



# County of San Diego

**NICK MACCHIONE, FACHE**

AGENCY DIRECTOR

**HEALTH AND HUMAN SERVICES AGENCY**

PUBLIC HEALTH SERVICES

**WILMA J. WOOTEN, M.D., M.P.H.**

PUBLIC HEALTH OFFICER

3851 ROSECRANS STREET, MAIL STOP P-578

## **HIV PLANNING GROUP (HPG) PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE MEETING PACKET**

**Thursday, January 12, 2023 3:00 PM**

**NOTE:** This meeting is audio and video recorded.

**Online meeting**

A quorum for this committee is 7

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

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## **Continuation of Remote Meetings for Brown Act Boards and Commissions**

State law requires local agency legislative bodies (which includes the HPG) to comply with the state's open meeting law referred to as the Ralph M. Brown Act (also called the "Brown Act"). Since March 2020, most legislative bodies have been operating under Executive Orders which suspended certain Brown Act provisions on teleconferencing allowing members to participate remotely. That Executive Order ended on September 30, 2021.

As of October 1, 2021, AB 361 allows for a continuation of teleconference meetings in certain circumstances. Following is a summary of AB 361 and its impact on public meetings and the steps required to utilize the teleconferencing option offered in AB 361.

At the next meeting, the HPG or Committee will need to take the actions detailed below if the members desire to continue meeting remotely.

### **I. Ordinary Brown Act Rules for Teleconferencing ("General Teleconferencing Rule")**

Under the ordinary operation of the Brown Act (Gov. Code §54953(b)) a legislative body may use teleconferencing under the following circumstances:

- a. Post agendas at all teleconference locations;
- b. All teleconferenced locations are listed in the notice and agenda of the meeting;
- c. At least a quorum of members are located within the jurisdiction of the legislative body; and
- d. Members of the public are allowed to speak at each teleconferenced location.

### **II. Governor's Executive Orders Authorized Simplified Teleconferencing Rules, But These Ended on Sept. 30, 2021.**

The County and other legislative bodies throughout the state have been using a simplified teleconferencing method, authorized by the Governor's Executive Orders related to the COVID-19 pandemic. This allowed members of legislative bodies attend meetings remotely without following the General Teleconferencing Rule set forth above.

### **III. New Teleconferencing Method Available Effective October 1, 2021, and Actions HPG and Committees Can Take ("Special Teleconferencing Rule")**

Effective October 1, 2021, AB 361 amends Government Code section 54953 to add subsection (e) which allows suspension of the General Teleconferencing Rule listed above if any of the following circumstances exist (underlining added):

- a. There is a proclaimed state of emergency and state or local officials have imposed or recommended measures to promote social distancing; or
- b. Legislative body, during a proclaimed state of emergency, holds a meeting for the purposes of determining by majority vote, that as a result of the emergency meeting in person would present imminent risks to the health or safety of attendees; or

- c. Legislative body, during a proclaimed state of emergency, has previously determined (by majority vote) that as a result of the emergency meeting in person would present imminent risks to the health or safety of attendees.

After the first meeting, to continue to suspend the General Teleconferencing Rule and use the Special Teleconferencing Rule, the legislative body must make findings, at least every 30 days after that first meeting. The specific findings required are: 1) that legislative body has reconsidered the circumstances of the state of emergency; and 2) i. the state of emergency continues to directly impact the ability of members to meet safely in person; or ii. state or local officials continue to impose or recommend measures to promote social distancing.

#### **IV. Operation of the Special Teleconferencing Rule**

If a Brown Act body suspends the General Teleconferencing Rule as allowed under subsection (e), then the legislative body must (underlining added):

- a. Notice the meeting as otherwise required by the Brown Act;
- b. Agenda must identify and include an opportunity for all persons to attend via a call-in option or an internet based service option;
- c. Allow members of the public to access meetings and an opportunity to address the legislative body directly as provided in the notice (call in or internet);
- d. Conduct teleconferenced meetings in a manner that protects the statutory and constitutional rights of the parties;
- e. In the event of a disruption that prevents broadcasting or call-in or internet based service; actions cannot be taken. Any action taken during a disruption may be challenged pursuant to 54960.1;
- f. If a legislative body provides a timed public comment period for each agenda item, it cannot close the public comment period for the agenda or the ability to register on that item until the timed public comment period has elapsed (not likely applicable);
- g. If a legislative body provides a general public comment period, public comment must remain open until public comment period closes; and
- h. If a legislative body provides public comment on each agenda item, it must allow a reasonable time to register and speak (so likely until the matter is voted on).

#### **V. Dr. Wooten has Issued a Social Distancing Recommendation, So Findings Have Been Met In Order to Use the Special Teleconferencing Rule**

As of October 1, 2021, the elements to meet under the Special Teleconferencing Rule have been met. There is currently a State of Emergency and Dr. Wooten, the County's Public Health Officer, released a health recommendation on September 23, 202, which stated that utilizing teleconferencing options for public meetings is an effective and recommended social distancing measure to facilitate participation in public affairs and encourage participants to protect themselves and others from the COVID-19 disease.

#### **VI. Next Steps**

Under AB 361, on or after October 1, 2021, the first meeting of a legislative body under AB 361 can occur under the Special Teleconferencing Rule without anything

in particular on the agenda. In this case, Staff should note to the board that it is meeting pursuant to the Special Teleconferencing Rule and staff will bring back any future findings the board may need to take to continue to operate under the Special Teleconferencing Rule (i.e. within 30 days).

Alternatively, if time allows and the Chair approves, when the HPG or Committee first meets, an item will be placed on the agenda to determine whether the board wants to utilize the Special Teleconference Rule and if so, to adopt the initial Resolution.



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## HEALTH OFFICER TELECONFERENCING RECOMMENDATION

COVID-19 disease prevention measures, endorsed by the Centers for Disease Control and Prevention, include vaccinations, facial coverings, increased indoor ventilation, handwashing, and physical distancing (particularly indoors).

Since March 2020, local legislative bodies—such as commissions, committees, boards, and councils—have successfully held public meetings with teleconferencing as authorized by Executive Orders issued by the Governor. Using technology to allow for virtual participation in public meetings is a social distancing measure that may help control transmission of the SARS-CoV-2 virus. Public meetings bring together many individuals (both vaccinated and potentially unvaccinated), from multiple households, in a single indoor space for an extended time. For those at increased risk for infection, or subject to an isolation or quarantine order, teleconferencing allows for full participation in public meetings, while protecting themselves and others from the COVID-19 virus.

Utilizing teleconferencing options for public meetings is an effective and recommended social distancing measure to facilitate participation in public affairs and encourage participants to protect themselves and others from the COVID-19 disease. This recommendation is further intended to satisfy the requirement of the Brown Act (specifically Gov't Code Section 54953(e)(1)(A)), which allows local legislative bodies in the County of San Diego to use certain available teleconferencing options set forth in the Brown Act.

