



SAN DIEGO HIV PLANNING GROUP (HPG)
PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

MEETING PACKET

THURSDAY, JANUARY 11, 2024, 3:00 PM – 5:00 PM
COUNTY OPERATIONS CENTER
5530 OVERLAND AVE, SAN DIEGO, CA 92123 (Room 124)

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)

Tuesday, January 11, 2024

3:00 PM - 5:00 PM

County Operations Center

5530 Overland Ave.

San Diego, CA 92123

(Training Room 124)



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:

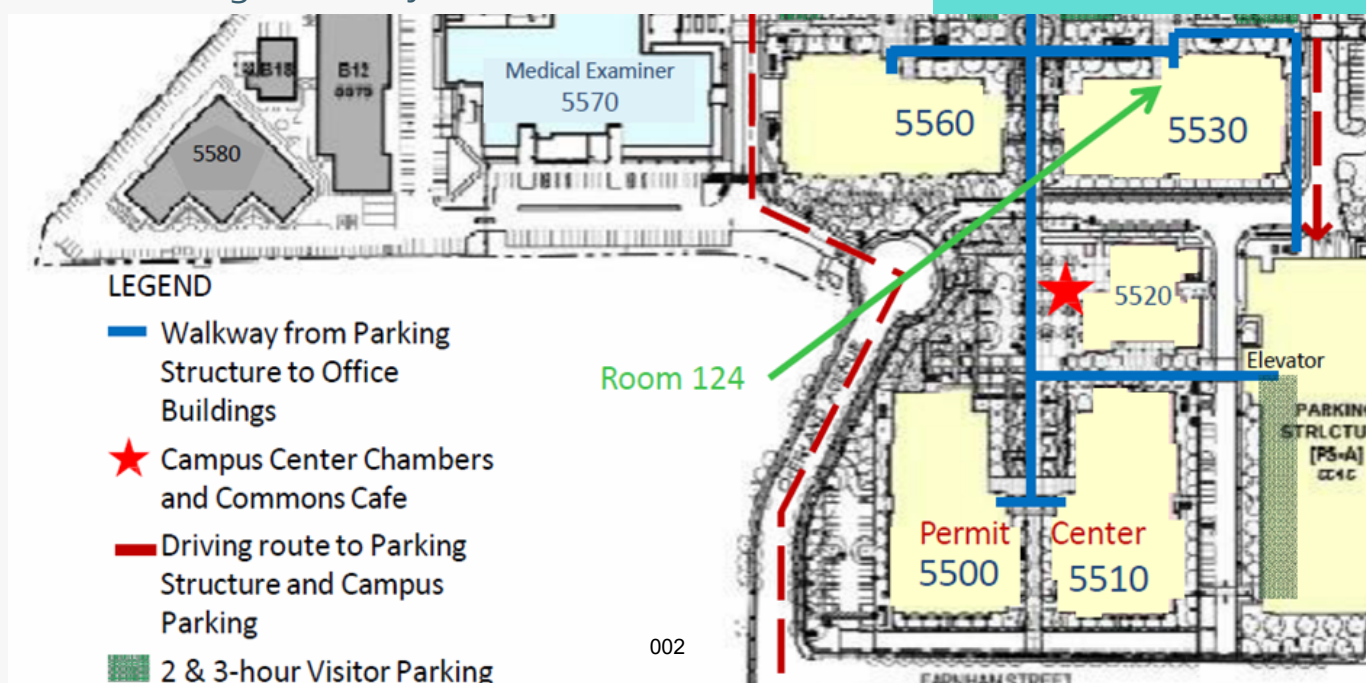
1. Take I-15 North to Exit 10 for Clairemont Mesa Blvd.
2. Turn left onto Clairemont Mesa Blvd.
3. Turn right onto Overland Ave.
4. Continue straight to stay on Overland Ave.



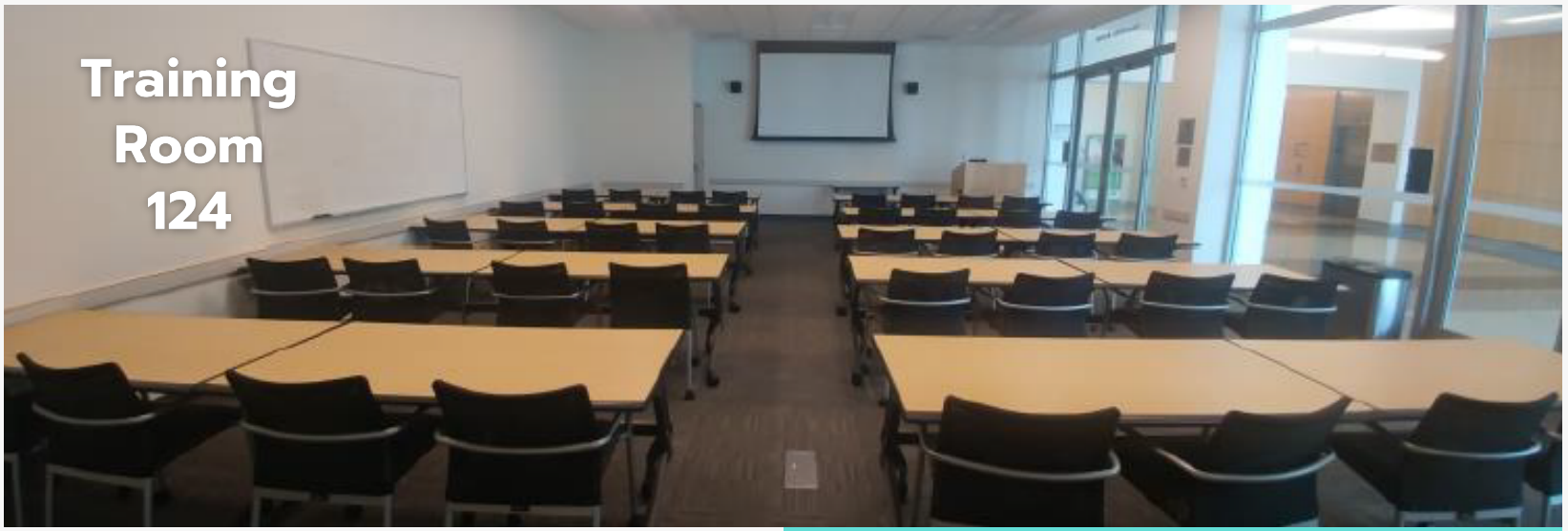
PUBLIC TRANSPORTATION

MTS Bus Routes:

25, 235, 928



Training Room 124



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 5530** will be on your left.

FROM BUS:

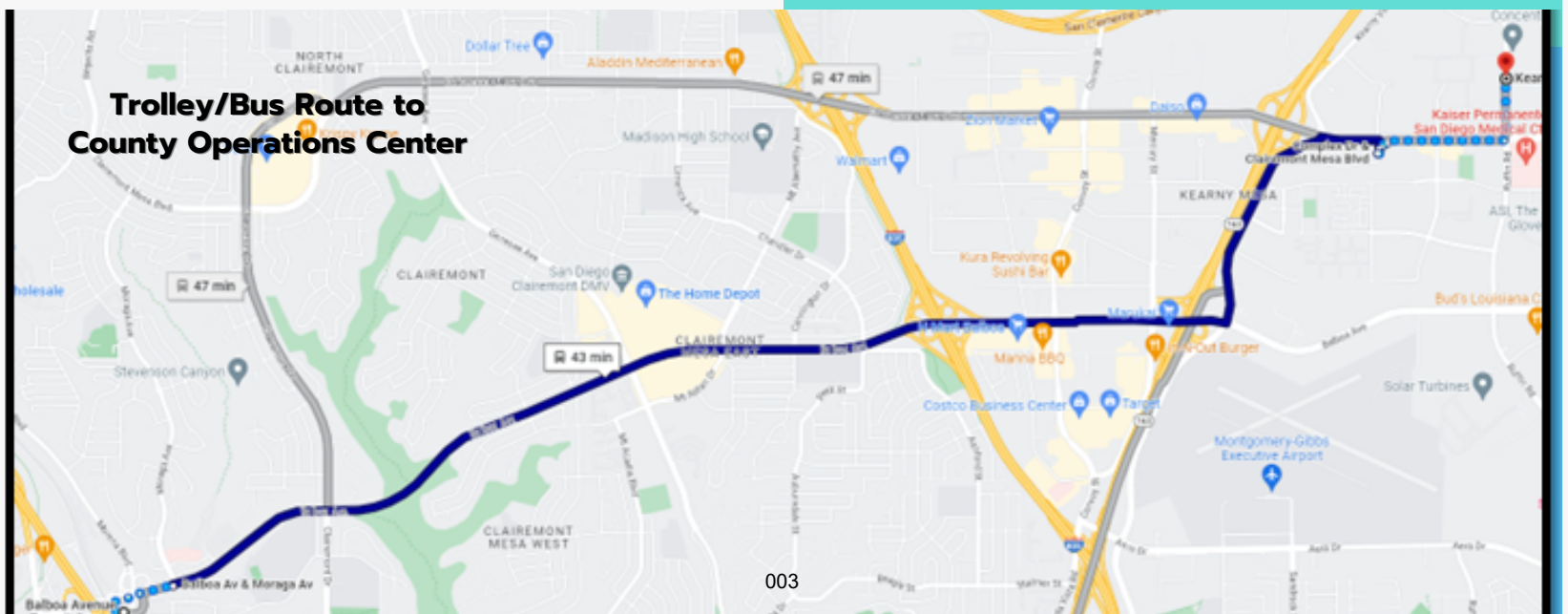
From Ruffin Road:

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 5530** will be on your **left**.

Trolley/Bus Route to County Operations Center



Conflict of Interest Priority Setting and Resource Allocation Committee

| Name | <u>Conflict of Interest</u> |
|------------------------------|---|
| Carroll, Reginald | <ul style="list-style-type: none"> • None |
| Cortes, Alberto | <ul style="list-style-type: none"> • Medical Nutrition Therapy • Emergency Financial Assistance • Food Bank/Home Delivered Meals |
| Davenport, Beth | <ul style="list-style-type: none"> • Mental Health • Non-Medical Case Management Services • Medical Case Management • Peer Navigation |
| Garcia-Bigley, Felipe | <ul style="list-style-type: none"> • EIS: Minority AIDS Initiative • Early Intervention Services, Regional Services • Home-Based Health Care Coordination • Medical Case Management • Mental Health Counseling/Therapy • Mental Health: Psychiatric Medication Management • Non-Medical Case Management Service • Oral Health • Outpatient Ambulatory Health Services: Medical Specialty • Outpatient Ambulatory Health Services: Primary Care • Peer Navigation (Referral for Healthcare and Support Services) • Transportation: Assisted and Non-Assisted |
| Highfill, Pam | <ul style="list-style-type: none"> • Substance Use Treatment: Residential |
| Jacobs, Dr. Delores | <ul style="list-style-type: none"> • None |
| Kubricky, Cinnamen | <ul style="list-style-type: none"> • None |
| Mueller, Chris | <ul style="list-style-type: none"> • Medical Case Management, including Treatment Adherence Services • Outpatient/Ambulatory Health Services (Primary Care) • Medical Transportation • Non-Medical Case Management Service • Medical Specialty • Psychiatric Services |
| Quezada-Torres, Karla | <ul style="list-style-type: none"> • None |
| | |

| Name | <u>Conflict of Interest</u> |
|---------------------------|---|
| Robles, Raul | <ul style="list-style-type: none"> • None |
| Underwood, Regina | <ul style="list-style-type: none"> • Medical Case Management, including Treatment Adherence Services • Mental Health Services • Substance Abuse Outpatient Care • Medical Transportation • Non-Medical Case Management Service • Outreach Services • Peer Navigation • EIS: Regional • EIS: Minority AIDS Initiative |
| Van Brocklin, Rhea | <ul style="list-style-type: none"> • Coordinated HIV Services for Women, Infants, Children, Youth, and Families (CHS: WICYF) |
| Villafan, Freddy | <ul style="list-style-type: none"> • Substance Use Disorder Treatment: Residential • Transportation: Assisted and Unassisted |



SAN DIEGO HIV PLANNING GROUP (HPG)
PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)
MEETING AGENDA
THURSDAY, January 11, 2024, 3:00 PM – 5:00 PM
COUNTY OPERATION CENTER
5530 OVERLAND AVE, SAN DIEGO, CA 92123, ROOM 124

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.

