

Welcome Community Advisory Board San Mateo County

December 9, 2025



SAN MATEO COUNTY HEALTH
**PUBLIC HEALTH,
POLICY & PLANNING**

Agenda

Welcome & Introductions – All

Review & Approve of today's agenda – All

General Updates – Anna/Marissa

- Edison and Public Health, Policy and Planning (PHPP) Updates
- Ryan White Services Report (RSR)

New Business & Community Updates – All, Facilitated by Anna

- San Mateo County Presentation SF HIV Planning Council Annual Report 10/27//2025
- SF HIV Epi Report 2024 presented at SF HIV Planning Council
- Community Board Member and Meeting Attendees Updates

Proposed Agenda Items and Dates for Next Meeting – All

Edison Updates

Psychiatric Social Worker

- Hire date January – currently in final interview phase

Client Survey

- Using survey results to improve services
- New survey will be released January through June 2026
 - Any suggestions on how to increase participation (QR code and linking in MyChart)
 - Last survey only 50 clients completed
- New questions will be added related to:
 - Use of MyChart and access
 - Access to provider and impact on relationship with providers
 - Interpreting information about health status and possibly adding video component to increase understanding

MOBILE CLINIC

San Mateo County Mobile Clinic provides convenient and confidential medical care to adults 18 years and older.

We provide high-quality, immediate health care services within our County to people experiencing homelessness and individuals who are uninsured, insured with Medi-Cal, Medi-Care, or San Mateo County (ACE) health insurance. No appointment needed.



Services may include a copay and/or service fee.

Clinic services offered:

- **Urgent care:** illness and injury treatment
- **Screenings:** blood pressure, blood sugar checks, Tuberculosis, pregnancy, STIs
- **Adult vaccinations**
- **Adult school/work physicals:** physical forms are required
- **Family planning:** counseling, emergency contraception, prevention
- **Referrals and information for mental health services**
- **Needle exchange**
- **Bridge to primary care**

Mobile Clinic Locations by City and Day of the Week

Hours of operation are subject to change.

Last patient check in is generally 30 minutes before clinic end time. Patient registration may close early if the clinic is at capacity.

Thanksgiving Week Hours

Tuesday (11/25) – San Mateo Medical Center Parking Lot
225 37th Avenue, San Mateo, 10:00-1:00

Wednesday (11/26) San Mateo Medical Center Parking Lot
225 37th Avenue, San Mateo, 12:00 – 4:00

Thursday (11/27) CLOSED

Friday(11/28) CLOSED

After Thanksgiving Week

Mondays - South San Francisco

10:00am – 4:00pm

Closed for lunch 1pm – 1:30pm

Maple Ave & Miller Ave

Parking Lot # 7

South San Francisco

Tuesdays – Redwood City

9:00am – 1:00pm

Fair Oaks Community Center

2600 Middlefield Road, Redwood City

Wednesdays – San Mateo

12:00pm – 6:00pm

Closed for lunch 3pm – 3:30pm

San Mateo Medical Center Parking Lot

225 37th Avenue, San Mateo

Thursdays – San Mateo

8:30am – 12:30pm

1:30pm – 5:30pm

San Mateo Medical Center Parking Lot

225 37th Avenue, San Mateo

Please note: We do not offer initial tuberculosis (TB) skin testing on Thursdays.

Fridays – San Mateo

10:00am – 3:00pm

Closed for lunch 12:30pm – 1pm

San Mateo Medical Center Parking Lot

225 37th Avenue, San Mateo

Last updated:11/25/2025

RSR - now available! - please work off of emailed list



HIV Care Connect

🕒 1 H 59 M

Marissa Wagner Management Analyst

[? Help Topics](#)

Log Out

The 2025 Ryan White Services Report (RSR) is now available under the Reports tab. Please review your data to prepare for submission. The Office of AIDS will host an HCC RSR webinar in January 2026 (invitation to follow). For any questions or concerns, please contact CEMS@cdph.ca.gov.

DASHBOARD CLIENTS STAFF AGENCY UTILITIES **REPORTS**

RSR CAPER Tableau

Ryan White HIV/AIDS Services Report (RSR)

Agency

Select

EHB Code

Report Year

2025 x v

Reporting From Date

01/01/2025 📅

Reporting To Date

12/31/2025 📅

Client ID

Custom date range

RSR Validation Report

Include Medical Data

Select

Sort By

Select

Data Elements

Select

Report

San Mateo County SF HIV Planning Council Annual Report Presentation

Oct 27, 2025



Anna Branzuela, Clinical Services Manager
STI/HIV and TB Program



Asa Ohsaki, Epidemiologist II



SAN MATEO COUNTY HEALTH

**PUBLIC HEALTH,
POLICY & PLANNING**



Overview

- Geographic Location of San Mateo County and Impact on Access to Care
- Care systems serving the community
- 2024 HIV Data
- Review of Funding, Prioritization and Community Advisory Board
- Edison Clinic Updates
- Program and Community Interventions



SAN MATEO COUNTY HEALTH
**PUBLIC HEALTH,
POLICY & PLANNING**

Geographic Location of San Mateo County (SMC)

- SMC has +20 cities
 - Population (747,777)
 - San Francisco (842,027)
 - Santa Clara (1,921,406)
- SMC is located between (2) high morbidity jurisdictions
 - San Francisco County
 - Santa Clara County
- SMC has both suburban/rural areas
- SMC residents frequent adjacent counties (work, social, health care)
 - *Estimate 30% of SMC men who have sexual contact with men population seek sexual health services in San Francisco (SF)*



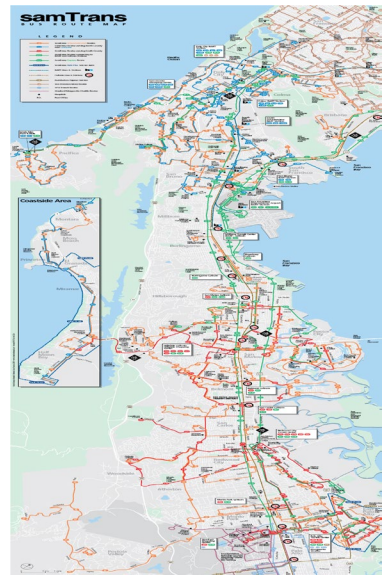
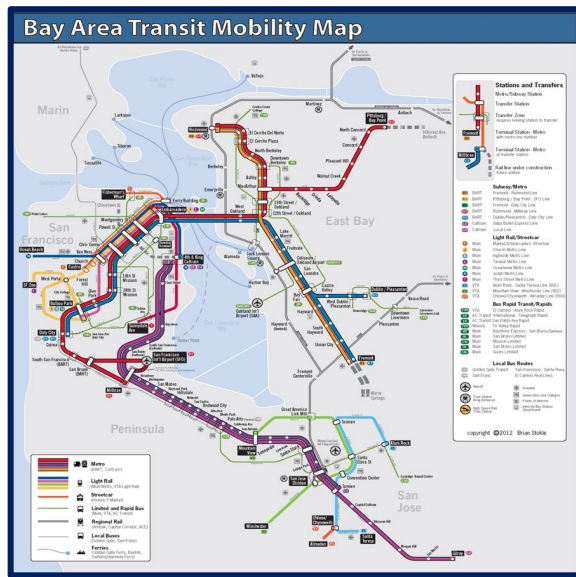
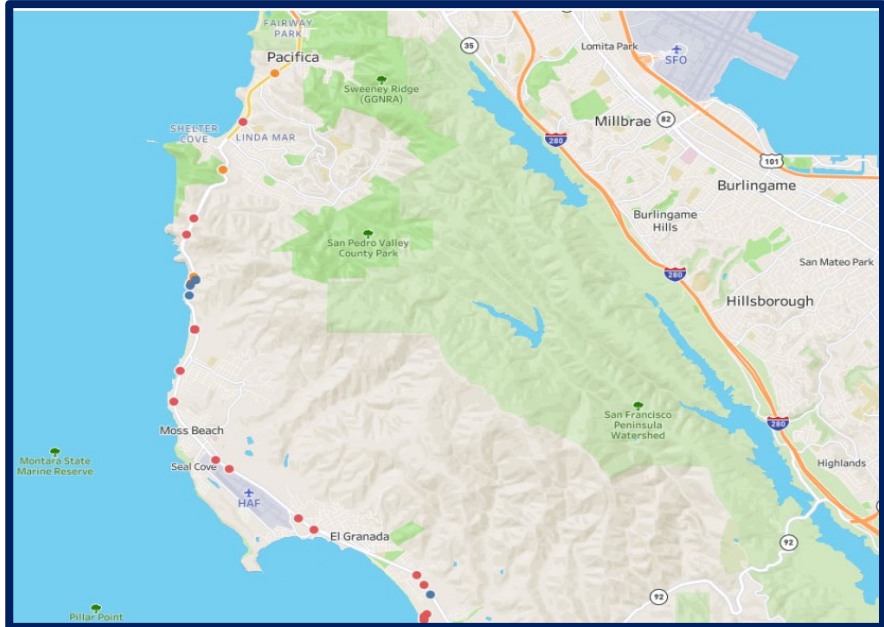
● Cell Phone Reception “Dead Zones” mostly along the coast side

Geographic distance is more than an inconvenience—it’s a barrier to essential care.

In rural communities like Pescadero, where many agricultural workers both live and work, San Mateo Medical Center is approximately 35 miles away (45 min – 1hr by car, 1.5-2 hrs by mass transit).

For individuals living with HIV, even something as simple as rescheduling an appointment can become a major obstacle. Limited cell phone reception during work hours and clinic closures by the time they return home create real, preventable barriers to care.

The STI/HIV Program Linkage/Retention to Care Communicable Disease Investigator plays a critical role in supporting retention by reaching out to clients after clinic hours—bridging the gap when traditional healthcare systems fall short.



Care Systems Serving the Community

- San Mateo Medical Center - (San Mateo)
 - **Edison Clinic -HIV, TB, ID and STI Clinic**
 - Emergency Department (ED) – non-trauma



Public Health Policy & Planning (PHPP)

• Street Medicine

To reach homeless individuals where they are, the Street Medicine program offers comprehensive services to people experiencing homelessness, whether they are living on the streets or in tent encampments.

Schedule: Monday, Tuesday, and Thursday at various locations in San Mateo County

• Field Medicine Team

Aims to provide comprehensive healthcare services to farmworkers and their families at the places where they live, eat, and work.

Schedule: Pescadero: Monday-Thursday Half Moon Bay: every Thursday

• SMC Mobile Clinic – (So SF, RWC, San Mateo)

Serves San Mateo County residents who have Medi-Cal, Medicare, Access and Care Everyone (ACE – local funded health care for low income who do not qualify for other health insurance) coverage, or no insurance. The Mobile Clinic provides services to adults aged 18 and over. *Urgent care, screenings (blood pressure, blood sugar checks, TB, Pregnancy, STIs), vaccinations, referral for mental health, needle exchange, bridge to primary care.*



County Clinics – Daly City, Fair Oaks Health Center (RWC), Coastside (HMB)

Primary care for adult/children, Family Planning, Women's Health, OB/GYN, STI testing, Mental Health and Behavioral Health Rehabilitation Services

- Mills Peninsula Medical Center -Sutter Health (Burlingame)
 - Kaiser (South San Francisco, Redwood City, San Mateo)
 - AHMC Seton Medical Center (Daly City)
- All above sites have ED. SMC does not have Level 1 Trauma ED – Stanford Health in Palo Alto or ZSFGH in SF*
- Ravenswood Health Center – Federally Qualified Health Center (FQHC) – East Palo Alto
 - Planned Parenthood Mar Monte (Redwood City)
- Closed South San Francisco/San Mateo PP Office in 2025. Over 6k clients a year were served at these sites; Redwood City and Oakland (12th St BART) sites will increase capacity.*

HIV Data - 2024

- Data from the September 30, 2025 dataset from the electronic HIV/AIDS Reporting System of California (eHARS)
- Data are preliminary and subject to change



