



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

MEETING PACKET

THURSDAY, MARCH 13, 2025, 3:00 PM – 5:00 PM
SOUTHEASTERN LIVE WELL CENTER

5101 Market St, San Diego, CA 92114
Tubman Chavez Room A

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).

TABLE OF CONTENTS

Document	Page Number(s)
Directions and Parking Instructions to the Southeastern Live Well Center	002
Conflict of Interest: Priority Setting & Resource Allocation Committee	003
PSRAC Agenda March 13, 2025	004 - 005
PSRAC Minutes from January 9, 2025	006 - 009
FY25 Allocations Worksheet	010
Waiver of the Ryan White HIV/AIDS Program Core Medical Services Expenditure Requirement	011 - 014
FY 25 Budget March 2024 – January 2025	015 - 017
Monthly and Year-to-Date Service Utilization Report	018
PSRAC Attendance	019
2025 PSRAC Workplan	020 - 023
Appendix	
Annual HPG Retreat Flyer	025
AB 2449: Table, Cause/Emergency Circumstance Information	026 – 028

Meeting Location & Directions:
Priority Setting & Resource Allocation
(PSRAC)

Thursday, March 13, 2025
3:00 PM - 5:00 PM

Southeast Live Well Center
5101 Market St.
San Diego, CA 92114 Tubman Chavez Rm A



Visitor/Employee parking available in parking structure. Main entrance can be accessed by exiting the parking structure on the 2nd floor and walking down the sidewalk to the left.

FROM I-805 SOUTH:

1. Head northwest on I-805 North.
2. Take exit 12B for Market St.
3. Turn right onto Market St.
4. The destination will be on your right.

FROM I-805 NORTH:

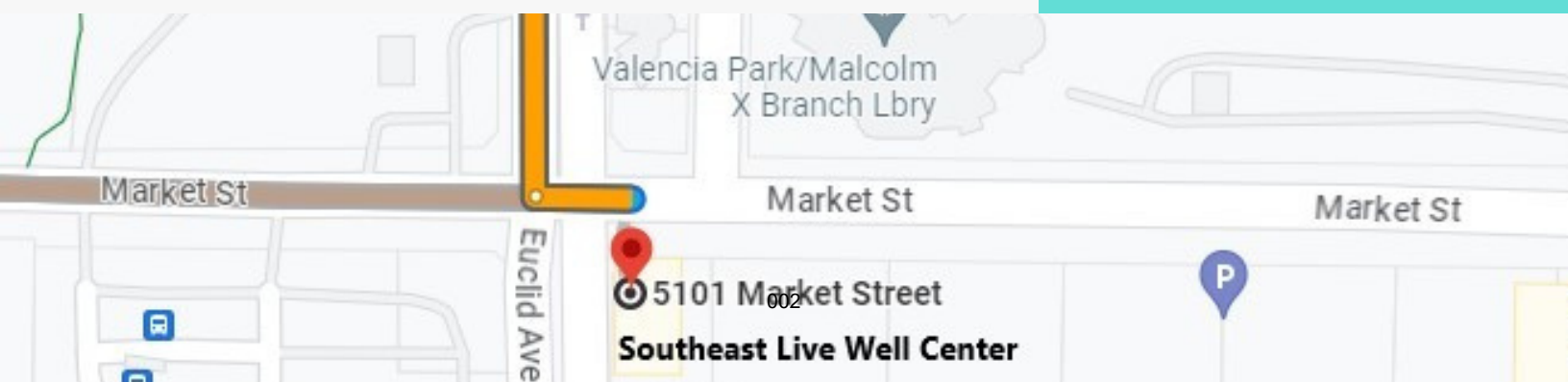
1. Head southeast on I-805 South.
2. Take exit 13A for CA-94-E/M L King Jr. Fwy.
3. Merge onto CA-94 E.
4. Take exit 4A for Euclid Ave.
5. Turn left onto Euclid Ave.
6. Use the left 2 lanes to turn left onto Market St.
7. The destination will be on your right.



**PUBLIC
TRANSPORTATION**

MTS Trolley:
Orange Line

MTS Bus Routes:
3, 4, 5, 13, 60, 916,
917 and 955



PSRAC CONFLICT OF INTEREST (COI) SHEET									
	Davenport, Beth	Fleming, Tyra	Garcia Bigley, Felipe	Jacobs, Delores	Kubricky, Cinnamen	Matthews, Eva	Mendoza Aguirre, Marco	Mueller, Chris	Van Brocklin, Rhea
CHS: WICYF*									
Emergency Financil Assistance									
Early Intervention Services: Regional Services									
Early Intervention Services: Minority AIDS Initiative									
Food Bank/Home Delivered Meals									
Home-Based Health Care Coordination									
Medical Case Management									
Mental Health: Groups / Therapy									
Mental Health: Counseling / Therapy									
Mental Health: Psychiatric Medication Management									
Medical Nutrition Therapy									
Non-Medical Case Management									
Oral Health									
Outpatient Ambulatory Health Services: Medical Specialty									
Outpatient Ambulatory Health Services: Primary Care									
Outreach Services									
Peer Navigation**									
Substance Use Disorder Treatment: Outpatient									
Substance Use Disorder Treatment: Residential									
Transportation: Assisted and Unassisted									
*Coordinated HIV Services for Women, Infants, Children, Youth and Families									
**Referral for Healthcare and Support Services									
NO CONFLICT OF INTEREST (COI)									
Fleming, Tyra		Jacobs, Delores		Kubricky, Cinnamen		Aguirre Mendoza, Marco			

