

SAN DIEGO HIV PLANNING GROUP (HPG)



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

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

Wednesday, July 23, 2025

2:00 PM - 5:00 PM

Southeastern Live Well Center

5101 Market Street

San Diego, CA 92114

Tubman Chavez Rooms A and B



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:

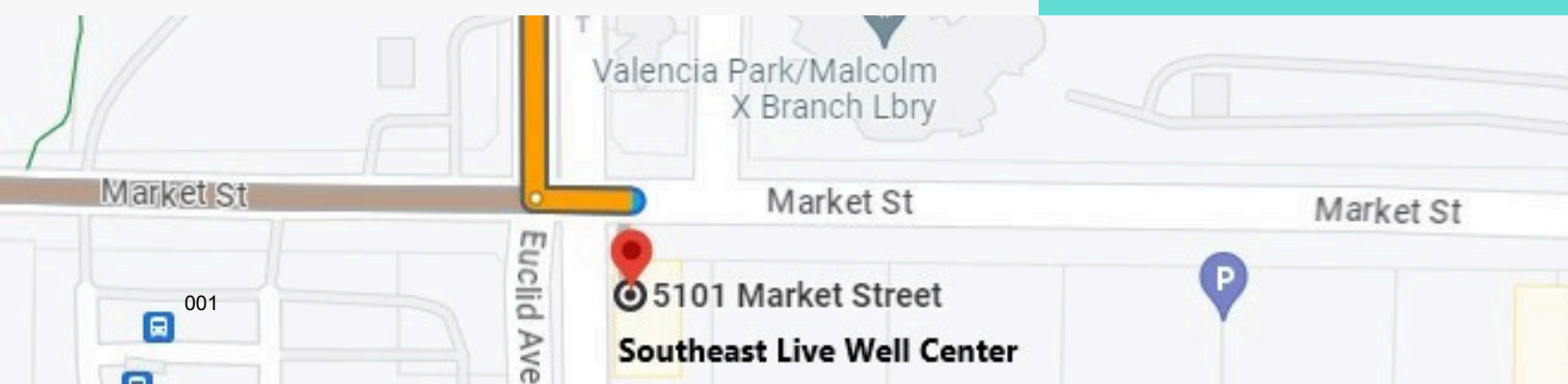
1. Head southeast on I-805 South.
2. Take exit 13A for CA-94-E/M L King Jr. Fwy.
3. Merge onto CA-94 E.
4. Take exit 4A for Euclid Ave.
5. Turn left onto Euclid Ave.
6. Use the left 2 lanes to turn left onto Market St.
7. The destination will be on your right.



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.

HPG CONFLICT OF INTEREST (COI) SHEET

	Conant, Juan	Davenport, Beth	Garcia Bigley, Felipe	Grelotti, David J.	Ignalino, Ben	Matthews, Eva	Nava, Veronica	Paugh, Shannon	Spector, Stephen A.	Van Brocklin, Rhea
CHS: WICYF*										
Early Intervention Services: Regional Services										
Early Intervention Services: Minority AIDS Initiative										
Emergency Financial Assistance										
Food Services: Food Bank/Home Delivered Meals										
Home-Based Health Care Coordination										
Medical Case Management										
Medical Nutrition Services										
Mental Health: Counseling / Groups / Therapy										
Mental Health: Psychiatric Medication Management										
Non-Medical Case Management										
Oral Health										
Outpatient Ambulatory Health Services: Medical Specialty										
Outpatient Ambulatory Health Services: Primary Care										
Outreach Services										
Peer Navigation**										
Substance Use Disorder Treatment: Outpatient										
Substance Use Disorder Treatment: Residential										
Transportation: Assisted and Unassisted										

*Coordinated HIV Services for Women, Infants, Children, Youth and Families

**Referral for Healthcare and Support Services

No Conflicts

Aguilar, Nicole
Aguirre Mendoza, Marco
Donovan, Michael
García, Rosemary

Fleming, Tyra
Jones, Lori
Kubricky, Cinnamen

Lochner, Michael
Miles, Skyler
Rooney, Ivy

Weber, Jeffery
Wimpie, Michael
Yancey, Adrienne

SAN DIEGO HIV PLANNING GROUP (HPG)



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

To participate remotely via Zoom:

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

Call in: +1 (669) 444-9171

Meeting ID (access code): 853 6898 7291

Password: SDHPG

Language translation services are available upon request at least 96 hours prior to the meeting.
Please contact HPG Support Staff via e-mail at hpg.hhsa@sdcounty.ca.gov.

A quorum for this meeting is twelve (12)

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

ORDER OF BUSINESS

1. Call to order
2. Welcome, introductions, moment of silence, matters from the Chair
3. Public comment (for members of the public) – concerns/questions/suggestions for future topics
4. HPG Member Open Forum – concerns/questions/suggestions for future topics
5. **ACTION:** Approve the HPG agenda for July 23, 2025
6. HIV, STD, and Hepatitis Branch (HSHB) Report
7. Routine Business:

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

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

Steering Committee	May 9, 2025
Membership Committee	None
Priority Setting and Resource Allocation Committee	None
Medical Standards and Evaluation Committee	None
Community Engagement Group	June 11, 2025
Strategies and Standards Committee	None

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

CARE Partnership May 19, 2025

- iii. *(Membership Committee):* HPG appointments/reappointments
- iv. *(Priority Setting and Resource Allocation Committee):* Key Data Findings on the Regional Distribution of Ryan White HIV/AIDS Treatment Extension Act (RWTEA)

SAN DIEGO HIV PLANNING GROUP (HPG)

Part A/B Services

- v. *(Priority Setting and Resource Allocation Committee)*: Key Data Findings on Ryan White's Service Eligibility Criteria and Other Service Guidelines
- vi. *(Priority Setting and Resource Allocation Committee)*: Key Data Findings on Co-occurring Conditions, Poverty, and Insurance
- vii. *(Priority Setting and Resource Allocation Committee)*: Key Data Findings on Non-Ryan White Mental Health and Substance Use Treatment Resources
- viii. *(Priority Setting and Resource Allocation Committee)*: Key Data Findings on 2024 Survey of HIV Impact of the Needs Assessment
- ix. California HIV Planning Group (CHPG) Report – deferred
- x. Administrative expenditure report
- b. Suggestions to the Steering Committee for consideration of future items
- c. Suggestions from the community on future training topics and other agenda items

8. New Business:

- a. **ACTION** *(Priority Setting and Resource Allocation Committee)*: Approve reallocations of funds for FY 25 (current fiscal year: March 1, 2025 – February 28, 2026)
- b. **Review**: Key Data Findings
- c. **Training**: Utilization Data – Patrick Loose
- d. **ACTION** *(Priority Setting and Resource Allocation Committee)*: Approve service rankings for FY 26 (March 1, 2026 – February 28, 2027)
- e. **ACTION** *(Priority Setting and Resource Allocation Committee)*: Approve funding allocations in level and reduction funding scenarios for FY 26 (March 1, 2026 – February 28, 2027)
- f. **ACTION**: Approve how services should be organized and delivered (service delivery recommendations/service directives) in FY 26 (March 1, 2026 – February 28, 2027)

9. Old Business:

- a. **Report**: 2025 HPG Retreat
- b. **For Reference**: Anti-Racism Statement
- c. **Review**: 2025 Outreach Schedule – Katie Emmel

10. HPG Support Staff Updates

11. Announcements

12. Adjournment

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

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



KIMBERLY GIARDINA, DSW, MSW
DEPUTY CHIEF ADMINISTRATIVE OFFICER

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES
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ELIZABETH A. HERNANDEZ, PhD
DIRECTOR

SAYONE THIALOLIPAVAN, MD, MPH
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 2025**

Updates are bolded

Ryan White Part A

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

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

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

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

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

Ryan White Part B

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

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

Funded activities:

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

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

Program Update:

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

HIV Prevention PS24-0047

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

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

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

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

HIP services are provided in the following regions:

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

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

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

Focused Testing - \$56,400

Data/Evaluation Support - \$63,333

Program Update:

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

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

CDC EHE
PS24-0047

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

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

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

Funded activities:

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

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

No updates to report this month.

