

## PRIORITY SETTING AND RESOURCE ALLOCATION COMMITTEE (PSRAC)



Thursday, January 8, 2026, 3:00 PM – 5:00 PM  
County Operations Center  
5560 Overland Ave, San Diego, CA 92123  
Training Room 171

**The Charge of the Priority Setting and Resource Allocation Committee:** To review, analyze, and consider available data and make recommendations to the HIV Planning Group based upon that data regarding service priorities, service delivery, and funding allocation by service category, including the commitment to addressing racial/ethnic disparities for Black/African American MSM (retention in care, viral load suppression), Latinx MSM (late and simultaneous diagnoses) and transgender/Non-Binary persons (lack of data and non-representative participation).

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# Meeting Location & Directions:

## Priority Setting & Resource Allocation Committee (PSRAC)

Thursday, January 8, 2026

3:00 PM - 5:00 PM

County Operations Center

5560 Overland Ave

San Diego, CA 92123

(Training Room 171)



Parking is **free**. 3-hour visitor parking is available in the parking lot and parking structure. For County business exceeding 3 hours, please park in the numbered spaces in the parking structure.

### 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





## 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 5560** will be on your left.

## FROM BUS:

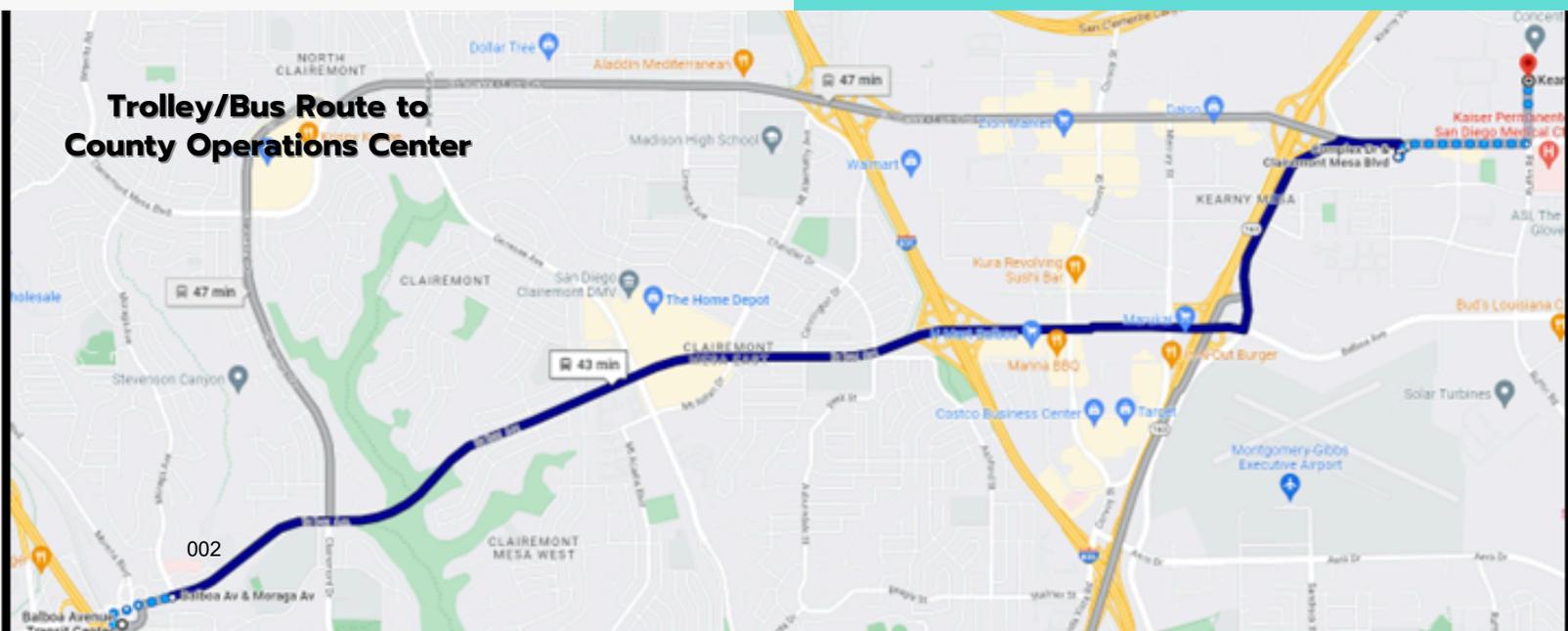
### From Ruffin Road:

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 5560** will be on your **left**.

## Trolley/Bus Route to County Operations Center



	PSRAC CONFLICT OF INTEREST (COI) SHEET						
	Davenport, Beth	Garcia Bigley, Felipe	Halliwell, Pamuela	Matthews, Eva	Mueller, Chris	Van Brocklin, Rhea	Westcott, Joe
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*

Aguirre Mendoza, Marco  
Fleming, Tyra  
Garland, Kalee

Jacobs, Delores  
Kubricky, Cinnamen

## PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)



Thursday, January 8, 2026, 3:00 PM – 5:00 PM  
County Operations Center,  
5560 Overland Ave, San Diego, CA 92123  
Conference Room 171

To participate remotely via Zoom:

<https://us06web.zoom.us/j/82979385521?pwd=ucUoVVtBupxbdBxothszYHHIP2luoC.1>

Join the meeting via phone: 1-669-444-9171 United States Toll.

