

HIV Community Planning Council

COUNCIL AFFAIRS COMMITTEE

Tuesday, September 9th, 2025

Zoom

3:00-4:30pm

Committee Members Present: Chuck Adams, Bill Blum, Anna Branzuela, Elyse Griffin, Thomas Knoble, Nga Le, T. J. Lee-Miyaki, Helen Lin, Marco Montenegro, Jon Oskarsson, Irma Parada

Committee Members Absent: None

Others Present: Arpi Terzian

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

Minutes

1. Introductions and Welcome

The meeting was called to order at 3:03 pm by CM Adams and everyone introduced themselves. Quorum was established.

2. Review/Approve September 9th, 2025 DRAFT Agenda – VOTE

The September 9th, 2025 DRAFT Agenda was reviewed and approved by consensus.

3. Review/Approve August 12th, 2025 DRAFT Minutes – VOTE

The August 12th, 2025 DRAFT Minutes were reviewed and approved by consensus.

4. Announcements

- CS Molnar reminds Committee members to turn in their prioritization worksheets if they have not already done so.

5. Public Comment

- None.

6. HIV Epidemiology Report – Arpi Terzian

- Arpi Terzian reviews 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 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 thanks Terzian for her presentation. He notes the slide that references mortality rates and asks if there are any specific variables that stick out as to the increased mortality rate for Black/African Americans?

- Terzian says she does not have the data off the top of her head.
 - ❖ CM Knoble says the overdose for the same population is something they have seen, noting departmental efforts with overdose prevention activities in the last 12 months which have focused specifically on older Black/African Americans.
- CM Knoble acknowledges the trauma the ARCHES team has dealt with in the past few years, especially with the hits to Public Health recently.
- CM Blum suggests sharing that this is city-wide data, as opposed to people that are clients of DPH. He also suggests edits to a few slides to provide further context on some of the data sets.

7. Needs Assessment Report – Kira Perez

- CS Perez shares the 2025 Needs Assessment data. She shares that the Community Engagement committee chose this year's target population to be people living with HIV over 65 years old. Outreach took place from March 2025 through September 2025, with facilitation and outreach efforts led by CS Perez and support from CS Tajgeer. There were a total of 54 participants and participation was incentivized with a \$50 Safeway gift card. CS Perez reviews data snapshots gathered and shares the service category ranking exercise results. She reviews the findings of the Needs Assessment service category discussion and notes that primary medical care, mental health care, and housing were most talked about. She shares the findings from the interview portion and shares that aging with HIV, quality of life, and mental health were most talked about. CS Perez asks the Committee to help shape the recommendations based on the information they have reviewed.
 - CM Griffin asks if folks were losing knowledgeable doctors because of retirement or them moving on?
 - CS Perez says folks didn't specify one way or the other, just that they knew they would have to deal with losing their doctor one day.
 - CM Lee-Miyaki asks, regarding the number of medications taken each day, do they know how many of those were HIV-specific medications?
 - CS Perez says they asked about overall medications, so they don't have the number of HIV-specific medications. She says they asked folks about other ailments/diagnoses they were managing in addition to HIV and was wondering if it would be helpful to include that to pair the data snapshots together.
 - ❖ CM Lee-Miyaki agrees it would be helpful to include.
 - CM Branzuela notes the importance of provider relationships and the impact of participant quotes. She suggests distributing these findings to providers.
 - CS Molnar suggests a key conclusion might be the centrality of the provider-client relationship. He says he also heard a possible recommendation in there around educating providers. He asks CM Branzuela how she would frame that education.
 - ❖ CM Branzuela says she would need to think about that.
 - CS Molnar asks if training medical providers in motivational interviewing would be beneficial.
 - CM Branzuela agrees and notes the strong provider relationships at Ward 86. She asks CM Oskarsson if those providers receive special training.
 - CM Oskarsson emphasizes the value of consistent mental health care and strong provider-patient relationships. He notes the friction between pressure for productivity and

participant's fears of losing access to trusted providers. Participants value relationship-based care, which conflicts with shorter appointments.

- CS Molnar says this seems like a strong conclusion, though not necessarily a recommendation.
 - ❖ CM Oskarsson says what he thinks they're hearing from participants is that people are putting high value on both having access to care and access to quality care.
 - CS Molnar says he thinks this would be a good conclusion, but not a recommendation since it does not seem participants identified a gap in accessing quality care. He asks CS Perez if participants spoke to feeling like there was a gap in care.
 - CS Perez says no, she heard consistently that participants were still able to access this kind of quality care.
- CM Lin asks about the participant quote about care feeling like a "revolving door" and asks if that is a gap in care—that patients feel like they were in a revolving door? Can she elaborate?
 - CS Perez says this comment was more about the timing of their appointment, not necessarily the quality. The length of their appointment felt shorter than they would like.
 - ❖ CS Molnar suggests changing the phrasing of that as it does not encapsulate the correct feeling and to indicate that they are feeling rushed at their appointments.
- CM Lee-Miyaki speaks to the prior "revolving door" mention and shares that he thought it was in line with participant's points about mental health care. He discusses concerns around mental health care, particularly around turnover rates for mental health care providers.
 - CS Molnar asks council staff if they had anything to add about mental health.
 - ❖ CS Perez says participant feedback echoed what CM Lee-Miyaki brought up.
 - CS Tajgeer adds that survivor's guilt and trauma were common themes and suggested recommending trauma-informed training for mental health providers.
 - CS Molnar says council staff will work on conclusions and recommendations and will share them with the Community Engagement committee for feedback.
- CM Blum suggests recommending that HIV Health Services (HHS) distribute the findings of the Needs Assessment with providers. He also adds consideration around different modalities to address socialization and mental health that are not individual therapy.

8. Resource Allocation – VOTE

- CS Molnar reviews the Resource Allocation Funding Scenarios for decreased, flat, and increased funding. He notes this is already a motion on the floor, so it does not need to be moved or seconded.
 - **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 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 passes through a roll call vote, refer to column (4).

- **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.

Motion passes through a roll call vote, refer to column (5).

9. Next Meeting Date & Agenda Items – VOTE

The next Council Affairs Committee is scheduled for October 14th, 2025 from 3:00 – 4:30 pm.

10. Adjournment

Meeting adjourned at 4:40 pm by CM Adams.

Council Affairs Committee

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)

September 9, 2025

	roll	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]
1. Chuck Adams (Co-Chair)	P	Y	Y	Y	Y	Y				
2. Bill Blum	P									
3. Anna Branzuela	P	Y	Y	Y	Y	Y				
4. Elyse Griffin	P	Y	Y	Y	Y	Y				
5. Nga Le	P	Y	Y	Y	Y	Y				
6. Helen Lin (Co-Chair)	P	Y	Y	Y	Y	Y				
7. Marco Montenegro	P	Y	Y	A	A	A				
8. Jon Oskarsson	P	A	A	Y	Y	Y				
9. Irma Parada	P	Y	Y	Y	Y	Y				
10. Thomas Knoble	P	Y	Y	A	A	A				
11. T. J. Lee-Miyaki	P	Y	Y	Y	Y	Y				

Ayes		9	9	8	8	8				
Nayes		-	-	-	-	-				
Abstain		-	-	-	-	-				
Recusal		-	-	-	-	-				
Total	11	9	9	8	8	8				