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)



Thursday, March 13, 2025, 3:00 PM – 5:00 PM
Southeastern Live Well Center
5101 Market St, San Diego, CA 92114
Tubman Chavez Room A

To participate remotely via Microsoft Teams:

[Join the meeting now](#)

Meeting ID: 236 006 374 012

Password: xt9vG6BY

Language translation services are available upon request at least 96 hours prior to the meeting. Please contact HPG Support Staff at 619-403-8809 or via e-mail at hpg.hhsa@sdcounty.ca.gov.

A quorum for this meeting is five (5)

Committee Members: Dr. Beth Davenport | Tyra Fleming (Co-Chair) | Felipe Garcia-Bigley | Dr. Delores Jacobs | Cinnamon Kubricky | Eva Matthews | Marco Aguirre Mendoza | Chris Mueller | Rhea Van Brocklin (Chair)

ORDER OF BUSINESS

1. Call to order, roll call, comments from the chair
2. Reminders
 - a. **Review of Committee Charge**
 - b. **Committee members' Conflicts of Interest:** Disclose areas of financial interest (e.g., employment); Refrain from participation in related votes.
 - c. **Areas NOT the purview of this committee:** Selection of contractors; contract details; how contractors implement contracted services (e.g., staff salaries). These are the sole purview of the Recipient.
 - d. **Focus on service priorities, not on specific service providers.**
 - e. **Rules for the meeting** (as necessary): Committee members are limited to two (2) minutes per comment and limited to two (2) comments per item; public comments are welcome at the beginning and prior to each agenda item, limited to two (2) minutes so that all have an opportunity to participate.
3. Public comment on non-agenda items (for members of the public)
4. Sharing our concerns (for committee members)
5. **ACTION:** Approve the PSRAC agenda for March 13, 2025
6. **ACTION:** Approve the PSRAC meeting minutes for January 9, 2025
7. Old Business:
 - a. None

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

8. New Business:

- a. **ACTION:** Recommendations for reallocations for FY 24 (the current fiscal year, March 1, 2024 – February 28, 2025) (if needed)
- b. **Presentation:** Core Medical Services Waiver and the 75% grant funding spending requirement
- c. **ACTION:** Recommendations for reallocations for FY 25 (the next fiscal year, March 1, 2025 – February 28, 2026)
- d. Review the Statewide Integrated Plan goals related to PSRAC
- e. Review the status of the goals in the Getting to Zero (GTZ) Community Engagement Plan related to PSRAC.

9. Routine Business:

- a. Review Monthly and Year-to-Date expenditures and assess for recommended reallocations
- b. Partial Assistance Rent Subsidy (PARS) and Emergency Housing update
- c. Review Monthly and Year-to-Date service utilization report
- d. Committee Attendance

10. Suggested items for the future committee agenda

11. Announcements

Next meeting date: May 8, 2025, from 3:00 PM – 5:00 PM

Location: County Operations Center, 5570 Overland Ave, San Diego, CA 92123,
Room 1047 - Medical Examiner's Office

12. Adjournment

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

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

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)



Thursday, January 9, 2025, 3:00 PM – 5:00 PM
5101 Market Street, San Diego, CA 92114
(Tubman Chavez Room A)

A quorum for this meeting is five (5)

Committee Members Present: Dr. Beth Davenport | Tyra Fleming (Co-Chair) | Felipe Garcia-Bigley | | Eva Matthews | Chris Mueller Rhea Van Brocklin (Chair)

Committee Members Joining Virtually: Marco Aguirre Mendoza (JC) | Cinnamen Kubricky (JC)

Committee Members Absent: Dr. Delores Jacobs

MEETING MINUTES

Agenda Item	Action	Follow-up
1. Call to order	Rhea Van Brocklin called the meeting to order at 1:03 PM and noted an in-person quorum was established.	
2. Reminders	Reviewed	
3. Public Comment on non-agenda items (for members of the public)	<ul style="list-style-type: none">A member of the public expressed anxiety over reducing emergency housing funds amid a housing crisis, emphasizing the critical need for stable housing to ensure access to medical care.A member of the public acknowledged the committee's hard work and the complexity of budgeting and reallocating funds to meet essential services for individuals relying on Ryan White programs for dental care	
4. Sharing our concerns (for committee members)	<ul style="list-style-type: none">A committee member expressed concern regarding the lack of support for women, especially those with children, in accessing emergency housing and gynecological care.A committee member expressed the importance of maintaining and increasing funding for oral health services to support individuals who rely on Ryan White programs for dental care.	

