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## SAN DIEGO HIV PLANNING GROUP (HPG)

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*Wednesday, August 6, 2025, 2:00 PM – 5:00 PM*  
*Southeastern Live Well Center*  
*5101 Market Street, San Diego, CA 92114*  
*Tubman Chavez Room A*

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**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, August 6, 2025

2:00 PM - 5:00 PM

## **Southeastern Live Well Center**

5101 Market Street

San Diego, CA 92114

Tubman Chavez Room A



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:**

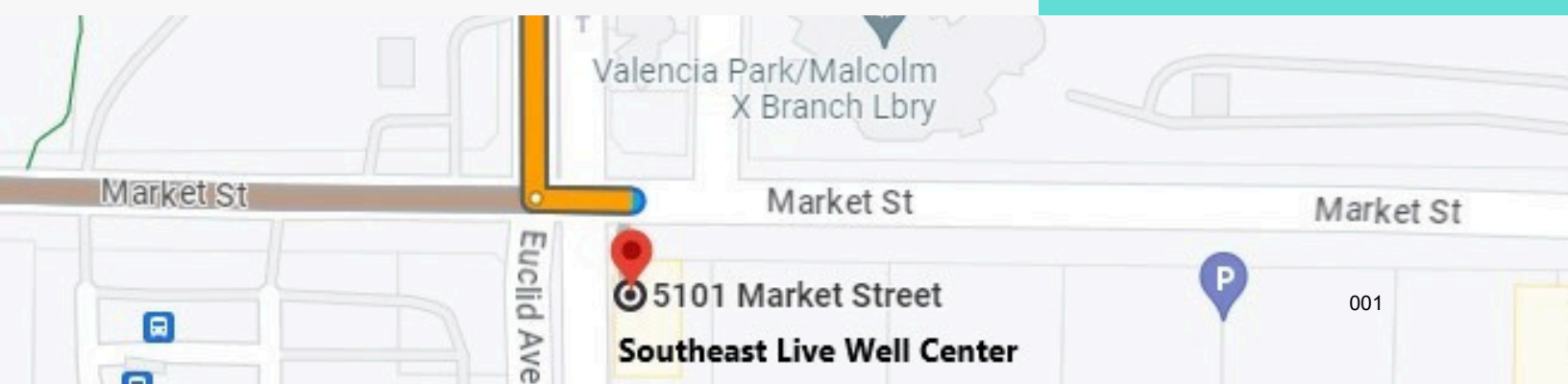
1. Head southeast on I-805 South.
2. Take exit 13A for CA-94-E/M L King Jr. Fwy.
3. Merge onto CA-94 E.
4. Take exit 4A for Euclid Ave.
5. Turn left onto Euclid Ave.
6. Use the left 2 lanes to turn left onto Market St.
7. The destination will be on your right.



## **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  
Garcia, 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, August 6, 2025, 2:00 PM – 5:00 PM  
Southeastern Live Well Center  
5101 Market Street, San Diego, CA 92114  
Tubman Chavez Room A

### 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](mailto: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 August 6, 2025
6. HIV, STD, and Hepatitis Branch (HSHB) Report
7. New Business:
  - a. **ACTION** (*Priority Setting and Resource Allocation Committee*): Approve Key Data Findings on HIV Epidemiology
  - b. **ACTION** (*Priority Setting and Resource Allocation Committee*): Approve Key Data Findings on HIV Care Continuum
  - c. **ACTION** (*Strategies and Standards Committee*): Approve Clarification Regarding the Partial Assistance Rental Subsidy (PARS) Waiting List Priorities and Enrollment
  - d. **ACTION** (*Strategies and Standards Committee*): Approve the combined Medical/Non-Medical Case Management Standards
  - e. **ACTION** (*Priority Setting and Resource Allocation Committee*): Approve service rankings for FY 26 (March 1, 2026 – February 28, 2027)

## **SAN DIEGO HIV PLANNING GROUP (HPG)**

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- f. **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)
- g. **ACTION**: Approve how services should be organized and delivered (service delivery recommendations/service directives) in FY 26 (March 1, 2026 – February 28, 2027)

8. HPG Support Staff Updates

9. Announcements

10. Adjournment

Next Meeting Date: **Wednesday, August 13, 2025, at 2:00 PM – 5:00 PM**

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



San Diego HIV Planning Group  
Priority Setting and Resource Allocation Committee

