

## STEERING COMMITTEE



*Friday, July 11, 2025, 10:00 AM – 12:00 PM*  
*County Operations Center*  
*5530 Overland Ave, San Diego, CA 92123*  
*(Meeting Room 124)*

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

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# Meeting Location & Directions:

## Steering Committee

Friday, July 11, 2025

10:00 AM - 12:00 PM

## County Operations Center

5530 Overland Ave

San Diego, CA 92123

(Training Room 124)



## FROM I-163 SOUTH:

1. Take I-163 North to Exit 8 for Kearny Villa Road.
2. Keep right, follow signs for Kearny Villa Road.
3. Turn right onto Chesapeake Dr.
4. County Operations Center will be on your right.

## FROM I-15 SOUTH:

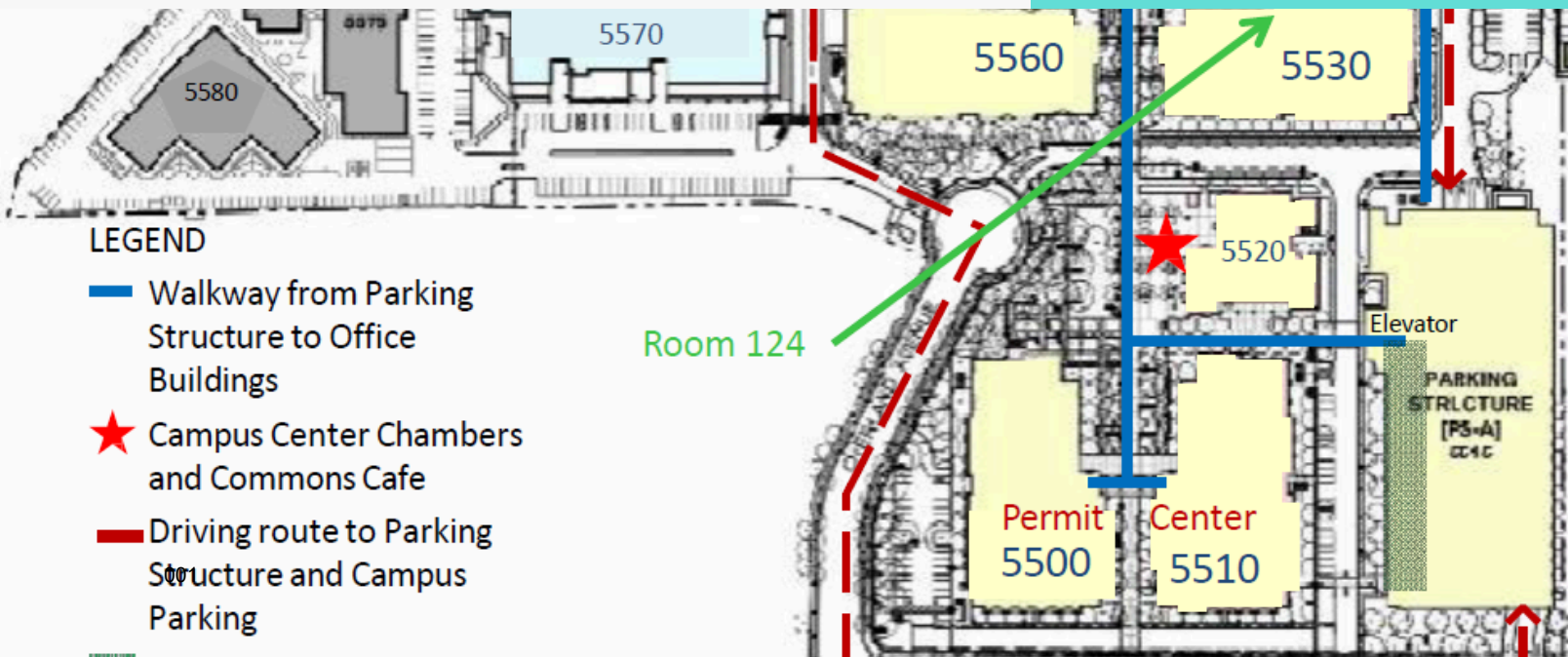
1. Take I-15 North to Exit 10 for Clairemont Mesa Blvd.
2. Turn left onto Clairemont Mesa Blvd.
3. Turn right onto Overland Ave.
4. Continue straight to stay on Overland Ave.



## PUBLIC TRANSPORTATION

### MTS Bus Routes:

25, 235, 928



# Training Room 124



## FROM TROLLEY & BUS:

1. Take the Blue Trolley Line to the Balboa Avenue Transit Center.
2. Walk to Balboa Ave & Moraga Ave bus stop (about 7-minute walk, 0.3 miles).
3. Take Route 27 bus from Balboa Ave & Moraga Ave to Complex Dr & Clairemont Mesa Blvd.
4. Head north on Complex Dr.
5. Cross the street and turn right on Clairemont Mesa Blvd (after U.S. Bank Branch on the right).
6. Cross the street and turn left onto Overland Ave. and head north.
7. Enter east through County Operations Center entrance/black gate. **Building 5530** will be on your left.

## FROM BUS:

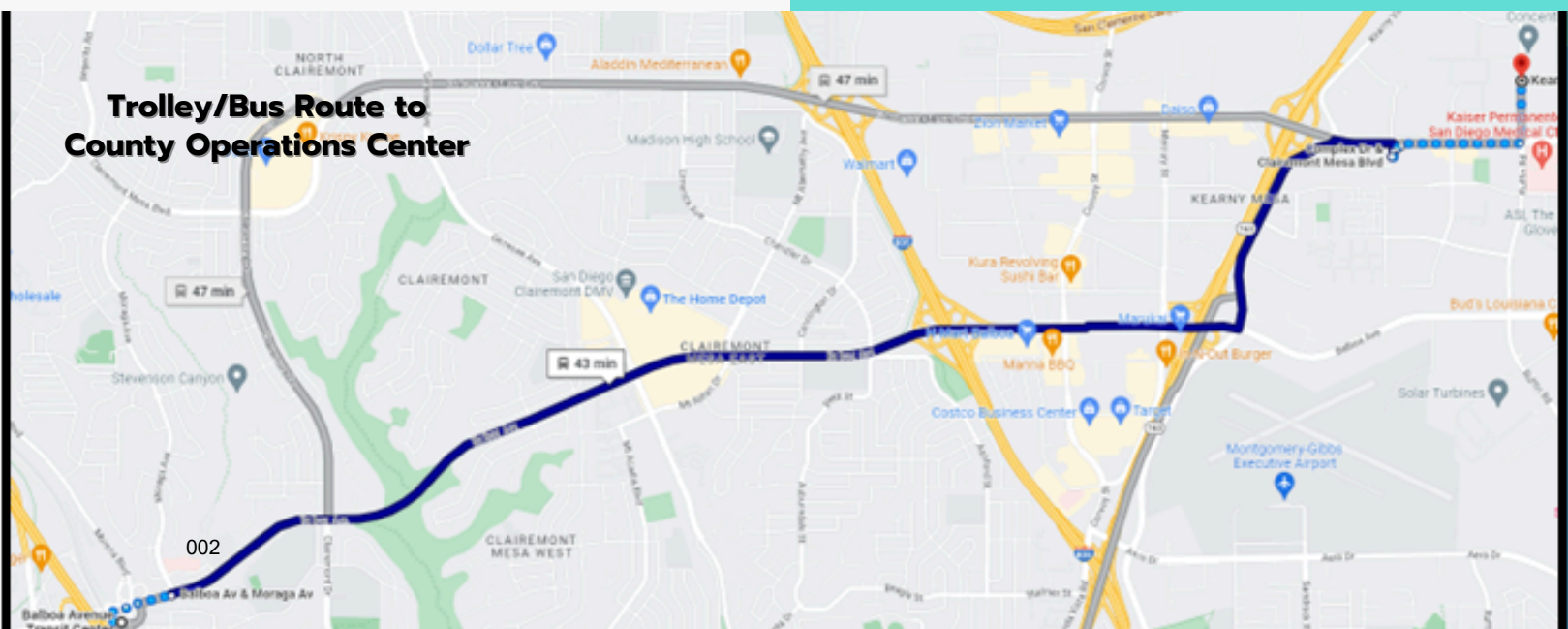
### From Ruffin Road:

1. Walk north towards Ruffin Road.
2. Turn left on Hazard Way.
3. Enter through County Operations Center entrance/black gate and head further west. Access to County Operations Center buildings will be on your **left**.