Meeting ID: 829 7938 5521

Password: PSRAC

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](mailto:hpg.hhsa@sdcounty.ca.gov).

### A quorum for this meeting is seven (7)

**Committee Members:** Dr. Beth Davenport | Tyra Fleming (Co-Chair) | Felipe Garcia-Bigley | Kalee Garland | Pamuela Halliwell | Dr. Delores Jacobs | Cinnamen Kubricky | Eva Matthews | Marco Aguirre Mendoza | Chris Mueller | Rhea Van Brocklin (Chair) | Joe Westcott

### ORDER OF BUSINESS

1. Call to order, roll call, comments from the chair
2. Reminders
  - a. **Review Committee Charge**
  - b. **Committee members' Conflicts of Interest:** Disclose areas of financial interest (e.g., employment); Refrain from participation in related votes.
  - c. **Areas NOT the purview of this committee:** Selection of contractors; contract details; how contractors implement contracted services (e.g., staff salaries). These are the sole purview of the Recipient.
  - d. **Focus on service priorities, not on specific service providers**
  - e. **Rules for the meeting** (as necessary): Committee members are limited to two (2) minutes per comment and limited to two (2) comments per item; public comments are welcome at the beginning and prior to each agenda item, limited to two (2) minutes so that all have an opportunity to participate.
3. Public comment on non-agenda items (for members of the public)
4. Sharing our concerns (for committee members)
5. **ACTION:** Approve the PSRAC agenda for January 8, 2026
6. **ACTION:** Approve the PSRAC minutes for November 13, 2025
7. Old Business:
  - a. None
8. New Business:
  - a. **ACTION:** Recommendations for FY 25 reallocations (current fiscal year, March 1, 2025 – February 28, 2026)
  - b. Data requests/needs from the Recipients' Office

**PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)**

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9. Routine Business:

- a. **Review:** monthly and year-to-date expenditures
- b. **Updates:** Partial Assistance Rent Subsidy (PARS) and Emergency Housing
- c. **Review:** Monthly and year-to-date service utilization report
- d. **Review:** Committee attendance

10. Suggested agenda items for the future committee meetings

11. Announcements

**Next meeting date:** March 12, 2026, at 3:00 PM – 5:00 PM

**Location:** County Operations Center, 5560 Overland Ave, San Diego, CA 92123  
(Training Room 171)

12. Adjournment

<b>Principles for PSRA Decision-Making Process</b>	<b>Criteria for the PSRA Decision-Making Process</b>
<p><b>Principles Guiding Decision Making</b> (Priorities should reflect the Principles)</p> <ol style="list-style-type: none"> <li>1. Decisions are made in an open, transparent process</li> <li>2. Decisions are based on documented needs (Needs assessment, etc.)</li> <li>3. Decisions are based on overall needs within the service area, not narrow single focus concerns</li> <li>4. Decisions include reports from the Needs Assessment committee of the HIV Planning Group</li> <li>5. Services should be responsive to the epidemiology of HIV in San Diego, including demographics and region</li> <li>6. Services must be culturally and linguistically appropriate and responsive</li> <li>7. Services should focus on the needs of low-income, underserved, and disproportionately impacted populations</li> <li>8. Services should minimize disparities in the availability and quality of treatment for HIV/AIDS</li> <li>9. Equitable access to services should be provided across subpopulations and regions</li> </ol>	<p><b>Criteria for Priority Setting</b></p> <ol style="list-style-type: none"> <li>1. Documented need based on:               <ol style="list-style-type: none"> <li>a. Epidemiology of San Diego epidemic (Epi data)</li> <li>b. Needs and unmet needs expressed in needs assessment, including the needs expressed by consumers, not in care and/or from historically underserved communities (Needs assessment data)</li> </ol> </li> <li>2. Minimize disparities in the availability and quality of treatment for HIV/AIDS (Demographic service utilization data compared to HIV/AIDS demographic)</li> <li>3. Quality, outcome effectiveness, and cost-effectiveness of services (Measured by service category outcomes, CQM, and client satisfaction data by service category)</li> <li>4. Consumer preferences or priorities for interventions or services, particularly for populations with severe need, historically underserved communities, or those who know their status but are not in care</li> <li>5. Consistency with the continuum of care</li> </ol>

For more information, visit our website at [www.sdplanning.org](http://www.sdplanning.org)

## PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)



Thursday, November 13, 2025, 3:00 PM – 5:00 PM  
County Operations Center  
5560 Overland Ave, San Diego, CA 92123  
Conference Room 172