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

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

Agenda Item	Action	Follow-up
5. Action: Review and approve the agenda for January 9, 2025	Motion: Approve the January 9, 2025 Meeting agenda as presented. Motion/Second/Count (M/S/C): Fleming/ Meuller 7/0 Abstentions: Van Brocklin Motion carries	
6. Action: Review and approve the meeting minutes for December 12, 2024	Action: Review and approve the meeting minutes for December 12, 2024, as presented. M/S/C: Davenport/Meuller 6/0 Abstentions: Matthews/ Van Brocklin Motion carries	
7. Old Business		
a. None		
8. New Business		
ACTION: Recommendations for reallocations for FY 24 (the current fiscal year, March 1, 2024 – February 28, 2025)	Motion: 1. Action Item: Decrease funding to Emergency Housing by \$332,483 from \$1,515,998 to \$1,183,515 . M/S/C: Davenport/Garcia-Bigley 6/0 Discussion: There was concern about an evident housing crisis, yet underspending in that service category exists. A member noted the importance of social services Abstentions: Kubricky/ Van Brocklin Motion carries	HPSS to add a PSRAC meeting for February 2025 to review recommendations for changes to the FY 25 budget (March 1, 2025 – February 28, 2026)
	Motion: 2. Action Item: Increase funding to Psychiatric Medication Management by \$5,600 from \$11,793 to \$17,393 . M/S/C: Davenport/ Fleming 5/0 Abstentions: Garcia-Bigley/ Mueller /Van Brocklin Motion carries	
	Motion: 3. Action Item: Increase funding to Oral Health by \$30,631 from \$210,940 to \$241,571 M/S/C: Meuller/Aguirre Mendoza 6/0 Abstentions: Garcia-Bigley /Van Brocklin Motion carries	
	Motion: 4. Action Item: Increase funding to Outpatient Ambulatory Health Services: Primary Care by \$296,252 from \$1,632,490 to \$1,928,742	

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PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

Agenda Item	Action	Follow-up
	M/S/C: Davenport/ Matthews 5/0 Discussion: Patrick Loose provided an update on the increasing utilization of primary care services, approaching levels seen before the 2019 pandemic. He highlighted challenges in transitioning clients from Ryan White programs to Medi-Cal. The current funding allocation increased from \$1.1 million at the beginning of the year to an estimated \$1.9-\$2.1 million needed. Abstentions: Garcia-Bigley/ Mueller / Van Brocklin Motion carries	
Special data needs from the Recipients' Office	The committee requested various data to inform future decisions, including: <ul style="list-style-type: none"> • Population aging with HIV compared to the general HIV population. • Women aging with HIV, specifically perimenopausal age. • Re-enrollment rates into Medi-Cal for those who fell out of care. • 2024 Survey of HIV Impact data and client housing status broken down by demographics. • Overdose data related to fentanyl. 	HPG SS will follow up with the recipient's office regarding the data and report back at the March PSRAC meeting.
9. Routine Business		
a. Committee Attendance	Reviewed	
b. Review Monthly and Year-to-Date expenditures and assess for recommended reallocations	Reviewed	
c. Partial Assistance Rent Subsidy Program (PARS) and Emergency Housing update	As of January 7 th , 2025, the PARS report provides the following information: <ul style="list-style-type: none"> • 65 clients currently on the PARS waitlist • 16 clients were previously enrolled in PARS 	HPGSS will be added to the next agenda to look at PARS standards

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PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

Agenda Item	Action	Follow-up
	<ul style="list-style-type: none"> • 49 clients are new applicants to PARS • Demographics of clients on the waitlist: <ul style="list-style-type: none"> ○ Gender: 42 male, 17 female, 6 transgender ○ Race/ethnicity: 12 Black, 35 Hispanic/Latino, 13 white, 3 Asian, 2 American Indian ○ Age: 42 over 45, 22 ages 31-44, 1 ages 18-30 ○ Region: Central region 41, East 13, South 5, North 6 • 80 clients currently enrolled in PARS 	
d. Review Monthly and TYD service utilization report	Reviewed	.
10. Suggested items for the PSRAC agenda	<ul style="list-style-type: none"> • Early Planning for Fiscal Year 2025: Initiate budget discussions promptly to accommodate the increased funding needs for HIV primary care. • Enhanced Data Collection: Improve data gathering processes to provide real-time information for more accurate forecasting and resource allocation. • Housing Program Evaluation: Reassess the PARS program guidelines to address the current housing crisis better and ensure funding aligns with community needs. 	
11. Announcements	A Women's Voice Conference: Saturday, March 15, 2025, from 10 AM – 3 PM. Location: UC San Diego Park & Market	
12. Next Meeting:	Date: Thursday, February 13, 2025, 3:00 PM - 5:00 PM Location: Southeastern Live Well Center 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room A)	
13. Adjournment	The meeting adjourned at 4:38 PM.	

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HPG FY 25 Part A & MAI Allocation Worksheet																	Level Scenario Remaining Balance		
Level Scenario Remaining Balance																	0		
\$0																			

Waiver of the Ryan White HIV/AIDS Program Core Medical Services Expenditure Requirement

Policy Notice 21-01 (Revised 10/01/24)

Replaces Policy Number 13-07

Scope of Coverage

Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB)
Ryan White HIV/AIDS Program (RWHAP) Parts A, B, and C.

