HIV Community Planning Council

FULL COUNCIL MEETING

Monday, September 28th, 2026

25 Van Ness Ave Room 610

4:00-7:00 pm

HIV Community Planning Council Members Present: Chuck Adams, Robert Arnold, Erwin Barrios, Leroy Blea, Bill Blum, Anna Branzuela, Jesse Brooks, Ed Chitty, Elaine Flores, Ron Hernandez, Lee Jewell, Thomas Knoble, Nga Le, T. J. Lee-Miyaki, Jon Oskarsson, Irma Parada, Andre Robertson, Johnny Rodriguez, Charles Siron, John Paul Soto, Richard Sullivan, Laura Thomas
HIV Community Planning Council Members Absent: Zachary Davenport [LOA], Derrick Mapp [E]
Others Present: Stephen Spano, Arpi Terzian
DPH Staff Present: John Aynsley, Natalie Basha, Hanna Hjord
Support Staff Present: Mark Molnar, Kira Perez, Kat Téllez

Minutes

1. **Call Meeting to Order and Roll Call. Introduction of Public. Co-Chair Welcome.**
   The meeting was called to order at 4:08 pm by CS Molnar. Roll Call was called; everyone introduced themselves and quorum was established.
2. **Review and Approve September 28th, 2026 DRAFT Agenda – VOTE**
   The September 28th, 2026 DRAFT Agenda was reviewed and approved by consensus.
3. **Review and Approve August 24th, 2026 DRAFT Minutes – VOTE**
   The August 24th, 2026 DRAFT Minutes were reviewed and approved by consensus.
4. **Announcements**
   - CM Le shared that Marin County is holding their community forum on Wednesday, October 21, 2026, at 5:30 PM. The community forum will discuss HIV & Aging, as well as feedback about Marin County services.
   - CM Blum announced that Tangerine Brigham has resigned and will soon begin working in Contra Costa County. He highlighted that Brigham has been a long-time champion for HIV.
5. **Public Comment**
   - Stephen Spano announced that the AIDS Legal Referral Panel (ALRP) will be having their annual fundraiser on Thursday, October 22, 2026.
6. **Conflict of Interest Declaration**
   - CS Molnar noted that everyone will need to update their Conflict of Interest (COI) form, which will now be done annually at the Priority Setting & Resource Allocation meeting. He asked everyone to update their form, sign, and return to CS Perez. CS Molnar requested that the council members verbally state their name and their conflicts of interest, if any.
7. **HIV Epidemiology Report**
   - Arpi Terzian introduced the HIV Epidemiology Report and provided an overview of the presentation. Terzian reviewed the number of people newly diagnosed with HIV, people living with HIV (PLWH), and deaths in 2025, noting a slight decrease in new HIV diagnoses. Terzian reviewed the demographics of people newly diagnosed with HIV by gender, race/ethnicity, transmission risk, and

residence of diagnosis. Terzian added that cis men account for 75% of new diagnoses, men who have sex with men (MSM) and men who have sex with men and people who inject drugs (MSM-PWID) accounted for 65% of new diagnoses, the largest proportion in 2025. Terzian noted that new diagnoses have decreased 75% since 2006, and no child has been diagnosed since 2005. Terzian noted that the number of new diagnoses has decreased but the rate of decline has slowed. Demographic disparities still exist with the number of new diagnoses highest in the Latine/x/o/a community, and the rate of diagnoses highest in Black/African Americans. She added that the uptick in new diagnoses in cis women in 2024 was not observed in 2025. Terzian reviewed the stage of disease by demographics information including sex, age group, transmission category, and race/ethnicity. Terzian added that demographic disparities in late-stage diagnoses persist with an uptick in late-stage diagnoses among Latine/x/o/a, people with other/unknown race/ethnicity, and people aged 50 years and older. Terzian reviewed trends along the HIV care continuum, noting that milestones and disparities exist along this continuum. She highlighted that linkage to care is typically fast, with the median time between diagnosis and first care visit was one day, versus 43 days in 2020 and 33 days in 2024. She added that Black/African Americans, cis women, persons aged 25-29 years old, and those with heterosexual risk were less likely to achieve viral suppression. Terzian discussed San Francisco's (SF) progress towards Ending the HIV Epidemic (EHE) and how they track progress using surveillance data. Terzian reviewed the demographics of PLWH in SF by sex, age group, transmission category, and race/ethnicity. She noted that Black/African American and Latine/x/a cis women are disproportionately affected by HIV/AIDS relative to the female population in SF. Terzian reviewed an overview of mortality trends, noting that age-adjusted mortality rates are highest in Black/African American cis men, the top three causes of death are accidents (drug overdose), HIV, and heart disease, and that HIV-related deaths make up smaller proportions of all deaths.

