

SAN DIEGO HIV PLANNING GROUP (HPG)



Wednesday, July 22, 2026, 3:00 PM – 5:00 PM
Southeastern Live Well Center
5101 Market Street, San Diego, CA 92114
Meeting Rooms B & C

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

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Meeting Location & Directions:

HIV Planning Group (HPG)

Wednesday, July 22, 2026

3:00 PM – 5:00 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:

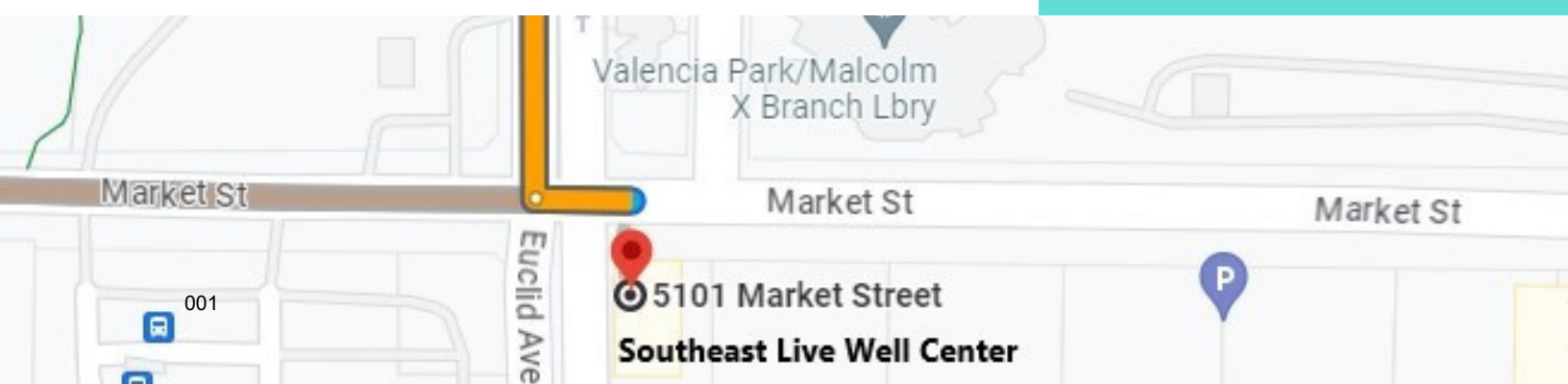
1. Head southeast on I-805 South.
2. Take exit 13A for CA-94-E/M L King Jr. Fwy.
3. Merge onto CA-94 E.
4. Take exit 4A for Euclid Ave.
5. Turn left onto Euclid Ave.
6. Use the left 2 lanes to turn left onto Market St.
7. The destination will be on your right.



PUBLIC TRANSPORTATION

MTS Trolley:
Orange Line

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



Procedure of HPG Public Requests During HPG Meetings

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

The process/procedure for responding is as follows.

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

Explain the process for a response and indicate that:

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

SAN DIEGO HIV PLANNING GROUP (HPG)



Wednesday, July 22, 2026, 3:00 PM – 5:00 PM
Southeastern Live Well Center
5101 Market Street, San Diego, CA 92114
(Meeting Rooms B & C)

To participate remotely via Zoom:

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

Call in: +1 (669) 444-9171

Meeting ID (access code): 853 6898 7291

Password: SDHPG

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

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

A quorum for this meeting is fourteen (14)

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

ORDER OF BUSINESS

1. Call to order and roll call (3:00-3:05)
2. Welcome, moment of silence, matters from the Chair (3:05-3:10)
3. Acknowledgements (3:10-3:20)
4. Public comment (for members of the public) – concerns/questions/suggestions for future training topics/agenda items (3:20-3:30)
5. HPG Member Open Forum – concerns/questions/suggestions for future training topics/agenda items (3:30-3:40)
6. **ACTION:** Approve the HPG agenda for July 22, 2026 (3:40-3:45)
7. HIV, STD, and Hepatitis Branch (HSHB) Report (3:45-4:00)
8. New Business: (4:00-4:55)
 - a. **ACTION:** FY 26 reallocations (current fiscal year, March 1, 2026 – February 28, 2027)
 - b. **ACTION** (*Priority Setting and Resource Allocation Committee*): Approve 2026 Key Data Findings
 - i. Ryan White service eligibility criteria and other service guidelines
 - ii. Regional service availability/distribution of Ryan White Treatment Extension Act (RWTEA) Part A/B services
 - iii. Services offered through Ryan White parts C and D
 - iv. HIV/AIDS epidemiology data

SAN DIEGO HIV PLANNING GROUP (HPG)

- v. HIV care continuum/unaware estimates (including data on viral suppression rates among Ryan White clients vs. all clients) and unmet needs estimates
- vi. Data on Ryan White clients experiencing homelessness
- vii. Key data findings on co-occurring conditions, poverty and insurance
- viii. Non-Ryan White services in the community, especially mental health and substance use treatment resources
- ix. 2024 Needs Assessment/Survey of HIV Impact
- x. Minority AIDS Initiative (MAI) funding and its uses for services in all regions

c. **Presentation:** High Impact Prevention – Lynn Carson, County of San Diego

9. Old Business: (4:55)

- a. None

10. Routine Business: (4:55)

- a. Tabled

11. Announcements (4:55-5:00)

12. Adjournment (5:00)

Next Meeting Date: **Wednesday, August 12, 2026, at 2:00 PM – 5:00 PM**

Location: Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114
(Meeting Rooms B and C) and via Zoom

HSHB Report to HPG

July 2026



COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY



LIVE WELL
SAN DIEGO



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July 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.

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Expenditure Report

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



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Service Utilization



Ryan White Client Utilization Dashboard



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

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July 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	82
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July 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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July 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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July 2026
HSHB REPORT



2026 HIV Prevention & EHE

January – June: 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%	80%
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%	2.2%
Tests conducted within identified priority populations	70%	94%

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July 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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July 2026
HSHB REPORT



2026 HIV Prevention & EHE

January – June: Harm Reduction & Benefits Navigation

Harm Reduction	
Harm Reduction Kits	5,024
Hygiene Kits	2,532
Safer Sex Kits	2,813
Syringe Services Supplies	792

Benefits Navigation	
Navigation Outreach Events	14
Referrals to HIV Care	71
Individuals Receiving Benefits Navigation Assistance*	281

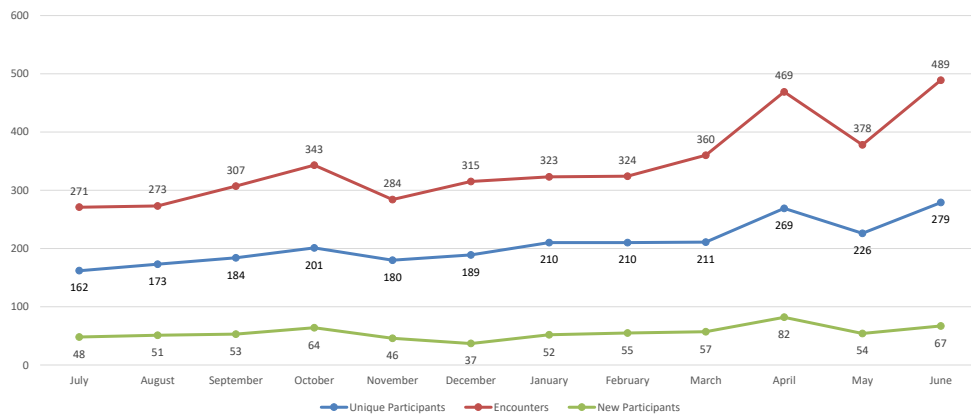
*ADAP Covered CA PrEP AP
CalFresh Medi-Cal Pharmacy Assistance Program

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July 2026 HSHB REPORT



County of San Diego Harm Reduction Services Participants

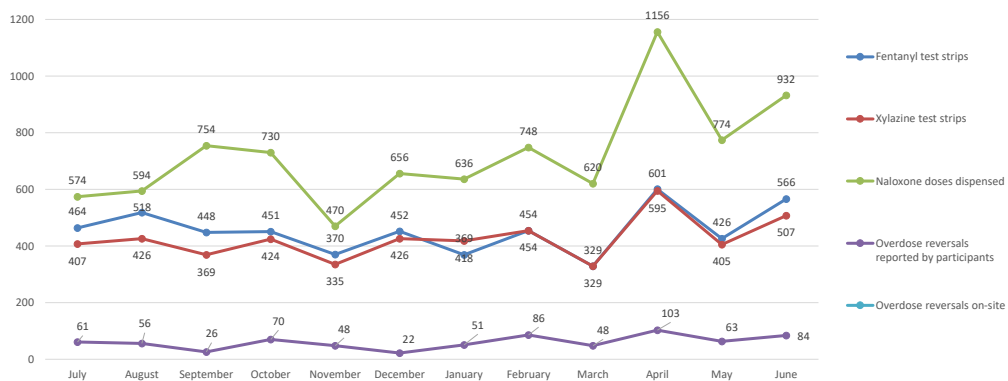


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July 2026 HSHB REPORT



County of San Diego Harm Reduction Services Overdose Prevention



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ELIZABETH A. HERNANDEZ, Ph.D.
INTERIM DEPUTY CHIEF
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PUBLIC HEALTH OFFICER

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

- The GY26-27 Notice of Award was released June 25, 2026 for the total amount of \$1,570,868.

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:

- The GY26-27 Notice of Award was released June 25, 2026 for the total amount of \$1,829,774.
- HSHB has started procurement planning for next iteration of services.

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

HRSA EHE
25-063

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

Update May 2026

- HRSA EHE Current Fiscal Year: March 1, 2026-February 28, 2027
- Final Notice of award issued by HRSA on 5/12/2026 and received by the County on 5/20/2026 for a total budget of \$2,837,918.
- Funded activities:
 - Leadership Training and Development: provide leadership training and development to 3 cohorts of 15 persons living with HIV. This activity is being implemented by Christie's Place
 - Medical Advocacy for persons living with HIV implemented by The San Diego LGBT Community Center
 - Community Engagement for AAPI and people over 50 conducted by The San Diego LGBT Community Center
 - Emergency Housing Assistance implemented by La Maestra Family Clinic

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

Update June 2026

- Year 6 EHE 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

Update July 2026

- Year 6 EHE Carryover Notice of Award was received on 7/14/26
- Carryover funding will be added to 5 Ryan White contracts to expand emergency financial assistance, medical transportation and case management.

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.

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 COPHRI (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.

