County of San Diego

NICK MACCHIONE, FACHE

AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY

PUBLIC HEALTH SERVICES

3851 ROSECRANS STREET, MAIL STOP P-578

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

PUBLIC HEALTH OFFICER

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

Thursday, March 09, 2023 3:00 PM

A quorum for this committee is 7

Committee Members: Beth Davenport, Reginald Carroll, 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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Priority Setting and Resource Allocation Committee meets pursuant to Government Code Section 54953(e).

Conflict of Interest
Priority Setting and Resource Allocation Committee

Name	Conflict of Interest
Acevedo, Allan	• None
Cortes, Alberto	• Medical Nutrition Therapy • Emergency Financial Assistance • Food Bank/Home Delivered Meals
Davenport, Beth	• Mental Health • Non-Medical Case Management • Medical Case Management • Peer Navigation
Garcia-Bigley, Felipe	• 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	• Substance Use Treatment: Residential
Jacobs, Dr. Delores	• None
Kubricky, Cinnamen	• None
Mueller, Chris	• 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	• None
Robles, Raul	• None

Name	Conflict of Interest
Rucker, James	• 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
Underwood, Regina	• 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	• Coordinated HIV Services for Women, Infants, Children, Youth, and Families (CHS: WICYF)
Villafan, Freddy	• Medical Case Management • Substance Use Disorder Treatment: Residential • Transportation: Assisted and Unassisted

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PUBLIC HEALTH SERVICES
3851 ROSECRANS STREET, MAIL STOP P-578
SAN DIEGO, CA 92110-3134
(619) 531-5800 • FAX (619) 542-4186

WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

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

Thursday, March 9, 2023 3:00 PM

County Operations Center (COC)
5500 Overland Ave. (Training Room 120) San Diego, CA 92123

To participate remotely via WebEx (click the following link):
https://sdcountyca.webex.com/sdcountyca/j.php?MTID=m4bfdd3a6688a008b444f74f4ebc8fa49

Meeting Number/Access Code: 133 857 8395

Password: PSRAC.20

Join the meeting via phone: 1-470-238-5742 US Toll / 52-55-6722-5298 Mexico Toll

Participantes que solicitan traducción al español: (Deben notificar al personal de apoyo con 96 horas de anticipación). Recibirán un correo electrónico con el número para llamar.

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, Reginal Carroll, 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

1. Call to order; introductions; comments from the Chair

2. 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

Priority Setting and Resource Allocation Committee meets pursuant to Government Code Section 54953(e).

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

3. Public comment on non-agenda items (for members of the public)
4. Sharing our concerns (for committee members)
5. Approve the meeting agenda for March 9, 2023 Click or tap to enter a date.
6. Approve the meeting minutes from February 9, 2023 and review follow-up items from the minutes
7. Review committee attendance
8. Old Business:
    a) Getting to Zero (GTZ) Community Action Plan:
        1. Return to in-person meetings.
        2. Discussion and **Action**: consider suggestions regarding adjusting the times committee meets and frequency of meetings.
        3. Expand Ryan White funded mental health services capacity: Increasing rapid access to regional availabilities, decreasing wait times
        4. Explore the feasibility and cost of creating walk-in medical services, mental health services, and substance use treatment services
    b) Process for review of the previous year's reallocations and data upon which they were based compared to the approved budget for the upcoming (FY23) year and accompanying data to address potential needs/changes which may be required. Recipient reallocations reviewed and approved by HPG
    c) Review data on c**o-occurring conditions, poverty, and insurance** and discuss findings.
9. New Business
    a) **Action Item:** Approve the recommendation(s) for the reallocation of Part A funds in FY 23 (March 1, 2023 – February 28, 2024)
    b) UCSD - TRIUMPH Community Survey – Dr. Kiyomi Tsuyuki, USCD
    a) Review Integrated (Comprehensive) Plan/Getting to Zero Plan goals related to PSRAC
    b) Address change in FY 23 Part A funding (if needed)
    c) PARS Report
    d) Presentation: Housing services – HOPWA and Housing Resources by Freddy Villafan
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 23 Work Plan
11. Suggested items for the PSRAC agenda
12. Next Meeting: Thursday, **April 13, 2023.** Location: **County Operations Center (COC), Training Room 124: 5530 Overland Ave San Diego, CA 92123**
13. Announcements
14. Adjournment

Principles for PSRA Decision-Making process	**Criteria** for the PSRA Decision-Making process

Principles Guiding Decision Making (Priorities should reflect the Principles)
 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
	 1. Documented Need based on:
	   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

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

Thursday, February 9, 2023
3:00 PM – 5:00 PM

WebEx Meeting

DRAFT MINUTES

Quorum is Seven (7)

Members Present: Dr. Beth Davenport / Felipe Garcia-Bigley / Pam Highfill / Dr. Delores Jacobs (Chair) / Cinnamen Kubricky / Chris Mueller/ James Rucker (Co-Chair) / Karla Quezada-Torres / Regina Underwood / Rhea Van Brocklin

Absent: Alberto Cortes / Raul Robles/ Freddy Villafan

Agenda Item	Action	Follow-up
1. **Call to order**	Dr. Jacobs called the meeting to order at 3:00 p.m. and noted that a quorum was established.	

2. Continuance of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e)	**Action:** 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.
	Motion/Second/Count (M/S/C): Garcia-Bigley/Davenport 8/0
	Abstentions: Jacobs
	Motion carries	

3. Reminders:	Dr. Jacobs reviewed the conflict of interest, the committee's purview, the focus on service priorities, and the meeting rules with participants. A committee member read the Committee Charge.	
4. Public Comment on non-agenda items (for members of the public)	• A member of the public commented that teleconferencing meeting options were too liberal and that	

Agenda Item	Action	Follow-up
	some members were abusing the privilege. He also commented that the new rules under AB 2449 would affect the quorum. • Reginald Carroll has requested to rejoin the Priority Setting and Resource Allocation Committee (PSRAC) in March 2023. • A member of the public shared their concerns about the Food Stamps program ending in March, which will impact clients.	
5. Sharing our concerns (for committee members).	None	
6. Action: Review and approve the agenda for February 9, 2023	**Action:** Approve the February 9, 2023 meeting agenda as presented with the noted changes: Adding in-person meetings discussion as item agenda item 11a and under Old business add 9c add Needs assessment as an ongoing discussion. **M/S/C:** Van Brocklin/ Davenport 8/0 **Abstentions**: Jacobs **Motion carries**	
7. Approve the meeting minutes from January 12, 2023;	**Action:** Approved January 12, 2023; meeting minutes as presented **M/S/C:** Rucker/Highfill 9/0 **Abstentions**: Jacobs **Motion carries**	
8. Review committee attendance	No comments	
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	Consumers need clarification on how to access different locations and systems. Some education would be helpful and may be further discussed at the Steering Committee and the Strategies and Standards Committee.	
2. Explore the feasibility and cost of creating walk-in medical services, mental health	This committee's Getting-to-Zero agenda explores the feasibility of creating walk-in or drop-in medical, mental health, and substance use treatment services. Some	