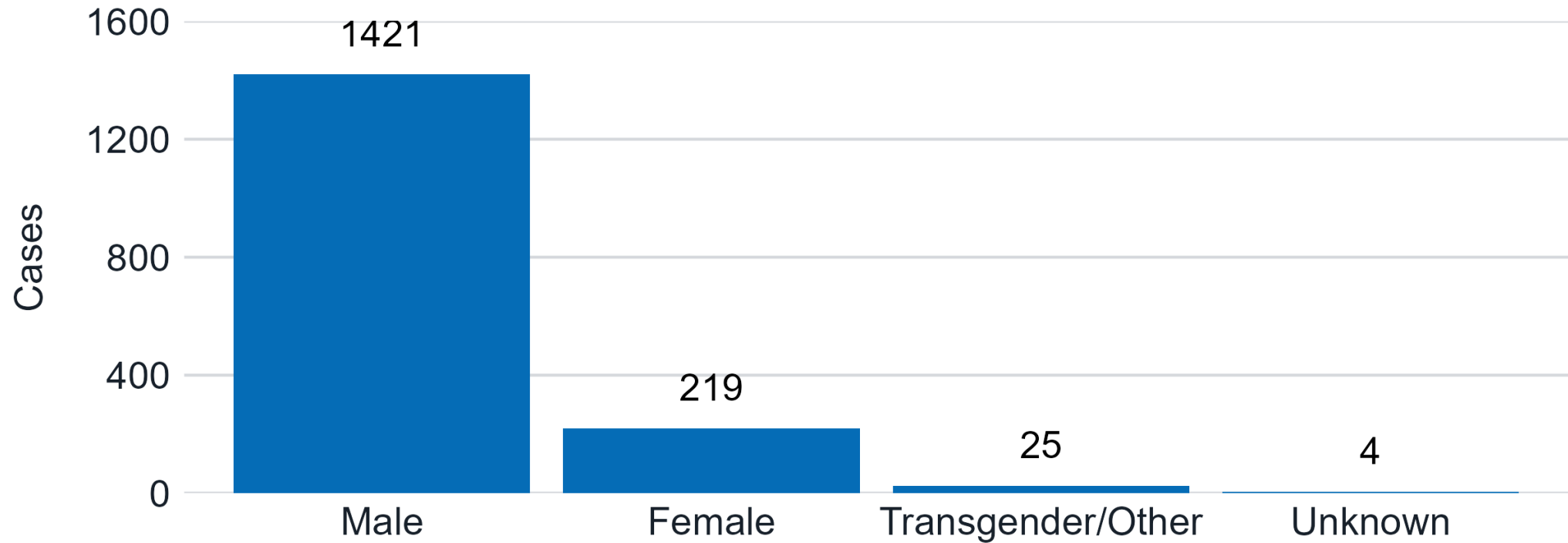
People living with HIV in San Mateo County

As of December 31, 2024, there were 1,669 people living with HIV (PLWH) in San Mateo County

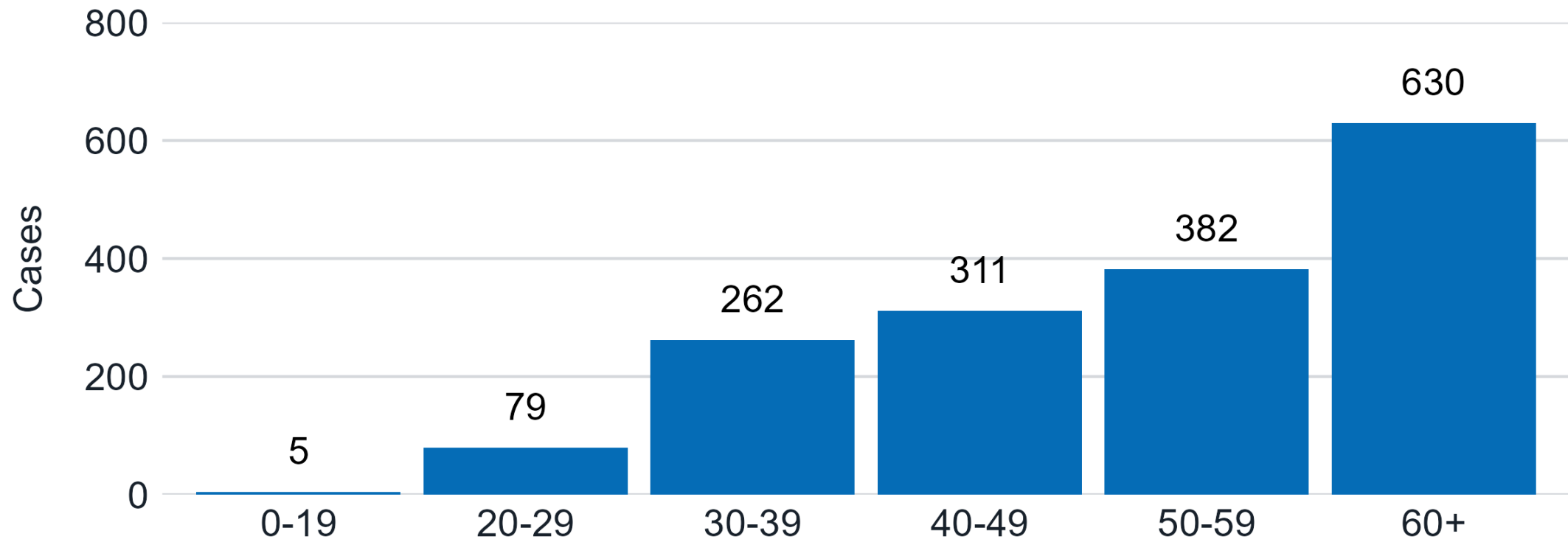


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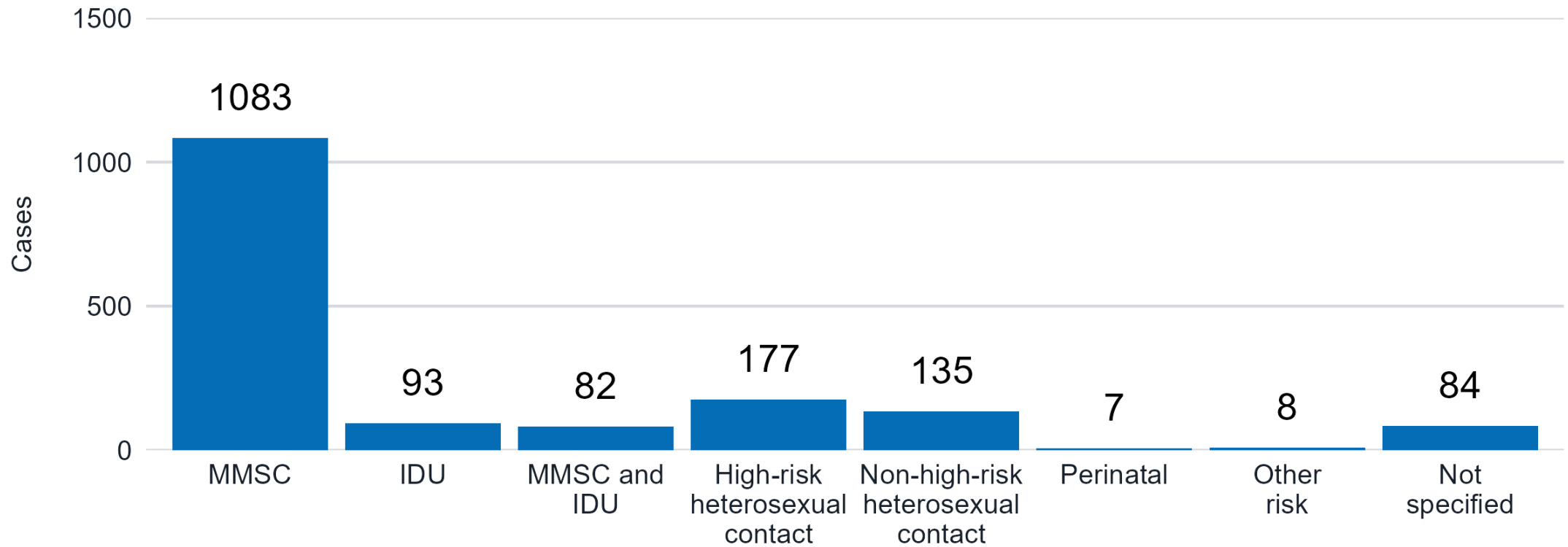
85.1% of PLWH in San Mateo County are male



37.7% of PLWH are over the age of 60, reflecting a growing aging population



64.9% of PLWH reported MMSC as a transmission category



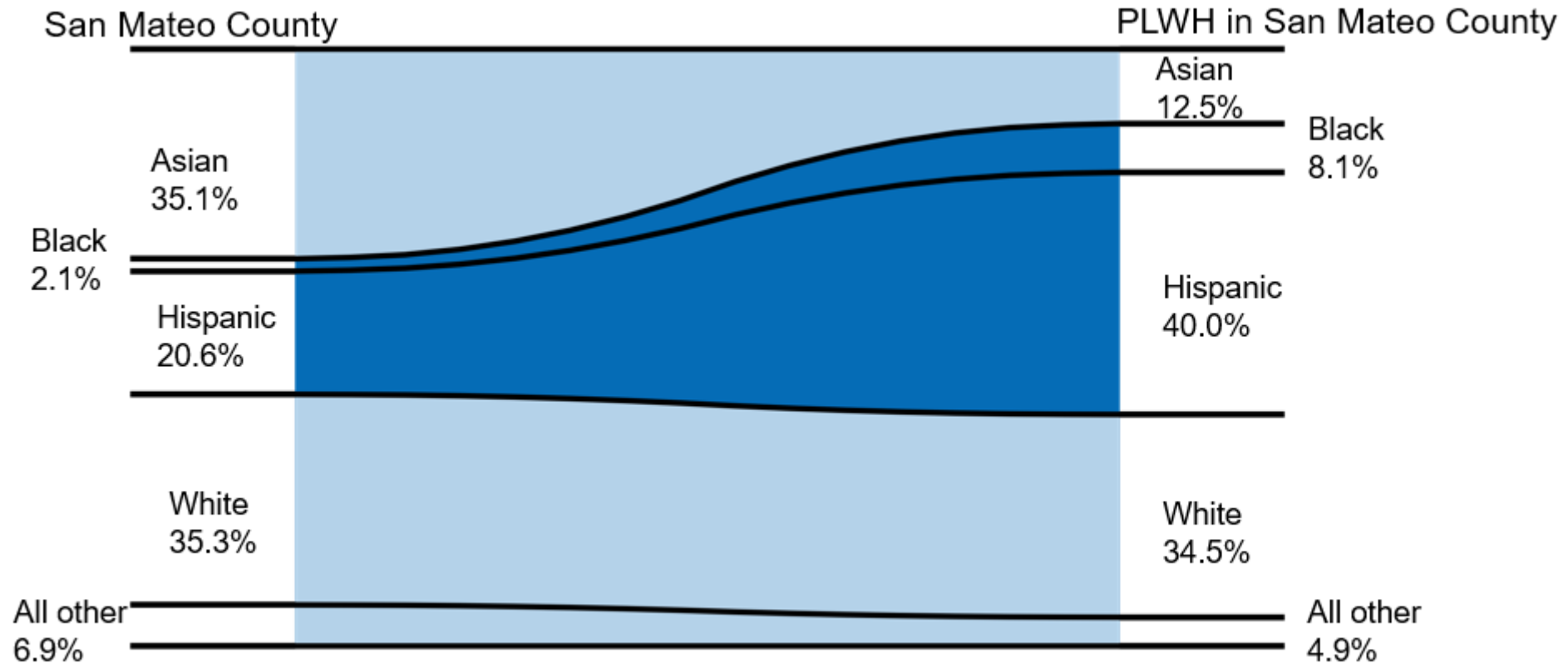
MMSC: male-to-male sexual contact. IDU: injecting drug use. High-risk heterosexual contact: heterosexual contact with a person known to have HIV or engaged in an activity that put them at high risk for HIV (i.e. MMSC, IDU). Non-high-risk heterosexual contact: persons with no other identified risk who reported engaging in heterosexual intercourse.