HRSA EHE
25-063

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

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

Funded activities:

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

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

Program updates:

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

HSHB is currently procuring for:

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

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

Program Update:

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

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

Update July 2025

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

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

Status Neutral Approaches

23-126

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

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

Funded activities:

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

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

Program Update:

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

Harm Reduction Services Program

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

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

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

Current fiscal year: ongoing

Services:

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

Program Update:

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

For May 1st to 31st:

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

Ryan White Utilization Report

Summary of Services for FY 25

(March 1, 2025 - February 28, 2026)

HIV, STD and Hepatitis Branch

012



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

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

Ryan White Part A Allocations						% Elapsed		33%			
Service Categories	HRSA Ranking	Priority Ranking	RW 2025-26 HPG Initial Allocation	%	HPG & Recipient Approved Actions +/-	RW 2025-26 HPG Adjusted Allocation	%	RW 2025-26 Year to Date Expenditure	RW 2025-26 Year-to-Date - % Expenditure/Budget)	RW 2025-26 Balance	Comments
Outpatient Ambulatory Health Services: Primary Care	1l	1	1,102,630.00	11%	718,407.00	1,821,037.00	18%	590,114.42	32%	1,230,922.58	
Outpatient Ambulatory Health Services: Medical Specialty	1l	2	195,000.00	2%	-	195,000.00	2%	19,455.14	10%	175,544.86	
Psychiatric Medication Management	1j	12	6,000.00	0%	-	6,000.00	0%	3,471.58	58%	2,528.42	
Oral Health	1k	3	160,940.00	2%	-	160,940.00	2%	87,446.10	54%	73,493.90	
Medical Case Management	1h	4	1,151,853.00	12%	-	1,151,853.00	12%	276,598.16	24%	875,254.84	
Non-Medical Case Management for Housing		6	200,000.00	2%	-	200,000.00		-	0%	-	
Housing: Emergency Housing	2e	9	1,183,515.00	12%	(250,000.00)	933,515.00	9%	343,430.06	37%	590,084.94	
Housing: Location, Placement and Advocacy Services		8	100,000.00	1%	(100,000.00)	-		-	0%	-	
Housing: Partial Assistance Rental Subsidy (PARS)	2e	7	850,507.00	9%	-	850,507.00	9%	271,284.56	32%	579,222.44	
Non-Medical Case Management	2h	5	392,021.00	4%	-	392,021.00	4%	80,201.98	20%	311,819.02	
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF)	1c	13	993,157.00	10%	-	993,157.00	10%	327,097.45	33%	666,059.55	
Childcare Services	2a		-	0%	-	-	0%	-	0%	-	
Early Intervention Services: Regional Services	1c	14	790,000.00	8%	-	790,000.00	8%	221,240.21	28%	568,759.79	
Health Education & Risk Reduction	2d	14a	-	0%	-	-	0%	-	0%	-	
Outreach Services	2j	14b	-	0%	-	-	0%	-	0%	-	
Referral Services	2l	14c	-	0%	-	-	0%	-	0%	-	
Referral to Health and Supportive Services (Peer Navigation)		16	260,000.00	3%	(88,407.00)	171,593.00	2%	73,830.01	43%	97,762.99	

Ryan White Part A Allocations						% Elapsed		33%			
Service Categories	HRSA Ranking	Priority Ranking	RW 2025-26 HPG Initial Allocation	%	HPG & Recipient Approved Actions +/-	RW 2025-26 HPG Adjusted Allocation	%	RW 2025-26 Year to Date Expenditure	RW 2025-26 Year-to-Date - % Expenditure/Budget)	RW 2025-26 Balance	Comments
Mental Health: Counseling/Therapy & Support Groups	1j	10	810,000.00	8%	(230,000.00)	580,000.00	6%	176,005.38	30%	403,994.62	
Psychosocial Support Services		17	46,744.00	0%	-	46,744.00	0%	-	0%	-	
Substance Abuse Services: Outpatient	1m	11	313,127.00	3%	-	313,127.00	3%	82,659.24	26%	230,467.76	
Substance Abuse Services: Residential	2o	18	-	0%	-	-	0%	-	0%	-	
Home-based Health Care Coordination	1e	19	228,500.00	2%	-	228,500.00	2%	55,981.85	24%	172,518.15	
Transportation: Assisted and Unassisted	2g	20	151,830.00	2%	(50,000.00)	101,830.00	1%	22,868.62	22%	78,961.38	
Food Services: Food Bank/Home-Delivered Meals	2c	21	536,073.00	5%	-	536,073.00	5%	129,391.26	24%	406,681.74	
Medical Nutrition Therapy	1i	22	35,542.00	0%	-	35,542.00	0%	10,345.33	29%	25,196.67	
Legal Services	2i	23	285,265.00	3%	-	285,265.00	3%	93,290.68	33%	191,974.32	
Emergency Financial Assistance	2b	24	61,856.00	1%	-	61,856.00	1%	17,466.70	28%	44,389.30	
Home Health Care	1f	25	-	0%	-	-	0%	-	0%	-	
Early Intervention Services: HIV Counseling and Testing	1c	26	-	0%	-	-	0%	-	0%	-	
Cost-Sharing Assistance	1d	27	-	0%	-	-	0%	-	0%	-	
Hospice	1g	28	-	0%	-	-	0%	-	0%	-	
Subtotal			9,854,560.00	100%	-	9,854,560.00	98%	2,882,178.73	29%	6,972,381.27	
Ryan White Part A Minority AIDS Initiative (MAI)			RW 2025-26 HPG Initial Allocation		HPG & Recipient Approved Actions +/-	RW 2025-26 HPG Adjusted Allocation	%	RW 2025-26 Year to Date Expenditure	RW 2025-26 Year-to-Date - % Expenditure/Budget)	RW 2025-26 Balance	Comments
Multi-Disciplinary Team			576,970.90		-	576,970.90	86%	125,468.99	22%	451,501.91	
Housing: Emergency Housing			97,267.10		-	97,267.10	14%	-	0%	97,267.10	
Subtotal			674,238.00		-	674,238.00	100%	125,468.99	19%	548,769.01	
TOTAL			10,528,798.00		-	10,528,798.00		3,007,647.72	29%	7,521,150.28	

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

Other funding info

Month: Jun-25

Part A & Part B Prevention Comp A/C

HRSA 20-078

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



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SAN DIEGO HIV PLANNING GROUP (HPG)

ACTION ITEM INFORMATION SHEET

RECOMMENDATIONS FOR RE-ALLOCATION FOR FY 25-26 (03-01-2025 TO 02-28-2026)

DATE: July 23, 2025

ITEM: Approve the Recipient recommendations for re-allocating Part A funds in fiscal year 2025-2026.

BACKGROUND:

The HIV, STD, and Hepatitis Branch (HSHB) is seeing high utilization of Oral Health, Psychiatric Medication Management and Peer Navigation services. We are recommending an increase to avoid potential interruption of the availability of these key services.