### A quorum for this meeting is six (6)

**Committee Members:** Dr. Beth Davenport | Tyra Fleming (Co-Chair) | Pamuela Halliwell | Dr. Delores Jacobs | Cinnamen Kubricky | Eva Matthews | Rhea Van Brocklin (Chair) | Joe Westcott

**Committee Members Absent:** Marco Aguirre Mendoza | Chris Mueller | Kalee Garland | Felipe Garcia-Bigley

### MEETING MINUTES

Agenda Item	Action	Follow-up
1. Call to order	Rhea Van Brocklin called the meeting to order at 3:04 PM and noted an in-person quorum. A moment of silence was observed for Dr. Ken Riley, a long-standing and impactful advocate in the HIV community and HPG member, who passed away in early November. A physical journal was made available for committee members to share memories, and remote members were encouraged to email their thoughts.	
2. Reminders	The meeting charge and housekeeping were acknowledged. Joseph Westcott and Pamela Halliwell were welcomed to the committee as new members.	
3. Public comment on non-agenda items (for members of the public)	None	
4. Sharing our concerns (for committee members)	The following comments were made: <ul style="list-style-type: none"><li>- A request that clients be systematically notified of any annual changes to service categories, along with clear instructions for navigating transitions.</li><li>- A concern about lack of readily accessible, clear information for open enrollment options for seniors, many of whom lack smartphones or internet</li></ul>	

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**PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)**

Agenda Item	Action	Follow-up
	<ul style="list-style-type: none"> <li>- A concern about exhaustion and frustration among advocates serving as points of contact for desperate clients. Reiteration that peer navigators/case managers are overwhelmed by the burdens of system navigation.</li> <li>- A concern about increasing isolation and lack of visible support/resource information in care settings.</li> </ul>	
<p>5. <b>Action:</b> Review and approve the agenda for November 13, 2025</p>	<p><b>Motion:</b> Approve the November 13, 2025 meeting agenda as presented.  <b>Motion/Second/Count (M/S/C):</b> Jacobs/Kubricky/6-0  <b>Abstentions:</b> Van Brocklin  <b>Motion carries</b></p>	
<p>6. <b>Action:</b> Review and approve the minutes for June 13, 27, July 17, 24, 31, and August 7, 2025</p>	<p><b>Motion:</b> Approve the minutes for June 13, 27, July 17, 24, 31, and August 7, 2025.  <b>M/S/C:</b> Jacobs/Davenport/5-0  <b>Abstentions:</b> Van Brocklin, Westcott  <b>Motion carries</b></p>	
<p>7. <b>Old Business</b></p>		
<p>a. <b>ACTION:</b> Recommendations for how services should be organized and delivered in FY 26 (March 1, 2025 – February 28, 2026)</p>	<p>FY26 Recommendations Discussion  <b>Mental Health Access</b>  <b>Concern:</b></p> <ul style="list-style-type: none"> <li>- A recurring theme that practical access lags apparent capacity (ex, no official waitlists vs. client-reported access difficulties). Discrepancy between provider data service frequency, wait times, and client lived experience.</li> </ul> <p><b>Suggestions:</b></p> <ul style="list-style-type: none"> <li>- Conduct regional focus groups to identify concrete barriers to mental health access and to distinguish needs (ex, brief crisis supports vs. ongoing therapy).</li> <li>- Enrich provider surveys/needs assessments with client experience and expectations; “What does ‘cannot access’ mean?”; definitions of “reasonable” timelines.</li> </ul>	<p>Seek a documented summary from relevant committees on the outcomes of last year’s recommendations, with special attention to mental health service access.</p> <p>Explore methods regional focus groups, revised provider/client surveys to clarify the meaning and barriers of “access” as experienced by</p>

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**PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)**

Agenda Item	Action	Follow-up
	<ul style="list-style-type: none"> <li>- Consider incentivizing participation to ensure diverse input, especially in underserved regions, such as East County, since we need more data.</li> </ul> <p><b>Special Population Focus:</b></p> <ul style="list-style-type: none"> <li>- Emphasis on engaging youth, single individuals, those struggling with substance use, and non-digitally connected seniors.</li> </ul> <p><b>Emergency Financial Assistance Concerns:</b></p> <ul style="list-style-type: none"> <li>- While prioritizing some groups (ex, PARS waitlists) is logical, other needs, unexpected car repairs, food, and caregivers, must not be overlooked.</li> <li>- Emphasis on the precarious financial reality of many clients' assistance programs must address diverse immediate needs.</li> </ul> <p><b>Suggestions:</b></p> <ul style="list-style-type: none"> <li>- Ensure systems are flexible to meet actual consumer-expressed needs, with eligibility not unduly narrowed to specific subgroups.</li> </ul> <p><b>Outreach and Community Information Concern:</b></p> <ul style="list-style-type: none"> <li>- Many clients, especially vulnerable groups, lack awareness of available services or updates, a gap compounded by the digital divide.</li> <li>- Traditional outreach posters, lobby materials, and in-person workshops have declined due to privacy and operational constraints.</li> </ul> <p><b>Suggestions:</b></p> <ul style="list-style-type: none"> <li>- Upcoming provider capacity and capability survey to include questions on outreach effectiveness.</li> <li>- Potential for broader, event-based engagement community fairs with various service tables, not overtly branded as HIV-specific.</li> <li>- Explore case manager/peer navigator support and training to</li> </ul>	<p>clients, including timeliness and modality of care.</p> <p>Develop recommendations for regionally and demographically diverse outreach, including physical and non-digital strategies, improved community event access, and training for frontline navigators.</p> <p>Re-evaluate the scope and priorities for Emergency Financial Assistance (EFA) to include beyond the PARS waitlist, tie eligibility and resource allocation to demonstrable consumer needs.</p> <p>Chairs to initiate discussion with MSEC to align questions, data collection, and strategies regarding mental health access and other crosscutting concerns.</p>