- CM Jewell asked, regarding slide 13 and the map of the city, if Terzian can shed more light on why Lake Merced has a higher incident rate?
    - ❖ Terzian said there is a higher proportion of people of color and lower income folks in the area. She noted that the incident rate tracks with the social determinants of disease.
    - ❖ CM Knoble added that the neighborhood's population has shifted and Park Merced has gone through a few different transitions recently.
        - i. CM Lee-Miyaki asked if it would be possible to update the color scheme on slide 13 as the current colors make it difficult to see.
- CM Thomas noted the increasing death rate from drug overdoses. She added that it is a collective victory and success that HIV is a declining cause of death.
- CM Brooks noted the data on Black/African American cisgender, heterosexual women aged 25-29 and asked if Terzian has any idea why they are less likely to achieve viral suppression?
    - ❖ Terzian said there could be a number of factors including that some may not be aware of their diagnosis or status, or their partners may not be disclosing their status. She says this is in line with the social determinants of health and the multiple intersecting vulnerabilities.
- CM Knoble asked, on slide 18, with regards to the Latine/o/a/x late diagnoses, was this trending upwards over the years or was this a unique moment?
    - ❖ Terzian said this is a legitimate uptick and is different from years prior.

i. CM Oskarsson inquired about where these folks are getting diagnosed?
    - Terzian said that roughly 60% of new HIV diagnoses happen at SF General.
- CM Lee-Miyaki recalled the slide with drug overdose information and asked if the data is broken down between street drugs and other drugs? He added that there can be drug overdose deaths with elders who might accidentally overdose on their prescribed medications.
    - ❖ Terzian said that if that data is on the death certificate, then yes. She noted that this information does not always end up on death certificates and spoke to the complexity of them.

8. Break

9. Service Summary Sheets

- John Aynsley and Natalie Basha introduced the HHS Service Summary sheets for 2026. He shared the service category prioritization order, the 2025–2026 HHS funding summary, and demographic data by sex at birth, age, housing status, race/ethnicity, and viral suppression. He also reviewed the core services for 2025–2026, including units of service (UOS)/unduplicated clients (UDC), deliverables, budget, client demographics, and a ten-year history from 2014–2024. As an example, Aynsley reviewed Mental Health and discussed their deliverables, budget, client demographics, and history. He reviewed the support services and categories for 2025-2026, and their UOS/UDC. He noted the category "Legal" is now under the "Other professional services" category.
    - CM Branzuela acknowledged how challenging it is to work with HIV Care Connect (HCC).
    - CM Lee-Miyaki asked, regarding the substance abuse residential service category, why are some of the discrepancies happening?
        - ❖ Aynsley noted that the landscape has shifted since COVID-19. The service providers saw more clients pre-COVID, less clients post-COVID, and significantly less clients now. He discussed how this continues to impact this service category.
    - CM Thomas called attention to the rising cost of living, particularly the cost of food. She noted the price of food has gone up so dramatically since COVID-19 and a lot of agencies are still receiving the same funding, which means they are able to feed fewer and fewer folks.
    - Member of the public, Stephen Spano, thanked Aynsley for this presentation. He noted the one thing not in the report was about overperforming service categories. He added that any flat funding amounts to a cut to the service provider, and that service providers are doing more work for less money. Spano discussed the impacts that overprovision of services has on service providers.

10. Service Category Prioritization – VOTE

- CS Molnar opened the floor for council members to share their service category prioritization and why they chose the ranking they did. The group discussed the service category prioritization.
- CS Molnar noted suggested they revisit the prioritization, as "Legal Services" is no longer a service funded on its own and has been moved into the "Other Professional Services" category.