A quorum for this meeting is seven (7)

Committee Members: Reginald Carroll, Alberto Cortes, Dr. Beth Davenport, Felipe Garcia-Bigley, Pam Highfill, Dr. Delores Jacobs (Chair), Cinnamen Kubricky, Chris Mueller, Karla Quezada-Torres, Raul Robles, Regina Underwood, Rhea Van Brocklin, Freddy Villafan

ORDER OF BUSINESS

1. Call to order, roll call, comments from the chair
2. Reminders
 - a. **Review of Committee Charge**
 - b. **Committee members' Conflicts of Interest:** Disclose areas of financial interest (e.g., employment); Refrain from participation in related votes
 - c. **Areas that are NOT the purview of this committee:** Selection of contractors; contract details; how contractors implement contracted services (staff salaries, etc.) 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 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 Priority Setting & Resource Allocation Committee agenda for January 11, 2024

6. **ACTION:** Approve the Priority Setting & Resource Allocation Committee Minutes from November 9, 2023
7. Review follow-up items from the last meeting
8. Old Business:
 - a. Discussion on PSRAC Co-chair election and Chair appointment
 - b. Committee Attendance
9. New Business:
 - a. **ACTION:** Recommendations for FY 23 reallocations (current fiscal year, March 1, 2023 – February 29, 2024) or reallocations for FY 24 (next fiscal year, March 1, 2024 – February 28, 2025).
 - b. Review, discuss, and plan for the three components of the Needs Assessment process
 - i. Regional Community Meetings (timeframe)
 - ii. **ACTION:** Review and approve the draft 20204 Survey of HIV Impact
 1. Discuss Survey
 - iii. Provider Survey (timeframe)
 - c. Data requests from the Recipient
10. Routine Business:
 - a. Review Monthly and Year to Date expenditures and assess for recommended reallocations
 - b. Partial Assistance Rent Subsidy Program (PARS) and Emergency Housing update
 - c. Review Monthly and TYD service utilization report
 - d. Review the FY 24 PSRAC work plan and make any needed changes
11. Suggested items for the future committee agenda
12. Announcements
13. Next meeting date: **March 14, 2024, from 3:00 PM – 5:00 PM.**
Location: **TBD**
14. Adjournment

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

For more information, visit our website at www.sdplanning.org



SAN DIEGO HIV PLANNING GROUP (HPG)
PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)
MEETING MINUTES
THURSDAY, NOVEMBER 9, 2023, 3:00 PM – 5:00 PM
SOUTHEASTERN LIVE WELL CENTER
5101 MARKET STREET SAN DIEGO, CA 92114 (Tubman Chavez room A)

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 at 619-403-8809 or via e-mail at hpg.hhsa@sdcounty.ca.gov

A quorum for this meeting is seven (7)

Present: Reginald Carroll, Alberto Cortes, Pam Highfill, Dr. Delores Jacobs (Chair), Chris Mueller, Raul Robles, Karla Quezada-Torres

Absent: Dr. Beth Davenport, Felipe Garcia-Bigley, Rhea Van Brocklin, Regina Underwood, Freddy Villafan, Cinnamen Kubricky

| Agenda Item | Action | Follow-up |
|---|---|-----------|
| 1. Call to order | Dr. Jacobs called the meeting to order at 3:18 PM and noted that a quorum was established. | |
| 2. Reminders: | Dr. Jacobs reminded the committee members of the conflicts of interest. Chris Mueller read the committee charge. | |
| 3. Public Comment on non-agenda items (for members of the public) | A member of the public expressed concern about housing. | |
| 4. Sharing our concerns (for committee members) | A committee member expressed appreciation for the concerns raised by the member of the public and expressed concern about limits of the | |

| Agenda Item | Action | Follow-up |
|---|---|---|
| | emergency housing options in the County. | |
| 5. Action: Review and approve the agenda for November 9, 2023 | Action: Approve the November 9, 2023 meeting agenda as presented. M/S/C: Cortes/Mueller 5/0 Abstentions: Carroll, Jacobs, Motion carries | |
| 6. Action: Review and approve the meeting minutes for September 14, 2023 | Action: Review and approve the meeting minutes from September 14, 2023 M/S/C: Highfill/Quezada-Torres 5/0 Abstentions: Carroll, Jacobs Motion carries | |
| 7. Review follow-up items from the last meeting minutes | None | |
| 8. Old Business | | |
| a) Update on the Needs Assessment Survey | Dr. Jacobs shared that Shannon Ransom and Dr. Beth Davenport would co-chair the Needs Assessment working group. | |
| b) Continue discussion of Mental Health and Substance Use Treatment Services | The Recipient provided an update on access to services and said that the service standards for Mental Health Services and Substance Use Treatment services are being revised to address this. The Recipient was asked if clients are getting the correct number of visits to mental health services. The Recipients' Office confirmed it's allowable to make these services more frequent if necessary. | The Recipients' Office to confirm that access times are included in the Service Standards |
| 9. New Business | The committee discussed the terming out of some HPG seats and the importance of reaching out to consumers and colleagues to identify members' interest in participating in the committee. | HPG Support Staff will add to the January 2024 to discuss co-chair/chair and committee member recruitment |

For any inquiries, please send an email to HPG.HHSA@sdcounty.ca.gov
You may also visit our website at sdplanning.org

| Agenda Item | Action | Follow-up |
|---|--|--|
| a. ACTION: Recommendations for FY 23 reallocations (current fiscal year, March 1, 2023 – February 29, 2024) | The Recipients mentioned that the County received additional money to support emergency housing. | |
| 10. Routine Business | | |
| a. Review Monthly and Year to Date expenditures and assess for recommended reallocations | <p>The updated expenditure report is unavailable but will be available at the next PSRAC meeting. The Recipients' Office addressed the primary care expenditures and mentioned that the reason for the higher-than-usual expenses might be indicative of the clients returning to and seeking more care. The California Department of Public Health (CDPH) has issued a no-cost extension through May 2024. CDC also announced that the funding the County is receiving will end in May next year. The Recipient's Office is working to ensure that there is no interruption of services.</p> <p>A member of the public expressed concern about HIV spreading through the homeless population and has asked if the County is addressing this in terms of safety and spacing.</p> | |
| a. Partial Assistance Rent Subsidy Program (PARS) and Emergency Housing update | <p>PARS report:</p> <ul style="list-style-type: none"> • 54 are currently on the waitlist. • 10 previously enrolled • 10 new applicants <p>Demographics of clients on the waitlist: 54</p> <ul style="list-style-type: none"> • Gender: 39 male, 10 female, 5 transgender • Race/ethnicity: 9 Black, 27 | The steering committee will discuss the following steps to address public comment. |

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You may also visit our website at sdplanning.org

| Agenda Item | Action | Follow-up |
|--|---|-----------|
| | <p>Hispanic/Latino, 18 White, 0 Asian</p> <ul style="list-style-type: none"> • Age: 30 over 45, 22 ages 31-44, 2 ages 18-30 • Central Region 38 East 6 • South 4 • North 6 • There are 103 clients currently enrolled in PARS. <p>A member of the public expressed concern about public comments not being tracked or addressed. The Chair confirmed a policy and ensured this would be addressed.</p> | |
| b. Review Monthly and TYD service utilization report | Reviewed | |
| 11. Suggested items for the PSRAC agenda | None | |
| 12. Announcements | None | |
| 13. Next Meeting: | <p>Thursday, January 11, 2024 Location: County Operations Center (COC) 5530 Overland Ave. San Diego CA 92123 Room 124</p> | |
| 14. Adjournment | Adjourned at 4:29 PM | |

HIV PLANNING GROUP
12-MONTH COMMITTEE TRACKING
Jan 2023 -Dec 2023

| PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE | | | | | | | | | | | | | | | |
|--|-----|-----|-----|-----|-----|-------|--------|--------|--------|-----|-----|-----|-----|-----|---|
| PSRAC | Jan | Feb | Mar | Apr | May | 8-Jun | 20-Jun | 20-Jul | 27-Jul | Aug | Sep | Oct | Nov | Dec | # |
| Total meetings | 1 | 1 | 1 | 0 | 1 | 1 | 1 | 1 | 1 | 0 | 1 | 0 | 1 | 0 | 8 |
| Member | | | | | | | | | | | | | | | |
| Jacobs, Dr. Delores ^C | * | * | * | NM | * | * | * | * | * | NM | * | NM | * | NM | 0 |
| Carroll, Reginald | | | * | NM | * | * | * | * | * | NM | 1 | NM | * | NM | 1 |
| Cortes, Alberto | * | 1 | JC | NM | * | * | 1 | 1 | 1 | NM | * | NM | * | NM | 2 |
| Davenport, Beth | * | * | * | NM | * | * | * | * | * | NM | 1 | NM | 1 | NM | 2 |
| Garcia-Bigley, Felipe | * | * | * | NM | 1 | * | * | * | * | NM | * | NM | * | NM | 1 |
| Highfill, Pam | * | * | JC | NM | * | * | * | * | * | NM | * | NM | * | NM | 0 |
| Kubricky, Cinnamen ^U | * | * | * | NM | 1 | * | * | * | * | NM | * | NM | 1 | NM | 2 |
| Mueller, Chris | 1 | * | 1 | NM | * | * | * | * | * | NM | 1 | NM | * | NM | 3 |
| Robles, Raul | * | 1 | JC | NM | * | * | * | * | * | NM | 1 | NM | * | NM | 2 |
| Quezada-Torres, Karla | * | * | JC | NM | * | * | 1 | * | * | NM | * | NM | * | NM | 1 |
| Underwood, Regina | * | * | * | NM | * | 1 | * | * | * | NM | * | NM | 1 | NM | 2 |
| Van Brocklin, Rhea | * | * | * | NM | 1 | * | * | * | * | NM | 1 | NM | 1 | NM | 3 |
| Villafan, Freddy | * | 1 | * | NM | * | * | * | * | * | NM | 1 | NM | 1 | NM | 3 |

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

County of San Diego | HHSA HIV Needs Assessment Survey

What is the purpose of the HHSA Needs Assessment Survey? The County of San Diego Health and Human Services Agency is conducting a 2024 needs assessment survey. The survey will help County planners address the service needs of people living with or vulnerable to HIV and AIDS in San Diego County.

