

SAN DIEGO HIV PLANNING GROUP (HPG)



Wednesday, September 24, 2025, 3:00 PM – 5:00 PM
County Operations Center
5530 Overland Ave, San Diego, CA 92123
Training Room 124

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, September 24, 2025

3:00 PM - 5:00 PM

County Operations Center

5530 Overland Ave

San Diego, CA 92123

(Training Room 124)



FROM I-163 SOUTH:

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

FROM I-15 SOUTH:

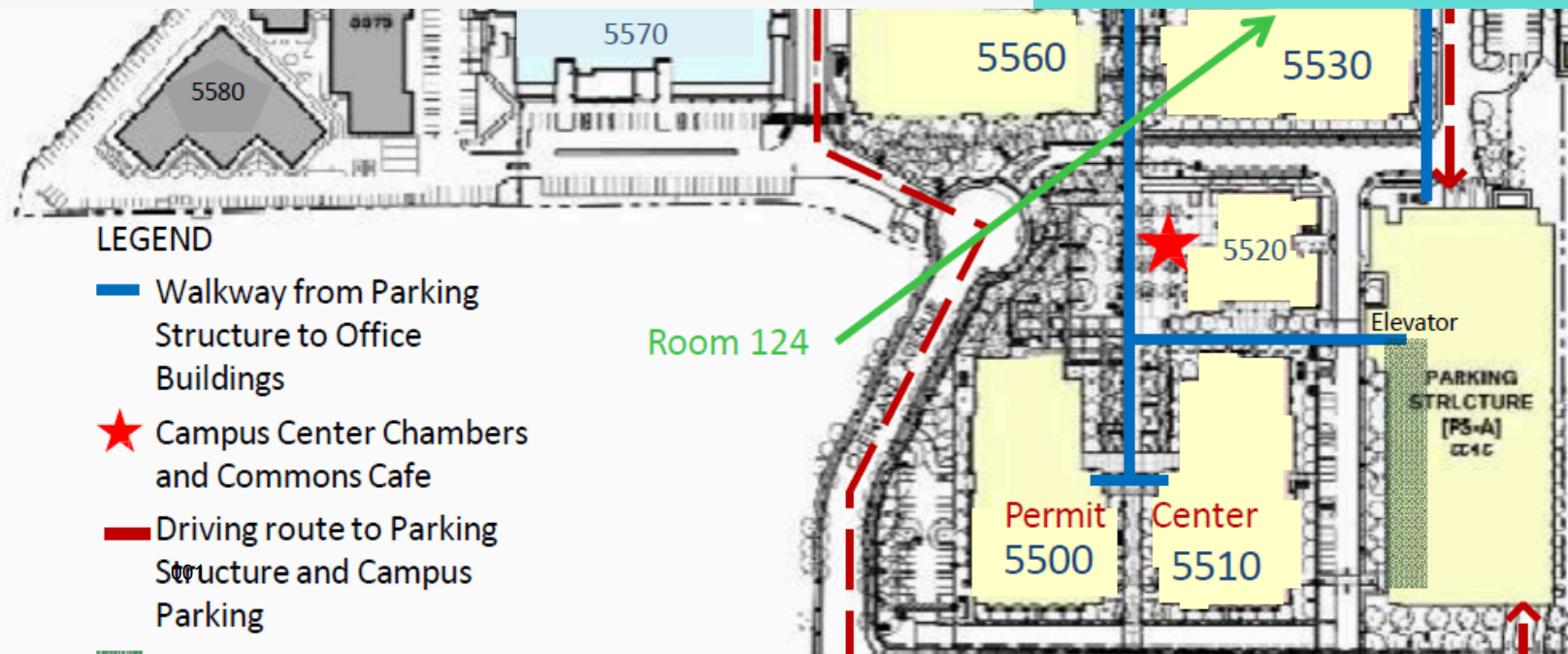
1. Take I-15 North to Exit 10 for Clairemont Mesa Blvd.
2. Turn left onto Clairemont Mesa Blvd.
3. Turn right onto Overland Ave.
4. Continue straight to stay on Overland Ave.



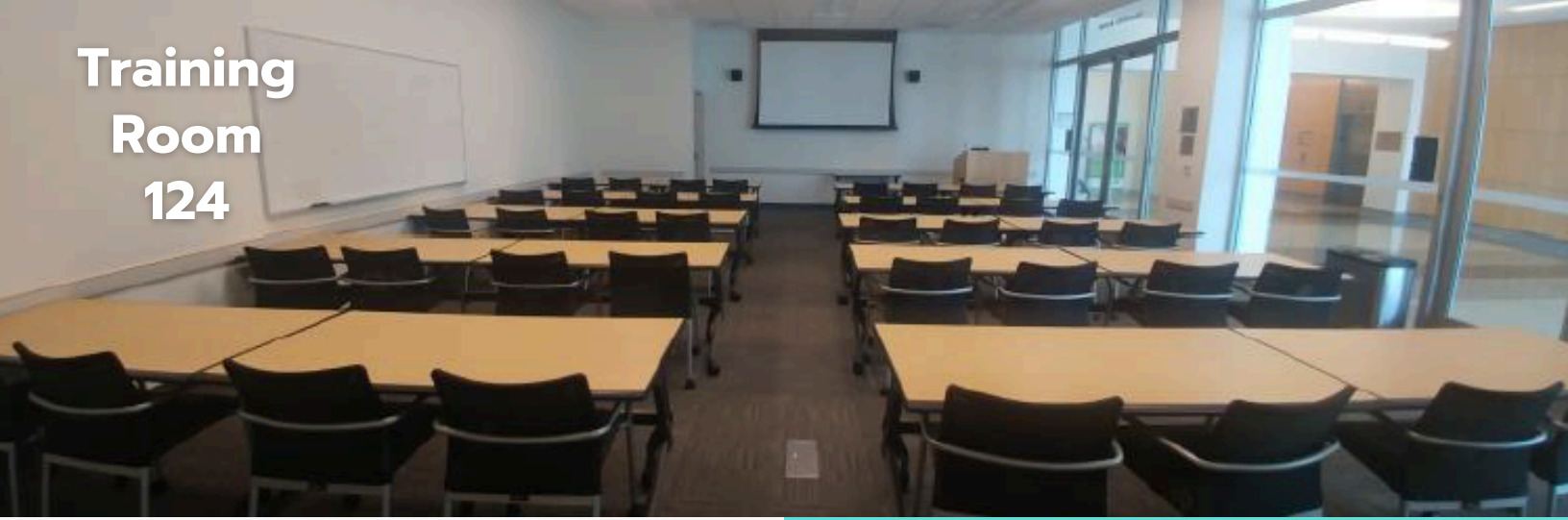
PUBLIC TRANSPORTATION

MTS Bus Routes:

25, 235, 928



Training Room 124



FROM TROLLEY & BUS:

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

FROM BUS:

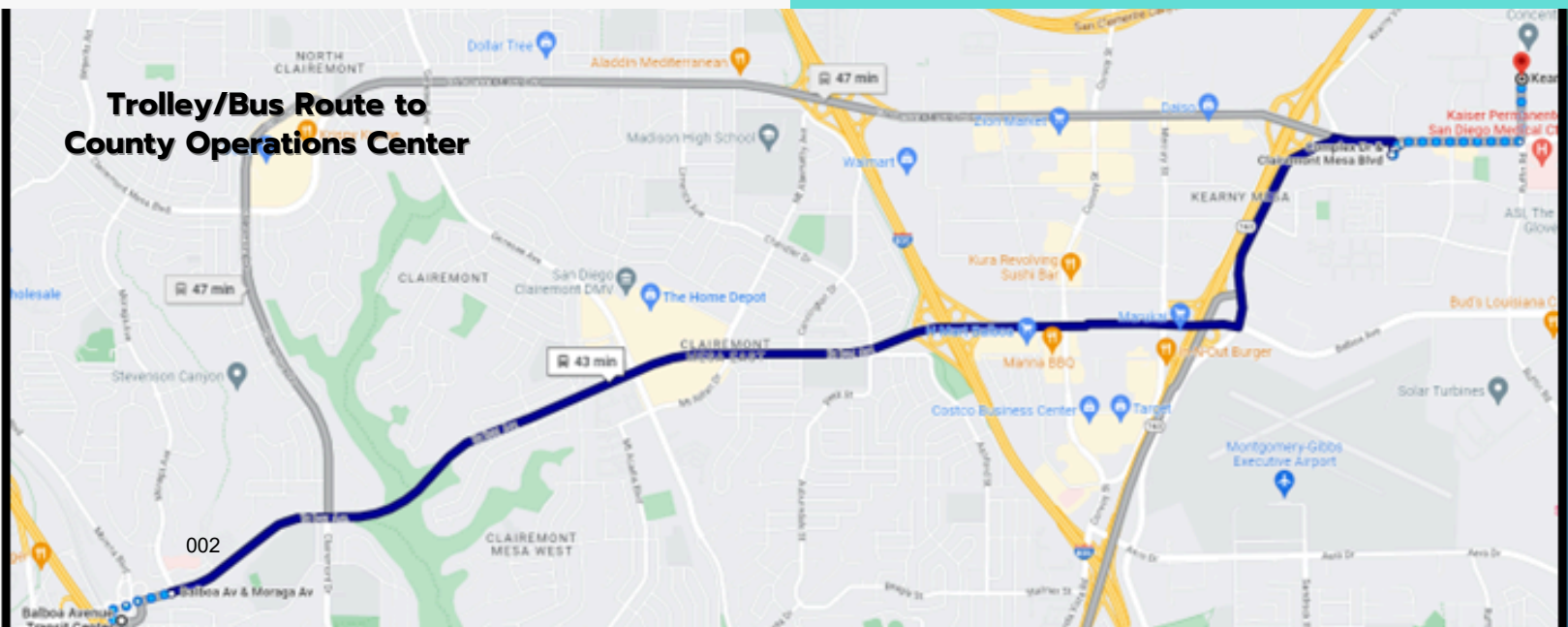
From Ruffin Road:

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

From Overland Ave.:

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

Trolley/Bus Route to County Operations Center



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	King, Michael	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 / 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, Cinnamon

Lochner, Michael
Lothridge, Jen
Miles, Skyler
Rooney, Ivy

Weber, Jeffery
Wimpie, Michael
Yancey, Adrienne

Revised 9/18/25

SAN DIEGO HIV PLANNING GROUP (HPG)



Wednesday, September 24, 2025, 3:00 PM – 5:00 PM
County Operations Center
5530 Overland Ave, San Diego, CA 92123
Training Room 124

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 thirteen (13)

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 | Michael King | Cinnamen Kubricky (*Vice-Chair*) | Michael Lochner (*Chair*) | Jen Lothridge | Eva Matthews | Skyler Miles | Veronica Nava | Shannon Paugh | Ivy Rooney | Stephen Spector | Rhea Van Brocklin | Jeffery Weber | Michael Wimpie | Adrienne Yancey

ORDER OF BUSINESS

1. Call to order and roll call
2. Welcome, moment of silence, matters from the Chair
3. Public comment (for members of the public) – concerns/questions/suggestions for future training topics/agenda items
4. HPG Member Open Forum – concerns/questions/suggestions for future training topics/agenda items
5. Member Recognition and Acknowledgements
6. **ACTION:** Approve the HPG agenda for September 24, 2025
7. HIV, STD, and Hepatitis Branch (HSHB) Report
8. Routine Business:
 - a. **ACTION:** Approval of consent agenda for September 24, 2025 which includes:
 - i. Approval of HPG minutes from July 23, 2025; August 6, 2025; August 13, 2025
 - ii. Acceptance of the following committee minutes:

Steering Committee	July 11, 2025
Membership Committee	May 14, 2025; July 9, 2025
Priority Setting and Resource Allocation Committee	None
Medical Standards and Evaluation Committee	May 13, 2025
Community Engagement Group	July 16, 2025
Strategies and Standards Committee	June 3, 2025

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

SAN DIEGO HIV PLANNING GROUP (HPG)

CARE Partnership

July 21, 2025

- iii. (*Membership Committee*): HPG appointments/reappointments
- iv. Committee Reports
 - 1. HPG committees
 - 2. State Office of AIDS (OA) and AIDS Drug Assistance Program (ADAP) Report – Leroy Blea
 - 3. Housing Committee Report – committee representative
- v. California HIV Planning Group (CHPG) Report – Mikie Lochner
- vi. Administrative Items:
 - 1. HPG expenditures report
- 9. Old Business:
 - a. None
- 10. New Business:
 - a. **Presentation**: Conflicts of Interest – County Counsel
 - b. **Report**: Assessment of the Administrative Mechanism – Dasha Dahdouh
 - c. **ACTION**: Approve MAI funding allocations for FY25 (current fiscal year: March 1, 2025 – February 28, 2026)
 - d. **ACTION**: Approve FY25 reallocations (current fiscal year: March 1, 2025 – February 28, 2026)
 - e. **ACTION** (*Steering Committee*): Approve Ryan White Part A carryover funds from FY25 to FY26 in the amount of \$427,958 towards Emergency Housing
 - f. **ACTION** (*Strategies and Standards Committee*): Approve Universal Standards
 - g. **ACTION** (*Strategies and Standards Committee*): Approve changing the PARS enrollment period from 48 months to 24 months, with extension periods allowed in 6-month increments for up to 48 months while clients are actively working on a housing plan
- 11. HPG Support Staff Updates
- 12. Announcements
- 13. Adjournment

Next Meeting Date: **Wednesday, October 22, 2025, at 3:00 PM – 5:00 PM**

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

RW 2025-26 PART A AWARD INFORMATION

Funding Source	Total RW 2025-26 Award
Part A	11,941,254.00
Part A MAI	812,482.00
TOTAL AWARD AMOUNT	12,753,736.00

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

FY25-26 ALLOCATION BREAK DOWN

Funding Source	Admin. \$	Admin. %	CQM \$	CQM %	RW 2025-26 Service dollars	Total	CORE Medical Services	Support Services
Part A	1,149,330	10%	335,660	3%	10,456,264	11,941,254	49.08%	50.92%
Part A MAI	81,248	10%	34,092	4%	697,142	812,482		
TOTAL	1,230,578.00		369,752.00		11,153,406.00	12,753,736.00	49%	51%

