

PRIORITY SETTING AND RESOURCE ALLOCATION COMMITTEE (PSRAC)



Thursday, July 9, 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, July 9, 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:

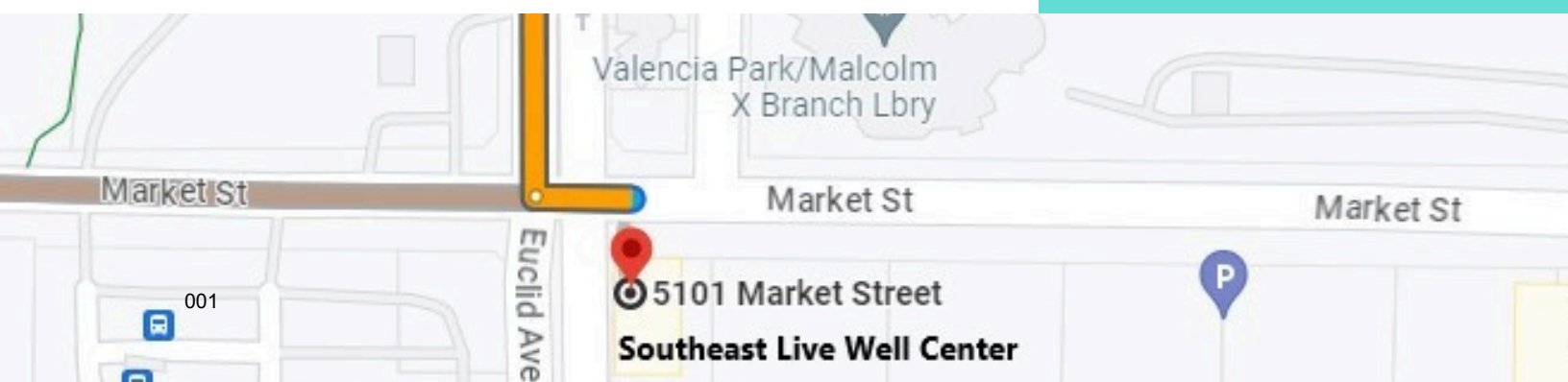
1. Head southeast on I-805 South.
2. Take exit 13A for CA-94-E/M L King Jr. Fwy.
3. Merge onto CA-94 E.
4. Take exit 4A for Euclid Ave.
5. Turn left onto Euclid Ave.
6. Use the left 2 lanes to turn left onto Market St.
7. The destination will be on your right.



PUBLIC TRANSPORTATION

MTS Trolley:
Orange Line

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



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Thursday, July 9, 2026, 1:00 PM – 4:00 PM
Southeastern Live Well Center
5101 Market Street, San Diego, CA 92114
Meeting Rooms B and C

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 | Cinnamen 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 July 9, 2026
6. Old Business:
 - a. None
7. 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
 - c. **ACTION:** Review and approve data on Ryan White clients experiencing homelessness

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

- d. **ACTION:** Review and approve key findings on non-Ryan White Mental Health and Substance Use Treatment resources in the community with a focus on HIV/LGBTQ+ competencies
 - e. **ACTION:** Review and approve current information on Minority AIDS Initiative (MAI) funding and its uses for services in all regions
 - f. **ACTION:** Review and approve current information on services offered through Ryan White Parts C and D
 - g. **ACTION:** Review and approve the data from the 2024 Needs Assessment Survey of HIV Impact
 - h. **ACTION:** Approve 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)
8. Routine Business:
- a. **Update:** Partial Assistance Rent Subsidy (PARS) and Emergency Housing
 - b. **Review:** Monthly and year-to-date expenditures
 - c. **Review:** Monthly and year-to-date service utilization report
 - d. **Review:** Committee attendance
9. Suggested agenda items for the future committee meetings
10. Announcements
- Next meeting date:** July 16, 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)
11. Adjournment

Principles for PSRA Decision-Making Process	Criteria for the PSRA Decision-Making Process
Principles Guiding Decision Making (Priorities should reflect the Principles) - Decisions are made in an open, transparent process - Decisions are based on documented needs (Needs assessment, etc.) - Decisions are based on overall needs within the service area, not narrow single focus concerns - Decisions include reports from the Needs Assessment committee of the HIV Planning Group - Services should be responsive to the epidemiology of HIV in San Diego, including demographics and region - Services must be culturally and linguistically appropriate and responsive - Services should focus on the needs of low-income, underserved, and disproportionately impacted populations - Services should minimize disparities in the availability and quality of treatment for HIV/AIDS - Equitable access to services should be provided across subpopulations and regions	Criteria for Priority Setting - Documented need based on: - Epidemiology of San Diego epidemic (Epi data) - 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) - Minimize disparities in the availability and quality of treatment for HIV/AIDS (Demographic service utilization data compared to HIV/AIDS demographic) - Quality, outcome effectiveness, and cost-effectiveness of services (Measured by service category outcomes, CQM, and client satisfaction data by service category) - 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 - Consistency with the continuum of care

For more information, visit our website at www.sdplanning.org

	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

2026 Key Data Findings

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



July 9, 2026

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)* (\$95,760 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 changes every year and is usually published within the first few months of each calendar year. The 2026 600% FPL is \$95,760 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

Service Category/Ranking	Criteria	Limitations	Requires Referral
1.  Outpatient Ambulatory Health Services (OAHS)	No additional guidelines Medical Specialty: Must have a referral from Ryan White HIV Primary Care provider	Emergency room or urgent care services are not considered outpatient settings. There are no annual limits on the number of services provided. Medical Specialty: 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.	Medical Provider for Medical Specialty
2.  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)	- Medical provider - Dental provider for dental specialty service
3.  Mental Health	Counseling and Therapy/Support Groups may be requested or be referred by providers or case manager. Must have a confirmed mental health diagnosis, and/or referral for specialized psychiatric care from a medical or mental health provider	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.	Medical or Mental health provider for Psychiatric Medication Management
4. Housing	Partial Assistance Rental Subsidy (PARS) Must not receive other subsidized housing, either tenant-based or project-based 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. All clients enrolled in the Partial Assistance Rental Subsidy (PARS) program must also enroll in housing case management. Emergency Housing Eligible to receive RW services.	Partial Assistance Rental Subsidy (PARS) 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). 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. Housing services may not: - Be used for mortgage payments - Be in the form of direct cash payments to clients	Case manager

Service Category/Ranking	Criteria	Limitations	Requires Referral
	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. 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 Persons with AIDS (HOPWA), and Tenant-Based Rental Assistance (TBRA). Sta 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.	Emergency Housing 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: • 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 or tenant-based rental assistance, have violated program guidelines in their use of emergency housing funds, or have been identified as ineligible for services. • Can include sober living and assisted living. Housing services may not: • Be used for mortgage payments • Be in the form of direct cash payments to clients Non-Medical Case Management for Housing 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 with medical or non-medical case managers as part of a treatment team approach.	
5.  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.	
6.  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: • Client is currently enrolled in outpatient/ambulatory health services • Client is following his/her medical plan	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 competed, and medical care is stabilized. There are no annual limits on the number of services provided.	