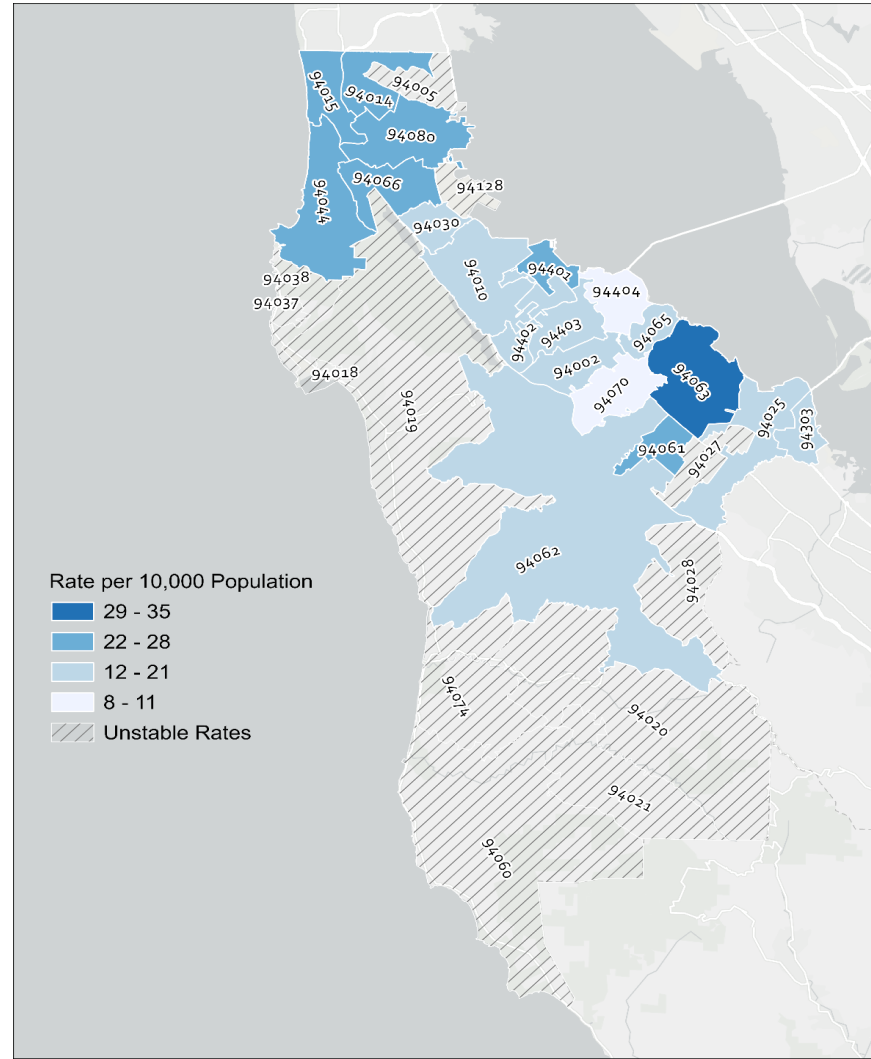
Hispanic or Latino individuals are 40% of all PLWH and people of color make up about 60% of PLWH

Race/Ethnicity	n	Percent
American Indian or Alaska Native	4	0.2
Asian	209	12.5
Black or African American	136	8.1
Hispanic or Latino	667	40.0
Native Hawaiian or Pacific Islander	18	1.1
Multiracial	45	2.7
White	575	34.5
Other	15	0.9

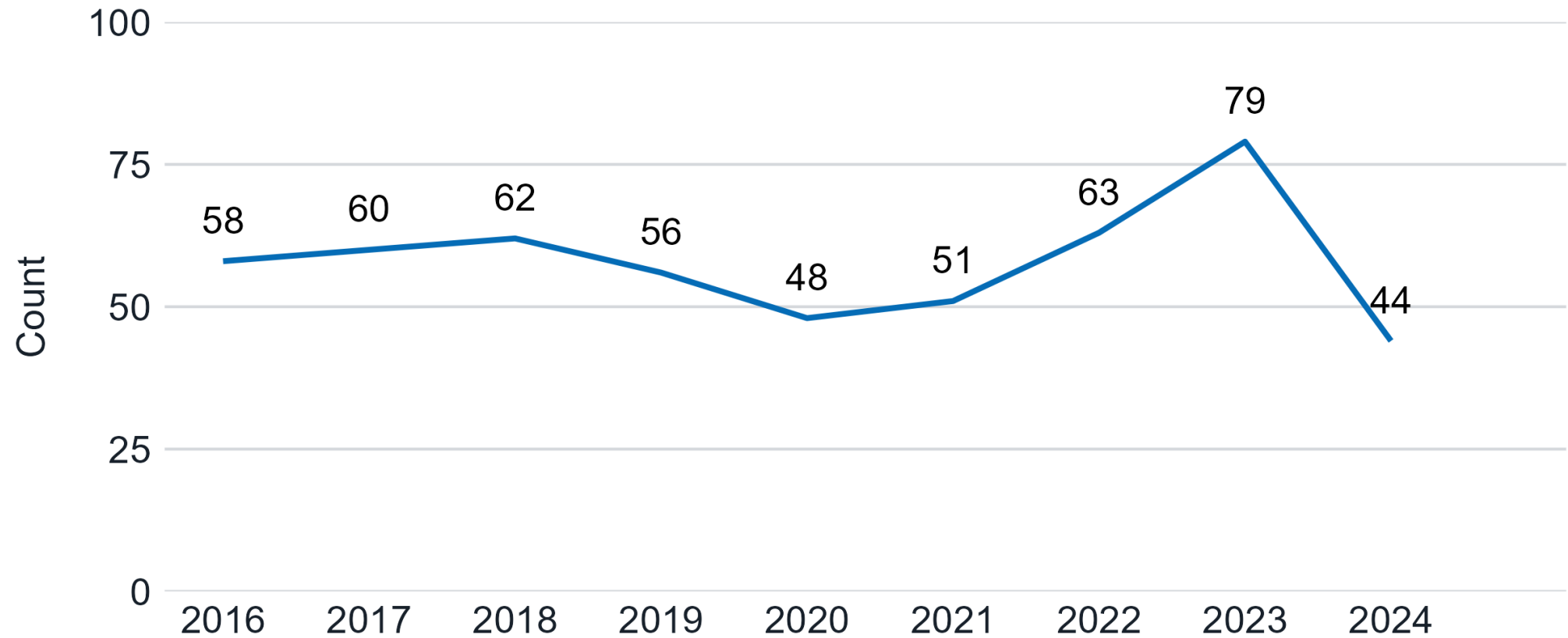
Compared to the demographics of San Mateo, Black/African American and Hispanic/Latino individuals are overrepresented among PLWH



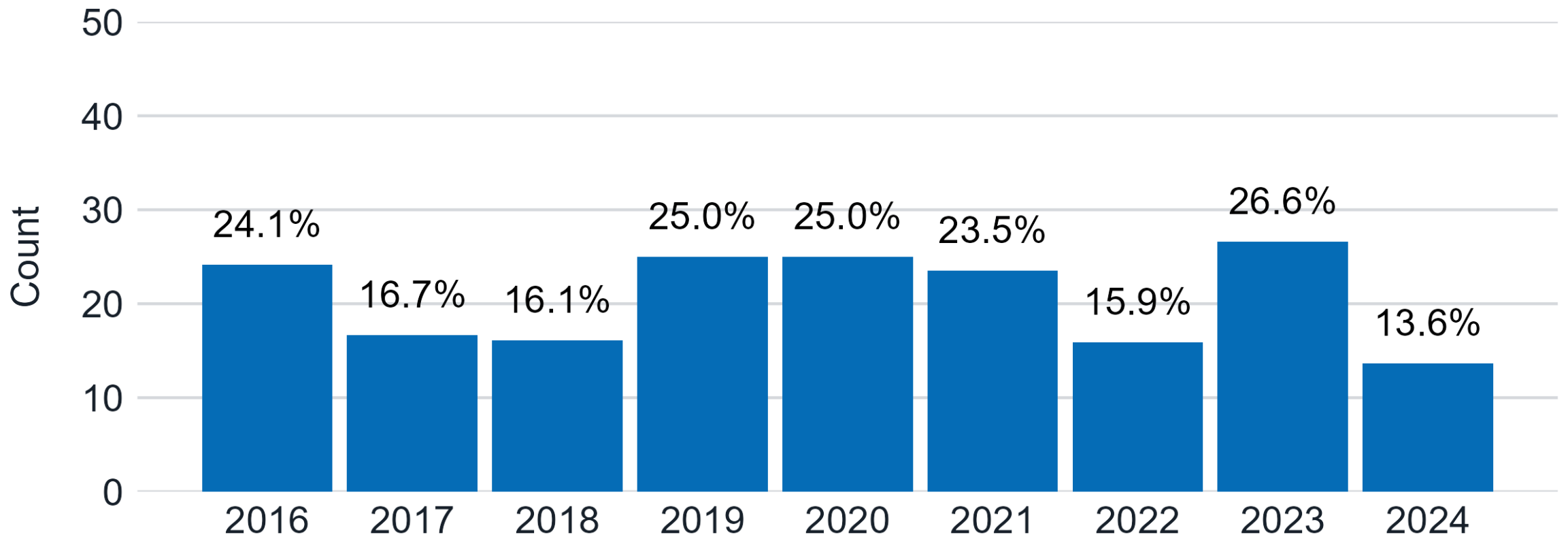
Zip codes with the highest rates of PLWH are in Redwood City, San Mateo, Colma, South San Francisco, and Pacifica



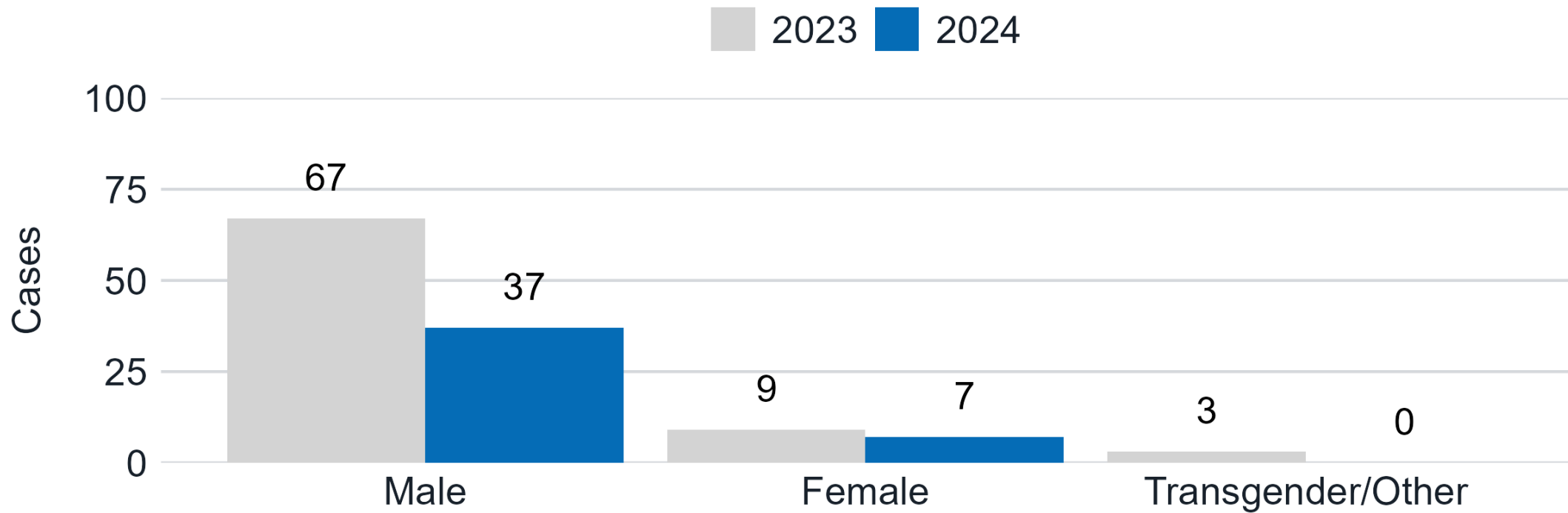
The number of new diagnoses decreased in 2024



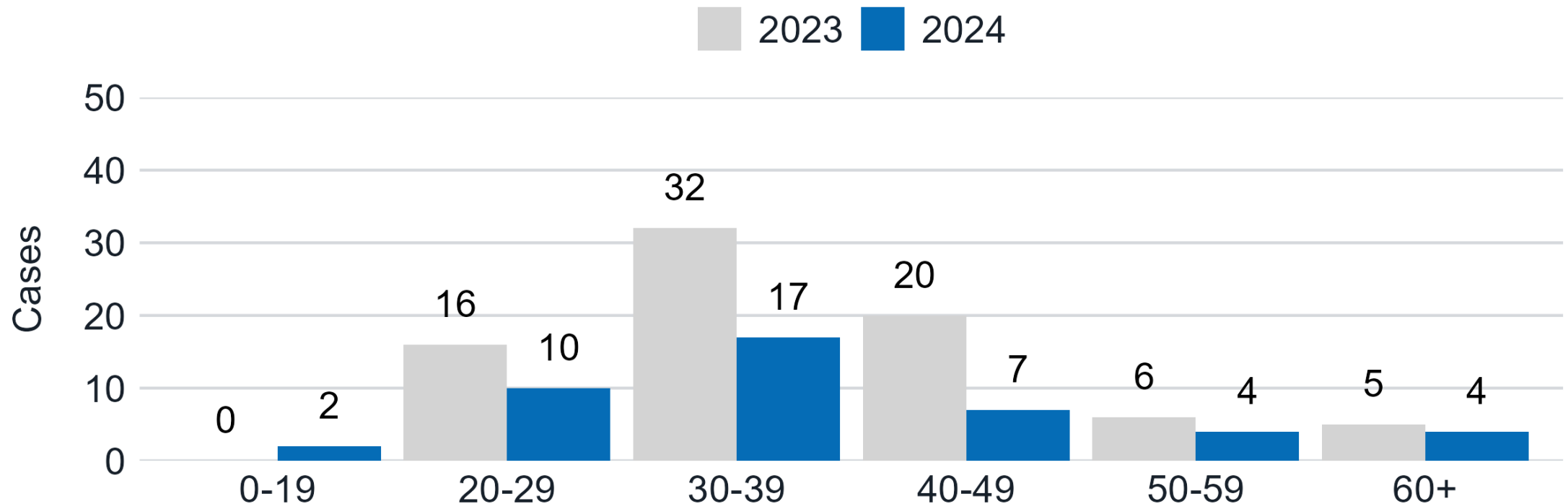
Late testing refers to those who are diagnosed with AIDS within 12 months of their HIV diagnosis