Ryan White Part A Allocations

% Elapsed

42%

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%	774,640.74	43%	1,046,396.26	
Outpatient Ambulatory Health Services: Medical Specialty	1l	2	195,000.00	2%	-	195,000.00	2%	136,346.00	70%	58,654.00	
Psychiatric Medication Management	1j	12	6,000.00	0%	7,500.00	13,500.00	0%	3,805.93	28%	9,694.07	
Oral Health	1k	3	160,940.00	2%	167,947.00	328,887.00	3%	116,706.26	35%	212,180.74	
Medical Case Management	1h	4	1,151,853.00	12%	(72,000.00)	1,079,853.00	11%	393,375.18	36%	686,477.82	
Non-Medical Case Management for Housing		6	200,000.00	2%	-	200,000.00		497.93	0%	-	
Housing: Emergency Housing	2e	9	1,183,515.00	12%	(224,241.00)	959,274.00	10%	440,936.53	46%	518,337.47	
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	8%	334,093.31	39%	516,413.69	
Non-Medical Case Management	2h	5	392,021.00	4%	(40,000.00)	352,021.00	4%	126,013.96	36%	226,007.04	
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF)	1c	13	993,157.00	10%	-	993,157.00	10%	403,513.39	41%	589,643.61	
Childcare Services	2a		-	0%	-	-	0%	-	0%	-	
Early Intervention Services: Regional Services	1c	14	790,000.00	8%	(17,000.00)	773,000.00	8%	304,359.99	39%	468,640.01	
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%	8,852.00	268,852.00	3%	73,214.45	27%	195,637.55	

Ryan White Part A Allocations						% Elapsed		42%			
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	1j	10	810,000.00	8%	(230,000.00)	580,000.00	6%	248,010.38	43%	331,989.62	
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%	139,112.43	44%	174,014.57	
Substance Abuse Services: Residential	2o	18	-	0%	-	-	0%		0%	-	
Home-based Health Care Coordination	1e	19	228,500.00	2%	-	228,500.00	2%	81,394.46	36%	147,105.54	
Transportation: Assisted and Unassisted	2g	20	151,830.00	2%	(50,000.00)	101,830.00	1%	36,721.40	36%	65,108.60	
Food Services: Food Bank/Home-Delivered Meals	2c	21	536,073.00	5%	-	536,073.00	5%	163,298.31	30%	372,774.69	
Medical Nutrition Therapy	1i	22	35,542.00	0%	-	35,542.00	0%	14,455.00	41%	21,087.00	
Legal Services	2i	23	285,265.00	3%	-	285,265.00	3%	122,114.00	43%	163,151.00	
Emergency Financial Assistance	2b	24	61,856.00	1%	-	61,856.00	1%	19,556.27	32%	42,299.73	
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%	169,465.00	10,024,025.00	98%	3,932,165.92	39%	6,091,859.08	
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			593,182.00		-	593,182.00	86%	175,875.88	30%	417,306.12	
Housing: Emergency Housing			100,000.00		-	100,000.00	14%	15,941.21	16%	84,058.79	
Subtotal			693,182.00		-	693,182.00	100%	191,817.09	28%	501,364.91	
TOTAL			10,547,742.00		169,465.00	10,717,207.00		4,123,983.01	38%	6,593,223.99	

CORE and Support Services Allocation Breakdown						
	Total Allocation	% Allocated	Total Expenditure	% Spent	Total Balance	% Balance
CORE Medical Services	4,920,068.00	49.1%	1,772,683.17	36.0%	3,147,384.83	64.0%
Support Services	5,103,957.00	50.9%	1,811,317.27	35.5%	3,292,639.73	64.5%
TOTAL	10,024,025.00		3,584,000.44		6,440,024.56	

Other funding info

Month: Jul-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)	\$ -	\$ -	42%	0.00%	\$ -	Part A Payment Summary (Part B funding)
Early Intervention Services (Expanded HIV Testing)	\$ -	\$ -	42%	0.00%	\$ -	Part A Payment Summary (Part B funding)
Early Intervention Services (Focused Testing)	\$187,900	\$41,212.00	42%	21.93%	\$ 146,688	Part B Payment Summary
Medical Case Management (Emergency Financial Assistance)	\$403,510	\$36,396.00	42%	9.02%	\$ 367,114	Part B Payment Summary
Housing (Substance Abuse Services-Residential)	\$421,512	\$191,327.00	42%	45.39%	\$ 230,185	Part B Payment Summary
Non-medical Case Management (Rep Payee)	\$38,098	\$11,404.00	42%	29.93%	\$ 26,694	Part B Payment Summary
CoSD Medical Case Management	\$416,150	\$127,293.71	42%	30.59%	\$ 288,856	Part B Cost Report
CoSD Early Intervention Services	\$285,044	\$89,141.83	42%	31.27%	\$ 195,902	Part B Cost Report
Ryan White Part B Total	\$ 1,752,214	\$ 496,775			\$ 1,255,439	
Prevention (27-0047) - HIP						
<i>Counseling and Testing</i>	\$ 105,482.46	\$ 13,828.04	17%	0.00%	\$ 91,654.42	Payment Summary
<i>Evaluation/ Linkage Activities/ Needs Assessment</i>	\$ 531,178.89	\$ 45,469.19	17%	0.00%	\$ 485,709.70	Payment Summary
Prevention Total	\$ 636,661	\$ 59,297			\$ 577,364	
HRSA Ending the HIV Epidemic (EHE) - 25-063 FY25-26						
<i>HRSA EHE</i>	\$ 2,572,915.00	\$ 579,541.00	42%	22.52%	\$ 1,993,374.00	Payment Summary
EHE Total	\$ 2,572,915	\$ 579,541			\$ 1,993,374	
TOTAL	\$ 4,961,790	\$ 1,135,613			\$ 3,826,178	

Ryan White Utilization Report

Summary of Services for FY 25

(March 1, 2025 - February 28, 2026)

HIV, STD and Hepatitis Branch



San Diego HIV Planning Group Assessment of the Administrative Mechanism Data from Fiscal Year 2024 – 2025

Presented to the HIV Planning Group on 09/24/2025



INTRODUCTION

The Ryan White HIV/AIDS Program (RWHAP) legislation requires each Part A program planning council to:

Assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area and at the discretion of the planning council, assess the effectiveness, either directly or through contractual arrangements, of the services offered in meeting the identified needs.” [Section 2602(b)(4)(E)].

This responsibility is referred to as the “Assessment of the Administrative Mechanism.” This is the only task that allows for planning groups to look at procurement and contracting.

The purpose of the Fiscal Year 2025 Assessment of the Administrative Mechanism (AAM) is to ensure that the needs of people living with HIV/AIDS (PLWH) are being met by assessing the process used by HIV, STD, and Hepatitis Branch (HSHB) of the County of San Diego (Recipient) to identify, contract with, and pay providers for delivering HIV-related services.

METHODOLOGY

HPG Support Staff conducted a desk audit of the contracting process. The Recipient was asked to provide information on the fiscal and procurement process on the previous/FY 24 Ryan White grant period, from March 1, 2024, through February 28, 2025. The following information was requested from the recipient by September 5, 2025, to allow staff to analyze the information:

- Procurement process: a narrative description of the procurement process and specific data regarding Ryan White (RW) Part A procurements that have been conducted during the report period, including how each procurement opportunity was advertised, how many times the procurement documents were accessed, how many entities attended the pre-proposal conference, and the number of proposals received.
- Contracting: a narrative describing the number of contracts that were in place at the beginning of the reviewed Ryan White grant period.
- Reimbursement of subrecipients: a narrative describing how subrecipients bill for services and the timeline for reimbursement, along with some redacted/unidentified information from a single contract to illustrate timelines.
- Use of funds: a narrative description of the monthly expenditure reports that are provided to HPG.

FINDINGS

Procurement

- Seven Requests for Proposals (RFP) for Ryan White Part A services were issued during the reporting period:

RFP #	1237	795	795	1253	1061	1262	1264
Program	Temporary Housing Assistance Services	Nutrition Assistance Services	Substance Use Outpatient Treatment	Home and Community Based Care	Coordinated HIV Services	Housing Case Management	Psychosocial Support Services
Date posted	10/20/2024	10/11/2024	10/9/2024	10/29/2024	9/13/2024	11/1/2024	11/1/2024
Date closed	12/5/2024	11/21/2024	11/20/2024	12/12/2024	11/1/2024	12/18/2024	12/18/2024
Advertised on BuyNet	Yes	Yes	Yes	Yes	Yes	Yes	Yes
# of agencies that logged in to view solicitation	2	2	1	1	6	3	4
# of agencies that attended the proposal conference	1	2	2	5	18	4	3
# of proposals received	2	2	1	1	10	3	4
Date Notice of Grand Award posted*	1/27/2025	1/27/2025	1/27/2025	4/4/2025	3/28/2025	4/9/2025	4/4/2025
Contract start date*	3/1/2025	3/1/2025	3/1/2025	3/1/2025	9/1/2025	6/6/2025	7/10/2025

*Several contracts were awarded or began outside of the reporting period

- No Request for Quotation (RFQ) for Ryan White Part A services was issued during the reporting period.
- The Recipient provides a Procurement update in the HSHB monthly report to Steering Committee and the HIV Planning Group (HPG).
- Additional information about RFP and RFQ is in the “Description of Processes and Definitions” section below.

Contracting

- There have been no interruptions to any RW service categories related to procurement processes during the past 10 years.
- Between March 1, 2024 and February 28, 2025, there were 28 RW contracts in place with a combination of RW part A, RW Part B, and Ryan White Part A - Minority AIDS Initiative (MAI) funding sources.

- There has only been one protest of a Ryan White Part A procurement in the past five years, and the protest was ultimately determined to be without merit and was dismissed.
- Although there was a significant delay in the implementation of the new contracts at that time, existing contracts were extended to ensure service provision during the protest period, and there was no interruption in services.

Reimbursement

- Most contracts are net-30 terms, meaning the payment is due within 30 days of the invoice receipt. As invoices are received, they are reviewed and analyzed by the contract team and the Contracting Officer Representative (COR). Once the invoice is approved by the COR, the invoice is sent to the Fiscal team for payment. Approved invoices were paid in a timely manner.
- On average, 90 percent of Ryan White Part A claims were issued payment within 30 days.
- The following actual data are an illustrative example of the timeline:
 - Invoice received by HSHB: 4/12/2024
 - Invoice reviewed by the COR: 4/26/2024
 - Invoice sent to Fiscal: 5/3/2024
 - Invoice paid: 5/10/2024
 - Total days between receipt and payment: 28 business days

Use of Funds

- The Recipient provides Part A/B Ryan White expenditure monthly reports to the Steering Committee, the Priority Setting and Resource Allocation Committee (PSRAC), and the HPG. This allows timely reallocation of funds from service categories that are underspending to those that are overspending.
- Monthly Service utilization report and updates are provided to the Steering Committee, PSRAC, and HPG.
- “Reallocation of Part A funds” is a standing agenda item for the Steering Committee, PSRAC, and HPG meetings.
- The HPG has granted the Recipient authority to transfer up to \$50,000 between service categories as needed and to report these changes at the following PSRAC, Steering, and HPG meetings.
- The Recipient or recipient staff are available at Steering Committee, PSRAC, and HPG meetings to answer questions, respond to requests for data, or present recommendations for reallocation of funds.

DESCRIPTION OF PROCESSES AND DEFINITIONS

Procurement Process

Ryan White is funded by the federal government and is subject to federal regulations (45 CFR Part 75). These regulations are 149 pages long and they govern how the contracts using federal funds must be procured. Per these guidelines, there are two primary types of procurement activities that apply to Ryan White Part A funds: Requests for Proposals (RFPs) and Requests for Quotations (RFQs).



RFP: RFPs are considered a formal procurement method and are used for service contracts that exceed \$250,000 with an evaluation method of best value, which includes price and other factors. RFPs are the most common procurement method used for Ryan White Part A service categories funded by the HIV Planning Group. An RFP is a time-intensive process that requires the efforts of the County of San Diego (County) Health and Human Services Agency (HHS) Public Health Services (PHS) HSHB, Public Health Services Administration, Agency Contract Support, and the Department of Purchasing and Contracting.

RFPs are posted on the County's online procurement system, ([BuyNet](#) which allows entities to register to commodity codes to receive automatic notification of any solicitations posted with that commodity code. In response to the solicitation, offerors submit proposals detailing their technical and business experience, capabilities, and specific approach to achieve the requirements established for the services or good requested. The RFP will include evaluation factors and criteria as well as their relative importance for award selection.

Evaluation of proposals is completed by an appointed Source Selection Committee. Awards are made on best value in consideration of price and other factors. RFPs may establish minimum or pre-qualification requirements to be eligible for consideration.

Contracting Process

Notices of Intent to award and contract awards are posted on BuyNet. [Board Policy A-97](#) addresses protest procedures for all formal procurements except in cases where the procurement includes an alternate process to resolve protest. Unsuccessful offerors for solicitations awarded based on best value may also request a debriefing to discuss why another proposal was selected to reaching out to the assigned buyer on the solicitation.

There has only been one protest of a Ryan White Part A procurement during the past five years, and the protest was ultimately determined to be without merit and was dismissed. Although there was a significant delay in the implementation of the new contract at that time, existing contracts were extended to ensure service provision during the protest period and there was no interruption in services.

RFQ: RFQs are considered an informal procurement method for small purchases up to \$250,000. Generally, HHSA PHS HSHB will use RFQs to bring on consultants for time-limited activities. Any contract awarded through an RFQ process that contains federal funds cannot exceed \$250,000 (the current federal Simplified Acquisition Threshold) in total expenditures during the life of the contract. RFQs are posted on BuyNet with applicable terms and conditions to solicit quotations. Evaluations do not require a formal committee and may consider other factors in addition to lowest price. Awards are based on best value.

As with an RFP, an RFQ will be posted on BuyNet with a set due date.

Reimbursement Process

Subrecipients are required to use the HSHB invoice template to submit invoices by the 10th calendar day after the end of the reporting month in which services are provided. Upon receipt by HSHB, invoices are date-stamped, reviewed, and if no issues are identified, reasonable, allocable, and allowable expenditures are given preliminary approval. If issues are identified, the Administrative Analyst will contact the subrecipient for clarification or additional documentation to support an invoice. If the issue cannot be resolved, the Administrative Analyst will forward their concerns to the Fiscal Administrative Analyst and Principal Administrative Analyst. Once a review has been completed and any requested clarification/documents have been received, the invoice is forwarded to the COR for final approval, signature, and payment authorization. Per HSHB policy, any disallowed expenses are reported to the subrecipient. A Fiscal Administrative Analyst enters COR approved invoices into the internal payment tracking spreadsheet, and they are forwarded to the Financial Support Services Division (FSSD) for payment processing. FSSD personnel date-stamps invoices upon receipt and processes the invoices for payment in the County's accounting system (ORACLE), using contract terms. Invoices are paid via check or Electronic Fund Transfer to the subrecipient. The Fiscal Administrative Analysts forwards invoice payment documentation to an Administrative Analysts who will check ORACLE to confirm the date and amount that the subrecipient has been paid. Once an Administrative Analyst has confirmed that payment has been made, a copy of the invoice will be maintained in the subrecipient files.

Outpatient Ambulatory Health Services providers claims are managed by a financial intermediary who is set up to make immediate payment to ensure timely claim reimbursements. The intermediary pays the providers claims from a bank account funded for claim reimbursements. On a bi-monthly basis, the intermediary draws down the bank account for the total amount of provider claims and sends a funding request to the County with details of the invoice. The invoice request is processed, and payment is made to replenish the bank account.