Agenda Item	Action	Follow-up
services, and substance use treatment services	systems can accommodate walk-in appointments better than others. In the next few months, we will discuss what is working and what we could do to increase the ability that someone would have to walk in and receive a medical or mental health service.	
b. **Expenditure data review for the PSRAC process for FY23-24** (Process for review of the previous year (FY22-23) reallocations and data upon which they were based compared to the approved budget for upcoming ((FY23-24) year and accompanying data to address potential needs/changes which may be required). Recipient reallocations reviewed and approved by HPG.	Reallocation process to continue as the new contract year begins on March 1, 2023 and go through the year-end review.	
c. Needs Assessment process	The committee discussed the following: • A contractor will conduct the Needs Assessment, and the goal would be to improve response rates. • The Committee discussed the efforts from the 2017 survey distribution plan pushing out to all HPG members, providers, and community members and having more printed copies of the survey available. • The importance of the outreach, communication, and distribution strategy. • Members recommended having a scoring QR code; the survey should be short but also consider the option of a longer survey, possibly incentivized. Encourage participation at committee meetings. • Focus groups could bring more detailed data.	

Agenda Item	Action	Follow-up
	Incentives were recommended and have HPG staff provide support with completing a survey if needed.	
10. Routine Business		
a) Review Monthly and YTD expenditures and examine for any recommended reallocations 1. Review of over/under spending	Reviewed, the reports were included in the meeting materials packet.	
b) Review Monthly and YTD service utilization report	HSHB provided presentation of data through Dec. 2022. There were 3,426 clients served, a 10% decline compared to the previous year. Viral suppression for RW clients with a viral load test was 92%. The longest wait was for Psychiatric Medication Management services in the south region, for an in-person appointment is 28 days, but an evening appointment is available in five (5) days.	
c) COVID-19/Monkeypox (MPOX) update	• The COVID state of emergency will expire at the end of February 2023; the case rate is below 100 • Regarding MPOX, no new cases since January 7, 2023. The next MPOX Task Force meeting will focus on vaccine distribution and vaccine uptake, particularly among Hispanics/Latinx and African American/Black communities.	
Affordable Care Act (ACA) update	CalAIM (California Advancing Innovation in Medi-Cal) includes whole-person care and wellness for better outcomes. One of the essential requirements is enhanced care management, which focuses on specific vulnerable populations, people living with substance abuse and unhoused. In addition, the medical systems will have case management for services to help navigate the care services.	The Recipient's Office will follow up on information regarding the CalAIM billing process.
d) HIV Prevention update	Focused testing for those at risk for HIV, 4,800 tested – 46 tested positive, with less than a 1% positivity rate.	

Agenda Item	Action	Follow-up
	Routine/opt-out testing in healthcare settings is generally primary. 15,000 tested, 8 individuals newly diagnosed, which is a 1.5% positivity rate. The committee requested demographic breakouts of the testing data, specifically, race/ethnicity and gender data of those who have been newly diagnosed.	
e) Partial Assistance Rental Subsidy (PARS) Report	• 120 people are enrolled in PARS • 37 people are on the waitlist due to a lack of funds. • 5 persons are on the wait list due to incomplete applications. The Recipient discussed the housing crisis in California, rents are increasing, and restrictions have been lifted and impacting program ability.	
f) Review the PSRAC FY 23 Work Plan	Reviewed, the report was included in the meeting materials packet.	
11. New Business		
a) **Action Item:** Approve the recommendation(s) for the reallocation of Part A funds in FY 23-24 (fiscal year; March 1, 2023 – February 28, 2024).	No reallocation currently since we are at the end of the fiscal year, and March begins a new fiscal year; FY 23, March 1, 2023 – February 28, 2024,	
b) Review **Co-occurring conditions, poverty, and insurance data** and discuss findings	Tabled until next month	
c) Discussion on HPG in-person meeting/ Memo AB2449	Staff reviewed the in-person meeting. Legislation AB 2449 teleconference remote meetings • A quorum must be present in person for a meeting –exemptions 1. Emergency, or 2. Just Cause, committee members cannot exceed more than 3 in a row or 20% of the meetings. exemptions. The HPG or the committee must approve Emergency Circumstance, but not Just Causes	

Agenda Item	Action	Follow-up
	• Location must be open to the public, who must be allowed to participate remotely via teleconference. HPG committee meetings will be held in March at 690 Oxford St, Chula Vista office. April meeting locations are TBD. In March, the HPG meeting would be the Retreat on March 22, 2023, at the Malcolm X Library. The committee was requested to look for meeting locations for the April meeting. County space is limited. Therefore, meetings will be at different locations. If a meeting is to occur at a location other than a County or public space, that location much be approved by the county; the approval process takes approx. 8 weeks. Travel and childcare reimbursement will be available, and gas cards will be provided. HPG Staff is working on those logistics since some of the procedures have changed Childcare services for people living with HIV to attend HPG and committee meetings are believed to possibly be processed as a PLWH receiving childcare for a Ryan White appointment. Staff will investigate this further. The committee recommends having a flyer with all reimbursement standards.	
12. Suggested items for the PSRAC agenda	Review the work plan	
13. Next Meeting:	**14.** Thursday **March 9, 2023.** Location: South Live Well Center (room 194), 690 Oxford Street, Chula Vista, CA 91911	HPG Staff will provide a map, directions, and parking information for the next meeting
15. Announcements	None	

Agenda Item	Action	Follow-up
16. Adjournment	4:43 pm	

HIV PLANNING GROUP
12-MONTH COMMITTEE TRACKING
Mar 2022 -Feb 2023

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE																				Total
PSRAC	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	Jan	Feb	
Total meetings	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	0	1	1	1	11
Member																				
Jacobs, Dr. Delores C	*	*	*	*	*	*	*	NM	*	1	*	*	*	*	*	NM	*	*	*	0
Cortes, Alberto	*	*	1	1	1	*	*	NM	*	*	1	*	*	1	*	NM	*	*	1	3
Davenport, Beth	*	*	1	1	*	1	*	NM	*	*	*	*	*	*	*	NM	*	*	*	1
Garcia-Bigley, Felipe														*	*	NM	*	*	*	0
Highfill, Pam	1	*	*	*	*	*	1	NM	*	*	*	*	*	*	*	NM	*	*	*	1
Kubricky, Cinammon U	*	1	*	*	*	*	1	NM	*	*	*	*	*	*	*	NM	1	*	*	2
Mueller, Chris	*	*	1	*	*	*	*	NM	*	*	1	*	*	*	1	NM	*	1	1	4
Robles, Raul	*	1	*	*	1	1	1	NM	*	1	1	1	*	*	*	NM	1	*	1	3
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	*	*	1	1

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

U = Unaffiliated Consumer

= number of absences

C = Chair

1 = Absence

N = Non-HPG member

CC = Co-Chair

NM = Committee did not meet

* = present

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 Circumstances (AB 2449)
In person participation of quorum	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 and in person	Call-in or internet-based and 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 to 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 recommendation 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

*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"	▪ 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"	***"A physical or family medical emergency that prevents a member from attending the meeting in person."*** A member is **not** required to disclose any medical diagnosis or disability, or any personal medical information that is already exempt from existing law.	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. 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[1].