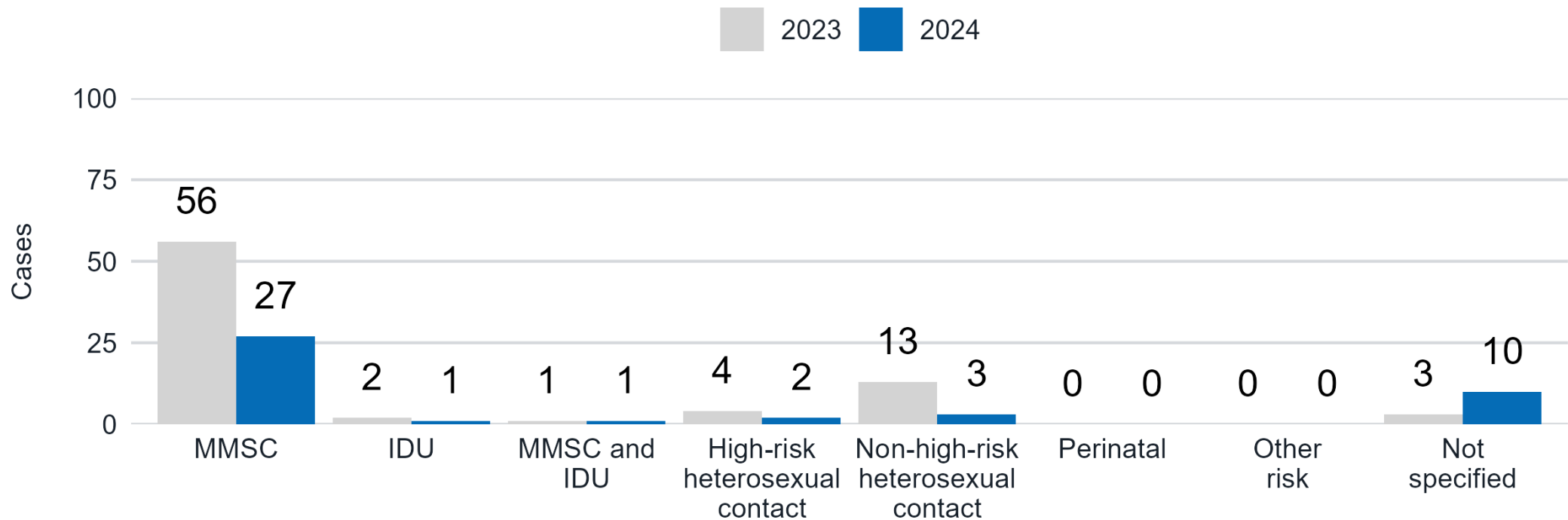
84% of all new HIV diagnoses were among males



Almost 60% of new diagnoses in 2024 were among adults aged 20-39 years of age



61.4% of new diagnoses reported MMSC as transmission category

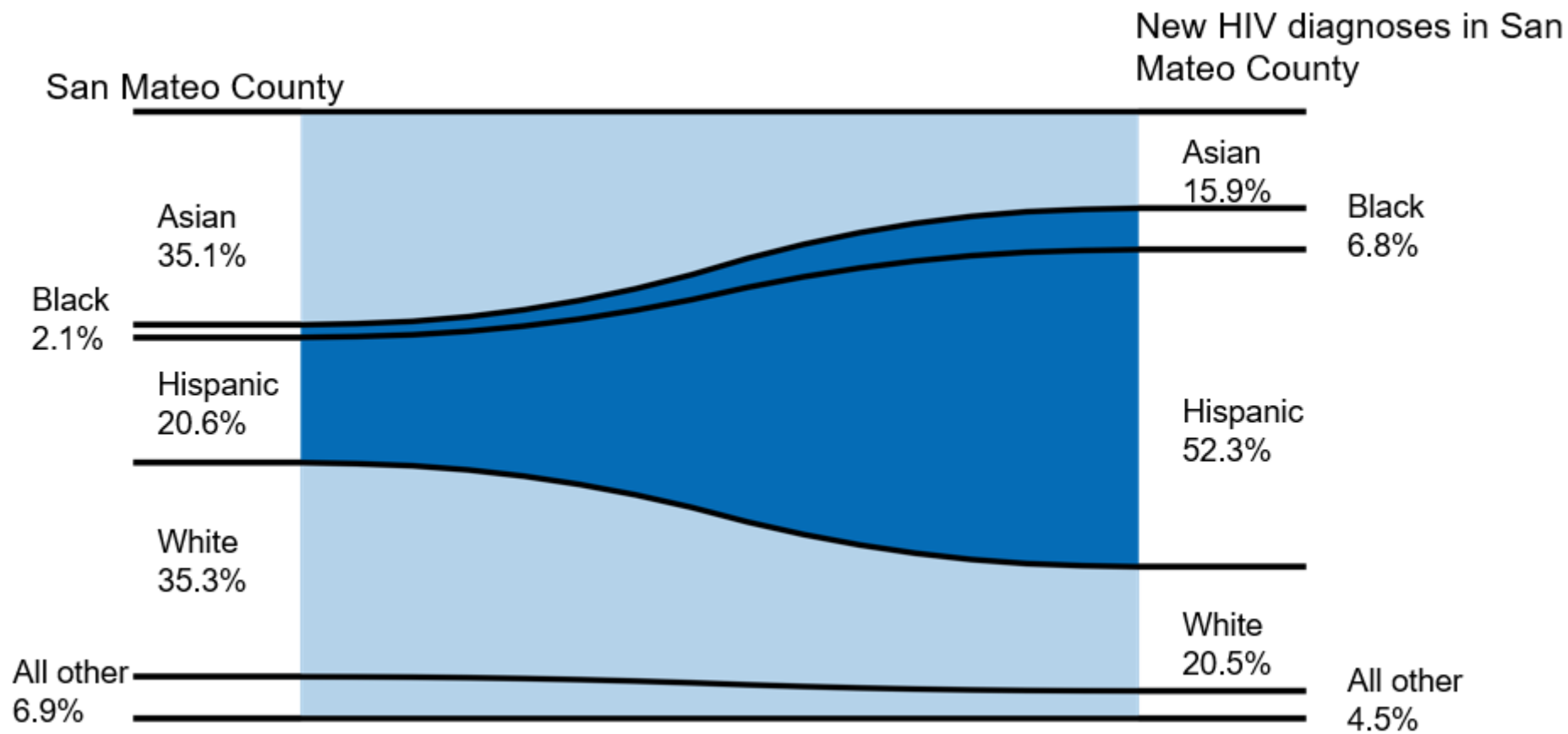


MMSC: male-to-male sexual contact. IDU: injecting drug use. High-risk heterosexual contact: heterosexual contact with a person known to have HIV or engaged in an activity that put them at high risk for HIV (i.e. MMSC, IDU). Non-high-risk heterosexual contact: persons with no other identified risk who reported engaging in heterosexual intercourse.

Most of our HIV diagnoses are among Hispanic or Latino, White, and Asian individuals

Race/Ethnicity	2024		2023	
	n	Percent	n	Percent
American Indian or Alaska Native	0	0.0	0	0.0
Asian	7	15.9	12	15.2
Black or African American	3	6.8	4	5.1
Hispanic or Latino	23	52.3	45	57.0
Native Hawaiian or Pacific Islander	0	0.0	0	0.0
Multiracial	2	4.5	4	5.1
White	9	20.5	14	17.7
Other	0	0.0	0	0.0

Compared to the demographics of San Mateo, Black/African American and Hispanic/Latino individuals are overrepresented among new HIV diagnoses



Funding Updates

The San Mateo County STD/HIV Program funding for fiscal year 2025-2026 remained the same as fiscal year 2024-2025 among all service categories for Ryan White Part A.

San Mateo County continues to see an increase of new clients seeking Ryan White and HOPWA funded services.

Number of clients who received a Ryan White and/or HOPWA funded service:

2022 - 2023 (612)

2023 - 2024 (657)

2024 - 2025 (664)

New Data Systems

California Department of Public Health (CDPH) Office of AIDS (OA) implemented a new data system, HIV Care Connect (HCC), as of April 2025. San Mateo Medical Center (SMMC) and all ambulatory clinics (Edison) and all county clinics implemented a new medical records system, EPIC, in November 2024.

The transition to these new systems has impacted clinic workflows and system restructuring for data entry. The SMMC, Health IT and STI/HIV Public Health Programs are currently collaborating to identify new data points to generate reports on services.

For 2024-2025 number of clients (664), we are unable to generate report at this time on how many clients were new to San Mateo HIV services due to HCC reporting limitations.

Prevention Funding

San Mateo continued to receive CDC HIV Prevention funding, PS24-0047, through the CDPH OA. We received \$153,518 (Year 1). San Mateo uses county funds to cover the costs of most of our HIV prevention activities; targeted HIV testing, targeted outreach, PrEP linkage to and retention in care, syringe exchange services.

San Mateo County HIV Program Community Advisory Board

The San Mateo County HIV Program Community Advisory Board is made up of 6 full-time members.

Members include HIV-positive consumers and HIV-negative community members.

The Community Board generally meets (4) times a year. In 2025, we will be meeting (3) times due to the transition of the Program Director in March of 2025.

All agendas, minutes and presentations can be found on our [website](#).

		n	Percent
Total	Total	6	100
Gender	Male	4	40
	Female	2	60
Race/Ethnicity	Asian	1	10
	Black or African American	1	10
	Hispanic or Latino	1	0
	White	3	60
Consumer status	Consumer of services	5	80
	Non-consumer of services	1	20

San Mateo County Prioritization Process

Our annual prioritization process usually takes place during our April meeting. However, this year we met in May 2025. The STI/HIV Program Director provided the board with information on service utilization as well as clarification of the service categories. The board voted to maintain the prioritization for both the Core Service categories and Support categories for last year and made no changes. In 2025, meeting was held May 20, 2025 and board voted to maintain the prioritization for the categories.

	Previous Priority (FY 24-25)	New Priority (FY 25- 26)	% Part A Allocation	Amount
Core Services				
Outpatient/Ambulatory Health Services	1	1	2%	\$23,794
Medical Case Management	2	2	39%	\$575,631
Mental Health Services	3	3	8%	\$125,792
Early Intervention Services	4	4	10%	\$152,770
Oral Health Care	5	5	5%	\$75,000
<i>Subtotal</i>			64%	\$952,987
Support Services				
Emergency Financial Assistance	1	1	8%	\$112,500
Housing Services	2	2	1%	\$20,000
Food Bank/Home Delivered Meals	3	3	27%	\$400,000
Medical Transportation	4	4	0%	\$-
<i>Subtotal</i>			36%	\$532,500
Grand Total			100%	\$1,485,487

San Mateo County – Shifting of Resources

With the implementation of the Affordable Care Act, and the Adult Full-Scope Medi-Cal Expansion that began on January 1, 2024, many clients have been able to enroll in Medi-Cal or other payor sources. These other payor sources covered many of the services that were traditionally funded under Ryan White. Due to payor of last resort requirements, fewer clients needed Ryan White to cover these services so San Mateo was able to re-allocate funding to service categories that that were not part of the California Essential Health Benefits. This included the addition of the Early Intervention Services category, which allowed the expansion of linkage to care/retention in care services, as well as the increase in allocation to services provided by CBOs in the county.

Core Services	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025	2025-2026
Outpatient/Ambulatory Health Services	\$203,104	\$170,019	\$102,764	\$120,764	\$120,636	\$90,803	\$24,132	\$23,794	\$23,794
Oral Health Care	\$75,000	\$75,000	\$75,000	\$75,000	\$75,000	\$75,000	\$75,000	\$75,000	\$75,000
Medical Case Management	\$532,486	\$519,987	\$634,876	\$577,361	\$500,257	\$584,715	\$575,631	\$575,631	\$575,631
Mental Health Services	\$120,069	\$127,568	\$82,507	\$120,739	\$99,579	\$125,708	\$125,792	\$125,792	\$125,792
Early Intervention Services	\$31,461	\$31,461	\$123,599	\$128,099	\$129,176	\$152,770	\$152,770	\$152,770	\$152,770

Core Services	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025	2025-2026
Housing Services	\$16,688	\$16,688	\$16,688	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000
Food Bank/Home Delivered Meals	\$120,000	\$125,000	\$140,000	\$233,477	\$348,000	\$355,000	\$364,000	\$400,000	\$400,000
Food Bank/Home Delivered Meals (Part A CARES)	NA	NA	NA	\$53,715	NA	NA	NA	NA	NA
Medical Transportation (Part B)	\$25,947	\$25,947	\$25,947	\$27,500	\$27,500	\$27,500	\$27,500	\$27,500	\$27,500
Emergency Financial Assistance	\$77,495	\$77,495	\$92,495	\$100,000	\$100,000	\$105,000	\$105,000	\$112,500	\$112,500

Edison Clinic Updates

In 2024, Edison Clinic hired a full-time pharmacist who facilitates access to injectable ARVs and PrEP services. Referrals for PrEP come from other providers, the STI/HIV Program staff, STI Clinic and patient self-referrals. Information and protocols for PrEP are also available on our [website](#).