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

RW 2026-27 YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN Through June 2026

FY26-27 ALLOCATION BREAK DOWN								
Funding Source	Admin. \$	Admin. %	CQM \$	CQM %	RW 2025-26 Service dollars	Total	CORE Medical Services	Support Services
Part A	1,151,330	10%	321,702	3%	10,394,224	11,867,256	60.86%	39.14%
Part A MAI	81,248	9%	34,092	4%	771,140	886,480		
TOTAL	1,232,578.20		355,794.00		11,165,364.00	12,753,736.20	61%	39%

Ryan White Part A Allocations										
					% Elapsed		33%			
Service Categories	Priority Ranking (PSRAC recommendation)	RW 2026-27 HPG Initial Allocation	%	HPG & Recipient Approved Actions +/-	RW 2026-27 HPG Adjusted Allocation	%	RW 2026-27 Year to Date Expenditure	RW 2026-27 Year-to-Date - % Expenditure/Budget)	RW 2026-27 Balance	Comments
Outpatient Ambulatory Health Services (OAHS)	1	1,996,037.00	22%	-	1,996,037.00	20%	589,296.47	30%	1,406,740.53	
Mental Health	3	603,500.00	7%	327,730.00	931,230.00	9%	270,326.93	29%	660,903.07	
Oral Health	2	336,699.00	4%	-	336,699.00	3%	25,997.73	8%	310,701.27	
Medical Case Management	6	1,151,853.00	13%	193,953.00	1,345,806.00	13%	463,121.36	34%	882,684.64	
Non-Medical Case Management	7	392,021.00	4%	122,855.00	514,876.00	5%	184,958.29	36%	329,917.71	
Housing	4	2,005,781.00	22%	-	2,005,781.00	20%	698,578.12	35%	1,307,202.88	
Childcare Services	9	-	0%	27,573.00	27,573.00	0%	9,353.88	34%	-	
Early Intervention Services (EIS)	12	753,000.00	8%	195,596.00	948,596.00	9%	281,555.90	30%	667,040.10	
Health Education & Risk Reduction	19	-	0%	-	-	0%	-	0%	-	
Outreach Services	12b	-	0%	-	-	0%	-	0%	-	
Psychosocial Support Services	13	46,744.00	1%	-	46,744.00	0%	46,744.00	100%	-	Future expenditures to be allocated/paid by HRSA EHE
Referral for Health Care and Support Services	8	268,852.00	3%	110,197.00	379,049.00	4%	103,900.65	27%	275,148.35	

Ryan White Part A Allocations						% Elapsed		33%		
Service Categories	Priority Ranking (PSRAC recommendation)	RW 2026-27 HPG Initial Allocation	%	HPG & Recipient Approved Actions +/-	RW 2026-27 HPG Adjusted Allocation	%	RW 2026-27 Year to Date Expenditure	RW 2026-27 Year-to-Date - % Expenditure/Budget)	RW 2026-27 Balance	Comments
Other Professional Services	17	285,265.00	3%	(261,493.00)	23,772.00	0%	22,616.35	95%	1,155.65	Future expenditures to be allocated/paid by Part B
Substance Use Treatment Services: Outpatient	5	313,127.00	3%	-	313,127.00	3%	101,337.18	32%	211,789.82	
Substance Use Treatment Services: Residential	16	-	0%	-	-	0%	-	0%	-	
Home and Community-Based Health Services	18	200,500.00	2%	28,000.00	228,500.00	2%	59,761.89	26%	168,738.11	
Medical Transportation	15	101,830.00	1%	15,253.00	117,083.00	1%	27,175.34	23%	89,907.66	
Food Bank/Home-Delivered Meals	10	536,073.00	6%	233,493.00	769,566.00	8%	247,949.10	32%	521,616.90	
Medical Nutrition Therapy	11	35,542.00	0%	-	35,542.00	0%	11,255.29	32%	24,286.71	
Emergency Financial Assistance	14	61,856.00	1%	-	61,856.00	1%	19,666.80	32%	42,189.20	
Subtotal		9,088,680.00	100%	993,157.00	10,081,837.00	100%	3,163,595.28	31%	6,918,241.72	
Ryan White Part A Minority AIDS Initiative (MAI)		RW 2026-27 HPG Initial Allocation		HPG & Recipient Approved Actions +/-	RW 2026-27 HPG Adjusted Allocation	%	RW 2026-27 Year to Date Expenditure	RW 2026-27 Year-to-Date - % Expenditure/Budget)	RW 2026-27 Balance	Comments
Case Management (Non-Medical)		45,657.45		-	45,657.45	7%	13,407.20	29%	32,250.25	
Medical Case Management		321,317.37		-	321,317.37	46%	51,244.18	16%	270,073.19	
Mental Health Services		102,108.29		-	102,108.29	15%	29,205.69	29%	72,902.60	
Outreach Services		18,536.45		-	18,536.45	3%	5,677.08	31%	12,859.37	
Substance Use Services (Outpatient)		114,639.70		-	114,639.70	16%	38,287.50	33%	76,352.20	
Emergency Housing Assistance		100,000.00		-	100,000.00	14%	30,018.34	30%	69,981.66	
Subtotal		702,259.26		-	702,259.26	100%	167,840.00	24%	534,419.26	
TOTAL		9,790,939.26		993,157.00	10,784,096.26		3,331,435.28	31%	7,452,660.98	

CORE and Support Services Allocation Breakdown						
	Total Allocation	% Allocated	Total Expenditure	% Spent	Total Balance	% Balance
CORE Medical Services	6,135,537.00	60.86%	1,802,652.75	29.38%	4,332,884.25	70.62%
Support Services	3,946,300.00	39.14%	1,360,942.53	34.49%	2,585,357.47	65.51%
TOTAL	10,081,837.00		3,163,595.28		6,918,241.72	

Disclaimer: this may include certain expenditures from the subsequent month

Other funding info

Month: Jul-26

Part A & Part B Prevention Comp A/C

HRSA 20-078

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

Funding Source	RW 2026/2027 Service Dollars	Contract YTD Expenditure	% of Year Invoiced	% Spent	Balance	Comments
Ryan White Part B						
Outpatient Ambulatory Health Services (Medical)	-	-	25.00%	0%	-	Part A Payment Summary (Part B funding)
Early Intervention Services (Expanded HIV Testing)	-	-	25.00%	0%	-	Part A Payment Summary (Part B funding)
Early Intervention Services (Focused Testing)	-	-	25.00%	0%	-	Part B Payment Summary
Medical Case Management (Emergency Financial Assistance)	165,707.89	\$31,015.00	25.00%	18.72%	134,692.89	Part B Payment Summary
Housing (Substance Use Services-Residential)	921,547.83	\$255,480.00	25.00%	27.72%	666,067.83	Part B Payment Summary
Non-Medical Case Management (Rep Payee)	66,561.28	\$11,750.00	25.00%	17.65%	54,811.28	Part B Payment Summary
CoSD Medical Case Management	-	-	25.00%	0%	-	Part B Cost Report
CoSD Early Intervention Services	-	-	25.00%	0%	-	Part B Cost Report
Ryan White Part B Total	1,153,817.00	298,245.00			855,572.00	
Prevention (27-0047) - HIP						
Testing / Evaluation / Linkage / Planning / Prevention / Social Media	863,331.00	70,685.30	33%	8.19%	792,645.70	Payment Summary
Prevention Total	863,331.00	70,685.30			792,645.70	
HRSA Ending the HIV Epidemic (EHE) - 25-063 FY26-27						
HRSA EHE	2,163,914.00	593,067.00	33%	27.41%	1,570,847.00	Payment Summary
EHE Total	2,163,914.00	593,067.00			1,570,847.00	
TOTAL	4,181,062.00	961,997.30			3,219,064.70	

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 GENDER	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

HPG CONFLICT OF INTEREST (COI) SHEET

	Conant, Juan	Davenport, Beth	Garcia-Bigley, Felipe	Grelotti, David J.	Halliwell, Pamuela	King, Michael	Matthews, Eva	Nava, Veronica	Paugh, Shannon	Spector, Stephen A.	Van Brocklin, Rhea	Westcott, Joseph
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

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

Garcia, Rosemary
Garland, Kalee
Fleming, Tyra

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

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

Revised 6/23/26



San Diego HIV Planning Group
PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE



COMBINED KEY DATA FINDINGS AND PRESENTATIONS 2026

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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**



Approved <>

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 re-assessed for eligibility every 12 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.	• Self-Referral • 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 completed, 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 - Individuals who know their status and are not in care and need assistance to enter or re-enter HIV-related medical care	

Service Category/Ranking	Criteria	Limitations	Requires Referral
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	Emergency Financial Assistance provides a limited one-time or short-term payments to assist a Ryan White client with an urgent need for essential items or services necessary including food (groceries and food vouchers).	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 eligible for other public transportation benefits such as, but not limited to, ADA Para-Transit, Medi-Cal Waiver Program, Home and	• Case manager • Any service provider

Service Category/Ranking	Criteria	Limitations	Requires Referral
		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 vehicles (tires, repairs, etc.) 3. Payment of other cost associate with a personally owned vehicle (insurance, license, etc.)	

Service Category/Ranking	Criteria	Limitations	Requires Referral
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.	

San Diego HIV Planning Group
Priority Setting and Resource Allocation Committee



**2026 Key Data Findings:
Ryan White Programs (RWP) Parts A/B
Regional Service Availability**

May 7, 2026



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

A RWP service is considered to be not available in a region if it is: 1) not available at a provider site in the region; 2) not out stationed in the region; and 3) not available in a client's home.