How does it work? You may complete the survey on paper or follow this link to complete it online: _____. Your participation in this survey is voluntary and your answers will remain anonymous. This means that no information you provide is linked to you. You do not need to answer any questions you do not feel comfortable answering. There are no right or wrong answers – we want to hear about you and your experiences. Some of these questions are personal. However, your open and honest responses are important so that the County can best serve people who are living with or vulnerable to HIV/AIDS. If you decide not to participate, it will not affect the services you are currently receiving or may seek in the future.

Some of the content of this survey might be activating. You are encouraged to prepare yourself emotionally before reading further. If you believe that you will find the survey to be activating, you should choose to not participate. The County of San Diego has a variety of resources. A 24/7 Access and Crisis Line provides free, confidential support and resources in over 200 languages. Call 1 (888) 724-7240.

The survey should take about 25 minutes to complete. We appreciate the valuable time you are taking to complete the survey! Your responses are anonymous and will contribute to our analysis of the San Diego community needs.

Where to go for questions or comments about the survey? If you have any questions about the survey and the analysis, please email hpg.hhsa@sdcounty.ca.gov.

Survey Date: _____, 2024

SECTION 1: HIV STATUS

1. What is your current HIV/AIDS status?

☐ Living with HIV (undetectable)

SKIP TO QUESTION 6

☐ Not living with HIV

☐ Living with HIV (detectable)

SKIP TO QUESTION 6

☐ Not sure of current HIV status

☐ Living with AIDS

SKIP TO QUESTION 6

2. Do you get tested for HIV at least once every year?

☐ Yes

☐ No

3. If you are not living with HIV or not certain of your current HIV status, when did you last test for HIV?

☐ Within the last 3 months

☐ Within the last 6 months to 1 year

☐ Not sure

☐ Within the last 3-6 months

☐ More than a year ago

☐ Never been tested

4. Pre-exposure prophylaxis (PrEP) is a medication that a person who does not have HIV takes every day to reduce the risk of getting HIV. Are you currently taking PrEP?

☐ Yes

☐ Considering taking PrEP

☐ No, but used to

☐ Decided not to

☐ Do not know about PrEP

5. Has your health care provider ever offered you an HIV test?

☐ Yes

☐ No

☐ Not sure

*****If you are not living with HIV or unaware of your HIV status, SKIP TO SECTION 2*****

6. Do you currently have a case manager?

County of San Diego | HHSA HIV Needs Assessment Survey

☐ Yes ☐ No ☐ Not sure

7. Do you have a health care provider (doctor, nurse practitioner, or physician assistant) who provides HIV treatment?

☐ Yes ☐ No, I don't currently have a health care provider who provides HIV treatment ☐ I've never had a health care provider who provides HIV treatment **SKIP TO QUESTION 10**

8. Have you received HIV care in the last 12 months? (this may include a virtual visit)

☐ Yes ☐ No ☐ Not sure

9. If you answered "yes" to the previous question, was your last visit with a doctor, nurse, or other health care team member for your HIV/AIDS?

☐ In Person ☐ Virtual ☐ Both

10. If you did NOT get HIV medical care for one year or more, or have never received care, why not? (Select all that apply)

- | | | | | |
|--|--|--|---|---|
| <input type="checkbox"/> I felt healthy | <input type="checkbox"/> I was unhoused | <input type="checkbox"/> I needed someone to talk to who understands HIV | <input type="checkbox"/> I was afraid of people finding out | <input type="checkbox"/> HIV medications made me feel sick |
| <input type="checkbox"/> Children, family, or childcare needs came first | <input type="checkbox"/> I didn't have enough money to pay | <input type="checkbox"/> I didn't know where or how to find services | <input type="checkbox"/> I had a bad experience with a health care provider | <input type="checkbox"/> I was afraid of possible side effects of medications |
| <input type="checkbox"/> I was not ready to deal with having HIV | <input type="checkbox"/> I was using drugs and/or alcohol | <input type="checkbox"/> I didn't think I could get services | <input type="checkbox"/> I didn't trust doctors or clinics | <input type="checkbox"/> I had difficulty with getting health coverage |
| <input type="checkbox"/> I was tired of dealing with HIV | <input type="checkbox"/> I was too sick to leave home | <input type="checkbox"/> I didn't have a ride to services | <input type="checkbox"/> I needed someone who spoke my language | <input type="checkbox"/> I had problems with keeping health coverage |
| <input type="checkbox"/> I am/was physically disabled | <input type="checkbox"/> I had mental health problems | <input type="checkbox"/> I didn't think medical care would help me | <input type="checkbox"/> There was a waitlist | <input type="checkbox"/> Does not apply, I have not been out of care |

☐ Other (please explain): _____

11. CD4/T-cell blood test is a test used to check the health of people with HIV, to see if they may be at risk for getting sick. In the last 12 months, how many CD4/T-cell blood tests have you had?

☐ Zero ☐ One ☐ Two
☐ More than two ☐ Not sure ☐ I've never had a CD4/T-cell blood test

12. An HIV viral load blood test measures the amount of HIV virus in your blood. Like T-cells, it is also used to check the health of people with HIV. In the last 12 months, how many HIV viral load tests have you had?

☐ Zero ☐ One ☐ Two

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☐ More than two ☐ Not sure ☐ I've never had an HIV viral load blood test

13. Do you currently have a suppressed/undetectable viral load?

☐ Yes ☐ No ☐ Not sure

14. Are you currently on antiretroviral therapy (ART)?

☐ Yes ☐ No ☐ Not sure

15. How often do you take ART medication as prescribed by your doctor?

☐ Always ☐ Usually (more than half the time) ☐ Sometimes (about half the time or less) ☐ Never

16. In the last five years, has there been a time in which you were off your HIV medication for more than 6 months?

☐ No ☐ I have never taken HIV medication

☐ Yes (please explain): _____

17. In your opinion, which of the following changes in your life would impact your decision to stop your HIV medication in the future? (Select all that apply)

☐ Housing ☐ Move to another area ☐ Change in relationship status ☐ Perception that medication isn't helping

☐ Other, please explain: _____

SECTION 2: OTHER HEALTH CONCERNS

18. Do you have a disability? If so, please check those that apply to you:

☐ I do not have a disability ☐ Deaf/hard of hearing (use ASL) ☐ Intellectual and developmental disability
☐ Blind/visually impaired ☐ Physically disabled ☐ Post-Traumatic Stress Disorder (PTSD)
☐ Other: _____

19. Do you have or have you had in the past Hepatitis B?

☐ Yes ☐ No ☐ Not sure

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20. Have you ever been tested for Hepatitis C?

- ☐ Yes ☐ No ☐ Not sure

21. If you tested positive for Hepatitis C, did you receive treatment?

- ☐ Yes ☐ No ☐ Not sure ☐ I have never tested positive

22. If you answered "No" to the previous question, please explain why you didn't receive treatment:

23. Do you have or have you had in the past Tuberculosis?

- ☐ Yes ☐ No ☐ Not sure

24. Have you ever been screened or tested for other Sexually Transmitted Infection(s) (STIs such as Chlamydia, Gonorrhea, Syphilis)?

- ☐ Yes ☐ No ☐ Not sure

25. In the 12 months, how many times have you been screened or tested for STIs? _____

26. Has your health care provider offered Doxycycline Post-Exposure Prophylaxis for Bacterial STI prevention?

- ☐ Yes ☐ No ☐ Not sure

27. Are you currently pregnant or have been pregnant in the last 5 years?

- ☐ Yes ☐ No ☐ Not sure ☐ Not applicable

28. Have you obtained prenatal care/services (ongoing medical care during a pregnancy)?

- ☐ Yes ☐ No ☐ Not sure ☐ Not applicable

SECTION 3: MENTAL HEALTH AND SUBSTANCE USE CONCERNS

29. In the past 6 months, have you seen a therapist or received counseling?

- ☐ Yes ☐ No ☐ Not sure

30. Select all that apply to you from the list below:

- | | | |
|--|--|---|
| <input type="checkbox"/> I may have an alcohol problem | <input type="checkbox"/> I may have a drug problem | <input type="checkbox"/> I am in recovery |
| <input type="checkbox"/> I have had an alcohol problem, but no | <input type="checkbox"/> I have had a drug problem, but no | <input type="checkbox"/> None apply to me |

County of San Diego | HHSA HIV Needs Assessment Survey

longer use alcohol

longer use drugs

31. Have you ever injected illicit and non-prescribed drugs? (select only one)

☐ No **SKIP TO SECTION 4**

☐ Yes, in the last 12 months

☐ Yes, more than 12 months ago

32. Have you ever shared needles or works?

☐ Always

☐ Usually (more than half the time)

☐ Sometimes (about half the time or less)

☐ Never

33. Which drugs have you injected? (Select all that apply)

☐ Cocaine

☐ Non-prescribed hormones

☐ Methamphetamine (Crystal)

☐ Fentanyl

☐ Heroin

☐ Does not apply

☐ Other: _____

SECTION 4: CRIMINAL JUSTICE HISTORY

34. Have you ever been incarcerated (jail or prison)?

☐ Yes

☐ No **SKIP TO SECTION 5**

35. If you answered "yes" to the previous question, when were you released?

☐ Within the past 2 years

☐ Within 3-5 years

☐ More than 5 years ago

36. If you were incarcerated, did you have any problems getting the following AFTER your release:

Medical care

☐ Yes ☐ No

Housing

☐ Yes ☐ No

Other support services

☐ Yes ☐ No

Employment

☐ Yes ☐ No

SECTION 5: EMPLOYMENT AND INCOME

37. What is your current employment status?

☐ Employed

☐ Not working, but looking for a job

☐ Full- or part-time family caregiver

☐ Self-employed

☐ Not working and not looking for a job

☐ Unable to work/Disabled

☐ Retired

☐ Homemaker/stay-at-home parent

☐ Student

38. What is the highest level of education you have completed?

☐ Never attended school

☐ High school graduate/GED

☐ Bachelor's degree

☐ Less than high school

☐ Some college/technical or vocational school

☐ Graduate degree

☐ Some high school

☐ Associate's degree

☐ Other: _____

39. Currently, what is your main source of income? (Select only one)

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- | | | |
|--------------------------------------|---|------------------------------------|
| <input type="radio"/> Earnings/job | <input type="radio"/> Social Security (e.g., SSI, SSDI) | <input type="radio"/> Retirement |
| <input type="radio"/> Family/Friends | <input type="radio"/> General Assistance/Relief | <input type="radio"/> No income |
| <input type="radio"/> CalWorks | <input type="radio"/> Unemployment | <input type="radio"/> Other: _____ |

40. What is your best estimate of your gross (before tax) MONTHLY household income from all sources (work, social security, disability, alimony, etc.)?