Service Category/Ranking	Criteria	Limitations	Requires Referral
	Client is keeping medical appointments Client is taking medication as prescribed		
7. 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.	
8. Referral for Health Care and Support Services	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.	- Self-Referral - Case manager - Early Intervention Services
9. Childcare Services	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 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.	Case manager
10. Food Bank/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	Services do not provide: - Permanent water filtration systems for water entering a home; - Household appliances; - Pet foods - Other non-essential products. Case is closed when the service is deemed no longer medically necessary. There are no annual limits on the number of services provided.	- Case manager - Medical provider
11.  Medical Nutrition Therapy	Must be referred by a medical provider	Case is closed when all action items on the nutrition plan are completed, and medical care is stabilized. There are no annual limits on the number of services provided.	Medical provider
12.  Early Intervention Services (EIS)	Services focus on linkage or re-engagement in care and are not intended to be ongoing.	Limited to: Individuals who do not know their HIV status and need to be referred to counseling and testing	

Service Category/Ranking	Criteria	Limitations	Requires Referral
		Individuals who know their status and are not in care and need assistance to enter or re-enter HIV-related medical care	
13. 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.	
14. Emergency Financial Assistance	Eligible to receive RW services.	The maximum amount for each item per year per client are as follows: - 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. Electronic devices (tablets, small laptops, etc.) can be provided to assist clients access virtual environments/telehealth appointments/RW planning meetings.	Case manager
15. Medical Transportation	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.	Specific eligibility criteria for <u>assisted transportation</u>*: - 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 the Medi-Cal Waiver Program. - Clients are not eligible for RW assisted transportation services if they receive or are	- Case manager - Any service provider

		eligible for other public transportation benefits such as, but not limited to, ADA Para-Transit, Medi-Cal Waiver Program, Home and Community-based Health Services, or Medi-Cal reimbursed medical transport. Specific eligibility criteria for <u>unassisted transportation</u>: • 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 passes and for those eligible for disabled monthly passes who have fewer than three medical visits per month. ○ 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. 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. Unallowable services include: 1. Direct cash payment or reimbursements to clients 2. Direct maintenance expenses of personally owned	
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Service Category/Ranking	Criteria	Limitations	Requires Referral
		vehicles (tires, repairs, etc.) 3. Payment of other cost associate with a personally owned vehicle (insurance, license, etc.)	
16. Substance Use Treatment: Residential Care	Must have a written referral from the clinical provider as part of a substance use disorder treatment program funded under the Ryan White program	Case is closed upon completion of treatment program. There are no annual limits on the number of services provided.	Clinical provider
17. Other Professional Services	Legal Services can 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.	
18.  Home and Community Based Health Services	Must be at risk for hospitalization or entry into a skilled nursing facility. Must also: - 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	Service specifically excludes: - Emergency room services - In-patient hospital services - Nursing homes - Other long-term care facilities 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.	- Medical provider - Case manager
19. Health Education and Risk Reduction	Eligible to receive Ryan White funded care 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.	Services are intended to complement and not replace other funded HIV prevention activities Exclusions: - 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.	

July 2026 Priority Setting and Resource Allocation Committee Meeting

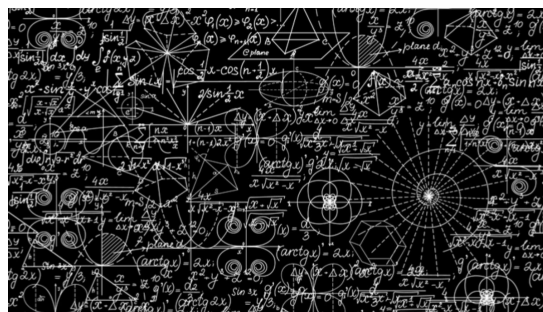


Dustin Walker, PhD (he/him)
CQM Manager
HIV, STD & Hepatitis Branch
SANDIEGOCOUNTY.GOV/HHSA

1

Today

1. Data to share
 - a. FY25 Ryan White (RW) client San Diego regions and living situations
 - b. FY25 RW unhoused clients
2. Only includes RW Part A and Part B clients
3. FY25 = March 1, 2025 – February 28, 2026
4. Please feel free to stop me and ask questions at any time ☺



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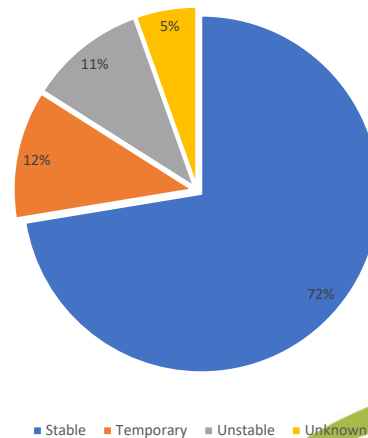
FY25 RW Clients Housing Status (N=3,367)



Most Recent Living Situation*

- Stable 2,438
- Temporary 390
- Unstable 355
- Unknown 184

*Regardless of collection date



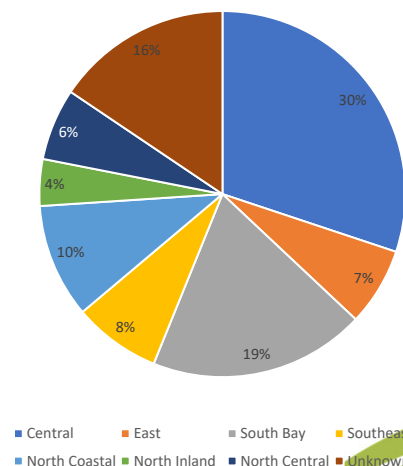
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FY25 RW Clients Regional Demographics (N=3,367)



San Diego Region

- Central 1,014
- East 232
- South Bay 644
- Southeast 260
- North Coastal 340
- North Inland 139
- North Central 214
- Unknown 524



4

FY25 Unhoused RW Clients (1) (n=345)

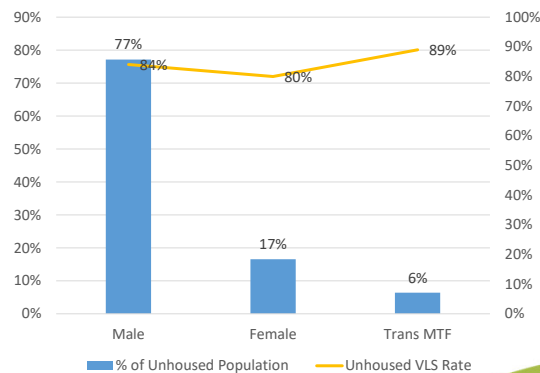


All Ryan White Clients

- Total RW population: 3,367
- Unhoused population: 345*
 - Viral load suppression rate: 83%
 - Test on file: 306
 - No test on file: 39
 - Virally suppressed: 255
 - Not virally suppressed: 51