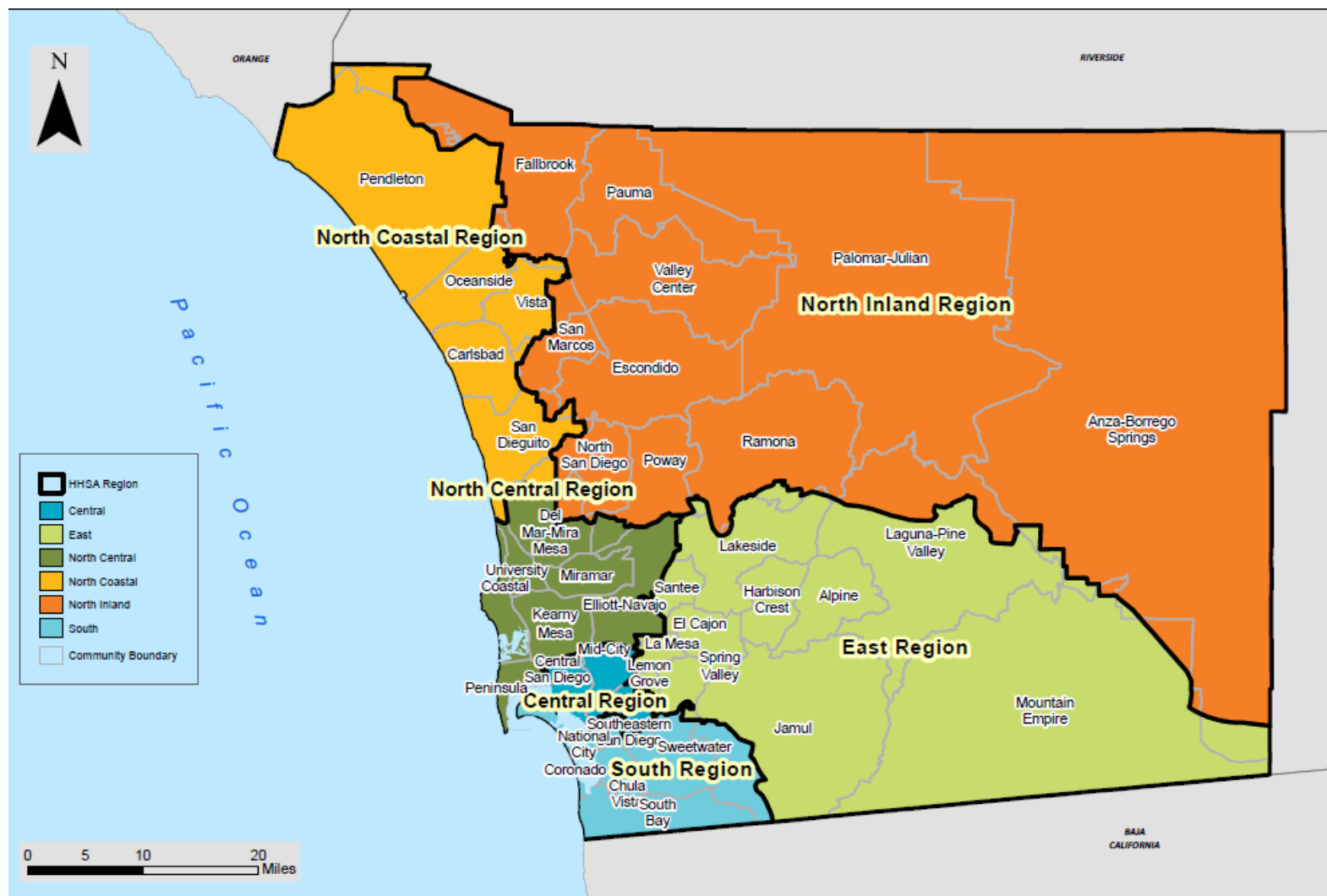
The following RWP services are currently **not** available in the given regions:

Region(s)*	RWP Parts A/B funded services <u>not</u> available
Central/ North Central/ Southeast	• All services available
East	• Substance Use Treatment Services (Residential)** • Substance Use Treatment Services (Outpatient) • Minority AIDS Initiative (MAI)
North Coastal/ North Inland	• Substance Use Treatment Services (Residential)** • Substance Use Treatment Services (Outpatient) • Minority AIDS Initiative (MAI)
South	• Substance Use Treatment Services (Residential)**

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

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

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



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
Priority Setting and Resource Allocation Committee

2026 Key Data Findings
HIV EPIDEMIOLOGY

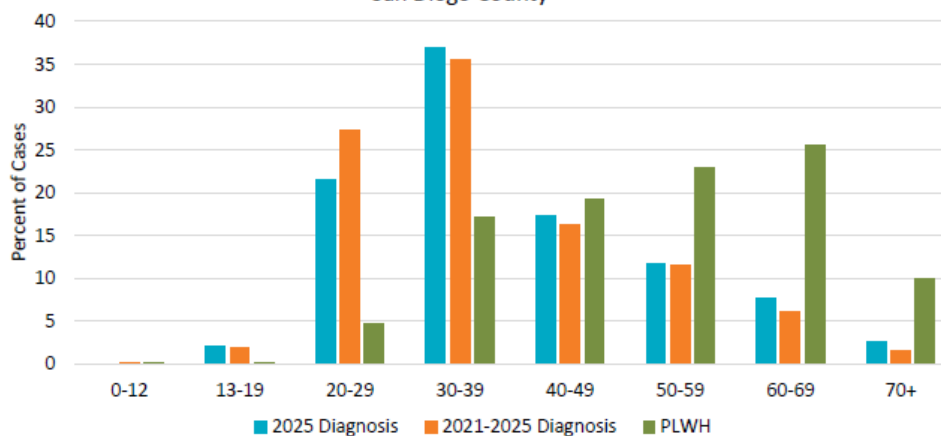
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Overall Findings

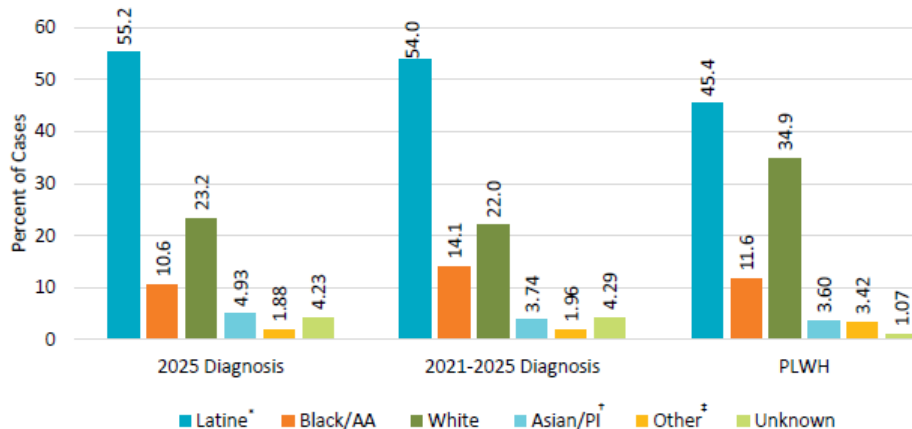
- Prevalence: Total PLWH² in San Diego County: **14,783**
- Recent Cases¹ (2021-2025): **2,192** (*subset of the total/prevalent cases*)
- People aged 20-39 make up the most cases in the county (*age at time of diagnosis*): **62.7%** (n=1,374)
- Notably, an increase in age for PLWH is being observed, depicted by the green bars. Nearly **50%** of PLWH are aged 50-69, and **10%** of PLWH are aged 70+

Figure 2. Age* Group of HIV cases,
San Diego County



- **15%** (n=329) of all recent cases were females (current gender)
- Females (PLWH) make up **10%** of total HIV cases (n=1,478)
- The largest proportion of recent cases (**39.1%**) were in the Central Region (n=856), followed by the South Region at **21.3%** (n=467)

Figure 5. Race and Ethnicity* of HIV Cases,
San Diego County



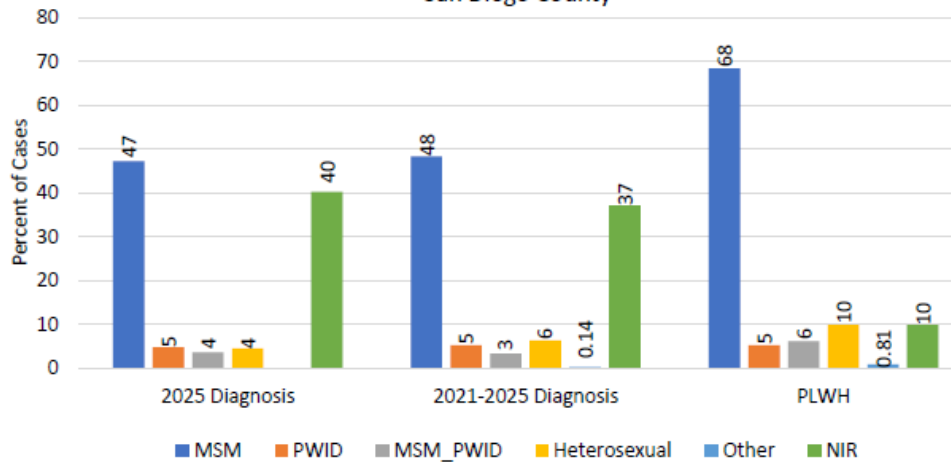
¹ **Recent Cases** = HIV disease diagnosis, regardless of stage of disease, between 2021 and 2025 while residing in San Diego County

² **Persons Living with HIV disease (PLWH)** = Residing in San Diego County and alive as of December 31, 2025

³ **Late Testing** = having an AIDS diagnosis soon after HIV diagnosis, assuming the patient is further along in infection process

- The majority of recent HIV diagnoses were **people of color**
- The proportion of **Non-Hispanic White** cases decreased over time, while the proportion of **Hispanic/Latino** cases increased over time
- Latine PLWH make up **54%** of all recent cases (n=1,183)

Figure 6. Transmission Risk of HIV Cases, San Diego County



- The largest proportion of recent cases were men who have sex with men (**48%**, n=1,052)
- **10%** of all cases are among people who identify as heterosexual
- Late testing³ generally increases with age, and the South Region along with people who inject drugs (PWID) have the highest percentages of simultaneous diagnosis.

Late Testing Demographics, Adults (2021-2025)

Table 9. Late Testing by Transmission Risk Category (2021 – 2025)

Risk Category	0 Month	< 4 month	>12Month	HIV Only	Total
MSM	10.5%	12.1%	14.0%	86.0%	956
PWID	18.8%	19.8%	20.8%	79.2%	101
MSM_PWID	3.2%	9.5%	9.5%	90.5%	63
Heterosexual	12.1%	20.2%	23.4%	76.6%	124
NIR	18.3%	21.0%	23.1%	76.9%	706
All Cases, n	265	315	353	1,597	1,950
All Cases, %	13.6%	16.2%	18.1%	81.9%	100%

Table 7. Late Testing by Age Group (2021 – 2025)

Age Group	0 Month	< 4 month	>12Month	HIV Only	Total
20-29	7.1%	9.1%	10.2%	89.8%	560
30-39	11.4%	13.4%	15.3%	84.7%	717
40-49	20.8%	23.5%	25.7%	74.3%	307
50-59	19.1%	23.1%	27.1%	72.9%	225
60-69	21.6%	26.7%	28.4%	71.6%	116
70+	44.0%	52.0%	52.0%	48.0%	25
All Cases, n	265	315	353	1,597	1,950
All Cases, %	13.6%	16.2%	18.1%	81.9%	100%

¹ **Recent Cases** = HIV disease diagnosis, regardless of stage of disease, between 2021 and 2025 while residing in San Diego County

² **Persons Living with HIV disease (PLWH)** = Residing in San Diego County and alive as of December 31, 2025

³ **Late Testing** = having an AIDS diagnosis soon after HIV diagnosis, assuming the patient is further along in infection process



San Diego HIV Planning Group
Priority Setting & Resource Allocation Committee
2026 Key Data Findings
Care Continuum/Viral Suppression
Approved <date>