In the final month of the Ryan White fiscal year, invoices forwarded to FSSD are flagged as “Priority Validation”, identifying the invoice as one that should be given priority for processing. By using this method, payments can be issued quickly and reflected in ORACLE. This practice assists with preparing the Ryan White Part A final quarterly cost report and year end reporting requirements.

To ensure that invoices for the County fiscal year ending June 30 are paid in a timely manner, subrecipients are requested to submit a preliminary invoice with June expenditures. Any variances with June actuals are addressed with final June invoice submission.

Use of Funds

The Recipient provides a monthly expenditure report at all Steering Committee, PRAC, and HPG meetings. The presentation enables an assessment on spending by comparing the percent of the year elapsed with the percent of the service category that has been spent. Service Categories that are underspending or overspending are highlighted to ensure HPG members and community participants are aware of categories to watch in case reallocation of funds may be needed.

The expenditure report is distributed in the packet of materials provided each month along with a monthly written report from the Recipient. The written report provides a recap of the budget and lists upcoming RFPs that the Recipient is procuring or has procured during the current fiscal year.

QUESTIONS FROM THE HIV PLANNING GROUP

Based on the report’s findings, the HPG and the Recipient continue to work in partnership to ensure that the needs of consumers are met. To strengthen this partnership, the HPG requested some additional information.

Question(s) from the HPG to the HSHB:

-

HSHB’s responses to the HPG question(s):



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ACTION ITEM INFORMATION SHEET

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

DATE: September 24, 2025

ITEM: Approve the Recipient recommendations for allocating Part A Minority AIDS Initiative (MAI) funds in fiscal year 2025-2026.

BACKGROUND:

The final Notice of Ryan White Part A Award was received on August 6, 2025. The total amount of MAI funds is \$697,142 which is an increase of \$22,904 from the current approved amount of \$674,238.

MAI provides additional funding under the Ryan White HIV/AIDS Program to improve access to HIV care and health outcomes for racial and ethnic minority populations disproportionately affected by HIV. Under Part A, MAI formula grant amount is based upon the number of people living with HIV who are Black, Hispanic, Asian, Pacific Islander, Native American/Native Alaskan or whose ancestry includes more than one race.

In San Diego, MAI funds are allocated into two categories. The first is the Multi-Disciplinary Team approach which provides coordinated Core Medical Services and Support Services. The second is Emergency Housing Assistance, in which the HPG has approved \$100,000 be allocated to this service category. Based on utilization, the Recipient is recommending an increase in the Multi-Disciplinary Team category.

RECOMMENDATION:

1. **Action Item:** Increase the Multi-Disciplinary Team category by \$22,904 from \$674,238 to \$697,142.



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ACTION ITEM INFORMATION SHEET

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

DATE: September 24, 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) has identified savings in Oral Health, Medical Case Management, Non-Medical Case Management, Early Intervention Services, Referral to Health and Supportive Services (Peer Navigation), Home-based Health Care Coordination, and Transportation service categories. The savings are partly the result of the loss of a long-time funded Coordinated HIV Services provider in the Central region of San Diego and is also attributed in part to staffing vacancies.

In addition, we are requesting the HPG to approve a former Recipient Action of a decrease in Emergency Housing. The decreased amount will be offset by Carryover funds.

The one-time decrease in the proposed amounts for Oral Health, Medical Case Management, Non-Medical Case Management, Early Intervention Services, Peer Navigation, Home-based Health Care Coordination, and Transportation will not have an impact on services for the rest of the grant period.

The savings identified will be redirected to support one-time projects in Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF), Partial Assistance Rental Subsidy (PARS), Food Bank/Home-Delivered Meals, and Substance Use Services: Outpatient. The one-time funding increase to PARS will provide a short-term subsidy (November 2025 – February 2026) for individuals on the waiting list, while ensuring they retain their position on the waiting list. The one-time funding increase to Food Bank/Home-Delivered Meals will support a pilot Medically Tailored Grocery program for individuals living with HIV who are unable to shop for themselves and would benefit from specialized nutrition. A four-month startup period will be required to complete the project's preparation phase before services can begin.

RECOMMENDATIONS:

1. **Action Item:** Decrease Oral Health by \$77,912 from \$336,699 to \$258,787.
2. **Action Item** (*Former Recipient Action*): Decrease Housing: Emergency Housing by \$50,000 from \$1,009,274 to \$959,274.
3. **Action Item:** Decrease Medical Case Management by \$50,000 from \$1,079,853 to \$1,029,853.
4. **Action Item:** Decrease Non-Medical Case Management by \$45,000 from \$392,021 to \$347,021.
5. **Action Item:** Decrease Early Intervention Services by \$25,000 from \$773,000 to \$748,000.
6. **Action Item:** Decrease Referral to Health and Supportive Services (Peer Navigation) by \$70,000 from \$268,852 to \$198,852.
7. **Action Item:** Decrease Home-based Health Care Coordination by \$15,000 from \$228,500 to \$213,500.
8. **Action Item:** Decrease Transportation: Assisted and Unassisted by \$10,000 from \$101,830 to \$91,830.
9. **Action Item:** Increase Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF) by \$70,000 from \$993,157 to \$1,063,157.
10. **Action Item:** Increase Partial Assistance Rental Subsidy (PARS) by \$104,000 from \$160,940 to \$264,940.
11. **Action Item:** Increase Food Bank/Home-Delivered Meals by \$70,090 from \$563,073 to \$633,163.
12. **Action Item:** Increase Substance Use Services: Outpatient by \$41,010 from \$313,127 to \$354,137.



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ACTION ITEM INFORMATION SHEET

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

DATE: September 24, 2025

ITEM: Approve the Recipient's recommendations for allocation of \$427,958 in carryover funds from FY24-25 to FY25-26 towards Emergency Housing Assistance.

BACKGROUND:

Carryover funds are dollars that were unspent in the previous year. Under Ryan White legislation, the Recipient may request to carry over up to 5% of unspent formula funds into the current year, with the HPG responsible for allocating these funds.

The Health Resources and Services Administration (HRSA) has approved \$427,958 in carryover funds from FY24-25 to FY25-26. Based on expenditure trends and identified needs, the Recipient recommends allocating the full \$427,958 to Emergency Housing Assistance. The proposed amount for Emergency Housing Assistance will serve approximately 212 clients.

RECOMMENDATION:

1. **Action Item:** Increase Emergency Housing by \$427,958 from \$959,274 to \$1,387,232.

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

**SAN DIEGO HIV PLANNING GROUP (HPG)
STRATEGIES AND STANDARDS COMMITTEE**

**ACTION ITEM INFORMATION SHEET
RECOMMENDATION TO APPROVE UNIVERSAL STANDARDS**

DATE: September 24, 2025

ITEM: Approve the revised *Universal Standards*, as recommended by the Strategies and Standards Committee.

BACKGROUND:

The Universal Standards are revised every several years to ensure that all Ryan White-funded providers offer the same fundamental components across service areas. Universal standards further ensure that all services are equitable and accessible to all clients living with HIV/AIDS.

The Strategies and Standards Committee reviewed and recommended updates to the *Universal Standards* at its August 5, 2025 meeting.

RECOMMENDATION:

Approve the revised *Universal Standards*.

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

Universal Standards

Trauma-Informed Services

The County of San Diego Health and Human Services Agency (HHSA) requires all funded and contracted programs be part of a Trauma-Informed System, which includes providing trauma-informed services and maintaining a trauma-informed workforce. It is an approach for engaging individuals—staff, clients, partners, and the community—and recognizing that trauma and chronic stress influence coping strategies and behavior. Trauma-informed systems and services minimize the risk of re-traumatizing individuals and/or families, and promote safety, self-care, and resiliency.

A safe and welcoming environment is a physical and emotional space where all clients and staff, regardless of race, ethnicity, sexual orientation, gender identity, immigration status, income level, religion, or substance use history, feel respected, affirmed, and free from judgment or harm. This environment supports trust, engagement, and retention in care, which are essential for achieving optimal health outcomes for people living with HIV (PLWH).

HHSA has adopted the following Trauma-Informed Principles:

- Understanding trauma and its impact to individuals.
- Promoting safety.
- Awareness of cultural, historical, disability, and gender issues, and ensuring competence and responsiveness.
- Supporting consumer empowerment, control, choice, and independence.
- Sharing power and governance (e.g., including clients and staff at all levels in the development and review of policies and procedures).
- Demonstrating trustworthiness and transparency.
- Integrating services along the continuum of care.
- Believing that establishing safe, authentic, and positive relationships can be healing.
- Understanding that everyone experiences trauma in different ways and recognition that trauma can affect people's physical, mental, emotional, and spiritual well-being.
- Trauma-informed practices are interwoven through the system and are present in ongoing trainings, supervision, and daily operations.
- Understanding that wellness is possible for everyone.

All providers will ensure that all staff shall receive at least annual training regarding trauma-informed systems of care. This training shall include some or all of the following:

- Principles of trauma-informed care
- Working with clients who have or might have a history of trauma, particularly trauma experienced within medical and service delivery systems, with a focus on developing trusting and caring relationships
- Identifying and intervening when clients or staff might be activated
- Tools to de-escalate encounters with clients who are experiencing trauma response
- Developing policies and process that support consumer choice, agency and empowerment

Standard	Measure
Agency policies address trauma-informed care	Documentation in policies regarding trauma-informed principles
Staff receive annual training on trauma-informed services	Documentation of all staff trainings on trauma-informed care

	Copies of the curriculum, handouts, etc. kept on file
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Intake Requirements

To receive Ryan White services, clients must establish eligibility by providing:

- Documentation of HIV infection (only required one time at initial enrollment)
- Documentation of residency in San Diego County
- Documentation that their income does not exceed 500% of the federal poverty level
- Documentation of insurance status and any other third-party payers.

Once a client has established eligibility, they will be enrolled in the Ryan White program. Clients maintain their enrollment by completing an annual re-enrollment at 12 months. For mid-year recertifications, clients do not need to provide additional documentation unless there has been a change in residency, income, or insurance status. Documentation of residency, income and insurance status is required for all annual re-enrollments.

Beginning in March 2021, once a client has established eligibility, they will appear on a secure eligibility list, updated weekly, at which time they can receive services from any Ryan White Part A or B provider in San Diego County without having to provide any additional documentation to establish eligibility for Ryan White services.

For all service categories except Emergency Financial Assistance and Housing, clients can receive services for up to 30 days before providing all documentation required to complete enrollment.

At the time of intake, providers are required to verify that any client seeking Ryan White Services has been enrolled in the County Electronic Reporting System (CERS). For clients who are new to the Ryan White system of care, providers must obtain a signed CERS consent form from the client and enter new client into CERS. All service utilization data will then be reported in the CERS. Clients who do not sign an CERS consent form are not eligible to receive Ryan White Part A and B funded services.

Also, at the time of intake, providers are required to assess needs of client and their ability to meet these needs through Ryan White services or offer appropriate referrals. To the degree that telehealth appointments are appropriate for, continue to be allowable by third party payors and are provided to clients, information regarding the potential availability of telehealth services as well as the availability of assistance with the provision of necessary equipment and some limited internet access will be provided.

Within 90 days of intake or recertification, providers also assess client access issues, including linguistic, literacy and cultural needs, physical accessibility, and service location. Service information and assessment is also provided regarding temporary housing services, food services, emergency financial assistance, mental health services and substance use treatments, and available transportation. Such information will be provided to clients and documented in CERS at least once a year thereafter.

[Measure: CERS note indicating date service information/referrals were provided.]

Additionally, providers are required to review client rights and responsibilities, complaint and grievance policies and confidentiality and sharing of protected health information.

Providers of prevention services must integrate the Local Evaluation Online (LEO) Privacy Notice into intake processes. Clients need to be presented with a privacy notice and are not required to consent to having their personal information entered into LEO in order to receive services.

Standard	Measure
Clients must meet local and federal program requirements to be eligible to receive Ryan White Part A/B services.	Documentation of annual enrollment and mid-year recertification retained in client file OR documentation in client file that the client appears on the Ryan White eligibility list.
Clients seeking Ryan White funded services are enrolled in CERS and sign a consent form.	Documentation of consent form is required and retained in client file.
Clients seeking prevention services are presented with a privacy notice.	Documentation of provision of privacy notice are retained in client file.

Service providers must be mindful of the amount of paperwork required and seek to consolidate as feasible. Clients are encouraged to communicate if they do not understand any part of the intake process.

Client Rights and Responsibilities

Clients have the right to receive services that address their needs, as well as refuse services. Clients may actively engage in decision making. Clients also have the right to involve their family members and/or other identified support persons in support of their care if they wish. Consent will be required in order for any information to be shared directly by providers with such persons. All providers must have written policies and procedures regarding client rights and responsibilities. Clients are informed of these rights and responsibilities during intake and a written copy is made available.

Clients are informed of service expectations in a clear and supportive manner at the time of engagement. If these expectations are not being met, providers will engage the client in a respectful, collaborative conversation to discuss any needed changes and explore supportive options. In some cases, a mutual service agreement may be developed to help clarify goals and ensure continued access to care. The purpose of such agreements is to support the clients' success in the program. If further support is needed, additional steps may be taken in partnership with the clients. No client will be denied services based solely on current or past substance use.

Clients shall not be denied services from a provider based on client's unwillingness to participate in other services.

Standard	Measure
Clients are informed of their rights and responsibilities	Documentation of client rights and responsibilities during intake

Complaint and Grievance Process

In the event clients feel that they are not being heard or services are not being delivered in a

way that addresses their needs after providing input, they have the right to make a formal complaint. Clients are to be actively engaged in the services they receive, during assessment, planning and delivery phases. This includes regular feedback to providers regarding their needs and when the services are not meeting their needs.

All providers are required to have written policies and procedures for an internal client complaint process. The policy will identify staff responsible, an appeal process, tracking system, follow-up procedures, and a timeline. Service providers will use relevant federal, state and county regulations for investigating and resolving complaints. A copy of the complaint policy will be displayed in an observable location where services are provided. Complaints and investigation results will be forwarded by the provider to the County within 24 hours of both the receipt and resolution of the complaint.

In addition to the internal complaint process, all providers are required to have written grievance policy and procedure for escalation of unresolved complaints. In addition to the internal complaint process, information on how clients may contact the County of San Diego's HIV, STD and Hepatitis Branch (HSHB) will be provided.

Grievance procedures must specifically note that there will be no retaliation against clients for filing a verbal or written grievance. They also must clarify that clients will not be suspended or terminated from services based on filing a complaint or grievance.

Clients will be informed of the complaint and grievance policies during intake. Providers will also post a copy of the Client Service Evaluation form ("Goldenrod") in an observable place. Copies of the form must be easily accessible to clients, along with a stamped self-addressed envelope to the County for review. The form may also be accessed, completed, and submitted on the HIV Planning Group website at www.sdplanning.org. Providers shall not require a client to give a form directly to them.

