

HIV Community Planning Council

FULL COUNCIL MEETING

Monday, September 22nd, 2025

25 Van Ness Ave Room 610

4:00-6:30 pm

HIV Community Planning Council Members Present: Chuck Adams, Robert Arnold, Erwin Barrios, Leroy Blea, Bill Blum, Anna Branzuela, Franco Chevalier, Ed Chitty, Zachary Davenport, Elaine Flores, Elyse Griffin, Ron Hernandez, Lee Jewell, Thomas Knoble, Nga Le, T. J. Lee-Miyaki, Helen Lin, Derrick Mapp, Marco Montenegro, Jon Oskarsson, Irma Parada, Nikos Pecoraro, Charles Siron, John Paul Soto, Manuel Vasquez

HIV Community Planning Council Members Absent: Jesus Guillen [E], Richard Sullivan [E], Laura Thomas [E]

Others Present: Troy Brynet, Matt Foreman, Jonathan Frochtzwaig, Molly Herzig, Martin Muneton, Elke Schoen, Isabel Shapson, Joe Tuohy

DPH Staff Present: Hanna Hjord, Beth Neary, Arpi Terzian

Support Staff Present: Mark Molnar, Kira Perez, Kat Tajgeer

Minutes

1. Call Meeting to Order and Roll Call. Introduction of Public. Co-Chair Welcome.

The meeting was called to order at 4:03 pm by CS Molnar. Roll Call was called; everyone introduced themselves and quorum was established.

2. Review and Approve September 22nd, 2025 DRAFT Agenda – VOTE

The September 22nd, 2025 DRAFT Agenda was reviewed and approved by consensus.

3. Review and Approve August 25th, 2025 DRAFT Minutes – VOTE

The August 25th, 2025 DRAFT Minutes were reviewed and approved by consensus.

4. Announcements

- CM Soto announced the Ending the Syndemic Symposium, which is being held September 23rd-September 25th. He encourages anyone who would like more information to reach out to him.
- CM Lee-Miyaki announced that CM Mapp and CM Chevalier are receiving awards from HAN that evening.

5. Public Comment

- None.

6. Staff Announcements

- CS Tajgeer reminds members of the public to please sign in on the sign-in sheet.
- CS Perez reminds council members to fill out their surveys.

7. Needs Assessment Report

- CS Perez and CS Tajgeer present the 2025 Needs Assessment, which focused on people living with HIV (PLWH) over 65 years old and yielded a total of 57 participants.
- CS Tajgeer reviews the self-reported participant data, including age, how long they have been living with HIV, what modes of transportation they use, how many medications they are taking, what other diagnoses they are managing, and how they purchase their groceries. She highlights the results of the Service Category Ranking exercise, with Primary Medical Care ranked highest,

followed by Mental Health Services and Food. In Primary Medical Care, folks had concerns about losing access to their benefits under the current political administration, losing knowledgeable doctors, and medication overload. Participants also highlighted how key their relationship with their primary care provider can be. For Mental Health Care, participants spoke about the role mental health plays in quality of life and discussed feeling retraumatized from the early days of the HIV epidemic. For Housing, participants noted concerns that housing doesn't feel adequate, safe, supportive, or affordable. Participant interviews revealed that aging with HIV, quality of life, and mental health were among the top concerns.

