Fleming called the meeting to order at 1:01 PM and noted an in-person quorum. A moment of silence was observed. The Chair made the following comments: - A reminder to be mindful of individuals who are in a new space, including the Chair, and show compassion and grace.	
2. Reminders	The committee went over the meeting conduct reminders.	
3. Public Comment on non-agenda items (for members of the public)	The following comments were shared: - An acknowledgement that Joe Westcott and Pamuela Halliwell were appointed to the HPG on 6/9/26.	
4. Sharing our concerns (for committee members)	The following comments were shared: - A concern regarding individuals aging with HIV and digital literacy when accessing services. - An appreciation for the staff's and committee's patience and understanding and a concern with the delay in getting a bus pass. - A recommendation to consider other gas vendor options besides Chevron or to wait until the cards are a higher	

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Agenda Item	Action	Follow-up
	denomination before handing them out so it's more efficient. - A concern about a long waitlist for getting access to the case manager.	
5. ACTION: Review and approve the agenda for June 11, 2026	Motion: Approve the June 11, 2026 meeting agenda as presented Motion/Second/Count (M/S/C): Van Brocklin/Jacobs/9-0 Abstentions: none Motion carries	
6. ACTION: Review and approve the minutes for May 7, 2026	Motion: Approve the minutes for May 7, 2026 M/S/C: Jacobs/Garcia-Bigley/9-0 Abstentions: none Motion carries	
7. Old Business		
a. None		
8. New Business		
a. ACTION: Recommendations for FY 26 reallocations (current fiscal year, March 1, 2026 – February 28, 2027)	None	
b. ACTION: Establish new priority rankings for revised FY 26 service categories	The following discussion took place: - A clarification that Health Education and Risk Reduction is one of the essential components of early intervention services. Consumers can receive services whether they are living with or at risk for HIV. Motion: Rank Outpatient/Ambulatory Health Services (OAHS) as priority #1 M/S/C: Van Brocklin/Westcott/6-0 Abstentions: Garcia-Bigley, Aguirre Mendoza, Mueller Motion carries Motion: Rank Oral Health as priority #2 M/S/C: Van Brocklin, Jacobs/8-0 Abstentions: Garcia-Bigley	

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Agenda Item	Action	Follow-up
	Motion carries Motion: Rank Mental Health as priority #3 M/S/C: Kubricky/Jacobs/5-0 Abstentions: Garcia-Bigley, Halliwell, Mueller, Van Brocklin Motion carries Motion: Rank Housing as priority #4 M/S/C: Westcott/Halliwell/8-0 Abstentions: Kubricky Motion carries Motion: Rank Substance Use Treatment Services: Outpatient as priority #5 M/S/C: Mueller/Halliwell/7-0 Abstentions: Garcia-Bigley, Westcott Motion carries Motion: Rank Medical Case Management as priority #6 M/S/C: Kubricky/Westcott/5-0 Abstentions: Garcia-Bigley, Halliwell, Mueller, Van Brocklin Motion carries Motion: Rank Non-Medical Case Management as priority #7 and Referral for Health Care and Support Services as priority #8 M/S/C: Jacobs/Westcott/3-0 Abstentions: Garcia-Bigley, Halliwell, Kubricky, Aguirre Mendoza, Mueller, Van Brocklin Motion carries Motion: Rank Childcare Services as priority #9 M/S/C: Garcia-Bigley/Kubricky/5-3 Abstentions: Van Brocklin Motion carries Motion: Rank Food Bank/Home Delivered Meals as priority #10 and	

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Agenda Item	Action	Follow-up
	Medical Nutrition Therapy as priority #11 M/S/C: Halliwell/Mueller/8-1 Abstentions: none Motion carries Motion: Early Intervention Services (EIS) as priority #12, Health Education and Risk Reduction (subcategory under EIS) as priority #12a, Outreach Services (subcategory under EIS) as priority #12b, and Referral Services (subcategory under EIS) as priority #12c M/S/C: Fleming/Halliwell/7-0 Abstentions: Garcia-Bigley, Van Brocklin Motion carries Motion: Rank Psychosocial Support Services as priority #13 M/S/C: Jacobs/Fleming/5-0 Abstentions: Garcia-Bigley, Halliwell, Kubricky, Van Brocklin Motion carries Motion: Rank Emergency Financial Assistance as priority #14 M/S/C: Aguirre Mendoza/Halliwell/4-0 Abstentions: Garcia-Bigley, Kubricky, Mueller, Van Brocklin, Westcott Motion carries Motion: Rank Medical Transportation as priority #15, Substance Use Treatment Services: Residential as priority #16, and Other Professional Services as priority #17 M/S/C: Jacobs/Kubricky/6-0 Abstentions: Garcia-Bigley, Mueller, Van Brocklin Motion carries Motion: Rank Home and Community-Based Health Services as priority #18	

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Agenda Item	Action	Follow-up
	and Health Education and Risk Reduction as priority #19 M/S/C: Van Brocklin/Westcott/5-0 Abstentions: Garcia-Bigley, Halliwell, Kubricky, Mueller Motion carries	
c. ACTION: Review and approve data on Ryan White's service eligibility criteria and other service guidelines	Tabled	
d. ACTION: Review and approve HIV/AIDS epidemiology data	Garrett McGaugh presented on HIV/AIDS epidemiology data. Motion: Approve the HIV/AIDS epidemiology findings M/S/C: Van Brocklin/Halliwell/9-0 Abstentions: none Motion carries	
e. Discussion: Review and approve data on co-occurring conditions, poverty, and insurance	Carlie Langit presented on co-occurring conditions, poverty, and insurance data. The committee requested more information on substance use among those living with HIV since it's considered a risk factor. The motion was tabled until the next meeting.	HPG Support Staff to bring the revised document to the June 25 meeting for review and approval
9. Routine Business		
a. Review: Monthly and year-to-date expenditures	Patrick Loose presented on year-to-date service utilization and viral suppression as well as PARS waitlist updates. Patrick also noted that the FY25 final expenditure report as well as the FY26 year-to-date expenditure report will be available at the next PSRAC meeting.	
b. Update: Partial Assistance Rent Subsidy (PARS) and Emergency Housing	See note above	
c. Review: Monthly and year-to-date service utilization report	See note above	
d. Review: Committee attendance	The committee reviewed the attendance summary.	

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Agenda Item	Action	Follow-up
10. Suggested agenda items for the future committee meetings	- Data on clients who are uninsured and are on other insurance	
11. Announcements	- Happyville Exercise will be held at the Community Engagement Group meeting at the Mission Valley Library on June 17 at 3:00 PM.	
Next Meeting	Date: June 25, 2026 at 1:00PM – 4:00PM Location: Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114 (Meeting Rooms B and C)	
12. Adjournment	The meeting adjourned at 3:54 PM.	

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	PSRAC CONFLICT OF INTEREST (COI) SHEET						
	Davenport, Beth	Garcia Bigley, Felipe	Halliwell, Pamuela	Matthews, Eva	Mueller, Chris	Van Brocklin, Rhea	Westcott, Joe
Childcare Services							
Early Intervention Services (EIS)							
Early Intervention Services (EIS): Minority AIDS Initiative							
Emergency Financial Assistance							
Food Bank/Home Delivered Meals							
Health Education and Risk Reduction							
Home and Community-Based Health Services							
Housing							
Medical Case Management							
Medical Nutrition Therapy							
Medical Transportation							
Mental Health							
Non-Medical Case Management							
Oral Health							
Other Professional Services							
Outpatient Ambulatory Health Services (OAHS)							
Psychosocial Support Services							
Referral for Health Care and Support Services							
Substance Use Tx Services: Outpatient							
Substance Use Tx Services: Residential							

No Conflicts

Aguirre Mendoza, Marco
Fleming, Tyra
Garland, Kalee

Jacobs, Delores
Kubricky, Cinnamen



San Diego HIV Planning Group
Priority Setting and Resource Allocation Committee



Revised Key Data Findings
2026 Co-Occurring Conditions/Poverty/Insurance

Data regarding co-morbidities or co-occurring disorders is important to the delivery of services for people living with HIV disease (PLWH) for all the following reasons:

- Co-occurring health conditions make providing medical care more complex, require greater provider expertise, and **increase the cost of care** for PLWH.
- PLWHs who live with other health conditions often have many service needs, so case managers and other service providers may need to spend more time with fewer clients.
- Substance use, homelessness, and mental illness can **interfere with HIV care**, treatment, and medication adherence.
- When a PLWH has tuberculosis (TB), a sexually transmitted infection (STI), or hepatitis, both the person's HIV and the other disease(s) can **progress faster** and have more serious effects.
- STDs make it easier for a PLWH to **transmit HIV** to someone else.
- Support services keep PLWH in care and improve medical outcomes, especially those of women, African Americans, and persons with lower incomes.

Findings in the 2024 Survey of HIV Impact were based on self-report by respondents living with HIV: ⁽²⁾

- Total responses: 310
- People living with HIV: 202

Findings in the 2017 Survey of HIV Impact were based on self-report by respondents living with HIV: ⁽³⁾

- Total responses: 1,038
- People living with HIV: 781

Condition	Estimated prevalence within the general population* (Population = 3,315,362 Male = 1,652,926 Female = 1,662,436) ⁽¹⁾		Estimated prevalence based on self-report by people living with HIV from the 2024** Survey of HIV Impact	
	Number	Percentage	Number	Percentage
Tuberculosis	265 ⁽⁴⁾	Less than 0.01%	33	16% ⁽²⁾
Syphilis*	2,200 ⁽⁵⁾	0.066%	22 est.	11% ⁽³⁾
Gonorrhea	6,021 ⁽⁵⁾	0.18%	20 est.	10% ⁽³⁾
Chlamydia	16,414 ⁽⁵⁾	0.50%	22 est.	11% ⁽³⁾
Hepatitis B (HBV)	639 ⁽⁶⁾	0.019%	28	14% ⁽²⁾
Hepatitis C (HCV)	1,972 ⁽⁶⁾	0.059%	75	37% ⁽²⁾
Mental Illness/Mental Health Challenges	775,795 est.	23.4% ⁽⁷⁾	64	32% ⁽²⁾
Opioid Overdose Deaths	430 ⁽⁸⁾	0.013%		74% greater risk of overdose ⁽¹⁹⁾
Emergency Dept. visits related to any opioid overdose	2,202 ⁽⁸⁾	0.066%		

Condition	<i>Estimated prevalence within the general population*</i> (Population = 3,315,362 Male = 1,652,926 Female = 1,662,436) ⁽¹⁾		<i>Estimated prevalence based on self-report by people living with HIV from the 2024** Survey of HIV Impact</i>	
	<i>Number</i>	<i>Percentage</i>	<i>Number</i>	<i>Percentage</i>
Hospitalizations related to any opioid overdose	477 ⁽⁸⁾	0.014%		
Homelessness	9,803 ⁽⁹⁾	0.30%	53	Unstably housed: 26% ⁽²⁾
Poverty Level (Threshold = \$1,215 /month)	344,798 est.	10.4% ⁽¹⁰⁾	76	38% ⁽²⁾
Lack of Insurance	225,445 est.	6.8% ⁽¹⁰⁾	6	3% ⁽²⁾
Incarceration	10,587 est. ⁽¹¹⁾ (county jails and state prison system)	0.3% ⁽¹¹⁾	75 (ever incarcerated)	37% ⁽²⁾
Cardiovascular Disease	228,760 est.	6.9% ⁽¹²⁾	12	6% ⁽²⁾
Diabetes	291,751 est.	8.8% ⁽¹²⁾	32	16% ⁽²⁾
Coronavirus (COVID19)	1,046,329 ⁽¹³⁾	31.8% ⁽¹³⁾		Increased risk of hospitalization, increased risk of death RR = 1.24 ⁽¹⁴⁾
MPOX	79 ⁽⁶⁾	Less than 0.01%	30 est.	38% est. of all local mpox cases ⁽¹⁸⁾
Injection Drug Use	49,730 est.	Injected in 2018: 1.5% ⁽²⁰⁾	Injected in last year: 21 Ever injected: 49	Injected in last year: 10% Ever injected: 24% ⁽²⁾

Notes:

- Research reveals higher incidences of additional co-occurring conditions for PLWH, including gastrointestinal diseases, circulatory diseases, endocrine/nutritional/metabolic diseases (including diabetes), nervous system diseases, and neoplastic diseases (cancer, lymphoma).
- Women living with HIV experience an increased incidence of some HIV-related conditions, including gynecological conditions such as genital herpes, pelvic inflammatory disease, human papillomavirus, and candida; additionally, there is an increased incidence of diabetes, heart disease, hepatitis C, cancer, mental illness, and substance abuse.
- PLWH 50 years of age or greater experience an increase in age-related diseases; causes of morbidity and mortality for older PLWH include non-infectious comorbidities, such as cardiovascular disease, hypertension, bone fractures, chronic kidney disease, liver disease, diabetes mellitus, and non-AIDS-defining cancers. Many of the age-related diseases are seen in the population greater than 50 years of age PLWH approximately 10 years earlier than in the general population. ^{15, 16, 17}
- Most research on substance use as it relates to HIV has focused on HIV acquisition, rather than substance use patterns among PLWH. Generally, PLWH with HIV are more likely to experience substance use disorders than those without HIV. PLWH have higher rates of consistent and former use of tobacco, inhalants, methamphetamine, cocaine, and heroin than those without HIV. Most significantly, they are 45 times more likely to have used inhalants in the last year and 16 times more likely to have used methamphetamines in the last year than people without HIV. They are also more likely to have polysubstance use.²¹ Substance use is associated with increased prevalence of several acquisition behaviors, such as condomless sex, needle sharing, and decreased PrEP and ART adherence.²²

Data Sources:

1. San Diego Association of Governments (SANDAG). 2024 Population and Housing Estimates.
2. County of San Diego, HIV, STD, and Hepatitis Branch. San Diego 2024 Survey of HIV Impact (N=310, 202 of which identify as living with HIV in San Diego County): proportions applied to estimated PLWH/A population.
3. County of San Diego, HIV, STD, and Hepatitis Branch. 2017 Survey of HIV Impact (N=1,038 of which 781 identify as living with HIV).
4. County of San Diego, Health and Human Services Agency, Public Health Services. [Tuberculosis \(TB\) in San Diego County: By the Numbers](#). Prepared March 3, 2026.
5. County of San Diego, Health and Human Services Agency, Public Health Services, HIV, STD, and Hepatitis Branch. [Sexually Transmitted Infections in San Diego County, 2024 Data Slides](#). Prepared February 2026.
6. County of San Diego. [Reportable Diseases and Conditions by Year, 2020-2024](#). Prepared May 1, 2026.
7. National Alliance on Mental Illness. [Mental Health by the Numbers](#). Updated 2025.
8. County of San Diego, Overdose Surveillance and Response Program. [Drug Overdose Data Dashboard](#). Updated May 2026.
9. Regional Task Force on Homelessness. [WeAllCount 2026 San Diego County Regional Data Breakdown](#). Accessed May 12, 2026.
10. [U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates](#). Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2025.
11. Vera Institute of Justice. California: [The State of Incarceration – San Diego County](#) (2021). Accessed May 12, 2026
12. UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2003-2023. Ever diagnosed with diabetes. Available at <http://ask.chis.ucla.edu>. Exported on March 7, 2025. Prepared by [County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit](#), March 2025.
13. County of San Diego COVID-19 Cases, Hospitalizations, and Deaths by Demographics. [COVID-19 Confirmed Cases by Episode Date](#). Data as of October 31, 2024.
14. Danwang et al, Outcomes of patients with HIV and COVID-19 coinfection (2022), AIDS Research and Therapy,
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16. Baribeau V., Kim, CJ, Lorgeoux, RP, et al; Healthcare resource utilization and costs associated with renal, bone and cardiovascular comorbidities among persons living with HIV compared to the general population in Quebec, Canada; PLOS ONE | <https://doi.org/10.1371/journal.pone.0262645> July 11, 2022
17. Ssentongo, P.S., Heilbrunn, E., Ssentongo, A.E., et al, Epidemiology and outcomes of COVID-19 in HIV-infected individuals: a systematic review and meta-analysis, Scientific Reports (2021) www.nature.com/scientificreports 11 (6283) 2021
18. County of San Diego, HIV, STD, and Hepatitis Branch, Epidemiology Unit. Email communication on 2024 mpox numbers. Requested May 13, 2026.
19. Green TC, McGowan SK, Yokell MA, Pouget ER, Rich JD. HIV infection and risk of overdose: a systematic review and meta-analysis. AIDS. 2012 Feb 20;26(4):403-17. doi: 10.1097/QAD.0b013e32834f19b6. PMID: 22112599; PMCID: PMC3329893.
20. National Prevention Information Network, [Burden of Injection Drug Use Studies and Toolkit](#), 2022.
21. Hai AH, Batey DS, Lee CS, Simons JN, Beadleston A, Schnall R. [Substance use patterns among U.S. adults with HIV: identifying priorities for screening and interventions](#). AIDS Care. 2025 May;37(5):843-854. doi: 10.1080/09540121.2025.2477718. Epub 2025 Mar 17. PMID: 40094481; PMCID: PMC12131967.
22. HIV.gov, [Substance Use and HIV Risk](#), Updated February 25, 2026.

Priority Setting & Resource Allocation Committee



LIVE WELL
SAN DIEGO



HIV and HCV Epidemiology Surveillance Program 06/12/2025
Public Health Services – Epidemiology & Immunization Services Branch
Dr. Samantha Tweeten, PhD
Cesar Arevalo, MPH
Garrett McGaugh, MPH

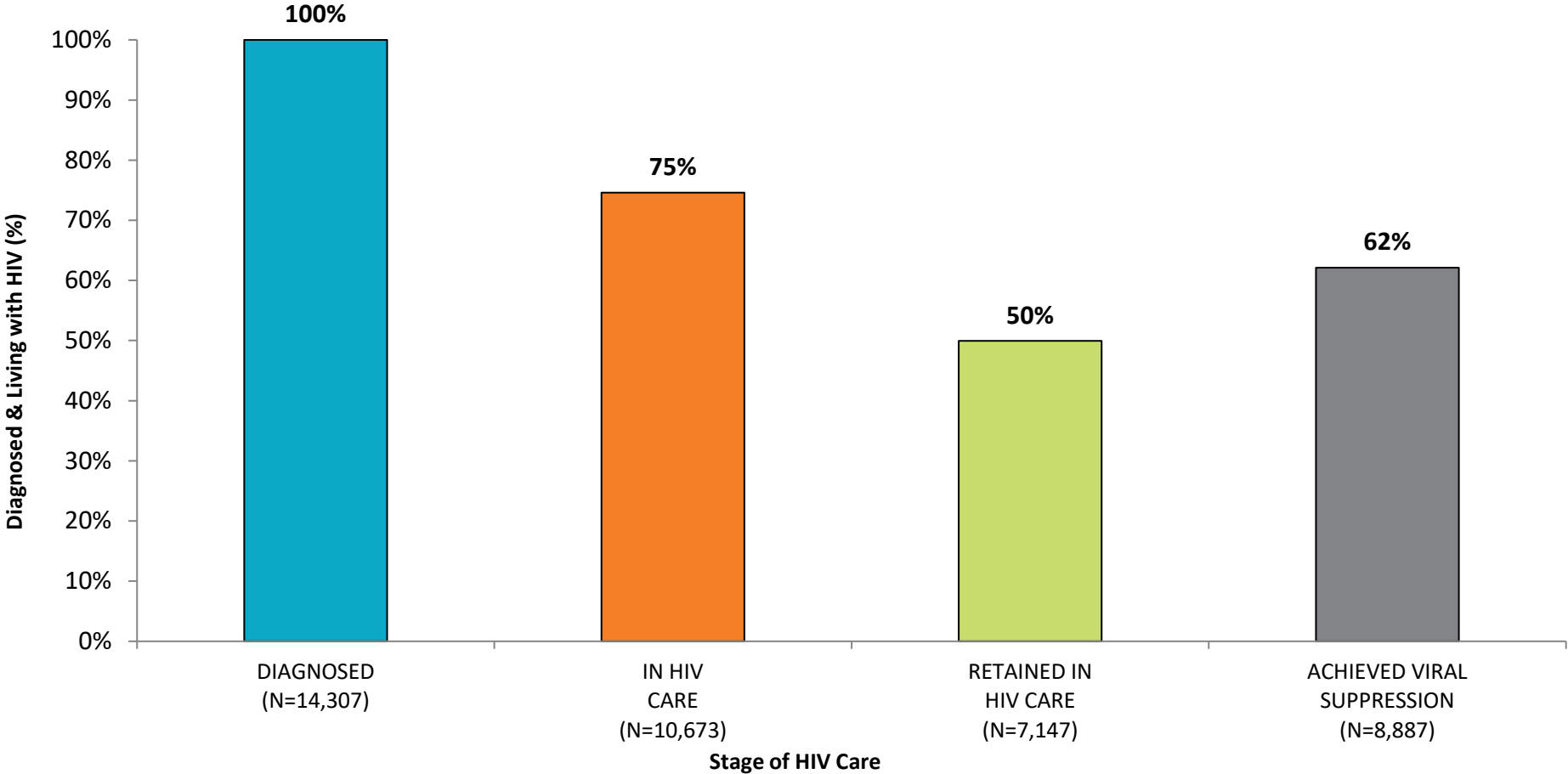
[SANDIEGOCOUNTY.GOV/HHSA](https://www.sandiegocounty.gov/hhsa)