September 23, 2021

Wilma J. Wooten, M.D., M.P.H.  
Public Health Officer  
County of San Diego

# Conflict of Interest Priority Setting and Resource Allocation Committee

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

<b>Name</b>	<b>Conflict of Interest</b>
<b>Rucker, James</b>	<ul style="list-style-type: none"> <li>• EIS: Minority AIDS Initiative</li> <li>• Early Intervention Services, Regional Services</li> <li>• Home-Based Health Care Coordination</li> <li>• Medical Case Management</li> <li>• Mental Health Counseling/Therapy</li> <li>• Mental Health: Psychiatric Medication Management</li> <li>• Non-Medical Case Management Service</li> <li>• Oral Health</li> <li>• Outpatient Ambulatory Health Services: Medical Specialty</li> <li>• Outpatient Ambulatory Health Services: Primary Care</li> <li>• Peer Navigation (Referral for Healthcare and Support Services)</li> <li>• Transportation: Assisted and Non-Assisted</li> </ul>
<b>Underwood, Regina</b>	<ul style="list-style-type: none"> <li>• Medical Case Management, including Treatment Adherence Services</li> <li>• Mental Health Services</li> <li>• Substance Abuse Outpatient Care</li> <li>• Medical Transportation</li> <li>• Non-Medical Case Management Service</li> <li>• Outreach Services</li> <li>• Peer Navigation</li> <li>• EIS: Regional</li> <li>• EIS: Minority AIDS Initiative</li> </ul>
<b>Van Brocklin, Rhea</b>	<ul style="list-style-type: none"> <li>• Coordinated HIV Services for Women, Infants, Children, Youth, and Families (CHS: WICYF)</li> </ul>
<b>Villafan, Freddy</b>	<ul style="list-style-type: none"> <li>• Medical Case Management</li> <li>• Substance Use Disorder Treatment: Residential</li> <li>• Transportation: Assisted and Unassisted</li> </ul>



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PUBLIC HEALTH OFFICER

## **DRAFT AGENDA SAN DIEGO HIV PLANNING GROUP PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)**

**Thursday, January 12, 2023 3:00 PM  
Meeting by WebEx**

***This meeting is audio and video recorded.***

**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).

**A quorum for this committee is seven (7)**

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

**Participants Requesting Spanish Translation:** (Must notify support staff 96 hours in advance). You will receive an email with the number to call in.

**Participantes que soliciten interpretacion en español:** (debe notificar al personal de apoyo con 96 horas de antelacion).  
**Recibirán un correo electrónico con el número de llamada designado.**

1. Call to order; introductions; comments from the Chair
2. Continuance of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e)
  - a) Find that the HPG has reconsidered the circumstances of the State of Emergency
  - b) Find that State and local officials continue to recommend measures to promote social distancing.
3. Reminders:
  - **Review of committee charge**
  - **Committee members Conflicts of interest:** disclose areas of financial interest (e.g., employment); refrain from participation in related votes
  - **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.
  - **Focus on service priorities, not on specific service providers**
  - **Rules for the meeting** (as necessary): committee members are limited to 2 minutes per comment and limited to two 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
4. Public comment on non-agenda items (for members of the public)
5. Sharing our concerns (for committee members)
6. Approve the meeting agenda for January 12, 2023.
7. Approve the meeting minutes from December 8, 2022 and Review follow-up items from the minutes

8. Review committee attendance
9. Old Business:
  - a) Getting to Zero (GTZ) Community Action Plan:
    1. Expand Ryan White funded mental health services capacity: Increasing rapid access to regional availabilities, decreasing wait times
    2. Explore the feasibility and cost of creating walk-in medical services, mental health services, and substance use treatment services
  - b) **Discussion item: Expenditure data review for the PSRAC process:** Process for review of previous year reallocations and data upon which they were based and compare to approved upcoming (next year) and accompanying data thus far to forecast potential needs/changes which may be required.
    - 1) **Any reallocations recommendations from the Recipient**
10. Routine Business
  - a) Review Monthly and YTD expenditures and examine for any recommended reallocations.
    - i. Review of over/under spending
  - b) Review Monthly and YTD service utilization report
  - c) COVID-19/Monkeypox update
  - d) Affordable Care Act (ACA) update
  - e) HIV Prevention update
  - f) Review the PSRAC FY 24 Work Plan
11. New Business
  - a) **Action Item:** Approve the recommendation(s) for the reallocation of Part A funds in FY 22 (the current fiscal year; March 1, 2022 – February 28, 2023).
  - b) Discuss and plan for the three components (list the 3) of the Needs Assessment process
  - c) Special data needs from the Recipient including potential reports regarding those out of care
12. Suggested items for the PSRAC agenda
13. Next Meeting: Thursday, **February 9, 2023** Location: WebEx.
14. Announcements
15. Adjournment

<b>Principles for PSRA Decision-Making process</b>	<b>Criteria for the PSRA Decision-Making process</b>
<b>Principles Guiding Decision Making</b> (Priorities should reflect the Principles) <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>	<b>Criteria for Priority Setting</b> <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, 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)





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PUBLIC HEALTH OFFICER

## **SAN DIEGO HIV PLANNING GROUP (HPG) PRIORITY SETTING and RESOURCE ALLOCATION COMMITTEE (PSRAC)**

Thursday, December 8, 2022  
3:00 PM – 5:00 PM

### **WebEx Meeting DRAFT MINUTES**

Quorum is Seven (7)

**Members Present:** Alberto Cortes/ Dr. Beth Davenport / Felipe Garcia-Bigley / Pam Highfill / Dr. Delores Jacobs (Chair) / Chris Mueller/ James Rucker / Regina Underwood / Rhea Van Brocklin / Freddy Villafan / Karla Quezada-Torres

**Absent:** Cinnamen Kubricky / Raul Robles

<b>Agenda Item</b>	<b>Action</b>	<b>Follow-up</b>
<b>1. Call to order</b>	Dr. Jacobs called the meeting to order at 3:02 p.m. and noted that a quorum was established.	
<b>2. Continuance of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e)</b>	<p><b>Action:</b> Continuance of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e)</p> <ul style="list-style-type: none"> <li>a. Find that the HPG has reconsidered the circumstances of the State of Emergency</li> <li>b. Find that State and local officials continue to recommend measures to promote social distancing.</li> </ul> <p><b>Motion/Second/Count (M/S/C):</b> Van Brocklin/Mueller 9/0  <b>Abstentions:</b> Jacobs  <b>Motion carries</b></p>	
<b>3. Reminders:</b>	Dr. Jacobs reviewed reminders, meeting guidelines, and conflict of interest rules.	
<b>4. Public Comment on non-agenda items (for members of the public)</b>	None	
<b>5. Sharing our concerns (for committee members).</b>	None	