### From Overland Ave.:

1. Walk north on Overland Ave.
2. Enter east through County Operations Center entrance/black gate.
3. Turn left on pedestrian walkway. **Building 5530** will be on your **left**.

## **Trolley/Bus Route to County Operations Center**





## STEERING COMMITTEE

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*Friday, July 11, 2025, 10:00 AM – 12:00 PM*  
*County Operations Center (COC)*  
*5530 Overland Ave, San Diego, CA 92123*  
*(Conference Room 124)*

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### To participate remotely via Zoom:

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

Call in: +1 (669) 444-9171

**Meeting ID (access code):** 876 1632 1238

**Password:** STEER

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

Please contact HPG Support Staff via e-mail at [hpg.hhsa@sdcounty.ca.gov](mailto:hpg.hhsa@sdcounty.ca.gov).

### A quorum for this meeting is four (4)

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

## MEETING AGENDA ORDER OF BUSINESS

1. Call to order, introductions, comments from the chair and a moment of silence
2. Public comment (for members of the public)
3. Sharing our concerns (for committee members)
4. **ACTION:** Approve the Steering Committee agenda for July 11, 2025
5. **ACTION:** Approve meeting minutes from May 9, 2025
6. **ACTION:** Approve the HIV Planning Group agenda July 23, 2025
7. Committee reports and recommendations
8. HPG Support Staff Report
9. HSHB Report
10. Old Business
  - a. **ACTION:** Review and approve a Memorandum of Understanding (MOU) between HIV, STD, and Hepatitis Branch (HSHB) and HPG
  - b. **ACTION:** Review and Approve HPG Membership Expectations
  - c. **Update:** Regional Town Halls
  - d. **Discussion:** Open forums prior to Planning Body and committee meetings
11. New Business
  - a. Integrated HIV Prevention and Care Plan
  - b. Cybersecurity at HPG and committee meetings

## STEERING COMMITTEE

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### 12. Routine Business

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

### 13. Future agenda items for consideration

### 14. Announcements

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

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

### 16. Adjournment

## STEERING COMMITTEE



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

### **A quorum for this meeting is four (4)**

**Members Present:** Michael Donovan | Felipe Garcia-Bigley | Mikie Lochner (Chair) | Rhea Van Brocklin | Michael Wimpie

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

**Members Absent:** Cinnamen Kubricky (Vice-Chair)

### **ORDER OF BUSINESS**

<b>Agenda Item</b>	<b>Discussion/Action</b>	<b>Follow-Up</b>
1. Call to order, introductions, comments from the chair, and a moment of silence	Mikie Lochner called the meeting to order at 10:04 AM. Introductions were had. A moment of silence was observed.	
2. Public comment (for members of the public)	None	
3. Sharing our concerns (for committee members)	The following comments were made: <ul style="list-style-type: none"><li>- A concern that there are not enough consumers on the Strategies and Standards Committee. Veronica Nava has been approached and is expected to be formally appointed once she confirms interest.</li><li>- An ongoing concern that some committees have too few members.</li><li>- A request that all committee Chairs work with the Support Staff (SS) to identify strategies on increasing membership on committees.</li></ul>	
4. <b>ACTION:</b> Approve the Steering Committee agenda for May 9, 2025	<b>Motion:</b> Approve the Steering Committee agenda for May 9, 2025 <b>Motion/Second/Count (M/S/C):</b> Donovan/Garcia-Bigley/5-0 <b>Discussion:</b> none <b>Abstentions:</b> Lochner <b>Motion carries</b>	
5. <b>ACTION:</b> Approve meeting minutes from March 14, 2025	<b>Motion:</b> Approve meeting minutes for March 14, 2025 <b>M/S/C:</b> Donovan/Wimpie/5-0	

## STEERING COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<b>Discussion:</b> none <b>Abstentions:</b> Lochner <b>Motion carries</b>	
6. <b>ACTION:</b> Approve the HIV Planning Group agenda for May 28, 2025	<b>Motion:</b> Approve the HIV Planning Group agenda for May 28, 2025 <b>M/S/C:</b> Van Brocklin/Wimpie/5-0 <b>Discussion:</b> <b>Abstentions:</b> Lochner <b>Motion carries</b>	HPG SS to add member expectations to steering agenda  For reference instead of review anti-racism statement  Remove 9c
7. Committee reports and recommendations	<p>The Chair reminded the committee members to continue to identify and recruit consumers for their respective committees.</p> <p><u>Priority Setting and Resource Allocation Committee (PSRAC):</u> The May meeting was cancelled due to lack of quorum. The committee is preparing for the data review and allocations. There is a need to identify a member who may be able to lead discussion if the Chair and Co-Chair are unable to attend.</p> <p><u>Strategies and Standards Committee:</u> There is an ongoing need for more members, especially consumers.</p> <p><u>Membership Committee:</u> A reminder to review and develop an attendance policy at respective committees.</p> <p><u>Community Engagement Group (CEG):</u> qualitative data from the needs assessment were presented.</p> <p><u>Medical Standards and Evaluation Committee (MSEC):</u> The Chair summarized the findings on the night guards. The Oral Health Standards and Dental Practice Guidelines will be reviewed and possibly approved at the May meeting. It was recommended that</p>	<p>HPG SS to share individual committee distribution lists with committee chairs.</p> <p>HPG SS to book more Thursdays in July for PSRAC meetings (7/10, 7/17, 7/24, 7/31) and possibly 8/7.</p> <p>Mikie Lochner will re-join MSEC starting May to increase consumer representations.</p> <p>Patrick Loose to internally discuss and identify a facilitator for Mental Health Standards and Psychiatric Service Standards discussion at</p>

## STEERING COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	the Mental Health and Psychiatric Service Standards be discussed next, but conflicts of interest are a barrier.	future MSEC meetings.
8. Old Business		
a. <b>Update:</b> California Planning Group (CPG) meeting – May 28-30, 2025 in San Diego	The reception will be held on May 28 at 6:00 PM. Attendance to the main sessions and opportunities for public comment are by invitation only.	HPG SS to send an email to HPG requesting RSVPs to the event.
9. New Business		
a. <b>ACTION</b> ( <i>Strategies and Standards Committee and Community Engagement Group</i> ): Approve the Anti-Racism Statement	<b>Motion:</b> Approve the Anti-Racism Statement <b>M/S/C:</b> Van Brocklin/Donovan/5-0 <b>Discussion:</b> none <b>Abstentions:</b> Lochner <b>Motion carries</b>	
b. <b>Discussion:</b> Consider holding an ad hoc Steering Committee meeting on June 13	July and August HPG agendas will include action items to approve the key findings and add priority rankings and reallocations.	HPG SS will cancel an ad hoc Steering Committee meeting scheduled for June 13.
c. <b>Discussion:</b> Open forum at HPG meetings	An interest was expressed to hold an informal open forum prior to the HPG meetings that would not adhere to the Brown Act or Roberts Rules of Order. The open forum must not include more than 50% of the current HPG membership.	Patrick Loose to inquire about an open forum option with the County Counsel.
d. <b>Discussion:</b> Town halls in conjunction with HPG meetings	Maritza Herrera and Alexa Mugol updated the committee on the planning process. The team is prioritizing south bay and is working on the date, venue, and recruitment flyers. The findings will be compiled and presented at relevant committees and to the HPG.	
e. <b>Discussion:</b> Dental implants as an allowable service	The committee reviewed a recommendation from the Health Resources and Services Administration (HRSA) Project Officer regarding dental implants. They may be an allowable service, but may be cost-prohibitive (up to \$7,000 or more per implant) and may not be equitable (resulting in depletion	