2025 Key Data Findings  
HIV EPIDEMIOLOGY

Draft July 24, 2025

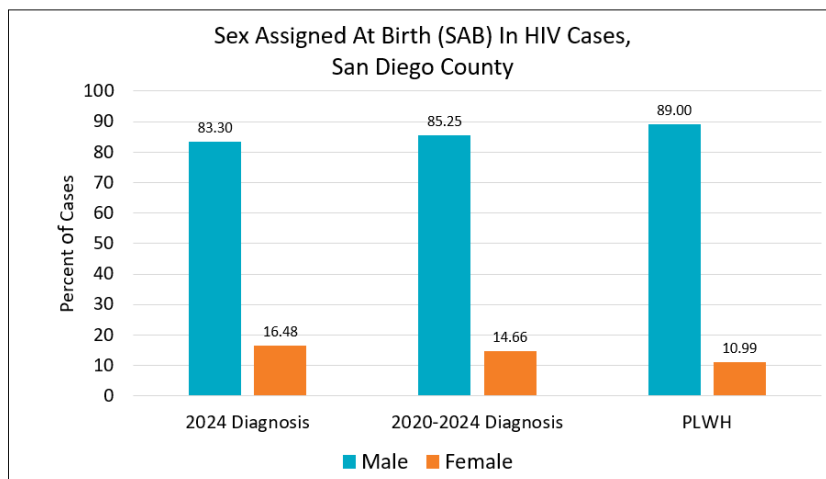


## OVERALL

- **Total Persons Living with HIV disease (PLWH)** in San Diego County (Prevalent cases) = **14,607**
- **Recent Cases** (2020 – 2024) = **2,120** (this is a subset of the total or prevalent cases)

## BIRTH SEX

- The proportion of **female HIV** cases in San Diego County is **14.7% (n =310)** for the **Recent Cases time period (2020-2024)**. The number of females who are living with HIV (PLWH) is **1,594**, or **10.9%**. While **16.5%** of cases from 2024 were female, interpretation of one year's data should be done with caution. Historically, 5-year time periods are analyzed to smooth out trends.



Data as of 12/31/2024

## HHSA REGION

- Central Region contains the most cases from 2020-2024 (**836, 39.4%**) as well as PLWH (**5,318, 36.4%**). The South Region contains the second most cases from 2020-2024 (**428, 20.2%**) and for PLWH (**2,206, 15.1%**).

Table 2. HIV Cases by HHSA Region

HHSA Region	2024 Diagnosis		Recent Diagnosis (2020 - 2024)		PLWH	
	n	%	n	%	n	%
Central	169	38.7%	836	39.4%	5,318	36.4%
East	45	10.3%	220	10.4%	895	6.1%
South	94	21.5%	428	20.2%	2,206	15.1%
North Coastal	31	7.1%	191	9.0%	815	5.6%
North Inland	45	10.3%	178	8.4%	604	4.1%
North Central	53	12.1%	265	12.5%	1,330	9.1%
Unknown			2	0.1%	3,439	23.5%
Total	437		2,120		14,607	

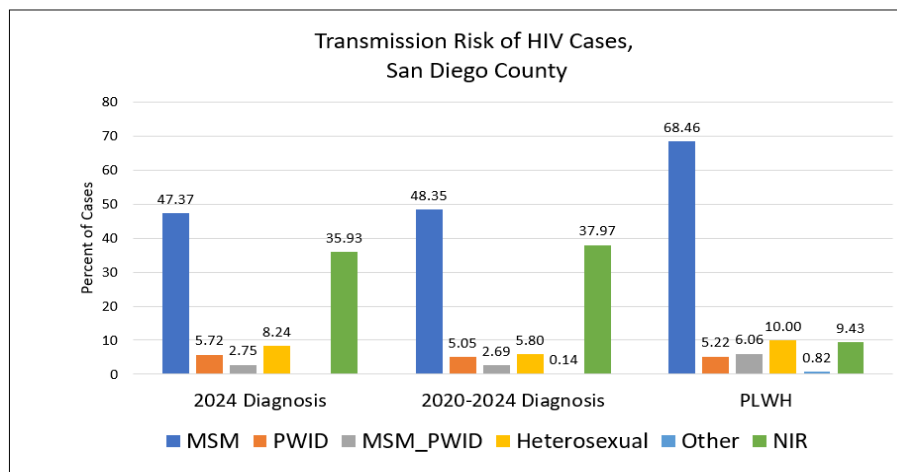
Data as of 12/31/2024

<sup>1</sup> **Recent Cases** = HIV disease diagnosis, regardless of stage of disease, between 2019 – 2023 while residing in San Diego County **Persons Living with**