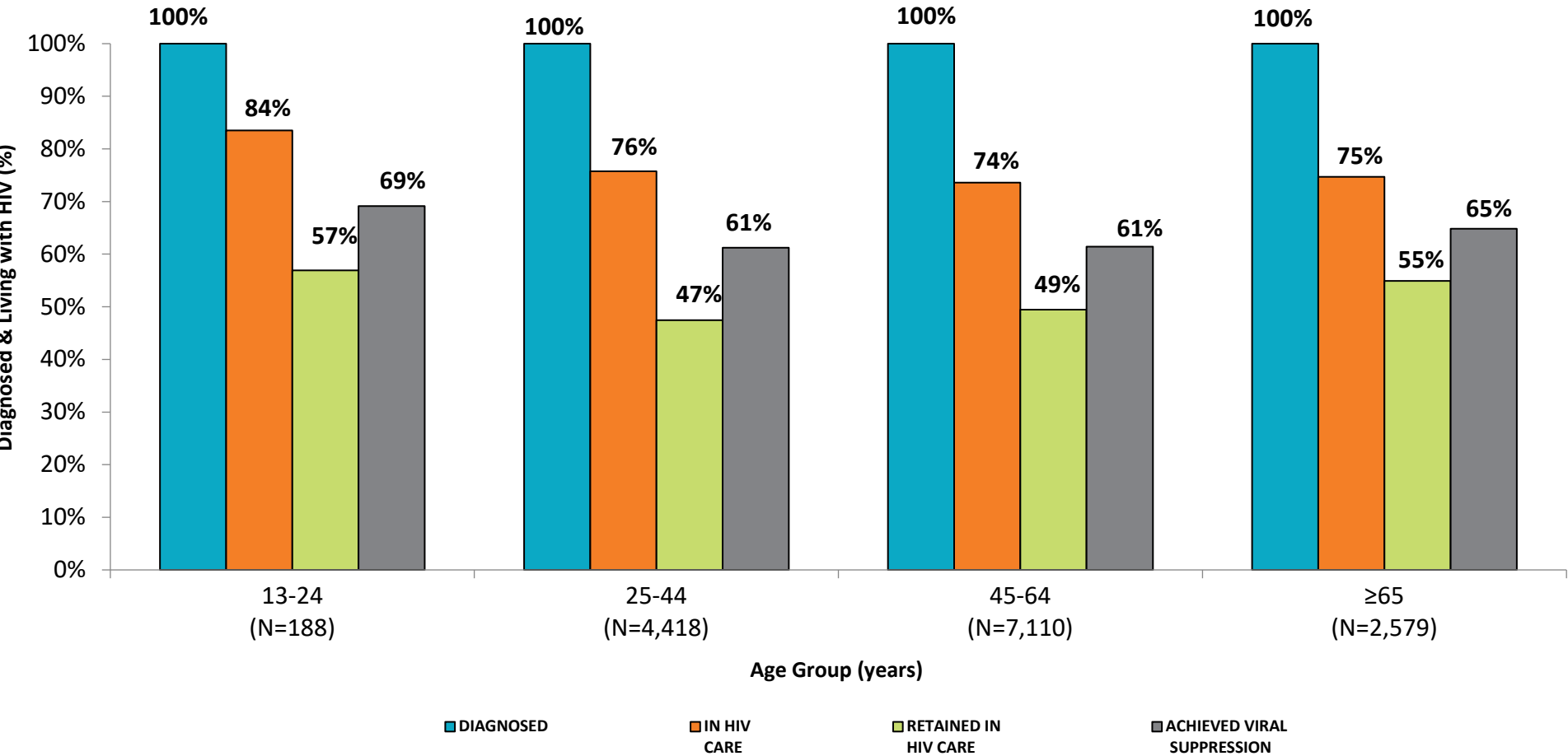
Care Continuum

HIV Care Continuum, Office of AIDS, 2025



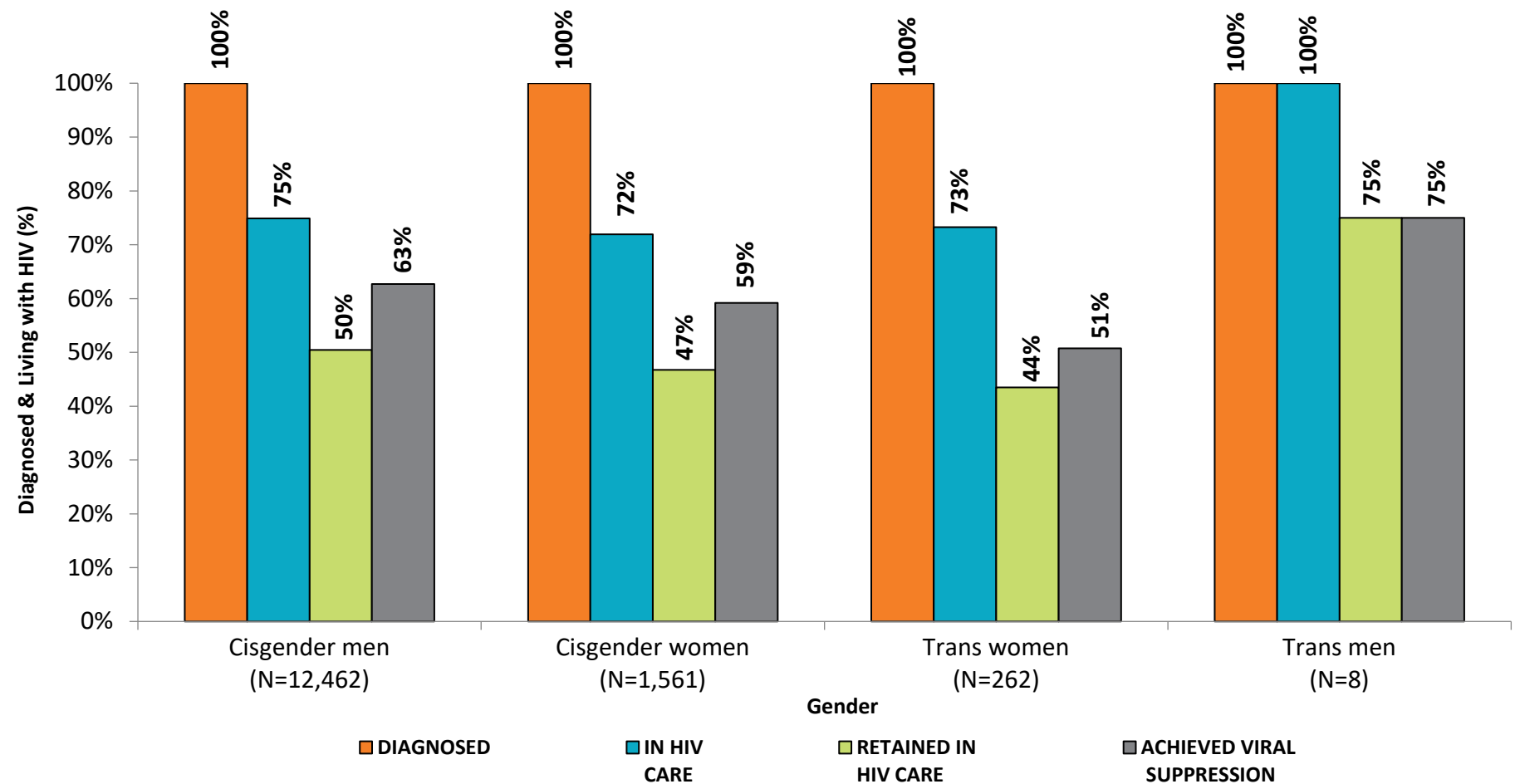
Data as of 12/31/2024
Data provided by California Department of Public Health Office of AIDS

HIV Care Continuum, Office of AIDS, 2025



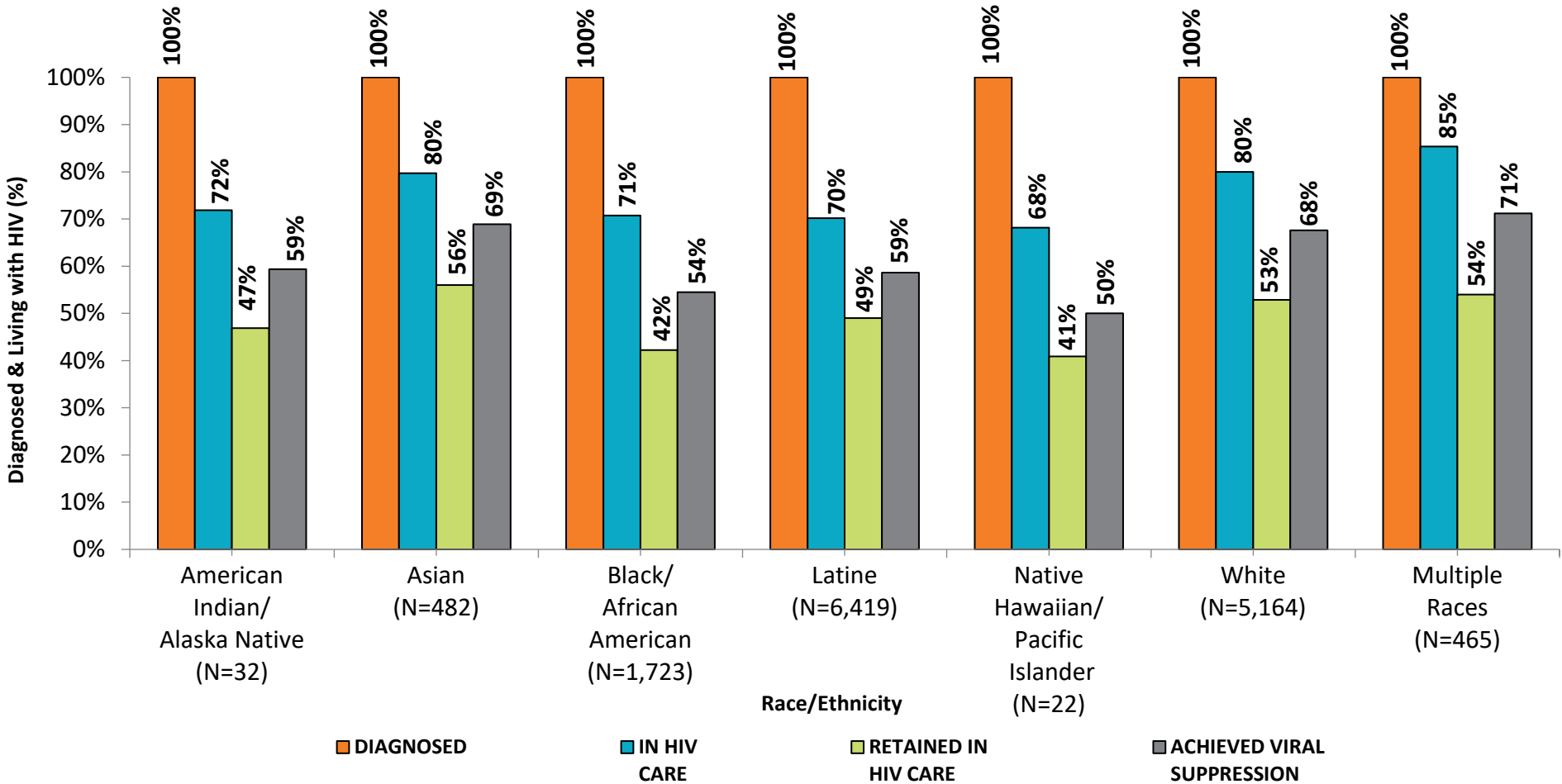
Data as of 12/31/2025
Data provided by California Department of Public Health Office of AIDS

HIV Care Continuum, Office of AIDS, 2025



Data as of 12/31/2025
 Data provided by California Department of Public Health Office of AIDS

HIV Care Continuum, Office of AIDS, 2025



Data as of 12/31/2025
 Data provided by California Department of Public Health Office of AIDS



Viral Suppression

Viral Load < 200 copies/mL

Data Sources

- San Diego County system, eHARS
- California Department of Public Health (CDPH), Office of AIDS (OA)
 - For Care Continuum

Demographics of HIV Cases by Viral Suppression



Table 11. Sex at Birth of HIV Cases by Viral Suppression

Sex	All Cases				All With Viral Load		
	Virally Supressed		No Viral Load Test	Total	Virally Supressed		Total
	Yes	No			Yes	No	
Male	73.8%	6.6%	19.6%	11,595	91.8%	8.2%	9,317
Female	71.5%	8.2%	20.3%	1,461	89.7%	10.3%	1,165
Total	73.5%	6.8%	19.7%	13,097	91.6%	8.4%	10,511

Data as of 12/31/2024
Only includes individuals with an updated address in the past 10 years
Viral suppression is defined as a viral load count less than 200 (<200)

Demographics of HIV Cases by Viral Suppression

Table 12. Race/Ethnicity of HIV Cases by Viral Suppression

Race/Ethnicity	All Cases				All With Viral Load		
	Virally Supressed		No Viral Load Test	Total	Virally Supressed		Total
	Yes	No			Yes	No	
Hispanic/Latino	72.3%	7.8%	19.8%	5,781	92.8%	7.2%	4,634
Black	68.1%	9.2%	22.7%	1,496	89.0%	11.0%	1,156
White	76.9%	5.1%	18.0%	4,682	95.1%	4.9%	3,837
Asian/PI	78.3%	4.1%	17.6%	489	97.8%	2.2%	403
Other**	76.8%	6.7%	16.5%	491	92.4%	7.6%	410
Unknown	39.9%	5.1%	55.1%	158	86.5%	13.5%	71
Total	73.5%	6.8%	19.7%	13,097	91.6%	8.4%	10,511

Data as of 12/31/2024

Only includes individuals with an updated address in the past 10 years

Viral suppression is defined as a viral load count less than 200 (<200)

*All categories except Latino/Hispanic include persons for whom race is known but ethnicity is non-Hispanic or unknown

† Persons of Latino/Hispanic ethnicity may belong to any race group

‡ Includes Asian and Native Hawaiian and Pacific Islander

§ Includes American Indian/ Alaskan Native and Other Races

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Demographics of HIV Cases by Viral Suppression

Table 13. Current Age of HIV Cases by Viral Suppression

Current Age	All Cases				All With Viral Load		
	Virally Suppressed		No Viral Load Test	Total	Virally Suppressed		Total
	Yes	No			Yes	No	
13-19	72.7%	4.5%	22.7%	22	94.1%	5.9%	17
20-29	70.6%	10.3%	19.1%	669	87.2%	12.8%	541
30-39	68.1%	8.7%	23.2%	2,493	88.7%	11.3%	1,914
40-49	68.4%	8.7%	22.9%	2,581	88.7%	11.3%	1,991
50-59	73.7%	6.3%	20.0%	2,916	92.1%	7.9%	2,334
60+	80.0%	4.3%	15.8%	4,365	94.9%	5.1%	3,677
Total	73.5%	6.8%	19.7%	13,097	91.6%	8.4%	10,511

Data as of 12/31/2024

Only includes individuals with an updated address in the past 10 years

Viral suppression is defined as a viral load count less than 200 (<200)