A one-time reduction to the Non-Medical Case Management and Medical Case Management service categories is recommended due to underspending in the first few months of the current fiscal year. The underspent amounts for Non-Medical Case Management resulted in approximately 856 service units, counted at 15-minute intervals, not being provided. The underspent amounts for Medical Case Management resulted in approximately 1,877 service units, counted at 15-minute intervals, not being provided.

The available funds can be redirected to support the high demand for Oral Health, Psychiatric Medication Management, and Peer Navigation services. The proposed amounts for Oral Health will serve an additional 52 service units, counted at 15-minute intervals. The proposed amounts for Psychiatric Medication Management will serve an additional 129 service units, counted at 15-minute intervals. The proposed amounts for Peer Navigation will serve an additional 46 service units, counted at 15-minute intervals.

RECOMMENDATIONS:

1. **Action Item:** Decrease Non-Medical Case Management by \$40,000 from \$392,021 to \$352,021. This is a one-time decrease.
2. **Action Item:** Decrease Medical Case Management by \$72,000 from \$1,151,853 to \$1,079,853. This is a one-time decrease.

3. **Action Item:** Increase Psychiatric Medication Management by \$7,500 from \$6,000 to \$13,500.
4. **Action Item:** Increase Oral Health by \$100,000 from \$160,940 to \$260,940.
5. **Action Item:** Increase Peer Navigation by \$4,500 from \$188,593 to \$193,093.

These recommendations come to the HPG as a seconded motion, open for discussion.

SAN DIEGO HIV PLANNING GROUP (HPG)



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

A quorum for this meeting is thirteen (13).

HPG Members (20): Nicole Aguilar | Marco Aguirre Mendoza | Juan Conant | Beth Davenport | Tyra Fleming | Rosemary Garcia | Felipe Garcia-Bigley | David Grelotti | Lori Jones | Cinnamen Kubricky (Vice-Chair) | Mikie Lochner (Chair) | Eva Matthews | Skyler Miles | Veronica Nava | Shannon Paugh | Ivy Rooney | Stephen Spector | Jeffery Weber | Michael Wimpie | Adrienne Yancey

HPG Members Joining Virtually (1): Abigail West

HPG Members Absent (4): Michael Donovan | Ben Ignalino | Rhea Van Brocklin

ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order and roll call	Mikie Lochner called the meeting to order at 3:08 PM and noted the presence of an in-person quorum.	
2. Welcome, moment of silence, matters from the Chair	A moment of silence was observed. The Chair made the following announcements: <ul style="list-style-type: none">- Welcome to Nicole Aguilar and welcome back to Ivy Rooney.- Congratulations to Marco Aguirre Mendoza and Jen Lothridge for graduating from their respective programs.- State Office of AIDS representative Abigail West is retiring, and this is her last meeting.	
3. Public comment	None	
4. HPG Member Open Forum	The following comments were made: <ul style="list-style-type: none">- A concern that the increasing gas prices are impacting consumers and their ability to volunteer in the community.- A concern that consumers are receiving services out of fear of deportation.	
5. Member Recognition and Acknowledgements	The Chair acknowledged Abigail West for her time on the HPG, as well as Cinnamen Kubricky and Tyra Fleming for volunteering at A Woman's Voice Conference and Sober Pride, and Veronica Nava for volunteering at A Woman's Voice Conference.	

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
6. ACTION: Approve the HPG agenda for June 25, 2025	Motion: Approve the HPG agenda for June 25, 2025 Motion/Second/Count (M/S/C): Fleming/Kubricky/20-0 Discussion: none Abstentions: Lochner Motion carries	
7. Welcome Dr. Sayone Thihalolipavan, Public Health Officer	Dr. Thihalolipavan introduced himself to the attendees and shared his background and his role at the County. The following discussion took place: <ul style="list-style-type: none"> - Narcan kits are available free of charge at the Live Well Centers. 211 San Diego has a full list of locations where it is available. 	
8. HIV, STD, and Hepatitis Branch (HSHB) Report	Patrick Loose provided the following updates: <ul style="list-style-type: none"> - There was about 1.5 million dollars in savings at the end of FY24, including primary care, oral health and other categories. - A request to discuss this further at the next Priority Setting and Resource Allocation Committee (PSRAC) meeting. - Looking into changing the resource allocation process. 	
9. Routine Business		
a. ACTION: Approval of consent agenda for June 25, 2025: <ul style="list-style-type: none"> i. Approval of HPG minutes from April 23, 2025 ii. Acceptance of the following committee minutes: Steering Committee (3/14/25); Membership Committee (4/9/25); Priority Setting and Resource Allocation Committee (3/13/25); Medical Standards and Evaluation Committee (4/8/25); Community Engagement Group (4/16/25; 5/21/25) iii. <i>(Membership Committee):</i> 	Motion: Approve the consent agenda for June 25, 2025 M/S/C: Garcia-Bigley/Nava/19-0 Discussion: none Abstentions: Lochner, Yancey Motion carries	

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
HPG appointments / reappointments iv. Committee Reports 1. HPG committees 2. State Office of AIDS (OA) and AIDS Drug Assistance Program (ADAP) v. California HPG Report vi. Administrative Items: 1. HPG expenditures report		
b. Suggestions to the Steering Committee for consideration of future items	Tabled	
c. Suggestions from the community on future training topics and other agenda items	Tabled	
10. Old Business	None	
11. New Business		
a. ACTION (<i>Medical Standards and Evaluation Committee</i>): Approve Oral Health Care Service Standards	Motion: Approve Oral Health Care Service Standards M/S/C: MSEC/16-0 Discussion: none Abstentions: Conant, Garcia-Bigley, Grelotti, Lochner, Paugh Motion carries	
b. ACTION (<i>Priority Setting and Resource Allocation Committee</i>): Approve Key Data Findings on the Regional Distribution of Ryan White HIV/AIDS Treatment Extension Act (RWTEA) Part A/B Services	Tabled	
c. ACTION (<i>Priority Setting and Resource Allocation Committee</i>): Approve Key Data Findings on Ryan White's Service Eligibility Criteria and Other Service Guidelines	Tabled	
d. Report: 2025 HPG Retreat – Dasha Dahdouh	Tabled	

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
e. For Reference: Anti-Racism Statement	Tabled	
f. Review: 2025 Outreach Schedule – Katie Emmel	Tabled	
12. HPG Support Staff Updates	Tabled	
13. Announcements	The HPG members agreed to extend the July meeting to three hours in order to get through the tabled and new items.	
14. Adjournment	The meeting was adjourned at 5:01 PM.	
Next meeting date	Date: Wednesday, July 23, 2025 Time: 2:00 PM – 5:00 PM Location: Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Rooms A and B) and via Zoom	

STEERING COMMITTEE



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

A quorum for this meeting is four (4)

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

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

Members Absent: Cinnamen Kubricky (Vice-Chair)

ORDER OF BUSINESS

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

STEERING COMMITTEE

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

STEERING COMMITTEE

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

STEERING COMMITTEE

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

STEERING COMMITTEE

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

COMMUNITY ENGAGEMENT GROUP



Wednesday, June 11, 2025, 3:00 PM – 5:00 PM
Southeastern Live Well Center; 5101 Market St, San Diego,
CA 92114; Tubman Chavez Room A

A quorum for this meeting is three (3).