<sup>2</sup>**HIV disease (PLWH)** = Residing in San Diego County and alive as of December 31, 2023

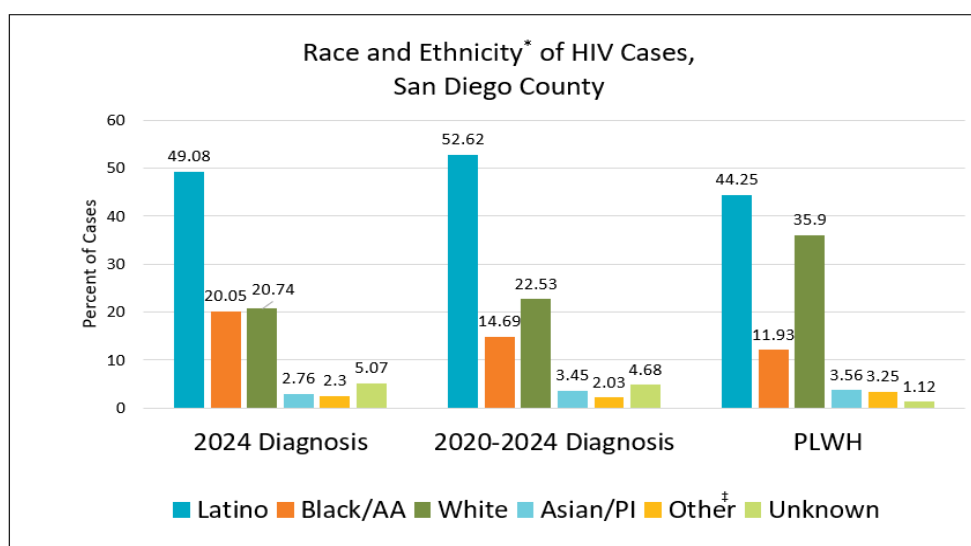
## MODE OF TRANSMISSION

- The majority of people living with HIV disease (PLWH) through year-end 2024 were men who have sex with men. For PLWH and MSM, it's 68.6% and 9,964 persons. In the recent case period of 2020-2024, MSM made up 48.3% of the population and 1,025 persons.



## RACE/ETHNICITY

- The majority of recent HIV disease diagnoses for over ten years were **people of color**. The proportion of Non-Hispanic White cases decreased over time, while the proportion of Hispanic/Latino cases increased over time.



- Latino cases make up the majority of cases from 2024 and 2020-2024-time span (49% and 53% respectively). However, the percentage difference between Latino and White for PLWH is smaller. Latinos PLWH make up 44% of cases, while Whites make up 36% of PLWH cases.

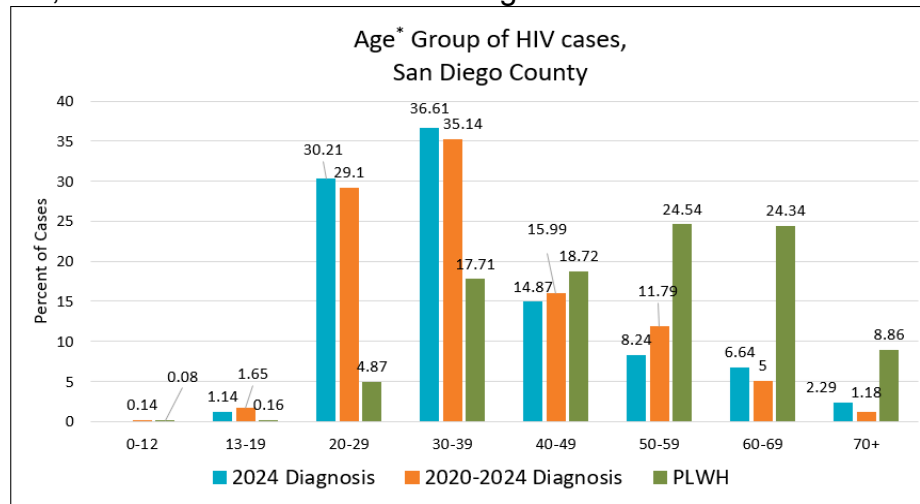
<sup>1</sup> **Recent Cases** = HIV disease diagnosis, regardless of stage of disease, between 2019 – 2023 while residing in San Diego County

<sup>2</sup> **Persons Living with HIV disease (PLWH)** = Residing in San Diego County and alive as of December 31, 2023. Age is calculated at 12/31/2023.