Demographics of HIV Cases by Viral Suppression



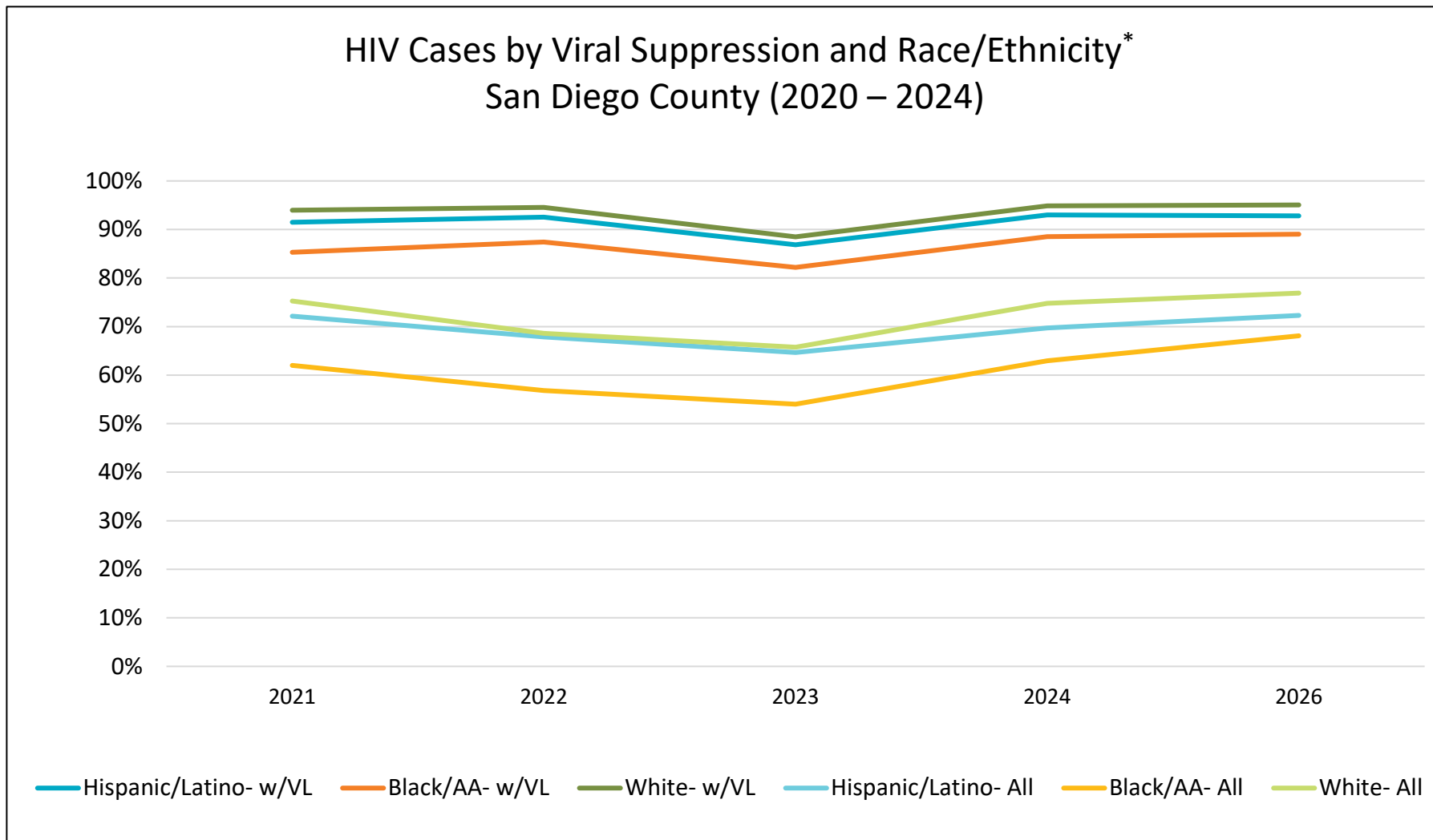
Table 14. Transmission Risk of HIV Cases by Viral Suppression

Risk Category	All Cases				All With Viral Load		
	Virally Supressed		No Viral Load Test	Total	Virally Supressed		Total
	Yes	No			Yes	No	
MSM	75.3%	5.9%	18.8%	8,934	92.6%	7.4%	7,260
PWID	68.7%	12.8%	18.5%	611	85.9%	14.1%	489
MSM_PWID	75.3%	11.3%	13.4%	787	89.4%	10.6%	663
Heterosexual	73.9%	11.3%	14.8%	1,266	91.2%	8.8%	1,026
Other	81.9%	7.9%	10.2%	94	92.8%	7.2%	83
NIR	62.0%	5.1%	32.9%	1,405	88.0%	12.0%	990
Total	73.5%	6.8%	19.7%	13,097	91.6%	8.4%	10,511

Data as of 12/31/2024

Only includes individuals with an updated address in the past 10 years.

Viral suppression is defined as a viral load count less than 200 (<200).



Data as of 12/31/2024

*All categories except Latino/Hispanic include persons for whom race is known but ethnicity is non-Hispanic or unknown

†Persons of Latino/Hispanic ethnicity may belong to any race group.



In Care

Having one or more labs in 2024-2025

In Care by Age Category, 2024-2025

Table 15.

Current Age (years)	In Care 2024-2025 for Adult/Adolescent		Total N
	Yes	No	
13-19	86.9%	13.0%	23
20-29	87.7%	12.2%	680
30-39	85.7%	14.2%	2,543
40-49	80.3%	19.6%	2,847
50-59	78.4%	21.5%	3,389
60-69	81.5%	18.4%	3,552
70+	76.3%	23.6%	1,473
All	81.1%	18.6%	100%
N	11,995	2,788	14,783

Data as of 12/31/2025

In Care by Race/Ethnicity, 2024-2025

Table 16.

Race/Ethnicity*	In Care 2024-2025		Total N
	Yes	No	
Latine/Hispanic [†]	76.7%	23.2%	6,707
Black/African-American	79.4%	20.5%	1,720
White	86.4%	13.5%	5,160
Asian/PI [‡]	85.5%	14.4%	532
AIAN [§]	92.2%	7.7%	506
Unknown	61.3%	38.6%	158
All	81.4%	18.8%	100%
N	11,995	2,788	14,783

Data as of 12/31/2025

*All categories except Hispanic/Latino include persons for whom race is known but ethnicity is non-Hispanic or unknown

[†]Persons of Hispanic/Latino ethnicity may belong to any race group.

[‡]Includes Asian and Native Hawaiian and Pacific Islander

[§]Includes American Indian/ Alaskan Native and Other Races

In Care by Transmission Risk , 2024-2025

Table 17.

Transmission Risk	In Care 2024-2025		Total N
	Yes	No	
MSM	82.4%	17.5%	10,101
PWID	71.5%	28.5%	765
MSM + PWID	84.2%	15.7%	891
Heterosexual	78.4%	21.5%	1,456
Other	80.0%	20.0%	120
No Identified Risk	78.2%	21.7%	1,450
All	81.1%	18.8%	100%
N	11,995	2,788	14,783

Data as of 12/31/2025

In Care by HHSA Region, 2024-2025

Table 10

Region	In Care 2024-2025		
	Yes	No	Total
Central	81.2%	18.7%	6,493
East	86.5%	13.4%	1,436
South	74.3%	25.6%	2,861
North Coastal	84.7%	15.3%	1,150
North Inland	85.3%	14.6%	991
North Central	82.9%	17.0%	1,791
Unknown	68.5%	31.1%	61
All	81.1%	18.9%	100%
N	11,995	2,788	14,783

Data as of 12/31/2025



PLWH and Ryan White Clients

Demographics of PLWH and Ryan White Clients



		PLWH		RW Clients	
		n	%	n	%
Sex/ Gender	Male	11,182	85.4%	2,231	79.2%
	Female	1,472	11.2%	495	17.6%
	M-to-F	134	1.0%	84	3.0%
Race/ Ethnicity	Latine	5,781	44.1%	1,725	61.3%
	Black/AA	1,496	11.4%	334	11.9%
	White	4,682	35.7%	571	20.3%
	Asian/PI	489	3.7%	69	2.5%
	Other*	491	3.7%	117	4.2%
Age (years)	<12	61	0.5%	11	0.4%
	13-24	164	1.3%	45	1.6%
	25-44	4,327	33.0%	1,062	37.7%
	45-64	6,135	46.8%	1,273	45.2%
	65+	2,421	18.5%	425	15.1%
Total		13,097	100.0%	2,816	100.0%

Data as of 12/31/2025.

Percents may not total 100 due to rounding.

*Includes American Indian/Alaska Native, Mixed Race, and unknown

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Ryan White Clients - Viral Suppression

Viral Load < 200 copies/mL

Demographics of PLWH and Ryan White Clients by Viral Suppression - Gender



Table 1. Gender of HIV Cases by Viral Suppression

	All Cases				All with a Viral Load Test			Ryan White Clients		
	Viral Suppression		No Viral Load Test	Total	Viral Suppression		Total	Viral Suppression		Total
	Yes	No			Yes	No		Yes	No	
Male	74.54%	6.57%	18.89%	11,182	91.90%	8.20%	9,070	92.6%	7.4%	2,231
Female	72.08%	8.08%	19.84%	1,472	89.92%	10.30%	1,180	92.9%	7.1%	495
Trans-Woman	63.43%	11.94%	24.63%	134	84.16%	15.84%	101	94.0%	94.0%	84
Total	73.50%	6.80%	19.70%	13,097	91.60%	8.40%	10,511	93.2%	6.8%	2,816

Data as of 12/31/2025

Only includes individuals with an updated address in the past 10 years

Viral suppression is defined as a viral load count less than 200 (<200)

*Total includes other gender categories that were suppressed because of low counts

Demographics of PLWH and Ryan White Clients by Viral Suppression - Race/Ethnicity



Table 2. Race/Ethnicity of HIV Cases by Viral Suppression

	All Cases				All with a Viral Load Test			Ryan White Clients		
	Viral Suppression		No Viral Load Test	Total	Viral Suppression		Total	Viral Suppression		Total
	Yes	No			Yes	No		Yes	No	
Latino/Hispanic†	72.30%	7.80%	19.80%	5,781	92.80%	7.20%	4,634	92.8%	7.2%	1,725
Black/African-American	68.10%	9.20%	22.70%	1,496	89.00%	11.00%	1,156	91.9%	8.1%	334
White	76.90%	5.10%	18.00%	4,682	95.10%	4.90%	3,837	93.5%	6.5%	571
Asian/PI‡	78.30%	4.10%	17.60%	489	97.80%	2.20%	403	91.3%	8.7%	69
Other§	76.80%	6.70%	16.50%	491	92.40%	7.60%	410	91.5%	8.5%	117
Total	73.50%	6.80%	19.70%	13,097	91.60%	8.40%	10,511	92.7%	7.3%	2,816

Data as of 12/31/2025

Only includes individuals with an updated address in the past 10 years

Viral suppression is defined as a viral load count less than 200 (<200)

*All categories except Latino/Hispanic include persons for whom race is known but ethnicity is non-Hispanic or unknown

† Persons of Latino/Hispanic ethnicity may belong to any race group

‡ Includes Asian and Native Hawaiian and Pacific Islander

§ Includes American Indian/ Alaskan Native and Other Races

Demographics of PLWH and Ryan White Clients by Viral Suppression - Age



Table 3. Age of HIV Cases by Viral Suppression

	All Cases				All with a Viral Load Test			Ryan White Clients		
	Viral Suppression				Viral Suppression			Viral Suppression		
		Yes	No	No Viral Load Test		Yes	No	Total	Yes	No
≤ 12	63.93%	11.48%	24.59%	61	94.10%	5.90%	17	100.0%	0.0%	11
13-24	74.39%	9.76%	24.59%	164	87.20%	12.80%	541	80.0%	20.0%	45
25-44	68.36%	8.92%	24.59%	4,327	88.70%	11.30%	1,914	91.2%	8.8%	1,062
45-64	74.23%	6.32%	24.59%	6,135	88.70%	11.30%	1,991	93.4%	6.6%	1,273
65 and over	80.92%	3.76%	24.59%	2,421	92.10%	7.90%	2,334	95.5%	4.5%	425
Total	73.50%	6.80%	19.70%	13,097	91.60%	8.40%	10,511	92.7%	7.3%	2,816

Data as of 12/31/2025

Only includes individuals with an updated address in the past 10 years

Viral suppression is defined as a viral load count less than 200 (<200)

*Total includes 6 with unknown age

THANK YOU

Contact Us

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The Public Health Services department, County of San Diego Health and Human Services Agency, has maintained national public health accreditation, since May 17, 2016, and was re-accredited by the Public Health Accreditation Board on August 21, 2023.

June 2026 Priority Setting and Resource Allocation Committee Meeting



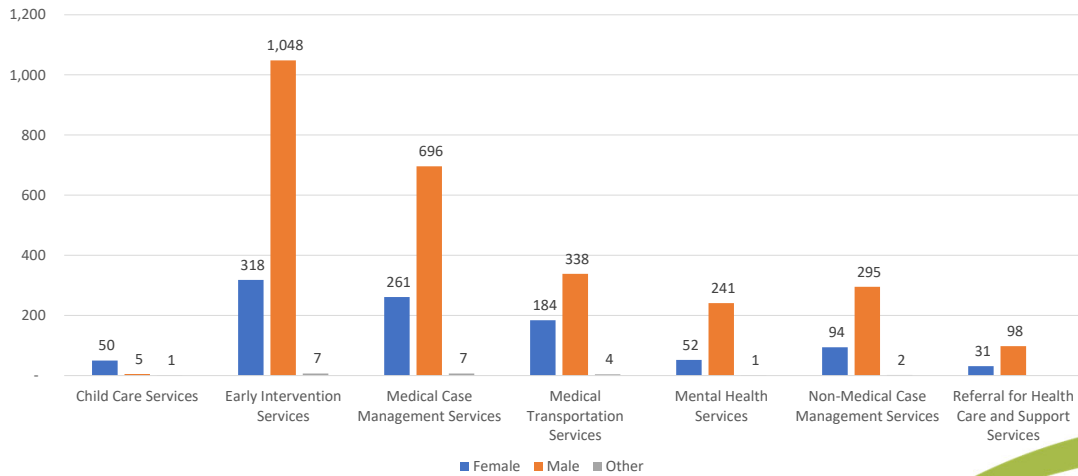
Dustin Walker, PhD (*he/him*)
 CQM Manager
 HIV, STD & Hepatitis Branch
SANDIEGOCOUNTY.GOV/HHSA