[1]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.

AB 2449: Just Cause and Emergency Circumstances (2023)

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 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 10 times per calendar year, a member's participation from a remote location cannot be for more than two meetings.

AB 2449: Just Cause and Emergency Circumstances (2023)

Priority Setting & Resource Allocation Committee (PSRAC)

When: Thursday, March 9, 2023 from 3:00 PM – 5:00 PM
Where: Training Room 120

Directions and Parking:
San Diego County Operations Center
5500 Overland Avenue
San Diego, CA 92123

Parking is free – All visitors parking is longer than the permitted time that is posted; you must park in an unmarked space.
There is very limited street parking along Farnham St.

From 163:
1. From 163, exit onto Clairemont Mesa Blvd – *Eastbound*
2. Turn left onto Overland Ave.

From I-15:
1. From 15, exit onto Clairemont Mesa Blvd – *Westbound*
2. Turn right onto Ruffin Rd
3. Turn left onto Hazard Way

   Or

1. From 15, exit onto Clairemont Mesa Blvd – *Westbound*
2. Turn right onto Overland Ave

Via MTS/Public Transportation:
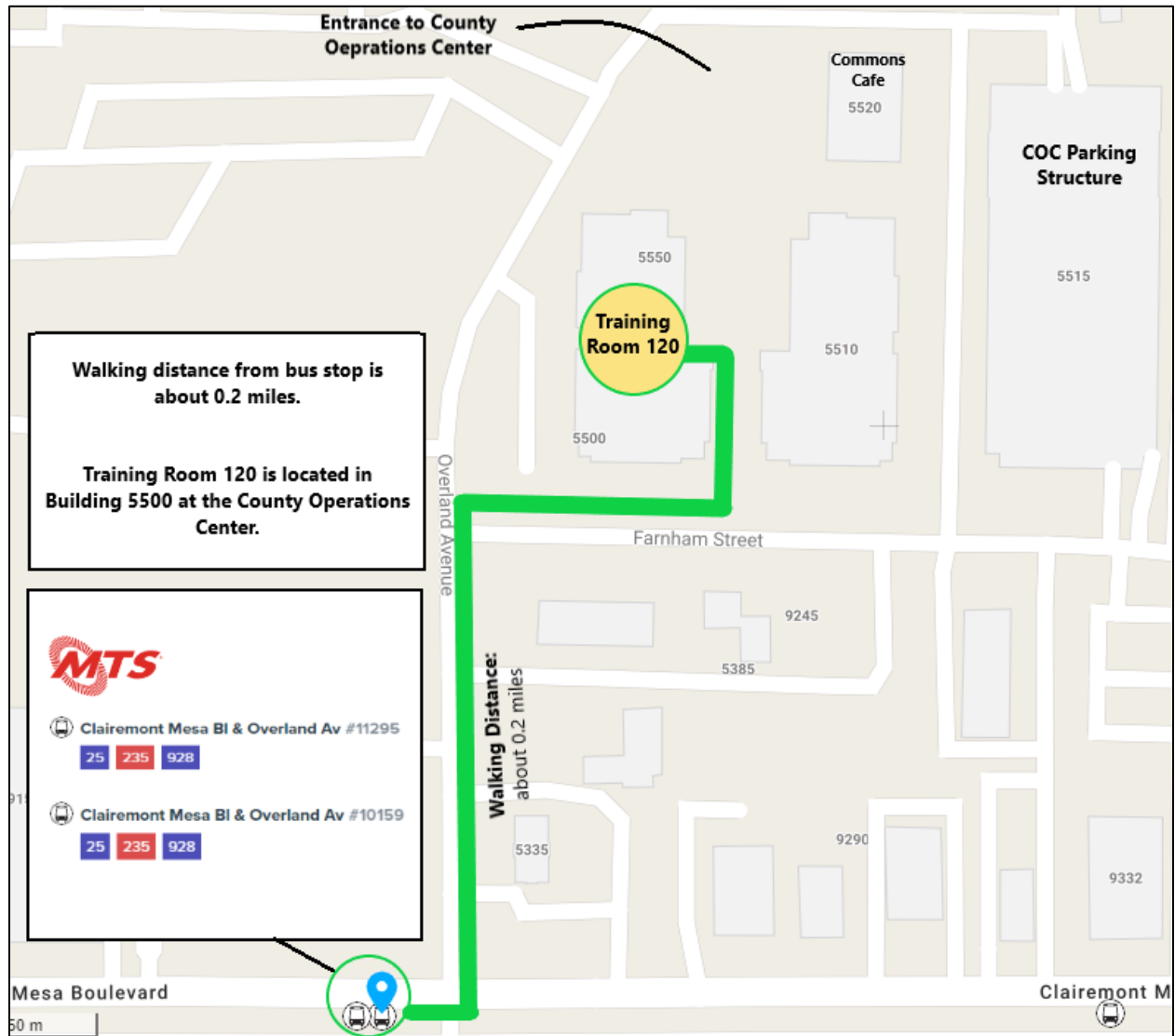
From Clairemont Mesa Blvd & Overland Ave Bus stop:
1. Head east on Clairemont Mesa Blvd toward Overland Ave.
2. Turn left onto Overland Ave.
3. Turn right onto Farnham St.
4. Turn left into County Operations Center walkway entrance.
5. Destination will be on the left side in **Building 5500**.
   Main entrance will be in COC walkway.
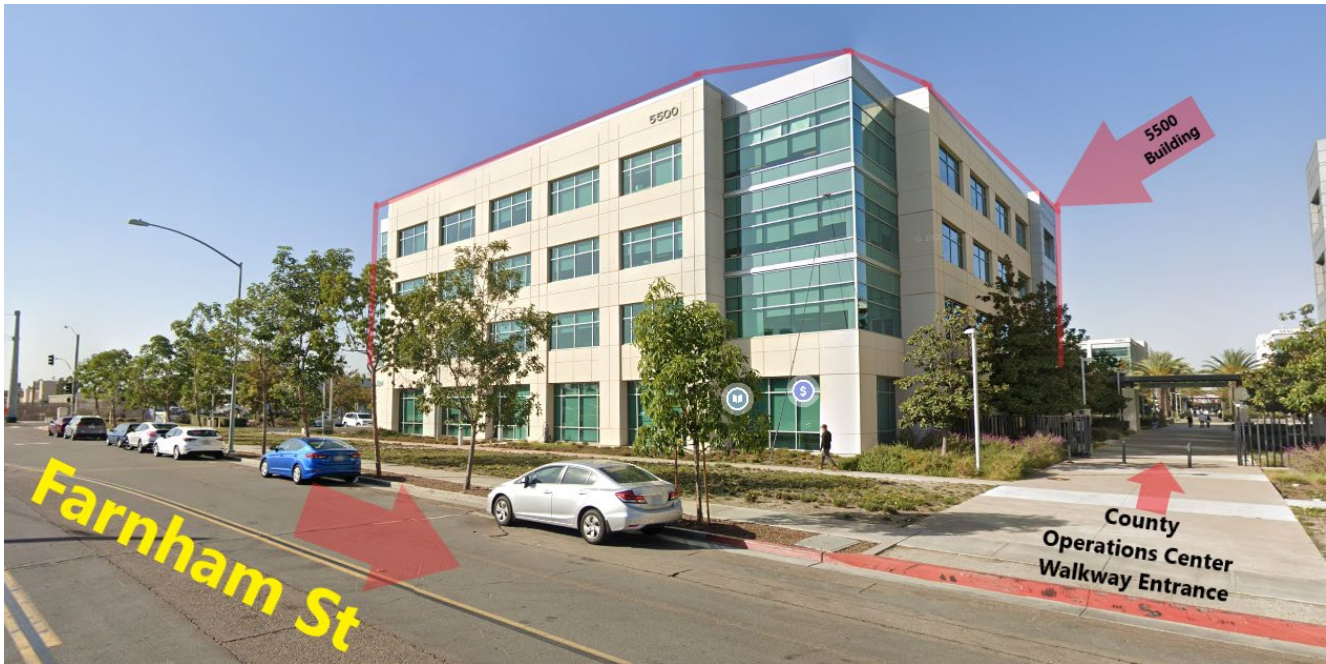
If Using Trolley & Bus:

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.
7. Turn right onto Farnham St.
8. Turn left into County Operations Center walkway entrance.
9. Destination will be on the left side in **Building 5500**.
10. Main entrance will be in COC walkway.

Full Route from Balboa Ave Transit Center to Overland Ave
(if coming off Blue Line trolley):
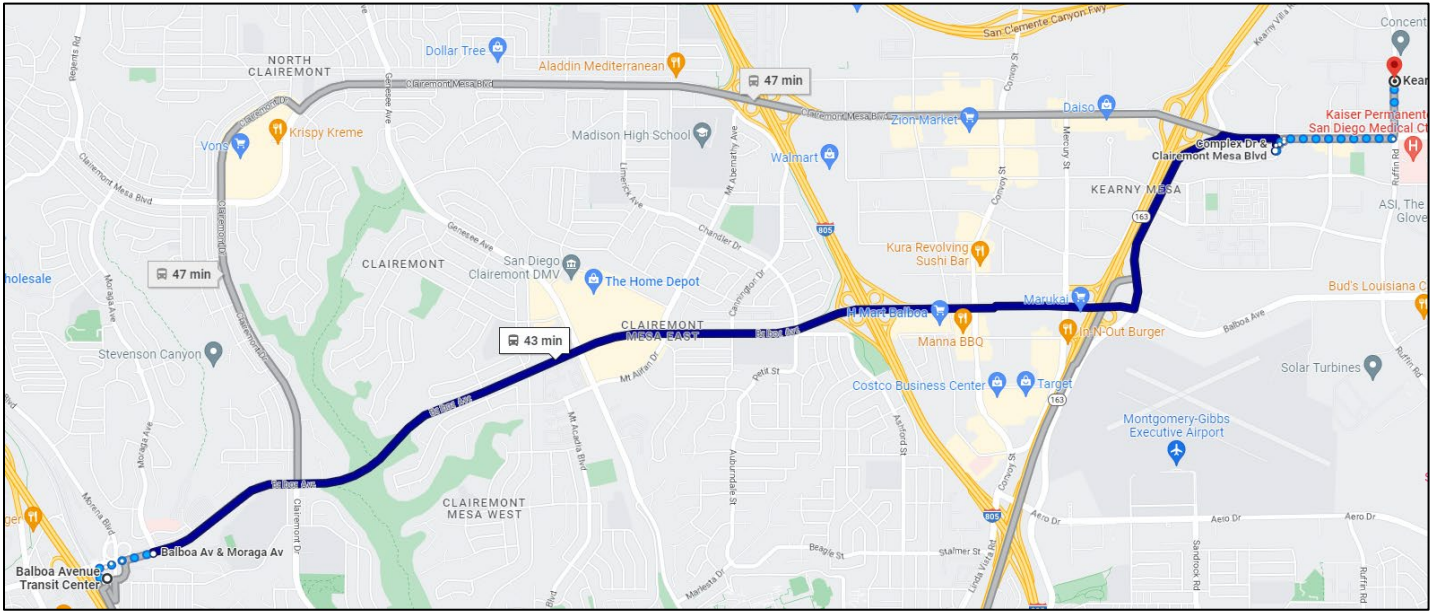
Walking from Complex Dr & Clairemont Mesa Blvd to
County Operations Center (COC), Training Rm 120:

Walking Distance:
about 0.4 miles

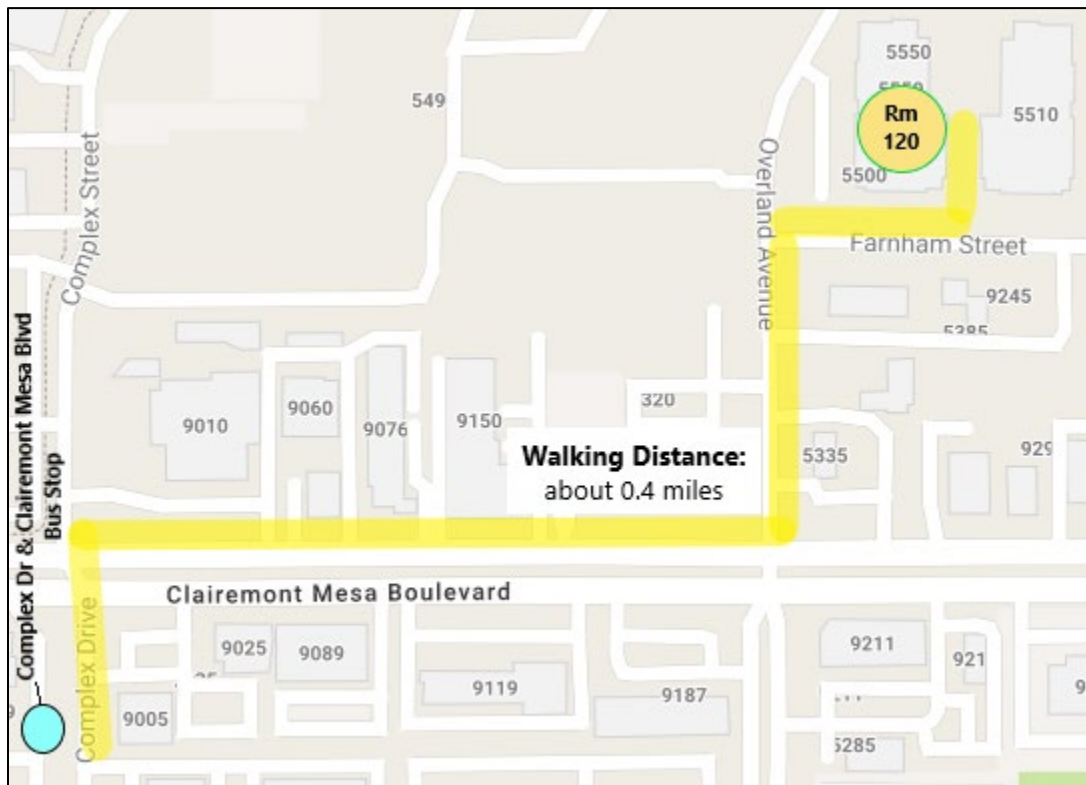| Service Categories	FY 23 Priority Ranking	Ryan White Part A Allocations FY 22			Comments	Ryan White Part A
		RW 2022-23 HPG Allocation as of 08/11/21	HPG Approved Actions +/-	RW 2022-23 HPG Total as of today		RW 2023-24 HPG Allocation as of 08/11/22
Outpatient Ambulatory Health Services: Primary Care	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