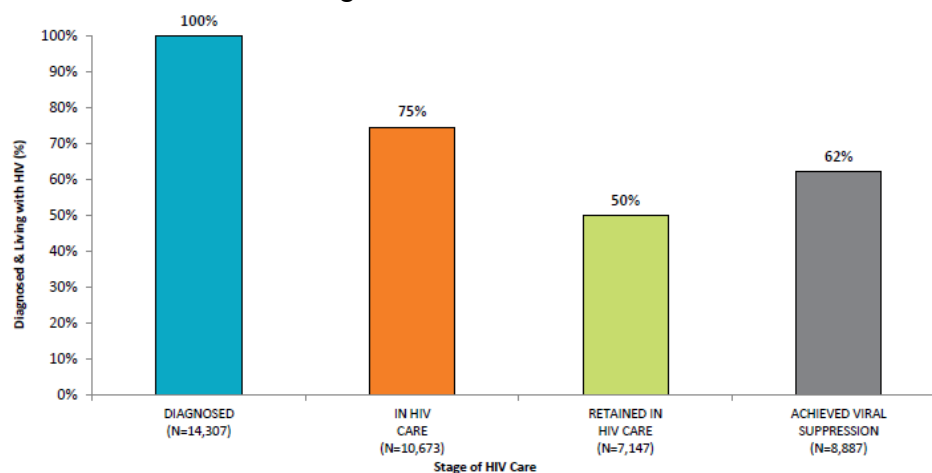


Data Source: Data is provided from CDPH, Office of AIDS, and contains data up to 12/31/2025

Definitions

Care Continuum (aka Continuum of Care) includes:

1. **Receipt of care** (sometimes called “Linkage to Care” or “In Care”): of those diagnosed with HIV disease, persons who had ≥ 1 CD4 or viral load (VL) tests in 2024
2. **Retention in care**: of those diagnosed with HIV disease, persons who had ≥ 2 CD4 or viral load tests at least 3 months apart during 2024
3. **Viral suppression**: of those diagnosed with HIV disease, persons virally suppressed (<200 copies/mL) at most recent test during 2024



Care Continuum/Viral Suppression Overall

- “In care” for all persons living with HIV (PLWH) = **75%** (up from 70% from the previous year)
- “Retained in care” for all PLWH = **50%** (up from 47% the previous year)
- **Viral Suppression** of all PLWH in San Diego County was **62%** (up from 58% the previous year) which includes those without a VL test on record
 - For Ryan White (RW) clients, viral suppression was **93%** (for those who had a VL test on record)

Viral Suppression by Gender

- Viral suppression was similar between **cisgender men (73.8%)** and **cisgender women (71.5%)**
- Viral Suppression among **Transgender women** (n = 134) was **63%** (up from 53% previous year)

Viral Suppression by Race/Ethnicity

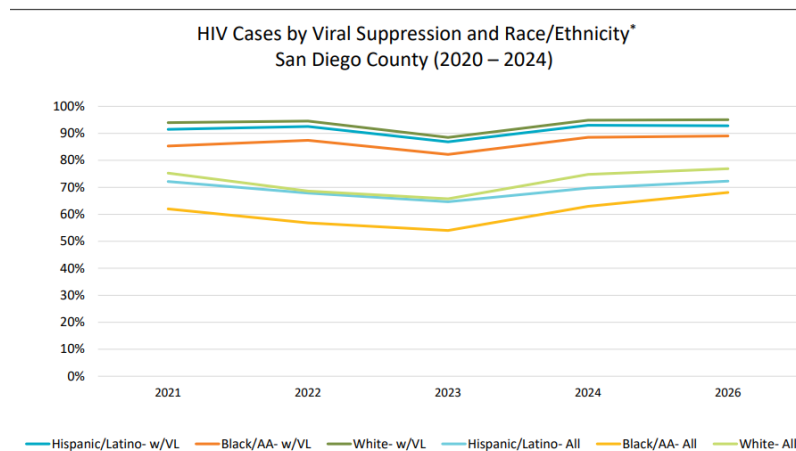
- African American/Black PLWH had the **lowest viral suppression (68%)** (up from 48% the previous year)
- Among **RW Clients**, viral suppression was high across racial groups: African American/Black (91%), White (94%), Latine (93%)
- **Asian PLWH** (n=489) had the highest viral suppression (**78%**)

Viral Suppression by Age

- Viral suppression increased with age, reaching **81% among PLWH aged 65 years and older** (n = 2,421), compared to **68% among adults aged 25–44**
- **PLWH under the age of 12** (n=61) had the lowest viral suppression of **64%**, while RW clients in the same age group achieved 100% viral suppression

Transmission Risk by Category

- **People who inject drugs (PWID)** had a lower viral suppression (**69%**) than other transmission groups
- **Men who have sex with men (MSM)**, the largest transmission group (n=8,934), had a viral suppression of **75.3%**
- Among those with a VL test, viral suppression exceeded 85% across all transmission risk groups



Clients In Care

- Adults **aged 20-29** have the highest percentage of **in-care rate** (88%; n=680)
- Adults **aged 70 and older** were the lowest in care at 76%
- **Latine/Hispanic** (n=6,707) had the lowest in-care rate (**77%**), followed by **Black/African American** individuals (79%; n= 1,720)
- **MSM + PWID** (n=891) had **the highest in-care rate (84%)**, followed by **MSM** (82%; n=10,101)
- **PWID** (n=765) had **the lowest in care** at 72%
- People residing in the **South Region** (n=2,861) had the **lowest in-care rate (74%)**, while those in the **East Region** (n=1,436) had the **highest (87%)**
- **Central Region** (n=6,493) had the highest **in-care rate of 81%**

July 2026 Priority Setting and Resource Allocation Committee Meeting



LIVE WELL
SAN DIEGO



Dustin Walker, PhD (*he/him*)

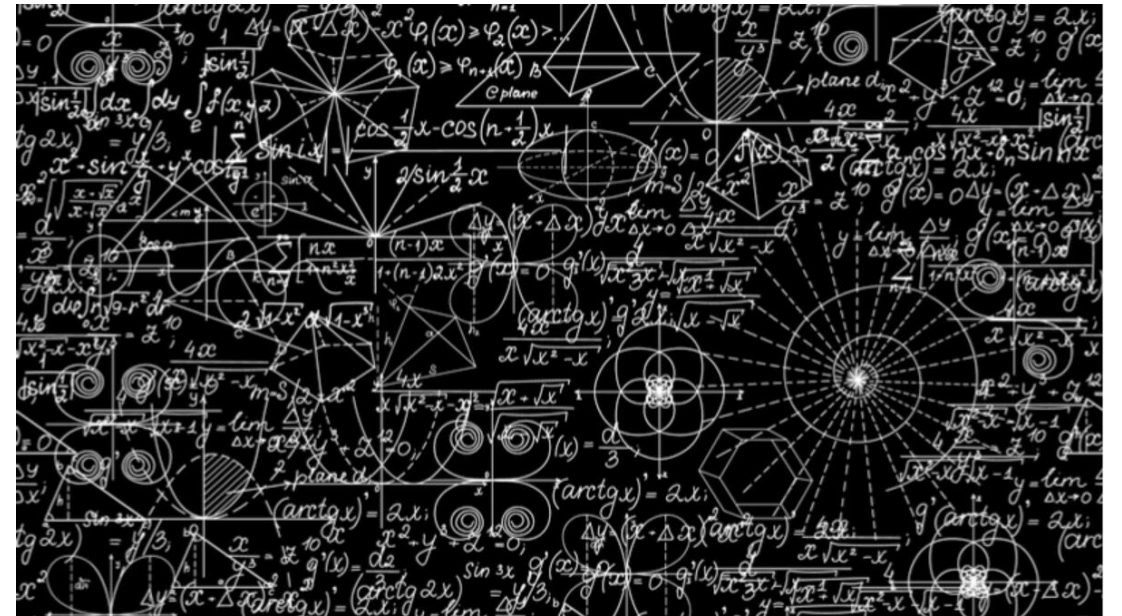
CQM Manager

HIV, STD & Hepatitis Branch

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

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 ☺

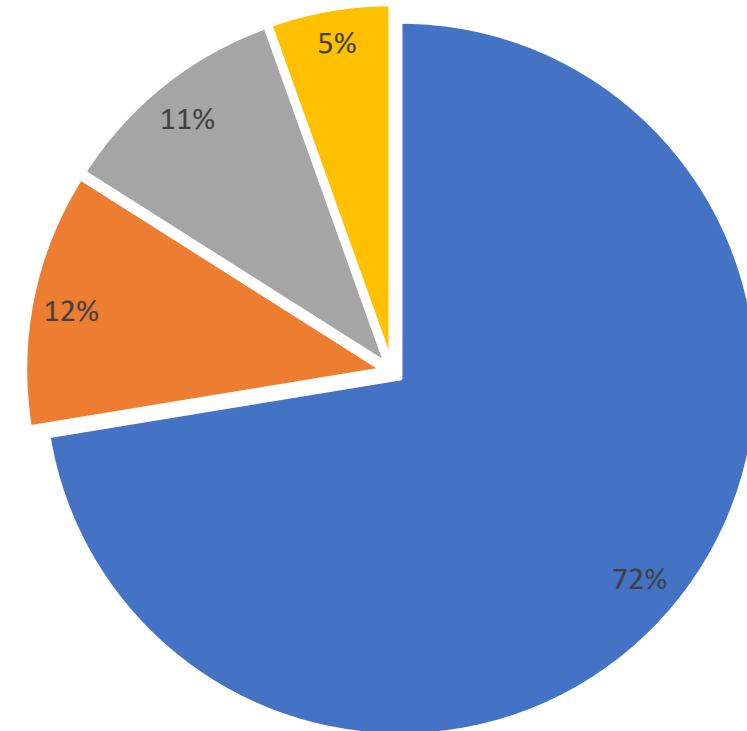


FY25 RW Clients Housing Status (N=3,367)

Most Recent Living Situation*

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

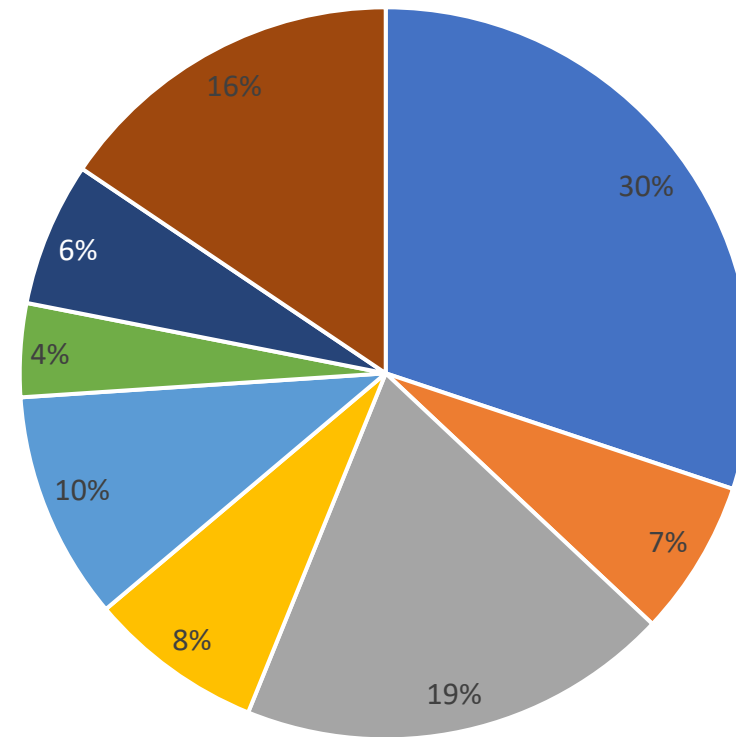
*Regardless of collection date



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



■ Central
 ■ East
 ■ South Bay
 ■ Southeast
■ North Coastal
 ■ North Inland
 ■ North Central
 ■ Unknown