## AGE

- The **20 – 29 years** and **30 – 39 years** age groups make up the most cases in the county for the recent cases time (29%, n=617 and 35%,n=745)
- Notably, an increase in age for PLWH is being observed, depicted by the green bars. Over 50% of PLWH are aged 50-69, and almost 9% of PLWH are aged 70+.



<sup>1</sup> **Recent Cases** = HIV disease diagnosis, regardless of stage of disease, between 2019 – 2023 while residing in San Diego County

<sup>2</sup> **Persons Living with HIV disease (PLWH)** = Residing in San Diego County and alive as of December 31, 2023. Age is calculated at 12/31/2023.



San Diego HIV Planning Group  
Priority Setting & Resource Allocation Committee  
2025 Key Data Findings  
Care Continuum/Viral Suppression  
Approved July 24, 2025

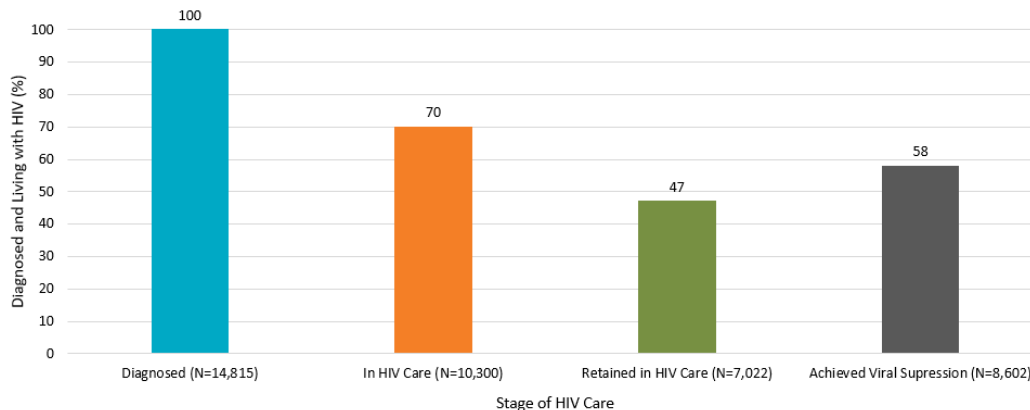


Data Source: Data is provided from CDPH, Office of AIDS, and contains data up to 12/31/2023.

## DEFINITIONS:

Care Continuum (aka Continuum of Care), includes:

1. **Receipt of care** (sometimes called “Linkage to Care” or “In Care”): Of those diagnosed with HIV disease, persons who had  $\geq 1$  CD4 or viral load tests during 2023
2. **Retention in care**: Of those diagnosed with HIV disease, persons who had  $\geq 2$  CD4 or viral load tests at least 3 months apart during 2023
3. **Viral suppression**: Of those diagnosed with HIV disease, persons virally suppressed ( $<200$  copies/mL) at most recent test during 2023



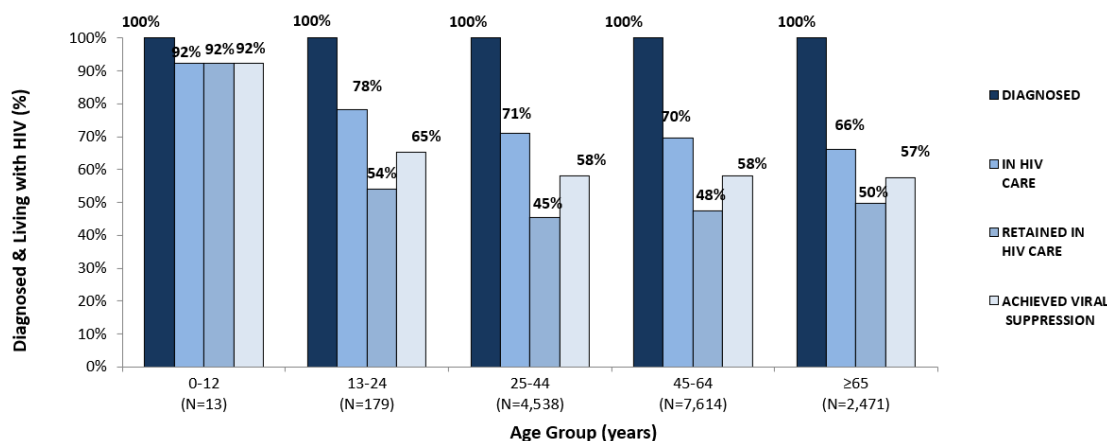
## CARE CONTINUUM/VIRAL SUPPRESSION OVERALL

“In care” for all PLWH = **70%** and “Retained in care” for all PLWH = **47%**. **Viral Suppression** of all persons living with HIV (PLWH) in San Diego County was **58%** which includes those without a viral load (VL) test on record.