The following is the Goldenrod process:

1. HSHB staff will process this service evaluation. If the client wishes to be contacted, staff will reach out to them within three (3) business days of receiving the form. The client will be asked for additional information (if needed) and asked if the client is comfortable sharing their name with the agency.
2. County staff will contact the agency to report the issue. The agency will be asked to respond to the client either directly or through County staff, and to follow-up in writing to staff within thirty (30) days describing the resolution.
3. Notify the Ryan White Program Manager if there are concerns.

Standard	Measure
Clients' rights are protected, and clients have access to complaint and grievance processes and are made aware of such processes and the outcomes.	Documentation of a complaint and grievance policies and client orientation of processes.
Clients can file a complaint and grievance without being subject to retaliation.	Verification of confidential Client Service Evaluation "Goldenrod" (available in English and Spanish) and mechanism to mail form in an observable location at sites where services are provided.

Case Closure

Case closure is a systematic process for removing clients from an active caseload. A case can be reopened in the event the clients' situation and reasons for closure change.

The process includes formal client notification regarding pending case closure and the completion of a case closure summary to be maintained in the client chart. Clients are considered active providing they receive services at the minimal interval as defined by the individual service standard. Case closure may be initiated by a provider and/or client and may occur for the following reasons:

- Case resolved and/or successful attainment of goals
- Client relocated outside San Diego County
- Client initiated case closure of services
- Client does not adhere to treatment plan
- An inability to contact client for 120 days
- Client exhibits inappropriate behavior
- Client's health needs cannot be adequately addressed by the service
- Client's care is transferred to another provider

A case closure summary will be completed for each client and provided to the client when possible, for each occurrence of case closure for the following service categories:

- Medical / Dental
- Medical / Non-medical Case Management
- Mental Health / Psychiatry
- Outpatient / Residential Substance Use Disorder Treatment
- Legal
- PARS

Standard	Measure
Client's case is closed based upon at least one of the approved criteria.	<p>A case closure is noted in the client chart. For specified service categories, a case closure summary including the following:</p> <ul style="list-style-type: none"> • Most recent assessment and/or diagnosis • Care plan at time of closure • Referrals not yet completed • Reason for case closure <p>For clients who drop out of care without notice, case closure summary including the above and the following:</p> <ul style="list-style-type: none"> • Documentation of attempts to contact client, including written correspondence and results of these attempts.

Termination of Services

A provider may terminate a case (permanently close) when:

- Client is deceased
- Client demonstrates repeated non-engagement
- Client exhibits repeated behavior that is not aligned with the safe and welcoming

- environment
- Client violates confidentiality of other client(s)

The client shall be notified in writing with the reason for termination and provided a list of alternative sources of care and support services.

A termination of service summary will be completed for each client, included in the client's record, and provided to the client upon request.

Standard	Measure
There is documentation with reason(s) for termination in the client record.	A termination of service summary including the following documentation: <ul style="list-style-type: none"> • Most recent assessment and/or diagnosis • Care plan at time of termination • Referrals not yet completed Reason for termination
Staff determine client eligibility for other programs and re-instatement in services.	Documentation of "inactive status" and maintenance of records and contact information to facilitate rapid re-enrollment, as appropriate.

Cultural and Linguistic Competency

All providers must have an understanding of cultural nuances of communication and the ability to provide appropriate and acceptable services to potential and current clients, including people of color, gay and men who have sex with men, men or women vulnerable to HIV, bisexual men and women, transgender individuals, gender non-binary individuals, persons who use substances, persons with mental health concerns, persons of differing abilities, and others. Providers who serve any of these groups will make reasonable accommodations in service provisions.

This competency includes ensuring that eligible, RW-certified transgender people with HIV have access to care, treatment and support services that improve their health and decrease risk of morbidity and mortality related to HIV. All providers will help to ensure eligible, RW certified transgender clients living with HIV are provided with access to gender-affirming services including but not limited to hormone therapy, gender-affirming mental health services and STD testing and treatment.

All providers must have policies and procedures that address cultural competency, diversity, and inclusiveness. Provider's intake procedures will assess client access issues, including linguistic, literacy and cultural needs, physical accessibility, and service location. Staff working directly with clients must receive a minimum of four hours of cultural competency training each year.

Providers will identify staff and volunteers who can provide bilingual/bicultural services to individuals who need or prefer to communicate in other languages. If there are no staff members or volunteers who can perform this function, the provider will develop alternate methods to ensure language appropriate services are available.

Providers will employ proactive strategies such as partnering with other local

organizations to develop a diverse workforce.

Providers will assess and ensure the training and competency of individuals who deliver language services to assure accurate and effective communication between clients, staff, and volunteers to transcend language barriers and avoid misunderstanding and omission of vital information.

Standard	Measure
Agency policies address cultural and linguistic competency.	Documentation in policies on cultural and linguistic competency.
Staff receive annual training on cultural competency.	Documentation of all staff trainings on cultural competency.
	Copies of the curriculum and handouts etc. kept on file (If training is provided by the provider).
Staff and volunteers are bilingual and can address the language needs of the populations they serve. If there are no appropriate bilingual staff or volunteers, a plan is in place to ensure language needs are met.	Copy of written plan to address language needs.
Provider has available written materials in the appropriate languages for the communities being served	Materials available in appropriate languages.

Privacy and Confidentiality

All providers must develop written policies and procedures that address security, confidentiality and access and operations.

- All physical case and electronic files are secured at all times
- All activities that relate to client data have appropriate safeguards and controls in place to ensure information security
- All employees and volunteers working have signed a confidentiality agreement
- All staff orientation materials include client confidentiality policies and procedures and indicate how they are communicated to staff and volunteers

Policies and protocols regarding confidentiality and sharing of protected health information are explained to clients and a confidentiality agreement is signed by clients and maintained in their case files. Except in the case of medical and dental referrals, a separate Release of Information form must be signed by clients in order for information to be shared.

The form must contain:

- Name of the program or person permitted to make the disclosure
- Name of the client
- Party with whom information will be shared
- Purpose and content (kind of information to be disclosed) of the disclosure; information related to mental health, substance use disorder and HIV status require specific consent to release information
- Effective date of Release of Information (when does the form no longer authorize the exchange of information)

- Client's signature or legal representative's signature

Provider must ensure a private, confidential environment for clients to discuss their case(s).

Standard	Measure
Providers develop written policies and procedures that address security, confidentiality, access, and operations	Documentation of policies and procedures
All files are secured.	Files inspected and noted during site visits
Staff and volunteers will receive training on privacy and confidentiality.	Documentation of all staff/volunteer trainings on privacy and confidentiality.
	Copies of the curriculum and handouts etc. kept on file (if training is provided by the provider).

**SAN DIEGO HIV PLANNING GROUP (HPG)
STRATEGIES AND STANDARDS COMMITTEE**

**ACTION ITEM INFORMATION SHEET
RECOMMENDATION TO APPROVE CHANGE IN PARTIAL ASSISTANCE RENTAL
SUBSIDY (PARS) ENROLLMENT PERIOD**

DATE: August 5, 2025

ITEM: Approve change in PARS enrollment period

BACKGROUND:

PARS has two primary purposes. The first is to provide short-term financial support to Ryan White clients to stabilize housing during an unexpected but short-term financial emergency, such as the loss of a roommate or an unexpected car repair. The expectation is that once the short-term emergency has been addressed, the client will be able to transition off PARS and maintain housing stability. The second purpose of PARS is to provide housing stability to clients who can no longer afford their current housing situation while they find more affordable housing.

Under Ryan White legislation, all support for housing must be temporary; ongoing or indefinite support is not allowed. The Health Resources and Services Administration's (HRSA) current recommendation for the duration of housing programs is 24 months, and PARS, while temporary, exceeds what is recommended. It currently provides up to 48 months of rental assistance to eligible Ryan White clients. During a discussion at the Strategies and Standards Committee on August 5, 2025, the members discussed the value in aligning PARS with federal guidance and reducing the amount of time clients might be on the waiting list.

Based upon these discussions, the Strategies and Standards Committee recommended modifying PARS enrollment to a period of 24 months and allowing clients to extend their enrollment if they are taking steps to find more affordable housing but have been unable to find affordable housing. Clients would be able to extend their enrollment in six-month increments up to four (4) times as long as they are otherwise actively working with their case manager to find more affordable housing.

RECOMMENDATION:

1. Change the enrollment period for PARS to 24 months, allowing up to four (4) optional extension periods of six (6) months each for clients who are actively working with their case manager to find more affordable housing.

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

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

A quorum for this meeting is twelve (12)

HPG Members (20): Marco Aguirre Mendoza | Juan Conant | Beth Davenport | Michael Donovan | Tyra Fleming | Rosemary Garcia | Felipe Garcia-Bigley | 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

HPG Members Joining Virtually (1): Nicole Aguilar

HPG Members Absent (2): David Grelotti | Ben Ignalino

ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order and roll call	Mikie Lochner called the meeting to order at 2:01 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">- Reminder to speak into the microphone and turn it off when not in use.- Consumers who are eligible for gas reimbursement are being asked to download an app to be able to use the reimbursement.- Thank you to Sky Miles, Cinnamen Kubricky, Tyra Fleming, Hector Garcia, Veronica Nava, and Marco Aguirre Mendoza as well as the support staff for volunteering at the Pride Festival on July 19-20.- Appreciation of all the committees for their work.	
3. Public comment	The following comments were made: <ul style="list-style-type: none">- A reminder that the Planning Body is here to allocate funds for vital services.	
4. HPG Member Open Forum	The following comments were made: <ul style="list-style-type: none">- Expenses and the cost of living are going up.- Some consumers may be struggling with recovery.- Appreciation for the opportunity to volunteer during the SD Pride weekend.	

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
5. ACTION: Approve the HPG agenda for July 23, 2025	Motion: Approve the HPG agenda for July 23, 2025. Motion/Second/Count (M/S/C): Fleming/Miles/19-0 Discussion: Items 8d, 8e, and 8f will not be presented today. Abstentions: Lochner Motion carries	
6. HIV, STD, and Hepatitis Branch (HSHB) Report	Patrick Loose reviewed the HSHB report, including the expenditures and the utilization data, noting that Housing Case Management has been deployed as a new service.	
7. Routine Business		
a. ACTION: Approval of consent agenda for July 23, 2025: <ul style="list-style-type: none"> i. Approval of HPG minutes from June 25, 2025 ii. Acceptance of the following committee minutes: Steering Committee (5/9/25); Community Engagement Group (6/11/25) iii. <i>(Membership Committee)</i>: HPG appointments / reappointments iv. <i>(Priority Setting and Resource Allocation Committee)</i>: Key Data Findings on the Regional Distribution of Ryan White HIV/AIDS Treatment Extension Act (RWTEA) Part A/B Services v. <i>(Priority Setting and Resource Allocation Committee)</i>: Key Data Findings on Ryan White's Service Eligibility Criteria and Other Service Guidelines vi. <i>(Priority Setting and</i> 	Motion: Approve the consent agenda for July 23, 2025 M/S/C: Miles/Garcia-Bigley/20-0 Discussion: none Abstentions: Lochner Motion carries	

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
<p>vii. <i>Resource Allocation Committee</i>): Key Data Findings on Co-occurring Conditions, Poverty, and Insurance</p> <p>viii. <i>Resource Allocation Committee</i>): Key Data Findings on Non-Ryan White Mental Health and Substance Use Treatment Resources</p> <p>ix. <i>Resource Allocation Committee</i>): Key Data Findings on 2024 Survey of HIV Impact of the Needs Assessment</p> <p>x. California HIV Planning Group (CHPG) Report – deferred</p> <p>x. Administrative expenditure report</p>		
<p>b. Suggestions to the Steering Committee for consideration of future items</p>	<p>Mikie Lochner requested that this and the following agenda items be added to all committee agendas moving forward.</p>	
<p>c. Suggestions from the community on future training topics and other agenda items</p>	<p>See above comment.</p>	
<p>8. New Business</p>		
<p>a. ACTION (<i>Priority Setting and Resource Allocation Committee</i>): Approve reallocations of funds for FY 25 (current fiscal year: March 1, 2025 – February 28, 2026)</p>	<p>Motion: Approve a one-time decrease in Non-Medical Case Management by \$40,000 from \$392,021 to \$352,021.</p> <p>M/S/C: PSRAC/12-0</p> <p>Abstentions: Aguirre Mendoza, Conant, Davenport, Garcia-Bigley, Lochner, Nava, Paugh, Spector, Van Brocklin</p> <p>Motion carries</p> <p>Motion: Approve a one-time decrease in Medical Case Management by \$72,000 from \$1,151,853 to \$1,079,853.</p> <p>M/S/C: PSRAC/14-0</p> <p>Abstentions: Conant, Davenport, Garcia-Bigley, Lochner, Paugh, Spector, Van Brocklin</p>	

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
	<p>Motion carries</p> <p>Motion: Approve an increase in Psychiatric Medication Management by \$7,500 from \$6,000 to \$13,500. M/S/C: PSRAC/14-0 Abstentions: Conant, Garcia-Bigley, Lochner, Paugh, Spector, Van Brocklin Motion carries</p> <p>Motion: Approve an increase in Oral Health by \$100,000 from \$160,940 to \$260,940. M/S/C: PSRAC/15-0 Abstentions: Conant, Garcia-Bigley, Lochner, Paugh, Van Brocklin Motion carries</p> <p>Motion: Approve an increase in Peer Navigation by \$4,500 from \$188,593 to \$193,093. M/S/C: PSRAC/15-0 Abstentions: Aguirre Mendoza, Garcia-Bigley, Lochner, Paugh, Van Brocklin Motion carries</p>	
b. Review: Key Data Findings	<p>The following Key Findings, previously approved by PSRAC, were reviewed: Ryan White Programs Parts A/B Regional Service Availability 2024 Needs Assessment Service Eligibility Criteria and Service Guidelines for Service Category for Ryan White Part A/B Services San Diego County EMA Ryan White Treatment Extension Act Parts A/B Service Specific Criteria Key Data Findings on 2025 Co-occurring Conditions/Poverty/Insurance San Diego County Mental Health and Substance Use Treatment Services with a Particular Focus on HIV Competencies</p>	
c. Training: Utilization Data – Patrick Loose	Tabled	
d. ACTION (<i>Priority Setting and Resource Allocation Committee</i>): Approve service rankings for FY 26 (March 1,	Tabled	

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
2026 – February 28, 2027)		
e. ACTION (<i>Priority Setting and Resource Allocation Committee</i>): Approve funding allocations in level and reduction funding scenarios for FY 26 (March 1, 2026 – February 28, 2027)	Tabled	
f. ACTION : Approve how services should be organized and delivered (service delivery recommendations/service directives) in FY 26 (March 1, 2026 – February 28, 2027)	Tabled	
9. Old Business		
a. Report : 2025 HPG Retreat – Dasha Dahdouh	Dasha Dahdouh presented on 2025 HPG Retreat and summarized the SWOT activity and the SMART goals.	
b. For Reference : Anti-Racism Statement	The HPG Anti-Racism Statement was presented to the HPG for reference; it was developed and approved by the Strategies and Standards Committee.	
c. Review : 2025 Outreach Schedule – Katie Emmel	Katie Emmel reviewed the materials and giveaways that were developed for distribution at outreach events. She also highlighted the June and July events that several HPG members volunteered at. Mikie Lochner encouraged members to volunteer at upcoming events.	
10. HPG Support Staff Updates	Dasha Dahdouh provided an update on the ongoing Health Information Specialist II vacancy and updated the members on Dr. Ken Riley's ongoing medical leave.	
11. Announcements	The following announcements were made: <ul style="list-style-type: none"> - The next HPG meeting will be three hours long. - A reminder to attend the upcoming PSRAC meeting to learn about the priority setting and resource allocation process. - Interpreter services will now be available upon request. Those in need of an interpreter are being asked to notify HPG Support Staff 96 hours before the meeting. 	