## STEERING COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	of funds allocated for other services). The service must be directly related to the HIV diagnosis or have a significant medical justification. Final decision on inclusion to be made by the relevant committees after further review.	
f. <b>Discussion:</b> Memorandum of Understanding (MOU) between HSHB and HPG	When the planning council was first created, there was no MOU. There may not be a need for it at this time, but the committee will review and make a determination at the July meeting.	HPG SS to add MOU draft to the agenda
g. <b>Discussion:</b> Leading the HPG meeting in Chair's and Vice-Chair's absence	Any Steering Committee member may lead the HPG meeting if both the Chair and the Vice-Chair are absent. The HPG SS lead will call the meeting to order. A vote will then take place to allow a selected member to lead the meeting.	
h. Discussion: 2025 Truax Awards Ceremony and Reception	The following discussion took place: <ul style="list-style-type: none"> <li>- A potential for a new venue such as a library with a large meeting space.</li> <li>- A possibility for a new award artist.</li> </ul>	HPG SS to explore new venues and provide an update to the Steering Committee.  HPG SS to open a call for artists to create the 2025 Truax Award.
i. <b>Discussion:</b> 2025 Outreach Schedule – Katie Emmel	Tabled	
10. Routine Business		
a. <b>Review:</b> Committee attendance	Tabled	
b. Public comments/HPG member comments/Suggestions to the Steering Committee from previous HPG meeting(s)	Tabled	
11. HIV, STD, and Hepatitis Branch (HSHB) Report	Patrick Loose shared the following updates: <ul style="list-style-type: none"> <li>- The final award has not yet been announced.</li> </ul>	HPG SS to add The Integrated Plan to the July

## STEERING COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	- Congress has allocated funds, but the Executive Branch may make changes.	agenda for further discussion.
12. HPG Support Staff Report	None	
a. Administrative budget review	Tabled	
13. Future agenda items for consideration	None	
14. Announcements	POZabilities has to provide a refund to the registrants of the recently cancelled event.	
15. Next meeting date	<b>Date:</b> Friday, July 11, 2025 <b>Time:</b> 10:00 AM – 12:00 PM <b>Location:</b> County Operations Center, 5530 Overland Ave, San Diego, CA 92123 (Conference Room 124) and via Zoom	
16. Adjournment	Meeting adjourned at 12:04 PM.	

## SAN DIEGO HIV PLANNING GROUP (HPG)



Wednesday, July 23, 2025, 2:00 PM – 5:00 PM  
Southeastern Live Well Center  
5101 Market Street, San Diego, CA 92114  
Tubman Chavez Rooms A and B

### To participate remotely via Zoom:

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

Call in: +1 (669) 444-9171

**Meeting ID (access code):** 853 6898 7291

**Password:** SDHPG

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

Please contact HPG Support Staff via e-mail at [hpg.hhsa@sdcountry.ca.gov](mailto:hpg.hhsa@sdcountry.ca.gov).

### A quorum for this meeting is twelve (12)

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

### ORDER OF BUSINESS

1. Call to order
2. Introductions
3. Welcome, moment of silence, matters from the Chair
4. Public comment (for members of the public) – concerns/questions/suggestions for future topics
5. HPG Member Open Forum – concerns/questions/suggestions for future topics
6. **ACTION:** Approve the HPG agenda for July 23, 2025
7. HIV, STD, and Hepatitis Branch (HSHB) Report
8. New Business:
  - a. **ACTION** (*Priority Setting and Resource Allocation Committee*): Approve reallocations of funds for FY 25 (current fiscal year: March 1, 2025 – February 28, 2026)
  - b. **ACTION** (*Priority Setting and Resource Allocation Committee*): Approve service rankings for FY 26 (March 1, 2026 – February 28, 2027)
  - c. **ACTION** (*Priority Setting and Resource Allocation Committee*): Approve funding allocations in level and reduction funding scenarios for FY 26 (March 1, 2026 – February 28, 2027)
  - d. **ACTION:** Approve how services should be organized and delivered (service delivery recommendations/service directives) in FY 26 (March 1, 2026 – February 28, 2027)

## SAN DIEGO HIV PLANNING GROUP (HPG)

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### 9. Old Business:

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

### 10. Routine Business:

- a. **ACTION**: Approval of consent agenda for July 23, 2025 which includes:

- i. Approval of HPG minutes from June 25, 2025
- ii. Acceptance of the following committee minutes:

Steering Committee	May 9, 2025
Membership Committee	None
Priority Setting and Resource Allocation Committee	None
Medical Standards and Evaluation Committee	None
Community Engagement Group	June 11, 2025
Strategies and Standards Committee	None
<i>(The following is for HPG information, not for acceptance):</i>	
CARE Partnership	May 19, 2025

- iii. (*Membership Committee*): HPG appointments/reappointments
- iv. Committee Reports - deferred
- v. California HIV Planning Group (CHPG) Report – deferred
- vi. Administrative Items:
  - 1. HPG expenditures report
- b. Suggestions to the Steering Committee for consideration of future items
- c. Suggestions from the community on future training topics and other agenda items

### 11. HPG Support Staff Updates

### 12. Announcements

### 13. Adjournment

Next Meeting Date: **Wednesday, August 6, 2025, at 2:00 PM – 5:00 PM**

Location: Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114  
(Tubman Chavez Room A) and via Zoom

**Public Comment/Sharing Concerns/Suggestions to the Steering Committee from the  
June 25, 2025 HPG meeting**

<b>Agenda Item</b>	<b>Comment</b>	<b>Steering Committee Response</b>
<b>Public Comment</b>	None	
<b>Sharing Concerns</b>	- A concern that the increasing gas prices are impacting consumers.	
<b>Suggestions to the Steering Committee for consideration of future items</b>	Tabled	
<b>Request from the community on future training topics and other agenda items</b>	Tabled	

RW 2025-26 PART A AWARD INFORMATION	
Funding Source	Total RW 2025-26 Award
Part A	11,667,474.00
Part A MAI	784,859.00
<b>TOTAL AWARD AMOUNT</b>	<b>12,452,333.00</b>

**RW 2025-26**  
**YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN**  
*Through June 2025*

FY25-26 ALLOCATION BREAK DOWN								
Funding Source	Admin. \$	Admin. %	CQM \$	CQM %	RW 2025-26 Service dollars	Total	CORE Medical Services	Support Services
Part A	1,131,364	10%	349,067	3%	10,187,043	11,667,474	48.88%	51.12%
Part A MAI	78,486	10%	32,933	4%	673,440	784,859		
<b>TOTAL</b>	<b>1,209,850.19</b>		<b>381,999.55</b>		<b>10,860,483.00</b>	<b>12,452,332.74</b>	<b>49%</b>	<b>51%</b>