Today

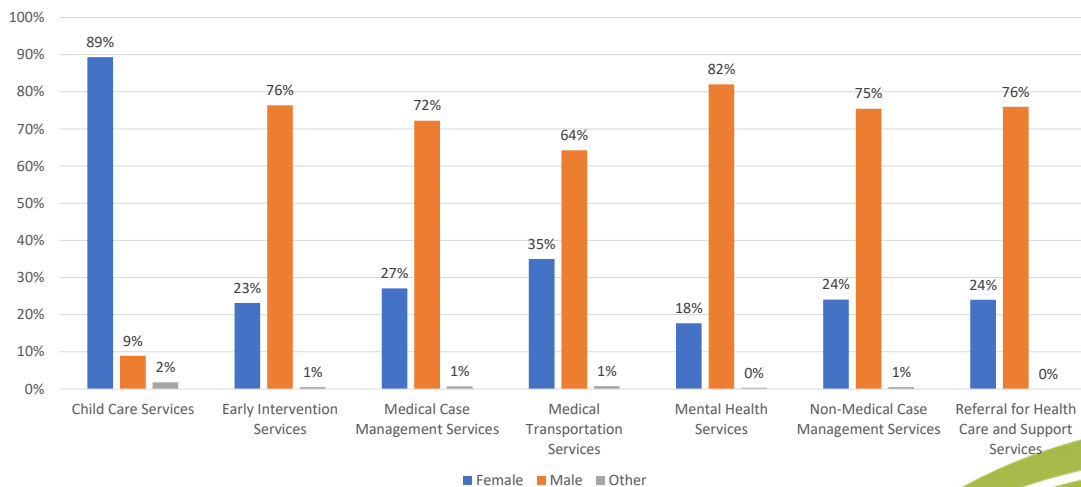


1. Data to share
 - a. FY25 Ryan White (RW) primary service category utilization client counts by sex assigned at birth and gender
 - b. FY25 RW primary service category client utilization percentages, by sex assigned at birth and gender
2. FY25 = March 1, 2025 – February 28, 2026
3. Includes the following Ryan White Part A- and Part B-funded primary service categories
 - a. Early Intervention Services
 - b. Medical Case Management
 - c. Non-Medical Case Management
 - d. Child Care Services
 - e. Mental Health Services
 - f. Referrals for Health Care and Support Services
 - g. Medical Transportation

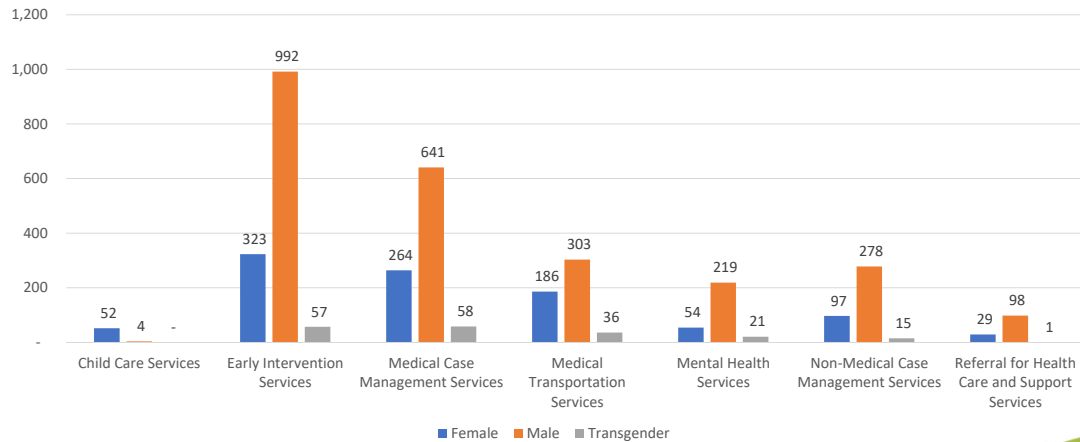
FY25 Primary Service Utilization Client Counts, by sex assigned at birth



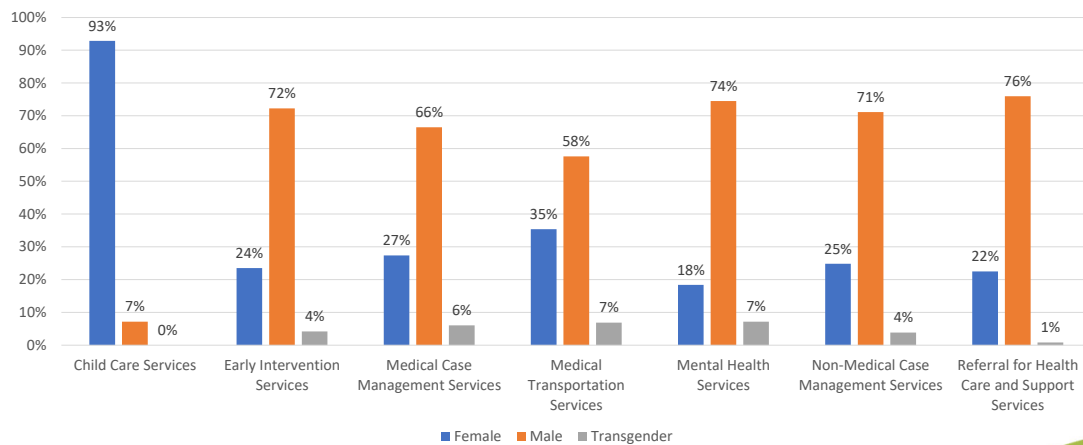
FY25 Percentage of Primary Service Utilization, by sex assigned at birth



FY25 Primary Service Utilization Client Counts, by gender



FY25 Percentage of Primary Service Utilization, by gender





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**HIV, STD and Hepatitis Branch (HSHB) of Public Health Services
County of San Diego Health and Human Services Agency
Monthly Report to the HIV Planning Group
June 2026**

Updates are bolded

Ryan White Part A

Ryan White Part A Service Utilization Report provides data regarding clients and service utilization through May 31, 2026.

- **To date, the Ryan White Part A system of care provided services to 2,100 clients.**
- **Viral suppression of clients receiving services in the month of May 2026 was 94% for clients who have viral load tests documented in HCC.**
- **For the period (3/1/25 – 2/28/26), the Expenditure report reflects expenses through February, representing 100% of the grant period.**
- **For the period (3/1/26 – 2/28/27), the Expenditure report reflects expenses through April, representing 17% of the grant period.**

PARS report as of June 3, 2026: Partial Assistance Rent Subsidy (PARS) program is a short-term, forty-eight (48) month maximum partial rental assistance program designed to transition clients to more stable housing arrangements.

- **92 currently on the waitlist**
 - **27 on waitlist previously enrolled in PARS**
 - **65 are new applicants**
 - **Demographics of clients on the waitlist:**
 - **Gender: 63 male, 19 female, 10 transgender**
 - **Race/ethnicity: 15 Black, 54 Hispanic/Latino, 22 white, 1 Asian**
 - **Age: 50 over 45, 25 ages 31-44, 3 ages 18-30**
 - **Central region 50, East 7, South 16, North 11, Unknown 8**
- **86 currently enrolled**
 - **Demographics of clients currently enrolled:**
 - **Gender: 59 male, 17 female, 10 transgender**
 - **Race/ethnicity: 8 Black, 53 Hispanic/Latino, 20 white, 3 Asian, 1 American Indian, 1 Unknown**
 - **Age: 57 over 45, 27 ages 31-44, 2 ages 18-30**
 - **Central region 63, East 8, South 11, North 4**

Goldenrods Summary

May 2026 Goldenrods	Total Number
# Goldenrods Received	2
# of providers	1
# Satisfactory Remarks	2
# Unsatisfactory Remarks	0
# Remarks Requiring Follow-Up	0

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

Funded activities:

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

Clinical Quality Management (CQM)

- **This committee of Ryan White providers meet quarterly to review performance measures, receive training/technical assistance, discuss data entry and reporting, and discuss updates regarding the committee’s quality improvement project. The next CQM Committee Meeting is scheduled for Tuesday, July 28 from 3:00-5:00 pm.**
- **The current quality improvement project is focused on Mental Health Services clients. Providers in this service category meet during the months in between quarterly CQM committee meetings.**
- **Mental Health Services providers are still exploring possible interventions given recent discussions and findings from the May and June meetings. Project updates and implementation plans will be shared in the coming months.**

Ryan White Part B

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

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

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

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

Funded activities:

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

Program Update:

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

HIV Prevention
PS24-0047

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

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

Current fiscal year: **June 1, 2026 – May 2027**

Funded activities (6/1/26-5/31/27):

- HIP/Community-Based Testing - **\$744,293**
- Social Media - **\$80,238**
- Data/Evaluation Support - **\$38,800**

Program Update:

- Notice of Award for GY26-27 funding is still pending. CDPH continues to work with CDC Project Officer and recommended funded counties assume flat funding.

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

CDC EHE
PS24-0047

CDC Ending the HIV Epidemic funding is part of the federal Ending the HIV Epidemic (EHE) Initiative to reduce new HIV infections in the United States by 75% in the next five years and by 90% in the next ten years. EHE program activities focus on extending the goals to 1) Diagnose; 2) Treat; 3) Prevent; and 4) Respond.

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

Current fiscal year: **June 1, 2025 – May 2026**

Funded activities:

- Wrap Around Services for Persons Who Inject Drugs (provide comprehensive testing, navigation services, and linkage to SUD treatment and resources) - **\$300,000**
- Mobile PrEP (provide PrEP-related medical evaluation and care, testing, and linkage to benefit navigation) - **\$265,606**
- Routine Opt-Out Testing (ROOT in primary care, urgent care, and emergency departments) - **\$350,000**
- Getting to Zero Mobile Application (GTZ) and Resource Guide (develop and maintain mobile application and guide) - **\$23,500**
- Benefits Navigation (help clients enroll in necessary benefits programs, including Medi-Cal, Covered California, ADAP, PrEP-AP, CalFresh, pharmaceutical patient assistance programs, etc.) - **\$175,000**
- Transgender Services (address the needs of and reduce health disparities for transgender persons) - **\$200,000**

Program Update:

- Notice of Award for GY26-27 funding is still pending. CDPH continues to work with CDC Project Officer and recommended funded counties assume flat funding.
- HSHB has started procurement planning for next iteration of services.

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

HRSA EHE
25-063

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

Update May 2026

- HRSA EHE Current Fiscal Year: March 1, 2026-February 28, 2027
- Final Notice of award issued by HRSA on 5/12/2026 and received by the County on 5/20/2026 for a total budget of \$2,837,918.
- Funded activities:
 - Leadership Training and Development: provide leadership training and development to 3 cohorts of 15 persons living with HIV. This activity is being implemented by Christie's Place
 - Medical Advocacy for persons living with HIV implemented by The San Diego LGBT Community Center

- Community Engagement for AAPI and people over 50 conducted by The San Diego LGBT Community Center
- Emergency Housing Assistance implemented by La Maestra Family Clinic
- Psychosocial Support Groups in collaboration with Ryan White Part A, implemented by UCSD MCAP
- Housing Supportive Services for HOPWA eligible clients, implemented by Stepping Stone, Fraternity House, St. Vincent de Paul and Townspeople.
- Request for information meeting on Low Barrier Medical Care held on 5/7/2026
- Planned activities for this fiscal year
 - Expansion of Home Delivered Meals in collaboration with Ryan White Part A that will be implemented by Mama's Kitchen
 - New procurement for Short-Term Rental Assistance

Update June 2026

- Year 6 Carryover request budget to be submitted to HRSA on 6/29/26
- Currently receiving proposals from Ryan White providers to expand retention in care using year 6 Carryover funding
- Planned activities through new procurement and/or amendment
 - Short-Term Rental Assistance
 - Low-Barrier, Low-Demand HIV primary care

Status Neutral Approaches

23-126

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

Current fiscal year: September 1, 2025 – November 30, 2026

Funded activities:

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

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

Program Update:

- **A No Cost Extension has been granted through November 30, 2026.**

- To date, there have been 1,476 case management encounters, referring 40 people to HIV testing and linking, re-linking or maintaining 10 to PrEP. Furthermore, 101 people have been linked to evidence-based substance use services, and 164 to other social support services.
- Through the social networking strategy contract, 17 recruiters were enlisted, 498 network associates engaged, 41 people linked to HIV testing, 2 to PrEP, 34 to evidence-based substance use services, and 37 to social support services.

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

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

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

Current fiscal year: ongoing

Services:

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

Program Update:

Maura Dahl, Community Health Worker (CHW) for HRSP left the County on May 28 to move to Kodiak, Alaska with her husband. Maura served as HRSP's Community Health Worker (CHW) since the program's inception and was instrumental in developing program operations and conducting outreach to meet the target population. Efforts are underway to recruit and hire a new CHW, but this will take time. In the meantime, other HSHB staff have been assisting with program operations when available.