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

Committee Members Absent: Skyler Miles

MEETING MINUTES

Agenda Item	Discussion/Action	Follow-Up
1. Call to order, roll call, comments from the chair, and a moment of silence	The chair called the meeting to order at 3:05PM and noted the presence of an in-person quorum. Comments from the Chair: The chair did not attend the statewide meeting in San Diego and therefore has no direct updates but did acknowledge that there is still no resolution on HIV-related funding.	
2. Review Background, Mission Statement, Goals, and Agreement of Meeting Decorum	Committee members read the Mission Statement and the Community Engagement Group (CEG) Charge. Donovan, Lothridge, Nava reviewed the meeting decorum.	
3. Introductions (Name, Role with HPG/Consumer, Pronouns), Icebreaker	Members and participants introduced themselves.	
4. Public comment (for members of the public)	None.	
5. Sharing our concerns (for committee members)	None.	
6. ACTION: Approve the consent CEG agenda (which includes the June 11, 2025 agenda and the May 21, 2025, minutes)	Motion: Approve the consent CEG agenda (which includes the June 11, 2025 agenda and the May 21, 2025 minutes) with switching old and new business. Motion/Second/Count (M/S/C): Lothridge/Nava/3-0 Public comment:	

COMMUNITY ENGAGEMENT GROUP

Agenda Item	Discussion/Action	Follow-Up
	Abstention(s): Donovan Motion carries	
Follow-Up Items from minutes:	None.	
7a. Committee Updates		
I. HIV Planning Group	The HPG meeting scheduled for May was canceled. The next meeting is set for June 25. There have been no new updates since the last committee meeting.	
II. Strategies and Standards Committee	The committee met earlier this month to review several standards. They decided to form an ad hoc working group to further examine universal standards, trauma-informed language. The introductory paragraph of the service standards packet and non-medical case management language were also reviewed.	
III. Steering Committee	The Committee now meets every two months. They have not met since the last committee meeting. Their next meeting will take place in July.	
IV. Membership Committee	Two reappointments (Nicole and Ivy) are scheduled for approval by the County Clerk on the 24th. Applications for Michael, Jennifer, and Hector are pending submission to the Clerk of the Board. The updated membership application is now available online, and a few new applications have been received and will be followed up on.	
V. Priority Settings and Resource Allocation Committee (PSRAC)	PSRAC's budgeting and reallocation season has begun. Tomorrow they will be reviewing the County's most recent data with the epidemiology team.	
VI. Medical Standards and Evaluation Committee (MSEC)	The committee will next meet in September to continue the revisions of dental documents and move forward to mental health.	
7b. Community Updates		
I. CARE Partnership	CARE had a presentation on the HPG and membership recruitment. They will meet again in September.	
II. HIV Housing Committee/Housing	None.	

COMMUNITY ENGAGEMENT GROUP

Agenda Item	Discussion/Action	Follow-Up
Opportunities for Persons with AIDS (HOPWA)		
8. Old Business		
a. Committee Attendance	None.	
b. Discussion: Review 2025 CEG workplan	<p>The 2025 CEG workplan was reviewed and the committee had the following discussion around a townhall/open forum:</p> <ul style="list-style-type: none"> The chair plans to host an open forum focused on prevention and is tentatively set for August 20 at The Center. It will be co-sponsored by The Center's senior services and Pozabilities. The event aims to be more engaging than traditional meetings typically governed by Robert's Rules of Order and the Brown Act. This will then be followed by a shortened CEG meeting, covering essentials like approval of minutes, work plan review, committee reports, limited or no new business. Compliance and quorum concerns: The quorum for this committee is 3 people. If only 2 members attend, it avoids quorum. If a 3rd member is present, they cannot participate but may observe quietly. Clarification is still needed from the County. 	HPG SS will follow-up with clarification regarding logistics of an open forum meeting format.
9. New Business		
a. Epidemiology data, using to make decisions	Katie Emmel introduced definitions of basic epidemiological terms to help members navigate the epidemiology activity. She also explained Countywide and central data sets for members to utilize during the worksheet. Members compared modes of transmission, race/ethnicity, birth sex, and age group of persons living with HIV disease (PLWH) and recent cases. The group then discussed how data is used to make informed decisions in relation to the budgeting and resource allocation process.	

COMMUNITY ENGAGEMENT GROUP

Agenda Item	Discussion/Action	Follow-Up
b. Understanding Expenditure Sheets and Budget worksheets	Dasha Dahdouh reviewed the expenditure and budget spreadsheets in detail, explaining what each column represented and how they may be used to make informed decisions.	
10. Announcements	<ul style="list-style-type: none"> Christie's Place Backpack Drive on July 3rd. Accepting donations for backpacks, notebooks, pens, etc. Long-term survivors' contingent will be walking in the pride parade anyone is willing to participate. T shirts and water are provided along with golf cards for those unable to walk the entire trip. 	
11. Next meeting date	Next Meeting: Wednesday, July 16, 2025, from 3:00 PM – 5:00 PM Location: Southeastern Live Well Center; 5101 Market St, San Diego, CA 92114; Tubman Chavez Room A	
12. Adjournment	The meeting was adjourned at 4:50PM.	

MEETING MINUTES

CARE PARTNERSHIP FOR WOMEN, CHILDREN, AND FAMILIES

Monday, May 19, 2025 11:00 AM – 1:00 PM

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

Agenda Item	Action	Follow-up
• Welcome and introductions	Johneisha Jones started the meeting at 11:03AM, and the participants introduced themselves online.	
• Comments from the Chair/	None.	
▪ Respectful Engagement	Respectful engagement guidelines read by Johneisha Jones.	
• Moment of silence	A moment of silence was observed, remembering those who have passed and those living with or affected by HIV/AIDS and/or COVID-19.	
• Review Mission Statement	Mission Statement read by Jen Lothridge.	
• Public comment/ Sharing our Concerns	None.	
• Review & approval of the meeting agenda for May 19, 2025	The agenda for May 19, 2025, was approved by consensus as presented.	
• Review & approval of the meeting minutes for March 17, 2025	The minutes for March 17, 2025, was approved by consensus as presented.	
• Discuss 2025 Training Opportunities/Updates	Patty Lopez gave updates on the 2025 training schedule: July- 211 & San Ysidro Health September - UCSF November - Open December - Open	
• Old Business		
a. None		
• New Business		
a. Presentation: HIV Planning Group Support Staff and Members- HIV Planning Group (HPG)	HPG members along with support staff presented on the HPG and discussed the following: <ul style="list-style-type: none"> • What is the HPG <ul style="list-style-type: none"> ○ Mission • Committees • Outreach efforts • Getting to Zero mobile app • HPG budget and allocation process 	