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
	- The first Regional Town Hall will be held in the south region at the San Ysidro Library on August 18.	
12. Adjournment	The meeting was adjourned at 4:57 PM.	
Next meeting date	Date: Wednesday, August 6, 2025 Time: 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	

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

A quorum for this meeting is twelve (12)

HPG Members (16): Marco Aguirre Mendoza | Michael Donovan | Tyra Fleming | Rosemary Garcia | Felipe Garcia-Bigley | Lori Jones | Michael Lochner (Chair) | Eva Matthews | Skyler Miles | Veronica Nava | Shannon Paugh | Ivy Rooney | Rhea Van Brocklin | Jeffery Weber | Michael Wimpie | Adrienne Yancey

HPG Members Joining Virtually (0):

HPG Members Absent (6): Nicole Aguilar | Juan Conant | Beth Davenport | David Grelotti | Ben Ignalino | Cinnamen Kubricky (Vice Chair) | Stephen Spector

ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order and roll call	Mikie Lochner called the meeting to order at 2:04 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 reminded the members to respond to quorum checks in a timely manner.	
3. Public comment	None -	
4. HPG Member Open Forum	The following comments were made: - A concern about ICE raids that may happen in San Diego over the next several weeks.	
5. ACTION: Approve the HPG agenda for July 23, 2025	Motion: Approve the HPG agenda for August 6, 2025 Motion/Second/Count (M/S/C): Van Brocklin/Weber/15-0 Discussion: none Abstentions: Lochner Motion carries	
6. HIV, STD, and Hepatitis Branch (HSHB) Report	HSHB has received the final award. The Priority Setting and Resource Allocation Committee (PSRAC) will be asked to accept the award at their August meeting.	
7. New Business		
a. ACTION (<i>Priority Setting and Resource Allocation Committee</i>): Approve Key	Motion: Approve Key Data Findings on HIV Epidemiology M/S/C: PSRAC/13-0 Discussion:	

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
Data Findings on HIV Epidemiology	Abstentions: Lochner, Van Brocklin Motion carries	
b. ACTION (<i>Priority Setting and Resource Allocation Committee</i>): Approve Key Data Findings on HIV Care Continuum	Motion: Approve Key Data Findings on HIV Care Continuum M/S/C: PSRAC/13-0 Discussion: none Abstentions: Fleming, Lochner, Van Brocklin Motion carries	
c. ACTION (<i>Strategies and Standards Committee</i>): Approve Clarification Regarding the Partial Assistance Rental Subsidy (PARS) Waiting List Priorities and Enrollment	Tabled	
d. ACTION (<i>Strategies and Standards Committee</i>): Approve the combined Medical/Non-Medical Case Management Standards	Tabled	
e. ACTION (<i>Priority Setting and Resource Allocation Committee</i>): Approve service rankings for FY 26 (March 1, 2026 – February 28, 2027)	<p>Motion: Approve Outpatient Ambulatory Health Services: Primary Care at priority #1, Outpatient Ambulatory Health Services: Medical Specialty at priority #2; and Oral Health at priority #3 M/S/C: PSRAC/12-0 Abstentions: Garcia-Bigley, Lochner, Paugh, Van Brocklin Motion carries</p> <p>Motion: Approve Housing: Partial Assistance Rental Subsidy (PARS) at priority #4; Housing: Emergency Housing at priority #5; Mental Health: Counseling/Therapy at priority #6; and Substance Use Treatment Services: Outpatient at priority #7 M/S/C: PSRAC/12-0 Abstentions: Garcia-Bigley, Lochner, Paugh, Van Brocklin Motion carries</p> <p>Motion: Approve 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; and Housing Location, Placement and Advocacy Services at priority #12</p>	

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
	<p>M/S/C: PSRAC/12-0 Abstentions: Garcia-Bigley, Lochner, Paugh, Van Brocklin Motion carries</p> <p>Motion: Approve 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; and Health Education & Risk Reduction at priority #16.</p> <p>M/S/C: PSRAC/11-0 Abstentions: Garcia-Bigley, Lochner, Nava, Paugh, Van Brocklin Motion carries</p> <p>Motion: Approve Psychosocial Support Services at priority #17; Substance Use Treatment Services: Residential at priority #18; and Home-based Health Care Coordination at priority #19</p> <p>M/S/C: PSRAC/13-0 Abstentions: Garcia-Bigley, Lochner, Van Brocklin Motion carries</p> <p>Motion: Approve Transportation: Assisted and Unassisted at priority #20</p> <p>M/S/C: PSRAC/12-0 Abstentions: Garcia-Bigley, Lochner, Paugh, Van Brocklin Motion carries</p> <p>Motion: Approve 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-</p>	

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
	Sharing Assistance at priority #27; and Hospice at priority #28 M/S/C: PSRAC/12-0 Abstentions: Lochner, Matthews, Van Brocklin Motion carries	
f. ACTION (<i>Priority Setting and Resource Allocation Committee</i>): Approve funding allocations in level and reduction funding scenarios for FY 26 (March 1, 2026 – February 28, 2027)	Tabled	
g. ACTION: Approve how services should be organized and delivered (service delivery recommendations/service directives) in FY 26 (March 1, 2026 – February 28, 2027)	Tabled	
8. HPG Support Staff Updates	A reminder to respond to multiple quorum checks over the next several weeks in August.	
9. Announcements	<ul style="list-style-type: none"> - Black Pride, August 9-10 - South Region Planning Meeting (Town Hall), August 15 at the San Ysidro Library - Annual Christie's Place Retreat, August 19-21 at Camp Stevens in Julian. Several spots are still open for those who identify as women 	
10. Adjournment	The meeting was adjourned at 3:33 PM.	
Next meeting date	Date: Wednesday, August 13, 2025 Time: 2:00 PM – 5:00 PM Location: Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Rooms B and C) and via Zoom	

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 Rooms B and C

A quorum for this meeting is twelve (12)

HPG Members (18): Nicole Aguilar | Marco Aguirre Mendoza | Juan Conant | Beth Davenport | Michael Donovan | Tyra Fleming | Rosemary Garcia | Felipe Garcia-Bigley | David Grelotti | Ben Ignalino | Lori Jones | Michael Lochner (Chair) | Eva Matthews | Skyler Miles | Veronica Nava | Shannon Paugh | Rhea Van Brocklin | Michael Wimpie

HPG Members Absent (5): Cinnamen Kubricky (Vice Chair) | Ivy Rooney | Stephen Spector | Jeffery Weber | Adrienne Yancey

ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order and roll call	Mikie Lochner called the meeting to order at 2:00 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">- The meeting is being recorded.- A reminder to be mindful of conflicts.	
3. Public comment	None	
4. HPG Member Open Forum		
5. ACTION: Approve the HPG agenda for July 23, 2025	Motion: Approve the HPG agenda for August 13, 2025 Motion/Second/Count (M/S/C): Fleming/Miles/14-0 Discussion: none Abstentions: Grelotti, Lochner Motion carries	
6. HIV, STD, and Hepatitis Branch (HSHB) Report	None	
7. New Business		
a. ACTION (<i>Priority Setting and Resource Allocation Committee</i>): Approve allocations for FY 25 (March 1, 2025 – February 28, 2026)	Motion: Approve an increase in Oral Health by \$75,759 from \$260,940 to \$336,699. M/S/C: PSRAC/12-0 Abstentions: Conant, Garcia-Bigley, Lochner, Paugh, Van Brocklin Motion carries	

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
	<p>Motion: Approve an increase in Housing: Emergency Housing by \$75,759 from \$933,515 to \$1,009,274. M/S/C: PSRAC/15-0 Abstentions: Lochner, Van Brocklin Motion carries</p> <p>Motion: Approve an increase in Peer Navigation by \$75,759 from \$193,093 to \$268,852. M/S/C: PSRAC/12-0 Abstentions: Garcia-Bigley, Lochner, Paugh, Van Brocklin Motion carries</p>	
<p>b. ACTION (<i>Priority Setting and Resource Allocation Committee</i>): Approve funding allocations in level and reduced funding scenarios for FY 26 (March 1, 2026 – February 28, 2027)</p>	<p>Motion: Approve action item 1 to level fund 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; and level fund Oral Health (priority #3) at \$336,699. M/S/C: PSRAC/10-0 Abstentions: Conant, Garcia-Bigley, Grelotti, Ignalino, Lochner, Paugh, Van Brocklin Motion carries</p> <p>Motion: Approve action item 2 to level fund 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; and level fund Substance Use Treatment Services: Outpatient (priority #7) at \$313,127. M/S/C: PSRAC/12-0 Abstentions: Davenport, Lochner, Paugh, Van Brocklin Motion carries</p> <p>Motion: Approve action item 3 to level fund Mental Health: Psychiatric Medication Management (priority #8) at \$13,500; increase Medical Case Management (priority #9) by</p>	

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
	<p>\$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 fund Non-Medical Case Management for Housing (priority #11) at \$200,000; and level fund Housing Location, Placement and Advocacy Services (priority #12) at \$0.</p> <p>M/S/C: PSRAC/10-1 Abstentions: Davenport, Garcia-Bigley, Grelotti, Ignalino, Lochner, Paugh, Van Brocklin Motion carries</p> <p>Motion: Approve action item 4 to level fund Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF) (priority #13) at \$993,157; level fund 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; and level fund Health Education & Risk Reduction (priority #16) at \$0.</p> <p>M/S/C: PSRAC/12-0 Abstentions: Davenport, Garcia-Bigley, Lochner, Nava, Paugh, Van Brocklin Motion carries</p> <p>Motion: Approve action item 5 to level fund Psychosocial Support Services (priority #17) at \$46,744; level fund Substance Use Treatment Services: Residential (priority #18) at \$0; and decrease Home-based Health Care Coordination (priority #19) by \$28,000 from \$228,500 to \$200,500.</p> <p>M/S/C: PSRAC/15-0 Abstentions: Garcia-Bigley, Lochner, Van Brocklin Motion carries</p> <p>Motion: Approve action item 6 to level fund Transportation: Assisted and Unassisted (priority #20) at \$101,830.</p>	

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
	<p>M/S/C: PSRAC/11-0 Abstentions: Conant, Garcia-Bigley, Grelotti, Ignalino, Lochner, Paugh, Van Brocklin Motion carries</p> <p>Motion: Approve action item 7 to level fund Food Services: Food Bank/Home-Delivered Meals (priority #21) at \$536,073; level fund Medical Nutrition Therapy (priority #22) at \$35,542; level fund Legal Services (priority #23) at \$285,265; level fund Emergency Financial Assistance (priority #24) at \$61,856; level fund Home Health Care (priority #25) at \$0; level fund Early Intervention Services: HIV Counseling and Testing (priority #26) at \$0; level fund Cost-Sharing Assistance (priority #27) at \$0; and level fund Hospice (priority #28) at \$0.</p> <p>M/S/C: PSRAC/15-0 Abstentions: Lochner, Matthews, Van Brocklin Motion carries</p> <p>Motion: Approve level funding for the Minority AIDS Initiative (MAI) at \$576,971. M/S/C: Donovan/Fleming/14-0 Discussion: The motion was previously approved at PSRAC but wasn't listed on the Action Item Information Sheet. The HPG made the first motion. Abstentions: Garcia-Bigley, Lochner, Van Brocklin Motion carries</p> <p>Motion: Approve a decrease in Outpatient Ambulatory Health Services: Primary Care (priority #1) by \$100,000 from \$1,821,037 to \$1,721,037. M/S/C: PSRAC/9-2 Abstentions: Garcia-Bigley, Grelotti, Ignalino, Lochner, Paugh, Van Brocklin Motion carries</p>	

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
	<p>Motion: Approve a decrease in Oral Health (priority #3) by \$34,092 from \$336,699 to \$302,607. M/S/C: PSRAC/10-2 Abstentions: Garcia-Bigley, Lochner, Paugh, Van Brocklin, Wimpie Motion carries</p> <p>Motion: Approve a decrease in Medical Case Management (priority #9) by \$70,000 from \$1,079,853 to \$1,009,853. M/S/C: PSRAC/8-2 Abstentions: Davenport, Garcia-Bigley, Grelotti, Ignalino, Lochner, Paugh, Van Brocklin Motion carries</p> <p>Motion: Approve a decrease in Housing: Emergency Housing (priority #5) by <u>\$300,000</u> from \$1,009,274 to \$709,274. M/S/C: PSRAC/10-5 Discussion: The Action Item Information Sheet listed Priority #6 Mental Health: Counseling/Therapy in error. PSRAC voted on the correct priority (#5). Abstentions: Ignalino, Lochner, Van Brocklin Motion carries</p>	
c. ACTION: Approve how services should be organized and delivered (service delivery recommendations/service directives) in FY 26 (March 1, 2026 – February 28, 2027)	Tabled	
8. HPG Support Staff Updates		
9. Announcements	<ul style="list-style-type: none"> - South Region Planning Meeting (Town Hall) on Friday, August 15, 2025 at the San Ysidro Public Library at 1:00 PM – 3:00 PM. - Collaboration in Care Conference, September 17-18, 2025 	
10. Adjournment	The meeting was adjourned at 4:50 PM.	
Next meeting date	Date: Wednesday, September 24, 2025 Time: 3:00 PM – 5:00 PM Location: to be determined and via Zoom	

STEERING COMMITTEE



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

A quorum for this meeting is four (4)

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

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 10:00 AM. Introductions were had. A moment of silence was observed. Chair comments: <ul style="list-style-type: none">- A reminder to make data-informed decisions.- A reminder to be patient with one other and show grace.- Happyville exercise is a great opportunity to learn about the process and will be held this month (July).	
2. Public comment (for members of the public)	None	
3. Sharing our concerns (for committee members)	The following items were shared: <ul style="list-style-type: none">- A concern about access to and the quality of dental care which is made harder for general consumers not on the planning body.- A grievance related to assistance provided not provided by support staff in a timely manner.- A comment that case management services are challenging to navigate.	
4. ACTION: Approve the Steering Committee agenda for July 11, 2025	Motion: Approve the Steering Committee agenda for July 11, 2025 Motion/Second/Count (M/S/C): Van Brocklin/Donovan/6-0 Discussion: none	