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**PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)**

Agenda Item	Action	Follow-up
	<p>serve as reliable “information conduits”.</p> <ul style="list-style-type: none"> <li>- Consider online bulletins, targeted workshops, and regionally distributed educational events as means of closing the information gap.</li> </ul> <p><b>Cross Committee Communication Concern:</b></p> <ul style="list-style-type: none"> <li>- Recommendation to formalize dialogue between this committee and the Medical Standards and Evaluation Committee (MSEC), especially regarding access to mental health. Shared challenges highlight the need for consistent data and questioning strategies across committees.</li> </ul>	
<b>8. New Business</b>		
<p>a. <b>ACTION:</b> Recommendations for FY 25 reallocations (current fiscal year, March 1, 2025 – February 28, 2026)</p>	<p><b>Motion:</b> Decrease Outpatient Ambulatory Health Services by \$445,250 from \$1,821,037 to \$1,375,787. <b>M/S/C:</b> Jacobs/Matthews/6-0 <b>Abstentions:</b> Van Brocklin <b>Motion carries</b></p> <p><b>Motion:</b> Increase Emergency Financial Assistance by \$445,250 from \$61,856 to \$507,106. <b>M/S/C:</b> Jacobs/Fleming/4-0 <b>Abstentions:</b> Matthews, Van Brocklin, Westcott <b>Motion carries</b></p>	
<p>b. Debrief the FY 26 priority setting and budget allocation process.</p>	<p><b>What went well:</b></p> <ul style="list-style-type: none"> <li>- Printed, large-format budget documents are appreciated.</li> <li>- Support for new members improved, including budget process cheat sheets.</li> <li>- Meeting structure and support for member engagement are highlighted as positive.</li> </ul> <p><b>Suggestions for the next planning budget process:</b></p> <ul style="list-style-type: none"> <li>- Need for more current, timely data in decision-making.</li> </ul>	

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**PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)**

Agenda Item	Action	Follow-up
	<ul style="list-style-type: none"> <li>- Acknowledgment of lag due to system transitions ARIES → HIV Care Connect.</li> <li>- Members suggested continuing real-time qualitative input from consumers and stakeholders.</li> <li>- Desire for more regular breaks, logistical support, and parking guidance at the County Operations Center (COC).</li> <li>- A greater emphasis on clear communication and the use of microphones is requested to improve accessibility.</li> <li>- Presentations from those on the “front lines” are valued as supplements to pending/lagging written data.</li> </ul>	
<p>c. <b>ACTION:</b> Review and approve the 2026 PSRAC work plan</p>	<p>The committee reviewed 2026 work plan.</p> <ul style="list-style-type: none"> <li>- No meetings in February or April due to the heavy summer meeting schedule.</li> <li>- <b>January:</b> Focus on regular reports and funding review.</li> <li>- <b>March:</b> Integrated planning data and short budget process review.</li> <li>- <b>May/June:</b> Data review (epi, co-occurring conditions, insurance, etc.); prioritize setting begins.</li> <li>- <b>July:</b> Multiple back-to-back meetings scheduled as needed; placeholders for flexibility.</li> <li>- <b>August</b> as an optional follow-up slot.</li> <li>- Addition of consumer needs assessment planning for the upcoming 2027 survey (tasks to begin January 2026).</li> <li>- Acknowledgment that some data requests will arise iteratively, especially from new members becoming familiar with the process.</li> </ul>	
<p><b>9. Routine Business</b></p>		
<p>a. Review Monthly and Year-to-Date expenditures and</p>	<p>Reviewed</p>	

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**PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)**