Service	#	RW 2022-23 Allocation as of 08/11/21	HPG Approved Actions +/-	RW 2022-23 Total as of today	Comments	RW 2022-23 Allocation as of 08/11/21
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)			76,180.00		
Medical Case Management			260,529.00		
Mental Health Services	562,901.00	1,337.00	149,066.00	$1,337 increase HPG	574,238.00
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

San Diego HIV Planning Group
Priority Setting and Resource Allocation Committee

Key Data Findings
2023 Co-Occurring Conditions/Poverty/Insurance
Draft March 9, 2023

Data regarding co-morbidities or co-occurring disorders is important to the delivery of services for people living with HIV/AIDS (PLWH/A) for all the following reasons:

- Co-occurring health conditions make providing medical care more complex, require greater provider expertise, and **increase the cost of care** for PLWH/A.
- PLWH/A who live with other health conditions often have many service needs, so case managers and other service providers may need to spend more time with fewer clients.
- Substance use, homelessness and mental illness can **interfere with HIV care**, treatment, and medication adherence.
- When a PLWH/A has tuberculosis (TB), a sexually transmitted disease (STD) or hepatitis, both the person's HIV and the other disease(s) can **progress faster** and have more serious effects.
- STDs make it easier for a PLWH/A to **transmit HIV** to someone else.
- Support services keep PLWH/A in care and improve medical outcomes, especially those of women, African Americans, and persons with lower incomes.

2021 findings are self-report by HIV positive respondents to the *2021 Survey of HIV Impact*: [2]

- Total sample: 182
- People living with HIV: 158

2017 findings are self-report by HIV positive respondents to the *2017 Survey of HIV Impact*: [3]

- Total sample: 1,038
- People living with HIV: 781

Condition	*Estimated prevalence* within the general population* (Population = 3,343,349; Males = 1,685,822 Female = (1,661,702 [1]		*Estimated prevalence* based on self-report by people living with HIV from the 2021 *Survey of HIV Impact* [2]	
	Number	*Percentage*	*Number*	*Percentage*
Tuberculosis	201	Less than 0.01% [4]	17	11.0% [2]
Syphilis*	2,177 female: 411 male: 1,765 [5,6]	0.066% female: 0.025% male: 0.11%	309, est. female:1, male: 308 [3]	2.2% female: 0.07 male: 2.4
Gonorrhea	7,884 female: 2,652 male: 5,229 [5,6]	0.24% female: 0.16 male: 0.31	93 est. female: 0 male:93 [3]	10.7% female: 0% male: 11.3%
Chlamydia	18,075 female: 10,632 male: 7,430 [5,6]	0.55% female: 0.65% male: 0.45%	98 est. female: 2 male: 96 [3]	1.4% female: 3.5% male: 12.3%
Hepatitis B (HBV)	638	0.03% [5]	30	20% [3]
Hepatitis C (HCV)	3,845	1.1% [6]	18	12% [2]
Mental Illness	688,730 [7] (method of estimating combines serious and chronic)	20.6%		40% [2] (ever diagnosed or treated)
Substance Use: Injection Drug Use	50,150 est. ages 12+ [8]	1.5% est. ages 12+ [11]	36	Ever Injected: 23.9 [3] Injected last 12 months: 7.8% [11]

Condition	Estimated prevalence within the general population* (Population = 3,343,349; Males = 1,685,822 Female = (1,661,702 [1]		Estimated prevalence based on self-report by people living with HIV from the 2021 Survey of HIV Impact [2]	
	Number	Percentage	Number	Percentage
Substance Use: Illegal Drug Use (non-inj. use)	110,331 est. illicit drug use, ages 12) [9]	3.3% estimated	11	7.8% est. [11]
Fentanyl Use	424 deaths in SDC in 2022 [21]		-	-
Homelessness	7,690	0.2% [12]	619 est. [3]	Unstably housed: 22.4%) Homeless: 4.4% [3]
Poverty Level (Threshold = $1,215 /month)	518,219 [10]	15.5% below poverty level		35% below poverty level 72% below 500% poverty level [3]
Lack of Insurance (Non-elderly population <65 years old)	314,715	9.5% [13]	104	13% [3]
Formerly incarcerated	10,030 est. prison pop	0.3% [14]	35	23%
Hypertension (High Blood Pressure)	10,030	30% [15]	54	35% (Among ART-experienced individuals >50 years, >50%) [15]
Diabetes	227,347	6.8% [16]	18	10.3% [16]
Coronavirus (COVID 19)	983,031 [17]	29.4% [17]	Of pts with COVID, 26.6% are PLWH	Increased risk of (hospitalization, increased risk of death [18]
Monkeypox (MPOX)	471 [19]	0.00014%	Of pts with MPOX, 40% are PLWH	Increased risk for advanced MPOX [20]

*Detailed data for sexually transmitted infections, including data by race/ethnicity and gender /can be found at
https://www.sandiegocounty.gov/hhsa/programs/phs/hiv_std_hepatitis_branch/reports_and_statistics.html

Notes:

- Research reveals higher incidences of additional co-occurring conditions for PLWH/A that include gastrointestinal diseases, circulatory diseases, endocrine/nutritional/metabolic diseases (includes diabetes), nervous system diseases, and neoplastic diseases (cancer, lymphoma).

- Women experience an increased incidence of some HIV-related including gynecological conditions such as genital herpes, pelvic inflammatory disease, human papillomavirus, and candida; additionally, there is an increased incidence of diabetes, heart disease; hepatitis C; cancer, mental Illness, and substance abuse

Data Sources:

1. San Diego Association of Governments (SANDAG). 2020 population estimates, data from July 2021.
2. County of San Diego HIV, STD, and Hepatitis Branch: San Diego 2021 Survey of HIV Impact (N=182, 160 of which identify at living with HIV in San Diego County; although the sample size is small, the results are consistent with the 2017 Survey of HIV Impact where N=1,038 of which 781 identify as living with HIV): proportions applied to estimated PLWH/A population.
3. County of San Diego HIV, STD, and Hepatitis Branch and Hepatitis 2017 Survey of HIV Impact where N=1,038 of which 781 identify as living with HIV): proportions applied to estimated PLWH/A population.
4. County of San Diego Tuberculosis Program 2021 Fact Sheet, prepared 03/15/2022.
5. County of San Diego, Health and Human Services Agency, Division of Public Health Services, HIV, STD, and Hepatitis Branch. April 2021. Sexually Transmitted Diseases in San Diego County, 2021 Data Slides. Accessed 01/27/2023 from www.STDSanDiego.org.
6. County of San Diego 2020 Reportable Diseases and Conditions, from https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/documents/Reportable%20Diseases%20and%20Conditions_SDC_2016-2020.pdf
7. National Alliance on Mental Illness. Mental Health by the Numbers. (2019). https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers
8. California Health Care Foundation. California Health Care Almanac. Substance Use in California: A Look at Addiction and Treatment. Website accessed 08/25/2021. https://www.chcf.org/wp-content/uploads/2018/09/SubstanceUseDisorderAlmanac2018.pdf
9. SAMHSA, Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf
10. Lansky A, Finlayson T, Johnson C, Holtzman D, Wejnert C, Mitsch A, et al. (2014) Estimating the Number of Persons Who Inject Drugs in the United States by Meta-Analysis to Calculate National Rates of HIV and Hepatitis C Virus Infections. PLoS ONE9(5): e97596. https://doi.org/10.1371/journal.pone.0097596.
11. County of San Diego Epidemiology and Immunizations Branch, enhanced HIV/AIDS Reporting System (eHARS) data, percent of IDU among all living with HIV, data through year end 2018.
12. Regional Task Force on the Homeless, 2019 point-in-time count, from https://www.rtfhsd.org/wp-content/uploads/2017/06/2018-WPoint-in-Time-Count-Annual-Report.pdf. and https://homelessdata.com/dashboard/rtfh/annual/
13. California Health Interview Survey (CHIS), UCLA Center for Health Policy Research, December 2018
14. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, Adults on parole in the United States; 1975 – 2012, 12/19/2013; County AIDS Case Management Program, HSHB, 2013.
15. American Heart Association Journal; Vol. 72, Issue 1, July 2018, Pages 44-55, Hypertension, https://www.ahajournals.org/doi/epub/10.1161/HYPERTENSIONAHA.118.10893
16. BMJ Open Diabetes Res Care 2017; 5(1): e000304, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5293823/
17. County of San Diego Coronavirus (COVID-19(Dashboard, February 2023, https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/2019-nCoV/status.htmlA
18. Danwang et al, Outcomes of patients with HIV and COVID-19 coinfection (2022), AIDS Research and Therapy,
19. County of San Diego Monkeypox Dashboard, February 2023; https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/human-monkeypox/localcases.html
20. Center for Disease Control and Prevention: Monkeypox and HIV https://www.cdc.gov/poxvirus/monkeypox/prevention/hiv.html
21. Medical Examiner, Fentanyl Caused Accidental Drug-Medication Deaths (Quarterly Comparison) https://data.sandiegocounty.gov/Safety/Medical-Examiner-Fentanyl-Caused-Accidental-Drug-M/nbbh-6m92

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 Dec 2022
Part A		11,183,176.00	
Part A MAI		793,221.00	
TOTAL AWARD AMOUNT		11,976,397.00	

58.30%

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 & Recipient 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 83.33% of Year Elapsed/Invoiced	RW 2022-23 Balance	Comments
Outpatient Ambulatory Health Services: Primary Care	1l	1	1,307,630.00	14%	$ (512,111.00)	795,519.00	8%	697,168.74	88%	98,350.26	$275,000 decrease by HPG 03/23/22 $100,000 decrease by HPG 08/10/22 $100,000 decrease by HPG 09/28/22 $37,111 decrease by Recipient 01/26/23
Outpatient Ambulatory Health Services: Medical Specialty	1l	2	383,386.00	4%	(140,000.00)	243,386.00	2%	123,377.31	51%	120,008.69	$110,000 decrease by HPG 03/23/22 $30,000 decrease by HPG 07/27/22 $50,000 decrease by HPG 09/28/22 $50,000 increase by Recipient 01/26/23
Psychiatric Medication Management	1j	3	28,036.00	84%	-	28,036.00	0%	4,254.41	15%	23,781.59	
Oral Health	1k	4	300,940.00	84%	(100,000.00)	200,940.00	2%	105,472.24	52%	95,467.76	$100,000 decrease by HPG 07/27/22
Medical Case Management	1h	5	1,268,338.00	14%	143,512.00	1,411,850.00	14%	1,042,698.36	74%	369,151.64	$50,000 increase by HPG 08/10/22 $43,512 increase by HPG 10/26/22 $50,000 increase by Recipient 01/26/23
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%	855,766.95	79%	222,468.05	$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%	640,251.12	83%	127,255.88	$100,000 increase by HPG 06/22/22
Non-Medical Case Management	2h	6	392,021.00	4%	95,360.00	487,381.00	5%	325,740.18	67%	161,640.82	$50,000 increase by HPG 08/10/22 $10,360 increase by HPG 10/26/22 $35,000 increase by Recipient 01/26/23
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF)	1c	11	943,317.00	10%	50,000.00	993,317.00	10%	789,594.60	79%	203,722.40	$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%	991.00	801,377.00	8%	700,022.96	87%	101,354.04	$991 increase by Recipient 01/26/23
Health Education & Risk Reduction	2d	12a	-	0%		-	0%	-	0%	-	
Outreach Services	2j	12b	-	0%		-	0%	-	0%	-	
Referral Services	2l	12c	-	0%		-	0%	-	0%	-	
Referral to Health and Supportive Services (Peer Navigation)		14	300,000.00	3%	50,000.00	350,000.00	4%	211,987.34	61%	138,012.66	$100,000 increase by HPG 06/22/22 $50,000 decrease by Recipient 01/26/23
Home-based Health Care Coordination	1e	19	228,500.00	2%		228,500.00	2%	147,782.97	65%	80,717.03	
Mental Health: Counseling/Therapy & Support Groups	1j	15	761,062.00	8%	247,893.00	1,008,955.00	10%	587,895.50	58%	421,059.50	$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 $50,000 decrease by Recipient 01/26/23

Service Categories	HRSA Ranking	Priority Ranking	RW 2022-23 HPG Allocation as of 08/11/21	%	HPG & Recipient 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 83.33% of Year Elapsed/Invoiced)	RW 2022-23 Balance	Comments
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%	216,413.20	69%	98,713.80	$45,168 increase by HPG 06/22/22
Transportation: Assisted and Unassisted	2g	20	127,830.00	1%	26,120.00	153,950.00	2%	98,885.99	64%	55,064.01	$15,000 increase by HPG 06/22/22 $10,000 increase by HPG 10/26/22 $1,120 decrease by Recipient 01/26/23
Food Services: Food Bank/Home-Delivered Meals	2c	21	536,073.00	6%	(5,000.00)	531,073.00	5%	411,430.41	77%	119,642.59	$5,000 decrease by Recipient 01/26/23
Medical Nutrition Therapy	1i	22	35,542.00	0%		35,542.00	0%	29,147.60	82%	6,394.40	
Legal Services	2i	23	285,265.00	3%		285,265.00	3%	229,655.74	81%	55,609.26	
Emergency Financial Assistance	2b	24	53,730.00	1%	(20,000.00)	33,730.00	0%	26,846.07	80%	6,883.93	$25,000 decrease by HPG 03/23/22 $5,000 increase by Recipient 01/26/23
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%	7,244,391.69	74%	2,505,298.31	

