SAN DIEGO HIV PLANNING GROUP (HPG)



Wednesday, August 13, 2025, 2:00 PM – 5:00 PM Southeastern Live Well Center 5101 Market Street, San Diego, CA 92114 Tubman Chavez Room C

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

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8/15/2025 Regional Planning Meeting, South Region (Town Hall) Flyer							
AB 2302 Reminders							

Meeting Location & Directions:

HIV Planning Group
Wednesday, August 13, 2025
2:00 PM - 5:00 PM

Southeastern Live Well Center 5101 Market Street San Diego, CA 92114 Tubman Chavez Room C



Visitor/Employee parking available in parking structure. Main entrance can be accessed by exiting the parking structure on the 2nd floor and walking down the sidewalk to the left.

FROM I-805 SOUTH:

- 1. Head northwest on I-805 North.
- 2. Take exit 12B for Market St.
- 3. Turn right onto Market St.
- **4**. The destination will be on your right.

FROM I-805 NORTH:

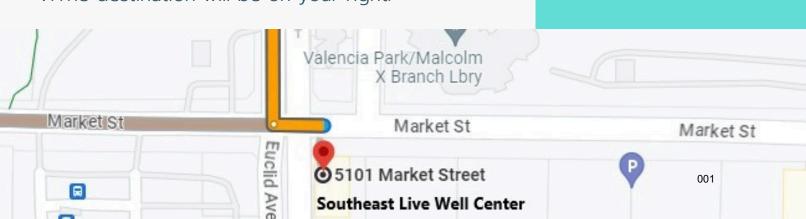
- 1. Head southeast on I-805 South.
- 2. Take exit 13A for CA-94-E/M L King Jr. Fwy.
- 3. Merge onto CA-94 E.
- 4. Take exit 4A for Euclid Ave.
- 5. Turn left onto Euclid Ave.
- 6.Use the left 2 lanes to turn left onto Market St.
- 7. The destination will be on your right.

PUBLIC TRANSPORTATION

MTS Trolley: Orange Line

MTS Bus Routes:

3, 4, 5, 13, 60, 916, 917 and 955



Procedure of HPG Public Requests During HPG Meetings

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

The process/procedure for responding is as follows.

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

Explain the process for a response and indicate that:

- 1. HPG Support Staff has placed their email and phone number in the chat so that the speaker can contact the staff to discuss and clarify the request. The staff will obtain contact information for any needed follow-up (name, email address, phone number, and preference for communication).
- 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**										
Subtance Use Disorder Treatment: Outpatient										
Subtance Use Disorder Treatment: Residential										
Transportation: Assisted and Unassisted										

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

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

^{**}Referral for Healthcare and Support Services

SAN DIEGO HIV PLANNING GROUP (HPG)



Wednesday, August 13, 2025, 2:00 PM – 5:00 PM Southeastern Live Well Center 5101 Market Street, San Diego, CA 92114 Tubman Chavez Room C

Password: SDHPG

To participate remotely via Zoom:

https://us06web.zoom.us/i/85368987291?pwd=KnO1bBlgovR53sVY04E8vmvNo6OUg4.1

Call in: +1 (669) 444-9171

Meeting ID (access code): 853 6898 7291

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 guorum 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 | Ivy Rooney | Stephen Spector | Rhea Van Brocklin | Jeffery Weber | Michael Wimpie | Adrienne Yancey

ORDER OF BUSINESS

- 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 13, 2025
- 6. HIV, STD, and Hepatitis Branch (HSHB) Report
- 7. New Business:
 - a. ACTION (Priority Setting and Resource Allocation Committee): Approve allocations for FY 25 (March 1, 2025 – February 28, 2026)
 - b. **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)
 - c. 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 20, 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