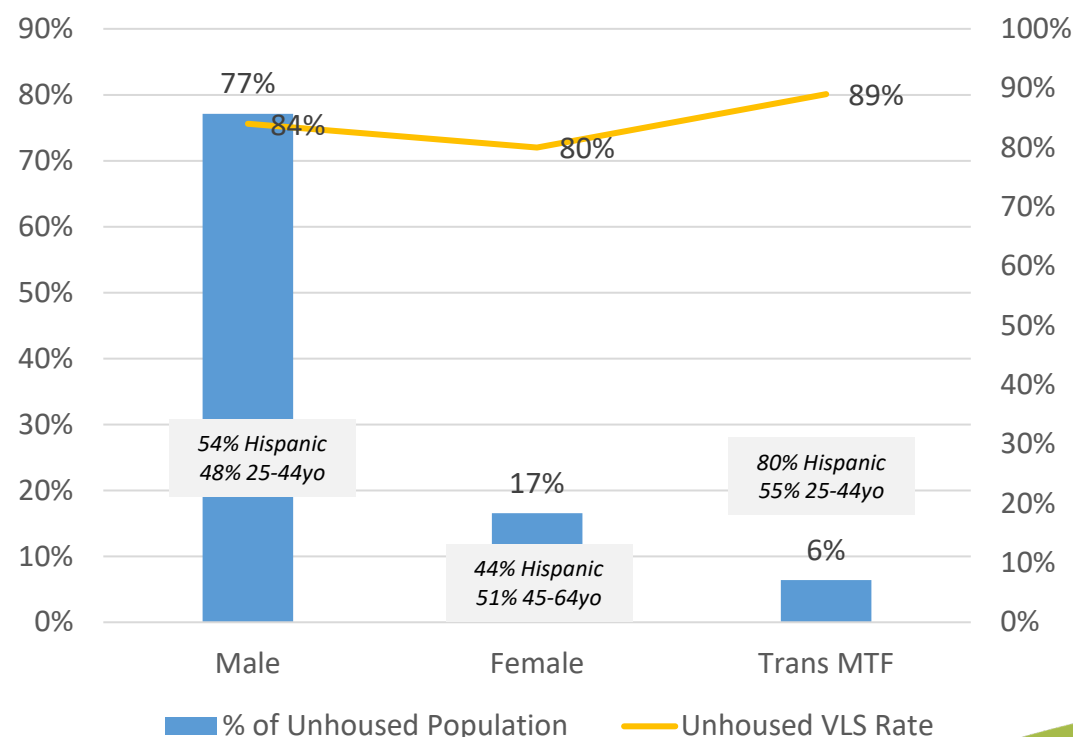
FY25 Unhoused RW Clients (1) (n=345)

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

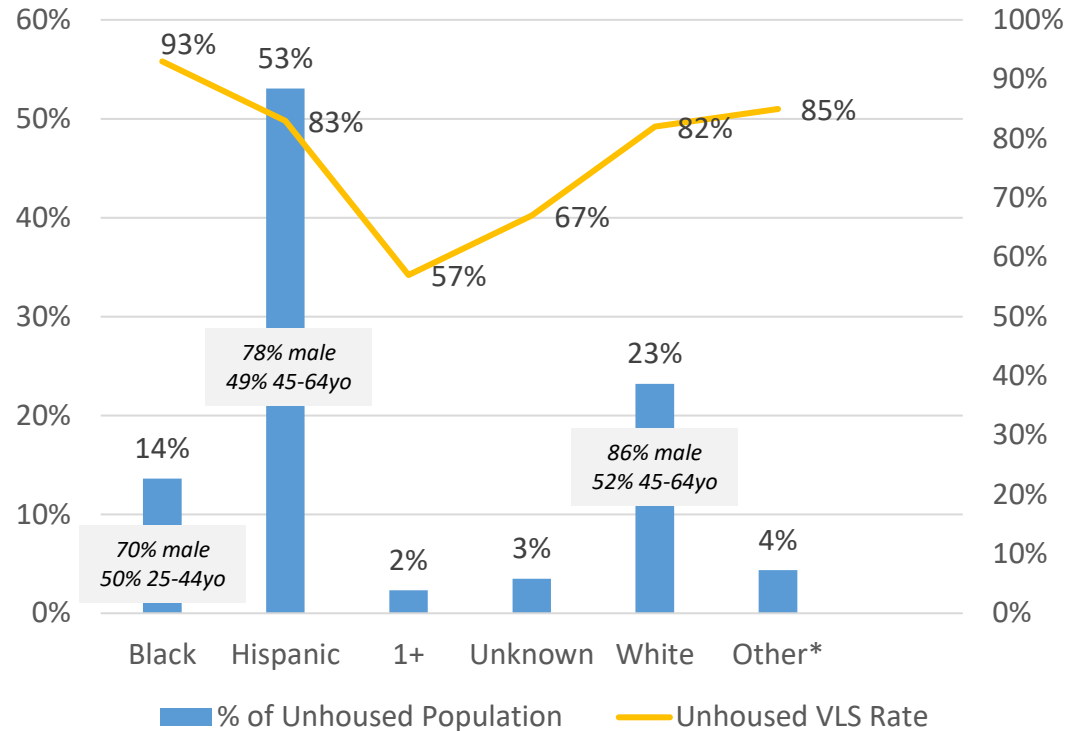
*Most recent living situation, regardless of collection date

Unhoused Clients, by gender

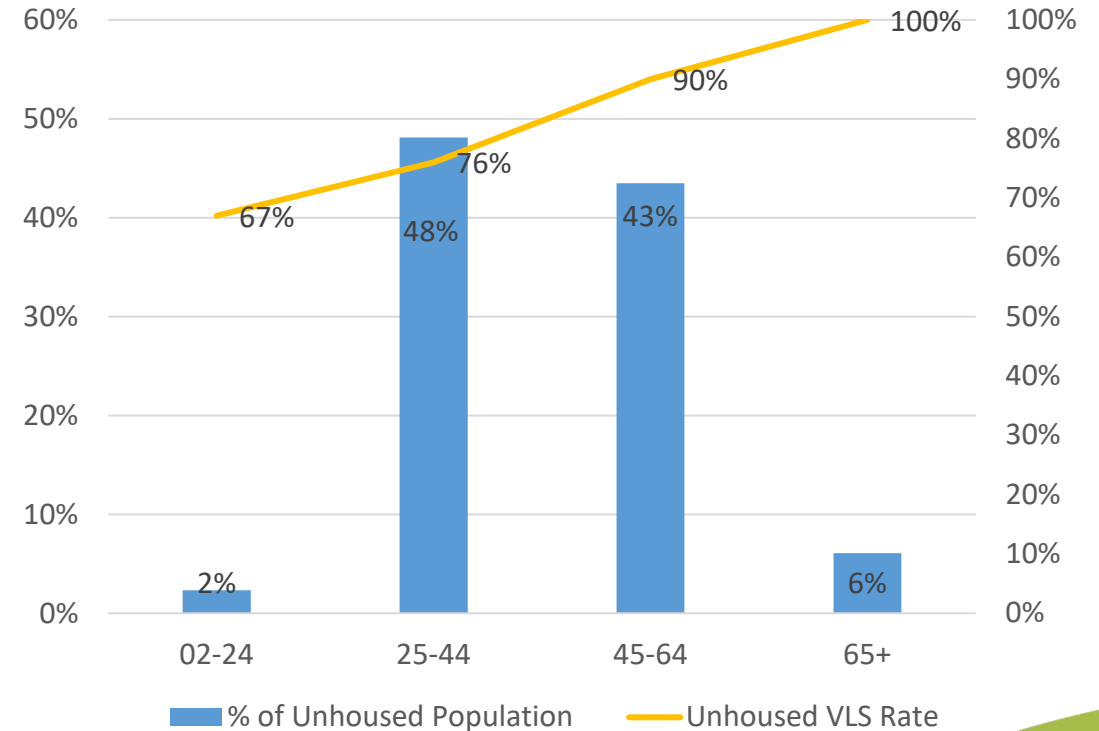


FY25 Unhoused RW Clients (2) (n=345)