HSHB Report to HPG

June 2026



COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY



LIVE WELL
SAN DIEGO



June 2026
HSHB REPORT



Ryan White - Key Metrics Overview

Expenditure Reports

- FY25 Expenditure Report includes expenses through February 2026
- FY26 Expenditure Report includes expenses through April 2026

Service Utilization

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

Viral Suppression

Viral suppression of clients receiving services in the month of May 2026 was 94% for clients who have viral load tests documented in HCC.

Service Utilization



Ryan White Client Utilization Dashboard



<https://public.tableau.com/app/profile/cosdhiv>

Spending

- Final FY25 Expenditures
- FY26 Expenditures through April (17% of year elapsed)



June 2026
HSHB REPORT



PARS Report – as of 6/3/2026

Current Clients Summary Table

Category	Details
Total Clients	86 clients currently enrolled
Gender	59 male, 17 female, 10 transgender
Race / Ethnicity	8 Black, 53 Hispanic/Latino, 20 White, 3 Asian, 1 American Indian, 1 Unknown
Age Groups	57 over 45, 27 ages 31-44, 2 ages 18-30
Regions	Central 63, East 8, South 11, North 4

Current Housing Case Management Clients

Total Clients receiving Housing Case Management in the month of May	55
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June 2026
HSHB REPORT



PARS Report – as of 6/3/2026

Waiting List Summary Table

Category	Details
Total Waitlist	92 clients currently on the waitlist
Previously Enrolled (PARS)	27 previously enrolled in PARS
New Applicants	65 new applicants
Gender	63 male, 19 female, 10 transgender
Race / Ethnicity	15 Black, 54 Hispanic/Latino, 22 White, 1 Asian
Age Groups	50 over 45, 25 ages 31-44, 3 ages 18-30
Regions	Central 50, East 7, South 16, North 11, Unknown 8

June 2026
HSHB REPORT



May 2026 Client Service Evaluation (Goldenrods)

Description	Total #
# Goldenrods Received	2
# of Providers	1
# Satisfactory Remarks	2
# Unsatisfactory Remarks	0
# Remarks Requiring Follow-Up	0

June 2026
HSHB REPORT



2026 HIV Prevention & EHE

January – May: High Impact Prevention

Measure	Goal	Current
People vulnerable to HIV outreach received PrEP information	100%	100%
People requesting linkage to PrEP prescriber linked within 30 days	80%	94%
People newly diagnosed with HIV linked to ART within 7 days	85%	100%
People newly diagnosed with STI linked to treatment within 7 days	80%	N/A
Confirmed HIV positive rate	>1%	1.5%
Tests conducted within identified priority populations	70%	92%

June 2026
HSHB REPORT



2026 HIV Prevention & EHE

January – April: Community-Based Testing

HCV	
Tests	356
Positives	0
Linkages	0

STIs	
Tests	274
Positives	0
Linkages	0

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

HSHB Prevention Dashboard



public.tableau.com/app/profile/cosdhiv

June 2026
HSHB REPORT



2026 HIV Prevention & EHE

January – May: Harm Reduction & Benefits Navigation

Harm Reduction	
Harm Reduction Kits	5,024
Hygiene Kits	2,024
Safer Sex Kits	2,310
Syringe Services Supplies	711

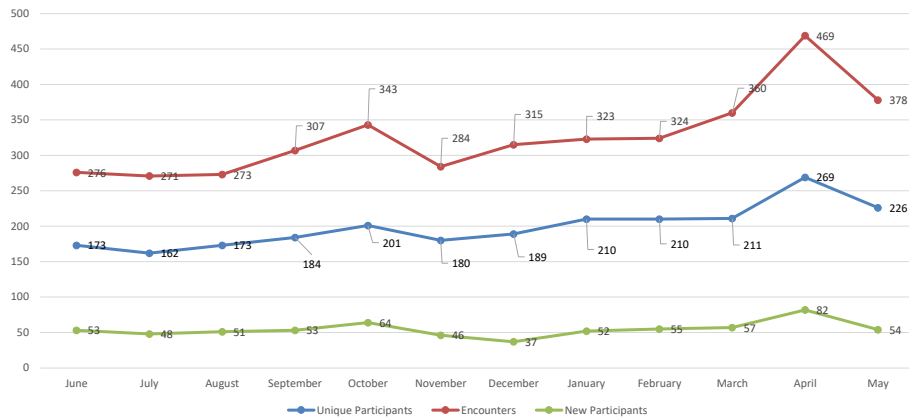
Benefits Navigation	
Navigation Outreach Events	12
Referrals to HIV Care	67
Individuals Receiving Benefits Navigation Assistance*	244

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

June 2026 HSHB REPORT



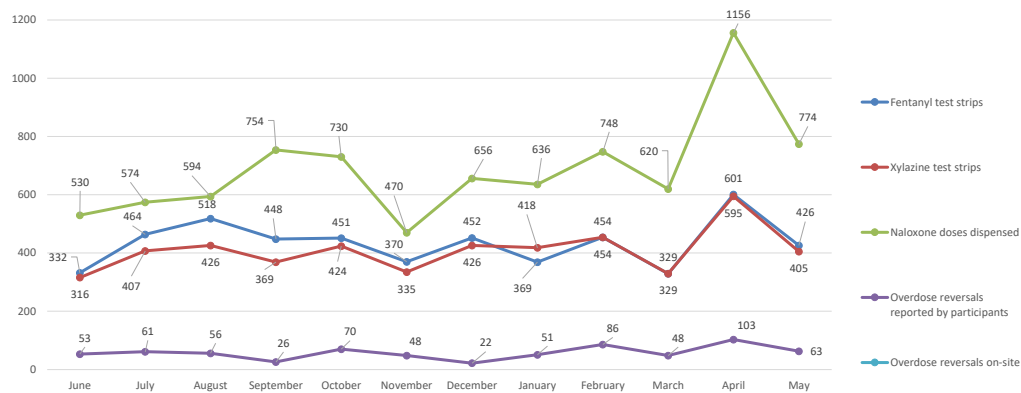
County of San Diego Harm Reduction Services Participants



June 2026 HSHB REPORT



County of San Diego Harm Reduction Services Overdose Prevention



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

RW 2025-26 YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN Through February 2026 (FINAL)

FY25-26 ALLOCATION BREAK DOWN								
Funding Source	Admin. \$	Admin. %	CQM \$	CQM %	RW 2025-26 Service dollars	Total	CORE Medical Services	Support Services
Part A	1,151,330	10%	321,702	3%	10,394,224	11,867,256	40.7%	59.3%
Part A MAI	81,248	9%	34,092	4%	771,140	886,480		
TOTAL	1,232,578.20		355,794.00		11,165,364.00	12,753,736.20	49%	51%

Ryan White Part A Allocations						% Elapsed		100%			
Service Categories	HRSA Ranking	Priority Ranking	RW 2025-26 HPG Initial Allocation	%	HPG & Recipient Approved Actions +/-	RW 2025-26 HPG Adjusted Allocation	%	RW 2025-26 Year to Date Expenditure	RW 2025-26 Year-to-Date - % Expenditure/Budget)	RW 2025-26 Balance	Comments
Outpatient Ambulatory Health Services (OAHS): Primary Care	1l	1	1,102,630.00	11%	29,157.00	1,131,787.00	11%	1,671,951.03	148%	(540,164.03)	
OAHS: Medical Specialty	1l	2	195,000.00	2%	50,532.00	245,532.00	2%	132,349.03	54%	113,182.97	
Mental Health: Psychiatric Medication Management	1j	12	6,000.00	0%	7,500.00	13,500.00	0%	7,798.97	58%	5,701.03	
Oral Health	1k	3	160,940.00	2%	97,847.00	258,787.00	2%	134,911.59	52%	123,875.41	
Medical Case Management	1h	4	1,151,853.00	12%	(128,369.00)	1,023,484.00	10%	1,045,088.85	102%	(21,604.85)	
Non-Medical Case Management for Housing		6	200,000.00	2%	(50,532.00)	149,468.00		81,558.35	55%	67,909.65	
Housing: Emergency Housing	2e	9	1,183,515.00	12%	203,717.00	1,387,232.00	13%	1,079,336.98	78%	307,895.02	
Housing: Location, Placement and Advocacy Services		8	100,000.00	1%	(100,000.00)	-		-	0%	-	
Housing: Partial Assistance Rental Subsidy (PARS)	2e	7	850,507.00	9%	104,000.00	954,507.00	9%	898,578.59	94%	55,928.41	
Non-Medical Case Management	2h	5	392,021.00	4%	(85,000.00)	307,021.00	3%	354,220.74	115%	(47,199.74)	
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF)	1c	13	993,157.00	10%	64,400.00	1,057,557.00	10%	1,057,277.42	100%	279.58	
Childcare Services	2a		-	0%	-	-	0%	-	0%	-	
Early Intervention Services (EIS): Regional Services	1c	14	790,000.00	8%	(35,631.00)	754,369.00	7%	680,886.35	90%	73,482.65	
Health Education & Risk Reduction	2d	14a	-	0%	-	-	0%	-	0%	-	
Outreach Services	2j	14b	-	0%	-	-	0%	-	0%	-	

Ryan White Part A Allocations						% Elapsed		100%			
Service Categories	HRSA Ranking	Priority Ranking	RW 2025-26 HPG Initial Allocation	%	HPG & Recipient Approved Actions +/-	RW 2025-26 HPG Adjusted Allocation	%	RW 2025-26 Year to Date Expenditure	RW 2025-26 Year-to-Date - % Expenditure/Budget)	RW 2025-26 Balance	Comments
Referral Services	2l	14c	-	0%	-	-	0%	-	0%	-	
Peer Navigation (Referral to Health and Supportive Services)		16	260,000.00	3%	(61,148.00)	198,852.00	2%	160,282.14	81%	38,569.86	
Mental Health: Counseling/Therapy	1j	10	810,000.00	8%	(230,000.00)	580,000.00	6%	518,608.40	89%	61,391.60	
Psychosocial Support Services		17	46,744.00	0%	-	46,744.00	0%	35,025.20	75%	11,718.80	
Substance Use Treatment Services: Outpatient	1m	11	313,127.00	3%	41,010.00	354,137.00	3%	344,418.19	97%	9,718.81	
Substance Use Treatment Services: Residential	2o	18	-	0%	-	-	0%	-	0%	-	
Home-based Health Care Coordination	1e	19	228,500.00	2%	(10,741.02)	217,758.98	2%	218,810.62	100%	(1,051.64)	
Transportation: Assisted and Unassisted	2g	20	151,830.00	2%	(60,000.00)	91,830.00	1%	81,113.35	88%	10,716.65	
Food Services: Food Bank/Home-Delivered Meals	2c	21	536,073.00	5%	70,090.00	606,163.00	6%	599,386.52	99%	6,776.48	
Medical Nutrition Therapy	1i	22	35,542.00	0%	-	35,542.00	0%	34,807.42	98%	734.58	
Legal Services	2i	23	285,265.00	3%	-	285,265.00	3%	280,368.07	98%	4,896.93	
Emergency Financial Assistance	2b	24	61,856.00	1%	644,318.00	706,174.00	7%	554,163.56	78%	152,010.44	
Home Health Care	1f	25	-	0%		-	0%	-	0%	-	
EIS: HIV Counseling and Testing	1c	26	-	0%		-	0%	-	0%	-	
Cost-Sharing Assistance	1d	27	-	0%		-	0%	-	0%	-	
Hospice	1g	28	-	0%		-	0%	-	0%	-	
Subtotal			9,854,560.00	100%	551,149.98	10,405,709.98	99%	9,970,941.37	96%	434,768.61	

Ryan White Part A Allocations						% Elapsed		100%			
Service Categories	HRSA Ranking	Priority Ranking	RW 2025-26 HPG Initial Allocation	%	HPG & Recipient Approved Actions +/-	RW 2025-26 HPG Adjusted Allocation	%	RW 2025-26 Year to Date Expenditure	RW 2025-26 Year-to-Date - % Expenditure/Budget)	RW 2025-26 Balance	Comments
Ryan White Part A Minority AIDS Initiative (MAI)			RW 2025-26 HPG Initial Allocation		HPG & Recipient Approved Actions +/-	RW 2025-26 HPG Adjusted Allocation	%	RW 2025-26 Year to Date Expenditure	RW 2025-26 Year-to-Date - % Expenditure/Budget)	RW 2025-26 Balance	Comments
Case Management (Non-Medical)			96,554.91		-	96,554.91	13%	34,307.73	36%	62,247.18	
Medical Case Management			270,774.09		-	270,774.09	35%	225,265.74	83%	45,508.35	
Mental Health Services			97,479.46		-	97,479.46	13%	61,633.76	63%	35,845.70	
Outreach Services			43,848.50		-	43,848.50	6%	18,730.75	43%	25,117.75	
Substance Use Services (Outpatient)			144,801.99		-	144,801.99	19%	105,206.62	73%	39,595.37	
Housing: Emergency Housing			100,000.00		-	100,000.00	13%	73,827.95	74%	26,172.05	
Early Intervention Services (EIS)			7,303.35		-	7,303.35	1%	7,296.79	100%	6.56	
Peer Navigation			10,377.00		-	10,377.00	1%	10,364.27	100%	12.73	
Subtotal			771,139.30		-	771,139.30	100%	536,633.61	70%	234,505.69	
TOTAL			10,625,699.30		551,149.98	11,176,849.28		10,507,574.98	94%	669,274.30	