Page **1** of **1** sdplanning.org

HPG FY 26 Part A & MAI Allocation Worksheet Level Scenario Remaining Balance												\$ 227,277.00 \$ 75,759.00		Level Scenar	io Remaini 0	ing Balance		ario Remain 0	ŭ		n Scenario A 9,577,745			n Scenario <i>i</i>	
\$0 FY22 Final Expenditures		FY23 Final Expenditures			FY24 Final Expenditures			FY25 Allocations		FY26 PSRAC Recommendations		Approved Revisions to HPG Allocations for FY 26		PSRAC Recommendations for FY 26 Reduced Funding Scenario		Approved HPG Allocations for FY 26 Reduced Funding Scenario									
SERVICE CATEGORY	FY 26 Priority Rank		FY 22			FY 23			FY 24			FY 25		FY 26		FY 26			FY 26			FY 26			
		Allocated	Expended	% Budget Spen (Expended vs Allocated)	t Allocated	Expended	% Budget Spent (Expended vs Allocated)	Allocated	Expended	% Budget Spent (Expended vs Allocated)	Allocated	Expended through June 2025 (33%)	% Budget Spent (Expended vs Allocated)	Approved FY 25 Allocations	PROPOSED CHANGES (+/-)	Proposed Revisions to FY 25 Allocations	Approved FY 25 Allocations	APPROVED CHANGES (+/-)	Approved Revisions to FY 25 Allocations	Approved Allocations (based on FY 25)	PROPOSED REDUCTIONS	Approved FY 26 Allocations (if funding is reduced)	Approved Allocations (based on FY 25)	PROPOSED REDUCTIONS	Approved FY 26 Allocations (if funding is reduced)
OAHS: Primary Care	1	1,307,630	1,058,990	103%	1,102,630	1,104,470	100%	1,928,742	1,192,323	62%	1,821,037	590,114	32%	1,821,037	-	1,821,037	1,821,037		1,821,037	1,821,037	(100,000)	1,721,037	1,821,037		1,821,037
OAHS: Medical Specialty	2	383,386	194,080	80%	374,097	127,702	34%	195,000	147,641	76%	195,000	19,455	10%	195,000	(20,000)	175,000	195,000		195,000	195,000		195,000	195,000		195,000
Oral Health	3	300,940	151,952	76%	174,728	171,165	98%	241,571	168,489	70%	336,699	87,446	26%	336,699	-	336,699	336,699		336,699	336,699	(34,092)	302,607	336,699		336,699
Medical Case Management	9	1,268,338	1,313,568	94%	1,352,083	1,310,697	97%	1,151,853	1,128,937	98%	1,079,853	276,598	26%	1,079,853	72,000	1,151,853	1,079,853		1,079,853	1,079,853	(70,000)	1,009,853	1,079,853		1,079,853
Non-Medical Case Management	10	392,021	407,487	85%	437,236	419,105	96%	392,021	363,421	93%	352,021	80,202	23%	352,021	40,000	392,021	352,021		352,021	352,021		352,021	352,021		352,021
Non-Medical Case Management for Housing	11	250,000	-	0%	-	-		-	-		200,000	-		200,000	-	200,000	200,000		200,000	200,000		200,000	200,000		200,000
Housing: Partial Assistance Rental Subsidy (PARS)	4	667,507	772,975	97%	807,506	749,109	93%	850,507	627,612	74%	850,507	271,285	32%	850,507	-	850,507	850,507		850,507	850,507		850,507	850,507		850,507
Housing Location, Placement and Advocacy Services	12	100,000	-	0%	-	-		-	-		-	-			-		-		-			-	-		-
Housing: Emergency Housing	5	280,000	1,044,260	97%	1,250,000	1,177,673	94%	1,127,722	1,023,223	91%	1,009,274	343,430	34%	1,009,274	(54,000)	955,274	1,009,274		1,009,274	1,009,274	(300,000)	709,274	1,009,274		1,009,274
Mental Health: Counseling/Therapy & Support Groups	6	761,062	736,499	95%	975,970	877,060	90%	729,000	664,090	91%	580,000	176,005	30%	580,000	10,000	590,000	580,000		580,000	580,000		580,000	580,000		580,000
Substance Use Tx Services: Outpatient	7	269,959	255,037	81%	288,587	267,982	93%	313,127	312,838	100%	313,127	82,659	26%	313,127	-	313,127	313,127		313,127	313,127		313,127	313,127	ĺ	313,127
Mental Health: Psychiatric Medication Management	8	28,036	5,486	20%	13,036	7,466	57%	17,394	13,712	79%	13,500	3,472	26%	13,500	-	13,500	13,500		13,500	13,500		13,500	13,500		13,500
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (CHS: WICYF) (Formerly "Early Intervention Services (EIS): Countywide Services for Women, Children & Families)	13	943,317	993,157	100%	993,327	993,294	100%	993,157	992,942	100%	993,157	327,097	33%	993,157	-	993,157	993,157		993,157	993,157		993,157	993,157		993,157
*Early Intervention Services																									
*Medical Case Management																									