Ryan White Part A Allocations						% Elapsed		33%			
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: Primary Care	1l	1	1,102,630.00	11%	718,407.00	1,821,037.00	18%	590,114.42	32%	1,230,922.58	
Outpatient Ambulatory Health Services: Medical Specialty	1l	2	195,000.00	2%	-	195,000.00	2%	19,455.14	10%	175,544.86	
Psychiatric Medication Management	1j	12	6,000.00	0%	-	6,000.00	0%	3,471.58	58%	2,528.42	
Oral Health	1k	3	160,940.00	2%	-	160,940.00	2%	87,446.10	54%	73,493.90	
Medical Case Management	1h	4	1,151,853.00	12%	-	1,151,853.00	12%	276,598.16	24%	875,254.84	
Non-Medical Case Management for Housing		6	200,000.00	2%	-	200,000.00		-	0%	-	
Housing: Emergency Housing	2e	9	1,183,515.00	12%	(250,000.00)	933,515.00	9%	343,430.06	37%	590,084.94	
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%	-	850,507.00	9%	271,284.56	32%	579,222.44	
Non-Medical Case Management	2h	5	392,021.00	4%	-	392,021.00	4%	80,201.98	20%	311,819.02	
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF)	1c	13	993,157.00	10%	-	993,157.00	10%	327,097.45	33%	666,059.55	
Childcare Services	2a		-	0%	-	-	0%	-	0%	-	
Early Intervention Services: Regional Services	1c	14	790,000.00	8%	-	790,000.00	8%	221,240.21	28%	568,759.79	
Health Education & Risk Reduction	2d	14a	-	0%	-	-	0%	-	0%	-	
Outreach Services	2j	14b	-	0%	-	-	0%	-	0%	-	
Referral Services	2l	14c	-	0%	-	-	0%	-	0%	-	
Referral to Health and Supportive Services (Peer Navigation)		16	260,000.00	3%	(88,407.00)	171,593.00	2%	73,830.01	43%	97,762.99	



Ryan White Part A Allocations						% Elapsed		33%			
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
Mental Health: Counseling/Therapy & Support Groups	1j	10	810,000.00	8%	(230,000.00)	580,000.00	6%	176,005.38	30%	403,994.62	
Psychosocial Support Services		17	46,744.00	0%	-	46,744.00	0%	-	0%	-	
Substance Abuse Services: Outpatient	1m	11	313,127.00	3%	-	313,127.00	3%	82,659.24	26%	230,467.76	
Substance Abuse Services: Residential	2o	18	-	0%	-	-	0%	-	0%	-	
Home-based Health Care Coordination	1e	19	228,500.00	2%	-	228,500.00	2%	55,981.85	24%	172,518.15	
Transportation: Assisted and Unassisted	2g	20	151,830.00	2%	(50,000.00)	101,830.00	1%	22,868.62	22%	78,961.38	
Food Services: Food Bank/Home-Delivered Meals	2c	21	536,073.00	5%	-	536,073.00	5%	129,391.26	24%	406,681.74	
Medical Nutrition Therapy	1i	22	35,542.00	0%	-	35,542.00	0%	10,345.33	29%	25,196.67	
Legal Services	2i	23	285,265.00	3%	-	285,265.00	3%	93,290.68	33%	191,974.32	
Emergency Financial Assistance	2b	24	61,856.00	1%	-	61,856.00	1%	17,466.70	28%	44,389.30	
Home Health Care	1f	25	-	0%	-	-	0%	-	0%	-	
Early Intervention Services: HIV Counseling and Testing	1c	26	-	0%	-	-	0%	-	0%	-	
Cost-Sharing Assistance	1d	27	-	0%	-	-	0%	-	0%	-	
Hospice	1g	28	-	0%	-	-	0%	-	0%	-	
Subtotal			9,854,560.00	100%	-	9,854,560.00	98%	2,882,178.73	29%	6,972,381.27	
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
Multi-Disciplinary Team			576,970.90		-	576,970.90	86%	125,468.99	22%	451,501.91	
Housing: Emergency Housing			97,267.10		-	97,267.10	14%	-	0%	97,267.10	
Subtotal			674,238.00		-	674,238.00	100%	125,468.99	19%	548,769.01	
TOTAL			10,528,798.00		-	10,528,798.00		3,007,647.72	29%	7,521,150.28	

CORE and Support Services Allocation Breakdown						
	Total Allocation	% Allocated	Total Expenditure	% Spent	Total Balance	% Balance
CORE Medical Services	4,816,621.00	48.9%	1,441,585.43	29.9%	3,375,035.57	70.07%
Support Services	5,037,939.00	51.1%	1,455,815.00	28.9%	3,582,124.00	71.10%
TOTAL	9,854,560.00		2,897,400.43		6,957,159.57	

Other funding info

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

YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN AS OF JUNE 2025						
RW 2024-25 SERVICE DOLLAR ALLOCATIONS AND EXPENDITURES						
Funding Source	RW 2025/2026 Service Dollars	Contract YTD Expenditure	% of Year Invoiced	% Spent	Balance	Comments
<b>Ryan White Part B</b>						
Outpatient Ambulatory Health Services (Medical)	-	-	25.00%	0.00%	-	Part A Payment Summary (Part B funding)
Early Intervention Services (Expanded HIV Testing)	-	-	25.00%	0.00%	-	Part A Payment Summary (Part B funding)
Early Intervention Services (Focused Testing)	187,900.00	\$40,772.45	25.00%	21.70%	147,127.55	Part B Payment Summary
Medical Case Management (Emergency Financial Assistance)	403,510.00	\$31,121.03	25.00%	7.71%	372,388.97	Part B Payment Summary
Housing (Substance Abuse Services-Residential)	421,512.00	\$141,613.37	25.00%	33.60%	279,898.63	Part B Payment Summary
Non-medical Case Management (Rep Payee)	38,098.00	\$10,746.26	25.00%	28.21%	27,351.74	Part B Payment Summary
CoSD Medical Case Management	392,403.61	-	25.00%	0.00%	392,403.61	Part B Cost Report
CoSD Early Intervention Services	375,134.29	-	25.00%	0.00%	375,134.29	Part B Cost Report
<b>Ryan White Part B Total</b>	<b>1,818,557.90</b>	<b>224,253.11</b>			<b>1,594,304.79</b>	
<b>Prevention (27-0047) - awaiting</b>						
<i>Counseling and Testing</i>				0.00%	-	Payment Summary
<i>Evaluation/ Linkage Activities/ Needs Assessment</i>				0.00%	-	Payment Summary
<b>Prevention Total</b>	<b>-</b>	<b>-</b>		<b>0.00%</b>	<b>-</b>	
<b>HRSA Ending the HIV Epidemic Total - 25-063 FY 25-26</b>	<b>2,559,215.00</b>	<b>539,626.00</b>		<b>19.34%</b>	<b>2,019,589.00</b>	Payment Summary
<b>HRSA Ending the HIV Epidemic- 20-063 TOTAL</b>	<b>2,559,215.00</b>	<b>539,626.00</b>		<b>19.34%</b>	<b>2,019,589.00</b>	
<b>TOTAL</b>	<b>4,377,772.90</b>	<b>763,879.11</b>			<b>3,613,893.79</b>	

# Ryan White Utilization Report

## Summary of Services for FY 25

*(March 1, 2025 - February 28, 2026)*

HIV, STD and Hepatitis Branch

016





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DEPUTY CHIEF ADMINISTRATIVE OFFICER

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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 2025**

**Updates are bolded**

**Ryan White Part A**

**Ryan White Part A Service Utilization Report provides data regarding clients and service utilization through June 30, 2025.**

- **To date, the Ryan White Part A system of care provided services to 2,054 clients vs. 2,276 last year.**
- **Viral suppression of clients receiving services in the month of June 2025 was 95% for clients who have viral load tests documented in ARIES.**
- **For the period (3/1/25 – 2/28/26), the report reflects expenditures through May, representing 25% of the grant period.**
- **The following services are over mark for the fiscal year:**
  - **Oral Health (54%)**
  - **Emergency Housing (37%)**
  - **Peer Navigation (39%)**
  - **Primary Care (32%)**
- **Non-Medical Case Management for Housing contract was executed in June 2025.**
- **Psychosocial Support Services contract execution is in progress.**

**PARS report as of July 9, 2025:** Partial Assistance Rent Subsidy (PARS) program is a short-term, forty-eight (48) month maximum partial rental assistance program designed to transition clients to more stable housing arrangements.