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	RW 2022-23 Balance	Comments
Case Management (Non-Medical)			69,598.00		6,582.00	76,180.00	11%	58,494.61	77%	17,685.39	
Medical Case Management			252,610.00		7,919.00	260,529.00	39%	148,388.04	57%	112,140.96	
Mental Health Services			175,394.00		(26,328.00)	149,066.00	22%	117,756.18	79%	31,309.82	$1,337 increase HPG
Outreach Services			36,310.00		6,582.00	42,892.00	6%	19,308.06	45%	23,583.94	$9,007 increase HPG
Substance Abuse Services (Outpatient)			28,990.00		15,589.00	44,579.00	7%	32,396.98	73%	12,182.02	
Housing: Emergency Housing			100,000.00		-	100,000.00	15%	99,285.21	99%	714.79	
Subtotal			662,902.00		10,344.00	673,246.00	100%	475,629.08	71%	197,616.92	
TOTAL			9,982,424.00		440,512.00	10,422,936.00		7,720,020.77	74%	2,702,915.23	

CORE and Support Sevices allocation break-down

	Total Allocation	Total Expenditure	Total Balance
CORE Medical Services	4,611,020.00	3,445,622.39	1,053,941.61
Support Services	5,138,670.00	4,351,582.58	756,052.42
TOTAL	9,749,690.00	7,797,204.97	1,809,994.03

-142,491.00 variance

YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN AS OF DECEMBER 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
Ryan White Part B							
Outpatient Ambulatory Health Services (Medical)	407,426.00		390,873.01	75%	96%	16,552.99	Part A Payment Summary, Part B tracking as of December 2022 invoices.
Early Intervention Services (Expanded HIV Testing)	-		-	75%	-	-	
Early Intervention Services (Focused Testing)	187,900.00		134,667.44	75%	72%	53,232.56	Part B Payment Summary as of December 2022 invoices.
Medical Case Management (Emergency Financial Assistance)	177,716.00	April 2022-March 2023	141,391.83	75%	80%	36,324.17	Part B Payment Summary as of December 2022 invoices.
Housing (Substance Abuse Services-Residential)	518,632.00		412,963.48	75%	80%	105,668.52	Part B Payment Summary as of December 2022 invoices.
Non-medical Case Management (Rep Payee)	50,000.00		39,614.12	75%	79%	10,385.88	Part B Payment Summary as of December 2022 invoices.
CoSD Medical Case Management	403,173.24		233,352.95	75%	58%	169,820.29	Per Q2 Jul-Sep Qtrly invoice
CoSD Early Intervention Services	396,482.82		231,313.65	75%	58%	165,169.17	Per Q2 Jul-Sep Qtrly invoice
Ryan White Part B Total	**2,141,330.06**		**1,584,176.48**		**74%**	**557,153.58**	
Ryan White Part B-MAI Bridge	**97,277.00**	April 2022-March 2023	**83,362.57**	75%	**86%**	**13,914.43**	Part B-MAI Payment Summary as of December 2022 invoices.
Prevention 2022							
Counseling and Testing	180,000.00	January -December 2022	176,459.23	100%	98%	3,540.77	Prevention Payment Summary as of December 2022 invoices.
Evaluation/ Linkage Activities/ Needs Assessment	842,315.00		819,303.64	100%	97%	23,011.36	Prevention Payment Summary as of December 2022 invoices.
Prevention Total	**1,022,315.00**		**995,762.87**			**26,552.13**	
CDPH Ending the HIV Epidemic- Compo	**$4,496,525**	August 2022- July 2023	**9,062.50**	**42%**	0.20%	**4,487,462.50**	Only one contract - 211SD. Payment Summary as of December 2022 invoices.
CDPH Ending the HIV Epidemic- Compo	**$240,000**	August 2021- July 2022	**-**	**0%**	0.00%	**240,000.00**	CDPH EHE Comp C No Contract.
HRSA Ending the HIV Epidemic- 20-078	**$1,800,360**	March 2022 - February 2023	**790,336.67**	**83%**	43.90%	**1,010,023.33**	HRSA EHE Payment Summary as of December 2022 invoices. Pending invoices: PO#565625 -Dec, PO#564245 - Nov and Dec, PO# 566476 - Dec, PO#563232 - Nov and Dec, PO#563231 - Nov and Dec, PO#566466 - Dec
TOTAL	**9,797,807.06**		**3,462,701.09**		**35%**	**6,335,105.97**	

RYAN WHITE SERVICES		Feb	End of Year Total	Prior Year Total
FY 2022-2023				
Total clients served each month	Clients	1,358		
New clients in FY22	Clients	82	**3,358**	**3,477**
Returning FY22 clients	Clients	1,276		
VIRAL LOAD SUPPRESSION				
Virally suppressed	Clients	1,072		
% Virally suppressed		92%		
With Test	Tests	1,170		
Without Test	Tests	188		
PART-A SERVICES				
Outpatient Ambulatory Health Services: HIV Primary Care*	Visits	77	**1,557**	**1,575**
	Clients	72	**692**	**691**
Outpatient Ambulatory Health Services: Medical Specialty Care	Visits	0	**312**	**145**
	Clients	0	**145**	**89**
Psychiatric Medication Management	Visits	0	**16**	**49**
	Clients	0	**11**	**25**
Oral Health Care: Dental Care	Visits	34	**1,014**	**875**
	Clients	28	**372**	**318**
Early Intervention/Integrated Services for Women, Children & Families: Coordinated Care	Visits	117	**2,248**	**2,090**
	Clients	30	**172**	**153**
Early Intervention/Integrated Services for Women, Children & Families: Childcare	Visits	0	**97**	**141**
	Clients	0	**48**	**62**
Early Intervention Services: Regional Services	Visits	908	**8,979**	**8,258**
	Clients	429	**1,153**	**1,214**
Early Intervention Services: Peer Navigation Services	Visits	311	**1,941**	**1,085**
	Clients	189	**379**	**209**
Early Intervention Services: Outreach Services	Visits	0	**0**	**0**
	Clients	0	**0**	**0**
Medical Case Management Services	Visits	919	**10,451**	**11,467**
	Clients	398	**895**	**978**
Home-based Health Care Coordination	Visits	66	**764**	**903**
	Clients	29	**56**	**58**
Case Management -Non-Medical	Visits	374	**4,976**	**6,476**

*Includes Part B funded services

RYAN WHITE SERVICES		Feb	End of Year Total	Prior Year Total
	Clients	171	367	521
Mental Health Services: Counseling/Therapy	Visits	235	3,119	3,277
	Clients	111	303	315
Substance Abuse Treatment Services – Residential*	Visits	0	172	0
	Clients	0	44	0
Substance Abuse Treatment Services - Outpatient	Visits	292	3,717	2,850
	Clients	48	110	70
Housing Services: Partial Assistance Rental Subsidy	Visits	105	1,331	1,508
	Clients	105	136	159
Medical Transportation Services - Assisted	Visits	0	5	16
	Clients	0	3	9
Medical Transportation Services - Unassisted	Visits	207	3,379	3,281
	Clients	151	457	507
Housing Services: Emergency Housing Assistance	Visits	61	921	1,202
	Clients	48	494	482
Food Services: Food Bank/ Home Delivered Meals	Meals	2409	38,586	45,177
	Clients	138	245	362
Medical Nutrition Therapy	Visits	0	135	176
	Clients	0	87	97