*Non-Medical Case Management																									
*Mental Health																									
*Childcare services	13a																								
*Outreach to WICYF																									
*Peer Navigation for WICYF																									
*Transportation for WICYF																									
Early Intervention Services (EIS): Regional Services	15	800,386	833,533	97%	860,304	818,327	95%	790,000	730,061	92%	773,000	221,240	29%	773,000	(20,000)	753,000	773,000		773,000	773,000		773,000	773,000		773,000
*Health Education & Risk Reduction	15a																								
*Outreach Services	15b																								
*Referral Services	15c																								
Health Education and Risk Reduction	16	-	-		-	-		-	-		-	-		-	-	-	-		-	-		-	-		-
Peer Navigation (Referral for Health Care and Support Srvs.)	14	300,000	248,378	78%	402,231	307,871	77%	213,200	195,353	92%	268,852	73,830	27%	268,852	-	268,852	268,852		268,852	268,852		268,852	268,852		268,852
Psychosocial Support Services	17	-	-		-	-		-	-		46,744	-	0%	46,744	-	46,744	46,744		46,744	46,744		46,744	46,744		46,744
Substance Use Tx Services: Residential	18	-	-			-			-					-	-	<u> </u>				<u> </u>					
Home-based Health Care Coordination	19	228,500	193,490	85%	228,500	207,239	91%	155,380	107,677	69%	228,500	55,982	24%	228,500	(28,000)	200,500	228,500		228,500	228,500		228,500	228,500		228,500
Transportation - Assisted & Unasst.	20	127,830	121,345	79%	169,057	126,021	75%	151,830	137,890	91%	101,830	22,869	22%	101,830	-	101,830	101,830		101,830	101,830		101,830	101,830		101,830
Food Services: Food Bank/Home Delivered Meals	21	536,073	530,043		531,573	467,213	88%	536,073	535,362	100%	536,073	129,391	24%	536,073		536,073	536,073		536,073	536,073		536,073	536,073		536,073
Medical Nutrition Therapy	22	35,542	35,319 279,142	99%	35,542 285,265	34,397 284.652	97% 100%	35,542	33,693	95%	35,542	10,345	29%	35,542	-	35,542	35,542		35,542	35,542 285,265		35,542	35,542		35,542 285,265
Legal Services	23	285,265		98%		- /		285,265	285,233	100%	285,265	93,291	33%	285,265	-	285,265	285,265		285,265	,		285,265	285,265		
Emergency Financial Assistance	24	53,730	33,833	100%	68,356	57,486	84%	79,660	67,238	84%	61,856	17,467	28%	61,856		61,856	61,856		61,856	61,856		61,856	61,856		61,856
Home Health Care	25	-	-		-				-		-	-		-	-		-		-	-		-	-		-
Early Intervention Services: HIV Counseling and Testing	26 27	-	-		-									-			-		-				-		
Cost-Sharing Assistance		-	-	1	-	-		-	-		-	-		-	-	-	-		-	-		-	-		-
Hospice Port A TOTAL C	28	0.240.500	9,208,574	040/	10,350,028	9,508,928	000/	10,187,043	0 707 700	969/	10,081,837	2,882,179	200/	10,081,837	-	10,081,837	10,081,837		10,081,837	10,081,837	(E04.000)	9,577,745	10,081,837		10,081,837
Part A TOTALS		9,319,522	9,208,574	94%	10,350,028	9,508,928	92%	10,167,043	8,727,736	86%	10,061,837	2,002,179	29%	10,081,837	-	10,081,837	10,061,837		10,081,837	10,081,837	(504,092)	9,5//,/45	10,061,837	-	10,061,837
Minority AIDS Initiative (MAI)		-	400,000	000/	570.040	400.000	0.70/	500.400	E44.0E4	000/	F70 071	405.400	220/	F70 074		F70 074	570.074		F70.074	F70 074		F70 071	570.074		570.074
Multi-Disciplinary Team		562,902	469,826	82%	573,246	498,266	87%	593,183	511,851	86%	576,971	125,469	22%	576,971	-	576,971	576,971		576,971	576,971		576,971	576,971		576,971
Targeted Client Advocacy		400.000	- 00.455	000/	400.000	F0 700	520/	400.000	00.077	000/	07.067		00/	- 07.007		07.007	- 07.007		07.007	07.007		07.067	400.000		100.000
Emergency Housing MAI TOTALS		100,000	99,455	99%	100,000	52,722	53%	100,000	92,377	92%	97,267	125.469	0%	97,267	-	97,267	97,267		97,267	97,267 674.238		97,267	100,000		100,000 676.971
		662,902	569,280	85%	673,246	550,988 10,059,915	82%	693,183	604,228	87%	674,238	-,	19%	674,238	-	674,238	674,238	-	674,238	. ,	(504.000)	674,238	676,971	-	
GRAND TOTALS		9,982,424	9,777,854	94%	11,023,274	10,059,915	91%	10,880,226	9,331,964	86%	10,756,075	3,007,648	28%	10,756,075	-	10,756,075	10,756,075	-	10,756,075	10,756,075	(504,092)	10,251,983	10,758,808	-	10,758,808