CORE and Support Services Allocation Breakdown						
	Total Allocation	% Allocated	Total Expenditure	% Spent	Total Balance	% Balance
CORE Medical Services	4,238,053.34	40.73%	4,532,046.61	107%	(293,993.27)	-6.94%
Support Services	6,167,655.14	59.27%	5,438,894.76	88%	728,760.38	11.82%
TOTAL	10,405,708.48		9,970,941.37		434,767.11	

Other funding info

Month: Feb-26

Part A & Part B Prevention Comp A/C

HRSA 20-078

YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN THROUGH FEBRUARY 2026 (FINAL)**RW 2025-26 SERVICE DOLLAR ALLOCATIONS AND EXPENDITURES**

Funding Source	RW 2025/2026 Service Dollars	Contract YTD Expenditure	% of Year Invoiced	% Spent	Balance	Comments
Ryan White Part B						
Outpatient Ambulatory Health Services (Medical)	-	-	91.60%	0.00%	-	Part A Payment Summary (Part B funding)
Early Intervention Services (Expanded HIV Testing)	-	-	91.60%	0.00%	-	Part A Payment Summary (Part B funding)
Early Intervention Services (Focused Testing)	187,900.00	\$182,527.73	91.60%	97.14%	5,372.27	Part B Payment Summary
Medical Case Management (Emergency Financial Assistance)	152,600.00	\$116,327.33	91.60%	76.23%	36,272.67	Part B Payment Summary
Housing (Substance Abuse Services-Residential)	652,913.00	\$630,714.36	91.60%	96.60%	22,198.64	Part B Payment Summary
Non-medical Case Management (Rep Payee)	50,000.00	\$39,182.14	91.60%	78.36%	10,817.86	Part B Payment Summary
CoSD Medical Case Management	440,693.20	439,095.43	91.60%	99.64%	1,597.77	Part B Cost Report (Q4)
CoSD Early Intervention Services	263,864.23	260,801.49	91.60%	98.84%	3,062.74	Part B Cost Report (Q4)
Ryan White Part B Total	1,747,970.43	1,668,648.48			79,321.95	
Prevention (27-0047) - HIP						
<i>Counseling and Testing</i>	101,029.46	101,027.74	75%	100%	1.72	Payment Summary
<i>Evaluation/Linkage, Strategic Planning, Prevention, Social Media</i>	891,555.24	698,018.39	75%	78%	193,536.85	Payment Summary
Prevention Total	992,584.70	799,046.13			193,538.57	
HRSA Ending the HIV Epidemic (EHE) - 25-063 FY25-26						
<i>HRSA EHE</i>	4,795,780.53	4,083,061.83	100%	85.14%	712,718.70	Payment Summary
EHE Total	4,795,780.53	4,083,061.83			712,718.70	
TOTAL	7,536,335.66	6,550,756.44			985,579.22	

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

RW 2026-27 YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN Through April 2026
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FY25-26 ALLOCATION BREAK DOWN								
Funding Source	Admin. \$	Admin. %	CQM \$	CQM %	RW 2025-26 Service dollars	Total	CORE Medical Services	Support Services
Part A	1,151,330	10%	321,702	3%	10,394,224	11,867,256	60.86%	39.14%
Part A MAI	81,248	9%	34,092	4%	771,140	886,480		
TOTAL	1,232,578.20		355,794.00		11,165,364.00	12,753,736.20	61%	39%

Ryan White Part A Allocations										
					% Elapsed		17%			
Service Categories	Priority Ranking (PSRAC recommendation)	RW 2026-27 HPG Initial Allocation	%	HPG & Recipient Approved Actions +/-	RW 2026-27 HPG Adjusted Allocation	%	RW 2026-27 Year to Date Expenditure	RW 2026-27 Year-to-Date - % Expenditure/Budget)	RW 2026-27 Balance	Comments
Outpatient Ambulatory Health Services (OAHS)	1	1,996,037.00	22%	-	1,996,037.00	20%	248,829.56	12%	1,747,207.44	
Mental Health	3	603,500.00	7%	327,730.00	931,230.00	9%	133,798.37	14%	797,431.63	
Oral Health	2	336,699.00	4%	-	336,699.00	3%	17,931.80	5%	318,767.20	
Medical Case Management	6	1,151,853.00	13%	193,953.00	1,345,806.00	13%	216,206.54	16%	1,129,599.46	
Non-Medical Case Management	7	392,021.00	4%	122,855.00	514,876.00	5%	91,447.16	18%	423,428.84	
Housing	4	2,005,781.00	22%	-	2,005,781.00	20%	521,260.21	26%	1,484,520.79	
Childcare Services	9	-	0%	27,573.00	27,573.00	0%	4,863.51	18%	-	
Early Intervention Services (EIS)	12	753,000.00	8%	195,596.00	948,596.00	9%	147,207.17	16%	801,388.83	
Health Education & Risk Reduction	19	-	0%	-	-	0%	-	0%	-	
Outreach Services	12b	-	0%	-	-	0%	-	0%	-	
Psychosocial Support Services	13	46,744.00	1%	-	46,744.00	0%	42,812.12	92%	3,931.88	Future expenditures to be allocated/paid by HRSA EHE
Referral for Health Care and Support Services	8	268,852.00	3%	110,197.00	379,049.00	4%	51,069.81	13%	327,979.19	

Ryan White Part A Allocations										
Service Categories	Priority Ranking (PSRAC recommendation)	% Elapsed					17%			
		RW 2026-27 HPG Initial Allocation	%	HPG & Recipient Approved Actions +/-	RW 2026-27 HPG Adjusted Allocation	%	RW 2026-27 Year to Date Expenditure	RW 2026-27 Year-to-Date - % Expenditure/Budget)	RW 2026-27 Balance	Comments
Other Professional Services	17	285,265.00	3%	(261,493.00)	23,772.00	0%	22,616.35	95%	1,155.65	Future expenditures to be allocated/paid by Part B
Substance Use Treatment Services: Outpatient	5	313,127.00	3%	-	313,127.00	3%	48,151.67	15%	264,975.33	
Substance Use Treatment Services: Residential	16	-	0%	-	-	0%	-	0%	-	
Home and Community-Based Health Services	18	200,500.00	2%	28,000.00	228,500.00	2%	31,748.05	14%	196,751.95	
Medical Transportation	15	101,830.00	1%	15,253.00	117,083.00	1%	15,316.57	13%	101,766.43	
Food Bank/Home-Delivered Meals	10	536,073.00	6%	233,493.00	769,566.00	8%	135,647.71	18%	633,918.29	
Medical Nutrition Therapy	11	35,542.00	0%	-	35,542.00	0%	5,603.44	16%	29,938.56	
Emergency Financial Assistance	14	61,856.00	1%	-	61,856.00	1%	13,475.40	22%	48,380.60	
Subtotal		9,088,680.00	100%	993,157.00	10,081,837.00	100%	1,747,985.44	17%	8,333,851.56	
Ryan White Part A Minority AIDS Initiative (MAI)		RW 2026-27 HPG Initial Allocation		HPG & Recipient Approved Actions +/-	RW 2026-27 HPG Adjusted Allocation	%	RW 2026-27 Year to Date Expenditure	RW 2026-27 Year-to-Date - % Expenditure/Budget)	RW 2026-27 Balance	Comments
Case Management (Non-Medical)		45,657.45		-	45,657.45	7%	6,360.17	14%	39,297.28	
Medical Case Management		321,317.37		-	321,317.37	46%	23,177.56	7%	298,139.81	
Mental Health Services		102,108.29		-	102,108.29	15%	15,038.14	15%	87,070.15	
Outreach Services		18,536.45		-	18,536.45	3%	3,089.49	17%	15,446.96	
Substance Use Services (Outpatient)		114,639.70		-	114,639.70	16%	20,102.49	18%	94,537.21	
Emergency Housing Assistance		100,000.00		-	100,000.00	14%	20,749.75	21%	79,250.25	
Subtotal		702,259.26		-	702,259.26	100%	88,517.60	13%	613,741.66	
TOTAL		9,790,939.26		993,157.00	10,784,096.26		1,836,503.04	17%	8,947,593.22	

CORE and Support Services Allocation Breakdown						
	Total Allocation	% Allocated	Total Expenditure	% Spent	Total Balance	% Balance
CORE Medical Services	6,135,537.00	60.86%	849,476.60	13.85%	5,286,060.40	86.15%
Support Services	3,946,300.00	39.14%	898,508.84	22.77%	3,047,791.16	77.23%
TOTAL	10,081,837.00		1,747,985.44		8,333,851.56	

Other funding info

Month: Apr-26

Part A & Part B Prevention Comp A/C

HRSA 20-078

YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN THROUGH APRIL 2026**RW 2026-27 SERVICE DOLLAR ALLOCATIONS AND EXPENDITURES**

Funding Source	RW 2026/2027 Service Dollars	Contract YTD Expenditure	% of Year Invoiced	% Spent	Balance	Comments
Ryan White Part B						
Outpatient Ambulatory Health Services (Medical)	-	-	8.30%	0%	-	Part A Payment Summary (Part B funding)
Early Intervention Services (Expanded HIV Testing)	-	-	8.30%	0%	-	Part A Payment Summary (Part B funding)
Early Intervention Services (Focused Testing)	-	\$0.00	8.30%	0%	-	Part B Payment Summary
Medical Case Management (Emergency Financial Assistance)	165,707.89	\$14,533.36	8.30%	8.77%	151,174.53	Part B Payment Summary
Housing (Substance Use Services-Residential)	921,547.83	\$158,420.49	8.30%	17.19%	763,127.34	Part B Payment Summary
Non-Medical Case Management (Rep Payee)	66,561.28	\$2,894.68	8.30%	4.35%	63,666.60	Part B Payment Summary
CoSD Medical Case Management	-	-	8.30%	0%	-	Part B Cost Report
CoSD Early Intervention Services	-	-	8.30%	0%	-	Part B Cost Report
Ryan White Part B Total	1,153,817.00	175,848.53			977,968.47	
Prevention (27-0047) - HIP						
<i>Counseling and Testing</i>	-	-	0%	0%	-	Payment Summary
<i>Evaluation / Linkage Activities / Needs Assessment</i>	863,331.00	-	0%	0%	863,331.00	Payment Summary
Prevention Total	863,331.00	-			863,331.00	
HRSA Ending the HIV Epidemic (EHE) - 25-063 FY26-27						
<i>HRSA EHE</i>	2,163,914.00	219,750.56	17%	10.16%	1,944,163.44	Payment Summary
EHE Total	2,163,914.00	219,750.56			1,944,163.44	
TOTAL	4,181,062.00	395,599.09			3,785,462.91	

SUMMARY OF SERVICES FOR FY26

March 1, 2026 - February 28, 2027

RYAN WHITE SERVICES			Mar	Apr	May	Year To Date Total	Prior Year Total**
FY 2026-2027							
Total clients served each month	Clients		1,396	1,407	1,243		
New clients in FY26	Clients		1,396	441	263	2,100	
Returning FY26 clients	Clients		-	966	980		
VIRAL LOAD SUPPRESSION							
Virally suppressed	Clients				1,055		
% Virally suppressed					94%		
With Test	Tests				1,117		
Without Test	Tests				126		
CORE MEDICAL SERVICES							
Outpatient/Ambulatory Health Services*	15-min		412	447	358	1,217	
	Clients		269	303	255	643	
Mental Health Services	15-min		960	832	784	2,576	
	Clients		108	98	105	151	
Oral Health Care	15-min		44	65	55	164	
	Clients		37	52	42	98	
Early Intervention Services	15-min		2,927	1,511	1,717	6,155	
	Clients		418	428	440	735	
Medical Case Management	15-min		2,606	2,580	2,974	8,160	
	Clients		389	368	402	543	
Substance Use Outpatient Care	15-min		1,189	1,378	1,266	3,833	
	Clients		37	40	41	52	
Home and Community-Based Health Services	Units***		339	322	229	890	
	Clients		27	28	27	31	
Medical Nutrition Therapy	15-min		19	32	31	82	
	Clients		10	17	18	27	