STEERING COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	Abstentions: Lochner Motion carries	
5. ACTION: Approve meeting minutes from May 9, 2025	Motion: Approve meeting minutes for May 9, 2025 M/S/C: Grelotti/Garcia-Bigley/6-0 Discussion: none Abstentions: Lochner Motion carries	
6. ACTION: Approve the HIV Planning Group agenda for July 23, 2025	Motion: Approve the HIV Planning Group agenda for July 23, 2025 with an expectation that new business may be added based on the July 17 PSRAC meeting M/S/C: Van Brocklin/Kubricky/6-0 Discussion: none Abstentions: Lochner Motion carries	HPG Support Staff (HPG SS) to add an item to the new business titled "utilization data training" if there are no rankings or allocations
7. Committee reports and recommendations	<u>Priority Setting and Resource Allocation Committee (PSRAC):</u> The committee is reviewing datasets in effort to make data-informed allocation decisions. <u>Strategies and Standards Committee:</u> A discussion took place about guidelines/checklist that would be helpful in identifying strategies to move any action items forward. <u>Membership Committee:</u> There are currently 23 active members and 2 applications that are going to be on the Board of Supervisors agenda in late August. The committee also discussed a potential training on leadership, procedures, and process. <u>Community Engagement Group (CEG):</u> The committee discussed how to run meetings, which will be addressed as part of old business. <u>Medical Standards and Evaluation Committee (MSEC):</u> The next committee doesn't meet until September. The committee approved the dental standards at the last meeting and plans to begin discussions on mental health and psychiatric services. Another outstanding item is the dental	Look into a committee Chair retreat in November

STEERING COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	practice guidelines, which will be reviewed in September.	
8. HPG Support Staff Report	<p>Dasha Dahdouh provided the following updates:</p> <ul style="list-style-type: none"> - A reminder that the team is still short-staffed. - Administrative budget is not available at this time. 	
9. HIV, STD, and Hepatitis Branch (HSHB) Report	<p>Patrick Loose provided the following updates:</p> <ul style="list-style-type: none"> - Part F funding has been impacted at the federal level. - The County has not yet received the final Ending the HIV Epidemic award. We might not have the funding beyond this year. - Minority of AIDS Initiative (MAI) funding has also been slated for elimination. - Medi-Cal will no longer be available for undocumented immigrants starting mid-2026. Denti-Cal will also be limited. - Undocumented immigrants are no longer eligible for most of the services funded under Health and Human Services, specifically community mental health services and health center programs. - It is not clear if the Medi-Cal changes are going to have the same impact on the Ryan White program. - Summary of year-to-date spending, including significant underspending in MAI services and overspending in oral health services. 	
10. Old Business		
a. ACTION: Review and approve a Memorandum of Understanding (MOU) between HSHB and HPG	<p>Motion: Approve the current (expired) MOU between HSHB and HPG for a period of five years</p> <p>M/S/C: Donovan/Van Brocklin/6-0</p>	HPG SS to communicate the motion to the contracts unit.

STEERING COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	Discussion: The following discussion took place: <ul style="list-style-type: none"> - The current MOU has expired, and the updates were not significant enough. - The committee decided to extend the current (expired) MOU for another five years. Abstentions: Lochner Motion carries	HPG SS to forward to the HPG for reference.
b. ACTION: Review and approve HPG Membership Expectations	Motion: Approve the HPG Membership Expectations M/S/C: Membership Committee/6-0 Discussion: none Abstentions: Lochner Motion carries	
c. Update: Regional Town Halls	Maritza Herrera provided an update on the planning of the first Town Hall which will be held in the south region.	
d. Discussion: Open forums prior to Planning Body and committee meetings	The August 20 CEG meeting will implement a concept of an open forum. The meeting will be held at Gossip Grill.	
11. New Business		
a. Integrated HIV Prevention and Care Plan	Tabled	
b. Cybersecurity at HPG and committee meetings	Tabled	HPG SS will bring this item to HPG for updates
12. Routine Business		
a. Review: Committee attendance	Tabled	
b. Public comments/HPG member comments/Suggestions to the Steering Committee from previous HPG meeting(s)	Tabled	
13. Future agenda items for consideration	Tabled	
14. Announcements	<ul style="list-style-type: none"> - A committee member asked if the chairs could work with HPG SS to submit their revised attendance policies. 	HPG SS to work with the committee chairs on establishing

STEERING COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
		an attendance policy.
15. Next meeting date	Date: Friday, September 12, 2025 Time: 10:00 AM – 12:00 PM Location: County Operations Center, 5530 Overland Ave, San Diego, CA 92123 (Meeting Room 124) and via Zoom	
16. Adjournment	Meeting adjourned at 12:01 PM.	

MEMBERSHIP COMMITTEE



Wednesday, May 14, 2025, 11:00 AM – 1:00 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: Felipe Garcia-Bigley (Chair) | Lori Jones | Benjamin Ignalino | Rhea Van Brocklin | Michael Wimpie

ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order	Felipe Garcia-Bigley called the meeting to order at 11:00 AM and noted the presence of an in-person quorum.	
2. Public Comment on non-agenda items (for Members of the public)	None	
3. Sharing our concerns (for committee members)	None	
4. ACTION: Review and approve the May 14, 2025 meeting agenda	Motion: Approve the Membership agenda for May 14, 2025 Motion/Second/Count (M/S/C): Van Brocklin/Wimpie/3-0 Abstentions: Garcia-Bigley Motion carries	
5. ACTION: Review and approve the April 9, 2025, Membership minutes	Motion: Approve the Membership minutes for April 9, 2025 M/S/C: Wimpie/Jones/3-0 Abstentions: Garcia-Bigley Motion carries	
6. New Business		
a. ACTION: Approve Hector Garcia for Seat 13	Motion: Approve Hector Garcia for Seat 13, General Member M/S/C: Van Brocklin/Wimpie/3-0 Abstentions: Garcia-Bigley Motion carries	
b. Discussion: HIV Planning Group Bylaws	The committee members began reviewing the Bylaws, which were last reviewed in 2023; the next review is anticipated for September. Members had the following recommendations/comments:	

MEMBERSHIP COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<p>#1: The current bylaws (Section E, number 10, page 9) lack explicit language outlining processes to support members who are not "in good standing" (e.g., missing meetings).</p> <p>Current Practice: There is an informal process where the committee contacts members in jeopardy to re-engage them, but it is not documented.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • Add explicit, trauma-informed, client-centered language to bylaws, clarifying that the goal is always to retain and re-engage members rather than focus on removal. • Include a clear process for supporting members before considering any recommendation for removal. • Reference committee guidelines in the bylaws for specifics, since guidelines are easier to update. • Change language in the bylaws to be more neutral (e.g., use "not meeting requirements" vs. "not in good standing"). <p>#2</p> <p>Committee Appointment and Power Distribution</p> <p>Current Practice: Current bylaws (Article 5, page 14, Section C, number 3) grant the chair the power to appoint members to committees, which can be perceived as exclusionary and lead to delays in participation for specific members.</p> <p>Recommendation:</p> <ul style="list-style-type: none"> • Historical context was provided, indicating that there used to be more checks and balances, with the membership committee as a balancing force. <p>Concerns:</p> <p>The current process may grant too much unilateral power to the chair.</p> <p>Appointments should be based on members' preferences and needs.</p> <p>Avoid having providers dominate committees to the exclusion of consumers/service recipients.</p>	

MEMBERSHIP COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<p>The voice of consumers may be lost if providers dominate the setting of standards.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • Update bylaws to reflect that appointments are made in collaboration with members and the membership committee. • The chair's role should be primarily formal notification rather than selection. • Reference the guidelines and ensure language is clear and neutral about the appointment process. <p>#3 Process Transparency, Accountability, and Grievance Procedures</p> <p>Incidents Raised: Examples given where a member's attempts to address grievances or set agenda items were ignored or dismissed, including the rewriting or disregarding of committee input.</p> <p>Review of Bylaws: There is an existing grievance process (Page 18, Article 8), but practical enforcement and appeal steps are unclear if the process is not followed, especially if the grievance is obstructed.</p> <p>Discussion: Need for checks/balances, and a clear, enforceable, transparent way for members to appeal, grieve, or ensure their concerns are addressed.</p> <p>Concerns about Power Imbalance and Trauma: Issues particularly acute for consumers/recipients who may already feel less empowered.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • Include an appeal process in the bylaws for when a grievance is improperly handled. • Add explicit steps for what happens when the process is not followed (e.g., involving the full committee). • Provide for ongoing training for chairs, possibly including trauma-informed leadership and facilitation skills. • Ensure the process and expectations are made clear during onboarding. 	
c. Review of all HPG Committees	Reviewed by HPG Support Staff	

MEMBERSHIP COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
Membership Lists and Engagement Efforts		
7. Old Business		
a. HPG Member recruitment update	<p>As of May 14, 2025, we have 22 members. (As of April 30th, Venice Price and Hector Garcia have been removed from the HPG)</p> <ul style="list-style-type: none"> • Ivy Rooney pending COB • Nicole Aguilar pending COB • Michael King pending HPG minutes approval • Jen Lothridge pending HPG minutes approval • Ivy Rooney: Seat 43- Prevention Intervention Representative: Formerly: Risk Reduction Activities Representative on 1/26/25 • Cinnamen Kubricky: Seat 4 - General Member 11/02/25 	
i. Vacant Seats	<p>As of May 14, 2025, there are 17 vacant seats</p> <ul style="list-style-type: none"> • 9 General Member seats • 20- Mental Health Provider • 21- Substance Abuse Treatment Provider • 24- Hospital Planning Agency or Health Care Planning Agency • 27- Prevention Services Consumer • 28- State Government-State Medicaid • 34- Board of Supervisors Designee: District 2 	
ii. New Committee Members	Hector Garcia's request to continue to be in the Community Engagement Group.	
b. HPG Membership Demographics	Reviewed	
Routine Business		
a. HIV Planning Group Attendance	HPG Support Staff sends reminders to members who have missed three (3) consecutive or six (6) meetings within 12 months.	
b. Committee Attendance	Reviewed	
c. Getting to Zero (GTZ) Community Engagement Project	<p>Reviewed 2025 HPG Outreach Calendar</p> <p>Members suggested the following:</p> <ul style="list-style-type: none"> • Creating marketing materials targeted at young people, possibly developed by interns in that age group. 	.

MEMBERSHIP COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
i. Membership Committee Plan/Strategy for Recruitment	<ul style="list-style-type: none"> • Leveraging social media in authentic, effective ways. • Offering internships or opportunities for students to earn school credit. • Using raffles or incentives (e.g., gift cards) to encourage participation at tabling events, though this may require approval due to county restrictions on donations • Use awareness days and toolkits to promote HPG involvement and share key messages across platforms. <p>The following concern was shared:</p> <ul style="list-style-type: none"> • Staffing shortages were a recurring theme, with limited capacity to expand outreach. Katie was highlighted as taking on multiple responsibilities. Despite these challenges, there are efforts to recruit interns and volunteers. 	
8. Future agenda items for consideration		
9. Announcements	Happyville Exercise, July 17, 2025	
10. Next Meeting Date	Date: Wednesday, June 11, 2025 Time: 11:00 AM –1:00 PM Location: Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room A)	
12. Adjourn	The meeting adjourned at 12:50 PM.	

MEMBERSHIP COMMITTEE



Wednesday, July 09, 2025, 11:00 AM – 1:00 PM
Southeastern Live Well Center
5101 Market St, San Diego, CA 92114
(Tubman Chavez Room C)

A quorum for this meeting is three (3)

Committee Members: Felipe Garcia-Bigley (Chair) | Rhea Van Brocklin | Benjamin Ignalino | Michael Wimpie

Committee Members Absent: Lori Jones

ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order	Felipe Garcia-Bigley called the meeting to order at 11:06 AM and noted the presence of an in-person quorum.	
2. Public Comment on non-agenda items (for Members of the public)	None	
3. Sharing our concerns (for committee members)	None	
4. ACTION: Review and approve the July 9, 2025 meeting agenda	Motion: Approve the Membership agenda for July 09, 2025, with the removal of agenda #5 Motion/Second/Count (M/S/C): Van Brocklin/Wimpie/2-0 Abstentions: Garcia-Bigley Motion carries	
5. ACTION: Review and approve the May 14, 2025, Membership minutes	Tabled	
6. New Business		
a. None		
7. Old Business		
a. HPG Member recruitment update	<ul style="list-style-type: none">• 1 application submitted for either the Mental Health Provider or Prevention Services Consumer seats.• 1 application for the District 1 seat.• 1 application for the Substance Abuse Treatment Provider seat.• Application for State Government-CDPH Office of AIDS (OA) Part B	
i. Vacant Seats	<ul style="list-style-type: none">• 21 Vacant Seats	

MEMBERSHIP COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<ul style="list-style-type: none"> 3 Members pending 	
ii. New Committee Members		
b. HPG Membership Demographics	<p>Current HPG Demographics:</p> <ul style="list-style-type: none"> There is a clear need to improve recruitment efforts among Hispanic populations, along with the African American and Asian populations, who are also underrepresented. Cisgender balance is currently equal, but there is a need for transgender representation. 	
c. Discussion: HIV Planning Group Bylaws	<ul style="list-style-type: none"> A committee member mentioned a document outlining the specific intentions behind the committee member's actions and asked for HPG SS assistance in finding the document. A committee member recommended a step-by-step guideline on bringing grievances to the committee or the whole body. These steps should be listed in the new member packet. A committee member recommended additional training tailored towards committee chairs, so their position expectations are outlined. 	HPG Support Staff (SS) will assist in finding the document and adding it to the following membership agenda.
Routine Business		
a. HIV Planning Group Attendance	HPG SS sends reminders to members who have missed three (3) consecutive or six (6) meetings within 12 months.	
b. Committee Attendance	None.	
c. Getting to Zero (GTZ) Community Engagement Project <ul style="list-style-type: none"> i. Membership Committee Plan/Strategy for Recruitment 	<p>HPG SS reviewed the 2025 HPG Outreach Calendar and Activities. Committee members suggested the following:</p> <ul style="list-style-type: none"> Use Snapchat, Instagram filters, or tools like photo magnets as low-cost environmental giveaways. Develop a reusable photo booth and explore platforms to host shared photo albums from events. Add membership application QR code to the HPG trifold. Remove HPG logos from condoms. 	HPG SS will incorporate and implement feedback from the recruitment strategies.

MEMBERSHIP COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<ul style="list-style-type: none">• Print membership application QR codes for individuals to take with them at events.	
8. Future agenda items for consideration	None	
9. Announcements	The Pacific AETC has been restructured from eight to four teams, with California now having just Northern and Southern teams housed at new medical institutions. Services will continue with a reimagined format.	
10. Next Meeting Date	Date: Wednesday, September 10, 2025 Time: 11:00 AM –1:00 PM Location: Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room A)	
12. Adjourn	The meeting adjourned at 12:36 PM.	