- **50 currently on the waitlist**
  - **21 on waitlist previously enrolled in PARS**
  - **29 are new applicants**
  - **Demographics of clients on the waitlist:**
    - **Gender: 31 male, 13 female, 6 transgender**
    - **Race/ethnicity: 13 Black, 25 Hispanic/Latino, 10 white, 1 Asian, 1 American Indian**
    - **Age: 37 over 45, 11 ages 31-44, 2 ages 18-30**
    - **Central region 35, East 12, South 1, North 2**
- **90 currently enrolled**
  - **Demographics of clients currently enrolled:**

- **Gender: 67 male, 14 female, 9 transgender**
- **Race/ethnicity: 10 Black, 48 Hispanic/Latino, 29 white, 2 Asian, 1 American Indian**
- **Age: 59 over 45, 38 ages 31-44, 3 ages 18-30**
- **Central region 57, East 9, South 19, North 5**

#### 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.

Current fiscal year: April 1, 2025 – March 31, 2026

Funded activities:

1. Housing (Substance Abuse Services – Residential)
2. CoSD Medical Case Management
3. CoSD Early Intervention Services (Data2Care)
4. Early Intervention Services (Focused Testing + Linkage/Retention to Care)
5. Emergency Financial Assistance
6. Other Professional Services (Representative Payee)
7. Medical Case Management (Bridge/Outreach Program)
8. Outpatient Ambulatory Health Services

Total grant award for Part B is \$2,322,859 per year, the same amount that was received the previous year.

#### **Program Update:**

- **In Fiscal Year 24-25 (April 1, 2024- March 31,2025) 95.11% of the grant funds were expended. The leftover funds (\$113,603.19) were primarily in the substance abuse residential services category and in personnel and administrative costs across various subcontracts.**

#### HIV Prevention PS24-0047

CDC funding for HIV prevention, entitled “High-Impact HIV Prevention (HIP) and Surveillance Programs for Health Departments,” is now being funded under PS24-0047 (previously known as “PS18-1802”).

Current fiscal year: August 1, 2024 – May 31, 2025

The purpose of HIV Prevention services is to eliminate HIV transmission in San Diego County by

- 1) identifying individuals who are vulnerable to HIV infection and linking them to HIV pre-exposure prophylaxis (PrEP) and other needed services; and
- 2) identifying persons living with HIV and linking them to HIV treatment and other needed services.

HIP services are provided in the following regions:

- Central - \$156,851
- South - \$98,540
- Southeast (including Syringe Services Program) - \$215,799
- North Coastal - \$85,493

Social Media & Condom Distribution Program - \$6,7041.67

Routine Opt-Out Testing (ROOT) - \$157,461

Focused Testing - \$56,400

Data/Evaluation Support - \$63,333

**Program Update:**

- Current HIV Prevention activities are anticipated to expire on December 31, 2025.
- HSHB has started procurement planning for the next iteration of services beginning in 2026.

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

CDC EHE  
PS24-0047

CDC Ending the HIV Epidemic funding (previously known as “PS20-2010”) is part of the federal Ending the HIV Epidemic (EHE) Initiative to reduce new HIV infections in the United States by 75% in the next five years and by 90% in the next ten years.

EHE program activities focus on extending the goals to 1) Diagnose; 2) Treat; 3) Prevent; and 4) Respond

Current fiscal year: August 1, 2024 – May 31, 2025

**Funded activities:**

- Wrap Around Services for Persons Who Inject Drugs (provide comprehensive testing, navigation services, and linkage to SUD treatment and resources) - \$250,000
- Peer-Based Mobile PrEP (provide PrEP-related medical evaluation and care, testing, and linkage to benefit navigation) - \$208,333
- Routine Opt-Out Testing (ROOT in primary care, urgent care, and emergency departments) - \$291,666
- Getting to Zero Mobile Application (GTZ) and Resource Guide (develop and maintain mobile application and guide) - \$19,583
- Benefits Navigation (help clients enroll in necessary benefits programs, including Medi-Cal, Covered California, ADAP, PrEP-AP, CalFresh, pharmaceutical patient assistance programs, etc.) - \$145,833
- Transgender Services (address the needs and reduce health disparities in transgender persons) - \$166,666

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

**No updates to report this month.**



HRSA EHE  
25-063

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

Current fiscal year: March 1, 2024 – February 28, 2025

**Funded activities:**

This is a five-year HRSA-funded grant which is currently at its last year. Several activities have been implemented through this grant including:

- Linkage and re-engagement in care of people who were diagnosed with HIV but out of care- \$474,000
- Navigation and support for Individuals Newly Diagnosed with HIV to ensure that clients are retained in care and adhere to their treatment after the initial linkage/re-engagement to care - \$281,005.

**Program updates:**

Final notice of award was received on 8/5/2024 for a total of \$4,641,884 with \$2,559,215 in formula funding and \$2,082,669 in Carryover funding.

**HSHB is currently procuring for:**

- Community engagement for people over the age of 50, indigenous populations and Asian/Pacific Islanders.
- Leadership training and development for people living with HIV.
- Medical Advocacy for people living with HIV.
- Low-Barrier Medical care

In addition, HSHB is currently in the process of amending 4 HCSD contracts to expand housing and supportive services to HOPWA clients.

**Program Update:**

- Both contracts for Medical Advocacy and Leadership Training were executed in November and contract orientations held respectively on December 16 and 19.
- Amendments for the following HCDS contracts have been executed:
  - Stepping Stone
  - St. Vincent de Paul
  - Fraternity House

The goal of these amendments is to enhance Housing and supportive services to HOPWA eligible clients in efforts to increase retention in HIV and viral suppression.

**Update July 2025**

- A new partial award for HRSA EHE 25-063 was issued on 6/17/2025

- A carryover budget was recently submitted to HRSA to request unobligated funds for the period 2020-2025. Most of the carryover funding will support housing supportive services through HOPWA contracts
- For additional information please visit our [HRSA Ending the HIV Epidemic dashboard](#).

### Status Neutral Approaches

23-126

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

Current fiscal year: September 1, 2024 – August 31, 2025

Funded activities:

This is a three-year HRSA grant with \$500,000 allocated to the year 1, and \$375,000 allocated to years 2 and 3. Funded activities include:

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

### **Program Update:**

FHCSD has received IRB approval for SNS activities from HRSA-contracted project evaluator JSI. To date, there have been 242 case management encounters, with 18 individuals linked to harm reduction services, 45 to other social support services, and 1 to PrEP.

### 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:**

**April 28, 2025 marked the one-year anniversary for HRSP since launching on April 29, 2024. Since launching in 2024, attendance has grown from 42 participants to 508 participants.**

**For May 1<sup>st</sup> to 31<sup>st</sup>:**

- **8 program days**
- **190 new participants and 318 total encounters**
- **Distributed 7970 syringes and collected 659**
- **Distributed 554 smoking kits, 516 fentanyl test strips, 497 xylazine test strips, and 726 naloxone kits.**
- **Administered 8 rapid HIV tests and 7 HCV tests**



## **MEMORANDUM OF UNDERSTANDING**

### **Parties**

This Memorandum of Understanding (MOU) is made between the County of San Diego (County) by and through its Health and Human Services Agency (HHSA), HIV, STD and Hepatitis Branch (HSHB) and the HIV Planning Group (HPG). The parties to this MOU may be referred to herein collectively as the "parties" or individually as a "party".

### **Recitals**

WHEREAS, the parties desire to document agreements between the parties and describe the roles and responsibilities of the parties.