SUMMARY OF SERVICES FOR FY26

March 1, 2026 - February 28, 2027

RYAN WHITE SERVICES		Mar	Apr	May	Year To Date Total	Prior Year Total**
SUPPORT SERVICES						
Emergency Financial Assistance	Trans.	86	130	108	324	
	Clients	77	101	91	158	
Non-Medical Case Mangement Services	15-min	758	850	790	2,398	
	Clients	127	126	128	196	
Housing	Units***	3,398	3,285	3,375	10,058	
	Clients	158	149	158	252	
Child Care Services	Hours	87	35	37	159	
	Clients	6	7	10	15	
Referral for Health Care and Support Services	15-min	-	-	-	0	
	Clients	-	-	-	0	
Other Professional Services (Legal Services)	15-min	21	30	20	71	
	Clients	12	12	9	30	
Medical Transportation	Trans.	457	492	427	1,376	
	Clients	177	173	165	272	
Food Bank/Home Delivered Meals	Bags	4,289	8,880	9,638	22,807	
	Clients	160	120	153	163	
Substance Use Services (Residential)*	Days	520	540	-	1,060	
	Clients	24	22	-	28	
Psychosocial Support Services	Units***	52	69	58	179	
	Clients	16	24	23	28	
MAI SERVICES						
Medical Case Management Services	15-min	171	142	205	518	
	Clients	29	16	26	46	
Mental Health Services	15-min	84	71	77	232	
	Clients	8	10	10	19	
Substance Use Outpatient Care	15-min	282	227	263	772	
	Clients	38	31	30	50	
Housing	Trans.	11	5	1	17	
	Clients	4	5	1	10	
Non-Medical Case Management Services	15-min	70	105	161	336	
	Clients	15	15	14	20	

*Includes Part B funded services

**Due to HPG request in early 2026 to revise the service utilization report to include new service categories, FY26 data cannot be compared to FY25 data

***Includes multiple units of service, which can include 15-minute sessions, transactions, and days

SUMMARY OF SERVICES FOR FY26
March 1, 2026 - February 28, 2027

UNDUPLICATED CLIENT DEMOGRAPHICS	Number of Clients	% of Client Total	Client Total
FY 2026-2027			
Race/Ethnicity			
White (not Hispanic)	401	19.10%	
Black or African American (not Hispanic)	230	10.95%	
Hispanic or Latino(a)	1,256	59.81%	
Asian	33	1.57%	
American Indian/Alaska Native	13	0.62%	
Multi-Race	25	1.19%	
Native Hawaiian/Pacific Islander	5	0.24%	
Race data not in HCC	137	6.52%	2,100
Gender			
Male	1,589	75.67%	
Female	413	19.67%	
Transgender FtM	1	0.05%	
Transgender MtF	73	3.48%	
Other	3	0.14%	
Client Refused to Report	21	1.00%	2,100
Age Categories			
< 2	8	0.38%	
02-12	3	0.14%	
13-24	42	2.00%	
25-44	791	37.67%	
45-64	964	45.90%	
65 and over	292	13.90%	2,100
Poverty Level			
<138%	1,497	71.29%	
138-199%	240	11.43%	
200-299%	151	7.19%	
300-399%	46	2.19%	
400-499%	11	0.52%	
500-599%	1	0.05%	
>600%	6	0.29%	
Financial data not in HCC	148	7.05%	2,100
HRSA Housing Status			
Stable/Permanent	1,535	73.10%	
Temporary	218	10.38%	
Unstable	182	8.67%	
Housing Status not in HCC	165	7.86%	2,100
San Diego Region			
Central	605	28.81%	
East	131	6.24%	
South Bay	437	20.81%	
Southeast	172	8.19%	
North Coastal	215	10.24%	
North Inland	81	3.86%	
North Central	138	6.57%	
Zip Code not in HCC	321	15.29%	

HIV PLANNING GROUP
12-MONTH COMMITTEE TRACKING
June 2025 - June 2026

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE														
	26-Jun	17-Jul	24-Jul	31-Jul	Aug	Sep	Oct	Nov	Jan	Mar	May	11-Jun	#	# of JC Starting Jan 2026
PSRAC														
Total Meetings	1	1	1	1	1	0	0	1	1	0	1	1	9	
(12) Members														
Aguirre Mendoza, Marco	*	1	*	*	*	NQ	NQ	1	*	NM	*	*	1	
Davenport, Beth	*	*	*	*	1	NQ	NQ	*	*	NM	1	JC	2	1
Fleming, Tyra ^c	*	*	1	*	*	NQ	NQ	*	*	NM	*	*	0	
Garcia-Bigley, Felipe	*	*	*	*	*	NQ	NQ	1	*	NM	*	*	1	
Garland, Kalee								1	JC	NM	1	1	2	1
Halliwell, Pamuela								*	*	NM	1	*	1	
Jacobs, Dr. Delores	*	*	1	*	1	NQ	NQ	*	1	NM	*	*	2	
Kubricky, Cinnamon	*	*	*	*	1	NQ	NQ	*	*	NM	*	*	1	
Matthews, Eva	*	1	*	*	*	NQ	NQ	*	*	NM	*	1	0	
Mueller, Chris	*	*	*	*	*	NQ	NQ	1	*	NM	*	*	1	
Van Brocklin, Rhea ^{cc}	1	*	*	*	*	NQ	NQ	*	*	NM	*	*	0	
Westcott, Joe								*	*	NM	*	*	0	

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

* = Present

1 = Absent for the month

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

JC = Just Cause

NM = No Meeting

NQ = No Quorum

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

CY 2026 WORKPLAN

MEETING DATE	GOAL	OBJECTIVES
January 8, 2026	Reports: 1. PARS Report 2. Monthly Report Review	• Address change in FY 26 Part A funding (if needed) • Review Special data requested from the Recipients' Office • Partial Assistance Rental Subsidy (PARS) report • Review YTD data on service utilization and discuss findings.
February 12, 2026	No meeting scheduled	
March 12, 2026	Meeting cancelled	
April 9, 2026	No meeting scheduled	
May 7, 2026	Data: 1. Regional distribution of RWTEA Part A/B Services Reports: 2. PARS Report 3. Monthly Report Review	• Address change in FY 26 Part A funding (if needed) • Core Medical Services Waiver and the 75% grant funding spending requirement • Review and approve key data findings on the regional distribution of RWTEA Part A/B services and discuss findings • Special data needs from the Recipients' Office • Partial Assistance Rental Subsidy (PARS) report • Review and confirm priorities for FY 26 categories • Review YTD data on service utilization and discuss findings.
June 11, 2026 (3 hours)	Data: 1. HIV/AIDS Epidemiology 2. Co-occurring Conditions, Poverty, and Insurance 3. Co-occurring Conditions, Poverty, and Insurance Reports:	• Address changes in FY 26 Part A funding (if needed) • Review the Statewide Integrated Plan goals related to PSRAC • Review and confirm priorities for FY 26 categories • Review updated HIV/AIDS Epidemiology Data and discuss findings • Review and approve key data findings on Co-occurring Conditions, Poverty, and Insurance, and discuss findings • Special data needs from the Recipients' Office • Partial Assistance Rental Subsidy (PARS) report • Review YTD data on service utilization and discuss findings

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

CY 2026 WORKPLAN

	4. PARS Report 5. Monthly Report Review	
June 25, 2026 <i>(3 hours)</i>	Data: 1. Ryan White Service Eligibility Criteria 2. HIV Care Continuum a. RW clients vs. all clients b. Include data on viral suppression rates (include RW clients vs. all clients) c. RW Client Homelessness 3. HRSA and Ryan White Part A guidelines (PNC 1602) Reports: 4. PARS Report 5. Monthly Report Review	• Address changes in FY 26 Part A funding (if needed) • Review data on the HIV Care Continuum/Unaware Estimate and discuss findings ○ Include data on RW clients vs. all clients ○ Include data on viral suppression rates (include RW clients vs. all clients) • Review HRSA and Ryan White Part A guidelines (PCN 1602) • Partial Assistance Rental Subsidy (PARS) report Review YTD data on service utilization and discuss findings
July 9, 2026 <i>(3 hours)</i>	Data: 1. Minority AIDS Initiative (MAI) funding 2. Non-Ryan White Mental Health and Substance Use Treatment resources in the community with a	• Presentation on Minority AIDS Initiative (MAI) funding and its uses for services in all regions • Review and approve data on RW Client Homelessness • Review and approve key data findings on Ryan White's service eligibility criteria & other service guidelines and discuss findings

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

CY 2026 WORKPLAN

	focus on HIV/LGBT competencies 3. 2024 Survey of HIV Impact of the Needs Assessment	• Review key findings on non-Ryan White Mental Health and Substance Use Treatment resources in the community with a focus on HIV/LGBT competencies • Review of the Qualitative and Quantitative 2024 Survey of HIV Impact of the Needs Assessment • Recommendations with justifications to the HIV Planning Group for service priority ranking and how services should be organized and delivered in FY 27 (March 1, 2027 – February 28, 2028) • Complete recommendations with justifications for changes in funding allocations in level and reduction-funding scenarios for FY 27 (March 1, 2027 – February 28, 2028). • Partial Assistance Rental Subsidy (PARS) report • Review YTD data on service utilization and discuss findings
July 16, 2026 (3 hours)	To be determined after July 9, 2026 meeting	
July 23, 2026 (3 hours)	Data: 1. All data findings/ Overall Summary and KF by service category 2. FY 26 Funding Allocation Recommendations	• Summarize/Finalize Key Findings data on HIV Care Continuum • Summarize/Finalize Key Finding data on Unmet Need Estimate and (if available Unaware Estimate) • Review/summarize any available additional data, including key findings by service category and Overall data summary. • Recommendations with justifications to the HIV Planning Group for service priority ranking and how services should be organized and delivered in FY 27 (March 1, 2027 – February 28, 2028) • Complete recommendations with justifications for changes in funding allocations in level and reduction-funding scenarios for FY 27 (March 1, 2027 – February 28, 2028) • Partial Assistance Rental Subsidy (PARS) report • Review YTD data on service utilization and discuss
July 30, 2026 (3 hours)	Data: 1. All data, including KF by service category Reports:	• Review/summarize additional available data • Recommendations for FY 26 reallocations (current fiscal year, March 1, 2026 – February 28, 2027) • As needed to complete the FY 27 priority setting, budget priority ranking, and funding allocation process (next fiscal year, March 1, 2027 – February 28, 2028)

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

CY 2026 WORKPLAN

	1. Monthly Report Review 2. Other Business as Needed (FY 26 Reallocations)	• Recommendations for how services should be organized and delivered in FY 27 (March 1, 2027 – February 28, 2028) • Partial Assistance Rental Subsidy (PARS) report • Review YTD data on service utilization and discuss findings
August 6, 2026 <i>(If needed, not yet scheduled)</i>	Data: 1. All data, including KF by service category Reports: 2. Monthly Report Review 3. Other Business as Needed (FY 25 Reallocations)	• Recommendations for FY 26 reallocations (current fiscal year, March 1, 2026 – February 28, 2027) • As needed to complete the FY 27 priority setting, budget priority ranking, and funding allocation process (next fiscal year, March 1, 2027 – February 28, 2028) • Recommendations for how services should be organized and delivered in FY 27 (March 1, 2027 – February 28, 2028) • Review/summarize additional available data • Partial Assistance Rental Subsidy (PARS) report • Review service categories that underspend (monthly) • Review YTD data on service utilization and discuss findings
September 10, 2026	Data: 1. Debrief PSRA process 2. CY 2026 Work Plan Reports: 1. PARS Report 2. Monthly Report Review	• Debrief the FY 27 priority setting and budget allocation process • Develop CY 27 PSRAC work plan • Partial Assistance Rental Subsidy (PARS) report • Review service categories that underspend (monthly) • Review YTD data on service utilization and discuss findings
October 8, 2026	No meeting scheduled	
November 12, 2026	Reports: 1. PARS Report 2. Monthly Report Review	• Partial Assistance Rental Subsidy (PARS) report • Review service categories that underspend (monthly) • Review YTD data on service utilization and discuss findings
December 10, 2026	No meeting scheduled	

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

(An Amendment to AB 2302)

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

Qualifying Reason	Provisions to Attend Remotely	Requirements /Limitations
"Just Cause"	▪ Childcare or caregiving need of a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner that requires them to participate remotely. ▪ A contagious illness prevents the member from attending the meeting in person. ▪ A need related to a physical or mental condition not otherwise accommodated by any reasonable accommodations provided. ▪ Travel while on official business of the legislative body or another state or local agency. ▪ An immunocompromised child, parent, grandparent, grandchild, sibling, spouse, or domestic partner of the member that requires the member to participate remotely. ▪ A physical or family medical emergency that prevents a member from attending in person. ▪ Military service obligations that result in a member being unable to attend in person because they are serving under official written orders for active duty, drill, annual training, or any other duty required as a member of the California National Guard or a United States Military Reserve organization that requires the member to be at least 50 miles outside the boundaries of the local agency.	A member is limited to two (2) virtual attendances due to "just cause" per calendar year.

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

Additional Information for Members Participating Remotely

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

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

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

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