Agenda Item	Action	Follow-up
	<ul style="list-style-type: none"> • Happyville • Who can become a member • Vacant seats 	
b. Presentation: Karla F. Torres, MD, MSN-FNP, AAHIVS, Community Medical Liaison - ViiV Healthcare	<p>Karla presented on Long-Acting Treatment for HIV: A Presentation for People Living with HIV and discussed the following:</p> <ul style="list-style-type: none"> • Challenges of daily HIV medication • What is Cabenuva • Safety Information <ul style="list-style-type: none"> ○ Interactions ○ Possible side effects ○ How to receive Cabenuva 	
• Reports		
a. Women and Youth Out of Care Group Discussion	The group was reminded not to forget children affected or living with HIV, as they are vital support systems for many. Emphasis was placed on recognizing women with children living with HIV. No other specific updates were shared during this section.	
b. HIV Planning Group (HPG) Planning Group Support Staff	The HPG is preparing for Long-Term Survivors Day in June by collecting narratives to amplify survivor voices. Community members are invited to share their stories via email at hpg.hhsa@sdcountry.ca.gov .	
c. Ryan White Part D	Long-term studies at MCAP have ended due to funding cuts, leading to staff departures and uncertainty in program support. There is an emphasis on attending meetings to stay informed and involved.	
d. Research		
i. AIDS Clinical Trials Group (ACTG)/ Antiviral Research Center (AVRC)	<p>Due to the federal administration all the studies with the ACTG have been paused.</p> <p>AVRC is currently enrolling in two HIV prevention trials using a long-acting injectable:</p> <p>Purpose 3 – cis gender women</p> <p>Purpose 4 – for any gender of people who inject drugs</p>	
ii. HIV Neurobehavioral Research Program (HNRP)	HNRP is recruiting both HIV-positive and negative individuals, including cannabis users and non-users, for observational studies. Community involvement, especially as comparison groups, is strongly encouraged.	
iii. Mother, Child & Adolescent Program (MCAP)	MCAP is launching the UPLIFT study focused on people living with HIV who are considering nursing. The study will take place across 11 U.S. sites, including	

Agenda Item	Action	Follow-up
	UCSD. Participants are encouraged to inquire even if unsure about breastfeeding.	
iv. UC San Diego Moores Cancer Center	None.	
13. Announcements	The iVY Study at UCSF is a remote clinical trial to help improve HIV outcomes in young adults (18–29) living with HIV in California. Participants can earn \$470–\$530 through Venmo or Cash App. To qualify, you must live and receive HIV care in California, be diagnosed at least 3 months ago, and have had a viral load over 20 copies/mL in the past year. If interested please reach out to Erin Moore: erin.moore@ucsf.edu ivy.ucsf.edu .	
14. Next Meeting Date: Monday, September 16, 2024	Next CARE Partnership Meeting- Monday, July 21, 2025 In-Person Location: Southeastern Live Well Center 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room A), And via Zoom	
15. Adjournment	Meeting adjourned at 12:44pm.	

San Diego HIV Planning Group
Priority Setting and Resource Allocation Committee



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

Draft May 6, 2025



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

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

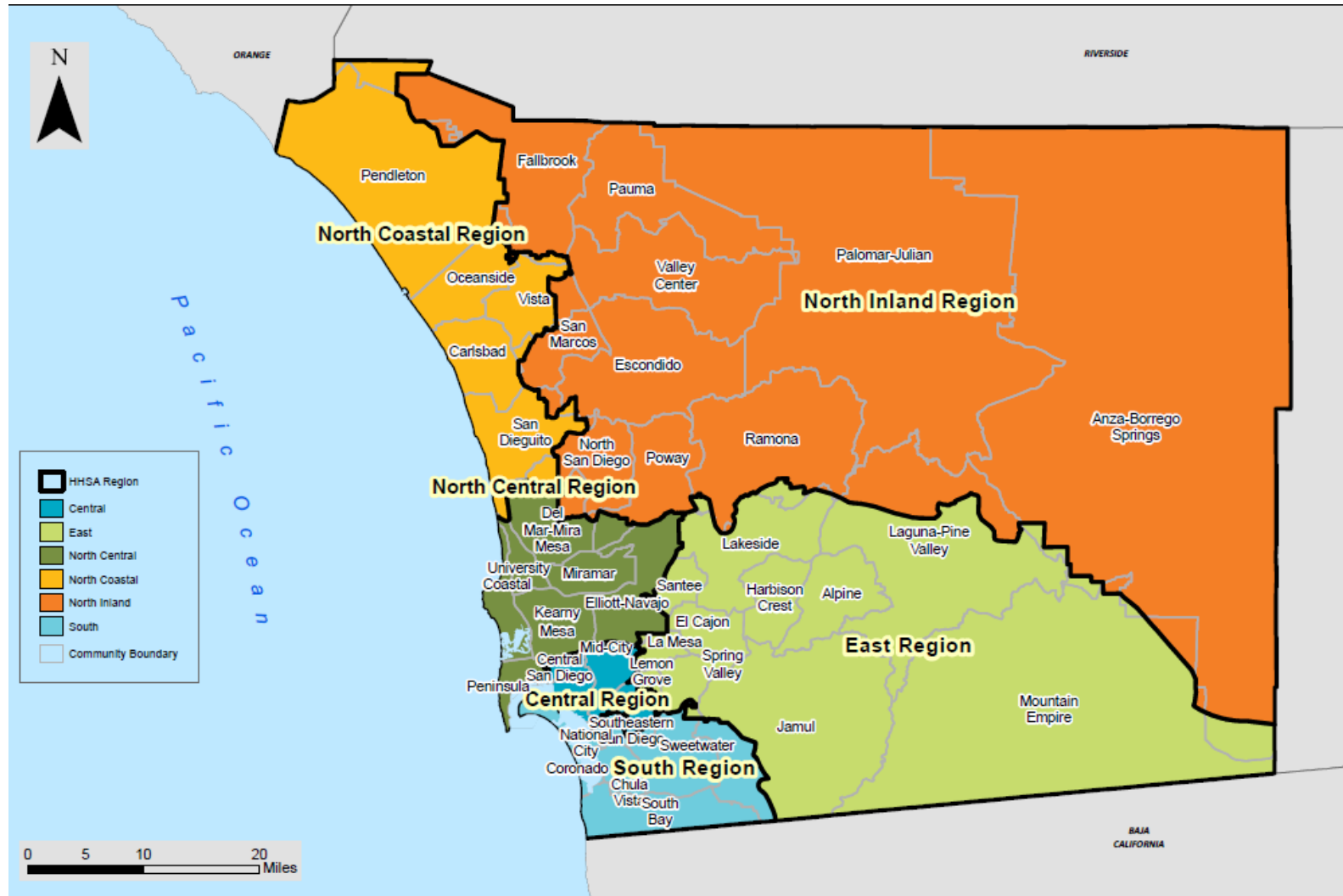
Region(s)*	RWP Parts A/B funded services <u>not</u> available
Central/North Central/Southeast	<ul style="list-style-type: none">• All services available
East	<ul style="list-style-type: none">• Substance Use Treatment Services (Residential)**• Substance Use Treatment Services (Outpatient)• Minority AIDS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

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

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

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

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





San Diego HIV Planning Group
Priority Setting and Resource Allocation Committee

2025 Key Data Findings

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



Draft May 6, 2025

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

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

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

All clients must be reassessed for eligibility every twelve months

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

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

Definitions:

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

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





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

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

 = Core Medical Service


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


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

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


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


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

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

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

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

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

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



San Diego HIV Planning Group
Priority Setting and Resource Allocation Committee



Key Data Findings
2025 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 infections (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.