THEREFORE, in consideration of the foregoing recitals and the mutual covenants and promises to set forth below, and for other good and valuable consideration, receipt of which is hereby acknowledged, the parties hereto agree as follows:

1. **Administration of Memorandum of Understanding (MOU):** Each party identifies the following individual to serve as the authorized administrative representative for that party. Any party may change its representatives at any time by notifying the other parties in writing of such change and listing its effective date.

<b><u>Health and Human Services Agency</u></b>	<b><u>HIV Planning Group</u></b>
Patrick Loose, Chief HIV, STD and Hepatitis Branch Public Health Services 690 Oxford Street, Chula Vista, CA 91911 619-293-4709 Patrick.Loose@sdcounty.ca.gov	Michael Lochner, Chair HIV Planning Group 690 Oxford Street, Chula Vista, CA 91911 619-972-6369 HPG.HHSA@sdcounty.ca.gov

### **2. Parties' Responsibilities:**

- 2.1. **HIV Planning Group:** The HIV Planning Group is solely responsible for the following tasks, which are specified in the Ryan White HIV/AIDS Treatment Extension Act of 2009
  - 2.1.1. **Priority setting and resource allocation for Ryan White Part A funding:** The HIV Planning Group sets priorities among service categories, allocates funds to those service categories and provides directives to the HIV, STD and Hepatitis Branch ("HSHB") on how best to meet these priorities. The HIV Planning Group is also responsible for reallocation of funds as required during the program year and allocation of carryover funds.
  - 2.1.2. **Assessment of the administrative mechanism:** The HIV Planning Group assesses HHSA's process for procuring services and disbursing Ryan White Part A funds to the areas of greatest need within San Diego County. HIV Planning Group support staff shall work with HSHB contract staff to obtain the data



necessary for the HPG to carry out this function. The HPG provides the results of the assessment to HSHB in time for the annual grant application.

- 2.2. **HIV, STD, and Hepatitis Branch:** HSHB is a branch within the Health and Human Services Agency's Public Health Services Division and is solely responsible for the following task and responsibilities:
  - 2.2.1. **Procurement:** HSHB will work with the County's Department of Purchasing and Contracting to procure and award contracts for services according to the priorities, allocation and directives of the HIV Planning Group. Procurement is the County's responsibility. However, the HIV Planning Group develops standards of care that become part of requirements for service delivery in consultation with HSHB.
  - 2.2.2. **Contracting:** The County shall distribute Ryan White Part A funds according to the priorities, allocations and directives of the HIV Planning Group.
  - 2.2.3. **Contract monitoring:** HSHB monitors contracts to ensure providers are meeting contracted responsibilities in compliance with established standards of care and other relevant local, state and federal requirements and guidance. HSHB will also recommend re-allocation of Ryan White Part A funding during each grant year based on service category performance.
  - 2.2.4. **Technical Assistance to Service Providers:** HSHB provides technical assistance to providers on an as-needed basis to build capacity and to improve contract compliance and service delivery.
- 2.3. **Shared Responsibilities:** Both parties to this MOU share the following legislative responsibilities, with one entity having the lead role for each, as stated below:
  - 2.3.1. **Priority Setting and Resource Allocation for Ryan White Part B Funding:** The HIV Planning Group advises HSHB in setting priorities among service categories and allocating funds to those service categories. Annually, HSHB provides the HIV Planning Group with allocations for activities provided by HSHB, including but not limited to, medical and non-medical case management and early intervention service. The HIV Planning Group shall also advise HSHB regarding reallocation of funds as required during the program year.
  - 2.3.2. **Priority Setting and Resource Allocation for HIV Testing and Prevention Services:** The HIV Planning Group advises HSHB regarding priorities for HIV prevention activities and allocations of funding for those activities. HSHB shall provide epidemiological data, services utilization data, reports, evaluation studies and expenditures to inform priority setting and resource allocation, the Getting to Zero initiative, and the system of care. The HIV Planning Group also advises HSHB regarding reallocation of funds as required during the program year.
  - 2.3.3. **Needs Assessment:** The HIV Planning Group shall take the lead in determining the size, demographics and service needs of the population of persons living with or vulnerable to HIV in San Diego County. HSHB shall provide information necessary to plan the assessment, such as aggregate epidemiological data, service utilization data and expenditure data.
  - 2.3.4. **Comprehensive Planning:** The HIV Planning Group shall develop and monitor the County of San Diego's integrated plan for HIV care, prevention, testing and



surveillance, known locally as the Getting to Zero Plan, with substantial involvement and collaboration with HSHB. The plan provides an overview of HIV and the delivery of care, treatment, testing and prevention services within San Diego County. HSHB shall provide information and input to the plan and has the opportunity to review and make changes to the draft plan. The HIV Planning Group and HSHB will determine, based on guidance from the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC), whether the plan will be developed jointly with the California Department of Public Health, Office of AIDS (CDPH-OA).

- 2.3.5. **Clinical Quality Management (CQM):** HSHB shall establish and maintain a CQM program to assess the extent to which Ryan White-funded HIV primary health care services are consistent with Public Health Service guidelines. HSHB shall also focus on enhancing health and supportive service access, with a focus on improving outcomes along the HIV Care Continuum, including identification of quality improvement projects. The HIV Planning Group shall designate at least two members who will participate in the Clinical Quality Management Committee.
- 2.3.6. **Standards of Care:** The HIV Planning Group shall develop and maintain standards of care and outcome measures with involvement of HSHB and unaffiliated consumers.
- 2.3.7. **Evaluation:** HSHB shall assess effectiveness of services in meeting needs identified and prioritized by the HIV Planning Group. HSHB shall serve as lead on evaluation based on HRSA-, CDC-, or CDPH-OA-specified performance measures. The HIV Planning Group has the option of evaluating service effectiveness, as stated in the legislation. When the HIV Planning Group conducts evaluation, it shall coordinate its efforts with HSHB's activities. HSHB will report the results of its evaluation efforts to the HIV Planning Group semi-annually.
- 2.3.8. **Fiscal Management of HIV Planning Group Support Funds:** HSHB shall provide fiscal management of HIV Planning Group support funds. The annual support budget is funded at 30% of the recipient administrative allowance of the annual Ryan White grant award and 4.5% of the CDC HIV prevention funding received from the California Department of Public Health, Office of AIDS (CDPH-OA). HIV Planning Group support staff will work with the Steering Committee to develop the HIV Planning Group budget, which is reviewed by HSHB to ensure proposed uses of funds conform to federal, state and local requirements. This budget shall cover all costs associated with HIV Planning Group operations, including refreshments provided at meetings, mileage reimbursement and childcare expenses for HIV Planning Group members who are living with HIV, and translation and simultaneous language interpretation to support participation of persons living with HIV who have limited English proficiency. HIV Planning Group support staff shall work with the Steering Committee to monitor expenditures based on reports provided by HSHB.
- 2.3.9. **Procurement of HIV Planning Group Consultants or Services:** HSHB shall coordinate procurement activities when the HIV Planning Group needs to hire consultants or other contractors. Members of the HIV Planning Group will have input into the scope of work and participate in decisions about the hiring of consultants and other providers that are paid through HIV Planning Group funds.





Procurements must meet local requirements as well as state and federal requirements, including the Ryan White HIV/AIDS Program (RWHAP) guidelines. The process, including oversight of contracts, shall be managed by HIV Planning Group support staff.