For **Ryan White (RW)** clients, viral suppression was **93%** (for those who had a VL test on record).

## AGE

Those aged  $>65$  showed to have the lowest percentage in care (**66%**), while those aged 13-24 showed to have the highest percentage (**78%**). While the age group of 13-24 had the highest percentage of viral suppression at **65%**, there was very little difference in viral suppression for the remaining older age categories. Only **1%** separated the three older age categories with those aged  $>65$  had the lowest at **57%**.



## **GENDER**

There was a negligible difference in viral suppression between cis men (58%) and cis women (56%). Trans women showed 53% viral suppression (n=229), while trans men indicated a viral suppression percentage of 60% (n=5). However, the number of trans men is so low that no conclusions can be made about statistical significance.

## **RACE/ETHNICITY**

For all PLWH African Americans/Blacks had a lower viral suppression percentage (**48%**), compared to both White (**61%**) and Latinx (**57%**). A similar trend was observed in RW Data – African American/Black (89%), White (93%) and Latinx (94%).

Although a relatively small population among PLWH (**n=474**), Asians indicated the best care percentage with 73%. African American/Blacks (1,809) had the lowest percentage in care at 61%, while Latinx (n=6,301) and White (n=5,698) had care percentages of **68%** and **72%**, respectively.

Among RW Clients, African American/Black had the lowest percentage of viral suppression (11%).

## **TRANSMISSION RISK CATEGORY**

The following risk categories had significantly lower viral suppression compared to all PLWH (58%): **Persons Who Inject Drugs (PWID)** (46%), **Men who have sex with men (MSM) + PWID** (55%), **Heterosexual contact** (55%), and **Unknown risk** (51%).

\*\*Risk category for persons in "Unknow risk" may change as additional information becomes available.



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DEPUTY CHIEF  
ADMINISTRATIVE OFFICER

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PUBLIC HEALTH OFFICER

## SAN DIEGO HIV PLANNING GROUP (HPG)

### ACTION ITEM INFORMATION SHEET

#### RECOMMENDATIONS FOR FY 26 SERVICE PRIORITY RANKINGS (03-01-2026 TO 02-28-2027)

**DATE:** August 6, 2025

**ITEM:** Approve the Recommended Service Priority Rankings for FY 2026-2027 from the Priority Setting and Resource Allocation (PSRA) Committee.

#### BACKGROUND:

The PSRA Committee made recommendations on the FY 26 priority rankings at its July 24, 2025 meeting. The recommendations are grouped based on the motions made at the meeting.

#### RECOMMENDATIONS:

1. **Action Item:** Rank

- Outpatient Ambulatory Health Services: Primary Care at **priority #1**
- Outpatient Ambulatory Health Services: Medical Specialty at **priority #2**
- Oral Health at **priority #3**

2. **Action Item:** Rank

- Housing: Partial Assistance Rental Subsidy (PARS) at **priority #4**
- Housing: Emergency Housing at **priority #5**
- Mental Health: Counseling/Therapy at **priority #6**
- Substance Use Treatment Services: Outpatient at **priority #7**

3. **Action Item:** Rank

- Mental Health: Psychiatric Medication Management at **priority #8**
- Medical Case Management at **priority #9**
- Non-Medical Case Management at **priority #10**
- Non-Medical Case Management for Housing at **priority #11**
- Housing Location, Placement and Advocacy Services at **priority #12**

4. **Action Item:** Rank

- Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF) at **priority #13**
- Childcare Services (subcategory under WICYF) at **priority #13a**
- Peer Navigation (Referral for Health Care and Support Services) at **priority #14**
- Early Intervention Services (EIS): Regional Services at **priority #15**
- Health Education and Risk Reduction (subcategory under EIS) at **priority #15a**
- Outreach Services (subcategory under EIS) at **priority #15b**
- Referral Services (subcategory under EIS) at **priority #15c**
- Health Education & Risk Reduction at **priority #16**

5. **Action Item:** Rank

- Psychosocial Support Services at **priority #17**
- Substance Use Treatment Services: Residential at **priority #18**
- Home-based Health Care Coordination at **priority #19**

6. **Action Item:** Rank Transportation: Assisted and Unassisted at **priority #20**.