Edison's PrEP clinic is entirely pharmacist "driven by protocol" meaning they are authorized to perform specific patient care activities under a pre-approved, written plan. Pharmacist currently provides PrEP care via oral medications to HIV-negative Health Plan of San Mateo (HPSM) patients and may be expanding the program over the next year to include injectable medications which is currently not offered at Edison for PrEP.

Edison has already been providing injectable ARVs and overseen by Edison pharmacist by written protocol. Edison has also initiated protocol-driven diabetes, hypertension and COPD management by pharmacist with great success in terms of improvements in measurable outcomes.

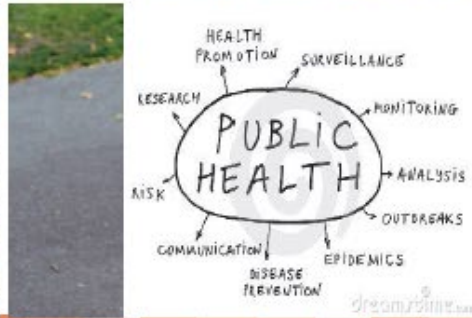


Using Surveillance to Identify Disparities in Care and Strengthen the HIV Response

HIV Community Planning Council Meeting

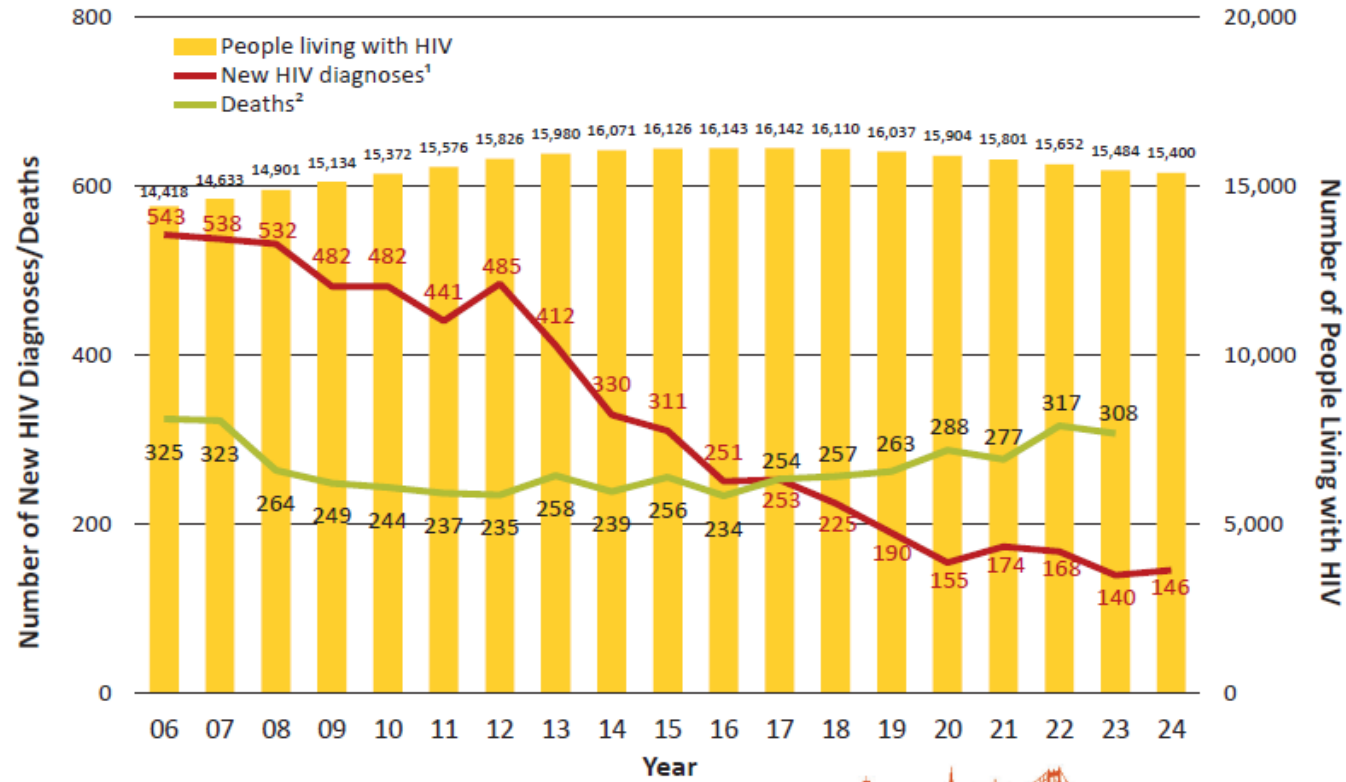
September 22, 2025

Arpi Terzian (she/her), PhD MPH
HIV Epidemiology Unit
PHD/ARCHES Branch
arpi.terzian@sfdph.org



POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

New diagnoses increased from 140 diagnoses in 2023 to 146 in 2024, a 4.3% increase, San Francisco

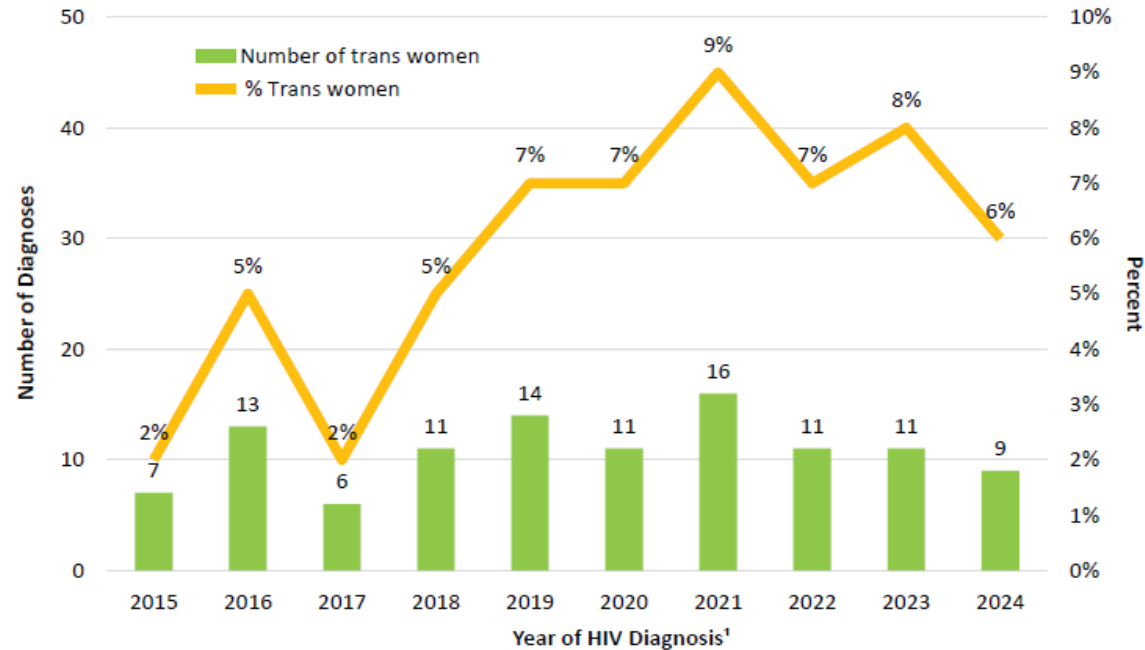


POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

¹ See Technical Notes "Date of Initial HIV Diagnosis."

² Death reporting for 2024 is not complete. Source: San Francisco HIV surveillance registry, persons diagnosed as of 12/31/2024, reported as of 3/13/2025.

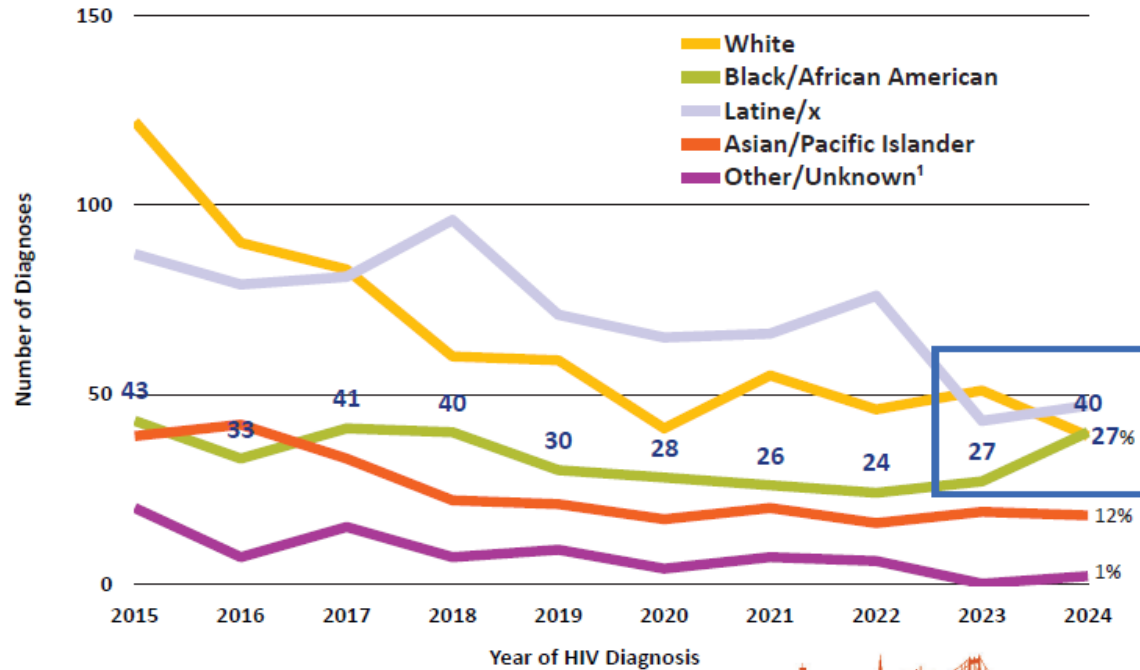
Trans women who have sex with men (TWSM) & people who inject drugs (PWID) accounted for 5% and 7% of new HIV diagnoses in 2024, San Francisco



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¹ Includes people with HIV by year of their initial HIV diagnosis. See Technical Notes "Date of Initial HIV Diagnosis."

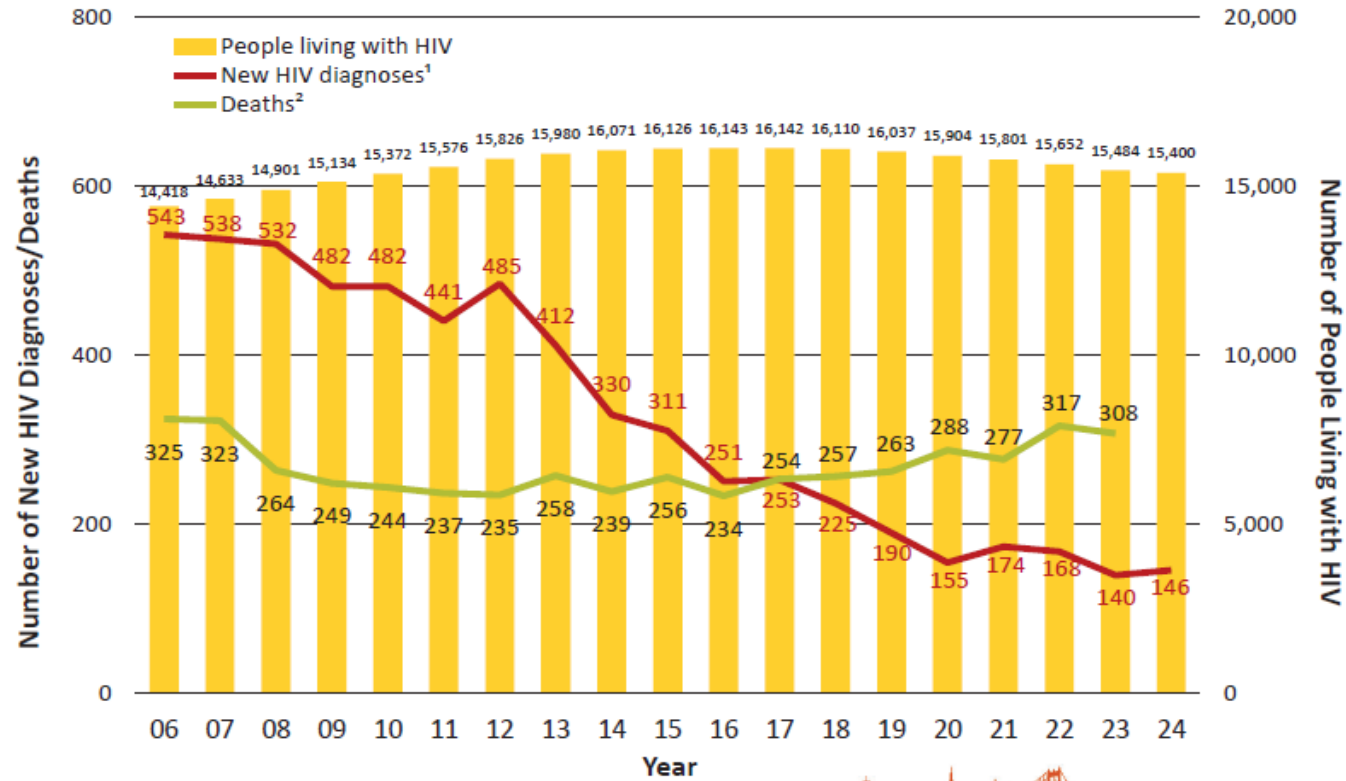
New diagnoses increased in Black/African Americans by 48%: from 27 in 2023 to 40 in 2024, San Francisco



POPULATION HEALTH DIVISION
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¹ HIV diagnoses in the "Other/Unknown" racial/ethnic category include 20% Native Americans, 79% multi-race, and 1% unknown.