2024 findings are self-report by HIV-positive respondents to the 2024 Survey of HIV Impact: ⁽²⁾

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

2017 findings are self-report by HIV-positive respondents to the 2017 Survey of HIV Impact:** ⁽³⁾

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

Condition	Estimated prevalence within the general population* (Population = 3,290,423; Males = 1,655,200 Female = 1,635,223) ⁽¹⁾		Estimated prevalence based on self-report by people living with HIV from the 2024** Survey of HIV Impact ⁽²⁾	
	Number	Percentage	Number	Percentage
Tuberculosis	247 ⁽⁴⁾	Less than 0.01%	32	16% ⁽²⁾
Syphilis*	2,431 female: 561 male: 1,870 ^(5,6)	0.074% female: 0.034% male: 0.10%	309 est. female: male: 8 ⁽³⁾	2.2% female: 0.07 male: 2.4
Gonorrhea	6,651 female: 1,687 male: 4,936 ^(5,6)	0.20% female: 0.10% male: 0.30%	93 est. female: 0 male:93 ⁽³⁾	10.7% female: 0% male: 10.7%
Chlamydia	17,720 female: 10,807 male: 7,542 ^(5,6)	0.54% female: 0.62% male: 0.46%	98 est. female: 2 male: 96 ⁽³⁾	1.4% female: 3.5% male: 12.3%
Hepatitis B (HBV)	232 est.	0.007% ⁽⁵⁾	28	14% ⁽³⁾
Hepatitis C (HCV)	2,205	1.1% ⁽⁶⁾	25	12% ⁽²⁾
Mental Illness/Mental Health Challenges	752,400 ⁽⁷⁾ (method of estimating combines serious and chronic)	22.8%	121	60% ⁽²⁾ (ever diagnosed or treated)
Opioid Overdose Deaths	Rate 20/100,000 (CDPH)			

Condition	Estimated prevalence within the general population* (Population = 3,290,423; Males = 1,655,200 Female = 1,635,223) ⁽¹⁾		Estimated prevalence based on self-report by people living with HIV from the 2024** Survey of HIV Impact ⁽²⁾	
	Number	Percentage	Number	Percentage
Emergency Dept. visits related to any opioid overdose	Rate: 42.9/100,000 (CDPH)			
Hospitalizations related to any opioid overdose	Rate 16.5/100,000 (CDPH)			
Homelessness	10,264 ⁽¹²⁾	0.31%	Unstable housing: 29 Unsheltered: 7 ⁽³⁾	Unstable housing: 14% Unsheltered: 3% ⁽³⁾
Poverty Level (Threshold = \$1,215 /month)	518,219 ⁽¹³⁾	15.5% below poverty level	72	35% below poverty level 36% ⁽³⁾
Lack of Insurance	223,229	6.8% ⁽¹³⁾	7	3% ⁽³⁾
Incarceration	10,842 est. pop. ⁽¹⁴⁾ (in county jails and state prison system)	0.3% ⁽¹⁴⁾	72 (formerly incarcerated)	36%
Cardiovascular Disease	227,039 est.	6.9%	14	7%
Diabetes	289,557	8.8% ⁽²³⁾	31	15% ⁽¹⁶⁾
Coronavirus (COVID19)	1,046,329 ⁽¹⁷⁾	31.8% ⁽¹⁷⁾	187 est.	Increased risk of (hospitalization, increased risk of death ⁽¹⁸⁾ RR = 1.24 ⁽¹⁸⁾
MPOX	61 ⁽⁶⁾	0.002%	Of pts with MPOX, 40% are PLWH	65.6%

* Detailed data for sexually transmitted infections, including data by race/ethnicity and gender can be found at https://www.sandiegocounty.gov/hhsa/programs/phs/hiv_std_hepatitis_branch/reports_and_statistics.html

** 2017 Survey of HIV Impact data used for some detailed data for PLWH.

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 of greater than 50 years of age PLWH approximately 10 years earlier than in the general population. ^{21, 22, 23}

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San Diego HIV Planning Group
Priority Setting and Resource Allocation Committee






2025 Key Data Findings






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




Draft July 17, 2025

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.
(See *attachment on County of San Diego BHS*)

<p>1.</p> 	<p><u>FAMILY HEALTH CENTERS OF SAN DIEGO, INC. SOLUTIONS FOR RECOVERY:</u> Address: 3928 Illinois Street, San Diego, CA 92104 (Hillcrest location providing LGBTQ-focused services) Phone: 619-515-2588 Website https://www.fhcsd.org/lgbtq-services/</p> <ul style="list-style-type: none">• Outpatient alcohol and other drug treatment, recovery, ancillary, and supportive services for individuals who identify as lesbian, gay, bisexual, transgender, or questioning/queer (LGBTQ). Additional special early intervention casework is also provided for clients who voluntarily disclose that they are HIV positive.
<p>2.</p> 	<p><u>SAN YSIDRO HEALTH (SYH):</u> Address: CASA 3045 Beyer Blvd., Suite D-101, San Diego, CA 92154 Phone: (619) 662-4161 Address: Our Place 286 Euclid Ave., Suite 309, San Diego, CA 92114 Phone:(619) 527-7390 Website: https://www.syhealth.org/lgbtq</p> <ul style="list-style-type: none">• 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, gender-affirming care, and medication-assisted treatment for substance use disorders.
<p>3.</p> 	<p><u>THE SAN DIEGO LESBIAN GAY BISEXUAL TRANSGENDER (LGBT) COMMUNITY CENTER:</u> Address: 3909 Centre St, San Diego, CA 92103 Phone: (619) 692-2077, Website: The San Diego LGBT Community Center (thecentersd.org)</p> <ul style="list-style-type: none">• Non-Ryan White (RW) mental health and substance use relapse prevention services (support group) at the main site (Central) and two youth centers (Central and South).

	They also have two new grants (SAMHSA and Sierra Health Foundation) to address stigma related to opioid and stimulant use in the LGBTQ community and substance misuse prevention in the LGBTQ community.
4. 	<u>SAN DIEGO YOUTH SERVICES OUR SAFE PLACE:</u> Address: 3255 Wing Street, San Diego, CA 92110 Phone: 619-221-8600 Website: www.sdyouthservices.org <ul style="list-style-type: none"> Individual/group/family services provided at schools, homes, drop-in centers, or office/clinic locations. Utilizing a team approach that, when indicated, offers case management, family or youth partner support, and/or co-occurring substance treatment. Supportive services at 4 drop-in centers. Our Safe Place provides necessary mental health services and drop-in centers for LGBTQ+ youth up to age 21 and their families.
5. 	<u>YMCA YOUTH AND FAMILY SERVICES: OUR SAFE PLACE NORTH:</u> Address: 1050 N Broadway, Escondido, CA, 92026 Phone: (760) 271 – 4855 Hours: Monday-Friday, 2:00 - 6:00 pm and Saturday-Sunday, 4:00 - 8:00 pm. <ul style="list-style-type: none"> 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. We also have opportunities for experienced individuals to work as Connection Coaches and Support Specialists. Services include: <ul style="list-style-type: none"> Individual and group psychotherapy Psychiatric services Case management for children, adolescents, young adults, and their families and guardians <p>Our Safe Place has five drop-in centers throughout San Diego County, two of which are operated by the YMCA TAY Academy. Centers are open midday during the week and some hours on weekends, with extended evening and holiday hours.</p> <p>Edwin Camacho taysupports@ymcasd.org (760) 908-9647</p>
6. 	<u>SOUTH BAY COMMUNITY SERVICES (SBCS) Trolley Trestle Youth Hub</u> Address: 746 Ada Street, Chula Vista, CA 91911 Phone: 619-628-2444 Website: https://sbcssandiego.org/our-safe-place/ Email: OurSafePlace@csbcs.org Instagram: @sbcs.ospsouth
7. 	<u>VISTA COMMUNITY CLINIC (VCC):</u> Address: 1000 Vale Terrace Dr Vista Ca 92084, Phone: (760) 631-5000 HIV Clinical Manager - Teresa Gomez ext.7194 Website: https://www.vistacommunityclinic.org/ <ul style="list-style-type: none"> VCC – Valuable Connected Care: Meeting community our community health and wellness needs.
8. 	<u>UNIVERSITY OF CALIFORNIA, SAN DIEGO (UCSD): OWEN CLINIC</u> Address: 4168 Front St 3rd Floor, San Diego, CA 92103, phone: 619-543-3995, Website: HIV Care Owen Clinic UC San Diego Health (ucsd.edu) <ul style="list-style-type: none"> 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 has access to a part-time psychologist. Additionally, there are support groups for co-occurring conditions that meet twice a week, along with available psychiatry support.