Purpose of Policy Notice

This HRSA HAB Policy Notice (PN) provides the processes and requirements for HRSA RWHAP Parts A, B, and C recipients to request waivers of the statutory requirement regarding expenditure amounts for core medical services.

The revised PN describes a new requirement included on the RWHAP Core Medical Services Waiver Attestation Form. It also includes various editorial changes to respond to stakeholder feedback regarding clarity. The revised policy is effective beginning on October 1, 2024.

Background

Recipients must spend at least 75 percent of grant funds on core medical services. See Title XXVI of the Public Health Service Act (the RWHAP legislation, Part A section 2604(c), Part B section 2612(b), and Part C section 2651(c)). Grant funds include Minority AIDS Initiative (MAI) funding but exclude the amounts allowable by statute for administrative and clinical quality management (CQM) costs. The Secretary can waive this requirement for a recipient if: 1) there are no waiting lists for the AIDS Drug Assistance Program (ADAP), and 2) core medical services are available and accessible to all HRSA RWHAP eligible individuals in the recipient's service area. Approved RWHAP Part A, Part B, and Part C core medical services waivers are effective for one budget period of a grant award, which is one year.

Requirements

A HRSA RWHAP Part A, B, or C recipient must meet the following requirements:

1. Core medical services must be available and accessible within 30 days to all HRSA RWHAP eligible individuals identified in the recipient's service area. Core medical services must be available and accessible, regardless of the payment source. The recipient may use existing, non-RWHAP resources in the service area to ensure availability and access to core medical services.
2. There must be no ADAP waiting lists in the recipient's service area.
3. There must be a public process to obtain input on the waiver request. This public process must seek input from impacted communities on the availability of core medical services and the decision to request the waiver. Impacted communities include clients and RWHAP-funded core medical services providers. You may use the same method to seek input on community needs as part of the annual priority setting and resource allocation, comprehensive planning, statewide coordinated statement of need, public planning, and/or needs assessment processes.

Example of Applying the Requirement

If a RWHAP eligible individual needs outpatient ambulatory health services, which is a core medical service, an appointment to see a provider must be available within 30 days within the recipient's service area, regardless of how that service is funded. If all core medical services are not similarly accessible and available, or if there is an ADAP waiting list, you do not qualify for a waiver.

Requesting a Waiver

To request a waiver, the Chief Elected Official, Chief Executive Officer, or a designee of either must complete and submit the HRSA RWHAP Core Medical Services Waiver Request Attestation Form (attached below on page 4) to HRSA HAB as specified by the deadlines and methods described below.

The form must specify the percentages of HIV service dollars, including MAI funds, the recipient proposes to allocate to core medical and support services, if the waiver is approved. Signature indicates attestations for eligibility and the requirement of documentation upon request.

No other documentation is required to be submitted with the HRSA RWHAP Core Medical Services Waiver Request Attestation Form.

Submitting Waiver Requests

HRSA RWHAP Part A and RWHAP Part C waiver requests must be submitted as an attachment with the grant application or the mandatory non-competing continuation (NCC) progress report. Waiver requests do not count towards grant application or NCC progress report page limits.

HRSA RWHAP Part B recipients may submit a waiver request prior to the submission of a grant application, with the grant application or NCC progress report as an attachment or up to four months after the start of the budget period for which the waiver is requested.

HRSA RWHAP Part B recipients may request a waiver for the HIV Care Formula award, or the Ryan White Part B Supplemental award, or both. Recipients must request each waiver separately.

Methods for Submitting Waiver Requests

Waiver requests submitted with grant applications must be submitted through www.grants.gov. Waiver requests submitted with the mandatory NCC progress report must be submitted through the Electronic Handbooks (EHBs).

Part B recipients planning to request a waiver before or after the submission of a grant application or NCC progress report must notify their HRSA HAB project officer (PO) who will send a Request for Information (RFI) through the EHBs.

Waiver Review and Notification Process

HRSA HAB will review waiver requests and notify recipients of its approval or denial within four weeks of receipt of the request.

Approved core medical services waivers are only effective for one budget period. Approved waivers are not required to be implemented, should circumstances change. Recipients must submit a new request(s) each budget period.

HRSA Ryan White HIV/AIDS Program (RWHAP) Core Medical Services Waiver Request Attestation Form

This form is to be completed by the Chief Elected Official, Chief Executive Officer, or a designee of either. Please initial to attest to meeting each requirement after reading and understanding the corresponding explanation. Include the proposed percentages of HIV service dollars allocated to core medical and support services in the Proposed Ratio for RWHAP Core Medical and Support Services section.