New diagnoses increased from 140 diagnoses in 2023 to 146 in 2024, a 4.3% increase, San Francisco

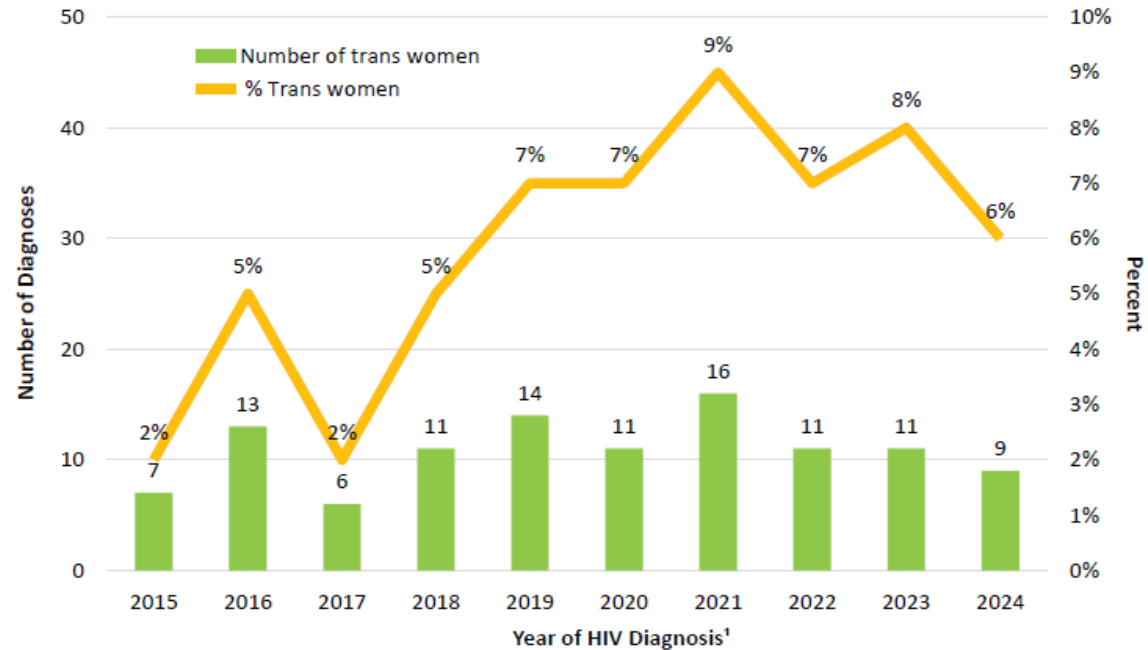


POPULATION HEALTH DIVISION
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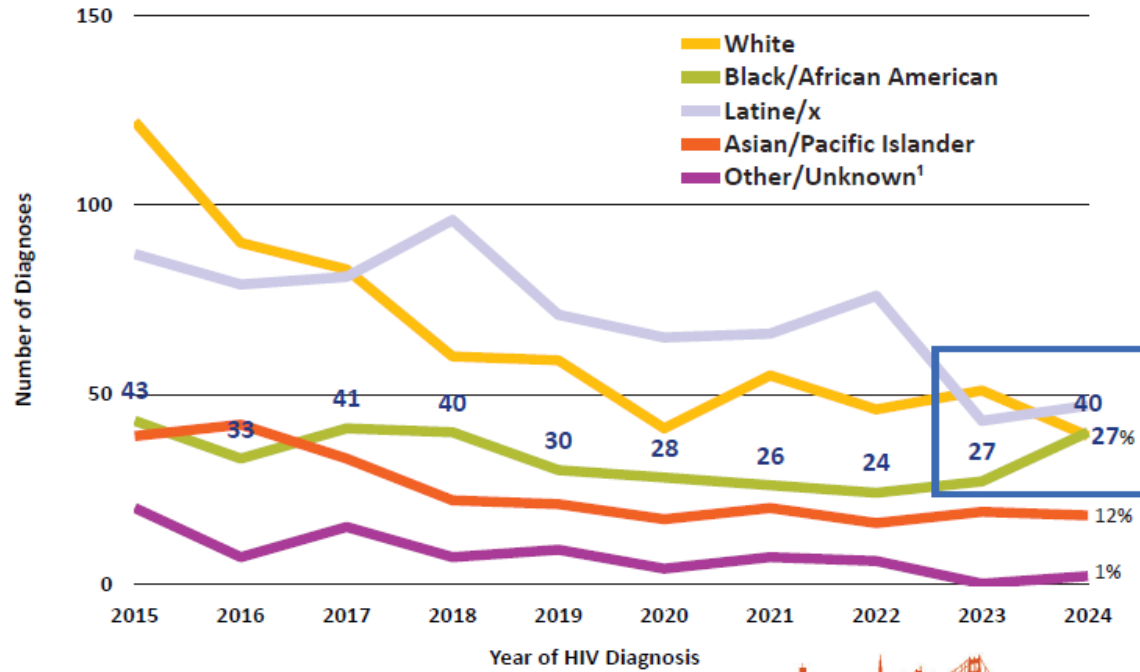
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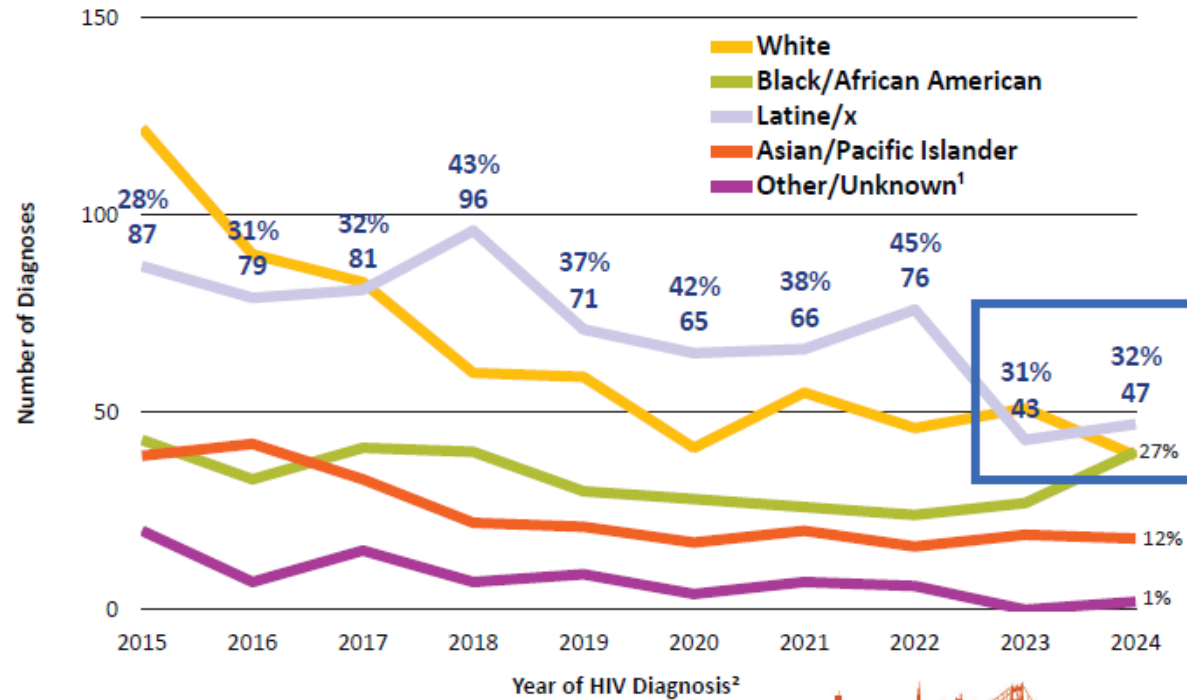
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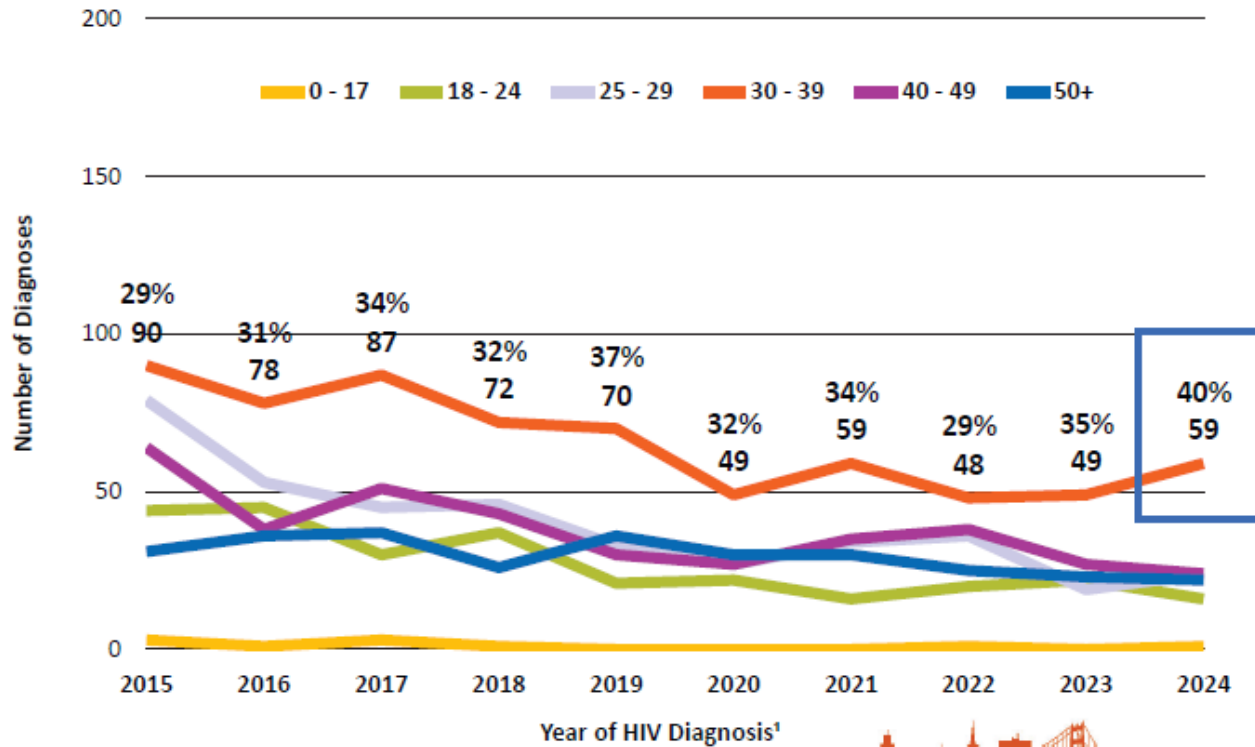
New HIV diagnoses disproportionately affect Latine/x populations in 2024, San Francisco



POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

¹ HIV diagnoses in the "Other/Unknown" racial/ethnic category include 20% Native Americans, 79% multi-race, and 1% unknown.