41. What is the total monthly cost that you and your household pay for rent or mortgage and utilities (water, electricity, and/or gas)?

42. What is the total number of family members or people supported by your household income (including yourself)?

_____ adults (18+) _____ children (under 18)

SECTION 6: HOUSING

43. What is your current housing situation?

- | | | | |
|--|---|--|--|
| <input type="radio"/> Renting a property | <input type="radio"/> Living in a shelter | <input type="radio"/> Staying with a friend/relative | <input type="radio"/> Incarcerated |
| <input type="radio"/> Own a property | <input type="radio"/> Unsheltered | <input type="radio"/> Living in a treatment facility | <input type="radio"/> Living in supportive living facility or group home |
| <input type="radio"/> Moving from friend/relative to friend/relative (couch surfing) | <input type="radio"/> Other: _____ | | |

44. Have any of these situations impacted your ability to obtain and retain housing? (Select all that apply)

- | | | | | |
|---|--|--|---|---|
| <input type="checkbox"/> Lack of available housing | <input type="checkbox"/> Cost of housing | <input type="checkbox"/> Poor credit history | <input type="checkbox"/> Access to health insurance | <input type="checkbox"/> Limited support system |
| <input type="checkbox"/> Insufficient monthly income | <input type="checkbox"/> Family size | <input type="checkbox"/> Substance use | <input type="checkbox"/> Criminal record | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Lack of employment opportunities | <input type="checkbox"/> Geographic accessibility to health care | <input type="checkbox"/> HIV/AIDS stigma | <input type="checkbox"/> Other stigma: _____ | <input type="checkbox"/> None |

☐ Other, please explain: _____

SECTION 7: ACCESS TO TREATMENT AND BASIC NEEDS SERVICES

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45. For each **HEALTH SERVICE** listed in the rows below, check only one box that most closely matches your experience during the past 12 months:

| | I didn't need this service | I received this service, and it met my needs | I received this service, but it did not meet my needs | I received this service, but it was hard to access | I needed this service, but couldn't get it |
|--|----------------------------|--|---|--|--|
| A. Dental care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. HIV/AIDS medication/medicine (as prescribed by a doctor) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. HIV primary care (clinic, doctor, nurse practitioner, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Home health care (nurse, attendant, hospice, physical therapy at your home) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Medical specialist other than HIV specialist (Hep C/liver, eye, ear, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Alcohol/drug recovery services/treatment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Counseling/therapy (individual or group by a professional) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Psychiatric services (medication management for bipolar, clinical depression, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

46. If you responded "I received this service, but it was hard to access" or "I needed this service, but couldn't get it" for any of the **HEALTH SERVICES** listed above, why did you have trouble accessing this/these service(s)? (Select all that apply)

- | | | | | |
|---|--|--|---|---|
| <input type="checkbox"/> I felt healthy | <input type="checkbox"/> I was unhoused | <input type="checkbox"/> I needed someone to talk to who understands HIV | <input type="checkbox"/> I was afraid of people finding out | <input type="checkbox"/> HIV medications made me feel sick |
| <input type="checkbox"/> Children, family or childcare needs came first | <input type="checkbox"/> I didn't have enough money to pay | <input type="checkbox"/> I didn't know where or how to find services | <input type="checkbox"/> I had a bad experience with a health care provider | <input type="checkbox"/> I was afraid of possible side effects of medications |
| <input type="checkbox"/> I was not ready to deal with having HIV | <input type="checkbox"/> I was using drugs and/or alcohol | <input type="checkbox"/> I didn't think I could get services | <input type="checkbox"/> I didn't trust doctors or clinics | <input type="checkbox"/> I had difficulty with getting health coverage |
| <input type="checkbox"/> I was tired of dealing with HIV | <input type="checkbox"/> I was too sick to leave home | <input type="checkbox"/> I didn't have a ride to services | <input type="checkbox"/> I needed someone who spoke my language | <input type="checkbox"/> I had problems with keeping health coverage |

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☐ I am/was physically disabled

☐ I had mental health problems

☐ I didn't think medical care would help me

☐ There was a waitlist

☐ Does not apply, I have not been out of care

☐ Other (please explain): _____

Add aging population question here

47. For each **BASIC NEEDS SERVICE** listed in the rows below, check only one box that most closely matches your experience during the past 12 months:

| | I didn't need this service | I received this service, and it met my needs | I received this service, but it did not meet my needs | I received this service, but it was hard to access | I needed this service, but couldn't get it |
|---|----------------------------|--|---|--|--|
| A. Childcare (day care or babysitting) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Emergency housing/shelter (emergency hotel stay) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Emergency utility payment (water, gas, electricity, phone) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Food (home delivered meals, food bank, food pantry) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Help to pay rent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Legal services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Transportation (bus pass, transportation vouchers to help you access health care services) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

48. If you responded "I received this service, but it was hard to access" or "I needed this service, but couldn't get it" for any of the **BASIC NEEDS SERVICES** listed above, why did you have trouble accessing this/these service(s)? (Select all that apply)

☐ I felt healthy

☐ I was unhoused

☐ I needed someone to talk to who understands HIV

☐ I was afraid of people finding out

☐ HIV medications made me feel sick

☐ Children, family or childcare needs came first

☐ I didn't have enough money to pay

☐ I didn't know where or how to find services

☐ I had a bad experience with a health care provider

☐ I was afraid of possible side effects of medications

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- | | | | | |
|--|---|--|---|--|
| <input type="checkbox"/> I was not ready to deal with having HIV | <input type="checkbox"/> I was using drugs and/or alcohol | <input type="checkbox"/> I didn't think I could get services | <input type="checkbox"/> I didn't trust doctors or clinics | <input type="checkbox"/> I had difficulty with getting health coverage |
| <input type="checkbox"/> I was tired of dealing with HIV | <input type="checkbox"/> I was too sick to leave home | <input type="checkbox"/> I didn't have a ride to services | <input type="checkbox"/> I needed someone who spoke my language | <input type="checkbox"/> I had problems with keeping health coverage |
| <input type="checkbox"/> I am/was physically disabled | <input type="checkbox"/> I had mental health problems | <input type="checkbox"/> I didn't think medical care would help me | <input type="checkbox"/> There was a waitlist | <input type="checkbox"/> Does not apply, I have not been out of care |
- ☐ Other (please explain): _____
- _____
- _____

49. For each **SUPPORT SERVICE** listed in the rows below, check only one box that most closely matches your experience during the past 12 months:

| | I didn't need this service | I received this service, and it met my needs | I received this service, but it did not meet my needs | I received this service, but it was hard to access | I needed this service, but couldn't get it |
|--|----------------------------|--|---|--|--|
| A. Case management (ongoing help to get services or benefits, not just one-time) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Coordinated services center (one-stop shop to get different services such as case management, education, peer navigation) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Information and referral to services and how to get them (in writing, by phone or internet, in person) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Peer advocacy or peer navigation (referral, advice to get services) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Representation payee (someone who manages my money) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

50. If you responded "I received this service, but it was hard to access" or "I needed this service, but couldn't get it" for any of the **SUPPORT SERVICES** listed above, why did you have trouble accessing this/these service(s)? (Select all that apply)

- | | | | | |
|---|--|--|---|---|
| <input type="checkbox"/> I felt healthy | <input type="checkbox"/> I was unhoused | <input type="checkbox"/> I needed someone to talk to who understands HIV | <input type="checkbox"/> I was afraid of people finding out | <input type="checkbox"/> HIV medications made me feel sick |
| <input type="checkbox"/> Children, family or childcare needs came first | <input type="checkbox"/> I didn't have enough money to pay | <input type="checkbox"/> I didn't know where or how to find services | <input type="checkbox"/> I had a bad experience with a health care provider | <input type="checkbox"/> I was afraid of possible side effects of medications |

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- | | | | | |
|--|---|--|---|--|
| <input type="checkbox"/> I was not ready to deal with having HIV | <input type="checkbox"/> I was using drugs and/or alcohol | <input type="checkbox"/> I didn't think I could get services | <input type="checkbox"/> I didn't trust doctors or clinics | <input type="checkbox"/> I had difficulty with getting health coverage |
| <input type="checkbox"/> I was tired of dealing with HIV | <input type="checkbox"/> I was too sick to leave home | <input type="checkbox"/> I didn't have a ride to services | <input type="checkbox"/> I needed someone who spoke my language | <input type="checkbox"/> I had problems with keeping health coverage |
| <input type="checkbox"/> I am/was physically disabled | <input type="checkbox"/> I had mental health problems | <input type="checkbox"/> I didn't think medical care would help me | <input type="checkbox"/> There was a waitlist | <input type="checkbox"/> Does not apply, I have not been out of care |
- ☐ Other (please explain): _____
- _____
- _____

51. From the list below, which of the services are most important to you today?

Please write the letters for the **5** most important services, in order of importance to you (1 being most important).

1 _____ 2 _____ 3 _____ 4 _____ 5 _____

| | |
|--|--|
| A. Dental care | K. Emergency utility payment (water, gas, electricity, phone) |
| B. HIV/AIDS medication/medicine (as prescribed by a doctor) | L. Food (home delivered meals, food bank, food pantry) |
| C. HIV primary care (clinic, doctor, nurse practitioner, etc.) | M. Help to pay rent |
| D. Home health care (nurse, attendant, hospital, physical therapy at your home) | N. Legal services |
| E. Medical specialist other than HIV specialist (Hep C/liver, eye, ear, etc.) | O. Transportation (bus pass, transportation vouchers to help you access health care services) |
| F. Alcohol/drug recovery services/treatment | P. Case management (ongoing help to get services or benefits, not just one-time) |
| G. Counseling/therapy (individual or group by a professional) | Q. Coordinated services center (one-stop shop to get different services such as case management, education, peer navigation) |
| H. Psychiatric services (medication management for bipolar, clinical depression, etc.) | R. Information and referral to services and how to get them (in writing, by phone or internet, in person) |
| I. Childcare (day care or babysitting) | S. Peer advocacy or peer navigation (referral, advice to get services) |
| J. Emergency housing/shelter (emergency hotel stay) | T. Representation payee (someone who manages my money) |

SECTION 8: PREVENTION NEEDS

52. Have you had sex (oral, vaginal, anal) in the last 12 months?

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☐ Yes

☐ No **SKIP TO SECTION 9**

53. How many sexual partners have you had in the last 12 months? _____

54. What parts of YOUR body are involved when having sex? (Select all that apply)

☐ Penis ☐ Vagina ☐ Anus ☐ Mouth

55. What parts of your partner's/partners' body/bodies are involved when having sex? (Select all that apply)

☐ Penis ☐ Vagina ☐ Anus ☐ Mouth

56. Where did you meet your sex partners within the last 12 months? (Select all that apply)

☐ Coffee shops ☐ Parks ☐ Online (Grindr, Scruff, etc.) ☐ Work ☐ Bathhouse
☐ Public place ☐ Adult book/video store ☐ Social parties/gatherings ☐ Sex parties ☐ No new sex partners
☐ Bars/clubs ☐ Smartphone app ☐ Through friends ☐ Other: _____

57. If you met sex partners online or with a smartphone app, on which website(s) or app(s) did you meet your sex partners? (Select all that apply)

☐ Adam4adam ☐ Snapchat ☐ Manhunt.com ☐ Tinder ☐ Craigslist.com ☐ Growler
☐ Facebook ☐ Barebackrt.com ☐ Scruff ☐ Recon ☐ Bear411 ☐ Sniffies
☐ Jack'd.com ☐ Grindr ☐ Hornet ☐ Does not apply ☐ Other: _____

58. If you go online or use a smartphone app to meet partners, which of the following do you include on your profile? (Select all that apply)

☐ Not living with HIV ☐ Living with HIV ☐ HIV unknown ☐ I do not use apps
☐ Not living with HIV and on PrEP ☐ Living with HIV (undetectable) ☐ I do not state

59. If you go online or use a smartphone app to meet partners, how frequently do you include your HIV status on your profile?