*Most recent living situation, regardless of collection date

Unhoused Clients, by gender

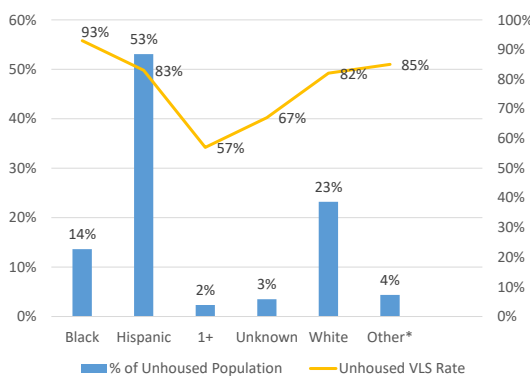


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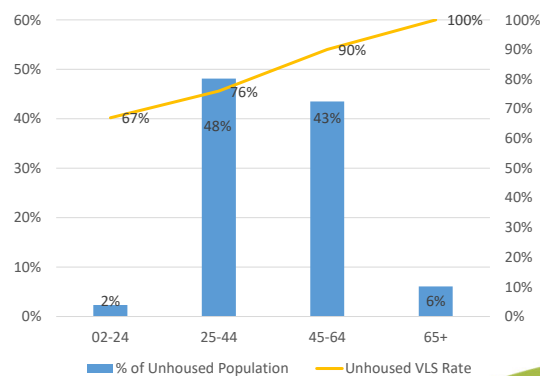
FY25 Unhoused RW Clients (2) (n=345)



Unhoused Clients, by race



Unhoused Clients, by age

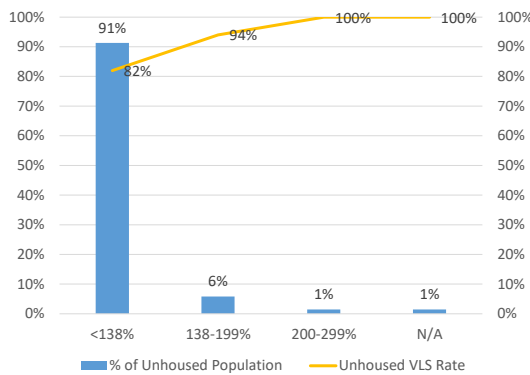


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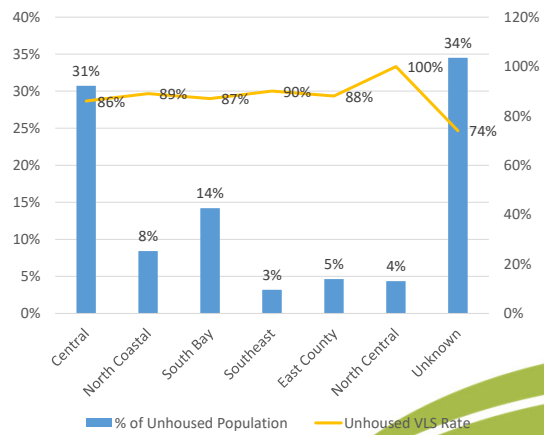
FY25 Unhoused RW Clients (3) (n=345)



Unhoused Clients, by FPL



Unhoused Clients, by region



7

QUESTIONS

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

8



San Diego HIV Planning Group
Priority Setting and Resource Allocation Committee



2026 Key Data Findings

**SAN DIEGO COUNTY MENTAL HEALTH AND SUBSTANCE USE
TREATMENT SERVICES WITH A PARTICULAR FOCUS ON
HIV/PLWH/LGBTQ COMPETENCIES**

July 9, 2026

The following is a list of some **non-Ryan White** mental health and substance use treatment service providers in San Diego County (SDC). Some of the providers on this list also receive Ryan White funds for services and may also provide services using non-Ryan White funds.

In addition to the programs listed below, all programs operated or contracted through the [COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES](#) (BHS) are required to provide services and support that respect diverse beliefs, identities, cultures, preferences, and linguistic diversity of those served. Programs are responsible for evaluating the need for culturally/linguistically specialized services, linking individuals with those services, or making appropriate referrals.

1. FAMILY HEALTH CENTERS OF SAN DIEGO, INC. SOLUTIONS FOR RECOVERY	
	Address: 1750 5th Avenue, San Diego, CA 92101 Phone: 619-515-2588 Website: https://www.fhcsd.org/substance-use-disorder-services Outpatient treatment program that provides individual and group counseling sessions, as well as mental health therapy, for a period of three to six months for individuals who identify as lesbian, gay, bisexual, transgender, or questioning/queer (LGBTQ).
2. SAN YSIDRO HEALTH (SYH)	
	Address: CASA 3045 Beyer Blvd., Suite D-101, San Diego, CA 92154 Phone: 619-662-4161 Address: Our Place 286 Euclid Ave., Suite 309, San Diego, CA 92114 Phone: (619) 527-7390 Website: https://www.syhealth.org/services/behavioral-health San Ysidro Health offers an array of support and clinical services for people who identify as LGBTQ+, people living with HIV, and people who use substances. Services include patient navigation, case management, counseling, primary care, and medication-assisted treatment for substance use disorders.
3. SAN DIEGO YOUTH SERVICES OUR SAFE PLACE	
	Address: 3255 Wing Street, San Diego, CA 92110 Phone: 619-221-8600 Website: https://sdyouthservices.org/services/our-safe-place/ Offers individual and family therapy, as well as psychiatry, at multiple sites. Uses a team approach that, when indicated, offers case management, family or youth partner support, and/or co-occurring substance treatment. Supportive services at 5 drop-in centers with a youth focus.

4. YMCA YOUTH AND FAMILY SERVICES: OUR SAFE PLACE NORTH	
	Address: 1050 N Broadway, Escondido, CA, 92026 Phone: 760-271-4855 Hours: Monday-Friday, 1:00 – 5:00 pm and Saturday-Sunday, 4:00 – 8:00 pm Address: 205 Barnes St. Oceanside, CA 92054 Phone: 760-908-9647 Hours: Monday, Wednesday, Friday: 1:00pm – 5:00pm Website: https://bit.ly/4vgYfA2 A certified outpatient behavioral health program that provides a welcoming and supportive environment for LGBTQ+ youth, ages 12-21, and their families. Services include support groups for youth and family members, case management, mentorship, community outreach, training, skill development, and educational workshops.
5. SOUTH BAY COMMUNITY SERVICES (SBCS) TROLLEY TRESTLE YOUTH HUB	
	Address: 746 Ada Street, Chula Vista, CA 91911 Phone: 619-628-2444 Website: https://sbcssandiego.org/our-safe-place/ Provides a wide variety of services for youth and their families, including support for alcohol and drug abuse, coming out, depression, family relationships, gender identity, sexual health, safe dating and transitioning.
6. VISTA COMMUNITY CLINIC (VCC)	
	Address: 1000 Vale Terrace Drive, Vista, CA 92084 Phone: 760-631-5000 Website: https://www.vistacommunityclinic.org/ Offers individual therapy and psychiatry services, as well as referrals to support groups and other services.
7. UNIVERSITY OF CALIFORNIA, SAN DIEGO (UCSD): OWEN CLINIC	
	Address: 4168 Front Street, 3rd Floor, San Diego, CA 92103 Phone: 619-543-3995 Website: https://health.ucsd.edu/care/hiv/ At the Owen Clinic, care is delivered by doctors and nurses who specialize in HIV treatment. The clinic provides on-site counseling for substance use disorders and medication assisted treatment.
8. STEPPING STONE OF SAN DIEGO INC.	
	Address: 3767 Central Avenue, San Diego, CA 92105 Phone: 619-278-0777 Website: https://steppingstonesd.org/ Stepping Stone has been serving the LGBTQ community since 1976. It offers outpatient, residential treatment, and sober living homes. Treatment includes individual and group counseling, support for families, and case management.
9. CHOICES IN RECOVERY	
	Address: 733 S Santa Fe Avenue, Vista, CA 92083 Phone: 760-945-5290 Website: https://choicesinrecoveryvista.org/ Offers outpatient and residential treatment services, as well as sober living homes.