Agenda Item	Action	Follow-up
<p>assess for recommended reallocations</p>		
<p>b. Partial Assistance Rent Subsidy (PARS) and Emergency Housing update</p>	<p>As of November 12, 2025:  <b>61</b> currently on the waitlist  <b>27</b> on waitlist previously enrolled in PARS  <b>34</b> are new applicants</p> <p><b>Demographics:</b>  <u>Gender:</u> <b>42</b> male, <b>13</b> female, <b>6</b> transgender  <u>Race/ethnicity:</u> <b>16</b> Black, <b>30</b> Hispanic/Latino, <b>13</b> white, <b>1</b> Asian, <b>1</b> American Indian  <u>Age:</u> <b>42</b> over 45, <b>17</b> ages 31-44, <b>2</b> ages 18-30  <u>Location:</u> Central region <b>41</b>, East <b>11</b>, South <b>3</b>, North <b>6</b></p> <p><b>87</b> currently enrolled  <b>Demographics:</b>  <u>Gender:</u> <b>63</b> male, <b>16</b> female, <b>8</b> transgender  <u>Race/ethnicity:</u> <b>10</b> Black, <b>50</b> Hispanic/Latino, <b>24</b> white, <b>2</b> Asian, <b>1</b> American Indian  <u>Age:</u> <b>57</b> over 45, <b>28</b> ages 31-44, <b>2</b> ages 18-30  <u>Location:</u> Central region <b>51</b>, East <b>13</b>, South <b>18</b>, North <b>5</b></p>	
<p>c. Review of the Monthly and Year-to-Date service utilization report</p>	<p>Reviewed</p>	
<p>d. Committee Attendance  i. Discussed and approved the new attendance policy for PSRAC</p>	<p>Reviewed</p>	
<p>10. Suggested items for the future committee agenda</p>	<p>None</p>	

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**PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)**

Agenda Item	Action	Follow-up
11. Announcements	<ul style="list-style-type: none"> <li>- No December PSRAC meeting.</li> <li>- Truax Awards Ceremony &amp; Reception: Monday, December 1, 2025 at 3:00 PM – 5:00 PM at the LGBT Center. Coincides with the World AIDS Day.</li> <li>- Village Hillcrest “Tree of Life” event to follow at 6:00 PM, with traditional cookies at Mama’s Kitchen.</li> <li>- The HPG Support Staff’s Administrative Analyst America Gonzalez Castaneda will transition to the contracts team within the branch in December. She was recognized by the committee for her dedicated, personalized contributions over three years.</li> </ul>	
Next Meeting:	January 8, 2026 3:00 PM – 5:00 PM County Operations Center, 5560 Overland Ave, San Diego, CA 92123, conference Room 171 and Via Zoom	
12. Adjournment	The meeting adjourned at 4:46 PM.	

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# HSHB Report to HPG

January 2026



**COUNTY OF SAN DIEGO**  
HEALTH AND HUMAN SERVICES AGENCY



**LIVE WELL**  
SAN DIEGO



# January 2026 HSHB Report



## Overview

- Report includes expenses through *November* (75% of year for most categories)
- Report also includes November re-allocations

# January 2026 HSHB Report



## Categories where HSHB recommends increases:

- Emergency Financial Assistance

## Categories where HSHB recommends decreases:

- Primary care (one-time)

## Service Categories to Note:

- Emergency Housing- (risk of underspending)
- EFA: appears under, but we added funding
- Non-Medical Case Management for Housing: risk of underspending

# January 2026 HSHB Report



## Service Utilization

- Overall, we are about 5% below last year in terms of clients served
- Viral suppression is at 95%

# January 2026 HSHB Report



As of December 2025, Service categories where utilization differs from last year:

- Primary care (↓ 4% fewer clients)
- Oral health (↓ 23%)
- WCF (↑ 16%)
- Medical Case Management (↓ 8%)
- Non-Medical Case Management (↓ 9%)
- Mental Health Services (↑ 12%)
- Home-Delivered Meals (↓ 9%)
- Legal Services (↓ 32%)

# January 2026 HSHB Report



## PARS REPORT – AS OF 12/2025

### Waiting List

- 65 currently on the waitlist
  - 27 on waitlist previously enrolled in PARS
  - 38 are new applicants
  - Demographics of clients on the waitlist:
    - Gender: 46 male, 13 female, 6 transgender
    - Race/ethnicity: 17 Black, 32 Hispanic/Latino, 14 white, 1 Asian, 1 American Indian
    - Age: 44 over 45, 19 ages 31-44, 2 ages 18-30
    - Central region 45, East 11, South 3, North 6

### Current Clients

- 83 currently enrolled
  - Demographics of clients currently enrolled:
    - Gender: 59 male, 16 female, 8 transgender
    - Race/ethnicity: 10 Black, 47 Hispanic/Latino, 23 white, 2 Asian, 1 American Indian
    - Age: 55 over 45, 26 ages 31-44, 2 ages 18-30
    - Central region 47, East 13, South 18, North 5

# January 2026 HSHB Report



## INTEGRATED PLAN UPDATE

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
<b>TOTAL AWARD AMOUNT</b>	<b>12,753,736.00</b>

RW 2025-26 YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN Through November 2025
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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%	10,382,266	11,867,256	42.40%	57.60%
Part A MAI	81,248	9%	34,092	4%	771,140	886,480		
<b>TOTAL</b>	<b>1,230,577.80</b>		<b>369,752.07</b>		<b>11,153,406.13</b>	<b>12,753,736.00</b>	<b>49%</b>	<b>51%</b>