Unhoused Clients, by race

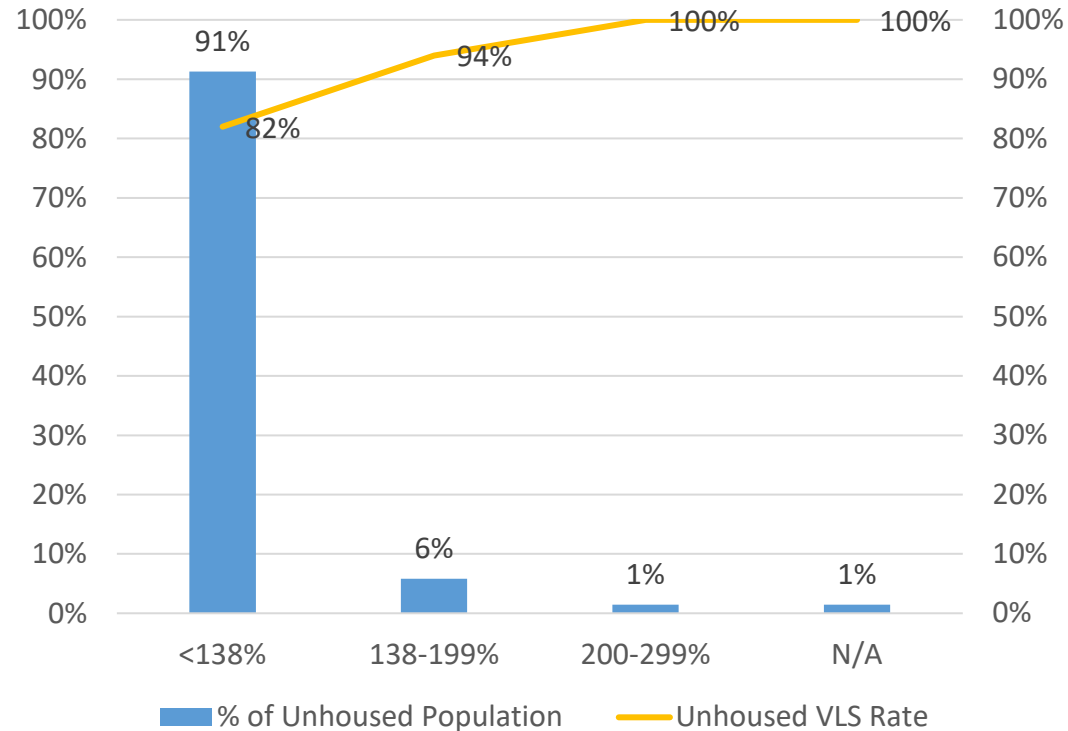


Unhoused Clients, by age

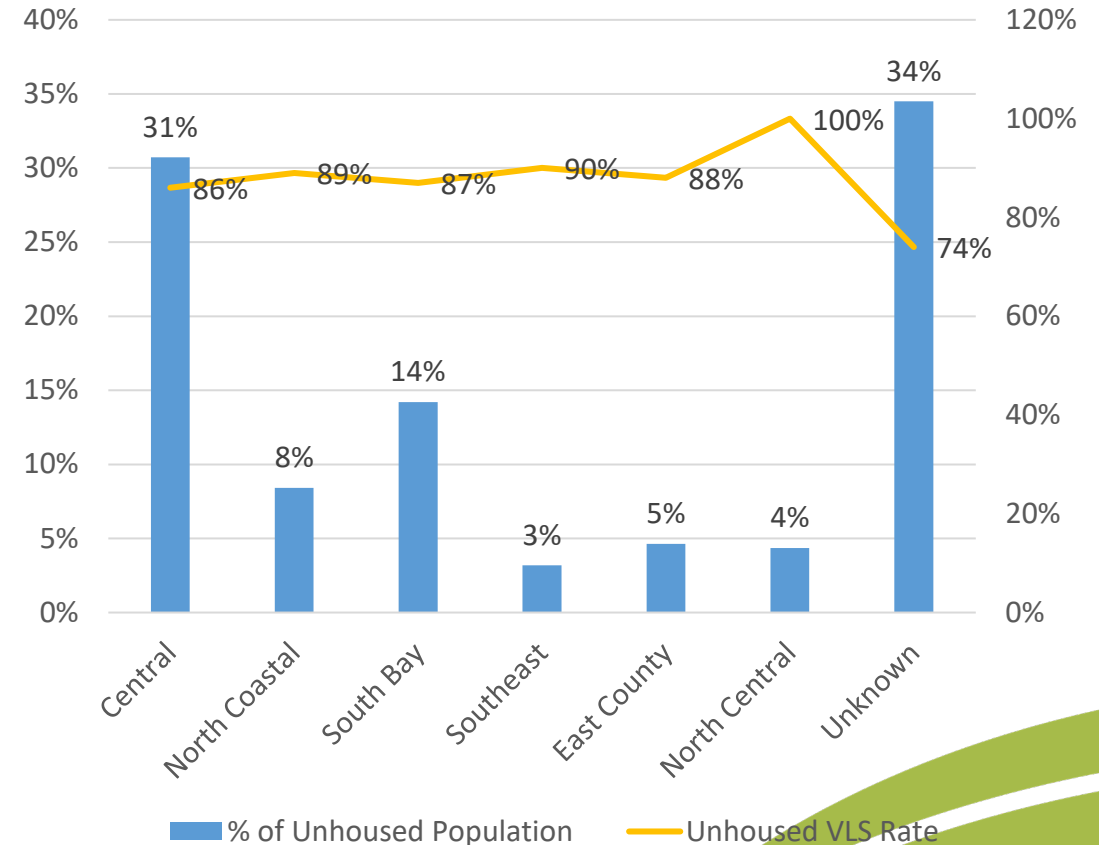


FY25 Unhoused RW Clients (3) (n=345)

Unhoused Clients, by FPL



Unhoused Clients, by region





San Diego HIV Planning Group
Priority Setting and Resource Allocation Committee



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

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

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

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

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

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

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

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

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

Notes:

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

Data Sources:

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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 15, 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.

Organization		LGBTQ Friendly*	Requirements
1. FAMILY HEALTH CENTERS OF SAN DIEGO, INC. SOLUTIONS FOR RECOVERY		Yes	
	Address: 1750 5 th Ave, San Diego, 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)		Yes	
	Address: CASA 3045 Beyer Blvd, Suite D-101, San Diego, 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		Yes	Available for individuals 21 and younger
	Address: 3255 Wing St, San Diego, 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		Yes	Available for individuals 21 and younger
	Address: 1050 N Broadway, Escondido, 92026 Phone: 760-271-4855 Hours: Monday-Friday at 1pm-5pm and Saturday-Sunday at 4pm-8pm Address: 205 Barnes St, Oceanside, CA 92054 Phone: 760-908-9647 Hours: Mondays, Wednesdays, Fridays at 1pm-5pm 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		Yes	Available for individuals 21 and younger
	Address: 746 Ada St, Chula Vista, 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)		Yes	
	Address: 1000 Vale Terrace Dr, Vista, 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		Yes	
	Address: 4168 Front St, 3rd Floor, San Diego, 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.		Yes	
	Address: 3767 Central Ave, San Diego, 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 Ave, Vista, 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 Ave, Suite 101, El Cajon, 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		Yes	
	Address: 3220 Mission Ave #2, Oceanside, 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 LGBT COMMUNITY CENTER		Yes
	Address: 3909 Centre St, San Diego, 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.	

**Organization explicitly indicates they are affirming for sexual and/or gender minorities*

HARM REDUCTION PROGRAMS		
Agency	Hours and Location	Contact
Family Health Centers of San Diego	Downtown: Tuesdays and Thursdays at 6pm-9pm North Park: Fridays at 10am-1pm	619-380-0678 – call or text for address
Harm Reduction IHC	Street Outreach	619-432-2867 harmreduction@ihcucsd.org https://internationalhealthcollective.org/harm-reduction/
Healthcare in Action	Street Outreach	619-828-3747 https://www.healthcareinaction.org/info@healthcareinaction.org
Neighborhood Healthcare	488 E. Valley Parkway, Escondido, 92025 Vending Machines	833-867-4642 https://www.nhcare.org/
County of San Diego Harm Reduction Services Program	Health Services Complex Parking Lot 3851 Rosecrans St, San Diego, CA 92110 Mondays at 10am-1pm Thursdays at 12pm-3pm	PHS-HRSP.HHSA@sdcounty.ca.gov https://engage.sandiegocounty.gov/hrsp
People Advocacy Voices and Education	Street Outreach	888-PAVE501 sandiegopave@gmail.com https://www.sandiegopave.org/
SoCal Street Medicine	Street Outreach	619-436-4191 https://www.socalstreetmedicine.com/
Father Joe's Villages	16 15 th St, San Diego, 91911	619-645-6405
Vista Community Clinic	Vista	760-631-5000 ext.7191 – call for hours and address
On Point Harm Reduction Coalition of San Diego	Mobile	619-961-0527



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

310

Total
respondents

203
66%

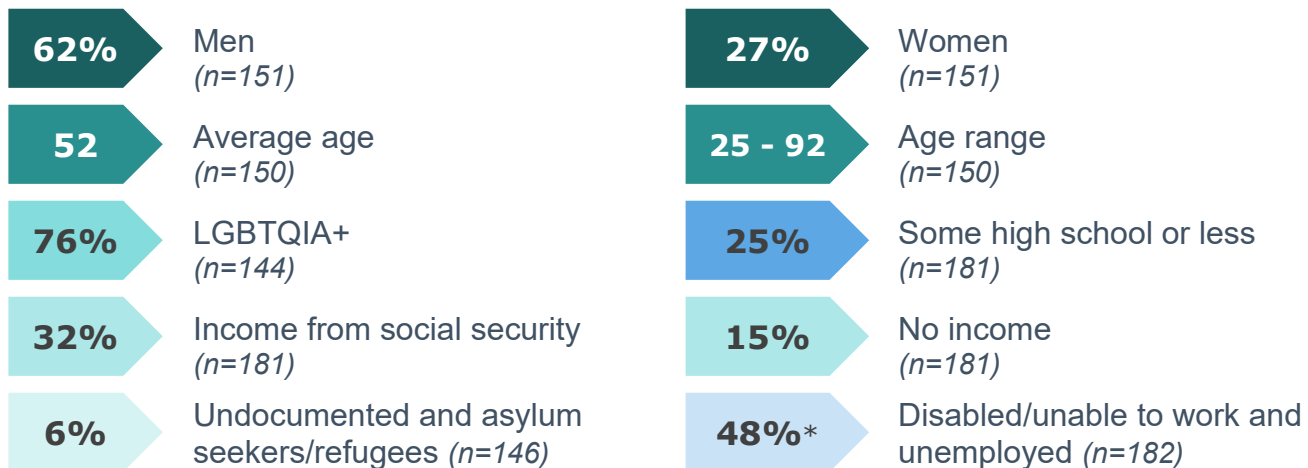
Living with HIV/AIDS
(68% of respondents)

97
31%

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

Demographics

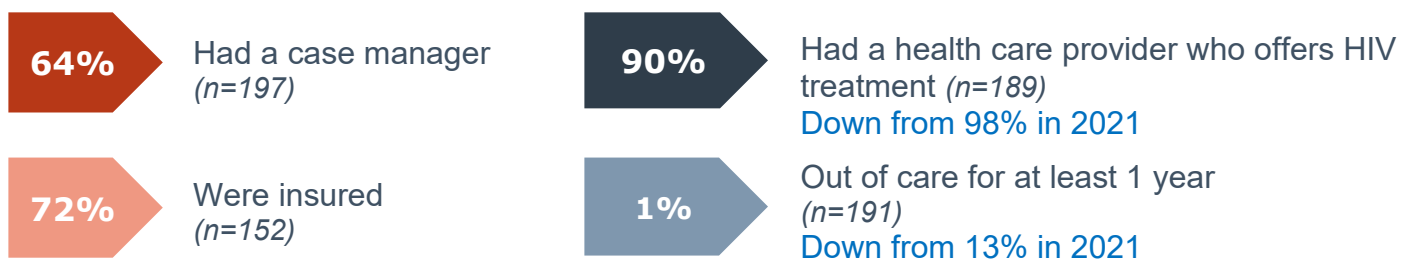
Out of people living with HIV/AIDS (PLWHA) who responded to the survey:



**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:





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

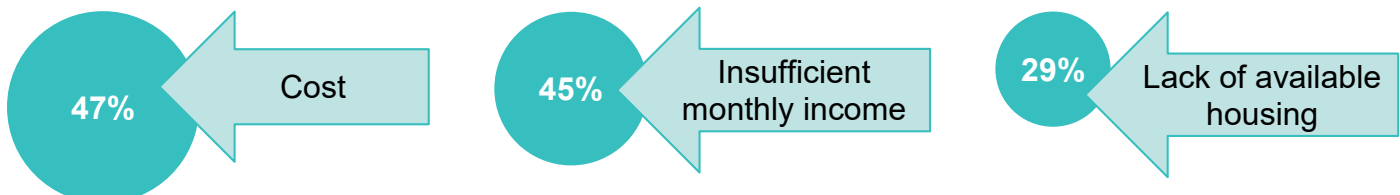
47%

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):