10. MCALISTER INSTITUTE



Address: 400 N. Johnson Avenue, Suite 101, El Cajon, CA 92020
Phone: 619-442-0277
Website: www.mcalisterinc.org/programs/

This program provides outpatient substance use treatment and education for adolescents aged 12 to 17. Outpatient and residential treatment services are available for adults at sites throughout San Diego County.

11. NORTH COUNTY LGBTQ RESOURCE CENTER



Address: 3220 Mission Avenue #2, Oceanside, CA 92058
Phone: 760-994-1690
Website: <https://www.ncresourcecenter.org/team-1-2>

Offers trauma-informed, affirming behavioral and mental health therapy both in-person and virtually, including individual and couples counseling, family therapy, and medication assisted treatment.

12. THE SAN DIEGO LGBTQ COMMUNITY CENTER



Address: 3909 Centre Street, San Diego, CA 92103
Phone: 619-692-2077 ext. 208
Website: <https://thecentersd.org/behavioral-health-services/>

Offers individual, couples/family, and group counseling to LGBTQ+ community members, including help with same-gender/genderqueer relationship violence, support for youth and adults who are victims of crime and/or hate incidents, gender affirming care for trans/nonbinary community members, and support for individuals, couples & families living with HIV/AIDS. Fees are charged on a sliding scale basis. People living with HIV and youth and adults who are victims of crime and/or hate incidents may qualify to receive no-cost counseling services.

Minority AIDS Initiative (MAI)



Carlie Langit, MPH, Community Health Program Specialist

July 9, 2026

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



1

MAI Background



- MAI provides additional funding under the Ryan White HIV/AIDS Program Parts A, B, C, D, and F to improve access to HIV care and health outcomes for racial and ethnic minority populations disproportionately affected by HIV.
- Under Part A, MAI formula grant amount is based upon the number of people living with HIV who are Black, Hispanic, Asian, Pacific Islander, Native American/Native Alaskan or whose ancestry includes more than one race.

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

2

MAI Funding Levels



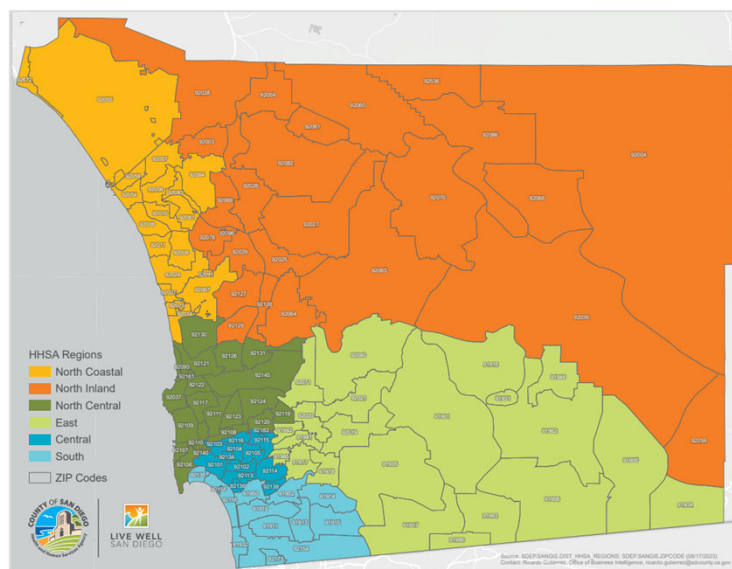
Year	Allocation	Expended
23-24	\$773,155	\$616,923
24-25	\$784,859	\$710,860
25-26	\$886,480	\$641,277

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

3

MAI Regions

- Central
- South
- Southeastern



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

4

MAI Services



Core Medical Services

- Medical Case Management – Directly supports clients in achieving their medical outcomes through development and execution of individual care plans, and promotes treatment adherence
- Mental Health – Outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services
- Outpatient Substance Use – Outpatient services for the treatment of drug or alcohol use disorders

Support Services

- Non-Medical Case Management – Accessing medical, social, community, legal, financial and other service needed by people living with HIV
- Peer Navigation – Referral to health and supportive services
- Early Intervention Services – Conducted to increase an individual's awareness of their HIV status and, if needed, facilitate access to the HIV care system using HIV testing, referral services, health literacy/education and linkage to care
- Outreach – Promote access to and engagement in appropriate services for people vulnerable to HIV infection, people newly diagnosed or identified as living with HIV and those lost or returning to HIV medical care
- Emergency Housing Assistance (EHA) – Offers temporary assistance with housing needs

SANDIEGOCOUNTY.GOV/HHSA

5



THANK YOU



SANDIEGOCOUNTY.GOV/HHSA

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.

6

Ryan White Part C



Early Intervention Services (EIS)

- Funds primary health care and support services in outpatient settings and includes:
 - Counseling for individuals with respect to HIV
 - Targeted HIV testing
 - Periodic medical evaluations of individuals with HIV and other clinical and diagnostic services
 - Treatment
 - Referrals
- Three entities in San Diego are awarded Part C funds directly from HRSA

1

Ryan White Part D



Women, Children, Infants and Youth

- Funds outpatient family-centered primary and specialty medical care and support services for low-income women, infants, children, and youth with HIV.
- Funds can be used for:
 - Medical Service Costs
 - Clinical Quality Management Costs
 - Support Service Costs
 - Administrative Costs
- One entity in San Diego is awarded Part D directly from HRSA

2



San Diego HIV Planning Group 2024 Needs Assessment Survey Key Data Findings *Updated 7/17/2025*

310

Total
respondents

203
66%

Living with HIV/AIDS
(68% of respondents)

97
31%

Not living with
HIV/Unaware
(up from 22 in 2021)

Demographics

Out of people living with HIV/AIDS (PLWHA) who responded to the survey:

62%

Men
(n=151)

27%

Women
(n=151)

52

Average age
(n=150)

25 - 92

Age range
(n=150)

76%

LGBTQIA+
(n=144)

25%

Some high school or less
(n=181)

32%

Income from social security
(n=181)

15%

No income
(n=181)

6%

Undocumented and asylum
seekers/refugees (n=146)

48%*

Disabled/unable to work and
unemployed (n=182)

**Excludes retired respondents, includes not working and not looking, not working but looking, and being full/part-time family caregiver.*

Access to Care

Out of people living with HIV/AIDS (PLWHA) who responded to the survey:

64%

Had a case manager
(n=197)

90%

Had a health care provider who offers HIV
treatment (n=189)
Down from 98% in 2021

72%

Were insured
(n=152)

1%

Out of care for at least 1 year
(n=191)
Down from 13% in 2021



San Diego HIV Planning Group 2024 Needs Assessment Survey Key Data Findings *Updated 7/17/2025*

Mental Health

More than half (58%) of the PLWHA (n=185) reported having seen a therapist or received counseling in the past 6 months, up from 37% in 2021.