Ryan White Part A Allocations											
Service Categories	HRSA Ranking	Priority Ranking	RW 2025-26 HPG Initial Allocation	%	HPG & Recipient Approved Actions +/-	RW 2025-26 HPG Adjusted Allocation	%	% Elapsed		RW 2025-26 Balance	Comments
								RW 2025-26 Year to Date Expenditure	RW 2025-26 Year-to-Date - % Expenditure/Budget)		
Outpatient Ambulatory Health Services: Primary Care	1l	1	1,102,630.00	11%	273,157.00	1,375,787.00	13%	1,030,383.06	75%	345,403.94	
Outpatient Ambulatory Health Services: Medical Specialty	1l	2	195,000.00	2%	-	195,000.00	2%	59,646.72	31%	135,353.28	
Psychiatric Medication Management	1j	12	6,000.00	0%	7,500.00	13,500.00	0%	6,585.73	49%	6,914.27	
Oral Health	1k	3	160,940.00	2%	97,847.00	258,787.00	2%	120,415.65	47%	138,371.35	
Medical Case Management	1h	4	1,151,853.00	12%	(122,000.00)	1,029,853.00	10%	769,907.84	75%	259,945.16	
Non-Medical Case Management for Housing		6	200,000.00	2%	-	200,000.00		39,908.74	20%	-	
Housing: Emergency Housing	2e	9	1,183,515.00	12%	203,717.00	1,387,232.00	13%	618,011.02	45%	769,220.98	
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%	104,000.00	954,507.00	9%	797,482.37	84%	157,024.63	
Non-Medical Case Management	2h	5	392,021.00	4%	(85,000.00)	307,021.00	3%	243,059.77	79%	63,961.23	
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF)	1c	13	993,157.00	10%	70,000.00	1,063,157.00	10%	717,531.78	67%	345,625.22	
Childcare Services	2a		-	0%	-	-	0%	-	0%	-	
Early Intervention Services: Regional Services	1c	14	790,000.00	8%	(42,000.00)	748,000.00	7%	506,183.79	68%	241,816.21	
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%	(61,148.00)	198,852.00	2%	117,428.72	59%	81,423.28	

Ryan White Part A Allocations											
Service Categories	HRSA Ranking	Priority Ranking	RW 2025-26 HPG Initial Allocation	%	HPG & Recipient Approved Actions +/-	RW 2025-26 HPG Adjusted Allocation	%	% Elapsed		RW 2025-26 Balance	Comments
								RW 2025-26 Year to Date Expenditure	RW 2025-26 Year-to-Date - % Expenditure/Budget)		
Mental Health: Counseling/Therapy	1j	10	810,000.00	8%	(230,000.00)	580,000.00	6%	393,439.31	68%	186,560.69	
Psychosocial Support Services		17	46,744.00	0%	-	46,744.00	0%	40,644.84	87%	-	
Substance Use Services: Outpatient	1m	11	313,127.00	3%	41,010.00	354,137.00	3%	235,667.01	67%	118,469.99	
Substance Abuse Services: Residential	2o	18	-	0%	-	-	0%	-	0%	-	
Home-based Health Care Coordination	1e	19	228,500.00	2%	(10,741.02)	217,758.98	2%	157,131.98	72%	60,627.00	
Transportation: Assisted and Unassisted	2g	20	151,830.00	2%	(60,000.00)	91,830.00	1%	62,324.42	68%	29,505.58	
Food Services: Food Bank/Home-Delivered Meals	2c	21	536,073.00	5%	70,090.00	606,163.00	6%	333,384.81	55%	272,778.19	
Medical Nutrition Therapy	1i	22	35,542.00	0%	-	35,542.00	0%	26,555.88	75%	8,986.12	
Legal Services	2i	23	285,265.00	3%	-	285,265.00	3%	216,631.61	76%	68,633.39	
Emergency Financial Assistance	2b	24	61,856.00	1%	445,250.00	507,106.00	5%	55,633.80	11%	451,472.20	
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%	-	
<b>Subtotal</b>			<b>9,854,560.00</b>	<b>100%</b>	<b>601,681.98</b>	<b>10,456,241.98</b>	<b>98%</b>	<b>6,547,958.85</b>	<b>63%</b>	<b>3,908,283.13</b>	
<b>Ryan White Part A Minority AIDS Initiative (MAI)</b>			<b>RW 2025-26 HPG Initial Allocation</b>		<b>HPG &amp; Recipient Approved Actions +/-</b>	<b>RW 2025-26 HPG Adjusted Allocation</b>	<b>%</b>	<b>RW 2025-26 Year to Date Expenditure</b>	<b>RW 2025-26 Year-to-Date - % Expenditure/Budget)</b>	<b>RW 2025-26 Balance</b>	<b>Comments</b>
Multi-Disciplinary Team			593,182.00		-	593,182.00	86%	330,039.40	56%	263,142.60	
Housing: Emergency Housing			100,000.00		-	100,000.00	14%	49,403.27	49%	50,596.73	
<b>Subtotal</b>			<b>693,182.00</b>		<b>-</b>	<b>693,182.00</b>	<b>100%</b>	<b>379,442.67</b>	<b>55%</b>	<b>313,739.33</b>	
<b>TOTAL</b>			<b>10,547,742.00</b>		<b>601,681.98</b>	<b>11,149,423.98</b>		<b>6,927,401.52</b>	<b>62%</b>	<b>4,222,022.46</b>	