Agenda Item	Action	Follow-up
6. <b>Action:</b> Review and approve the agenda for December 8, 2022	<b>Action:</b> Approve the December 8, 2022 meeting agenda as presented. <b>M/S/C:</b> Rucker/Davenport 7/0 <b>Abstentions:</b> Jacobs <b>Motion carries</b>	
7. Approve the meeting minutes from October 13, 2022;	<b>Action:</b> Approved October 13, 2022; meeting minutes as presented <b>M/S/C:</b> Garcia-Bigley/Van Brocklin 8/0 <b>Abstentions:</b> Jacobs <b>Motion carries</b>	
8. Review committee attendance	Reviewed	
<b>9. Old Business</b>		
a. Getting to Zero (GTZ) Community Action Plan	The committee discussed Community Action Plan items that will be addressed first in the 2023: <ol style="list-style-type: none"><li>1. Feasibility of expanding the availability of outpatient and residential substance-use treatment options</li><li>2. Increase the capacity of mental health service providers.</li></ol>	
b. <b>Discussion item/new annual PSRAC process:</b> Process for review of previous year reallocations and data upon which they were based and compare to approved upcoming (next year) and accompanying data thus far to forecast potential needs/changes which may be required.	Dr. Jacob reviewed 2021, 2022, and 2023 allocations and reallocation data sheets. The purpose of the data information is to provide the committee with a comparison tool to make future 2023 allocation recommendations.  The Committee Members made the following suggestions for making future allocation decisions: <ul style="list-style-type: none"><li>• Anticipate and look for continuous yearly needs due to the high cost of Housing</li><li>• Observed for repeated adjustments needed and monitor funding balance to avoid having unused funds.</li><li>• Be more proactive and think wisely about the end-of-the-year expenses to avoid reallocations.</li><li>• Look at historical spending over the past couple of years.</li><li>• Look for Consumer feedback, action, and recommendations regarding mental health and substance abuse treatment.</li></ul>	HPG Staff will update the comparison data sheet by adding the following year's budget total to allow immediate comparison and update the comments section, including a detailed description of the reason for the reallocation

Agenda Item	Action	Follow-up
	<p>The committee members had questions regarding the timelines for reallocation; how long it takes from the PSRAC recommendations to the HPG authorizations and beyond for reallocation begins?</p> <p>Patrick Loose provided the following answers and suggestions:</p> <ul style="list-style-type: none"> <li>• It takes about 2-3 months due to the logistics of administrative contracting.</li> <li>• Helpful to have a timeline.</li> <li>• HRSA expectations: What is the need of clients, what is the gap, and what is required to fill that gap</li> </ul>	
<p>c. <b>Discussion/Potential Action Item:</b> Potential alternative housing options.</p>	<p>Additional alternative temporary housing options beyond independent living facilities</p> <p>Housing Opportunities for Persons with HIV/AIDS (HOPWHA) funded housing is available</p> <p>Independent Living Association (ILA) rents rooms to people in need; this is less expensive than hotels.  <a href="https://ilacalifornia.org/san-diego-county">https://ilacalifornia.org/san-diego-county</a></p>	<p>HPG support staff will draft a list of existing services</p> <p>HPG support staff will ask Freddy Villafan to provide a presentation on housing or if he knows of someone who can provide information about housing services</p>
<p><b>10. Routine Business</b></p>		
<p>a) Review Monthly and YTD expenditures and examine for any recommended reallocations</p> <p>i. Review of over/under spending</p>	<p>No recommendations for reallocations currently.</p> <p>PARS Waitlist:</p> <ul style="list-style-type: none"> <li>- No update</li> <li>- Add this to monthly check-ins with HSHB</li> </ul>	
<p>b) Review Monthly and YTD service utilization report</p>	<p>Tabled</p>	
<p>c) COVID-19/Monkeypox update</p>	<p>Tabled</p>	

Agenda Item	Action	Follow-up
d) Affordable Care Act (ACA) update	Tabled	
e) HIV Prevention update	Tabled	
f) Review the PSRAC FY 24 Work Plan	Tabled	
<b>11. New Business</b>		
a) <b>Action Item:</b> Approve the recommendation(s) for the reallocation of Part A funds in FY 22 (the current fiscal year; March 1, 2022 – February 28, 2023).	No reallocation recommendations currently.	
b) Presentation: HPG Conflict of Interest (COI) policy and COI disclosure form – Rodney von Jaeger	<p>Rodney von Jaeger gave an overview of the HPG COI policy and disclosure form. He also reviewed the Form 700 (Statement of Economic Interest) requirement.</p> <p>The HPG COI disclosure form is required for HPG and committee members annually. Form 700 is required annually for HPG members.</p>	
<b>12. Suggested items for the PSRAC agenda</b>	None	
<b>13. Next Meeting: Thursday January 12, 2023.</b> Location: WebEx	<p>Continue discussing recommended reallocations to HPG for March 1, 2023, established budget.</p> <p>Needs assessment questions:</p> <ul style="list-style-type: none"> <li>• What do we want to plan for needs assessment for 2023?</li> <li>• Is funding available for a consultant to support the assessment next year?</li> </ul>	
<b>14. Announcements</b>	<p>Christie's place finished its second cohort for Project Pearl. Nine people attended, and one person plans to apply to the HPG. The Spanish-speaking cohort of the project is starting in January 2023</p> <p>Truax Award Winners are Lisa Asmus, Jerry Turner, Rhea Van Brocklin, and Kenneth Riley, MD,</p> <p>Congratulations to Dr. Beth Davenport on completing her doctorate.</p>	
<b>15. Adjournment</b>	5:00 PM	

**HIV PLANNING GROUP**  
**12-MONTH COMMITTEE TRACKING**  
Jan 2022 - Dec 2022

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE																				Total
PSRAC	Jan	Feb	Mar	Apr	May	2-Jun	9-Jun	16-Jun	23-Jun	30-Jun	7-Jul	14-Jul	21-Jul	28-Jul	4-Aug	8-Sep	13-Oct	Nov	Dec	
Total meetings	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	0	1	11
Member																				
Jacobs, Dr. Delores <sup>C</sup>	*	*	*	*	*	*	*	*	*	NM	*	1	*	*	*	*	*	NM	*	0
Cortes, Alberto	*	*	*	*	1	1	1	*	*	NM	*	*	1	*	*	1	*	NM	*	2
Davenport, Beth	*	*	*	*	1	1	*	1	*	NM	*	*	*	*	*	*	*	NM	*	1
Garcia-Bigley, Felipe																*	*	NM	*	0
Highfill, Pam			1	*	*	*	*	*	1	NM	*	*	*	*	*	*	*	NM	*	1
Kubricky, Cinammon <sup>U</sup>	1	*	*	1	*	*	*	*	1	NM	*	*	*	*	*	*	*	NM	1	3
Mueller, Chris	*	*	*	*	1	*	*	*	*	NM	*	*	1	*	*	*	1	NM	*	2
Robles, Raul	1	1	*	1	*	*	1	1	1	NM	*	1	1	1	*	*	*	NM	1	4
Rucker, James	*	*	1	*	*	*	*	*	1	NM	*	*	*	*	*	1	*	NM	*	2
Quezada-Torres, Karla	*	*	1	*	*	*	*	*	*	NM	*	*	*	*	1	*	*	NM	*	2
Underwood, Regina	*	*	*	*	*	*	*	*	*	NM	*	*	*	*	*	*	*	NM	*	0
Van Brocklin, Rhea	*	*	1	*	*	*	*	*	*	NM	*	*	*	*	*	*	*	NM	*	1
Villafan, Freddy																*	*	NM	*	0

Absence from all weekly meetings in a month = absence for the month

To vote, a member may not miss 4 consecutive months or 6 total months in a 12 month period.