<p>9.</p> 	<p><u>STEPPING STONE OF SAN DIEGO INC.:</u> Address: 3767 Central Avenue San Diego, CA 92105 Phone: 619-278-0777 Website: https://steppingstonesd.org/</p> <ul style="list-style-type: none"> This program is licensed by the State DHCS for residential alcohol and other drug (AOD) treatment, recovery, case management, and mental health counseling for adults (18+) facing alcohol and drug-related issues. Stepping Stone has been serving the LGBTQ community since 1976.
<p>10.</p> 	<p><u>CHOICES IN RECOVERY:</u> Address: 733 S Santa Fe Ave, Vista, CA 92083 Phone: (760) 945-5290 Website: Choices in Recovery (choicesinrecoveryvista.org)</p> <ul style="list-style-type: none"> This program offers residential placements for men living with HIV in North County, including long-term residential treatment and outpatient services. A case manager is assigned through the County of San Diego for people living with HIV.
<p>11.</p> 	<p><u>SUBSTANCE USE DISORDER INTENSIVE OUTPATIENT MCALISTER INSTITUTE FOR TREATMENT AND EDUCATION (MITE) - NORTH CENTRAL TEEN RECOVERY CENTER (TRC):</u> Address: 7625 Mesa College Drive, Ste. 115b, San Diego, CA 92111 Phone: 858-277-4633 Website: www.mcalisterinc.org/ programs/</p> <ul style="list-style-type: none"> This program provides outpatient substance abuse treatment and education for adolescents aged 12 to 17. Services offered include individual counseling, family counseling, family group sessions, random drug testing, and educational classes. The educational classes cover a variety of topics, including life skills, relapse prevention, goal setting, crisis intervention, conflict resolution for teens, an introduction to recovery, health and recovery issues, employment preparation, HIV/AIDS awareness, and nutrition.



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

310

Total
respondents

203
66%

Living with HIV/AIDS
(68% of respondents)

97
31%

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

Demographics

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

62%

Men
(n=151)

27%

Women
(n=151)

52

Average age
(n=150)

25 - 92

Age range
(n=150)

76%

LGBTQIA+
(n=144)

25%

Some high school or less
(n=181)

32%

Income from social security
(n=181)

15%

No income
(n=181)

6%

Undocumented and asylum
seekers/refugees (n=146)

48%*

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

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

Access to Care

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

64%

Had a case manager
(n=197)

90%

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

72%

Were insured
(n=152)

1%

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



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

Mental Health

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

Substance Use

Out of 174 PLWHA:

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

**A combined 58% increase
from 2021**

Out of 176 PLWHA:

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

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

Housing

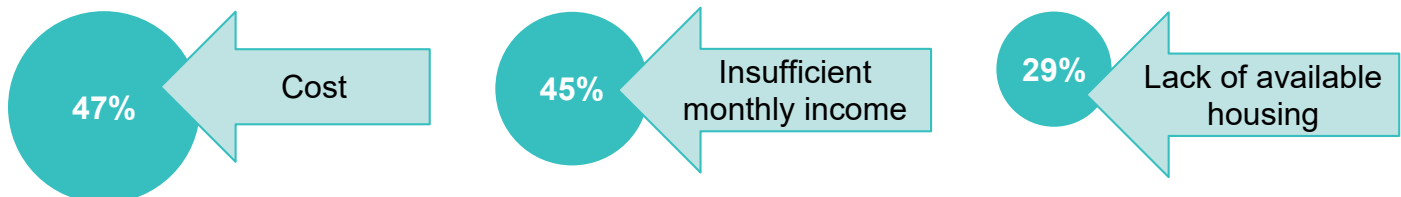
47%

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

20%

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

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





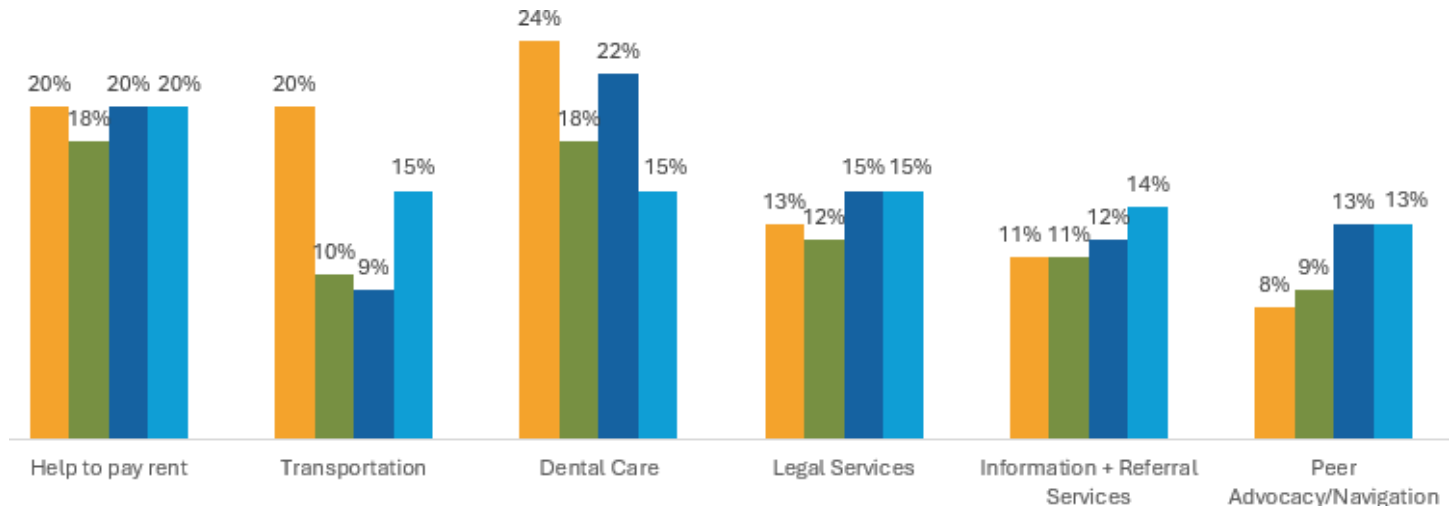
San Diego HIV Planning Group 2024 Needs Assessment Survey Key Data Findings *Updated 7/17/2025*