- 2.3.10. **Office Space and Equipment:** HSHB shall cover the cost of dedicated office space for HIV Planning Group support staff. Office space shall include telephones, voice mail, e-mail, computers, and photocopiers. Office space for the HIV Planning Group will meet all Americans with Disabilities Act (ADA) requirements.
- 2.3.11. **Staff:** For all staff who are employees of the Health and Human Services Agency, recruitment and hiring practices shall follow established County of San Diego ordinances, policies and procedures. HSHB staff are hired and supervised by the HSHB Chief or managers and supervisors who report to the Chief. HIV Planning Group support staff members are hired and supervised by the Deputy Director of Public Health Services, who is located in Public Health Services Administration. These separate hiring and supervision structures help to maintain the independence of the two entities with their complementary but different legislative responsibilities. Where questions or concerns arise regarding the roles and responsibilities of HIV Planning Group support staff, the ultimate decision maker is the Deputy Director. For HIV Planning Group support staff members who are provided by Contractors, hiring and supervision will be the responsibility of the Contractor. The Contracting Officer's Representative (COR) will be the ultimate decision maker regarding any questions or concerns related to Contractor staff.
- 2.3.12. **Annual Ryan White Application Process:** HSHB shall have primary responsibility for preparation and submission of the Part A application. HIV Planning Group support staff shall provide information for the application sections related to HIV Planning Group membership and responsibilities (such as priority setting and resource allocations) and assist with preparation and review of the application. Prior to the application due date, two to three members of the HIV Planning Group appointed by the Steering Committee, will have an opportunity to review the application and make suggestions for its improvement. HSHB will consider all recommendations and incorporate those that strengthen the application. The HIV Planning Group must approve or ratify action by the Chair or Vice-Chair to sign a letter of assurance accompanying the application that indicates whether HSHB has expended funds in accordance with HIV Planning Group priorities, allocations, directives, and other information as specified in the annual Part A Funding Opportunity Announcement (FOA) from HRSA/HIV/AIDS Bureau (HAB).

## 2.4. Communications

- 2.4.1. HSHB and HIV Planning Group will each have a designated liaison responsible for sharing and receiving communications. For the HIV Planning Group, the designated liaison will be the Chair. For HSHB, it will be the Chief or their designee. All communications must be in writing and shall include HIV Planning Group support staff.
- 2.4.2. HSHB shall assign a staff member to each committee of the HIV Planning Group, except for the Membership and Community Engagement committees.



- 2.4.3. HIV Planning Group members and support staff shall not be involved in any complaints from consumers about services and/or service providers. All complaints shall be referred back to the provider with direction to follow the provider's internal complaint or grievance process. If there are broader, systemic complaints, those should be directed to the Ryan White program manager.
- 2.4.4. HSHB addresses routine data requests in the most expeditious manner possible. For data requests that were not planned and require substantial efforts to fulfill, the request shall be listed in the summary minutes of the meeting. In addition, HIV Planning Group support staff shall provide a list of requests in a follow-up e-mail within two business days, with a copy to the committee chair and HIV Planning Group chair. The request shall specify the date by which the information is needed and the legislatively defined task that is being addressed through the request. HSHB shall respond to such request within five working days indicating whether it can meet the request. In cases where HSHB cannot meet dates requested by the HIV Planning Group, content and timing will be decided in a meeting between the Steering Committee and staff members from HSHB.
- 2.5. **Information Sharing:** The HIV Planning Group and HSHB shall share important data and information that are required for each party to carry out their legislatively defined duties. At the beginning of each calendar year, the HIV Planning Group and HSHB will meet to develop a list, in table format, of the information and data that will be needed from each party during that calendar year and when that information or data will be needed.
  - 2.5.1. **Information to Be Provided by HIV Planning Group to HSHB:** The Planning Group shall provide:
    - 2.5.1.1. An annual list of HIV Planning Group members, their seats and their terms of office, with primary affiliations as appropriate, updated as needed throughout the year, and in accordance with current HRSA/HAB, CDC or other requirements.
    - 2.5.1.2. Notification of the HIV Planning Group's monthly meetings, retreats, orientation and training sessions, and other HIV Planning Group events, at the same time notification goes to HIV Planning Group members.
    - 2.5.1.3. Meeting notice, agenda, and information package for each HIV Planning Group meeting, to be provided at the same time they are provided to HIV Planning Group members.
    - 2.5.1.4. The annual list of service priorities and resource allocations, along with the process used to establish them and directives to HSHB or edits to existing directives on how best to meet these priorities. This information will be provided within five (5) working days after the HIV Planning Group has approved the priorities, allocations, and/or directives.
    - 2.5.1.5. Copies of final planning documents prepared by the HIV Planning Group, such as needs assessment reports and the Comprehensive Plan, within five (5) working days after their completion and approval by the HIV Planning Group.



2.5.1.6. Information or documents needed by HSHB to complete applications or reports to HRSA, CDPH-OA, or other funder. Information or documents will be provided by a date that is mutually agreed upon.

2.5.2. **Information to Be Provided by HSHB to HIV Planning Group:** The Chief of HSHB, or his or her designee, shall provide:

2.5.2.1. Copies of the annual Ryan White Notice of Grant Award (NGA), including: Conditions of Award; copies of all other notices of grant award; copies of any approved carryover requests; and copies of other official communications from HRSA/HAB or CDPH-OA that directly involve the HIV Planning Group, within three (3) business days after they are received from the funding agency and more quickly where time-sensitive responses are required.

2.5.2.2. A written monthly expenditures report by service category, provided in writing at least 72 hours prior the meeting of the appropriate committee. HSHB will also provide an oral presentation to the Steering Committee and the HIV Planning Group, highlighting any unexpected expense levels.

2.5.2.3. A report to the HIV Planning Group regarding over- and under-expenditures and any unobligated balances, by service category, and any suggested reallocations, to be provided monthly at least 72 hours before the meeting of the Priority Setting and Resource Allocation Committee. This report is to be submitted monthly due to the importance of avoiding unobligated funds at the end of the program year, given the provisions of the legislation.

2.5.2.4. Utilization data by service category, including service units, unduplicated client totals and demographics and for mutually determined special populations requiring additional analysis, to be provided quarterly, including end-of-year data consistent with the Ryan White Services Report (RSR).

2.5.2.5. HIV Care Continuum data for all persons living with HIV in San Diego County and for Ryan White clients, as well as mutually agreed upon subpopulation analysis, to be provided annually in July.

2.5.2.6. Other performance and clinical outcomes data including HRSA/HAB-specific measures, collected by HSHB, to be provided twice a year in March and September.

2.5.2.7. Information and recommendations requested as needed by the HIV Planning Group to carry out its responsibility in setting priorities among service categories, allocating funds to those service categories, and providing directives to HSHB on how best to meet these priorities. The content and format for this information will be mutually agreed upon each year, but will typically include epidemiological data, additional cost and utilization data, and an estimate of unmet need for outpatient/ambulatory health services



among people who know their status but are not in care. In addition to providing the information in written form, HSHB will participate in data presentations to the Priority Setting and Resource Allocation Committee and HIV Planning Group at mutually agreed upon dates and times.

- 2.5.2.8. Information requested as needed by the HIV Planning Group to meet its responsibility for assessing the efficiency of the administrative mechanism. The content and format for this information will be mutually agreed upon each year but will typically include information from HSHB on the procurement and grants award process for Ryan White Part A funds; statistics, such as number of applications received, and number of awards made; and reimbursement procedures and timelines.
- 2.5.2.9. Carryover information as it becomes available. This includes the estimated carryover as submitted to HRSA/HAB at the end of the calendar year, the actual carryover from the Financial Status Report (FSR), the carryover plan submitted to HRSA/HAB, and the approved carryover plan. Each document will be provided to the HIV Planning Group within five (5) business days after it is submitted or received.
- 2.5.2.10. Final reports to funders, including the FSR, the Final Implementation Plan and Final Allocations Report, and narrative reports related to care, testing, and prevention services. HSHB shall provide these reports to the HIV Planning Group within five business days after HSHB submits them. HSHB will strive to provide reports in time for use in priority setting and resource allocation. Names of providers will be redacted from all reports provided to the HIV Planning Group.