U = Unaffiliated Consumer

# = number of absences

CC = Co-Chair

Ryan White Part A Allocations FY 21					Comments
Service Categories	FY 23 Priority Ranking	RW 2021-22 HPG Allocation as of 08/19/20	HPG Approved Actions +/-	RW 2021-22 HPG Total as of end of FY	
Outpatient Ambulatory Health Services: Primary Care	1	1,367,242.00	\$ (568,612.00)	798,630.00	\$9,612 decrease by HPG 06/23/21. \$250,000 decrease by HPG 07/28/21. \$200,000 decrease by HPG 12/15/21. \$80,000 decrease by Recipient 01/27/22. \$29,000 decrease by Recipient 01/27/22. Viral Load
Outpatient Ambulatory Health Services: Medical Specialty	2	510,962.00	(345,000.00)	165,962.00	\$78,000 decrease HPG 05/26/21. \$140,000 decrease by HPG 07/28/21. \$100,000 decrease by HPG 12/15/21. \$27,000 decrease by Recipient 01/27/22.
Psychiatric Medication Management	3	28,036.00	-	28,036.00	
Oral Health	4	300,940.00	(125,000.00)	175,940.00	\$150,000 decrease by HPG 12/15/21. \$40,000 increase by Recipient 01/27/22. \$15,000 decrease by Recipient 01/27/22.
Medical Case Management	5	1,268,338.00		1,268,338.00	
Non-Medical Case Management	6	392,021.00	-	392,021.00	
Case Management-Non-Medical for Housing NEW	7				
Housing: Emergency Housing	8	530,424.00	1,081,000.00	1,611,424.00	\$200,000 increase by HPG 07/28/21. \$320,000 FY20/21 carryover funds HPG 12/16/20. \$450,000 increase by HPG 12/15/21. \$111,000 decrease by Recipient 01/27/22.
Housing: Location, Placement and Advocacy Services NEW	9				
Housing: Partial Assistance Rental Subsidy (PARS)	10	522,507.00	305,000.00	827,507.00	\$63,090 increase HPG 03/24/21 \$3,910 increase Recipient 03/26/21 \$78,000 increase HPG 05/26/21 \$160,000 increase by HPG 07/28/21.
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF)	11	943,317.00	-	943,317.00	
Childcare Services	11a	-	-	-	
Early Intervention Services: Regional Services	12	800,386.00	-	800,386.00	
Health Education & Risk Reduction	12a	33,000.00	(33,000.00)	-	\$33,000 decrease by HPG 06/23/21.
Outreach Services	12b	-	-	-	
Referral Services	12c	-	-	-	
Health Education and Risk Reduction (Stand Alone)	13				
Referral to Health and Supportive Services (Peer Navigation)	14	300,000.00	-	300,000.00	
Mental Health: Counseling/Therapy & Support Groups	15	761,062.00	-	761,062.00	
Psychosocial Support Services	16	67,000.00	(37,000.00)	30,000.00	\$63,090 decrease HPG 03/24/21 \$3,910 decrease Recipient 06/26/21 \$30,000 increase by HPG 07/28/21.
Substance Abuse Services: Outpatient	17	269,959.00	-	269,959.00	
Substance Abuse Services: Residential	18	-	-	-	
Home-based Health Care Coordination	19	228,500.00	-	228,500.00	
Transportation: Assisted and Unassisted	20	127,830.00	-	127,830.00	
Food Services: Food Bank/Home-Delivered Meals	21	536,073.00	-	536,073.00	
Medical Nutrition Therapy	22	35,542.00		35,542.00	
Legal Services	23	285,265.00		285,265.00	
Emergency Financial Assistance	24	53,730.00		53,730.00	
Home Health Care	25	-		-	
Early Intervention Services: HIV Counseling and Testing	26	-		-	
Cost-Sharing Assistance	27	-	-	-	
Hospice	28	-		-	
Subtotal		9,362,134.00	277,388.00	9,639,522.00	
Ryan White Part A Minority AIDS Initiative (MAI)		RW 2021-22 Allocation as of 08/11/20	HPG Approved Actions +/-	RW 2021-22 MAI Total as of today	Comments
Case Management (Non-Medical)		662,901.00	(100,000.00)	120,848.00	\$100,000 decrease HPG 03/24/21.
Medical Case Management				240,013.00	
Mental Health Services				103,191.00	
Outreach Services				50,113.00	
Substance Abuse Services (Outpatient)				48,736.00	
Housing: Emergency Housing		-	100,000.00	100,000.00	\$100,000 increase HPG 03/24/21
Multi-Disciplinary Team					
Targeted Client Advocacy					
Subtotal		662,901.00	-	662,901.00	
TOTAL		10,025,035.00	277,388.00	10,302,423.00	

		Ryan White Part A Allocations FY 22			Comments	Ryan White Part A
Service Categories	FY 23 Priority Ranking	RW 2022-23 HPG Allocation as of 08/11/21	HPG Approved Actions +/-	RW 2022-23 HPG Total as of today		RW 2023-24 HPG Allocation as of 08/11/22
Outpatient Ambulatory Health Services: Primary Care	1	1,307,630.00	\$ (475,000.00)	832,630.00	\$275,000 decrease by HPG 03/23/22 \$100,000 decrease by HPG 08/10/22 \$100,000 decrease by HPG 09/28/22	962,630.00
Outpatient Ambulatory Health Services: Medical Specialty	2	383,386.00	(190,000.00)	193,386.00	\$110,000 decrease by HPG 03/23/22 \$30,000 decrease by HPG 07/27/22 \$50,000 decrease by HPG 09/28/22	273,386.00
Psychiatric Medication Management	3	28,036.00	-	28,036.00		28,036.00
Oral Health	4	300,940.00	(100,000.00)	200,940.00	\$100,000 decrease by HPG 07/27/22	300,940.00
Medical Case Management	5	1,268,338.00	93,512.00	1,361,850.00	\$50,000 increase by HPG 08/10/22 \$43,512 increase by HPG 10/26/22	1,268,338.00
Non-Medical Case Management	6	392,021.00	60,360.00	452,381.00	\$50,000 increase by HPG 08/10/22 \$10,360 increase by HPG 10/26/22	392,021.00
Case Management-Non-Medical for Housing NEW	7	250,000.00	(250,000.00)	-	\$250,000 decrease by HPG 10/26/22	250,000.00
Housing: Emergency Housing	8	280,000.00	798,235.00	1,078,235.00	\$250,000 increase by HPG 03/23/22 \$100,000 increase by HPG 07/27/22 \$150,000 increase by HPG 09/28/22 \$298,235 increase by HPG 10/26/22	530,000.00
Housing: Location, Placement and Advocacy Services NEW	9	100,000.00	(100,000.00)	-	\$100,000 decrease by HPG 10/26/22	100,000.00
Housing: Partial Assistance Rental Subsidy (PARS)	10	667,507.00	100,000.00	767,507.00	\$100,000 increase by HPG 06/22/22	807,507.00
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF)	11	943,317.00	50,000.00	993,317.00	\$50,000 increase by HPG 09/28/22	943,317.00
Childcare Services	11a	-	-	-		
Early Intervention Services: Regional Services	12	800,386.00	-	800,386.00		800,386.00
Health Education & Risk Reduction	12a	-	-	-		
Outreach Services	12b	-	-	-		
Referral Services	12c	-	-	-		
Health Education and Risk Reduction (Stand Alone)	13	-	-	-		-
Referral to Health and Supportive Services (Peer Navigation)	14	300,000.00	100,000.00	400,000.00	\$100,000 increase by HPG 06/22/22.	400,000.00
Mental Health: Counseling/Therapy & Support Groups	15	761,062.00	297,893.00	1,058,955.00	\$160,000 increase by HPG 03/23/22 \$140,000 increase by HPG 06/22/22 \$50,000 decrease by HPG 09/28/22 \$47,893 increase by HPG 10/26/22	1,061,062.00
Psychosocial Support Services	16	-	-	-	\$30,000 increase by HPG 06/22/22 \$30,000 increase by HPG 07/27/22 \$60,000 decrease by HPG 10/26/22	60,000.00
Substance Abuse Services: Outpatient	17	269,959.00	45,168.00	315,127.00	\$45,168 increase by HPG 06/22/22.	315,127.00
Substance Abuse Services: Residential	18	-	-	-		-
Home-based Health Care Coordination	19	228,500.00		228,500.00		228,500.00
Transportation: Assisted and Unassisted	20	127,830.00	25,000.00	152,830.00	\$15,000 increase by HPG 06/22/22 \$10,000 increase by HPG 10/26/22	142,830.00
Food Services: Food Bank/Home-Delivered Meals	21	536,073.00	-	536,073.00		536,073.00
Medical Nutrition Therapy	22	35,542.00		35,542.00		35,542.00
Legal Services	23	285,265.00		285,265.00		285,265.00
Emergency Financial Assistance	24	53,730.00	(25,000.00)	28,730.00	\$25,000 decrease by HPG 03/23/22.	28,730.00
Home Health Care	25	-		-		-
Early Intervention Services: HIV Counseling and Testing	26	-		-		-
Cost-Sharing Assistance	27	-	-	-		-
Hospice	28	-		-		-
Subtotal		9,319,522.00	430,168.00	9,749,690.00		9,749,690.00
Ryan White Part A Minority AIDS Initiative (MAI)		RW 2022-23 Allocation as of 08/11/21	HPG Approved Actions +/-	RW 2022-23 MAI Total as of today	Comments	RW 2022-23 Allocation as of 08/11/21
Case Management (Non-Medical)		562,901.00	1,337.00	76,180.00	\$1,337 increase HPG	574,238.00
Medical Case Management				260,529.00		
Mental Health Services				149,066.00		
Outreach Services				42,892.00		
Substance Abuse Services (Outpatient)				35,572.00		
Housing: Emergency Housing		100,000.00	-	100,000.00		100,000.00
Multi-Disciplinary Team						
Targeted Client Advocacy						
Subtotal		662,901.00	1,337.00	664,238.00		674,238.00
TOTAL		9,982,423.00	431,505.00	10,413,928.00		10,423,928.00