Name of recipient _____

☐ RWHAP Part A recipient ☐ RWHAP Part B recipient ☐ RWHAP Part C recipient

☐ Initial request ☐ Renewal request

Year of request _____

REQUIREMENT	EXPLANATION
No ADAP waiting lists	By initialing here and signing this document, you attest there are no AIDS Drug Assistance Program (ADAP) waiting lists in the service area. <input type="checkbox"/>
Availability of, and accessibility to core medical services to all eligible individuals	By initialing here and signing this document, you attest to the availability of and access within 30 days to core medical services for all HRSA RWHAP eligible individuals in the service area. Such access is without regard to funding source, and without the need to spend at least 75 percent of funds remaining from your RWHAP award (after reserving statutory permissible amounts for administrative and clinical quality management costs). You also agree to provide HRSA HAB supportive evidence of meeting this requirement upon request. <input type="checkbox"/>
Evidence of a public process	By initialing here and signing this document, you attest to having had a public process during which input related to the availability of core medical services and the decision to request this waiver was sought from impacted communities, including clients and RWHAP funded core medical services providers. You also agree to provide supportive evidence of such process to HRSA HAB upon request. <input type="checkbox"/>
PROPOSED RATIO FOR RWHAP CORE MEDICAL AND SUPPORT SERVICES	
RWHAP core medical services	RWHAP support services
%	%

SIGNATURE OF CHIEF ELECTED OFFICIAL OR CHIEF EXECUTIVE OFFICER (OR DESIGNEE)

PRINT NAME

TITLE

DATE

Public Burden Statement: HRSA uses the documentation submitted in core medical services waiver requests to determine if the applicant/grant recipient meets the statutory requirements for waiver eligibility including: (1) No waiting lists for AIDS Drug Assistance Program (ADAP) services; and (2) evidence of core medical services availability within the grant recipient's jurisdiction, state, or service area to all people with HIV identified and eligible under Title XXVI of the PHS Act. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0906-0065 and it is valid until 08/31/2027. This information collection is required to obtain or retain a benefit (Ryan White HIV/AIDS Treatment Extension Act of 2009, Part A section 2604(c), Part B section 2612(b), and Part C section 2651(c)). Data will be kept private to the extent required by law. Public reporting burden for this collection of information is estimated to average 0.49 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Information Collection Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857 or paperwork@hrsa.gov. Please see <https://www.hrsa.gov/about/508-resources> for the HRSA digital accessibility statement.

RW 2024-25 PART A AWARD INFORMATION	
Funding Source	Total RW 2024-25 Award
Part A	11,667,474.00
Part A MAI	784,859.00
TOTAL AWARD AMOUNT	12,452,333.00

RW 2024-25 YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN <i>Through January 2025</i>

FY24-25 ALLOCATION BREAK DOWN								
Funding Source	Admin. \$	Admin. %	CQM \$	CQM %	RW 2024-25 Service dollars	Total	CORE Medical Services	Support Services
Part A	1,131,364	10%	349,067	3%	10,187,043	11,667,474	49.96%	50.04%
Part A MAI	78,486	10%	32,933	4%	673,440	784,859		
TOTAL	1,209,850.00		382,000.00		10,860,483.00	12,452,333.00	70%	30%

Ryan White Part A Allocations						% Elapsed 92%					
Service Categories	HRSA Ranking	Priority Ranking	RW 2024-25 HPG Initial Allocation	%	HPG & Recipient Approved Actions +/-	RW 2024-25 HPG Adjusted Allocation	%	RW 2024-25 Year to Date Expenditure	RW 2024-25 Year-to-Date % Expenditure/Budget	RW 2024-25 Balance	Comments
Outpatient Ambulatory Health Services: Primary Care	1l	1	1,102,630.00	11%	826,112.00	1,928,742.00	19%	1,314,102.30	68%	614,639.70	
Outpatient Ambulatory Health Services: Medical Specialty	1l	2	195,000.00	2%	-	195,000.00	2%	147,641.00	76%	47,359.00	
Psychiatric Medication Management	1j	12	6,000.00	0%	11,393.55	17,393.55	0%	12,040.33	69%	5,353.22	
Oral Health	1k	3	160,940.00	2%	80,631.00	241,571.00	2%	152,668.58	63%	88,902.42	
Medical Case Management	1h	4	1,151,853.00	11%	-	1,151,853.00	11%	1,026,424.46	89%	125,428.54	
Non-Medical Case Management for Housing		6	200,000.00	2%	(200,000.00)	-		-	0%	-	
Housing: Emergency Housing	2e	7	1,515,998.00	15%	(332,483.00)	1,183,515.00	12%	986,581.02	83%	196,933.98	
Housing: Location, Placement and Advocacy Services NEW		8	100,000.00	1%	(100,000.00)	-		-	0%	-	
Housing: Partial Assistance Rental Subsidy (PARS)	2e	9	807,507.00	8%	43,000.00	850,507.00	8%	498,668.66	59%	351,838.34	
Non-Medical Case Management	2h	5	392,021.00	4%	-	392,021.00	4%	338,896.77	86%	53,124.23	
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF)	1c	13	993,157.00	10%	-	993,157.00	10%	908,269.63	91%	84,887.37	
Childcare Services	2a		-	0%	-	-	0%	-	0%	-	
Early Intervention Services: Regional Services	1c	14	810,000.00	8%	(20,000.00)	790,000.00	8%	666,691.03	84%	123,308.97	
Health Education & Risk Reduction	2d	14a	-	0%	-	-	0%	-	0%	-	
Outreach Services	2j	14b	-	0%	-	-	0%	-	0%	-	
Referral Services	2l	14c		0%		-	0%	-	0%	-	
Referral to Health and Supportive Services (Peer Navigation)		16	300,000.00	3%	(86,800.00)	213,200.00	2%	165,428.95	78%	47,771.05	