*Includes Part B funded services

RYAN WHITE SERVICES		Feb	End of Year Total	Prior Year Total
PART-A SERVICES continued				
Legal Services	Visits	16	169	194
	Clients	16	122	105
Emergency Financial Assistance	Visits	1	389	440
	Clients	1	108	95
Internet Access	Visits	1	3	2
	Clients	1	2	2
Internet Equipment	Visits	9	25	26
	Clients	6	11	13
Collateral Contacts	Visits	184	2,599	3,906
	Clients	112	588	677
MAI SERVICES				
Medical Case Management Services	Visits	178	1,491	1,851
	Clients	75	182	171
Mental Health Services: Therapy/Counseling	Visits	45	801	634
	Clients	24	98	86
Substance Abuse Treatment Services - Outpatient	Visits	67	423	214
	Clients	31	67	38
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	88	1,029	781
	Clients	37	95	63

*Includes Part B funded services

CLIENT DEMOGRAPHICS	Number of Clients	% of Client Total	Client Total
FY 2022-2023			
Race/Ethnicity			
White (not Hispanic)	835	24.87%	
Black or African American (not Hispanic)	424	12.63%	
Hispanic or Latino(a)	1892	56.34%	
Asian/Pacific Islander, not Hispanic	61	1.82%	
American Indian/Alaska Native, not Hispanic	17	0.51%	
Multi-Race, not Hispanic	46	1.37%	
Race data not in ARIES	83	2.47%	3,358
Gender			
Male	2,719	80.97%	
Female	525	15.63%	
Transgender FTM	2	0.06%	
Transgender MTF	111	3.31%	
Other	1	0.03%	
Client Refused to Report	0	0.00%	3,358
Age Categories			
< 2	27	0.80%	
02-12	10	0.30%	
13-24	75	2.23%	
25-44	1296	38.59%	
45-64	1569	46.72%	
65 and over	381	11.35%	3,358
Poverty Level			
<138%	2,624	78.14%	
138-199%	390	11.61%	
200-299%	239	7.12%	
300-399%	69	2.05%	
400-499%	19	0.57%	
>500%	17	0.51%	
Financial data not in ARIES	0	0.00%	3,358
HRSA Housing Status			
Stable/Permanent	2,391	71.20%	
Temporary	421	12.54%	
Unstable	378	11.26%	
Housing Status not in ARIES	168	5.00%	3,358
Insurance Status			
Private	115	3.42%	
Medicaid	660	19.65%	
Other	7	0.21%	
No Insurance	2359	70.25%	
Insurance not in ARIES	217	6.46%	3,358
San Diego Region			
Central	1,151	34.28%	
East	237	7.06%	
South Bay	597	17.78%	
Southeast	276	8.22%	
North Coastal	360	10.72%	
North Inland	169	5.03%	
North Central	245	7.30%	
Zip Code may be outside SD County	143	4.26%	
Zip Code not in ARIES	180	5.36%	3,358

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE 2023 WORKPLAN

January 12, 2023
• Discuss and plan for the three components of the **Needs Assessment** process
    o **Regional Community Meetings** (timeframe)
    o **Survey of HIV Impact** planning (2023)
    o **Provider Survey** (timeframe)
• Special data needs from the Recipient
• Review service categories that underspend (monthly)
• Service utilization report (monthly report)
	June 15, 2023
	• Review data on **HIV Care Continuum/ Unaware Estimate** & discuss findings
	    o incl. data on **RW clients vs. all clients**
	    o Incl. data on **viral suppression rates in the African American/Black population** (incl. of RW clients vs. all clients)
	• Review data on **Unmet Need Estimate** and discuss findings
	• Annual report on **percent of individuals linked to care, and retention rates and viral suppression**
	• Review service categories that underspend (monthly)
	• Service utilization report (monthly report)

February 9, 2023 • Review service categories that underspend(monthly) • Service utilization report (monthly report)	**June 22, 2023** • Review YTD data on **service utilization** and discuss findings • Summarize/Finalize data on HIV Care Continuum/Unaware Estimate • Summarize/Finalize data on regional focus groups • Review service categories that underspend(monthly) • Service utilization report (monthly report)
March 9, 2023 • Review **Co-occurring conditions, poverty, and insurance** • Review Integrated (Comprehensive) Plan/Getting to Zero Plan goals related to PSRAC • Address change in FY 23 Part A funding (if needed) • **PARS Report** • Review service categories that underspend(monthly) • Service utilization report (monthly report)	**June 29, 2023** • No meeting (Thursday before Independence Day weekend)
April 13, 2023 • Address change in FY 23 Part A funding (if needed) • Summarize/finalize data on co-occurring conditions, poverty, and insurance. • Review **regional distribution of RWTEA Part A services & discuss findings**	**July 6, 2023** • Review any additional data that is available • 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

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• Review data on **Ryan White service eligibility criteria & other service guidelines** and discuss findings • **PARS Report** • Review service categories that underspend(monthly) • Service utilization report (monthly report)	• Review updated **HIV/AIDS Epidemiology** data & discuss findings (if available) • **PARS Report** • Review service categories that underspend (monthly) • Service utilization report (monthly report)
May 11, 2023 • Review updated **HIV/AIDS Epidemiology** data & discuss findings (if available) • **PARS Report** • Review 2021 **Survey of HIV Impact** data & discuss findings, esp. Out-Of-Care data • Summarize/Finalize data on regional distribution of RWTEA Part A services • Summarize/Finalize data on Ryan White service eligibility criteria and other service guidelines • Review service categories that underspend(monthly) • Service utilization report (monthly report)	**July 13, 2023, July 20, 2022 and July 27, 2023 (if needed)** • Summarize updated HIV/AIDS Epidemiology data (if available) • Review all data findings and summaries • Complete recommendations with justifications for changes in funding allocations for FY 24
June 1, 2023 • Review **HRSA and Ryan White Part A guidelines (PCN 1602)** • Summarize/finalize data on HIV Epidemiology • Review service categories that underspend(monthly) • Service utilization report (monthly report)	**August 3 and/or 10, 2023 (if needed)** • As needed for FY 24 priority setting and budget allocation process (next fiscal year) and/or FY 23 reallocations (current fiscal year) • **PARS Report** • Review service categories that underspend (monthly) • Service utilization report (monthly report)
June 8, 2023 • Review information on **non-Ryan White services in the community**, esp. **mental health and drug and alcohol services.** (County's budget includes some of this detail) https://www.sandiegocounty.gov/openbudget/ • Review data on **regional focus groups** and **GTZ Action Plan Community Feedback Report** and discuss findings • **PARS Report**	**September 7 and/or October 12, 2023** • Debrief the FY 24 priority setting and budget allocation process • Develop 2024 PSRAC work plan • **PARS Report** • Review service categories that underspend(monthly) • Service utilization report (monthly report)

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