## 2.6. Documents and Information That will Not be Shared

- 2.6.1. The HIV Planning Group will not share information on the HIV status of members of the HIV Planning Group who are not publicly disclosed as people living with HIV/AIDS.
  - 2.6.2. HSHB will not share information about individual applicants for service contracts or about the performance of individual contractors. Information will be shared by service category only.
  - 2.6.3. The HIV Planning Group will not have access to HSHB's detailed budget other than the summary version submitted in grant applications. The HSHB Chief will have access to the HIV Planning Group's detailed budget as needed for the Part A application, Conditions of Award, and other HRSA/HAB requirements.
- 2.7. **Disputes:** If disputes arise with regard to the roles and responsibilities described in this MOU, the parties will use the following procedures to resolve them:
- 2.7.1. Both parties shall agree to a face-to-face meeting to attempt to resolve the dispute within five (5) working days after the dispute arises.



2.7.2. If the dispute cannot be resolved, both parties shall agree to a subsequent meeting that includes supervisors, during which they will discuss the dispute and attempt to reach resolution within ten working days after the initial meeting.

2.7.3. If the situation still cannot be resolved, both parties agree to a final meeting of representatives of HSHB and the HIV Planning Group and their two supervisors with the HHSA Agency Director or his or her representative. The decision of the HHSA Agency Director will be final.

3. **Information Privacy and Security Provisions: "RESERVED"**

4. **Term:** This MOU shall become effective on the date all parties have signed this MOU and be in force until **June 30, 2030**.

5. **Amendments:** Any party may propose amendments to this MOU. This MOU may only be amended by a written bilateral amendment signed by each party's authorized administrative representative.

6. **Termination for Convenience:** County may, by written notice stating the extent and effective date, terminate this MOU for convenience in whole or in part, at any time.

7. **Live Well San Diego Vision:** The County of San Diego, Health and Human Services Agency (HHSA), supports the *Live Well San Diego* vision of Building Better Health, Living Safely, and Thriving. *Live Well San Diego*, developed by the County of San Diego, is a comprehensive, innovative regional vision that combines the efforts of partners inside and outside County government to help all residents be healthy, safe, and thriving. All HHSA partners and contractors, to the extent feasible, are expected to advance this vision. Building Better Health focuses on improving the health of residents and supporting healthy choices. Living Safely seeks to ensure residents are protected from crime and abuse, neighborhoods are safe, and communities are resilient to disasters and emergencies. Thriving focuses on promoting a region in which residents can enjoy the highest quality of life. Information about *Live Well San Diego* can be found on its website dedicated to the vision: <http://www.LiveWellSD.org>.

8. **Compensation:** Except for section 2.3.8, which describes how the HIV Planning Group budget is determined annually, there is no compensation associated with this MOU.

9. **Maintenance of Records:** Records related to the HIV Planning Group and its operations shall be maintained in accordance with the HSHB records retention policy.

***Remainder of this page is intentionally left blank.***



**COUNTY OF SAN DIEGO**  
Health and Human Services Agency

**County of San Diego**

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
KIMBERLY GIARDINA, DSW, MSW  
Deputy Chief Administrative Officer  
Health and Human Services Agency

**HIV Planning Group**

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
MICHAEL LOCHNER, Chair



## HPG Membership Participation Expectations

### In-person Attendance and Participation<sup>1</sup>

- All HPG members and committee members attend the monthly HIV Planning Group and one HPG committee meeting in person. In-person participation is required to achieve a quorum and ensure the HPG and/or committee can effectively conduct its business.

### Timely Responses

- A quorum is required to conduct an HPG or a committee meeting. All HPG members respond promptly to HPG support staff emails and other communications, especially when confirming meeting attendance, **within 48 hours**.

### Participation in Additional Activities

- All HPG members and committee members participate in additional HPG activities such as task forces, working groups, and/or outreach activities. This may include representing the HPG at community events, supporting public engagement initiatives, and/or collaborating with other members to raise awareness of our HIV prevention and support work. All members are encouraged to participate in these efforts to ensure our initiatives are inclusive and impactful.
  - All HPG members and committee members participate in at least one or more of the following HPG activities annually: task forces, working groups, and/or outreach activities
  - All HPG members and committee members, new and existing, are encouraged to attend at least one Community Engagement Group meeting per year.
  - The Community Engagement Group members can provide onboarding and mentorship support to the new HPG members.
  - The Community Engagement Group members can participate in outreach events.

### Respectful Behavior<sup>1</sup>

All HPG members and committee members engage respectfully. Respectful behavior towards HPG and committee members during meetings and all HPG-related communications is a reflection of our value and respect for each other. Disrespectful or disruptive behavior is not tolerated because we believe in fostering a culture of mutual respect and understanding.

- All HPG members and committee members are punctual, prepared, and actively contribute to discussions.
- All HPG members and committee members are solution-oriented and communicate clearly and respectfully. Differences of opinion may be expressed, fostering collaboration rather than conflict. Constructive engagement discussions are focused on the committee's objectives, with all members contributing positively and constructively.

**HIV PLANNING GROUP**  
**12-MONTH COMMITTEE TRACKING**  
**July 2024 - June 2025**

<b>STEERING COMMITTEE</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>#</b>
<b>Total Meetings</b>	0	0	1	0	1	0	1	0	1	0	1	0	5
<b>(7) Members</b>													
<b>Community Engagement Group</b> <b>Michael Donovan</b>	NM	NM	*	NM	*	NM	*	NM	*	NM	*	NM	0
<b>Medical Standards &amp; Evaluation</b> <b>Committee</b> <b>Dr. David Grelotti</b>					1	NM	1	NM	JC*	NM	JC	NM	2
<b>Membership Committee</b> <b>Felipe Garcia-Bigley</b>	NM	NM	1	NM	*	NM	*	NM	*	NM	*	NM	1
<b>Priority Setting &amp; Resource</b> <b>Allocation Committee</b> <b>Rhea Van Brocklin</b>	NM	NM	*	NM	*	NM	*	NM	1	NM	*	NM	1
<b>Strategies &amp; Standards Committee</b> <b>Michael Wimpie</b>		NM	*	NM	1	NM	*	NM	*	NM	*	NM	1
<b>HIV Planning Group</b> <b>Mikie Lochner (Chair)</b>	NM	NM	*	NM	1	NM	*	NM	*	NM	*	NM	1
<b>HIV Planning Group</b> <b>Cinnamen Kubricky (Vice-Chair)</b>	NM	NM	*	NM	*	NM	*	NM	*	NM	1	NM	1

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

\* = Present

1 = Absent for the month

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

JC = Just Cause

EC = Emergency Circumstance

NM = No Meeting

NQ = No Quorum



# San Diego HIV Planning Group INVITES YOU TO THE HAPPYVILLE EXERCISE

The San Diego HIV Planning Group (HPG) is hosting a fun and interactive priority setting and budget allocation exercise where you can learn all about the key parts of the HIV care and prevention planning processes! For questions, email [hpg.hhsa@sdcounty.ca.gov](mailto:hpg.hhsa@sdcounty.ca.gov), or visit [sdplanning.org](http://sdplanning.org).

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

**WEDNESDAY, JULY 16, 2025**

**3:00 PM - 5:00 PM**

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

**Join virtually at**

<https://bit.ly/Happyville2025>



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

# TE INVITA A LA EJERCICIO DE HAPPYVILLE



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

Si tienes preguntas, envía un correo electrónico a [hpg.hhsa@sdcounty.ca.gov](mailto:hpg.hhsa@sdcounty.ca.gov) o visita [sdplanning.org](http://sdplanning.org)

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

## MIÉRCOLES 16 DE JULIO DE 2025

**15:00 - 17:00**

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

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