Ryan White Part A Allocations						% Elapsed		92%			
Service Categories	HRSA Ranking	Priority Ranking	RW 2024-25 HPG Initial Allocation	%	HPG & Recipient Approved Actions +/-	RW 2024-25 HPG Adjusted Allocation	%	RW 2024-25 Year to Date Expenditure	RW 2024-25 Year-to-Date % Expenditure/Budget	RW 2024-25 Balance	Comments
Mental Health: Counseling/Therapy & Support Groups	1j	10	900,000.00	9%	(171,000.00)	729,000.00	7%	593,968.18	81%	135,031.82	
Psychosocial Support Services		17	46,744.00	0%	(46,744.00)	-	0%	-	0%	-	
Substance Abuse Services: Outpatient	1m	11	260,127.00	3%	53,000.00	313,127.00	3%	273,083.01	87%	40,043.99	
Substance Abuse Services: Residential	2o	18	-	0%	-	-	0%	-	0%	-	
Home-based Health Care Coordination	1e	19	228,500.00	2%	(73,120.00)	155,380.00	2%	94,082.47	61%	61,297.53	
Transportation: Assisted and Unassisted	2g	20	122,830.00	1%	29,000.00	151,830.00	1%	130,023.24	86%	21,806.76	
Food Services: Food Bank/Home-Delivered Meals	2c	21	536,073.00	5%	-	536,073.00	5%	468,909.31	87%	67,163.69	
Medical Nutrition Therapy	1i	22	35,542.00	0%	-	35,542.00	0%	32,213.13	91%	3,328.87	
Legal Services	2i	23	285,265.00	3%	-	285,265.00	3%	256,300.01	90%	28,964.99	
Emergency Financial Assistance	2b	24	36,856.00	0%	42,804.00	79,660.00	1%	61,887.45	78%	17,772.55	
Home Health Care	1f	25	-	0%		-	0%	-	0%	-	
Early Intervention Services: HIV Counseling and Testing	1c	26	-	0%		-	0%	-	0%	-	
Cost-Sharing Assistance	1d	27	-	0%		-	0%	-	0%	-	
Hospice	1g	28	-	0%		-	0%	-	0%	-	
Subtotal			10,187,043.00	100%	55,793.55	10,242,836.55	100%	8,127,879.53	79%	2,114,957.02	
Ryan White Part A Minority AIDS Initiative (MAI)			RW 2024-25 HPG Initial Allocation		HPG & Recipient Approved Actions +/-	RW 2024-25 HPG Adjusted Allocation	%	RW 2024-25 Year to Date Expenditure	RW 2024-25 Year-to-Date % Expenditure/Budget	RW 2024-25 Balance	Comments
Multi-Disciplinary Team			593,183.00		-	593,183.00	86%	458,244.83	77%	134,938.17	
Housing: Emergency Housing			100,000.00		-	100,000.00	14%	90,717.05	91%	9,282.95	
Subtotal			693,183.00		-	693,183.00	100%	548,961.88	79%	144,221.12	
TOTAL			10,880,226.00		55,793.55	10,936,019.55		8,676,841.41	79%	2,259,178.14	

CORE and Support Sevices Allocation Breakdown			
Total Allocation		Total Expenditure	Total Balance
CORE Medical Services	5,089,490.55	3,941,944.27	1,147,546.28
Support Services	5,097,552.70	4,185,935.26	911,617.44
TOTAL	10,187,043.25	8,127,879.53	2,059,163.72

Other funding info

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

YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN AS OF DEC 2024						
RW2425 SERVICE DOLLAR ALLOCATIONS AND EXPENDITURES						
Funding Source	RW 2024/2025 Service Dollars	Contract YTD Expenditure	% of Year Invoiced	% Spent	Balance	Comments
Ryan White Part B						
Outpatient Ambulatory Health Services (Medical)	-	-	83.00%	0.00%	-	Part A Payment Summary (Part B funding)
Early Intervention Services (Expanded HIV Testing)	-	-	83.00%	0.00%	-	Part A Payment Summary (Part B funding)
Early Intervention Services (Focused Testing)	187,900.00	\$137,750.39	83.00%	73.31%	50,149.61	Part B Payment Summary
Medical Case Management (Emergency Financial Assistance)	177,600.00	\$99,170.74	83.00%	55.84%	78,429.26	Part B Payment Summary
Housing (Substance Abuse Services-Residential)	589,552.00	\$512,534.77	83.00%	86.94%	77,017.23	Part B Payment Summary
Non-medical Case Management (Rep Payee)	50,000.00	\$31,160.91	83.00%	62.32%	18,839.09	Part B Payment Summary
CoSD Medical Case Management	392,403.61	272,862.43	83.00%	69.54%	119,541.18	Part B Cost Report
CoSD Early Intervention Services	375,134.29	339,818.95	83.00%	90.59%	35,315.34	Part B Cost Report
Ryan White Part B Total	1,772,589.90	1,393,298.19			379,291.71	
Prevention (27-0047)- awaiting						
Counseling and Testing				0.00%	-	Payment Summary
Evaluation/ Linkage Activities/ Needs Assessment				0.00%	-	Payment Summary
Prevention Total	-	-		0.00%	-	
HRSA Ending the HIV Epidemic- 20-078 FY2324				0.00%		
HRSA Ending the HIV Epidemic- 20-078 FY2324	4,038,108.00	516,652.38	83.00%	12.79%	3,521,455.62	Payment Summary
HRSA Ending the HIV Epidemic- 20-078 TOTAL	508,240.00	516,652.38		12.79%	3,521,455.62	