7. **Action Item:** Rank

- Food Services: Food Bank/Home-Delivered Meals at **priority #21**
- Medical Nutrition Therapy at **priority #22**
- Legal Services at **priority #23**
- Emergency Financial Assistance at **priority #24**
- Home Health at **priority #25**
- Early Intervention Services: HIV Counseling and Testing at **priority #26**
- Cost-Sharing Assistance at **priority #27**
- Hospice at **priority #28**

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

## FY 26 Service Priority Ranking Worksheet

Categories in **BOLD** = core services

Categories in Light Blue = service categories with \$0 allocation

SERVICE CATEGORY	HPG Approved FY 24 Priority Ranking	HPG Approved FY 25 Priority Ranking	FY 26 PSRAC Recommendations
<b>Outpatient Ambulatory Health Services: Primary Care</b>	1	1	1
<b>Outpatient Ambulatory Health Services: Medical Specialty</b>	2	2	2
<b>Oral Health</b>	3	3	3
<b>Medical Case Management</b>	4	4	9
Non-Medical Case Management	5	5	10
Non-Medical Case Management for Housing	6	6	11
Housing: Emergency Housing	7	9	5
Housing Location, Placement and Advocacy Services	8	8	12
Housing: Partial Assistance Rental Subsidy (PARS)	9	7	4
<b>Mental Health: Counseling/Therapy &amp; Support Groups</b>	10	10	6
<b>Substance Use Treatment Services: Outpatient</b>	11	11	7
<b>Mental Health: Psychiatric Medication Management</b>	12	12	8
<b>Coordinated HIV Services for Women, Infants, Children, Youth, and Families (CHS: WICYF)</b>	13	13	13
* <i>Early Intervention Services for WICYF</i>			
* <i>Medical Case Management for WICYF</i>			
* <i>Non-Medical Case Management for WICYF</i>			
* <i>Mental Health for WICYF</i>			
* <i>Childcare services</i>	13a	13a	13a
* <i>Outreach to WICYF</i>			
* <i>Peer Navigation for WICYF</i>			
* <i>Transportation for WICYF</i>			
<b>Early Intervention Services (EIS): Regional Services</b>	14	14	15
* <i>Health Education and Risk Reduction</i>	14a	14a	15a
* <i>Outreach Services</i>	14b	14b	15b
* <i>Referral Services</i>	14c	14c	15c
Health Education & Risk Reduction	15	15	16
Peer Navigation (Referral for Health Care and Support Services)	16	16	14
Psychosocial Support Services	17	17	17
Substance Use Treatment Services: Residential	18	18	18
<b>Home-based Health Care Coordination</b>	19	19	19
Transportation: Assisted and Unassisted	20	20	20
Food Services: Food Bank/Home-Delivered Meals	21	21	21
<b>Medical Nutrition Therapy</b>	22	22	22
Legal Services	23	23	23
Emergency Financial Assistance	24	24	24
Home Health	25	25	25
Early Intervention Services: HIV Counseling and Testing	26	26	26
Cost-Sharing Assistance	27	27	27
Hospice	28	28	28

# 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><b>“Just Cause”</b></p>	<ul style="list-style-type: none"> <li>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.</li> <li>A contagious illness prevents the member from attending the meeting in person.</li> <li>There is a need related to a defined physical or mental disability that is not otherwise accommodated for.</li> <li>Traveling while on official business of the legislative body or another state or local agency.</li> </ul>	<p>A member is limited to <u>two (2)</u> virtual attendances due to “just cause” per calendar year.</p>
<p><b>“Emergency Circumstances”</b></p>	<p><b><i>“A physical or family medical emergency that prevents a member from attending the meeting in person.”</i></b></p> <p>A member is <b><i>not</i></b> required to disclose any medical diagnosis or disability, or any personal medical information that is already exempt from existing law.</p>	<p><b>A member of the legislative body must:</b></p> <ol style="list-style-type: none"> <li>Make a request to the body to allow the member to meet remotely due to an emergency circumstance; and</li> <li>Provide a general description of no more than 20 words of the circumstance justifying such attendance.</li> </ol> <p>A request from a member to attend remotely requires that the legislative body take action and <u>approve</u> the remote attendance at the start of the meeting for the member to be allowed to participate remotely for that meeting<sup>1</sup>.</p>

<sup>1</sup>If 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.