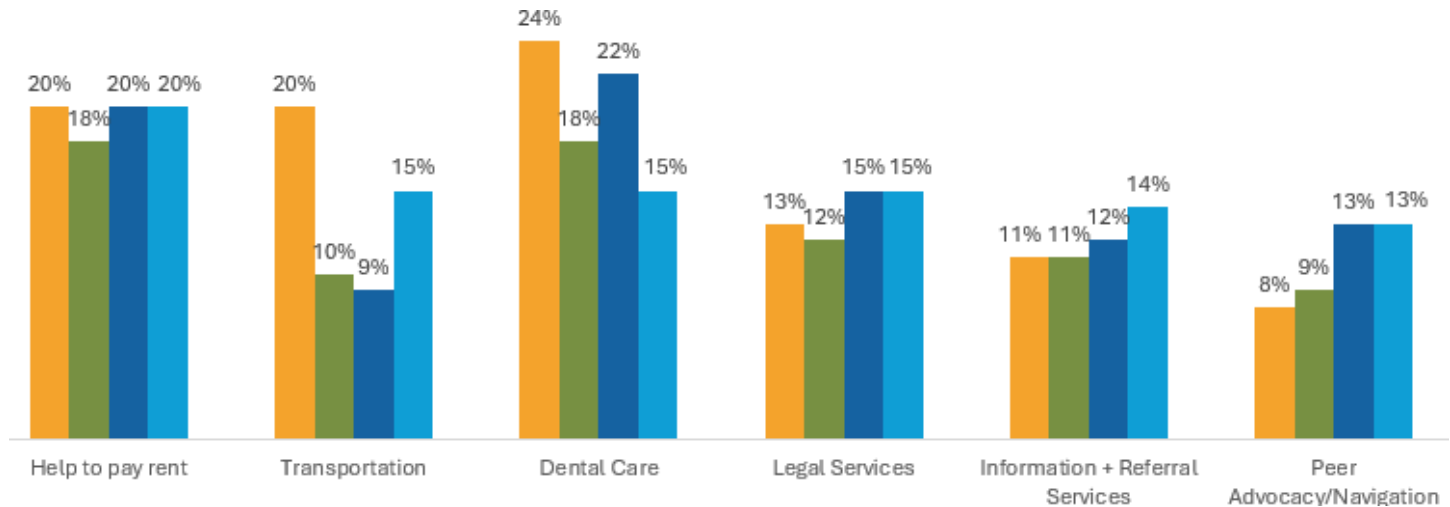
San Diego HIV Planning Group 2024 Needs Assessment Survey Key Data Findings *Updated 7/17/2025*

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):



Minority AIDS Initiative (MAI)



LIVE WELL
SAN DIEGO



Carlie Langit, MPH, Community Health Program Specialist

July 9, 2026

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



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.

MAI Funding Levels



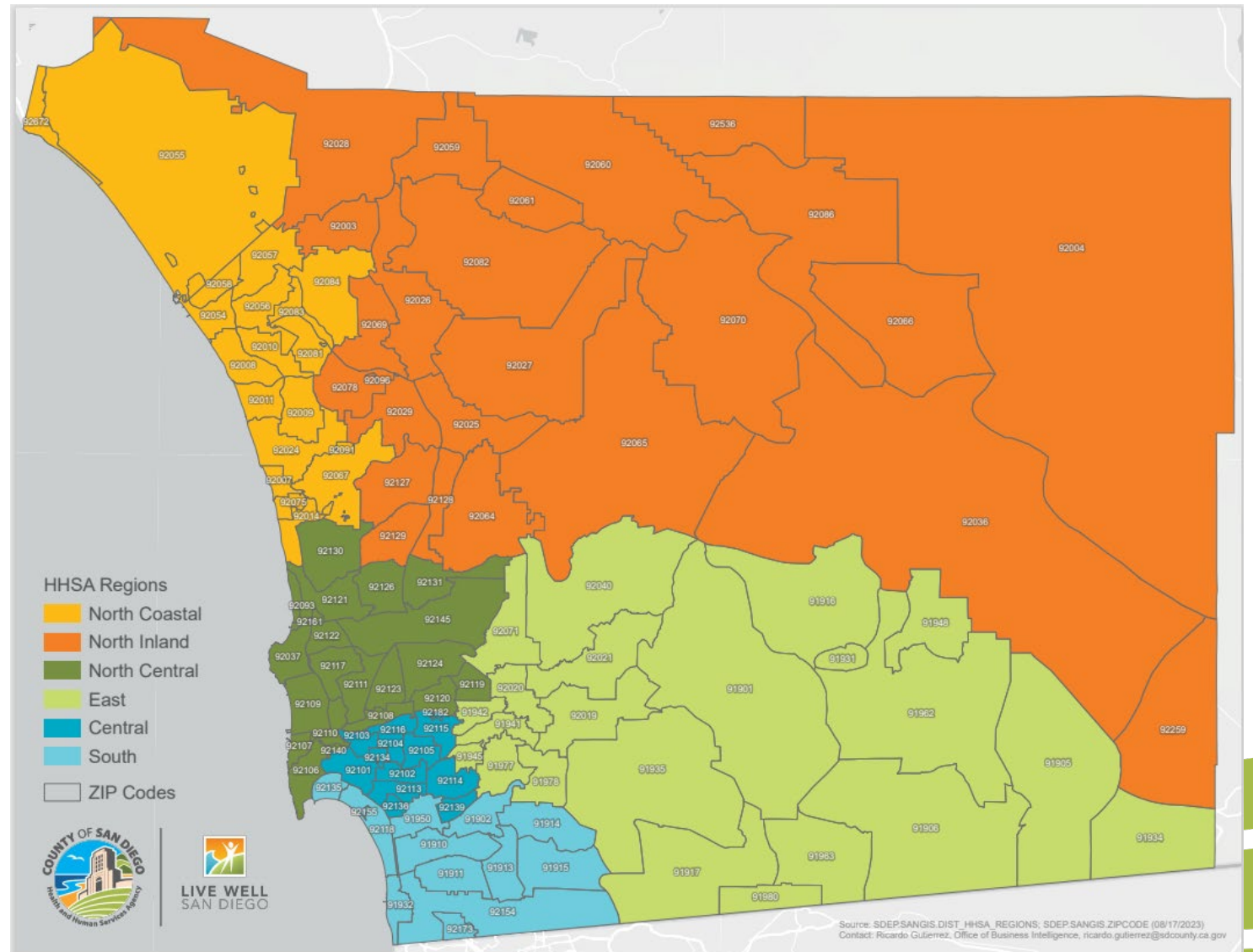
Year	Allocation	Expended
23-24	\$773,155	\$616,923
24-25	\$784,859	\$710,860
25-26	\$886,480	\$641,277

MAI Regions

- Central
- South
- Southeastern



LIVE WELL
SAN DIEGO



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

HIV Prevention



Lynn Carson, Community Health Program Specialist, County of San Diego

Felipe Garcia-Bigley, Director of Program Services, Family Health Centers of San Diego

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1

Agenda

- Prevention vs. EHE Recap
- Contract Funding
- Prevention Strategies
- High Impact Prevention & Community-Based Testing
 - Goals
 - Services
 - Partnerships



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2

Prevention

Annual Total: \$1,570,868



Strengthen disease investigation infrastructure



Expand and provide navigation services

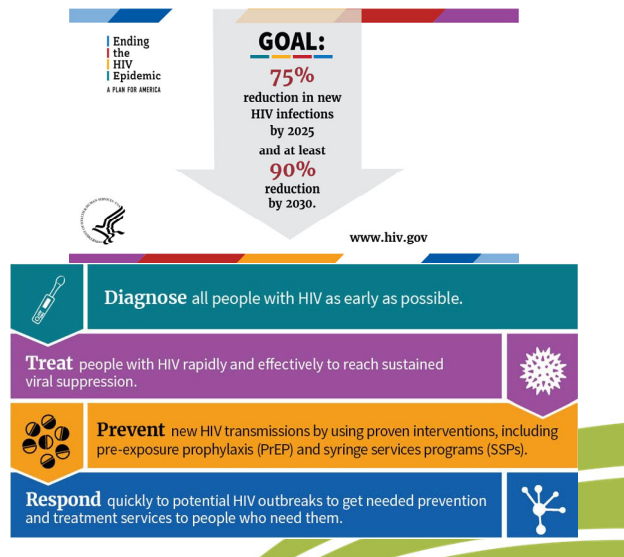


Expand access to syringe services for people who inject drugs

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EHE

Annual Total: \$1,829,773



3

Contract Funding

Contract	Contract Term	Funding Amount	Program
HIP/Community-Based Testing	6/1/26-5/31/27	\$744,293	HIP
Social Media	6/1/26-5/31/27	\$80,238	HIP
Evaluation	6/1/26-5/31/27	\$38,800	HIP
Wraparound – PWID	8/1/25-7/31/26	\$300,000	EHE
Benefits Navigation	8/1/25-7/31/26	\$175,000	EHE
Wraparound – Transgender	8/1/25-7/31/26	\$200,000	EHE
Getting to Zero App	8/1/25-7/31/26	\$23,500	EHE
ROOT Implementation	8/1/25-7/31/26	\$350,000	EHE
Mobile PrEP	8/1/25-7/31/26	\$263,781	EHE

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4

Guiding Strategies



Strategy 1. Diagnose - Ensure all people with HIV receive a diagnosis as early as possible	1A. Implement HIV testing in health care settings, including routine opt-out HIV screening
	1B. Implement HIV testing in non-health care, community settings, including HIV-self testing
	1C. Support integrated screening of HIV in conjunction with STIs, TB, viral hepatitis, and mpox
Strategy 2. Treat - Implement a comprehensive approach to treat people with diagnosed HIV infection rapidly and reach viral suppression	2A. Link to HIV medical care within 30 days all people who test positive for HIV, provide HIV partner services, and refer to or provide prevention and essential support services to support improved quality of life
	2B. Support people with diagnosed HIV infection to receive rapid and effective treatment
Strategy 3. Prevent - Reduce new HIV transmission by increasing PrEP and PEP services and supporting HIV prevention, including, condom distribution, perinatal transmission prevention and harm reduction services	3A. Support and promote awareness and access to PrEP/PEP services
	3B. Conduct condom distribution
	3C. Support harm reduction services, including syringe services programs (SSPs)
	3D. Support and promote social marketing campaigns and other communication efforts
	3E. Conduct perinatal, maternal, and infant health prevention and surveillance activities

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5

High Impact Prevention & Community Based Testing Services



- Prevent HIV transmission by conducting High Impact Prevention activities with people living with and vulnerable to HIV through:
 - Status neutral health education and risk reduction services
 - Status neutral linkage to and retention in care
 - Harm reduction services
- Conduct community-based testing focused on communities known through epidemiological data to be vulnerable to HIV infection
- Services are countywide and address all focus populations

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Family Health Centers of San Diego