RW 2022-23 PART A AWARD INFORMATION					RW 2022-23	
Funding Source				Total RW 2022-23 Award	YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN AS OF Aug 2022	
Part A				11,183,176.00		
Part A MAI				793,221.00		
TOTAL AWARD AMOUNT				11,976,397.00		

FY22-23 ALLOCATION BREAK DOWN											
Funding Source	Admin. \$		Admin. %	CQM \$		CQM %		RW 2022-23 Service dollars	Total	CORE Medical Services	Support Services
Part A	1,118,316.00	1,118,316.00	10%	315,170.00		2.818%		9,749,690.00	11,183,176.00	70%	30%
Part A MAI	79,321.00	79,321.00	10%	39,661.00		5.0%		674,239.00	793,221.00		
TOTAL	1,197,637.00			354,831.00				10,423,929.00	11,976,397.00	70%	30%
Ryan White Part A Allocations											
Service Categories	HRSA Ranking	Priority Ranking	RW 2022-23 HPG Allocation as of 08/11/21	%	HPG Approved Actions +/-	RW 2022-23 HPG Total as of today	%	RW 2022-23 Year to Date Expenditure	RW 2022-23 Year-to-Date - The % below is the % of the Budget Spent 58.33% of Year Elapsed/Invoiced	RW 2022-23 Balance	Comments
Outpatient Ambulatory Health Services: Primary Care	1l	1	1,307,630.00	14%	\$ (475,000.00)	832,630.00	9%	400,655.45	48%	431,974.55	\$275,000 decrease by HPG 03/23/22 \$100,000 decrease by HPG 08/10/22 \$100,000 decrease by HPG 09/28/22
Outpatient Ambulatory Health Services: Medical Specialty	1l	2	383,386.00	4%	(190,000.00)	193,386.00	2%	84,285.98	44%	109,100.02	\$110,000 decrease by HPG 03/23/22 \$30,000 decrease by HPG 07/27/22 \$50,000 decrease by HPG 09/28/22
Psychiatric Medication Management	1j	3	28,036.00	84%	-	28,036.00	0%	3,091.00	11%	24,945.00	
Oral Health	1k	4	300,940.00	84%	(100,000.00)	200,940.00	2%	67,584.96	34%	133,355.04	\$100,000 decrease by HPG 07/27/22
Medical Case Management	1h	5	1,268,338.00	14%	93,512.00	1,361,850.00	14%	654,733.49	48%	707,116.51	\$50,000 increase by HPG 08/10/22 \$43,512 increase by HPG 10/26/22
Case Management-Non-Medical for Housing NEW		7	250,000.00	3%	(250,000.00)	-					\$250,000 decrease by HPG 10/26/22
Housing: Emergency Housing	2e	8	280,000.00	3%	798,235.00	1,078,235.00	11%	556,182.94	52%	522,052.06	\$250,000 increase by HPG 03/23/22 \$100,000 increase by HPG 07/27/22 \$150,000 increase by HPG 09/28/22 \$298,235 increase by HPG 10/26/22
Housing: Location, Placement and Advocacy Services NEW		9	100,000.00	1%	(100,000.00)	-					\$100,000 decrease by HPG 10/26/22
Housing: Partial Assistance Rental Subsidy (PARS)	2e	10	667,507.00	100%	100,000.00	767,507.00	8%	433,185.41	56%	334,321.59	\$100,000 increase by HPG 06/22/22
Non-Medical Case Management	2h	6	392,021.00	4%	60,360.00	452,381.00	5%	200,443.29	44%	251,937.71	\$50,000 increase by HPG 08/10/22 \$10,360 increase by HPG 10/26/22
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF)	1c	11	943,317.00	10%	50,000.00	993,317.00	10%	522,848.86	53%	470,468.14	\$50,000 increase by HPG 09/28/22
Childcare Services	2a	11a	-	0%		-	0%	-	0%	-	
Early Intervention Services: Regional Services	1c	12	800,386.00	9%	-	800,386.00	8%	479,774.31	60%	320,611.69	
Health Education & Risk Reduction	2d	12a	-	0%		-	0%	-	0%	-	
Outreach Services	2j	12b	-	0%		-	0%	-	0%	-	
Referral Services	2l	12c	-	0%		-	0%	-	0%	-	