☐ Always ☐ Usually (more than half the time) ☐ Sometimes (about half the time or less) ☐ Never ☐ I do not use apps

60. In the last 12 months, were any of your sex partners: (Select all that apply)

☐ Anonymous ☐ Not living with HIV ☐ Living with HIV ☐ Sex workers
☐ Not aware of HIV status ☐ Not living with HIV and on PrEP ☐ Person(s) who inject drugs
☐ Gay/Bisexual/Other men who have sex with men

61. For each item in the rows below, check only one box that most closely matches the frequency during the last 12 months:

| Not | | | |
|--------|-----------|-------|------------|
| Always | Sometimes | Never | Applicable |

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- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| A. I knew the HIV status of my sex partners. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. I knew whether my sex partners had been tested for STIs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. I told my sex partners my current HIV status. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. I used condoms when having sex with person(s) who didn't know my HIV status. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. I used condoms when having sex with a person(s) not living with HIV or a person(s) who did not know their HIV status. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. I used condoms when having sex with a person(s) not living with HIV who is on PrEP. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. I used condoms when having sex with a person(s) living with HIV. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. I used condoms when having sex with a person(s) living with HIV who told me they have an undetectable viral load. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I. I am on PrEP and I told my sex partners about it. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION 9: DEMOGRAPHICS

62. What is the ZIP code where you live or stay most nights? _____
(Note: If you do not know your ZIP code, write the name of the city or area where you live)

63. What is your age? _____

64. What is your race/ethnicity? *(Select all that apply)*

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> South American | <input type="checkbox"/> Japanese | <input type="checkbox"/> Laotian |
| <input type="checkbox"/> African | <input type="checkbox"/> Central American | <input type="checkbox"/> Chinese | <input type="checkbox"/> Cambodian |
| <input type="checkbox"/> Caribbean Black | <input type="checkbox"/> Filipino/a | <input type="checkbox"/> Korean | <input type="checkbox"/> White (non-Hispanic) |
| <input type="checkbox"/> Latino/Hispanic | <input type="checkbox"/> Pacific Islander/Hawaiian | <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> Asian Indian |
| <input type="checkbox"/> Mexican | <input type="checkbox"/> Indigenous: _____ | <input type="checkbox"/> Multi-racial: _____ | <input type="checkbox"/> Other: _____ |

65. What language do you speak primarily? *(Select only one)*

- | | | | |
|-------------------------------|----------------------------------|---------------------------------|------------------------------------|
| <input type="radio"/> English | <input type="radio"/> Farsi | <input type="radio"/> Cantonese | <input type="radio"/> Korean |
| <input type="radio"/> Spanish | <input type="radio"/> Tagalog | <input type="radio"/> Mandarin | <input type="radio"/> Creole |
| <input type="radio"/> Arabic | <input type="radio"/> Vietnamese | <input type="radio"/> Chinese | <input type="radio"/> Other: _____ |

66. Which of these best describe your current gender identity? *(Select all that apply)*

- | | | |
|--------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Woman | <input type="checkbox"/> Man | <input type="checkbox"/> Genderqueer/Gender Non-conforming/Gender Fluid |
| <input type="checkbox"/> Trans Woman | <input type="checkbox"/> Trans Man | <input type="checkbox"/> Questioning/Unsure/Exploring |
| <input type="checkbox"/> Non-binary | <input type="checkbox"/> Two-spirit | <input type="checkbox"/> A gender not listed here (please specify): _____ |

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67. Which of these best describe your current sexual orientation? (Select all that apply)

- ☐ Asexual ☐ Queer ☐ Heterosexual/Straight
☐ Gay ☐ Bisexual ☐ Questioning/Unsure/Exploring
☐ Pansexual ☐ Lesbian ☐ A sexual orientation not listed here (please specify): _____

68. Do you have health insurance coverage?

- ☐ Yes ☐ No ☐ Not sure

69. Do you receive medical care through the Ryan White HIV/AIDS Program?

- ☐ Yes ☐ No ☐ Not sure

70. Figuring out the difference between medical coverage providers can be confusing. TO the best of your knowledge, which of the following plan(s) are your associated with? (Select all that apply)

- | | | | |
|---|--|--|-----------------------------------|
| <input type="checkbox"/> Medi-Cal (nationally known as Medicaid) | <input type="checkbox"/> Private Insurance (via work, former employer, union, etc) | <input type="checkbox"/> Veteran's Administration | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Medi-Cal Managed Care | <input type="checkbox"/> Covered CA (marketplace exchange) | <input type="checkbox"/> Tricare or other military health care | <input type="checkbox"/> None |
| <input type="checkbox"/> Medi-Cal Dental Program (Denti-Cal) | <input type="checkbox"/> Medi-Medi (Medicare and Medicaid) | <input type="checkbox"/> Indian Health Services | |
| <input type="checkbox"/> Medicare (mostly for people 65 or older, and sometimes for people with certain disabilities) | <input type="checkbox"/> Other _____ | | |

71. What is your current citizenship status? (Reminder: your answers will remain anonymous. This means that your answer to this question will not be linked to you in any way.)

- ☐ US citizen ☐ Not a US citizen or permanent resident ☐ Decline to state
☐ Permanent resident ☐ Refugee or asylum seeker

If you are 50 YEARS OLD OR OLDER, please continue to section 10. Your responses about the needs of the aging population will help us improve the service delivery for people living with HIV aged 50 and older!

If you are under the age of 50, you are all done! Thank you again for your time!

SECTION 10: SERVICES FOR ADULTS 50 YEARS OF AGE AND OLDER

72. What are your greatest worries as you get older while living with HIV/AIDS? (Select all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Overall health | <input type="checkbox"/> Housing | <input type="checkbox"/> End of life care |
| <input type="checkbox"/> Social isolation | <input type="checkbox"/> Access to HIV/AIDS services/medications | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please explain): _____ | | |

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73. Has your health care provider ever talked to you about the implications of aging with HIV/AIDS?

- ☐ Yes ☐ No ☐ Not sure

74. Are you dealing with any other diagnoses or chronic illnesses? *(Select all that apply)*

- ☐ Hepatitis ☐ Osteoporosis/Bone disease ☐ Diabetes ☐ Sleep disorders ☐ Mobility challenges
- ☐ Cancer ☐ Cardiovascular (Health disease) ☐ Neuropathy ☐ Memory loss (neurocognitive challenges) ☐ No other diagnoses or illnesses
- ☐ Other (please explain): _____

75. Are you currently or have you ever experienced mental health challenges? *(Select all that apply)*

- ☐ Anxiety ☐ Depression ☐ Isolation ☐ Not sure ☐ None
- ☐ Other (please explain): _____

76. Do you feel you have a support system that you can rely on during a time of need? *(Please select all that apply)*

- ☐ Family ☐ Service providers ☐ Support groups
- ☐ Friends ☐ Spiritual advisors ☐ None
- ☐ Other (please explain): _____

77. Are you experiencing any challenges carrying out your day-to-day activities such as preparing meals, cleaning, etc.?

- ☐ Yes ☐ No

78. Are you worried about losing your income or benefits as you age?

- ☐ Yes ☐ No

79. How often do you experience food insecurity (not having a steady supply of enough food)?

- ☐ Always ☐ Usually (more than half the time) ☐ Sometimes (about half the time or less) ☐ Never

80. How often do you have access to a computer?

- ☐ Always ☐ Usually (more than half the time) ☐ Sometimes (about half the time or less) ☐ Never

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81. For each service in the rows below, check only one box that most closely matches your comfort level with using a telehealth option for (online consultations on the computer or mobile phone):

| | 1 | 2 | 3 | 4 | 5 | |
|----------------------|----------------------------|---------------------------|---|--------------------------|--------------------------|--------------------------|
| | Extremely uncomfortable | Somewhat uncomfortable | Neither comfortable nor uncomfortable | Somewhat comfortable | Extremely comfortable | Not applicable |
| A. Clinical services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Case management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Housing support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

82. Do you have any CLINICAL/MEDICAL needs that are not being met and that have a negative impact on your quality of life?

☐ Yes ☐ No

83. If you answered "yes" to the previous question, what are the additional CLINICAL/MEDICAL needs that are not being met?

84. Do you have any SOCIAL SUPPORT needs that are not being met and that have a negative impact on your quality of life?

☐ Yes ☐ No

85. If you answered "yes" to the previous question, what are the additional SOCIAL SUPPORT needs that are not being met?

86. What changes, if any, would you recommend related to HIV services? What would help make it easier for you to use the different services that are available?

87. What matters most to you right now?

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THANK YOU!

DETAILED INTERNAL BUDGET

Program: HIV Planning Group Support-County
Year: RW 2023

DETAILED INTERNAL BUDGET

| | | | | | | | |
|--|--|---|----------------------------|-----------------------------------|---------------------------|----------------|-------------------|
| Budget Period: 03/01/2023 to 2/28/2024 CFDA#: 93.914 Updated - 9/2023 Expenditures for 11/2023 Meeting | | TASK 008 S&S TASK 026 S&B TASK 001 Office Expenses/Zoom/Equipment | % of Year Elapsed | 58.31% | | 58.31% Elapsed | |
| | | | Budget Revision 5/11/23 | Expenditures September 2023 | YTD Total Expenditures | Expended | Remaining Balance |
| Personnel Expenses (Salary&Benefits) | | | \$ 251,492.00 | \$ 45,579.00 | \$ 225,963.88 | 89.85% | \$ 25,528.12 |
| Needs Assessment | | | \$ 75,000.00 | | \$ - | 0.00% | \$ 75,000.00 |
| Translation Services | | | \$ 11,000.00 | \$ 791.94 | \$ 4,793.23 | 43.57% | \$ 6,206.77 |
| Meeting Space | | | \$ - | | \$ - | #DIV/0! | \$ - |
| Transportation, Mileage & Gas Cards | | | \$ 4,500.00 | \$ 2,524.84 | \$ 4,211.49 | 93.59% | \$ 288.51 |
| Training for HPG Staff | | | \$ - | | \$ - | #DIV/0! | \$ - |
| Office Supplies | | | \$ 4,000.00 | \$ 272.00 | \$ 7,267.32 | 181.68% | \$ (3,267.32) |
| Food Purchases | | | \$ 5,000.00 | \$ 72.74 | \$ 1,674.75 | 33.50% | \$ 3,325.25 |
| Transcription (Written) Services | | | \$ 500.00 | | \$ - | 0.00% | \$ 500.00 |
| WebEx (monthly) 47.86 HPG charge | | | \$ 750.00 | \$ 47.86 | \$ 335.02 | 44.67% | \$ 414.98 |
| Zoom (anually) | | | \$ 950.00 | \$ 890.06 | \$ 890.06 | 93.69% | \$ 59.94 |
| Equipment (Meeting Owl Office Max) | | | \$ 5,000.00 | | \$ 1,948.23 | 38.96% | \$ 3,051.77 |
| Trainings/Consultants | | | \$ 1,500.00 | | \$ - | 0.00% | \$ 1,500.00 |
| WiFi (MiFi) Monthly Service @ \$286/month (6) | | | \$ 2,000.00 | \$ 286.44 | \$ 2,005.08 | 100.25% | \$ (5.08) |
| Mail Chimp | | | \$ 504.00 | | \$ - | | |
| TOTAL PC BUDGET | | | \$ 362,196.00 | \$ 50,464.88 | \$ 249,089.06 | 68.77% | \$ 113,106.94 |