HEALTH AND HUMAN SERVICES AGENCY

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ELIZABETH A. HERNANDEZ, PhD
DIRECTOR

SAYONE THIHALOLIPAVAN, MD, MPH PUBLIC HEALTH OFFICER

SAN DIEGO HIV PLANNING GROUP (HPG)

ACTION ITEM INFORMATION SHEET

RECOMMENDATIONS FOR FY 25 ALLOCATIONS (03-01-2025 TO 02-28-2026)

DATE: August 13, 2025

BACKGROUND: The final Notice of Ryan White Part A Award was received on August 6, 2025. The total amount of the award is \$12,325,778, which is an increase of \$227,277 from last year's award of \$12,098,501.

ITEM: Approve the Priority Setting and Resource Allocation (PSRA) Committee recommendations for the allocation of \$227,277 for FY 2025-2026 (March 1, 2025 – February 28, 2026). The PSRA Committee made these recommendations at its August 7, 2025 meeting.

RECOMMENDATION:

- 1. Action Item:
 - Increase Oral Health by \$75,759 from \$260,940 to \$336,699.
 - Increase Housing: Emergency Housing by \$75,759 from \$933,515 to \$1,009,274.
 - Increase Peer Navigation by \$75,759 from \$193,093 to \$268,852.

This recommendation comes to the HPG as a seconded motion, open for discussion.



HEALTH AND HUMAN SERVICES AGENCY

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DIRECTOR

SAYONE THIHALOLIPAVAN, MD, MPH PUBLIC HEALTH OFFICER

SAN DIEGO HIV PLANNING GROUP (HPG)

ACTION ITEM INFORMATION SHEET

RECOMMENDATIONS FOR FY 26 ALLOCATIONS (03-01-2026 TO 02-28-2027)

DATE: August 13, 2025

ITEM: Approve the Priority Setting and Resource Allocation (PSRA) Committee recommendations for Ryan White Part A budget allocations in a level-funding scenario for FY 2026-2027 (March 1, 2026 – February 28, 2027). The PSRA Committee made these recommendations at its July 31, 2025 and August 7, 2025 meetings. The recommendations are grouped based on the priority rank groupings that were approved at the HPG meeting on August 6, 2025.

RECOMMENDATIONS:

1. Action Item:

- Level funding for Outpatient Ambulatory Health Services: Primary Care (priority #1) at \$1,821,037.
- Decrease Outpatient Ambulatory Health Services: Medical Specialty (priority #2) by \$20,000 from \$195,000 to **\$175,000**.
- Level funding for Oral Health (priority #3) at \$336,699.

2. Action Item:

- Level funding for Housing: Partial Assistance Rental Subsidy (PARS) (priority #4) at \$850,507.
- Decrease Housing: Emergency Housing (priority #5) by \$54,000 from \$1,009,274 to \$955,274.
- Increase Mental Health: Counseling/Therapy (priority #6) by \$10,000 from \$580,000 to \$590,000.
- Level funding for Substance Use Treatment Services: Outpatient (priority #7) at \$313,127.

3. Action Item:

 Level funding for Mental Health: Psychiatric Medication Management (priority #8) at \$13,500.

- Increase Medical Case Management (priority #9) by \$72,000 from \$1,079,853 to \$1,151,853.
- Increase Non-Medical Case Management (priority #10) by \$40,000 from \$352,021 to \$392,021.
- Level funding for Non-Medical Case Management for Housing (priority #11) at \$200,000.
- Level funding for Housing Location, Placement and Advocacy Services (priority #12) at \$0.

4. Action Item:

- Level funding for Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF) (priority #13) at \$993,157.
- Level funding Peer Navigation (Referral for Health Care and Support Services) (priority #14) at \$268,852.
- Decrease Early Intervention Services (EIS): Regional Services (priority #15) by \$20,000 from \$773,000 to \$753,000.
- Level funding for Health Education & Risk Reduction (priority #16) at \$0.

5. Action Item:

- Level funding for Psychosocial Support Services (priority #17) at \$46,744.
- Level funding for Substance Use Treatment Services: Residential (priority #18) at **\$0**.
- Decrease Home-based Health Care Coordination (priority #19) by \$28,000 from \$228,500 to \$200,500.
- 6. **Action Item**: Level funding for Transportation: Assisted and Unassisted (priority #20) at **\$101,830**.