High Impact Prevention & Community Based Testing Partnership

- Family Health Centers of San Diego (lead agency)
- San Ysidro Health Center
- The San Diego LGBT Community Center
- Vista Community Clinic

Initial five-month period with three potential option years

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7

Outreach & Community Engagement



- Social Media Engagement
- San Diego Condom Distribution Partner Program - 128 (445)
- In-person and online activities geared toward focus populations
 - 100% of persons who have not had an HIV test within past 12 months referred to HIV testing
 - 100% of persons who are HIV-positive and report not being in care referred to services that can assist with linkage or re-linkage to care
 - 100% of persons who are HIV-negative receive PrEP education and referrals to PrEP navigation

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Linkage to PrEP and PEP



- 100% of persons completing PEP, referred to PrEP navigation
- Provide same-day PrEP or at least within 72 hours – 19 (63)
- Link individuals vulnerable to HIV acquisition to PrEP within 7 days- 65 (221)
- 80% of persons receiving PrEP navigation will complete a medical visit within 30 days
- Conduct follow up with clients 90 days from PrEP initiation to ensure adherence – 52 (174)
- Link individuals with possible exposure to PEP within 72 hours – 26 (88)

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Linkage to Care



- Same day (at least within 72 hours) linkage to care and ART for individuals diagnosed with HIV – 10 (33)
- Provide and document comprehensive follow-up testing and linkage to care for pregnant and postpartum people with HIV, HCV, and syphilis, along with their infants – 12 (41)
- Individuals newly diagnosed with HIV are offered dual or anonymous, third-party disclosure assistance – 21 (70)

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Harm Reduction Services



- Provide information to persons about safer drug use practices, up-to-date resource lists for access to SSPs, Naloxone, harm reduction services, MOUD & SUD – 625 (2,121)
- Distribute:
 - Hygiene kits – 780 (2,660)
 - Harm Reduction kits – 758 (2,584)
 - Safer Sex kits - 1,230 (4,165)
 - Syringe service supplies – 650 (2,220)

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11

Community-Based Testing



- Conduct Rapid HIV tests - 1,550 (5,270)
- Offer Rapid HCV tests – 520 (1,772)
- Offer Rapid Syphilis tests – 170 (579)
- Offer 3-site gonorrhea, chlamydia, and other STI testing – 195 (663)
- Conduct disclosure sessions with persons who have a newly confirmed HIV diagnosis – 21 (70)

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CDPH Office of AIDS (OA) Updates

July 2026

Announcements

CDPH is pleased to announce that Dr. Marisa Ramos has been selected as the new Syndemic Division Chief for the Division of HIV, HCV, and STIs, a role she will assume effective July 20, 2026. This new Division combines the separate Office of AIDS and Office of Sexually Transmitted Infections into one integrated organization. Dr. Ramos brings extensive leadership experience within CDPH, deep expertise in public health, and a strong commitment to advancing data driven, community centered approaches to infectious disease prevention and response. As OA Chief, Dr. Ramos has helped guide California toward a more unified, person-centered public health model. She led the development of the state's first integrated strategic plan for HIV, STIs, and HCV and transformed the California Planning Group into a statewide syndemic body that elevates community voices in program and policy development. Dr. Ramos looks forward to continuing to center the voices and perspectives of community to advise her new role.

Ending the Syndemic Symposium 2026: Please save the date for the 5th Annual Ending the Syndemic Symposium 2026! This year's free virtual symposium will be held September 29-October 1st from 12-4 PM each day. Speakers will be addressing three of the social determinants on which our [Strategic Plan](#) and [Implementation-Blueprint](#) are organized: Racial Equity, Housing First and Health Access for All.

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

ADAP Updates

New Policy on Income Calculations. On June 16, 2026, Enrollment Workers were informed of a new policy allowing clients to exclude their spouse or registered domestic partner from family size and household income calculations in cases of pending divorce, legal separation, domestic abuse, or spousal abandonment.

ADAP Open Formulary Guidance. On June 25, 2026, a management memo was sent to Enrollment Workers providing updated guidance on claim processing for GLP-1 medications Wegovy and Zepbound. On June 26, 2026, a management memo was sent to Enrollment Workers notifying them about new additions to the ADAP Open Formulary since its launch in January 2026.

Dental Coverage Extended for UIS Clients. The legislature reached a budget agreement which included allowing Medi-Cal clients with unsatisfactory immigration status keep their dental coverage through July 1, 2027.

Prevention Branch Updates

September Prevention Partners Webinar Presentation – New Request for Applications. We want to hear from you! We will soon begin planning for the next iteration of the following RFAs:

- PrEP Navigator Projects 2028-31
- Project Empowerment 2028-32

CDPH Office of AIDS (OA) Updates

July 2026

During the Prevention Branch's Partners September webinar, we will be providing an overview of what activities these RFAs currently support and will use this as a great opportunity for community engagement to gather feedback from you. And we will utilize feedback in developing the next versions of these RFAs. We hope to see you there! For any questions related to the RFA feedback session during our Prevention Branch's Partners September webinar please reach out to Matt Willis: matthew.willis@cdph.ca.gov

Harm Reduction: The Ending the Epidemics Advocates request to continue funding for both the Harm Reduction Clearinghouse and CopenhRI was included in the 2026-27 Budget Act – and signed by Governor Newsom. This means that the 100 syringe services programs in CA can continue to order supplies to meet the needs of their program participants, and means that CopenhRI, which funds naloxone distribution and peer navigation in harm reduction programs – will continue. Huge thanks to everyone who worked on this, and check out the Harm Reduction page of OA's website for updates on CopenhRI's impact in CA: [Syringe Services & Harm Reduction](#).

**SAN DIEGO HIV PLANNING GROUP (HPG)
CY 2026 WORKPLAN**

MEETING DATE	MEETING OBJECTIVES
January 28, 2026	• Presentation: HIV Prevention (Lynn Carson, County of San Diego) • PSRAC recommendations: ○ FY25 reallocations • Membership Committee recommendations: ○ HPG appointments/reappointments • Steering Committee recommendations: ○ MOU ○ 2026 meeting calendar • Community Engagement Group recommendations: ○ Partnership with performing arts community • Strategies and Standards Committee recommendations: ○ Mental Health Service Standards revision • Standing agenda items: ○ Recipients' Office reports and updates (utilization report, expenditure report, PARS) ○ Committee minutes ○ Report outs ○ Support Staff updates
February 25, 2026	• Presentation: Housing Case Management Program (Carlos Acevedo, NAMI San Diego) • Presentation: Integrated Plan (Felipe Ruiz, County of San Diego) • Vice-chair elections • Membership Committee recommendations: ○ HPG appointments/reappointments • Standing agenda items: ○ Recipients' Office reports and updates (utilization report, expenditure report, PARS) ○ Committee minutes ○ Report outs ○ Support Staff updates
March 25, 2026	• Presentation: Integrated Plan • Presentation: Core Medical Services Waiver • Presentation: Senate Bill 707 guidance on hybrid meetings and other Brown Act changes

SAN DIEGO HIV PLANNING GROUP (HPG)

CY 2026 WORKPLAN

	• PSRAC recommendations: ○ FY26 reallocations • Membership Committee recommendations: ○ HPG appointments/reappointments • Standing agenda items: ○ Recipients' Office reports and updates (utilization report, expenditure report, PARS) ○ Committee minutes ○ Report outs ○ Support Staff updates
April 22, 2026	• Membership Committee recommendations: ○ HPG appointments/reappointments • 2026 Annual HPG Retreat
May 27, 2026	• PSRAC recommendations: ○ FY26 reallocations ○ FY26 Service category changes • Membership Committee recommendations: ○ HPG appointments/reappointments • Standing agenda items: ○ Recipients' Office reports and updates (utilization report, expenditure report, PARS) ○ Committee minutes ○ Report outs ○ Support Staff updates
June 24, 2026	• Membership Committee recommendations: ○ HPG appointments/reappointments • PSRAC recommendations: ○ FY26 reallocations ○ FY26 service category rankings • Standing agenda items: ○ Recipients' Office reports and updates (utilization report, expenditure report, PARS) ○ Committee minutes ○ Report outs ○ Support Staff updates
July 22, 2026	• Presentation: Prevention • PSRAC recommendations:

SAN DIEGO HIV PLANNING GROUP (HPG)

CY 2026 WORKPLAN

	○ FY27 service rankings ○ Key Data Findings ▪ Regional Distribution of Ryan White HIV/AIDS Treatment Extension Act Parts A/B Services ▪ Ryan White's Service Eligibility Criteria and Other Service Guidelines ▪ Co-Occurring Conditions, Poverty, and Insurance ▪ Non-Ryan White Mental Health and Substance Use Treatment Resources ▪ Information on Parts C and D Services ▪ Key Data Findings on Ryan White Clients Experiencing Homelessness ▪ 2024 Survey of HIV Impact (Needs Assessment) ▪ HIV Epidemiology ▪ HIV Care Continuum
August 12, 2026	• PSRAC recommendations: ○ FY26 reallocations ○ FY27 service rankings ○ FY27 allocations
August 19, 2026	• PSRAC recommendations: ○ FY26 reallocations ○ FY27 service rankings ○ FY27 allocations
August 26, 2026	• PSRAC recommendations: ○ FY26 reallocations ○ FY27 service rankings ○ FY27 allocations
September 23, 2026	• Presentation: Legal Resources • Presentation: Prevention • Presentation: Assessment of the Administrative Mechanism • Membership Committee recommendations: ○ HPG appointments/reappointments • Strategies and Standards Committee recommendations: ○ Criteria on the extension requirements for the PARS enrollment ○ Food Bank/Home Delivered Meals Service Standard revisions • Standing agenda items: ○ Recipients' Office reports and updates (utilization report, expenditure report, PARS)

SAN DIEGO HIV PLANNING GROUP (HPG)
CY 2026 WORKPLAN

	○ Committee minutes ○ Report outs ○ Support Staff updates
October 28, 2026	● Presentation: Prevention ● PSRAC recommendations: ○ FY26 reallocations ● Membership Committee recommendations: ○ HPG appointments/reappointments ● Standing agenda items: ○ Recipients' Office reports and updates (utilization report, expenditure report, PARS) ○ Committee minutes ○ Report outs ○ Support Staff updates
November 18, 2026	● Presentation: Prevention ● PSRAC recommendations: ○ FY26 reallocations ● Membership Committee recommendations: ○ HPG appointments/reappointments ● Standing agenda items: ○ Recipients' Office reports and updates (utilization report, expenditure report, PARS) ○ Committee minutes ○ Report outs ○ Support Staff updates
December 16, 2026	● Presentation: Prevention ● PSRAC recommendations: ○ FY26 reallocations ● Membership Committee recommendations: ○ HPG appointments/reappointments ● Standing agenda items: ○ Recipients' Office reports and updates (utilization report, expenditure report, PARS) ○ Committee minutes ○ Report outs ○ Support Staff updates

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.