Ryan White Utilization Report

Summary of Services for FY 24

*(March 1, 2024 - February
28, 2025)*

HIV, STD and Hepatitis Branch



HIV PLANNING GROUP
6-MONTH COMMITTEE TRACKING
March 2024 - February 2025

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE																
PSRAC	Mar	Apr	May	6-Jun	13-Jun	11-Jul	18-Jul	25-Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	#
Total meetings	0	1	1	1	1	1	1	1		0	1	1		1	0	7
(8) Members																
Aguirre Mendoza, Marco	NQ	*	*	*	1	*	*	*		NM	*	*		JC	NQ	0
Jacobs, Dr. Delores	NQ	*	*	*	*	*	*	*		NM	1	*		1	NQ	2
Davenport, Beth	NQ	1	*	*	*	*	*	*		NM	*	*		*	NQ	1
Fleming, Tyra ^{cc}	NQ	*	*	*	JC	*	*	*		NM	*	*		*	NQ	0
Garcia-Bigley, Felipe	NQ	*	*	*	*	*	1	*		NM	*	*		*	NQ	0
Kubricky, Cinnamen	NQ	*	*	*	1	*	*	*		NM	1	*		JC	NQ	1
Mueller, Chris	NQ	*	*	*	*	*	*	*		NM	*	*		*	NQ	0
Van Brocklin, Rhea ^c	NQ	*	*	*	*	*	*	*		NM	*	1		*	NQ	1

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

* = Present

1 = Absent for the month

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

JC = Just Cause

EC = Emergency Circumstance

NM = No Meeting

NQ = No Quorum

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

CY 2025 WORKPLAN

MEETING DATE	GOAL	OBJECTIVES
January 9, 2025	Reports: 1. PARS Report 2. Monthly Report Review	<ul style="list-style-type: none"> • Special data needs from the Recipients' Office • Partial Assistance Rental Subsidy (PARS) report • Review service categories that underspend (monthly) • Review YTD data on service utilization and discuss findings.
February 13, 2025 Canceled	Reports: 1. PARS Report 2. Monthly Report Review	<ul style="list-style-type: none"> • Address change in FY 25 Part A funding (if needed) • Special data needs from the Recipients' Office • Partial Assistance Rental Subsidy (PARS) report • Review service categories that underspend (monthly) • Review YTD data on service utilization and discuss findings.
March 13, 2025	Data: 1. Integrated/Getting to Zero Plan Reports: 1. PARS Report 2. Monthly Report Review	<ul style="list-style-type: none"> • Address change in FY 25 Part A funding (if needed) • Core Medical Services Waiver and the 75% grant funding spending requirement • Review the Statewide Integrated Plan goals related to PSRAC • Review the status of the goals in the Getting to Zero (GTZ) Community Engagement Plan related to PSRAC. • Partial Assistance Rental Subsidy (PARS) report • Review service categories that underspend (monthly) • Review YTD data on service utilization and discuss findings. • Special data needs from the Recipients' Office
April 10, 2025	<i>No meeting scheduled</i>	
May 8, 2025	Data: 1. HIV/AIDS Epidemiology 2. Co-occurring Conditions, Poverty, and Insurance 3. Regional distribution of RWTEA Part A/B Services	<ul style="list-style-type: none"> • Address change in FY 25 Part A funding (if needed) • Special data needs from the Recipients' Office • Summarize data on Co-occurring Conditions, Poverty, and Insurance. • Review updated HIV/AIDS Epidemiology Data and discuss findings (if available) • Review data on Co-occurring Conditions, Poverty, and Insurance and discuss findings • Review data on the regional distribution of RWTEA Part A/B services and discuss findings