RW 2023-24 PART A AWARD INFORMATION

| Funding Source | Total RW 2023-24 Award |
|---------------------------|------------------------|
| Part A | 11,299,699.00 |
| Part A MAI | 773,155.00 |
| TOTAL AWARD AMOUNT | 12,072,854.00 |

RW 2023-24
YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN AS OF
SEPTEMBER 2023

FY23-24 ALLOCATION BREAK DOWN

| Funding Source | Admin. \$ | Admin. % | CQM \$ | CQM % | RW 202324 Service dollars | Total | CORE Medical Services | Support Services |
|----------------|---------------------|----------|-------------------|-------|---------------------------|----------------------|-----------------------|------------------|
| Part A | 1,129,969 | 10% | 315,170 | 3% | 9,854,560 | 11,299,699 | 70% | 30% |
| Part A MAI | 66,977 | 9% | 32,932 | 4% | 673,246 | 773,155 | | |
| TOTAL | 1,196,945.90 | | 348,102.00 | | 10,527,806.10 | 12,072,854.00 | 70% | 30% |

Ryan White Part A Allocations

| Service Categories | HRSA Ranking | Priority Ranking | RW 2023-24 HPG Allocation as of 08/11/22 | % | HPG Approved Actions +/- | RW 2023-24 HPG Total as of today | % | RW 2023-24 Year to Date Expenditure | RW 2023-24 Year-to-Date - The % below is the % of the Budget Spent 58.33% of Year Elapsed/Invoiced) | RW 2023-24 Balance | Comments |
|--|--------------|------------------|--|------|--------------------------|----------------------------------|-----|-------------------------------------|---|--------------------|----------|
| Outpatient Ambulatory Health Services: Primary Care | 1l | 1 | 962,630.00 | 10% | \$ 140,000.00 | 1,102,630.00 | 11% | 784,641.52 | 71% | 317,988.48 | |
| Outpatient Ambulatory Health Services: Medical Specialty | 1l | 2 | 273,386.00 | 3% | - | 273,386.00 | 3% | 70,904.92 | 26% | 202,481.08 | |
| Psychiatric Medication Management | 1j | 3 | 28,036.00 | 84% | (15,000.00) | 13,036.00 | 0% | 2,957.77 | 23% | 10,078.23 | |
| Oral Health | 1k | 4 | 300,940.00 | 84% | (100,000.00) | 200,940.00 | 2% | 87,027.29 | 43% | 113,912.71 | |
| Medical Case Management | 1h | 5 | 1,268,338.00 | 14% | 15,000.00 | 1,283,338.00 | 13% | 739,449.28 | 58% | 543,888.72 | |
| Case Management-Non-Medical for Housing NEW | | 7 | - | 0% | - | - | | | | | |
| Housing: Emergency Housing | 2e | 8 | 530,000.00 | 6% | 545,000.00 | 1,075,000.00 | 11% | 729,908.68 | 68% | 345,091.32 | |
| Housing: Location, Placement and Advocacy Services NEW | | 9 | - | 0% | - | - | | | | | |
| Housing: Partial Assistance Rental Subsidy (PARS) | 2e | 10 | 807,507.00 | 100% | - | 807,507.00 | 8% | 439,399.93 | 54% | 368,107.07 | |
| Non-Medical Case Management | 2h | 6 | 392,021.00 | 4% | - | 392,021.00 | 4% | 243,337.96 | 62% | 148,683.04 | |
| Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF) | 1c | 11 | 943,317.00 | 10% | 50,000.00 | 993,317.00 | 10% | 470,807.86 | 47% | 522,509.14 | |
| Childcare Services | 2a | 11a | | 0% | | - | 0% | - | 0% | - | |
| Early Intervention Services: Regional Services | 1c | 12 | 477,703.00 | 5% | 35,000.00 | 512,703.00 | 5% | 463,455.23 | 90% | 49,247.77 | |
| Health Education & Risk Reduction | 2d | 12a | - | 0% | - | - | 0% | - | 0% | - | |
| Outreach Services | 2j | 12b | 322,683.00 | 3% | - | 322,683.00 | 3% | - | 0% | 322,683.00 | |
| Referral Services | 2l | 12c | | 0% | | - | 0% | - | 0% | - | |
| Referral to Health and Supportive Services (Peer Navigation) | | 14 | 400,000.00 | 4% | - | 400,000.00 | 4% | 187,708.05 | 47% | 212,291.95 | |
| Mental Health: Counseling/Therapy & Support Groups | 1j | 15 | 1,061,062.00 | 11% | (155,000.00) | 906,062.00 | 9% | 517,940.95 | 57% | 388,121.05 | |
| Psychosocial Support Services | | 16 | - | 0% | - | - | 0% | - | 0% | - | |
| Substance Abuse Services: Outpatient | 1m | 17 | 315,127.00 | 3% | (45,000.00) | 270,127.00 | 3% | 156,118.81 | 58% | 114,008.19 | |
| Substance Abuse Services: Residential | 2o | 18 | - | 0% | - | - | 0% | - | 0% | - | |
| Home-based Health Care Coordination | 1e | 19 | 228,500.00 | 2% | - | 228,500.00 | 2% | 172,090.37 | 75% | 56,409.63 | |
| Transportation: Assisted and Unassisted | 2g | 20 | 142,830.00 | 2% | - | 142,830.00 | 1% | 87,734.66 | 61% | 55,095.34 | |

| Service Categories | HRSA Ranking | Priority Ranking | RW 2023-24 HPG Allocation as of 08/11/22 | % | HPG Approved Actions +/- | RW 2023-24 HPG Total as of today | % | RW 2023-24 Year to Date Expenditure | RW 2023-24 Year-to-Date - The % below is the % of the Budget Spent 58.33% of Year Elapsed/Invoiced) | RW 2023-24 Balance | Comments |
|---|--------------|------------------|--|------|--------------------------|----------------------------------|------|-------------------------------------|---|--------------------|----------|
| Food Services: Food Bank/Home-Delivered Meals | 2c | 21 | 536,073.00 | 6% | (24,000.00) | 512,073.00 | 5% | 272,205.00 | 53% | 239,868.00 | |
| Medical Nutrition Therapy | 1i | 22 | 35,542.00 | 0% | - | 35,542.00 | 0% | 25,540.89 | 72% | 10,001.11 | |
| Legal Services | 2i | 23 | 285,265.00 | 3% | - | 285,265.00 | 3% | 177,420.38 | 62% | 107,844.62 | |
| Emergency Financial Assistance | 2b | 24 | 28,730.00 | 0% | 32,126.00 | 60,856.00 | 1% | 33,898.00 | 56% | 26,958.00 | |
| 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% | - | |
| Subtotal | | | 9,339,690.00 | 355% | 478,126.00 | 9,817,816.00 | 100% | 5,662,547.55 | 58% | 4,155,268.45 | |
| Ryan White Part A Minority AIDS Initiative (MAI) | | | RW 2023-24 Allocation as of 08/11/22 | | HPG Approved Actions +/- | RW 2023-24 MAI Total as of today | % | RW 2023-24 Year to Date Expenditure | RW 2023-24 Year-to-Date - The % below is the % of the Budget Spent 58.33% of Year Elapsed/Invoiced) | RW 2023-24 Balance | Comments |
| Case Management (Non-Medical) | | | 71,333.00 | | - | 71,333.00 | 11% | 35,521.82 | 50% | 35,811.18 | |
| Medical Case Management | | | 258,925.00 | | - | 258,925.00 | 38% | 115,849.09 | 45% | 143,075.91 | |
| Mental Health Services | | | 175,739.00 | | - | 175,739.00 | 26% | 72,156.53 | 41% | 103,582.47 | |
| Outreach Services | | | 23,337.00 | | - | 23,337.00 | 3% | 22,185.96 | 95% | 1,151.04 | |
| Substance Abuse Services (Outpatient) | | | 43,912.00 | | - | 43,912.00 | 7% | 40,394.92 | 92% | 3,517.08 | |
| Housing: Emergency Housing | | | 100,000.00 | | - | 100,000.00 | 15% | 52,721.70 | 53% | 47,278.30 | |
| Subtotal | | | 673,246.00 | | - | 673,246.00 | 100% | 338,830.02 | 50% | 334,415.98 | |
| TOTAL | | | 10,012,936.00 | | 478,126.00 | 10,491,062.00 | | 6,001,377.57 | 57% | 4,489,684.43 | |

CORE and Support Services allocation break-down

| | Total Allocation | Total Expenditure | Total Balance |
|-----------------------|------------------|-------------------|---------------|
| CORE Medical Services | 4,647,977.00 | 2,705,213.60 | 1,942,763.40 |
| Support Services | 5,169,839.00 | 2,957,333.95 | 2,212,505.05 |
| TOTAL | 9,817,816.00 | 5,662,547.55 | 4,155,268.45 |