- CM Thomas discussed making a motion to replace the "Legal Services" prioritization with the "Other Professional Services" prioritization due to the "Legal Services" being sunset and included with "Other Professional Services".
    - ❖ CM Blum suggested adding language that specifies "Other Professional Services" includes Legal Services.

Motion: CM Thomas motioned to replace 4. "Legal Services" with 18. "Other Professional Services (including Legal Services)".
Second: CM Siron seconded this motion.
Motion passes through consensus, refer to column (1).

- CS Molnar noted the floor is now open for discussion or a motion for the 2027 prioritization.

Motion: CM Thomas motioned to accept the HRSA Service Categories as listed under the 2027 column as amended in the previous motion.
Second: CM Lee-Miyaki seconded this motion.
Motion passes through a roll call vote, refer to column (2).

11. Resource Allocation – VOTE

- CS Molnar reviewed the decreased funding, increased funding, and flat funding scenarios.
    - **Decreased Funding**: In the event of decreased funding that is not backfilled by the State Office of AIDS Ryan White Part B pharmacy rebate dollars, 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.

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

- **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 (5).

- **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 (6).

12. Minority AIDS Initiative – VOTE

- CS Molnar reviewed the HHS recommendations on the Minority AIDS Initiative. He noted that HRSA has said it needs to be separated out. He said this is not a motion on the floor and someone would need to move to accept the MAI recommendation as a motion.
    - **Minority AIDS Initiative (MAI)**: Funding for Ryan White Part A (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 Jewell motioned to accept the Minority AIDS Initiative recommendation as a motion.
Second: CM Brooks seconded this motion.
Motion to approve the HHS recommendation as written passes through a roll call vote, refer to column (3).

13. Next Meeting Date & Adjournment

The next meeting is scheduled for Monday, October 26th, 2026, 4:00 – 6:30 pm at 25 Van Ness, 6th floor conference room.

Meeting was adjourned at 6:31 PM by CS Molnar.

Full Council Meeting

HIV Community Planning Council

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

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

Date: September 28, 2026	[roll]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[10]
Chuck Adams	P	Y	Y	Y	Y	Y	Y				
Robert Arnold	P	Y	Y	R	Y	Y	Y				
Erwin Barrios	P	A	A	A	A	A	A				
Leroy Blea	P	Y	Y	Y	Y	Y	Y				
Bill Blum	P										
Anna Branzuela	P	Y	Y	Y	Y	Y	Y				
Jesse Brooks	P	Y	Y	Y	Y	Y	Y				
Ed Chitty (Present/Voted by Proxy – Thomas Knoble)	P	Y	Y	Y	Y	Y	Y				
Zachary Davenport (Co-Chair)	LOA	-	-	-	-	-	-				
Elaine Flores	P	Y	Y	Y	Y	Y	Y				
Ron Hernandez	P	Y	Y	Y	Y	Y	Y				
Lee Jewell	P	Y	Y	Y	Y	Y	Y				
Thomas Knoble (Co-Chair)	P	B	B	B	B	B	B				
Nga Le	P	Y	Y	Y	Y	Y	Y				
T. J. Lee-Miyaki	P	Y	Y	Y	Y	Y	Y				
Derrick Mapp (Co-Chair)	E	-	-	-	-	-	-				
Jon Oskarsson	P	Y	Y	R	Y	Y	Y				
Irma Parada (Co-Chair)	P	Y	Y	Y	Y	Y	Y				

Andre Robertson	P	Y	Y	Y	R	Y	Y				
Johnny Rodriguez	P	Y	Y	R	Y	Y	Y				
Charles Siron	P	Y	Y	Y	Y	Y	Y				
John Paul Soto	P	Y	Y	Y	Y	Y	Y				
Richard Sullivan	P	A	A	A	A	A	A				
Laura Thomas	P	Y	Y	Y	Y	Y	Y				
Ayes		18	18	15	17	18	18				
Nayes		0	0	0	0	0	0				
Abstain		1	1	1	1	1	1				
Recusal		0	0	3	1	0	0				
Total	20	19	19	16	18	18	18				