CORE and Support Services Allocation Breakdown						
	Total Allocation	% Allocated	Total Expenditure	% Spent	Total Balance	% Balance
CORE Medical Services	4,433,965.93	42.40%	3,057,496.50	68.96%	1,376,469.43	31.04%
Support Services	6,022,274.55	57.60%	3,490,462.35	57.96%	2,531,812.20	42.04%
<b>TOTAL</b>	<b>10,456,240.48</b>		<b>6,547,958.85</b>		<b>3,908,281.63</b>	

Other funding info

Month: Nov-25 Part A & Part B Prevention Comp A/C HRSA 20-078

YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN THROUGH SEPTEMBER 2025						
RW 2025-26 SERVICE DOLLAR ALLOCATIONS AND EXPENDITURES						
Funding Source	RW 2025/2026 Service Dollars	Contract YTD Expenditure	% of Year Invoiced	% Spent	Balance	Comments
<b>Ryan White Part B</b>						
Outpatient Ambulatory Health Services (Medical)	\$ -	-	75%	0.00%	\$ -	Part A Payment Summary (Part B funding)
Early Intervention Services (Expanded HIV Testing)	\$ -	-	75%	0.00%	\$ -	Part A Payment Summary (Part B funding)
Early Intervention Services (Focused Testing)	\$187,900	\$106,756.87	75%	56.82%	\$ 81,143	Part B Payment Summary
Medical Case Management (Emergency Financial Assistance)	\$403,510	\$82,608.84	75%	20.47%	\$ 320,901	Part B Payment Summary
Housing (Substance Abuse Services-Residential)	\$421,512	\$452,704.48	75%	107.40%	\$ (31,192)	Part B Payment Summary
Non-medical Case Management (Rep Payee)	\$38,098	\$23,604.16	75%	61.96%	\$ 14,494	Part B Payment Summary
CoSD Medical Case Management	\$416,150	272,019.90	75%	65.37%	\$ 144,130	Part B Cost Report
CoSD Early Intervention Services	\$285,044	189,153.55	75%	66.36%	\$ 95,890	Part B Cost Report
<b>Ryan White Part B Total</b>	<b>\$ 1,752,214</b>	<b>\$ 1,126,848</b>			<b>\$ 625,366</b>	
<b>Prevention (27-0047) - HIP</b>						
<i>Counseling and Testing</i>	\$ 105,482.46	\$ 74,961.12	50%	71.07%	\$ 30,521	Payment Summary
<i>Evaluation/ Linkage Activities/ Needs Assessment</i>	\$ 531,178.89	\$ 338,220.63	50%	63.67%	\$ 192,958	Payment Summary
<b>Prevention Total</b>	<b>\$ 636,661</b>	<b>\$ 413,182</b>			<b>\$ 223,480</b>	
<b>HRSA Ending the HIV Epidemic (EHE) - 25-063 FY25-26</b>						
<i>HRSA EHE</i>	\$ 4,072,711.00	\$ 1,353,629.00	75%	33.24%	\$ 2,719,082	Payment Summary
<b>EHE Total</b>	<b>\$ 4,072,711</b>	<b>\$ 1,353,629</b>			<b>\$ 2,719,082</b>	
<b>TOTAL</b>	<b>\$ 6,461,586</b>	<b>\$ 2,893,659</b>			<b>\$ 3,567,928</b>	

# Ryan White Utilization Report

## Summary of Services for FY 25

*(March 1, 2025 - February 28, 2026)*

HIV, STD and Hepatitis Branch

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**HEALTH AND HUMAN SERVICES AGENCY**

PUBLIC HEALTH SERVICES  
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INTERIM DIRECTOR

**SAYONE THIMALOLIPAVAN, MD, MPH**  
PUBLIC HEALTH OFFICER

**SAN DIEGO HIV PLANNING GROUP (HPG)  
PRIORITY SETTING AND RESOURCE ALLOCATION COMMITTEE**

**ACTION ITEM INFORMATION SHEET**

**Recommendations for FY25 Reallocations  
(03-01-2025 to 02-28-2026)**

**DATE:** January 8, 2026

**ITEM:** Approve the Recipient recommendations for the reallocation of additional Part A funds to provide short-term food assistance to eligible Ryan White clients.