Substance Use

Out of 174 PLWHA:

- 15% reported current alcohol or drug issues.
- 48% reported past issues.
- One in three PLWHA (35%) reported being in recovery.

**A combined 58% increase
from 2021**

Out of 176 PLWHA:

- 12% reported having injected illicit and non-prescribed drugs in the past 12 months.
 - Nearly half of these respondents shared needles or works about half the time or more frequently.

Out of 107 PLWHA, methamphetamine (Crystal) was reported most frequently (41%), followed by heroin (18%).

Housing

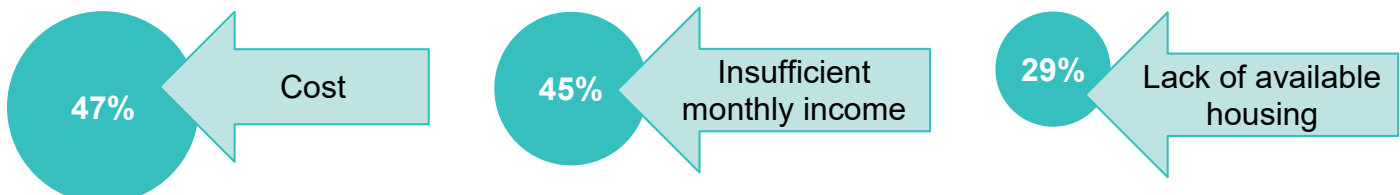
47%

Reported lack of housing impacting their decision to stop HIV medication in the future (n=159)

20%

Reported unstable housing (n=181)
Down from 26% in 2021

Top three common reasons for PLWHA being unable to obtain and retain housing (n=181):





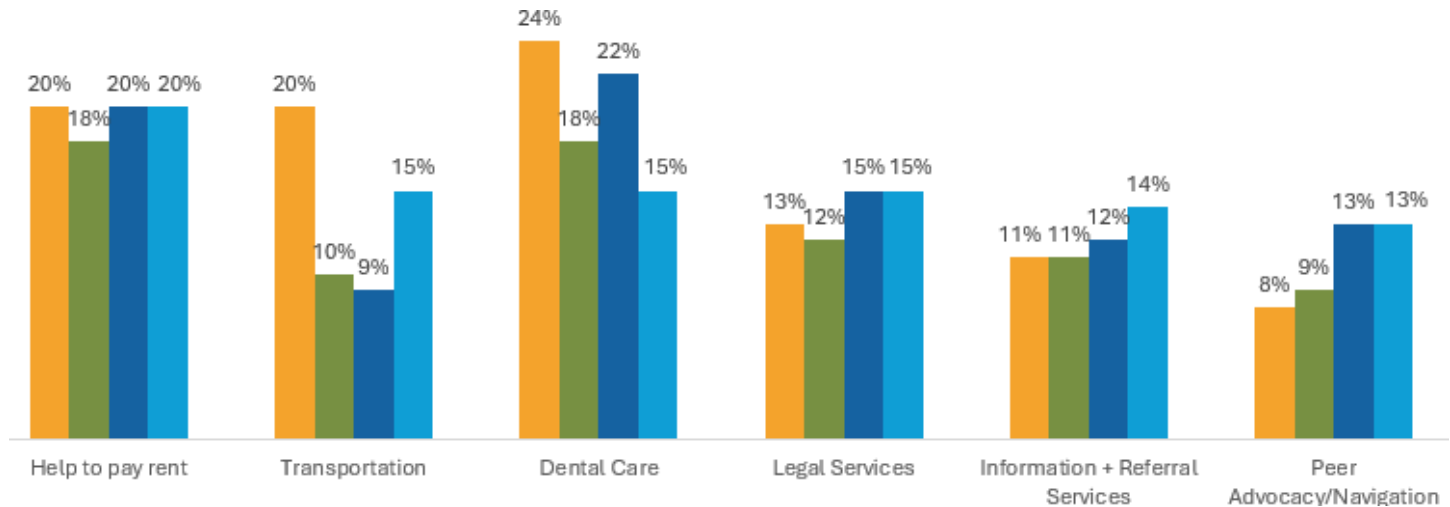
San Diego HIV Planning Group 2024 Needs Assessment Survey Key Data Findings *Updated 7/17/2025*

Top 5 Most Important Services: 10-Year Trend

2024	2021	2017	2014
#1. Dental Care	#1. HIV/AIDS medication	#1. HIV/AIDS medication	#1. HIV/AIDS medication
#2. HIV/AIDS medication	#2. HIV primary care	#2. HIV primary care	#2. HIV primary care
#3. HIV primary care	#3. Dental care	#3. Dental care	#3. Dental care
#4. Counseling/therapy	#4. Medical specialist other than HIV	#4. Case management	#4. Case management
#5. Help to pay rent	#5. Case management	#5. Medical specialist other than HIV	#5. Transportation

Top Unmet Needs: 10-Year Trend

The 10-year trend below summarizes the top services that respondents indicated they “need but can’t get,” across health, basic needs, and support service categories (n=239-252):



HPG FYs 23-25 Part A & MAI Allocations Worksheet History

	FY23 Final Expenditures			FY24 Final Expenditures			FY25 Final Expenditures		
SERVICE CATEGORY	FY 23			FY 24			FY 25		
	Allocated	Expended	% Budget Spent (Expended vs Allocated)	Allocated	Expended	% Budget Spent (Expended vs Allocated)	Allocated	Expended	% Budget Spent (Expended vs Allocated)
OAHS: Primary Care	1,102,630	1,104,470	100%	1,928,742	1,192,323	62%	1,131,787	1,671,951	148%
OAHS: Medical Specialty	374,097	127,702	34%	195,000	147,641	76%	245,532	132,349	54%
Oral Health	174,728	171,165	98%	241,571	168,489	70%	258,787	134,912	52%
Medical Case Management	1,352,083	1,310,697	97%	1,151,853	1,128,937	98%	1,023,484	1,045,089	102%
Non-Medical Case Management	437,236	419,105	96%	392,021	363,421	93%	307,021	354,221	115%
Non-Medical Case Management for Housing	-	-		-	-		149,468	81,558	55%
Housing: Partial Assistance Rental Subsidy (PARS)	807,506	749,109	93%	850,507	627,612	74%	954,507	898,579	94%
Housing Location, Placement and Advocacy Services	-	-		-	-		-	-	
Housing: Emergency Housing	1,250,000	1,177,673	94%	1,127,722	1,023,223	91%	1,387,232	1,079,337	78%
Mental Health: Counseling/Therapy	975,970	877,060	90%	729,000	664,090	91%	580,000	518,608	89%
Substance Use Tx Services: Outpatient	288,587	267,982	93%	313,127	312,838	100%	354,137	344,418	97%
Mental Health: Psychiatric Medication Management	13,036	7,466	57%	17,394	13,712	79%	13,500	7,799	58%
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (CHS: WICYF) (Formerly "Early Intervention Services (EIS): Countywide Services for Women, Children & Families)	993,327	993,294	100%	993,157	992,942	100%	1,057,557	1,057,277	100%
*Early Intervention Services									
*Medical Case Management									
*Non-Medical Case Management									
*Mental Health									
*Childcare services									
*Outreach to WICYF									
*Peer Navigation for WICYF									
*Transportation for WICYF									
Early Intervention Services (EIS): Regional Services	860,304	818,327	95%	790,000	730,061	92%	754,369	680,886	90%
*Health Education & Risk Reduction									
*Outreach Services									
*Referral Services									