MEDICAL STANDARDS AND EVALUATION COMMITTEE (MSEC)



*Tuesday, May 13, 2025, 4:00 PM – 5:30 PM
Seville Plaza – Live Well Support Center
5469 Kearny Villa Rd, San Diego, CA 92123,
1st Floor, Training Room D*

A quorum for this meeting is seven (7).

Committee Members Present: Dr. Jeannette Aldous (Co-Chair) | Dr. Laura Bamford | Dr. Rosemary Garcia | Dr. David Grelotti (Chair) | Yessica Hernández | Bob Lewis | Mikie Lochner | Shannon Paugh | Karla Quezada-Torres | Dr. Martha Rodriguez | Dr. Winston Tilghman | Dr. Fadra Whyte

Committee Members Absent: Dr. Stephen Spector

Agenda Item	Action	Follow-up
1. Welcome and moment of silence, comments from the Chair	<p>Dr. Grelotti called the meeting to order at 4:08PM and introductions were done. A moment of silence was observed.</p> <p>The chair requested some clarifications regarding conflicts when discussing standards. Lochner clarified to be mindful of conflicts when discussing COIs. Members with conflicts of interest can join discussions but must not steer them toward their own agency, and the chair is responsible for keeping this in check.</p>	
2. Public Comment	None	
3. Sharing our Concerns	A member of the committee reminded providers to be mindful that referring clients outside the Ryan White system can lead to long delays, so when urgent care is needed, they should help schedule appointments to ensure timely access.	
4. Action: Review and approve the May 13, 2025 meeting agenda	<p>Motion: Approve the May 13, 2025 meeting agenda switching section 7b to 7a.</p> <p>Motion/Second/Count (M/S/C): Lochner/Lewis/11-0</p> <p>Discussion: None</p> <p>Abstentions: Grelotti</p> <p>Motion carries</p>	
5. Action: Review and approve the April 8, 2025 meeting minutes	<p>Motion: Approve the April 8, 2025 meeting minutes as presented.</p> <p>M/S/C: Quezada-Torres/Tilghman/10-0</p>	

MEDICAL STANDARDS AND EVALUATION COMMITTEE (MSEC)

Agenda Item	Action	Follow-up
	Discussion: None Abstentions: Dr. Grelotti and Paugh Motion carries	
6. New Business:		
a. Presentation: Ryan White Chart Review Summary – Jeanette Johnson	<p>Jeanette Johnson and Keli Taylor presented on the Ryan White Outpatient Ambulatory Health Services Report on Compliance with Practice Guidelines 2024 and discussed the following:</p> <ul style="list-style-type: none"> • Study Design • Client Demographics • CD4 and Viral Load Counts • Sexually Transmitted Infections • DoxyPEP and Anal Cancer Screenings • Treatment Adherence Counseling and PCP(PJP) Prophylaxis • Hepatitis Screening and Lipids • Vaccinations • Mental Health Screening and Substance Use Disorder Screening • Overview of Statistically Significant Change <p>The following questions were clarified:</p> <ul style="list-style-type: none"> - Patients that do decline are recorded with the refusal of service and the date. - The recipient's office usually takes the report and will follow-up based on notable findings and opportunities for improvement. - Typically results are not unblinded, but the County does investigate results and identify best practices to relay to clinics. - We should caution regarding comparison. - Data may reflect patients in transitional situations (e.g., re-entering care). 	
7. Old Business:		

MEDICAL STANDARDS AND EVALUATION COMMITTEE (MSEC)

Agenda Item	Action	Follow-up
a. Action: Update and approve Dental Practice Guidelines	Tabled	
b. Action: Update and approve Oral Health Service Standards	<p>Motion: Approve the updates for the Oral Health Service Standards with all the amended changes made today.</p> <p>M/S/C: Lochner/Garcia/11-0</p> <p>Discussion: Dr. Whyte elaborated on her role at the County and her additional conflicts.</p> <p>The following amended changes were suggested:</p> <p>Page 26 in packet</p> <ul style="list-style-type: none"> - Mirror Medi-Cal Dental exemptions for clients (ex: mental health or memory loss) related to night guard replacement. Suggested broad language “replacement as needed as documented by the dentist”. - Remove the sentence “Single tooth implants are not a benefit of the Ryan White Dental Program”. - Replace HIV or AIDS with HIV <p>Page 27</p> <ul style="list-style-type: none"> - Replace HIV/AIDS with HIV - Under training programs add the following dot points <ul style="list-style-type: none"> o “General awareness of benefits, programs available to people living with HIV, including case management” o “Education on common comorbidities such as physical, mental, and psychosocial challenges” for people living with HIV. o General understanding of Ryan White insurance coverage as the payer of last resort <p>Page 28</p> <ul style="list-style-type: none"> - Keep the language “Labs including viral load, CD4 count, CBC with differential”. However, acknowledge and address barriers in Dental Practice Guidelines document. 	<p>HIV Planning Group Support Staff (HPG SS) will follow up with Dr Whyte on changes and create a clean document.</p> <p>HPG SS will forward the document with the amended changes to the HPG for approval.</p>

MEDICAL STANDARDS AND EVALUATION COMMITTEE (MSEC)

Agenda Item	Action	Follow-up
	Page 29 - Include radiographs as part of the exam. Abstentions: Grelotti Motion Carries	
8. Other Updates:		
a. STD and Mpox Update (Dr. Tilghman)	Tabled	
b. Committee member updates	Tabled	
9. Future agenda items for consideration	Tabled	
10. Announcements	Lochner mentioned those who would like to be part of the committee will receive an email that will go into effect in 72 h.	
11. Next meeting date:	Date: September 9, 2025, Time: 4:00 PM - 5:30 PM Location: TBD and via Zoom	
12. Adjournment	Motion: Extend the meeting by 10 minutes M/S/C: Lochner/Lewis/11-0 Discussion: None Abstentions: Grelotti The meeting was adjourned at 5:45 PM.	

COMMUNITY ENGAGEMENT GROUP



Wednesday, July 16, 2025, from 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 | Skyler Miles | Veronica Nava

Committee Members Just Cause: Jen Lothridge (Co-Chair)

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 3:04PM and noted the presence of an in-person quorum. Comments from the Chair: This September we will have an open-form discussion and a short Community Engagement Group (CEG) business meeting after. This will be at the Gossip Grill in Hillcrest.	
2. Review Background, Mission Statement, Goals, and Agreement of Meeting Decorum	Committee members read the Mission Statement and the CEG Charge. Nava, Miles, Lothridge 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)	A committee member wanted to thank and applaud participants today. It takes a lot to show up and participate and we thank you.	
6. ACTION: Approve the consent CEG agenda (which includes the July 16, 2025 agenda and the June 11, 2025, minutes)	Motion: Approve the consent CEG agenda (which includes the July 16, 2025 agenda and the June 11, 2025 minutes) Motion/Second/Count (M/S/C): Miles/Nava/4-0 Abstention(s): Donovan Motion carries	
Follow-Up Items from minutes:	None.	
7a. Committee Updates		
I. HIV Planning Group	Tabled.	
II. Strategies and	Tabled.	

COMMUNITY ENGAGEMENT GROUP

Agenda Item	Discussion/Action	Follow-Up
Standards Committee		
III. Steering Committee	Tabled.	
IV. Membership Committee	Tabled.	
V. Priority Settings and Resource Allocation Committee (PSRAC)	The committee begins meeting weekly starting tomorrow from 1-4PM. They will begin reviewing data and priority service ranking. The committee welcomes public comments on each action item.	
VI. Medical Standards and Evaluation Committee (MSEC)	Tabled.	
7b. Community Updates		
I. CARE Partnership	Tabled.	
II. HIV Housing Committee/Housing Opportunities for Persons with AIDS (HOPWA)	<p>Sky Miles provided the following updates:</p> <ul style="list-style-type: none"> • Choices in Recovery is currently full, but taking waitlist. • Townspeople is accepting referrals. • Fraternity House has 3 openings at their apartments. They're currently enrolling people from Michelle House, and they will take referrals for Michelle House. • Father Joe's Village has 56 filled, 14 vacancies, and 36 on the waitlist. • Stepping Stone has 16 beds available. 	
8. Old Business		
a. Committee Attendance	Tabled	
b. Discussion: Review 2025 CEG workplan	Tabled	
9. New Business		
a. Presentation: "A Day in Happyville"	Lori Jones led the group in the "A Day in Happyville" scenario/prevention training and Michael Donovan led the Happyville priority setting and budget allocation exercise.	
10. Announcements	Tabled	
11. Next meeting date	<p>Next Meeting: Wednesday, August 20, 2025 at 3:00 PM - 5:00 PM</p> <p>Location: TBD</p>	
12. Adjournment	Meeting was adjourned at 4:46PM.	

STRATEGIES AND STANDARDS COMMITTEE



Tuesday, June 3, 2025, 3:00 PM – 4:30 PM
Southeastern Live Well center
5101 Market St, San Diego, CA 92114
Tubman Chavez Room A

A quorum for this meeting is seven (7)

Committee Members: Nicole Aguilar | Amy Applebaum | Beth Davenport | Michael King | Skyler Miles | Joseph Mora | Veronica Nava | Dr. Winston Tilghman | Jeffery Weber | Michael Wimpie (Chair)

Members Absent: Juan Conant | Ivy Rooney

ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order, introductions, comments from the chair, and a moment of silence	Michael Wimpie called the meeting to order at 3:00 PM. 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)	None	
4. ACTION: Approve the Strategies and Standards Committee agenda for June 3, 2025	Motion: Approve the Strategies and Standards Committee agenda for June 3, 2025 Motion/Second/Count (M/S/C): Davenport/Tilghman/9-0 Abstentions: none Motion carries	
5. ACTION: Approve the Strategies and Standards Committee meeting minutes from February 4, 2025	Motion: Approve meeting minutes for February 4, 2025 M/S/C: Weber/Nava/7-0 Discussion: Abstentions: King, Tilghman Motion carries	
6. Review follow-up items from last meeting	<ul style="list-style-type: none">• HPG Support Staff (HPG SS) will forward the Transportation Standards to the HPG for approval. Completed• HPG SS will send the word document of the Universal Standards to the committee for additional input and bring back the document for review and	

STRATEGIES AND STANDARDS COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<p>approval at the next meeting. Completed</p> <ul style="list-style-type: none"> • HPG SS will forward the Anti-Racism statement to the Steering Committee for approval. Completed • HPG SS will bring back the Emergency Financial Assistance and Housing Service Standards to the committee for further review and the next meeting. Completed 	
7. New Business		
a. ACTION: Approve Service Standards Introduction	<p>Motion tabled The following discussion took place:</p> <ul style="list-style-type: none"> - ERT in the first paragraph should be ART (Antiretroviral Therapy). - The language is confusing and seems to be missing some components. 	<p>HPG Support Staff (HPG SS) to clarify the language and bring the introduction back for discussion.</p>
b. ACTION: Approve Non-Medical Case Management Standards	<p>Motion tabled The following discussion took place:</p> <ul style="list-style-type: none"> - Recommendation to - Clarify what it means to be vulnerable. - Recommendation to add language on the criteria for service eligibility. - Recommendation to replace the word “standardized” with “comprehensive” in the Intake section as different assessment tools are used. - Recommendation to combine medical and non-medical case management components. - Recommendation to remove the word “timely” under the Key Service Components section. - Recommendation to change “non-adherence” to “non-engagement”. - There may be a need for a separate working group. 	<p>HPG SS to work with the Recipients’ Office to revise and bring back for review.</p> <p>HPG SS to work with the HPG Chair to approve an ad hoc working group with Joseph Mora, Michael King, Veronica Nava, Amy Applebaum, and Michael Wimpie.</p>

STRATEGIES AND STANDARDS COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
8. Old Business		
a. ACTION: Approve Universal Standards	<p>Motion tabled</p> <p>The following discussion took place:</p> <ul style="list-style-type: none"> - Add trauma-informed language as the opening section of the Universal Standards - Termination of services: replace second and third dot points with “client exhibits behavior that is not aligned with the safe and welcoming environment” - At the beginning of the document, define what safe and welcoming environment is 	<p>HPG SS to look into an additional meeting in July.</p> <p>HPG SS will incorporate discussed suggestions and bring back to the committee for approval.</p>
b. ACTION: Approve Trauma-Informed Care Language	Language discussed in 8a and incorporated into the Universal Standards.	
c. ACTION: Approve Emergency Financial Assistance and Housing Standards	Tabled	
9. Routine Business		
a. Discussion: Recommendations from Priority Setting & Resource Allocation Committee (PSRAC)	Tabled	
b. Review: Committee Attendance	Tabled	
c. Recommendations to the HIV Planning Group (HPG), HPG committees, and requests of recipient	Tabled	
d. Suggested items for future committee agenda	Tabled	
10. Announcements	Tabled	
11. Next meeting date	<p>Date: Tuesday, August 5, 2025</p> <p>Time: 3:00 PM – 4:30 PM</p> <p>Location: TBD</p>	
12. Adjournment	Meeting adjourned at 4:31 PM.	

MEETING MINUTES

CARE PARTNERSHIP FOR WOMEN, CHILDREN, AND FAMILIES

Monday, July 21, 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	Shannon Ransom started the meeting at 11:10AM, and the participants introduced themselves online.	
• Comments from the Chair/	Shannon shared that Johneisha couldn't attend and offered to facilitate the CARE Partnership meeting unless someone else wanted to step in. She also acknowledged Venice for her service as co-chair, noting that she'll be stepping down but will continue attending meetings.	
▪ Respectful Engagement	Respectful engagement guidelines read by a community member.	
• 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 a community member.	
• Public comment/ Sharing our Concerns	None.	
• Review & approval of the meeting agenda for July 21, 2025	The agenda for July 21, 2025, was approved by consensus as presented.	
• Review & approval of the meeting minutes for May 19, 2025	The minutes for May 19, 2025, was approved by consensus as presented.	
• Discuss 2025 Training Opportunities/Updates	September: San Ysidro Health & UCSF November: Sharia's Closet & Jewish Family Services December: Holiday Party	
• Old Business		
a. None		
• New Business		
a. Presentation: 211 San Diego Your Free	A presentation was given by 211 San Diego and the following was discussed: <ul style="list-style-type: none"> What is 211 	

Agenda Item	Action	Follow-up
Community Resource	<ul style="list-style-type: none"> Community & Health Services History of 211 How is 211 Funded 211 Mission-Aligned Hotlines Disaster Response How Can People Use 211 What Happens During a Call Traditional Information & Referral (I&R) Direct Referrals Appointments & Enrollment Assistance Community Information Exchange (CIE) 	
• Reports		
a. Women and Youth Out of Care Group Discussion	<ul style="list-style-type: none"> A participant expressed frustration that the County returned unused Ryan White funds despite ongoing unmet needs, especially among women and youth. They urged the group to continue to engage and advocate at future meetings. A participant emphasized the importance of providing transit support and housing resources to help consumers attend trainings and meetings. 	
a. HIV Planning Group (HPG) Planning Group Support Staff	HPG Support Staff encouraged members to come out to the meetings and express their concerns and advocate where funds should be spent. The Priority Setting and Resource Allocation Committee has begun the budgeting process for the following dates: July 24 th , 31 st , and August 7 th .	
b. Ryan White Part D	MCAP recently received a grant to expand psychosocial support groups based on community feedback, including existing groups for Spanish-speaking women with HIV. New groups will also include support for older women living with HIV, with a focus on accessibility through both in-person and Zoom options. Community input is encouraged to help shape group topics, timing, and format, especially to overcome barriers like transportation and childcare.	
c. Research		
i. AIDS Clinical Trials Group (ACTG)/ Antiviral Research Center (AVRC)	None.	
ii. HIV Neurobehavioral	None.	