**BACKGROUND:** Emergency Financial Assistance (EFA) is one of the allowable service categories that can be funded using Ryan White. It can be used to provide limited one-time or short-term assistance to support clients with an urgent need for essential items or services necessary to improve health outcomes, including food vouchers.

To meet the needs of clients who continue to experience food insecurity due to the ongoing volatility of Supplemental Nutrition Assistance Program (SNAP) benefits and escalating costs of living in San Diego County, the HIV, STD and Hepatitis Branch (HSHB) is recommending an increase in EFA Part A funds to provide short-term food assistance to eligible clients. HSHB recommends deploying additional food vouchers at a value of \$100 per week per eligible adult or dependent minor. These grocery vouchers will be distributed to eligible clients through Case Management programs as well as a few other services. The food vouchers and client agreements will prohibit clients from using the vouchers to purchase alcohol, tobacco, or any item other than food or hygiene supplies.

To be eligible for EFA, clients must be a current Ryan White participant or enroll in the program before receiving a voucher, and they must attest to a need for short-term support for food purchases. Use of food vouchers will be tracked through HIV Care Connect and will prohibit clients from accessing food vouchers from more than one provider.

HSHB has identified an additional \$244,000 in savings in Part A. This funding will provide 2,440 food vouchers to eligible clients through February 2026.

To support this request, HSHB is recommending a reduction in Outpatient Ambulatory Health Services (OAHS) by \$244,000. This reduction is possible due to under expenditure in this category and will not impact the availability of Outpatient Ambulatory Services for the remainder of the grant period.

**RECOMMENDATIONS:**

1. **Action Item:** Decrease Outpatient Ambulatory Health Services by \$244,000 from \$1,375,787 to \$1,131,787.
2. **Action Item:** Increase Emergency Financial Assistance by \$244,000 from \$507,106 to \$751,106.

**HIV PLANNING GROUP  
6-MONTH COMMITTEE TRACKING  
Dec 2024 - Nov 2025**

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE																
PSRAC	Dec	Jan	Feb	Mar	April	May	12-Jun	26-Jun	17-Jul	24-Jul	31-Jul	7-Aug	Sep	Oct	Nov	#
Total meetings		1	0	1		0	1	1	1	1	1	1	0	0	1	6
<b>(12) Members</b>																
Aguirre Mendoza, Marco		JC	NQ	JC		NQ	1	*	1	*	*	*	NQ	NQ	1	1
Davenport, Beth		*	NQ	*		NQ	*	*	*	*	*	1	NQ	NQ	*	1
Fleming, Tyra <sup>cc</sup>		*	NQ	*		NQ	*	*	*	1	*	*	NQ	NQ	*	0
Garcia-Bigley, Felipe		*	NQ	*		NQ	*	*	*	*	*	*	NQ	NQ	1	1
Garland, Kalee															1	1
Halliwell, Pamuela															*	0
Jacobs, Dr. Delores		1	NQ	*		NQ	*	*	*	1	*	1	NQ	NQ	*	2
Kubricky, Cinnamen		JC	NQ	*		NQ	*	*	*	*	*	1	NQ	NQ	*	1
Matthews, Eva		*	NQ	JC		NQ	*	*	1	*	*	*	NQ	NQ	*	0
Mueller, Chris		*	NQ	*		NQ	*	*	*	*	*	*	NQ	NQ	1	1
Van Brocklin, Rhea <sup>c</sup>		*	NQ	*		NQ	*	1	*	*	*	*	NQ	NQ	*	0
Westcott, Joe															*	0

To remain in good standing and eligible to vote, the committee member may not miss 3 consecutive meetings or 6 meetings within 12 months.

\* = Present

1 = Absent for the month

1 = Absence when there are multiple meetings that month. Member needs to attend at least one (1) meeting for attendance to count for that month.

JC = Just Cause

EC = Emergency Circumstance

NM = No Meeting

NQ = No Quorum

# 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><b>"Just Cause"</b></p>	<ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪ A contagious illness prevents the member from attending the meeting in person.</li> <li>▪ There is a need related to a defined physical or mental disability that is not otherwise accommodated for.</li> <li>▪ Traveling while on official business of the legislative body or another state or local agency.</li> </ul>	<p>A member is limited to <b>two (2)</b> virtual attendances due to "just cause" per calendar year.</p>
<p><b>"Emergency Circumstances"</b></p>	<p><b><i>"A physical or family medical emergency that prevents a member from attending the meeting in person."</i></b></p> <p>A member is <b>not</b> required to disclose any medical diagnosis or disability, or any personal medical information that is already exempt from existing law.</p>	<p><b>A member of the legislative body must:</b></p> <ol style="list-style-type: none"> <li>1. Make a request to the body to allow the member to meet remotely due to an emergency circumstance; and</li> <li>2. Provide a general description of no more than 20 words of the circumstance justifying such attendance.</li> </ol> <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 meeting<sup>1</sup>.</p>

<sup>1</sup>If 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:

1. 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.)
2. 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.
3. The member shall participate through both audio and visual technology.