HPG FYs 23-25 Part A & MAI Allocations Worksheet History

	FY23 Final Expenditures			FY24 Final Expenditures			FY25 Final Expenditures		
SERVICE CATEGORY	FY 23			FY 24			FY 25		
Health Education and Risk Reduction	-	-		-	-		-	-	
Peer Navigation (Referral for Health Care and Support Svcs.)	402,231	307,871	77%	213,200	195,353	92%	198,852	160,282	81%
Psychosocial Support Services	-	-		-	-		46,744	35,025	75%
Substance Use Tx Services: Residential	-	-		-	-		-	-	
Home-based Health Care Coordination	228,500	207,239	91%	155,380	107,677	69%	217,759	218,811	100%
Transportation - Assisted & Unasst.	169,057	126,021	75%	151,830	137,890	91%	91,830	81,113	88%
Food Services: Food Bank/Home Delivered Meals	531,573	467,213	88%	536,073	535,362	100%	606,163	599,387	99%
Medical Nutrition Therapy	35,542	34,397	97%	35,542	33,693	95%	35,542	34,807	98%
Legal Services	285,265	284,652	100%	285,265	285,233	100%	285,265	280,368	98%
Emergency Financial Assistance	68,356	57,486	84%	79,660	67,238	84%	706,174	554,164	78%
Home Health Care	-	-		-	-		-	-	
Early Intervention Services: HIV Counseling and Testing	-	-		-	-		-	-	
Cost-Sharing Assistance	-	-		-	-		-	-	
Hospice	-	-		-	-		-	-	
Part A TOTALS	10,350,028	9,508,928	92%	10,187,043	8,727,736	86%	10,405,710	9,970,941	96%
Minority AIDS Initiative (MAI)									
Case Management (Non-Medical)	71,333	54,526	76%	57,766	49,790	86%	96,555	34,308	36%
Medical Case Management	258,925	193,812	75%	231,232	227,473	98%	270,774	225,266	83%
Mental Health Services	175,739	137,462	78%	216,281	155,635	72%	97,479	61,634	63%
Outreach Services	23,337	32,795	141%	24,224	19,895	82%	43,849	18,731	43%
Substance Use Services (Outpatient)	43,912	79,672	181%	63,680	59,058	93%	144,802	105,207	73%
Emergency Housing	100,000	52,722	53%	100,000	92,377	92%	100,000	73,828	74%
Early Intervention Services (EIS)	-	-		-	-		7,303	7,297	100%
Peer Navigation	-	-		-	-		10,377	10,364	100%
MAI TOTALS	673,246	550,988	82%	693,183	604,228	87%	771,139	536,634	70%
GRAND TOTALS	11,023,274	10,059,915	91%	10,880,226	9,331,964	86%	11,176,849	10,507,575	94%



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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
July 2026**

Updates are bolded

Ryan White Part A

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

- **To date, the Ryan White Part A system of care provided services to 2,309 clients.**
- **Viral suppression of clients receiving services in the month of June 2026 was 94% for clients who have viral load tests documented in HCC.**
- **For the period (3/1/26 – 2/28/27), the Expenditure report reflects expenses through June, representing 33% of the grant period.**

PARS report as of July 7, 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**
- **87 currently enrolled**
 - **Demographics of clients currently enrolled:**
 - **Gender: 58 male, 19 female, 10 transgender**
 - **Race/ethnicity: 8 Black, 54 Hispanic/Latino, 21 white, 2 Asian, 1 American Indian, 1 Unknown**
 - **Age: 58 over 45, 28 ages 31-44, 1 ages 18-30**
 - **Central region 63, East 8, South 12, North 4**

Goldenrods Summary

June 2026 Goldenrods	Total Number
# Goldenrods Received	0
# of providers	0
# Satisfactory Remarks	0
# 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 Stonne, 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:

HRSP operated with reduced staffing this month due to a vacancy and scheduled absences among staff, volunteers, and interns. Several County staff, including many from HSHB and EISB, assisted in maintaining services.

HRSP recruitment and onboarding efforts continued. The Community Health Worker (CHW) position was posted June 25, and additional interns are scheduled to begin in late August and September. The CPHRI (CA Overdose Prevention and Harm Reduction Initiative) grant from the Sierra Health Foundation was executed on June 18, and which will add Peer Support Specialists to program services by the end of July.

Service levels remained steady, with the team supporting 89 individuals on June 29, including 80 participants and 9 supply-only - this surpassed our previous participant record set in April.

HSHB Report to HPG

July 2026



COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY



LIVE WELL
SAN DIEGO



1

June 2026
HSHB REPORT



Ryan White - Key Metrics Overview

Expenditure Reports

FY26 Expenditure Report includes expenses through June 2026

Service Utilization

Updated report reflects combined service categories approved at the June HPG meeting. For this same reason, cannot include FY25 service utilization data for comparison purposes.