- CS Tajgeer reviews the three recommendations that came out of the Needs Assessment.
 - CM Hernandez asks how many participants were unhoused and if there were any talks about isolation.
 - ❖ CS Perez says none of the participants reported being unhoused. There were talks about isolation, but it was not a recurring theme.
 - CM Chevalier asks about the medication overload that participants spoke about.
 - ❖ CS Perez notes that participants spoke about medication fatigue and feeling tired of being on so many medications, but that they were aware they needed to stay on their meds.
 - CM Knoble says they struggle with determining where the concerns are aging-related or HIV-related. They note that people who have engaged with the system of care for so long must be savvy. Additionally, folks getting on long-acting injectables might be helpful in reducing the amount of medications they are taking.
 - CM Lee-Miyaki would like to know the breakdown of medications moving forward, such as HIV specific ones, mental health ones, etc. This information would be helpful in determining what is related to HIV and what is related to aging.
 - CM Flores speaks to her loved one's difficulties navigating adequate nutrition information and how that can impact someone's well-being. She suggests having a training for providers on nutrition.
 - CM Chitty asks if there is a list of long-term care facilities that can help take care of folks who are aging?
 - ❖ CM Blum says there are only a few sites.
 - i. CM Vasquez adds that there is a list of these sites.
 - CM Mapp asks if there was a way to separate stressors and anxieties from other mental health concerns.
 - ❖ CS Perez says there was a survey question that asked if people were experiencing any mental health challenges, and that in the discussion portion, participants were speaking to various stressors in their lives.
 - CM Blea says this was a great presentation. He says the state is interested in developing more quality of life indicators for those aging with HIV.
 - CM Chevalier speaks to dental challenges he sees his patients experience. He says, as a provider, he sometimes struggles to find resources for folks who are looking for dental or vision assistance.
 - CM Lee-Miyaki references the data snapshot regarding how long folks have been living with HIV and speaks to how interesting it is that there were no participants who have been living

with it for 11-20 years and wonders if there was anything being done during those years that helped prevent new cases.

- Public comment, Troy Brynet: speaks to the idea of changing medications and notes that many people don't want to have to go through that after you've settled on one you're comfortable with. He notes that dental care has been a challenge, that it is difficult but can be addressed with a healthcare team. He adds that housing has become even more stressful during this time.

8. Service Summary Sheets, Part 2

- CS Molnar notes this is Part 2 of the Service Summary Sheets presentation from last month. He asks if there are any follow-up questions from Part 1 of the presentation.
- CM Blum provides a brief explanation of the Service Summary Sheets.

9. Break

10. HIV Epi Update

- Arpi Terzian presents the HIV Epidemiology report, reviewing the purpose of HIV surveillance and shares trends in new diagnoses, deaths, and prevalence. She notes there was a slight increase in new HIV cases in 2024 and that death rates for 2024 have not been released yet due to delays at the federal level. Terzian reviews populations of interest which include gay and bisexual men and other men who have sex with men (MSM), transgender persons, Black/African Americans, Latine/x, people experiencing homelessness (PEH), people who use drugs, and people who inject drugs (PWID). She highlights trends amongst MSM, trans women, and emerging trends amongst cis women. Overall, there has been a decrease in new HIV diagnoses over time, but new diagnoses have increased amongst Black/African Americans, Latine/x, cis women, and persons aged 30-39 years. New diagnoses among 50+ and PEH have declined. Linkage to care and viral suppression among people living with HIV continue to improve.
 - CM Lee-Miyaki notes, regarding overdose and heart disease, that it's doubled from 2012 to 2023. He asks if this is related to aging? For overdoses, would the data look different if the overdoses that occurred during COVID were taken out?
 - ❖ Terzian states that underlying causes of death will shift and change, noting that not all causes of death have doubled. She adds that aging does play a role in things, as did the COVID pandemic.
 - CM Oskarsson notes the doubling of new diagnoses in 2024 for cis women, and asks Terzian if she has a sense of where these women are being captured?
 - ❖ Terzian notes the increase is significant and they've been trying to explore and do a deeper dive into this population. There's a lot happening in this group and this uptick has been noticed in other jurisdictions on the West coast, too.
 - CM Branzuela says it would be helpful to know where people are testing so they know where resources should be allocated.

11. Resource Allocation – VOTE

- CS Molnar reviews the decreased funding, increased funding, and flat funding scenarios.
 - **Decreased Funding:** In the event of decreased funding, for the first 10% of reductions, allocation for services that are covered under California's essential health benefits package* will be reduced proportionately. If further reduced allocation is required, reductions will occur proportionately across all service categories.

- ❖ Beth Neary presents funding scenarios to display what the various levels of funding would look like.

Motion to approve the decreased funding scenario passes through a roll call vote, refer to column (3).

- **Flat Funding:** If funding remains at the current level, service category resource allocation will remain level across all categories.