0.00 variance

YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN AS OF AUGUST 2023

RW 22-23 & 23-24 SERVICE DOLLAR ALLOCATIONS AND EXPENDITURES

| Funding Source | RW 2022/2023 & RW 2023/2024 Service Dollars | Contract YTD Expenditure | % of Year Invoiced | % Spent | Balance | Comments |
|---|---|-----------------------------|-----------------------|------------|---------------------|--|
| Ryan White Part B | | | | | | |
| Outpatient Ambulatory Health Services (Medical) | 407,426.00 | - | 49.98% | 0% | 407,426.00 | Part A Payment Summary, Part B tracking as of September 2023 invoices. |
| Early Intervention Services (Expanded HIV Testing) | - | - | 49.98% | - | - | |
| Early Intervention Services (Focused Testing) | 187,900.00 | 103,762.64 | 49.98% | 55% | 84,137.36 | Part B Payment Summary as of September 2023 invoices. |
| Medical Case Management (Emergency Financial Assistance) | 227,906.00 | 148,252.00 | 49.98% | 65% | 79,654.00 | Part B Payment Summary as of September 2023 invoices. |
| Housing (Substance Abuse Services-Residential) | 543,413.00 | 315,138.63 | 49.98% | 58% | 228,274.37 | Part B Payment Summary as of September 2023 invoices. |
| Non-medical Case Management (Rep Payee) | 45,833.00 | 20,616.22 | 49.98% | 45% | 25,216.78 | Part B Payment Summary as of September 2023 invoices. |
| CoSD Medical Case Management | 403,173.24 | 228,943.56 | 49.98% | 57% | 174,229.68 | Per Q2 2023 Qtrly invoice |
| CoSD Early Intervention Services | 396,482.82 | 222,640.90 | 49.98% | 56% | 173,841.92 | Per Q2 2023 Qtrly invoice |
| Ryan White Part B Total | 2,212,134.06 | 1,039,353.95 | | 47% | 1,172,780.11 | |
| Ryan White Part B-MAI Bridge | 39,330.00 | 39,114.78 | 41.65% | 99% | 215.22 | Part B-MAI Payment Summary as of September 2023 invoices. |
| Prevention 2023 | | | | | | |
| <i>Counseling and Testing</i> | 180,000.00 | 125,440.19 | 58.31% | 70% | 54,559.81 | Prevention Payment Summary as of September 2023 invoices. |
| <i>Evaluation/ Linkage Activities/ Needs Assessment</i> | 962,418.58 | 607,722.02 | 58.31% | 63% | 354,696.56 | Prevention Payment Summary as of September 2023 invoices. |
| Prevention Total | 1,142,418.58 | 733,162.21 | | | 409,256.37 | |
| CDPH Ending the HIV Epidemic- Component A | \$1,309,150 | 101,348.35 | 100% | 8% | 1,207,801.65 | Prevention Payment Summary as of September 2023 invoices. |
| CDPH Ending the HIV Epidemic- Component C | \$222,220 | - | 0% | 0.00% | 222,220.00 | CDPH EHE Comp C No Contract. |
| HRSA Ending the HIV Epidemic- 20-078 FY2324 | \$2,555,761 | 867,205.00 | 41.65% | 33.93% | 1,688,556.00 | HRSA EHE Payment Summary as of September 2023 |
| TOTAL | 7,481,013.64 | 2,780,184.29 | | 37% | 4,700,829.35 | |

SUMMARY OF SERVICES FOR FY23

March 1, 2023 - February 29, 2024

| RYAN WHITE SERVICES | | Dec | Year To Date Total | Prior Year Total |
|---|---------|-------|--------------------|------------------|
| FY 2023-2024 | | | | |
| Total clients served each month | Clients | 1,244 | | |
| New clients in FY23 | Clients | 86 | 3,109 | 3,156 |
| Returning FY23 clients | Clients | 1,158 | | |
| VIRAL LOAD SUPPRESSION | | | | |
| Virally suppressed | Clients | 1,088 | | |
| % Virally suppressed | | 95% | | |
| With Test | Tests | 1,147 | | |
| Without Test | Tests | 97 | | |
| PART-A SERVICES | | | | |
| Outpatient Ambulatory Health Services: HIV Primary Care* | Visits | 200 | 2,178 | 1,328 |
| | Clients | 180 | 885 | 648 |
| Outpatient Ambulatory Health Services: Medical Specialty Care | Visits | - | 0 | 270 |
| | Clients | - | 0 | 129 |
| Psychiatric Medication Management | Visits | 5 | 28 | 15 |
| | Clients | 5 | 23 | 10 |
| Oral Health Care: Dental Care | Visits | 47 | 803 | 872 |
| | Clients | 34 | 303 | 343 |
| Early Intervention/Integrated Services for Women, Children & Families: Coordinated Care | Visits | 33 | 2,207 | 1,825 |
| | Clients | 22 | 164 | 162 |
| Early Intervention/Integrated Services for Women, Children & Families: Childcare | Visits | - | 49 | 74 |
| | Clients | - | 31 | 46 |
| Early Intervention Services: Regional Services | Visits | 604 | 7,862 | 7,192 |
| | Clients | 271 | 1,077 | 1,075 |
| Early Intervention Services: Peer Navigation Services | Visits | 32 | 2,826 | 1,288 |
| | Clients | 19 | 349 | 214 |
| Early Intervention Services: Outreach Services | Visits | - | 0 | 0 |
| | Clients | - | 0 | 0 |
| Medical Case Management Services | Visits | 952 | 10,652 | 8,455 |
| | Clients | 435 | 884 | 814 |

*Includes Part B funded services

SUMMARY OF SERVICES FOR FY23

March 1, 2023 - February 29, 2024

| RYAN WHITE SERVICES | | Dec | Year To Date Total | Prior Year Total |
|---|---------|-------|--------------------|------------------|
| PART-A SERVICES continued | | | | |
| Home-based Health Care Coordination | Visits | 20 | 597 | 654 |
| | Clients | 10 | 44 | 48 |
| Case Management -Non-Medical | Visits | 298 | 3,962 | 4,139 |
| | Clients | 177 | 344 | 348 |
| Mental Health Services: Counseling/Therapy | Visits | 255 | 3,362 | 2,591 |
| | Clients | 133 | 344 | 264 |
| Substance Abuse Treatment Services – Residential* | Visits | - | 125 | 142 |
| | Clients | - | 33 | 37 |
| Substance Abuse Treatment Services - Outpatient | Visits | 239 | 3,031 | 3,139 |
| | Clients | 40 | 102 | 100 |
| Housing Services: Partial Assistance Rental Subsidy | Visits | 91 | 944 | 1,114 |
| | Clients | 91 | 116 | 135 |
| Medical Transportation Services - Assisted | Visits | 1 | 12 | 23 |
| | Clients | 1 | 11 | 17 |
| Medical Transportation Services - Unassisted | Visits | 199 | 2,577 | 2,834 |
| | Clients | 153 | 388 | 422 |
| Housing Services: Emergency Housing Assistance | Visits | 47 | 870 | 760 |
| | Clients | 46 | 444 | 433 |
| Food Services: Food Bank/ Home Delivered Meals | Meals | 3,441 | 25,994 | 31,443 |
| | Clients | 128 | 216 | 225 |
| Medical Nutrition Therapy | Visits | 15 | 132 | 112 |
| | Clients | 15 | 67 | 79 |
| Legal Services | Visits | 17 | 147 | 140 |
| | Clients | 15 | 120 | 99 |
| Emergency Financial Assistance | Visits | - | 690 | 285 |
| | Clients | - | 160 | 89 |
| Internet Access | Visits | - | 1 | 2 |
| | Clients | - | 1 | 2 |
| Internet Equipment | Visits | 8 | 69 | 10 |
| | Clients | 7 | 26 | 6 |
| Collateral Contacts | Visits | 156 | 1,995 | 2,206 |
| | Clients | 103 | 433 | 534 |

SUMMARY OF SERVICES FOR FY23

March 1, 2023 - February 29, 2024

| RYAN WHITE SERVICES | | Dec | Year To Date Total | Prior Year Total |
|---|---------|-----|--------------------|------------------|
| MAI SERVICES | | | | |
| Medical Case Management Services | Visits | 92 | 1,391 | 1,135 |
| | Clients | 40 | 154 | 159 |
| Mental Health Services: Therapy/Counseling | Visits | 29 | 449 | 704 |
| | Clients | 21 | 84 | 90 |
| Substance Abuse Treatment Services - Outpatient | Visits | 61 | 686 | 290 |
| | Clients | 29 | 101 | 49 |
| Faciliated Referrals | Visits | - | 0 | 0 |
| | Clients | - | 0 | 0 |
| Outreach Encounters | Visits | - | 0 | 0 |
| | Clients | - | 0 | 0 |
| Medical Transportation Services - Assisted | Visits | - | 0 | 0 |
| | Clients | - | 0 | 0 |
| Medical Transportation Services - Unassisted | Visits | - | 0 | 0 |
| | Clients | - | 0 | 0 |
| Case Management -Non-Medical | Visits | 45 | 762 | 863 |
| | Clients | 25 | 87 | 90 |

SUMMARY OF SERVICES FOR FY23

March 1, 2023 - February 29, 2024

| CLIENT DEMOGRAPHICS | Number of Clients | % of Client Total | Client Total |
|--|-------------------|-------------------|--------------|
| FY 2023-2024 | | | |
| Race/Ethnicity | | | |
| White (not Hispanic) | 720 | 23.16% | |
| Black or African American (not Hispanic) | 352 | 11.32% | |
| Hispanic or Latino(a) | 1,808 | 58.15% | |
| Asian | 45 | 1.45% | |
| American Indian/Alaska Native | 16 | 0.51% | |
| Multi-Race | 33 | 1.06% | |
| Native Hawaiian/Pacific Islander | 11 | 0.35% | |
| Race data not in ARIES | 124 | 3.99% | 3,109 |
| Gender | | | |
| Male | 2,474 | 79.58% | |
| Female | 517 | 16.63% | |
| Transgender FTM | 2 | 0.06% | |
| Transgender MTF | 114 | 3.67% | |
| Other | 2 | 0.06% | |
| Client Refused to Report | 0 | 0.00% | 3,109 |
| Age Categories | | | |
| < 2 | 23 | 0.74% | |
| 02-12 | 9 | 0.29% | |
| 13-24 | 60 | 1.93% | |
| 25-44 | 1,195 | 38.44% | |
| 45-64 | 1,453 | 46.74% | |
| 65 and over | 369 | 11.87% | 3,109 |
| Poverty Level | | | |
| <138% | 2,256 | 72.56% | |
| 138-199% | 345 | 11.10% | |
| 200-299% | 228 | 7.33% | |
| 300-399% | 55 | 1.77% | |
| 400-499% | 18 | 0.58% | |
| >500% | 16 | 0.51% | |
| Financial data not in ARIES | 191 | 6.14% | 3,109 |
| HRSA Housing Status | | | |
| Stable/Permanent | 1,181 | 37.99% | |
| Temporary | 303 | 9.75% | |
| Unstable | 203 | 6.53% | |
| Housing Status not in ARIES | 1,422 | 45.74% | 3,109 |
| Insurance Status | | | |
| Private | 38 | 1.22% | |
| Medicaid | 342 | 11.00% | |
| Medicare | 44 | 1.42% | |
| Other | 472 | 15.18% | |
| No Insurance | 104 | 3.35% | |
| Insurance not in ARIES | 2,109 | 67.84% | 3,109 |
| San Diego Region | | | |
| Central | 1,034 | 33.26% | |
| East | 192 | 6.18% | |
| South Bay | 579 | 18.62% | |
| Southeast | 262 | 8.43% | |
| North Coastal | 343 | 11.03% | |
| North Inland | 172 | 5.53% | |
| North Central | 202 | 6.50% | |
| Zip Code may be outside SD County | 16 | 0.51% | |
| Zip Code not in ARIES | 309 | 9.94% | 3,109 |