New HIV diagnoses increased among persons aged 30-39 years in 2024, San Francisco

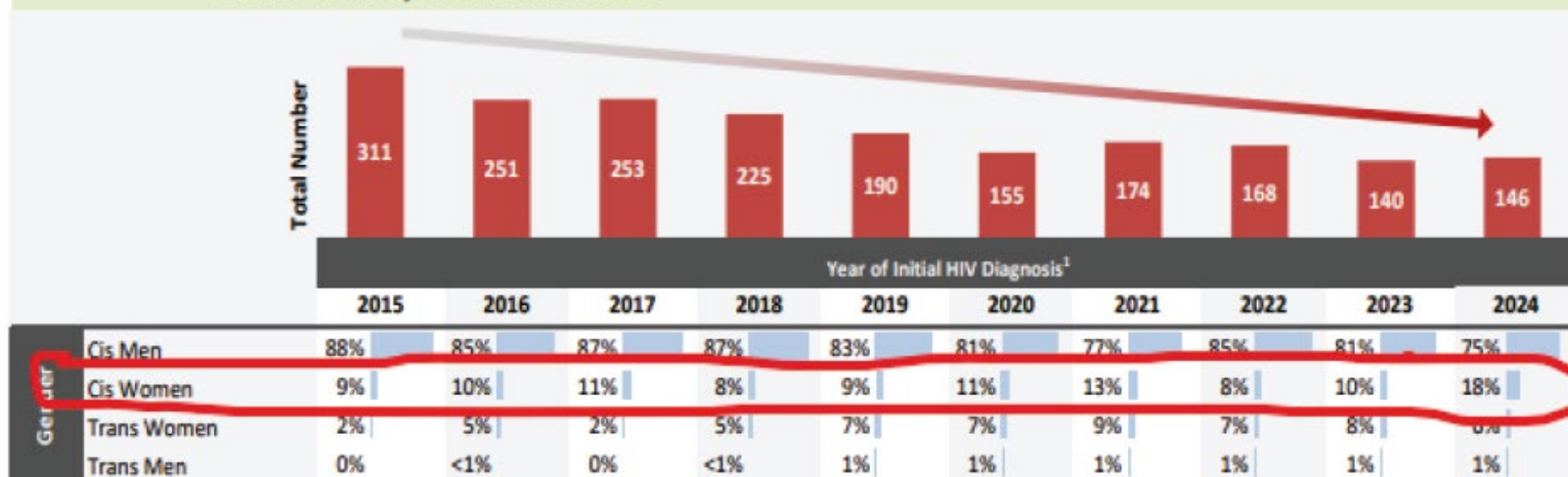


POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

1 Includes people with HIV by year of their initial HIV diagnosis. See Technical Notes "Date of Initial HIV Diagnosis."

New diagnoses among cis women nearly doubled from 14 in 2023 to 26 in 2024 (86% increase), San Francisco

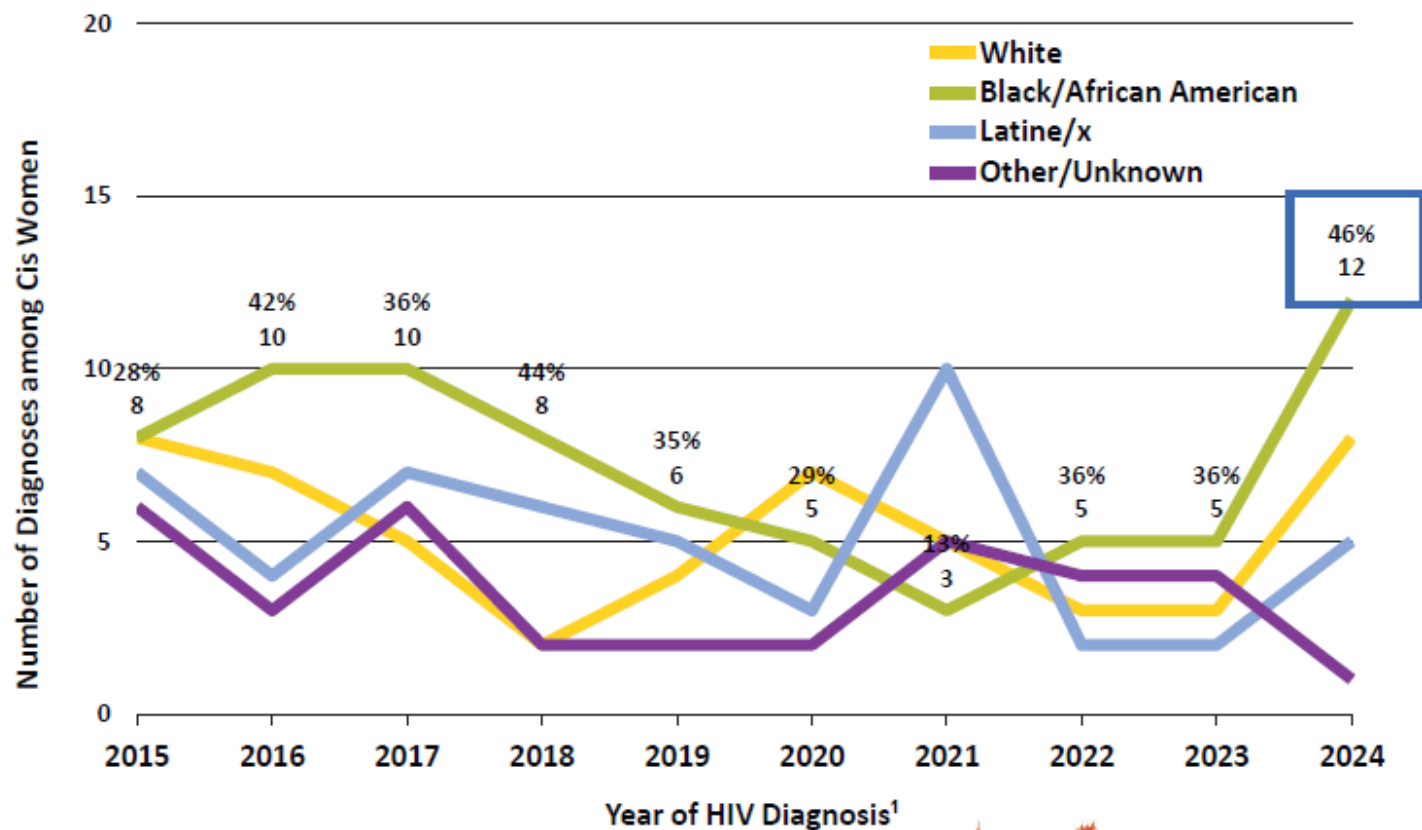
Table 1.5 Trends in people diagnosed with HIV by demographic and risk characteristics, 2015-2024, San Francisco



¹ Includes people with HIV by year of their initial HIV diagnosis.



Nearly half of new diagnoses among cis-women were Black/African American in 2024, San Francisco



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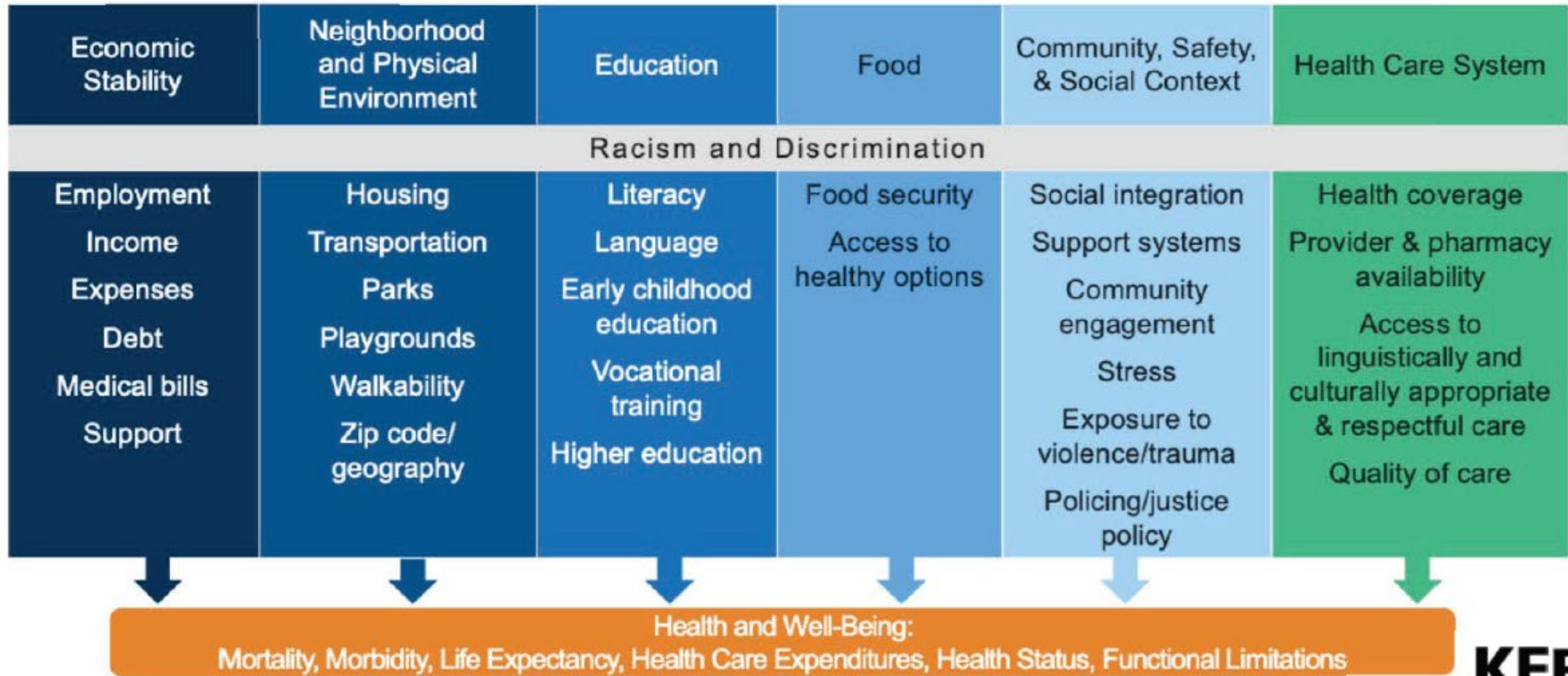
The Vital Role of Doulas Supporting People With HIV Through Pregnancy and Beyond

Monica Hahn, MD, MS, MPH, AAHIVS

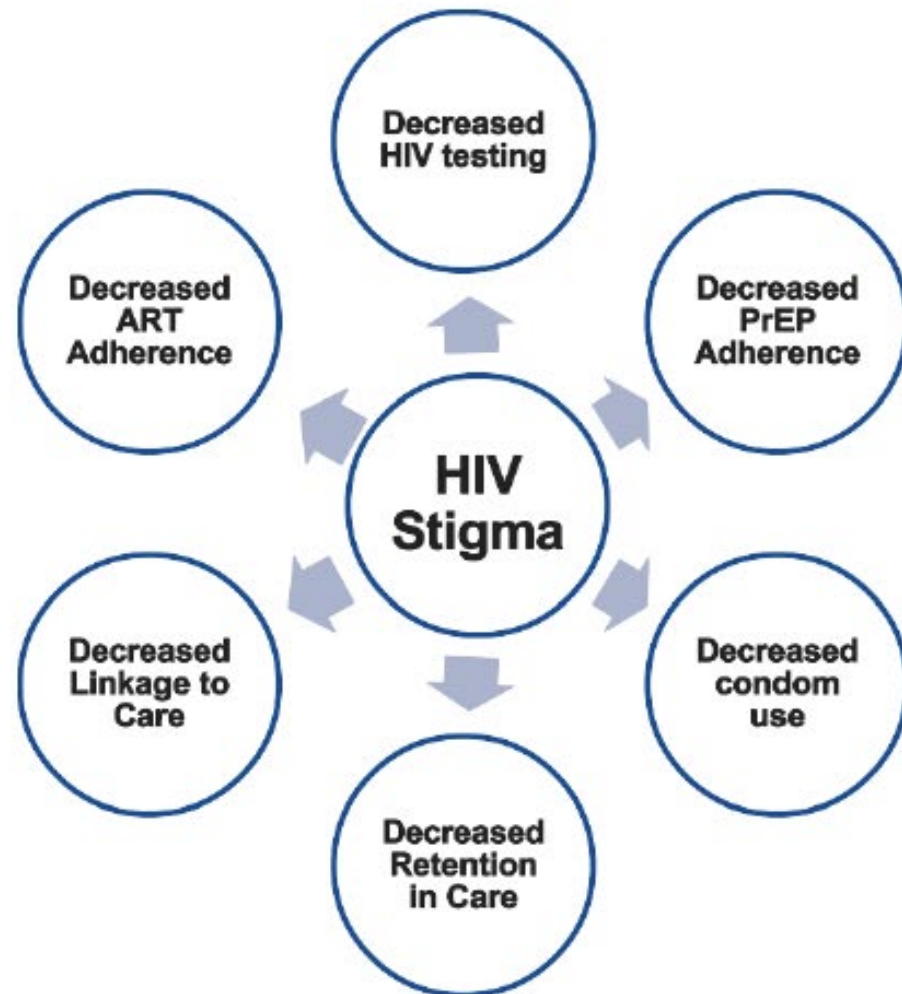
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November 12, 2025