Viral Suppression

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

2

June 2026
HSHB REPORT



Service Utilization



Ryan White Client Utilization Dashboard



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

3

June 2026
HSHB REPORT



Spending

- FY26 Expenditures through June (33% of year elapsed)



4

June 2026
HSHB REPORT



PARS Report – as of 7/7/2026

Current Clients Summary Table

Category	Details
Total Clients	87 clients currently enrolled
Gender	58 male, 19 female, 10 transgender
Race / Ethnicity	8 Black, 54 Hispanic/Latino, 21 White, 2 Asian, 1 American Indian, 1 Unknown
Age Groups	58 over 45, 28 ages 31-44, 1 ages 18-30
Regions	Central 63, East 8, South 12, North 4

Current Housing Case Management Clients

Total Clients receiving Housing Case Management in the month of June	77
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June 2026
HSHB REPORT



PARS Report – as of 7/7/2026

Waiting List Summary Table

Category	Details
Total Waitlist	97 clients currently on the waitlist
Previously Enrolled (PARS)	28 previously enrolled in PARS
New Applicants	69 new applicants
Gender	67 male, 21 female, 9 transgender
Race / Ethnicity	15 Black, 55 Hispanic/Latino, 26 White, 1 Asian
Age Groups	68 over 45, 27 ages 31-44, 2 Unknown
Regions	Central 56, East 11, South 18, North 12

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June 2026
HSHB REPORT



June 2026 Client Service Evaluation (Goldenrods)

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

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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%

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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

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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

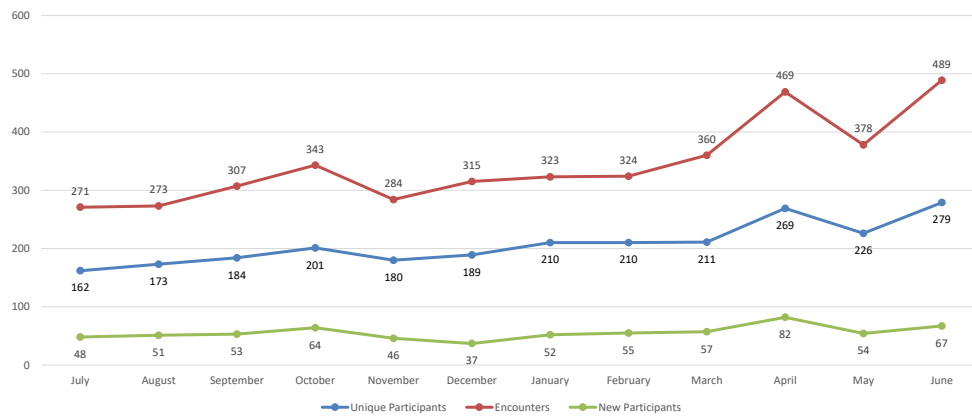
*ADAP Covered CA PrEP AP
CalFresh Medi-Cal Pharmacy Assistance Program

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June 2026 HSHB REPORT



County of San Diego Harm Reduction Services Participants

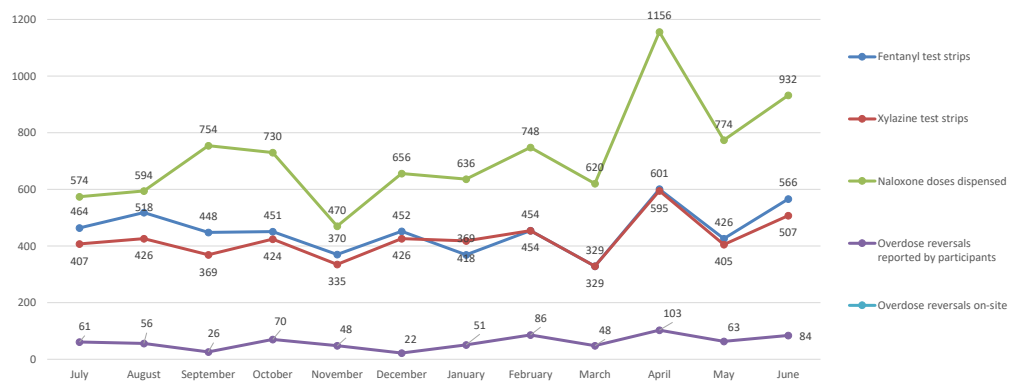


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June 2026 HSHB REPORT



County of San Diego Harm Reduction Services Overdose Prevention



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SUMMARY OF SERVICES FOR FY26

March 1, 2026 - February 28, 2027

RYAN WHITE SERVICES			Mar	Apr	May	Jun	Year To Date Total	Prior Year Total**
FY 2026-2027								
Total clients served each month	Clients		1,400	1,409	1,381	1,143		
New clients in FY26	Clients		1,400	441	289	179	2,309	
Returning FY26 clients	Clients		-	968	1,092	964		
VIRAL LOAD SUPPRESSION								
Virally suppressed	Clients				961			
% Virally suppressed					94%			
With Test	Tests				1,018			
Without Test	Tests				125			
CORE MEDICAL SERVICES								
Outpatient/Ambulatory Health Services*	15-min		415	450	413	274	1,552	
	Clients		271	303	281	198	749	
Mental Health Services	15-min		960	832	796	471	3,059	
	Clients		108	98	105	65	157	
Oral Health Care	15-min		45	67	55	32	199	
	Clients		38	53	42	21	105	
Early Intervention Services	15-min		2,927	1,511	1,717	1,597	7,752	
	Clients		418	428	440	407	837	
Medical Case Management	15-min		2,622	2,592	3,057	2,577	10,848	
	Clients		391	370	411	404	595	
Substance Use Outpatient Care	15-min		1,189	1,378	1,286	1,294	5,147	
	Clients		37	40	42	45	61	
Home and Community-Based Health Services	Units***		339	322	229	270	1,160	
	Clients		27	28	27	27	33	
Medical Nutrition Therapy	15-min		19	32	31	30	112	
	Clients		10	17	18	14	28	

SUMMARY OF SERVICES FOR FY26

March 1, 2026 - February 28, 2027

RYAN WHITE SERVICES			Mar	Apr	May	Jun	Year To Date Total	Prior Year Total**
SUPPORT SERVICES								
Emergency Financial Assistance	Trans.		86	130	108	75	399	
	Clients		77	101	91	69	174	
Non-Medical Case Mangement Services	15-min		758	850	794	814	3,216	
	Clients		127	126	129	120	210	
Housing	Units***		3,398	3,285	3,374	3,219	13,276	
	Clients		158	149	157	136	282	
Child Care Services	Hours		87	35	37	42	201	
	Clients		6	7	10	7	17	
Referral for Health Care and Support Services	15-min		-	-	-	-	0	
	Clients		-	-	-	-	0	
Other Professional Services (Legal Services)	15-min		21	30	20	26	97	
	Clients		12	12	9	12	38	
Medical Transportation	Trans.		457	492	525	373	1,847	
	Clients		177	173	186	145	306	
Food Bank/Home Delivered Meals	Bags		4,289	8,880	10,233	9,924	33,326	
	Clients		160	120	146	-	192	
Substance Use Services (Residential)*	Days		520	540	508	-	1,568	
	Clients		24	22	18	-	29	
Psychosocial Support Services	Units***		52	69	71	48	240	
	Clients		16	24	24	27	35	
MAI SERVICES								
Medical Case Management Services	15-min		171	142	205	272	790	
	Clients		29	16	26	34	53	
Mental Health Services	15-min		84	71	77	84	316	
	Clients		8	10	10	10	23	
Substance Use Outpatient Care	15-min		282	227	263	153	925	
	Clients		38	31	30	22	56	
Housing	Trans.		11	5	2	29	47	
	Clients		4	5	2	3	14	
Non-Medical Case Management Services	15-min		70	105	161	122	458	
	Clients		15	15	14	14	22	