Agenda Item	Action	Follow-up
Research Program (HNRP)		
iii. Mother, Child & Adolescent Program (MCAP)	None.	
iv. UC San Diego Moores Cancer Center	None.	
13. Announcements	<ul style="list-style-type: none"> • Women Shine a compensated study for women impacted by HIV. If interested reach out to Myiesha Phelps at myphelps@health.ucsd.edu. • Dancing with Hope Annual Retreat will be September 19 - 21, 2025 at Camp Stevens, Julian, CA. To register, please contact galonzo@christiesplace.org • IVY a compensated study for people between 18 and 29 years old living with HIV • HIV Planning Group will be having a South Regional Town Hall on August 15th at the San Ysidro Public Library from 1-3PM • The Center is hosting a Known Your Rights session with Attorneys this Wednesday from 4-7PM 	
14. Next Meeting Date: Monday, September 16, 2024	Next CARE Partnership Meeting- Monday, September 15, 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 12:30pm.	



County of San Diego

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SAN DIEGO HIV PLANNING GROUP (HPG) MEMBERSHIP COMMITTEE ACTION ITEM INFORMATION SHEET

RECOMMENDATION FOR REAPPOINTMENT TO THE HPG

DATE: September 24, 2025

ITEM: Consider and vote to recommend a reappointment to the HPG.

BACKGROUND: On September 10, 2025, the Membership Committee reviewed and recommended Nicole Aguilar for reappointment to the HPG.

RECOMMENDATION:

Action Item (*Membership Committee*): Approve the recommendation to reappoint Nicole Aguilar for the second term to the HPG (Seat #40): Recipient of other federal HIV programs – Housing Opportunities for Persons with AIDS (HOPWA)/Housing and Urban Development (HUD). Nicole Aguilar's current term ends on January 11, 2026. If approved by the HPG, the recommendation will be forwarded to the County Board of Supervisors for reappointment starting January 12, 2026 through January 11, 2030.

BIOGRAPHICAL INFORMATION: Nicole Aguilar

Nicole has shown a strong interest in continuing to stay engaged with the HPG through her professional role with Housing and Community Development Services, where she supports the HOPWA program. With nearly five years of service in the county, she understands the importance of integrating housing and HIV support services to enhance community health outcomes. In addition, Nicole serves in a non-voting support role on the Joint City/County HIV Housing Committee, where her familiarity with Ryan White funding, committee structures, and regular council meetings deepens her understanding of HIV-related service frameworks. For the past seven months, she has been an active participant in HPG and is a member of the Strategies and Standards Committee. In this role, she has provided valuable guidance by sharing her expertise in county housing resources.

Nicole brings valuable insights from her collaboration with HOPWA service providers and her experience referring clients to essential resources through 211-San Diego. While she acknowledges her developing expertise in HIV/AIDS-specific issues, Nicole has demonstrated a strong commitment to learning and supporting the community. Her professional background includes working with homeless populations, survivors of domestic violence, and underserved communities, positioning her as a well-rounded advocate for marginalized groups. Coupled with her strong time management skills and ability to balance professional duties with meaningful community engagement, Nicole is well-prepared to continue contributing to the mission of the HPG.

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



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SAN DIEGO HIV PLANNING GROUP (HPG) MEMBERSHIP COMMITTEE ACTION ITEM INFORMATION SHEET

RECOMMENDATION FOR APPOINTMENT TO THE HPG

DATE: September 24, 2025

ITEM: Consider and vote to recommend an appointment to the HPG.

BACKGROUND: On July 9, 2025, the Membership Committee recommended Leroy Blea for appointment to the HPG.

RECOMMENDATION:

Action Item: Approve Membership Committee's recommendation to appoint Leroy Blea for the first term to the HPG (Seat #29): State Government – California Department of Public Health (CDPH) Office of AIDS (OA) Part B.

Biographical information: Leroy Blea

Leroy is a Gay, Cisgender Latinx man in recovery and on PrEP, with over 30 years of experience advancing HIV prevention, healthcare, and health policy. He served in senior public health leadership for fourteen years as an AIDS Director/STD Controller. He currently serves as the Ending Epidemics Manager at the SDPH OA, where he helps plan and implement statewide strategies to accelerate progress toward ending the HIV, STI, and Hepatitis C Virus (HCV) syndemic in California.

He holds a BA ('93) and MPH ('98) from UC Berkeley, where his thesis examined post-prison health outcomes among people living with HIV. His professional focus includes building program and community capacity to improve HIV/STI/HCV outcomes, particularly at the intersection of drug user health, mental health, and housing security.

Selected by Dr. Marisa Ramos, he is honored to serve as the Part B designee from CDPH/OA to the San Diego HPG, supporting local implementation efforts critical to achieving California's goals of zero new HIV infections, zero HIV deaths, and zero HIV stigma. Beyond his state role, he volunteers as a cook at Berkeley's Dorothy Day House, teaches public health and sexual medicine with Project Prepare, and is a registered substance use disorder counselor with experience supporting communities affected by the methamphetamine and opioid epidemics.



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SAN DIEGO HIV PLANNING GROUP (HPG) MEMBERSHIP COMMITTEE ACTION ITEM INFORMATION SHEET

RECOMMENDATION FOR APPOINTMENT TO THE HPG

DATE: September 24, 2025

ITEM: Consider and vote to recommend an appointment to the HPG.

BACKGROUND: On September 10, 2025, the Membership Committee reviewed Kalee Garland's application and recommended her for appointment to HPG.

RECOMMENDATION:

Action Item (*Membership Committee*): Approve the recommendation to appoint Kalee Garland for the first term to the HPG (Seat #14): General Member.

Biographical information: Kalee Garland

Kaylee is a lifelong San Diego resident, motivated by a strong commitment to local representation and equity in her role on the HPG. With a background in political science and extensive experience in the HIV community, she advocates for strong voices and action in addressing HIV.

Her advocacy journey began in education, where she was a guest speaker at UC San Diego and San Diego City College, collaborated on the HIV curriculum, and organized the first World AIDS Day event at City College. As a published author, she creates resources for individuals living with HIV and participates in national conferences like the US Conference on HIV/AIDS. She is active in the UC San Diego AIDS Alliance Club, leading campus-wide HIV testing initiatives.

Kaylee leverages her extensive networks to coordinate outreach events in accessible local venues. She excels at engaging diverse audiences about HIV awareness. She has collaborated with organizations such as UC San Diego's Owen Clinic and the AIDS Healthcare Foundation, positioning her to identify strengths and gaps in local services.

With her experience and professional background, Kaylee brings a unique perspective to the HPG. She remains dedicated to enhancing testing, awareness, and community engagement in San Diego's response to HIV.

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



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SAN DIEGO HIV PLANNING GROUP (HPG) MEMBERSHIP COMMITTEE ACTION ITEM INFORMATION SHEET

RECOMMENDATION FOR REAPPOINTMENT TO THE HPG

DATE: September 24, 2025

ITEM: Consider and vote to recommend a reappointment to the HPG.

BACKGROUND: On September 10, 2025, the Membership Committee reviewed and recommended Cinnamen Kubricky for reappointment to the HPG.

RECOMMENDATION:

Action Item (*Membership Committee*): Approve the recommendation to reappoint Cinnamen Kubricky for the second term to the HPG (Seat #4): General Member. Cinnamen Kubricky's current term ends on November 2, 2025. If approved by the HPG, the recommendation will be forwarded to the County Board of Supervisors for reappointment.

Biographical information: Cinnamen Kubricky

Cinnamen Kubricky is a long-term HIV survivor who has been an active community leader and advocate for over four years. She has lent her voice and experience to numerous programs and organizations, including the Lotus Program, the Positive Women's Network, the UC San Diego Owens Clinic Advisory Board, and the San Diego Housing Board. Her commitment to HPG began years ago. She is committed to continue her engagement with the Planning Council with renewed passion to represent women living with HIV, a group that is often underrepresented, as well as to advocate for their children.

Within HPG, Cinnamen has served on multiple committees, including Membership, Priority Setting and Resource Allocation, and Housing. She is currently the Vice-Chair of the HPG, where she leads with dedication and vision. Beyond her committee work, she has actively participated in HPG events and outreach efforts, helping to recruit new members, raise awareness, and connect individuals to essential services. Cinnamen's lifelong commitment to advocacy reflects her deep belief in equity, representation, and the rights of all people affected by HIV.

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

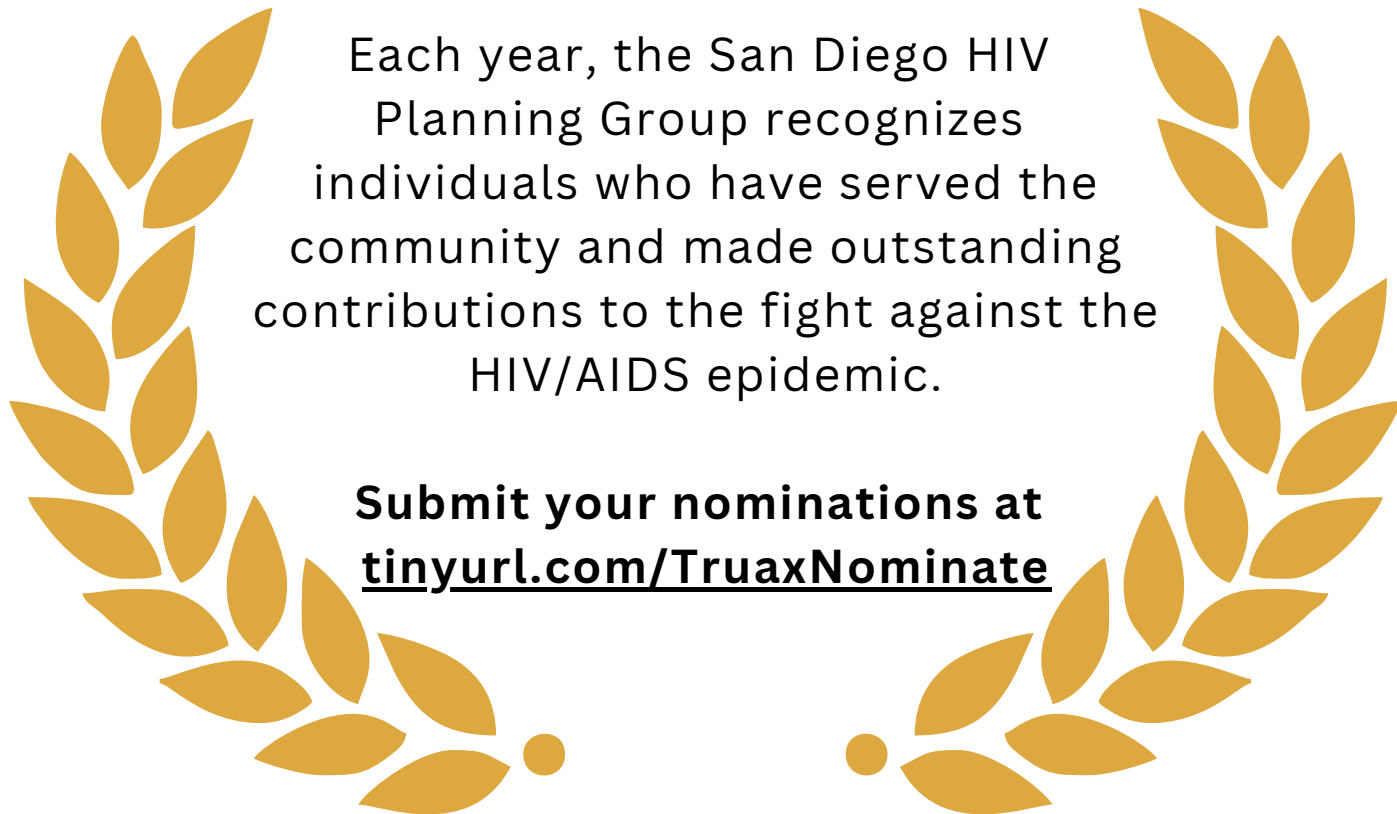


DR. A. BRAD TRUAX AWARDS

CALL FOR NOMINATIONS

Do you know someone that goes above and beyond to provide service that improves the quality of life of people living with HIV/AIDS in San Diego?

Nominate them for a Dr. A. Brad Truax Award!
Submit by Sunday, October 5th, 2025



Each year, the San Diego HIV Planning Group recognizes individuals who have served the community and made outstanding contributions to the fight against the HIV/AIDS epidemic.

Submit your nominations at
tinyurl.com/TruaxNominate



DR. A. BRAD TRUAX AWARDS

CONVOCATORIA DE CANDIDATURAS

¿Conoce a alguien que haga todo lo posible para brindar un servicio que mejore la calidad de vida de las personas que viven con VIH / SIDA en San Diego?

¡Nomínelos para un premio Dr. A. Brad Truax!

Enviar antes del domingo 5 de octubre de 2025

Cada año, el programa de VIH de San Diego El Grupo de Planificación reconoce personas que han servido a la comunidad y han hecho contribuciones sobresalientes a la lucha contra la epidemia del VIH/SIDA.

**Envíe sus nominaciones a
tinyurl.com/TruaxNominateES**

NORTH REGION 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 OCTOBER 10, 2025
11:00 A.M. - 1:00 P.M.

649 W Mission Ave, Escondido, 92025

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



**LIGHT
REFRESHMENTS
WILL BE
PROVIDED!**

REUNIÓN DE PLANIFICACIÓN EN LA REGIÓN NORTE

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
- Involucrado en trabajo relacionado con el VIH



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

INFORMACIÓN DE LA REUNIÓN

**VIERNES, 10 DE OCTUBRE DE 2025
11:00 A.M. - 1:00 P.M.**

649 W Mission Ave, Escondido, 92025

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:



HPG.HHSA@sdcounty.ca.gov



**¡SE OFRECERÁN
REFRIGERIOS
LIGEROS!**

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 <u>two (2)</u> 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 <u>approve</u> 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.