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

CY 2024 WORKPLAN

| MEETING DATE | GOAL | OBJECTIVES |
|------------------|--|--|
| January 11, 2024 | 1. Needs Assessment 2. Special Data Needs 3. Monthly Reports review | <ul style="list-style-type: none"> Discuss and plan for the three components of the Needs Assessment process <ul style="list-style-type: none"> Regional Community Meetings (timeframe) Survey of HIV Impact planning (2024) Provider Survey (timeframe) Special data needs from the Recipients' Office Partial Assistance Rental Subsidy (PARS) report Review service categories that underspend (monthly) Service utilization report (monthly report) |
| February 8, 2024 | No meeting scheduled | |
| March 14, 2024 | 1. Co-occurring Conditions, Poverty, and Insurance 2. Integrated/Getting to Zero Plan Reports: 1. PARS Report 2. Monthly Report Review | <ul style="list-style-type: none"> Address change in FY 24 Part A funding (if needed) Review Co-occurring conditions, poverty, and insurance Review Integrated (Comprehensive) Plan/Getting to Zero Plan goals related to PSRAC PARS Report Review service categories that underspend (monthly) Service utilization report (monthly report) |
| April 11, 2024 | No meeting scheduled | |
| May 9, 2024 | Data: 1. Summarize data on Co-occurring Conditions, Poverty, and Insurance 2. Regional distribution of RWTEA Part A/B Services 3. Ryan White Service Eligibility Criteria 4. HIV/AIDS Epidemiology Reports: | <ul style="list-style-type: none"> Address change in FY 23 Part A funding (if needed) Summarize/finalize data on co-occurring conditions, poverty, and insurance Review data on the regional distribution of RWTEA Part A/B services and discuss findings Review data on Ryan White's service eligibility criteria & other service guidelines and discuss findings Review updated HIV/AIDS Epidemiology Data and discuss findings (if available) PARS Report Review service categories that underspend (monthly) |

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

CY 2024 WORKPLAN

| | | |
|------------------------------|---|--|
| | 1. PARS Report 2. Monthly Report Review | <ul style="list-style-type: none"> Service utilization report (monthly report) |
| June 5, 2024 | <i>No meeting scheduled</i> | |
| June 13, 2024 4 hours | <p>Data:</p> <ol style="list-style-type: none"> HIV Care Continuum Unmet Needs Estimate Service Utilization <p>Reports:</p> <ol style="list-style-type: none"> Percent of Individuals Linked to Care, Retention, and Viral Suppression Survey of HIV Impact <p>HRSA and RW Part A Guidelines</p> | <ul style="list-style-type: none"> Review data on the HIV Care Continuum/Unaware Estimate and discuss findings <ul style="list-style-type: none"> Include data on RW clients vs. all clients Include data on viral suppression rates in the African American/Black population (include RW clients vs. all clients) Review data on Unmet Need Estimate and discuss findings Review 2022 Survey of HIV Impact data and discuss findings (including Out-Of-Care data) Review HRSA and Ryan White Part A guidelines (PCN 1602) Review data on the regional distribution of RWTEA Part A/B services and discuss findings Summarize data on Ryan White's service eligibility criteria & other service guidelines and discuss findings Summarize updated HIV/AIDS Epidemiology Data and discuss findings (if available) Summarize YTD data on service utilization and discuss findings |
| June 19, 2024 | <i>No meeting scheduled</i> | |
| June 27, 2024 4 hours | <p>Data:</p> <ol style="list-style-type: none"> Non-RW Services in the Community Regional Focus Groups HIV Care Continuum / Unaware Estimate HIV Epidemiology RWTEA Part A Services RW Service Eligibility Criteria <p>Reports:</p> | <ul style="list-style-type: none"> Review information on non-Ryan White services in the community, esp. mental health and drug and alcohol services (The county's budget includes some of this detail) https://www.sandiegocounty.gov/openbudget/ Review, summarize, and finalize data on regional focus groups and GTZ Action Plan Community Feedback Report and discuss findings Summarize/Finalize data on HIV Care Continuum/Unaware Estimate Summarize/finalize data on HIV Epidemiology Summarize/Finalize data on regional distribution of RWTEA Part A services |

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

CY 2024 WORKPLAN

| | | |
|--------------------------|--|--|
| | 1. Monthly Report Review | <ul style="list-style-type: none"> Summarize/Finalize data on Ryan White's service eligibility PARS Report criteria and other service guidelines Review service categories that underspend (monthly) Service utilization report (monthly report) |
| July 4, 2024 | <i>No meeting scheduled</i> | |
| July 11, 2024 4 hours | Data: 1. HIV/AIDS Epidemiology 2. Service Priority Ranking 3. All data findings/summaries, including KF by service category Funding Allocation Recommendations | <ul style="list-style-type: none"> Summarize updated HIV/AIDS Epidemiology data (if available) Review all data findings and summaries Review/summarize any additional data that is available, including key findings by service category Recommendations with justifications to HIV Planning Group for service priority ranking and how services should be organized and delivered in FY 25 Complete recommendations with justifications for changes in funding allocations for FY 25 |
| July 18, 2024 | <i>No meeting scheduled</i> | |
| July 25, 2024 4 hours | All data findings/summaries, including KF by service category Monthly Report Review Other Business as Needed (FY 24 Reallocations) | <u>(If needed)</u> <ul style="list-style-type: none"> As needed to complete the FY 25 priority setting and budget priority ranking and funding allocation process (next fiscal year) and/or FY 23 reallocations (current fiscal year) Review/summarize additional available data PARS Report Review service categories that underspend (monthly) Service utilization report (monthly report) |
| August 2024 | <i>No meeting scheduled</i> | |
| September 12, 2024 | Debrief Work Plan PARS Report Monthly Report Review | <ul style="list-style-type: none"> Debrief the FY 25 priority setting and budget allocation process Develop 2025 PSRAC work plan PARS Report Review service categories that underspend (monthly) Service utilization report (monthly report) |
| October 10, 2024 | <i>No meeting scheduled</i> | |

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

CY 2024 WORKPLAN

| | | |
|----------------------|--------------------------------------|---|
| November 14, 2024 | PARS Report Monthly Report Review | <ul style="list-style-type: none">• PARS Report• Review service categories that underspend (monthly)• Service utilization report (monthly report) |
| December 12, 2024 | <i>No meeting scheduled</i> | |



SAN DIEGO HIV PLANNING GROUP (HPG)
PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)
MEETING PACKET

APPENDIX

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ASSEMBLY BILL (AB) 2449: JUST CAUSE AND EMERGENCY CIRCUMSTANCES (2023)

If the physical attendance quorum requirement is met, AB 2449 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 |
|--------------------------------|--|---|
| Just Cause | <ul style="list-style-type: none">• 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• A contagious illness prevents the member from attending the meeting in• There is a need related to a defined physical or mental disability that is not otherwise accommodated for• Traveling while on official business of the legislative body or another state or local agency | A member is limited to two (2) virtual attendances based on "just cause" per calendar year |
| Emergency Circumstances | <p>"A physical or family medical emergency that prevents a member from attending the meeting in person."</p> <p>A member is not required to disclose any medical diagnosis or disability, or any personal medical information that is already exempt from existing law.</p> | <p>A member of the legislative body must make a request to the body to allow the member to meet remotely due to an emergency circumstance, and further must provide a general description of the circumstance justifying such attendance.</p> <p>A request from a member to attend remotely due to an emergency circumstance requires that the legislative body take action and approve the remote attendance at the start of the meeting for the member to be allowed to participate remotely for that meeting*.</p> |

**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 2449 imposes the following three (3) additional requirements on legislative body members seeking to appear remotely at public meetings:

1. Before any action is taken during the meeting, the member **must** publicly disclose 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.
2. A member of the legislative body participating from a remote location must participate through both audio **and** visual technology.
3. A member's remote participation cannot be for more than three (3) consecutive months or 20 percent of the regular meetings for the local agency within a calendar year. And if the legislative body regularly meets fewer than ten (10) times per calendar year, a member's participation from a remote location cannot be for more than two meetings.

AB 2449 Checklist
(Applicable January 1, 2023 to December 31, 2025)

Procedures for Public Participation

- ☐ Public must be able to remotely hear, visually observe, and address the legislative body either remotely or in person in real time
- ☐ Public must have the opportunity to participate via: 1) two-way audio or 2) a telephonic service with a webcasting service
- ☐ Public cannot be required to submit comments prior to the meeting

Procedures for Member to Teleconference from a Remote Location

- ☐ Member must participate through both audio and visual technology
- ☐ Member must disclose adults who are present in the room at the remote location with the member and the general nature of the relationship with those individuals
- ☐ Member must submit a general description of the need to teleconference to the legislative body at the earliest opportunity (do not disclose any medical diagnosis or disability)
- ☐ Member may teleconference for just cause. Just cause is limited to 2 meetings per calendar year (see "Limits per Member" below). Just cause is defined as:
 - Child care or caregiving need of a child, parent, grandparent, grandchild, sibling, spouse or domestic partner
 - Contagious illness that prevents member from attending in person
 - A need related to a physical or mental disability
 - Travel on official business of the legislative body or another state or local agency
- ☐ Member may teleconference due to emergency circumstances, which requires approval of the legislative body and which is defined as a physical or family medical emergency that prevents a member from participating in person
- ☐ Limits per Member: Just cause and emergency circumstances cannot be invoked collectively for more than: 1) two meetings if the legislative body has fewer than 10 meetings per calendar year, or 2) three consecutive months or 20 percent of regular meetings per calendar year if the legislative body has 10 or more meetings per year. Just cause cannot be invoked more than twice per calendar year.

Procedures for the Board/Commission/Committee/Group

- ☐ Include instructions on the agenda how the public can participate remotely
- ☐ A quorum of the members of the legislative body must participate in person at the noticed location that is open to the public
- ☐ A majority of the membership must approve a request by a member to teleconference due to emergency circumstances; include the request on the agenda if received in time
- ☐ All votes must be taken by roll call
- ☐ Meeting must be stopped and no action taken if the broadcast of the meeting or ability of the public to comment is disrupted

TELECONFERENCING RULES UNDER THE BROWN ACT

| | Default Rule | Declared Emergency (AB 361) | Just Cause (AB 2449) | Emergency Circumstance (AB 2449) |
|--|-----------------------|---|---|---|
| In person participation | Required | Not Required | Required | Required |
| Member participation via teleconferencing | Audio or Audio-visual | Audio or Audio-visual | Audio-visual | Audio-visual |
| Required (minimum) opportunities for public participation | In-Person | Call-In or internet-based | Call-in or internet-based <u>and</u> in person | Call-in or internet-based <u>and</u> in person |
| Disruption of broadcast or public's ability to comment | Meeting can proceed | No further action taken | No further action taken | No further action taken |
| Reason must be approved by legislative body | No | Yes (Initial findings and renewed findings every 30 days) | No, but general description to be provided by legislative body | Yes and general description to be provided to legislative body |
| Votes must be taken by roll call | Yes | Yes | Yes | Yes |
| Member's remote location included on agenda | Yes | No | No | No |
| Declared emergency and health official's recommendations for social distancing | No | Yes | No | No |
| Annual limits | None | None | Twice per calendar year (limits for emergency circumstances also apply for collective number of times AB 2449 can be used per year) | 3 consecutive months/ 20% of regular meetings per calendar year; or 2 meetings per calendar year if body meets less than 10 times per year (collectively with just cause) |
| Effective Dates | Ongoing | Expires 12/31/2023 | Expires 12/31/2025 | Expires 12/31/2025 |