Service Categories	HRSA Ranking	Priority Ranking	RW 2022-23 HPG Allocation as of 08/11/21	%	HPG Approved Actions +/-	RW 2022-23 HPG Total as of today	%	RW 2022-23 Year to Date Expenditure	RW 2022-23 Year-to-Date - The % below is the % of the Budget Spent 58.33% of Year Elapsed/Invoiced	RW 2022-23 Balance	Comments		
Referral to Health and Supportive Services (Peer Navigation)		14	300,000.00	3%	100,000.00	400,000.00	4%	151,198.52	38%	248,801.48	\$100,000 increase by HPG 06/22/22.		
Home-based Health Care Coordination	1e	19	228,500.00	2%		228,500.00	2%	95,150.12	42%	133,349.88			
Mental Health: Counseling/Therapy & Support Groups	1j	15	761,062.00	8%	297,893.00	1,058,955.00	11%	391,229.85	37%	667,725.15	\$160,000 increase by HPG 03/23/22 \$140,000 increase by HPG 06/22/22 \$50,000 decrease by HPG 09/28/22 \$47,893 increase by HPG 10/26/22		
Substance Abuse Services: Residential	2o	18	-	0%	-	-	0%	-	0%	-			
Substance Abuse Services: Outpatient	1m	17	269,959.00	3%	45,168.00	315,127.00	3%	156,696.44	50%	158,430.56	\$45,168 increase by HPG 06/22/22.		
Transportation: Assisted and Unassisted	2g	20	127,830.00	1%	25,000.00	152,830.00	2%	67,600.60	44%	85,229.40	\$15,000 increase by HPG 06/22/22 \$10,000 increase by HPG 10/26/22		
Food Services: Food Bank/Home-Delivered Meals	2c	21	536,073.00	6%	-	536,073.00	5%	272,282.61	51%	263,790.39			
Medical Nutrition Therapy	1i	22	35,542.00	0%		35,542.00	0%	20,375.06	57%	15,166.94			
Legal Services	2i	23	285,265.00	3%		285,265.00	3%	164,753.20	58%	120,511.80			
Emergency Financial Assistance	2b	24	53,730.00	1%	(25,000.00)	28,730.00	0%	12,191.23	42%	16,538.77	\$25,000 decrease by HPG 03/23/22.		
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%	-			
Psychosocial Support Services		16	-	0%	-	-	0%	-	0%	-	\$30,000 increase by HPG 06/22/22 \$30,000 increase by HPG 07/27/22 \$60,000 decrease by HPG 10/26/22		
Subtotal			9,319,522.00	357%	430,168.00	9,749,690.00	100%	4,734,263.32	49%	5,015,426.68			
Ryan White Part A Minority AIDS Initiative (MAI)			RW 2022-23 Allocation as of 08/11/21		HPG Approved Actions +/-	RW 2022-23 MAI Total as of today	%	RW 2022-23 Year to Date Expenditure	RW 2022-23 Year-to-Date - The % below is the % of the Budget Spent 58.33% of Year Elapsed/Invoiced)	RW 2022-23 Balance	Comments		
Case Management (Non-Medical)			562,902.00		1,337.00	76,180.00	11%	38,323.73	50%	37,856.27	\$1,337 increase HPG		
Medical Case Management						260,529.00	39%	100,185.34	38%	160,343.66			
Mental Health Services						149,066.00	22%	105,875.14	71%	43,190.86			
Outreach Services						42,892.00	6%	12,222.97	28%	30,669.03			
Substance Abuse Services (Outpatient)						35,572.00	5%	14,980.29	42%	20,591.71			
Housing: Emergency Housing						100,000.00	15%	97,982.07	98%	2,017.93			
Subtotal			662,902.00		1,337.00	664,239.00	100%	369,569.54	56%	294,669.46			
TOTAL			9,982,424.00		431,505.00	10,413,929.00		5,103,832.86	49%	5,310,096.14			
CORE and Support Sevices allocation break-down													
Services	Total Allocation			Total Expenditure		Total Balance							
CORE Medical Services	4,858,364.00			2,053,262.68		2,527,696.32							
Support Services	5,241,326.00			2,681,000.64		2,092,850.36							
TOTAL			10,099,690.00	4,734,263.32		4,620,546.68		-744,880.00 variance					

-744,880.00 variance

## YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN AS OF SEPTEMBER 2022

## RW 2223 SERVICE DOLLAR ALLOCATIONS AND EXPENDITURES

Funding Source	RW 2022/2023 Service Dollars	Contract Year	Contract YTD Expenditure	% of Year Invoiced	% Spent	Balance	Comments
<b>Ryan White Part B</b>							
Outpatient Ambulatory Health Services (Medical)	407,426.00	April 2022-March 2023	317,604.20	50%	78%	89,821.80	Part A Payment Summary, Part B tracking as of September 2022 invoices.
Early Intervention Services (Expanded HIV Testing)	-		-	50%	-	-	
Early Intervention Services (Focused Testing)	187,900.00		85,925.11	50%	46%	101,974.89	Part B Payment Summary as of September 2022 invoices.
Medical Case Management (Emergency Financial Assistance)	177,716.00		134,381.60	50%	76%	43,334.40	Part B Payment Summary as of September 2022 invoices.
Housing (Substance Abuse Services-Residential)	518,632.00		316,535.21	50%	61%	202,096.79	Part B Payment Summary as of September 2022 invoices.
Non-medical Case Management (Rep Payee)	50,000.00		24,231.84	50%	48%	25,768.16	Part B Payment Summary as of September 2022 invoices.
CoSD Medical Case Management	403,173.24		117,843.27	50%	29%	285,329.97	Per Q1 Apr-Jun Qtrly invoice
CoSD Early Intervention Services	396,483.18		131,680.25	50%	33%	264,802.93	Per Q1 Apr-Jun Qtrly invoice
<b>Ryan White Part B Total</b>	<b>2,141,330.42</b>		<b>1,128,201.48</b>		<b>53%</b>	<b>1,013,128.94</b>	
<b>Ryan White Part B-MAI Bridge</b>	<b>97,277.00</b>	April 2022-March 2023	<b>52,708.63</b>	<b>50%</b>	<b>54%</b>	<b>44,568.37</b>	Part B-MAI Payment Summary as of September 2022 invoices.
<b>Prevention 2022</b>							
<i>Counseling and Testing</i>	180,000.00	January -December 2022	135,421.10	75%	75%	44,578.90	Prevention Payment Summary as of September 2022 invoices.
<i>Evaluation/ Linkage Activities/ Needs Assessment</i>	813,315.00		556,423.19	75%	68%	256,891.81	Prevention Payment Summary as of September 2022 invoices.
<b>Prevention Total</b>	<b>993,315.00</b>		<b>691,844.29</b>			<b>301,470.71</b>	
<b>CDPH Ending the HIV Epidemic- Component A</b>	<b>\$4,496,525</b>	August 2022- July 2023	<b>3,625.00</b>	<b>17%</b>	<b>0.08%</b>	<b>4,492,900.00</b>	Only one contract - 211SD. Payment Summary as of September invoices.
<b>CDPH Ending the HIV Epidemic- Component C</b>	<b>\$240,000</b>	August 2021- July 2022	<b>-</b>	<b>0%</b>	<b>0.00%</b>	<b>240,000.00</b>	CDPH EHE Comp C No Contract.
<b>HRSA Ending the HIV Epidemic- 20-078</b>	<b>\$1,800,360</b>	March 2022 - February 2023	<b>660,180.27</b>	<b>58%</b>	<b>36.67%</b>	<b>1,140,179.73</b>	HRSA EHE Payment Summary as of September 2022 invoices.
<b>TOTAL</b>	<b>9,768,807.42</b>		<b>2,536,559.67</b>			<b>7,232,247.75</b>	

**YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN  
AS OF September 2022 FOR PRIMARY CARE**

**RW 2223 SERVICE DOLLAR ALLOCATIONS AND EXPENDITURES**

<b>Funding Source</b>	<b>RW 22/23 Service Dollars</b>	<b>Contract Year</b>	<b>Contract YTD Expenditure</b>	<b>% of Year Invoiced</b>	<b>% Spent</b>	<b>Balance</b>	<b>Comments</b>
<b>RW-Part A</b>	932,630.00	March 2022/February 2023	400,655.45	58.31%	43%	531,974.55	Part A Payment Summary as of September 2022 invoices.
<b>RW-Part B</b>	407,426.00	April 2022/March 2023	317,604.20	49.98%	78%	89,821.80	Part A Payment Summary, Part B tracking as of September 2022 invoices.
<b>TOTAL</b>	<b>1,340,056.00</b>		<b>718,259.65</b>	<b>58.30%</b>		<b>621,796.35</b>	

# SUMMARY OF SERVICES FOR FY22

Mar. 1, 2022- Feb. 28, 2023

RYAN WHITE SERVICES		Nov	End of Year Total	Prior Year Total
<b>FY 2022-2023</b>				
Total clients served each month	Clients	1,252		
New clients in FY22	Clients	100	3,033	3,226
Returning FY22 clients	Clients	1,152		
<b>VIRAL LOAD SUPPRESSION</b>				
Virally suppressed	Clients	959		
% Virally suppressed		92%		
With Test	Tests	1041		
Without Test	Tests	211		
<b>PART-A SERVICES</b>				
Outpatient Ambulatory Health Services: HIV Primary Care*	Visits	91	1,187	1,200
	Clients	86	621	624
Outpatient Ambulatory Health Services: Medical Specialty Care	Visits	0	238	91
	Clients	0	117	61
Psychiatric Medication Management	Visits	3	14	38
	Clients	2	9	23
Oral Health Care: Dental Care	Visits	36	812	677
	Clients	31	337	268
Early Intervention/Integrated Services for Women, Children & Families: Coordinated Care	Visits	34	1,551	1,591
	Clients	18	150	134
Early Intervention/Integrated Services for Women, Children & Families: Childcare	Visits	3	69	79
	Clients	3	46	53
Early Intervention Services: Regional Services	Visits	742	6,533	6,218
	Clients	342	1,032	1,138
Early Intervention Services: Peer Navigation Services	Visits	125	1,036	795
	Clients	24	189	175
Early Intervention Services: Outreach Services	Visits	0	0	0
	Clients	0	0	0
Medical Case Management Services	Visits	819	7,694	8,643
	Clients	379	770	876
Home-based Health Care Coordination	Visits	54	590	688
	Clients	25	46	49

# SUMMARY OF SERVICES FOR FY22

Mar. 1, 2022- Feb. 28, 2023

<b>RYAN WHITE SERVICES</b>		<b>Nov</b>	<b>End of Year Total</b>	<b>Prior Year Total</b>
Case Management -Non-Medical	Visits	368	3,790	5,003
	Clients	198	332	474
Mental Health Services: Counseling/Therapy	Visits	174	2,365	2,506
	Clients	82	248	275
Substance Abuse Treatment Services – Residential*	Visits	0	107	0
	Clients	0	30	0
Substance Abuse Treatment Services - Outpatient	Visits	310	2,864	2,181
	Clients	47	95	61
Housing Services: Partial Assistance Rental Subsidy	Visits	115	999	1,114
	Clients	115	134	150
Medical Transportation Services - Assisted	Visits	1	42	14
	Clients	1	32	9
Medical Transportation Services - Unassisted	Visits	225	2,607	2,484
	Clients	148	415	458
Housing Services: Emergency Housing Assistance	Visits	81	696	944
	Clients	65	404	401
Food Services: Food Bank/ Home Delivered Meals	Meals	3647	27,966	34,564
	Clients	132	209	325
Medical Nutrition Therapy	Visits	0	102	133
	Clients	0	71	81

# SUMMARY OF SERVICES FOR FY22

Mar. 1, 2022- Feb. 28, 2023

RYAN WHITE SERVICES		Nov	End of Year Total	Prior Year Total
<b>PART-A SERVICES continued</b>				
Legal Services	Visits	10	126	164
	Clients	10	89	87
Emergency Financial Assistance	Visits	3	249	417
	Clients	3	84	87
Internet Access	Visits	0	1	2
	Clients	0	1	2
Internet Equipment	Visits	3	10	21
	Clients	2	6	12
Collateral Contacts	Visits	145	2,066	3,023
	Clients	94	521	582
<b>MAI SERVICES</b>				
Medical Case Management Services	Visits	150	993	1,576
	Clients	66	147	166
Mental Health Services: Therapy/Counseling	Visits	39	665	479
	Clients	22	82	78
Substance Abuse Treatment Services - Outpatient	Visits	49	234	150
	Clients	26	42	30
Faciliated Referrals	Visits	0	0	0
	Clients	0	0	0
Outreach Encounters	Visits	0	0	0
	Clients	0	0	0
Medical Transportation Services - Assisted	Visits	0	0	0
	Clients	0	0	0
Medical Transportation Services - Unassisted	Visits	0	0	0
	Clients	0	0	0
Case Management -Non-Medical	Visits	82	778	642
	Clients	41	87	59

# SUMMARY OF SERVICES FOR FY22

Mar. 1, 2022- Feb. 28, 2023

CLIENT DEMOGRAPHICS	Number of Clients	% of Client Total	Client Total
<b>FY 2022-2023</b>			
<b>Race/Ethnicity</b>			
White (not Hispanic)	733	24.17%	
Black or African American (not Hispanic)	388	12.79%	
Hispanic or Latino(a)	1656	54.60%	
Asian/Pacific Islander, not Hispanic	55	1.81%	
American Indian/Alaska Native, not Hispanic	17	0.56%	
Multi-Race, not Hispanic	44	1.45%	
Race data not in ARIES	140	4.62%	<b>3,033</b>
<b>Gender</b>			
Male	2,438	80.38%	
Female	490	16.16%	
Transgender FTM	3	0.10%	
Transgender MTF	100	3.30%	
Other	2	0.07%	
Client Refused to Report	0	0.00%	<b>3,033</b>
<b>Age Categories</b>			
< 2	24	0.79%	
02-12	9	0.30%	
13-24	64	2.11%	
25-44	1,156	38.11%	
45-64	1,452	47.87%	
65 and over	328	10.81%	<b>3,033</b>
<b>Poverty Level</b>			
<138%	2,396	79.00%	
138-199%	337	11.11%	
200-299%	210	6.92%	
300-399%	60	1.98%	
400-499%	16	0.53%	
>500%	13	0.43%	
Financial data not in ARIES	1	0.03%	<b>3,033</b>