*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)	427	18.49%	
Black or African American (not Hispanic)	257	11.13%	
Hispanic or Latino(a)	1,385	59.98%	
Asian	38	1.65%	
American Indian/Alaska Native	13	0.56%	
Multi-Race	27	1.17%	
Native Hawaiian/Pacific Islander	5	0.22%	
Race data not in HCC	157	6.80%	2,309
Gender			
Male	1,753	75.92%	
Female	445	19.27%	
Transgender FtM	1	0.04%	
Transgender MtF	82	3.55%	
Other	3	0.13%	
Client Refused to Report	25	1.08%	2,309
Age Categories			
< 2	9	0.39%	
02-12	3	0.13%	
13-24	50	2.17%	
25-44	894	38.72%	
45-64	1,047	45.34%	
65 and over	306	13.25%	2,309
Poverty Level			
<138%	1,630	70.59%	
138-199%	271	11.74%	
200-299%	180	7.80%	
300-399%	58	2.51%	
400-499%	13	0.56%	
500-599%	1	0.04%	
>600%	13	0.56%	
Financial data not in HCC	143	6.19%	2,309
HRSA Housing Status*			
Stable/Permanent	1,677	72.63%	
Temporary	237	10.26%	
Unstable	195	8.45%	
Housing Status not in HCC	200	8.66%	2,309
San Diego Region			
Central	661	28.63%	
East	145	6.28%	
South Bay	476	20.61%	
Southeast	188	8.14%	
North Coastal	228	9.87%	
North Inland	87	3.77%	
North Central	149	6.45%	
Zip Code not in HCC	375	16.24%	2,309

*HCC reporting does not currently allow for identifying the collection date for a client's living situation, so data provided includes most recent living situation for each client, regardless of collection date

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

WICY PRIMARY SERVICE CATEGORY UTILIZATION, BY SEX ASSIGNED AT BIRTH	Number of Clients	% of Client Total	Client Total
FY 2026-2027			
Child Care Services			
Female	17	100.00%	
Male	0	0.00%	
Other	0	0.00%	17
Early Intervention Services			
Female	241	28.79%	
Male	592	70.73%	
Other	4	0.48%	837
Medical Case Management Services			
Female	206	33.83%	
Male	401	65.85%	
Other	2	0.33%	609
Mental Health Services			
Female	34	20.48%	
Male	131	78.92%	
Other	1	0.60%	166
Medical Transportation Services			
Female	129	42.16%	
Male	176	57.52%	
Other	1	0.33%	306
Non-Medical Case Management Services			
Female	71	31.84%	
Male	152	68.16%	
Other	0	0.00%	223
Referral for Health Care and Support Services			
Female	0		
Male	0		
Other	0		0

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

WICY PRIMARY SERVICE CATEGORY UTILIZATION, BY SEX ASSIGNED AT BIRTH	Number of Clients	% of Client Total	Client Total
FY 2026-2027			
Child Care Services			
Female	17	100.00%	
Male	0	0.00%	
Transgender	0	0.00%	
Other	0	0.00%	
Client Refused to Report	0	0.00%	17
Early Intervention Services			
Female	246	29.39%	
Male	552	65.95%	
Transgender	37	4.42%	
Other	0	0.00%	
Client Refused to Report	2	0.24%	837
Medical Case Management Services			
Female	207	33.99%	
Male	362	59.44%	
Transgender	39	6.40%	
Other	1	0.16%	
Client Refused to Report	0	0.00%	609
Mental Health Services			
Female	36	21.69%	
Male	118	71.08%	
Transgender	12	7.23%	
Other	0	0.00%	
Client Refused to Report	0	0.00%	166
Medical Transportation Services			
Female	130	42.48%	
Male	160	52.29%	
Transgender	15	4.90%	
Other	1	0.33%	
Client Refused to Report	0	0.00%	306
Non-Medical Case Management Services			
Female	72	32.29%	
Male	144	64.57%	
Transgender	7	3.14%	
Other	0	0.00%	
Client Refused to Report	0	0.00%	223
Referral for Health Care and Support Services			
Female	0		
Male	0		
Transgender	0		
Other	0		
Client Refused to Report	0		0

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

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE														
	17-Jul	24-Jul	31-Jul	Aug	Sep	Oct	Nov	Jan	Mar	May	11-Jun	25-Jun	#	# of JC Starting Jan 2026
PSRAC														
Total Meetings	1	1	1	1	0	0	1	1	0	1	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	1	3	1
Halliwell, Pamuela							*	*	NM	1	*	1	1	
Jacobs, Dr. Delores	*	1	*	1	NQ	NQ	*	1	NM	*	*	1	2	
Kubricky, Cinnamon	*	*	*	1	NQ	NQ	*	*	NM	*	*	*	1	
Matthews, Eva	1	*	*	*	NQ	NQ	*	*	NM	*	1	1	1	
Mueller, Chris	*	*	*	*	NQ	NQ	1	*	NM	*	*	*	1	
Van Brocklin, Rhea ^{cc}	*	*	*	*	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: - Ryan White Service Eligibility Criteria - HIV Care Continuum - RW clients vs. all clients - Include data on viral suppression rates (include RW clients vs. all clients) - RW Client Homelessness - HRSA and Ryan White Part A guidelines (PNC 1602) Reports: - PARS Report - 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: - Minority AIDS Initiative (MAI) funding - 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 • Partial Assistance Rental Subsidy (PARS) report • Review YTD data on service utilization and discuss findings
July 16, 2026 (3 hours)	1. All data findings/ Overall Summary and KF by service category 2. FY 26 Funding Allocation Recommendations	• 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 29, 2028) • Recommendations with justifications for changes in funding allocations in level and reduction-funding scenarios for FY 27 (March 1, 2027 – February 29, 2028)
July 23, 2026 (3 hours)	Data: 3. All data findings/ Overall Summary and KF by service category 4. FY 26 Funding Allocation Recommendations	• 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 29, 2028) • Recommendations with justifications for changes in funding allocations in level and reduction-funding scenarios for FY 27 (March 1, 2027 – February 29, 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: 1. Monthly Report Review 2. Other Business as Needed (FY 26 Reallocations)	• Review/summarize additional available data • Recommendations for FY 26 reallocations (current fiscal year, March 1, 2026 – February 28, 2027) • As needed, 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 29, 2028) • Complete recommendations with justifications for changes in funding allocations in level and reduction-funding scenarios for FY 27 (March 1, 2027 – February 29, 2028) • Partial Assistance Rental Subsidy (PARS) report • Review YTD data on service utilization and discuss findings

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

CY 2026 WORKPLAN

August 6, 2026 <i>(If needed, not yet scheduled)</i>	Data: - All data, including KF by service category Reports: - Monthly Report Review - Other Business as Needed (FY 25 Reallocations)	- Recommendations for FY 26 reallocations (current fiscal year, March 1, 2026 – February 28, 2027) - Recommendations for FY 26 reallocations (current fiscal year, March 1, 2026 – February 28, 2027) - As needed, 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 29, 2028) - Complete recommendations with justifications for changes in funding allocations in level and reduction-funding scenarios for FY 27 (March 1, 2027 – February 29, 2028) - 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: - Debrief PSRA process - CY 2026 Work Plan Reports: - PARS Report - 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: - PARS Report - 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.