Health Disparities are Driven by Social and Economic Inequities

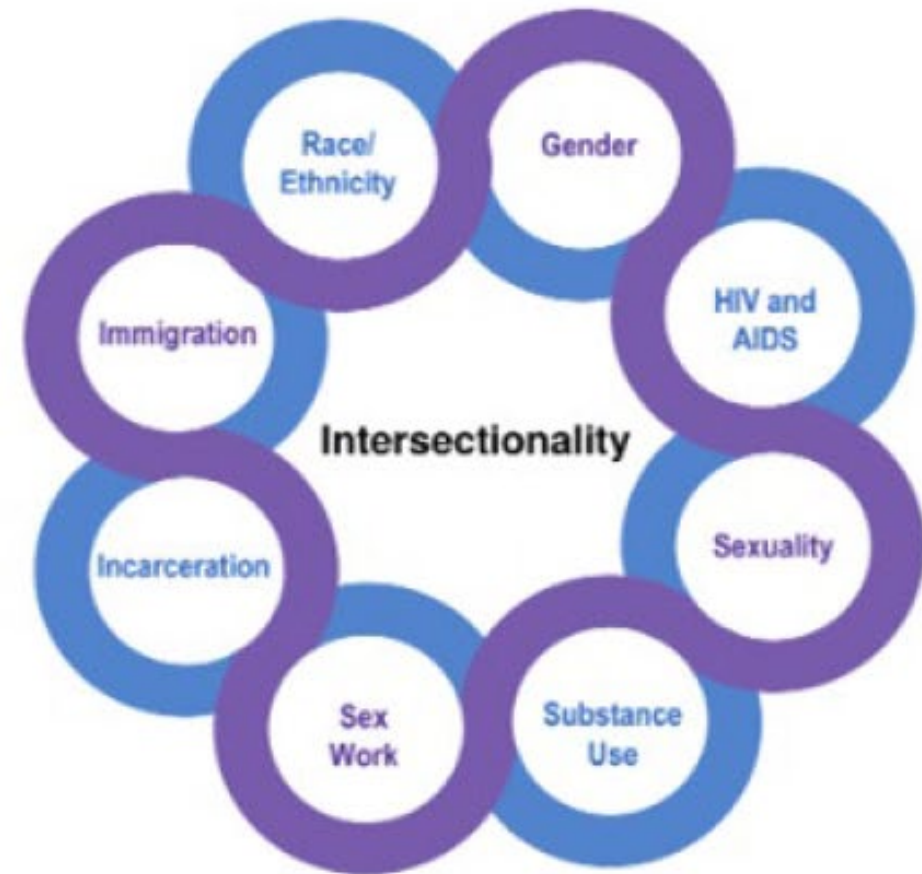


HIV Stigma leads to worse health outcomes



Stigma Intersectionality²

PWH and PWBP often have multiple stigmatized identities.



[American Journal of Public Health](#)

US HIV Care Continuum, 2024

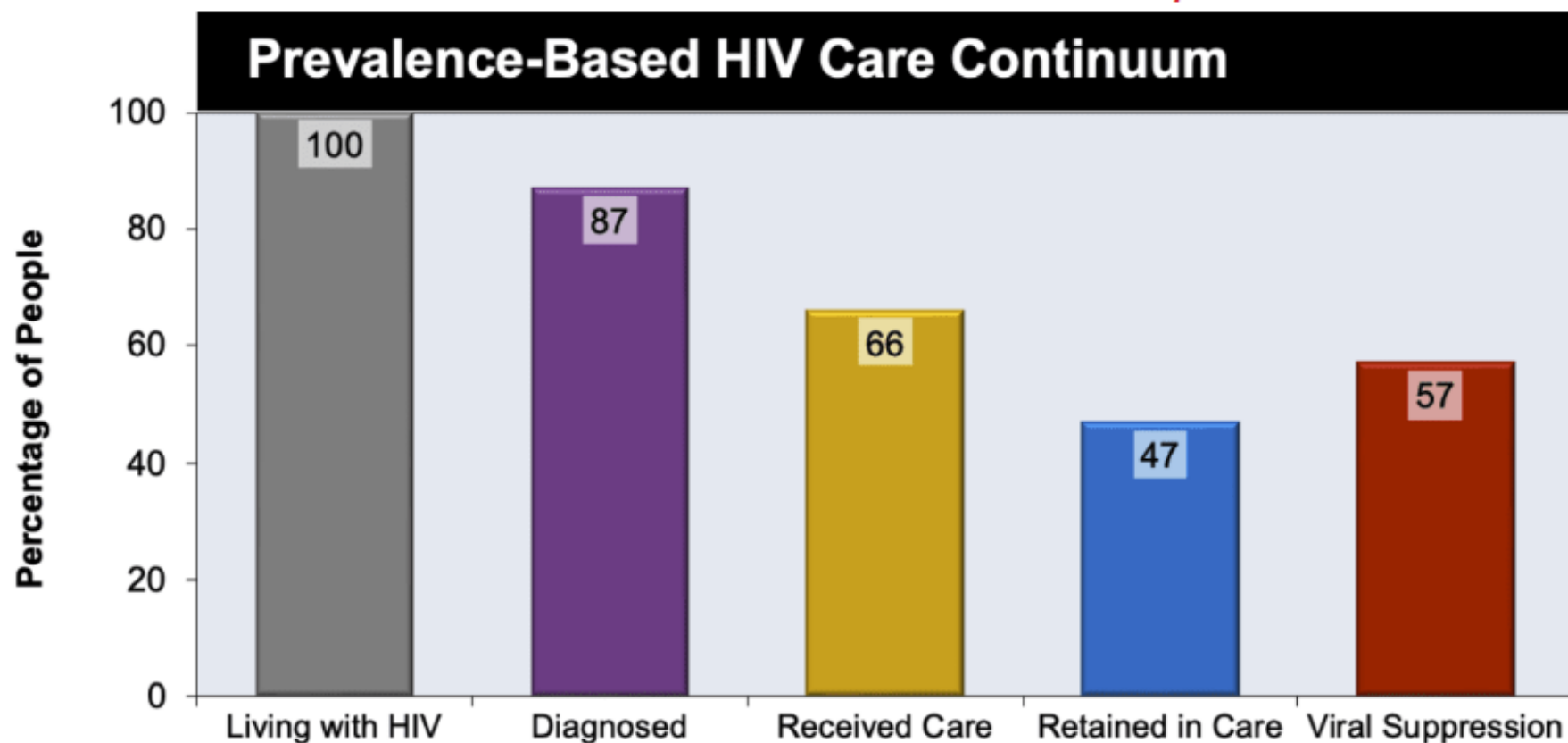
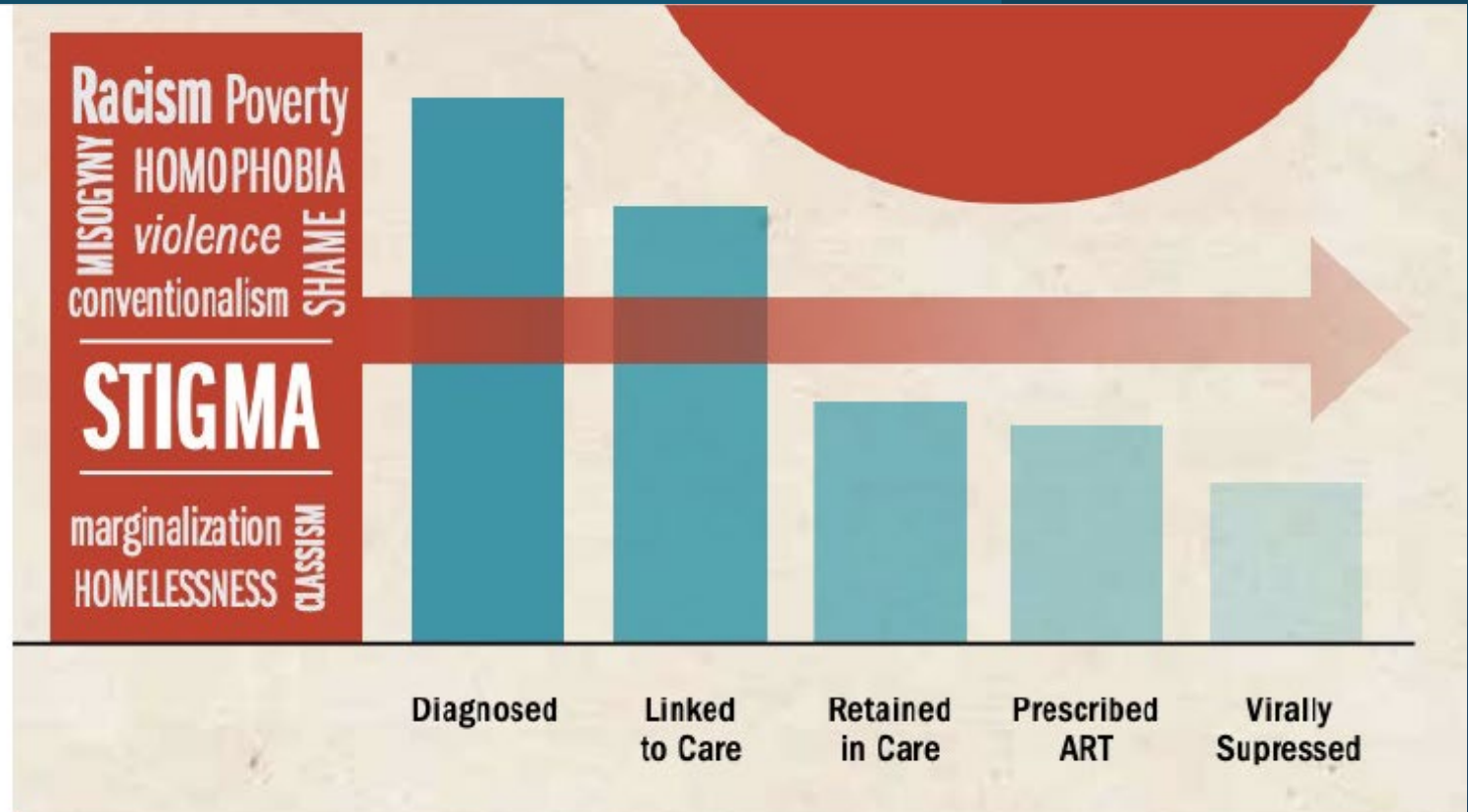


Figure 2 - Prevalence-Based HIV Care Continuum, United States, 2022

Source: Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 territories and freely associated states, 2022. HIV Surveillance Supplemental Report 2024; 29(No. 2). Published May 21, 2024

“The Bar Before the Bars”



Racism Poverty
MISOGYNY HOMOPHOBIA
violence SHAME
conventionalism
STIGMA
marginalization MISISSIM
HOMELESSNESS

Stigma and other social determinants influence the HIV care continuum before a diagnosis is even made.

“People who take ART daily as prescribed and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner.” CDC (September, 2017)

U=U

UNDETECTABLE = UNTRANSMITTABLE

IT'S A FACT:
Undetectable = Untransmittable

People living with HIV, who are taking effective treatment, cannot pass on HIV through sex.

The International AIDS Society is proud to endorse the U=U consensus statement of the Prevention Access Campaign.

Planned Parenthood

“HIV stigma is a public health crisis, and yet many people in positions of power are still sitting on their hands, overstating risk and not sharing this life changing information! We need people to move away from controlling people with HIV and toward trusting people with HIV.” (Bruce Richman, Prevention Access Campaign 2017)

Living Well with HIV: What About Having Children?

- Possible and safe!
- Taking ART, maintaining an undetectable viral load throughout pregnancy, and giving the infant medicine as prescribed, virtually eliminates the risk of HIV transmission
- PEP and PrEP during pregnancy is also safe and effective for serodifferent couples



Does U=U Apply to Perinatal and Lactational Transmission?

Sexual

No transmissions if partner living with HIV is on ART and VL consistently <200 c/mL

Perinatal

No transmissions if pregnant person on ART before and during pregnancy and VL<50 during 3rd tri & delivery

Lactational

Risk very low but may not be zero (more on this later)

HIVE Clinic

A Hub of Positive Reproductive & Sexual Health

Founded in 1989 at San Francisco General Hospital; formerly Bay Area Perinatal AIDS Center (BAPAC).

Our mission:

Advancing sexual wellness and reproductive justice for individuals, families and communities affected by HIV through empathic healthcare, educational programs and advocacy



hive JUST GOT A REBRAND!
HiveOnline.org

Proposed agenda items & Dates for next meeting

- Preferred day
 - March 24 Tuesday
 - March 25 Wednesday
 - March 26 Thursday

AIDS Legal Referral
Panel (ALRP) – Stephen
M. Spano, Supervising
Staff Attorney (HIV
Consumer Advocacy
Project Annual Report)

What area of focus
community members
would like updates?

Survey?