## SUMMARY OF SERVICES FOR FY22

Mar. 1, 2022- Feb. 28, 2023

CLIENT DEMOGRAPHICS	Number of Clients	% of Client Total	Client Total
<b>HRSA Housing Status</b>			
Stable/Permanent	1,600	52.75%	
Temporary	898	29.61%	
Unstable	332	10.95%	
Housing Status not in ARIES	203	6.69%	<b>3,033</b>
<b>Insurance Status</b>			
Private	84	2.77%	
Medicaid	572	18.86%	
Other	5	0.16%	
No Insurance	2,067	68.15%	
Insurance not in ARIES	305	10.06%	<b>3,033</b>
<b>San Diego Region</b>			
Central	1,046	34.49%	
East	212	6.99%	
South Bay	539	17.77%	
Southeast	250	8.24%	
North Coastal	323	10.65%	
North Inland	149	4.91%	
North Central	216	7.12%	
Zip Code may be outside SD County	125	4.12%	
Zip Code not in ARIES	173	5.70%	<b>3,033</b>



## PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE 2023 WORKPLAN

<p><b><u>January 12, 2023</u></b></p> <ul style="list-style-type: none"> <li>• Discuss and plan for the three components of the <b>Needs Assessment</b> process <ul style="list-style-type: none"> <li>○ <b>Regional Community Meetings</b> (timeframe)</li> <li>○ <b>Survey of HIV Impact</b> planning (2023)</li> <li>○ <b>Provider Survey</b> (timeframe)</li> </ul> </li> <li>• Special data needs from the Recipient</li> <li>• Review service categories that underspend (monthly)</li> <li>• Service utilization report (monthly report)</li> </ul>	<p><b><u>June 15, 2023</u></b></p> <ul style="list-style-type: none"> <li>• Review data on <b>HIV Care Continuum/ Unaware Estimate</b> &amp; discuss findings <ul style="list-style-type: none"> <li>○ incl. data on <b>RW clients vs. all clients</b></li> <li>○ Incl. data on <b>viral suppression rates in the African American/Black population</b> (incl. of RW clients vs. all clients)</li> </ul> </li> <li>• Review data on <b>Unmet Need Estimate</b> and discuss findings</li> <li>• Annual report on <b>percent of individuals linked to care, and retention rates and viral suppression</b></li> <li>• Review service categories that underspend (monthly)</li> <li>• Service utilization report (monthly report)</li> </ul>
<p><b><u>February 9, 2023</u></b></p> <ul style="list-style-type: none"> <li>• Review <b>Co-occurring conditions, poverty, and insurance</b></li> <li>• Review service categories that underspend(monthly)</li> <li>• Service utilization report (monthly report)</li> </ul>	<p><b><u>June 22, 2023</u></b></p> <ul style="list-style-type: none"> <li>• Review YTD data on <b>service utilization</b> and discuss findings</li> <li>• Summarize/Finalize data on HIV Care Continuum/Unaware Estimate</li> <li>• Summarize/Finalize data on regional focus groups</li> <li>• Review service categories that underspend(monthly)</li> <li>• Service utilization report (monthly report)</li> </ul>
<p><b><u>March 9, 2023</u></b></p> <ul style="list-style-type: none"> <li>• Review Integrated (Comprehensive) Plan/Getting to Zero Plan goals related to PSRAC</li> <li>• Summarize/finalize data on co-occurring conditions, poverty, and insurance.</li> <li>• Address change in FY 23 Part A funding (if needed)</li> <li>• <b>PARS Report</b></li> <li>• Review service categories that underspend(monthly)</li> <li>• Service utilization report (monthly report)</li> </ul>	<p><b><u>June 29, 2023</u></b></p> <ul style="list-style-type: none"> <li>• No meeting (Thursday before Independence Day weekend)</li> </ul>
<p><b><u>April 13, 2023</u></b></p> <ul style="list-style-type: none"> <li>• Address change in FY 23 Part A funding (if needed)</li> <li>• Review <b>regional distribution of RWTEA Part A services &amp; discuss findings</b></li> <li>• Review data on <b>Ryan White service eligibility criteria &amp; other service guidelines</b> and discuss findings</li> </ul>	<p><b><u>July 6, 2023</u></b></p> <ul style="list-style-type: none"> <li>• Review any additional data that is available</li> <li>• Review/finalize summary data findings Recommendations with justifications to HIV Planning Group for service priority ranking, and how services should be organized and delivered in FY 24</li> </ul>

<ul style="list-style-type: none"> <li>• <b>PARS Report</b></li> <li>• Review service categories that underspend(monthly)</li> <li>• Service utilization report (monthly report)</li> </ul>	<ul style="list-style-type: none"> <li>• Review updated <b>HIV/AIDS Epidemiology</b> data &amp; discuss findings (if available)</li> <li>• <b>PARS Report</b></li> <li>• Review service categories that underspend (monthly)</li> <li>• Service utilization report (monthly report)</li> </ul>
<p><b><u>May 11, 2023</u></b></p> <ul style="list-style-type: none"> <li>• Review updated <b>HIV/AIDS Epidemiology</b> data &amp; discuss findings (if available)</li> <li>• <b>PARS Report</b></li> <li>• Review 2021 <b>Survey of HIV Impact</b> data &amp; discuss findings, esp. Out-Of-Care data</li> <li>• Summarize/Finalize data on regional distribution of RWTEA Part A services</li> <li>• Summarize/Finalize data on Ryan White service eligibility criteria and other service guidelines</li> <li>• Review service categories that underspend(monthly)</li> <li>• Service utilization report (monthly report)</li> </ul>	<p><b><u>July 13, 2023, July 20, 2022 and July 27, 2023 (if needed)</u></b></p> <ul style="list-style-type: none"> <li>• Summarize updated HIV/AIDS Epidemiology data (if available)</li> <li>• Review all data findings and summaries</li> <li>• Complete recommendations with justifications for changes in funding allocations for FY 24</li> </ul>
<p><b><u>June 1, 2023</u></b></p> <ul style="list-style-type: none"> <li>• Review <b>HRSA and Ryan White Part A guidelines (PCN 1602)</b></li> <li>• Summarize/finalize data on HIV Epidemiology</li> <li>• Review service categories that underspend(monthly)</li> <li>• Service utilization report (monthly report)</li> </ul>	<p><b><u>August 3 and/or 10, 2023 (if needed)</u></b></p> <ul style="list-style-type: none"> <li>• As needed for FY 24 priority setting and budget allocation process (next fiscal year) and/or FY 23 reallocations (current fiscal year)</li> <li>• <b>PARS Report</b></li> <li>• Review service categories that underspend (monthly)</li> <li>• Service utilization report (monthly report)</li> </ul>
<p><b><u>June 8, 2023</u></b></p> <ul style="list-style-type: none"> <li>• Review information on <b>non-Ryan White services in the community</b>, esp. <b>mental health and drug and alcohol services</b>. (County's budget includes some of this detail) <a href="https://www.sandiegocounty.gov/openbudget/">https://www.sandiegocounty.gov/openbudget/</a></li> <li>• Review data on <b>regional focus groups</b> and <b>GTZ Action Plan Community Feedback Report</b> and discuss findings</li> <li>• <b>PARS Report</b></li> </ul>	<p><b><u>September 7 and/or October 12, 2023</u></b></p> <ul style="list-style-type: none"> <li>• Debrief the FY 24 priority setting and budget allocation process</li> <li>• Develop 2024 PSRAC work plan</li> <li>• <b>PARS Report</b></li> <li>• Review service categories that underspend(monthly)</li> <li>• Service utilization report (monthly report)</li> </ul>