7. Action Item:

- Level funding for Food Services: Food Bank/Home-Delivered Meals (priority #21) at \$536.073.
- Level funding for Medical Nutrition Therapy (priority #22) at \$35,542.
- Level funding for Legal Services (priority #23) at \$285,265.
- Level funding for Emergency Financial Assistance (priority #24) at \$61,856.
- Level funding for Home Health Care (priority #25) at \$0.
- Level funding for Early Intervention Services: HIV Counseling and Testing (priority #26) at \$0.
- Level funding for Cost-Sharing Assistance (priority #27) at \$0.
- Level funding for Hospice (priority #28) at \$0.

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



HEALTH AND HUMAN SERVICES AGENCY

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SAYONE THIHALOLIPAVAN, MD, MPH PUBLIC HEALTH OFFICER

SAN DIEGO HIV PLANNING GROUP (HPG)

ACTION ITEM INFORMATION SHEET

RECOMMENDATIONS FOR FY 26 BUDGET ALLOCATIONS IN A REDUCED FUNDING SCENARIO (03-01-2026 TO 02-28-2027)

DATE: August 13, 2025

ITEM: Approve the Priority Setting and Resource Allocation (PSRA) Committee recommendations for the Ryan White part A budget allocations in a reduced funding scenario for FY 2026-2027 (March 1, 2026 – February 28, 2027). The PSRA Committee made these recommendations at its August 7, 2025 meeting.

RECOMMENDATIONS:

Use 5% (\$504,092) of the FY25 Ryan White Part A total of \$10,081,837 for the reduced funding scenario and:

- 1. **Action Item**: Decrease Outpatient Ambulatory Health Services: Primary Care (priority #1) by \$100,000 from \$1,821,037 to **\$1,721,037**.
- 2. **Action Item**: Decrease Oral Health (priority #3) by \$34,092 from \$336,699 to \$302,607.
- 3. **Action Item**: Decrease Medical Case Management (priority #9) by \$70,000 from \$1,079,853 to \$1,009,853.
- 4. **Action Item**: Decrease Mental Health: Counseling/Therapy (priority #6) by \$300,000 from \$1,009,274 to \$709,274.

This recommendation comes to the HPG as a seconded motion, open for discussion.

SOUTH REGION HIV PLANNING MEETING

COUNTY OF SAN DIEGO HIV, STD, & HEPATITIS BRANCH







If you are someone who...

- Is living with or affected by HIV
- Could benefit from HIV prevention resources
- Involved in HIV-related work



We need your voice for San Diego's HIV programs!

MEETING INFORMATION

FRIDAY AUGUST 15, 2025 1-3PM

San Ysidro Library Community Room 4235 Beyer Blvd San Diego, CA 92173

You will have the opportunity to:

- Tell us which services are most important to you
- Share your experiences in accessing services
- Voice concerns or challenges

Mileage reimbursement is available!

Questions? Contact us:



HPG.HHSA@sdcounty.ca.gov



REUNIÓN DE PLANIFICACIÓN DEL VIH EN LA REGIÓN SUR

CONDADO DE SAN DIEGO, VIH, ETS Y HEPATITIS SUCURSAL







Si eres alguien que...

- Vive con o está afectado por el VIH
- Podrían beneficiarse de recursos de prevención del VIH
- İnvolucrado en trabajo relacionado con el VIH

¡Necesitamos su voz para los programas de VIH de San Diego!

INFORMACIÓN DE LA REUNIÓN

VIERNES 15 DE AGOSTO DE 2025 1-3 PM

Biblioteca de San Ysidro Sala Comunitaria (Community Room) 4235 Beyer Blvd San Diego, CA 92173

Tendrás la oportunidad de:

- Compartir qué servicios son más importantes para usted
- Compartir sus experiencias en el acceso a los servicios
- Expresar preocupaciones o desafíos

¡El reembolso de kilometraje está disponible!

¿Preguntas? Contáctanos:



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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
"Just Cause"	 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. 	A member is limited to two (2) virtual attendances due to "just cause" per calendar year.
"Emergency Circumstances"	"A physical or family medical emergency that prevents a member from attending the meeting in person." A member is <u>not</u> required to disclose any medical diagnosis or disability, or any personal medical information that is already exempt from existing law.	A member of the legislative body must: 1. Make a request to the body to allow the member to meet remotely due to an emergency circumstance; and 2. Provide a general description of no more than 20 words of the circumstance justifying such attendance. A request from a member to attend remotely requires that the legislative body take action and approve the remote attendance at the start of the meeting for the member to be allowed to participate remotely for that meeting¹.

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:

- 1. 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.)
- 2. The member shall publicly disclose at the meeting before any action is taken, whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member's relationship with any such individuals.
- 3. The member shall participate through both audio and visual technology.