Motion to approve the flat funding scenario passes through a roll call vote, refer to column (4).

- **Increased funding:** If increased funding occurs, service category resource allocation will be increased proportionally across all service categories not covered under California's essential health benefits package.

Motion to approve the increased funding scenario passes through a roll call vote, refer to column (5).

- CS Molnar reviews the HHS recommendations on the Minority AIDS Initiative. He notes there is a recommendation on the floor coming from the Steering Committee, but there is no motion on the floor, and this will need to be moved and seconded.
- CM Blum explains the HHS recommendations.
 - **Minority AIDS Initiative (MAI):** Funding for RWPA MAI will be allocated to the funding categories of mental health at 33% of the total award and medical case management at the remaining 67% of the award.

Motion: CM Lee-Miyaki motions to accept the Minority AIDS Initiative resource allocation as written.

Second: CM Siron seconds this motion.

Motion to approve the HHS recommendation as written passes through a roll call vote, refer to column (6).

12. Service Category Prioritization – VOTE

- The Council breaks into small groups to discuss their service category prioritization.

Motion: CM Jewell motions to accept the group's rankings for 2026.

Second: CM Siron seconds this motion.

Motion passes through consensus, refer to column (7).

13. Next Meeting Date & Adjournment

The next meeting is scheduled for Monday, October 27th, 2025, 4:00 – 6:30 pm at 25 Van Ness, 6th floor conference room.

Meeting was adjourned at 6:30 PM by CM Parada.

Full Council Meeting

HIV Community Planning Council

Roll Call: **P**=Present; **A**=absent; **E**=Excused; **L**=Leave of Absence

Votes: **Y**=Yes; **N**=No; **B**=Abstain; **R**=Recused (deduct from quorum)

Date: September 22, 2025	[roll]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[10]
Chuck Adams	P	Y	Y	Y	Y	Y	Y	Y			
Robert Arnold	P	Y	Y	Y	Y	Y	Y	Y			
Erwin Barrios	P	Y	Y	A	A	A	A	A			

Leroy Blea	P										
Bill Blum	P										
Anna Branzuela	P	Y	Y	Y	Y	Y	Y	Y			
Franco Chevalier	P	Y	Y	Y	Y	Y	Y	Y			
Ed Chitty	P	Y	Y	Y	Y	Y	Y	Y			
Zachary Davenport	P	Y	Y	Y	Y	Y	Y	Y			
Elaine Flores	P	Y	Y	Y	Y	Y	Y	Y			
Elyse Griffin	P	Y	Y	Y	Y	Y	Y	Y			
Jesus Guillen	E	-	-	-	-	-	-	-			
Ron Hernandez	P	Y	Y	Y	Y	Y	Y	Y			
Lee Jewell	P	Y	Y	Y	Y	Y	Y	Y			
Thomas Knoble (Co-Chair)	P	Y	Y	B	B	B	B	Y			
Nga Le	P	Y	Y	Y	Y	Y	Y	Y			
T.J. Lee-Miyaki	P	Y	Y	Y	B	B	Y	Y			
Helen Lin	P	Y	Y	Y	Y	Y	Y	Y			
Derrick Mapp	P	Y	Y	Y	Y	Y	Y	Y			
Marco Montenegro	P	Y	Y	Y	Y	Y	Y	Y			
Jon Oskarsson	P	Y	Y	B	B	B	Y	Y			
Irma Parada	P	Y	Y	Y	Y	Y	Y	Y			
Nikos Pecoraro	P										
Charles Siron	P	Y	Y	Y	Y	Y	Y	Y			
John Paul Soto	P	Y	Y	Y	Y	Y	Y	Y			
Richard Sullivan	E	-	-	-	-	-	-	-			
Laura Thomas	E	-	-	-	-	-	-	-			

Manuel Vasquez	P	Y	Y	Y	Y	Y	Y	Y			
Ayes		22	22	19	18	18	20	21			
Nayes		0	0	0	0	0	0	0			
Abstain		0	0	2	3	3	1	0			
Recusal		0	0	0	0	0	0	0			
Total	25	22	22	21	21	21	21	21			