Top 5 Most Important Services: 10-Year Trend

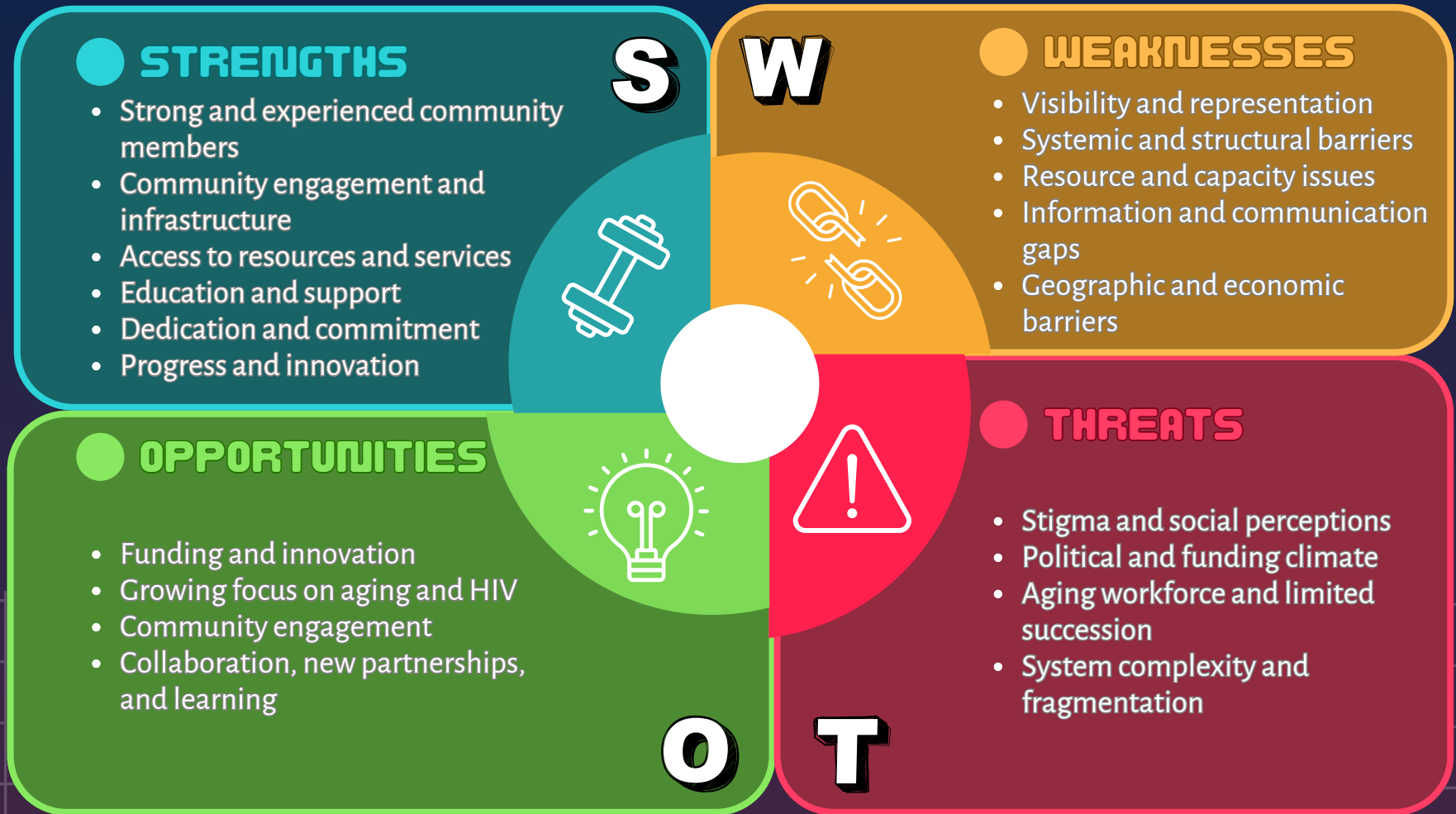
2024	2021	2017	2014
#1. Dental Care	#1. HIV/AIDS medication	#1. HIV/AIDS medication	#1. HIV/AIDS medication
#2. HIV/AIDS medication	#2. HIV primary care	#2. HIV primary care	#2. HIV primary care
#3. HIV primary care	#3. Dental care	#3. Dental care	#3. Dental care
#4. Counseling/therapy	#4. Medical specialist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

Top Unmet Needs: 10-Year Trend

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



SWOT Activity Summary



SOURCE: MARCH 26, 2025 HIV PLANNING GROUP RETREAT



STRENGTHS:

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



WEAKNESS:


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



OPPORTUNITIES:

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

THREATS:

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



**S**
SPECIFIC

GOAL: Local Focus on People At Risk for HIV

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

**M**
MEASUREABLE

GOAL: Complex System of Medi-Cal and Medicare

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

**A**
ATTAINABLE

GOAL: Isolation

**R**
RELEVANT

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

**T**
TIME-BOUND

GOAL: Building Better Support Groups

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



HPG Anti-racism Statement

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

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

(24) HPG Members	1	1	1	1	1	0	1	0	1	1	0	1	9
Total Meetings	24-Jul	7-Aug	25-Sep	23-Oct	21-Nov	18-Dec	22-Jan	26-Feb	26-Mar	23-Apr	28-May	25-Jun	TOTAL
Aguilar, Nicole, 40												*	0
Aguirre Mendoza, Marco, 10	*	*	1	1	*	NM	JC	NM	*	*	NM	*	2
Conant, Juan, 25							*	NM	*	1	NM	*	1
Davenport, Beth, 35	*	1	1	*	*	NM	*	NM	*	*	NM	*	2
Donovan, Michael, 32			*	1	*	NM	*	NM	1	JC	NM	1	3
Fleming, Tyra, 3	*	*	*	1	*	NM	*	NM	*	1	NM	*	2
Garcia, Rosemary, 23							1	NM	*	*	NM	*	1
Garcia-Bigley, Felipe, 38	*	*	*	*	*	NM	*	NM	*	*	NM	*	0
Grelotti, David, 30	*	1	*	*	*	NM	1	NM	*	*	NM	*	2
Ignalino, Jr., Benjamin, 39			*	*	*	NM	*	NM	*	*	NM	1	1
Jones, Lori, 26	JC	1	*	*	*	NM	*	NM	JC	*	NM	*	1
Kubricky, Cinnamen, 4	1	*	*	*	*	NM	JC	NM	*	1	NM	*	2
Lochner, Mikie, 16	*	*	*	*	1	NM	*	NM	*	*	NM	*	1
Matthews, Eva 19										*	NM	*	0
Miles, Skyler, 32			*	*	*	NM	*	NM	*	1	NM	*	1
Nava, Veronica, 33	*	*	*	*	1	NM	*	NM	*	*	NM	*	1

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

Total Meetings	24-Jul	7-Aug	25-Sep	23-Oct	21-Nov	18-Dec	22-Jan	26-Feb	26-Mar	23-Apr	28-May	25-Jun	TOTAL
Paugh, Shannon, 37						NM	*	NM	*	*	NM	*	0
Rooney, Ivy, 43	1	*	*	*	*	NM	*	NM			NM	*	1
Spector, Stephen, 31	1	*	1	*	*	NM	JC	NM	*	*	NM	*	2
Van Brocklin, Rhea, 18	*	*	*	*	*	NM	*	NM	*	1	NM	1	2
Weber, Jeffery, 41	1	*	1	*	1	NM	*	NM	*	*	NM	*	3
West, Abigail, 29	*	*	*	1	*	NM	*	NM	*	*	NM	*	1
Wimpie, Michael, 1	*	*	*	*	*	NM	*	NM	*	*	NM	*	0
Yancey, Adrienne, 22	*	*	1	*	*	NM	1	NM	*	*	NM	*	2
<i>To remain in good standing and eligible to vote, the HPG member may not miss 3 consecutive meetings or 6 meetings within 12 months.</i>													
* = Present													
1 = Absent for the month													
1 = Absent when there are multiple meetings in a month. The member needs to attend at least one meeting for attendance to count for the specific month.													
JC = Just Cause													
EC = Emergency Circumstance													

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

(An Amendment to AB 2449)

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

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

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

Additional Requirements for a Member Participating Remotely

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

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