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

CY 2025 WORKPLAN

	4. Ryan White Service Eligibility Criteria Reports: 1. PARS Report 2. Monthly Report Review	<ul style="list-style-type: none"> Review data on Ryan White's service eligibility criteria & other service guidelines and discuss findings Partial Assistance Rental Subsidy (PARS) report Review service categories that underspend (monthly) Review YTD data on service utilization and discuss findings.
June 12, 2025 3 hours	Data: 1. HIV Care Continuum 2. Unmet Needs Estimate/Unaware Estimate Reports: 1. PARS Report 2. Monthly Report Review	<ul style="list-style-type: none"> Review data on the HIV Care Continuum/Unaware Estimate and discuss findings <ul style="list-style-type: none"> Include data on RW clients vs. all clients Include data on viral suppression rates (include RW clients vs. all clients) Review data on Unmet Need Estimate and Unaware Estimate and discuss findings Summarize/Finalize Key Findings data on HIV Epidemiology Summarize/Finalize Key Findings data on regional distribution of Ryan White Part A/B services Summarize/Finalize Key Finding data on Service Eligibility Criteria Presentation on Minority AIDS Initiative (MAI) funding and its uses for services in all regions Review HRSA and Ryan White Part A guidelines (PCN 1602) Review YTD data on service utilization and discuss findings.
June 26, 2025 3 hours	Data: 1. Non-RW Services in the Community 2. 2024 Survey of HIV Impact from the Needs Assessment 3. Regional Focus Groups data 4. HIV Care Continuum / Unaware Estimate/Unmet Need Estimate	<ul style="list-style-type: none"> Summarize/Finalize Key Findings data on HIV Care Continuum/Unaware Estimate Summarize/Finalize Key Finding data on Unmet Need Estimate and Unaware Estimate Review information on non-Ryan White services in the community, esp. mental health and drug and alcohol services (The county's budget includes some of this detail) https://www.sandiegocounty.gov/openbudget/ Review 2024 Survey of HIV Impact of the Needs Assessment and discuss findings (including Out-Of-Care data) Review, summarize, and finalize data on regional focus groups and GTZ Action Plan Community Feedback Report and discuss findings

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

CY 2025 WORKPLAN

	<p>5. RWTEA Part A Services</p> <p>Reports:</p> <p>1. PARS Report</p> <p>2. Monthly Report Review</p>	<ul style="list-style-type: none"> Summarize YTD data on service utilization and discuss findings PARS Report criteria and other service guidelines Review service categories that underspend (monthly) Review YTD data on service utilization and discuss findings.
<p>July 10, 2025</p> <p>3 hours</p>	<p>Data:</p> <p>1. HIV/AIDS Epidemiology</p> <p>2. All data findings/ Overall Summary and KF by service category</p> <p>3. FY 26 Service Priority Ranking</p> <p>4. FY 26 Funding Allocation Recommendations</p>	<ul style="list-style-type: none"> Review/summarize any additional data that is available, including key findings by service category and Overall summary of data. Recommendations with justifications to HIV Planning Group for service priority ranking and how services should be organized and delivered in FY 26 (March 1, 2026 – February 28, 2027) Complete recommendations with justifications for changes in funding allocations in level and reduction-funding scenarios for FY 26 (March 1, 2026 – February 28, 2027). Recommendations for how services should be organized and delivered in FY 26 (March 1, 2026 – February 28, 2027)
<p>July 24, 2025</p> <p>3 hours</p>	<p>Data:</p> <p>1. All data findings/summaries, including KF by service category</p> <p>Reports:</p> <p>1. Monthly Report Review</p> <p>2. Other Business as Needed (FY 25 Reallocations)</p>	<ul style="list-style-type: none"> Recommendations for FY 25 reallocations (current fiscal year, March 1, 2025 – February 28, 2026) As needed to complete the FY 26 priority setting and budget priority ranking and funding allocation process (next fiscal year, March 1, 2026 – February 28, 2027) Recommendations for how services should be organized and delivered in FY 26 (March 1, 2025 – February 28, 2026) Review/summarize additional available data Partial Assistance Rental Subsidy (PARS) report Review service categories that underspend (monthly) Review YTD data on service utilization and discuss findings.
<p>July 31, 2025</p> <p>3 hours</p>	<p>Data:</p> <p>2. All data findings/summaries, including KF by service category</p>	<p><u>If needed \</u></p> <ul style="list-style-type: none"> Recommendations for FY 25 reallocations (current fiscal year, March 1, 2025 – February 28, 2026) As needed to complete the FY 26 priority setting and budget priority ranking and funding allocation process (next fiscal year,

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

CY 2025 WORKPLAN

	<p>Reports:</p> <p>3. Monthly Report Review</p> <p>Other Business as Needed (FY 25 Reallocations)</p>	<p>March 1, 2026 – February 28, 2027)</p> <ul style="list-style-type: none"> Recommendations for how services should be organized and delivered in FY 26 (March 1, 2025 – February 28, 2026) Review/summarize additional available data Partial Assistance Rental Subsidy (PARS) report Review service categories that underspend (monthly) <p>Review YTD data on service utilization and discuss findings.</p>
August 2025	<i>No meeting scheduled</i>	
September 11, 2025	<p>Data:</p> <p>1. Debrief PSRA process</p> <p>2. CY 2026 Work Plan</p> <p>Reports:</p> <p>1. PARS Report</p> <p>2. Monthly Report Review</p>	<ul style="list-style-type: none"> Debrief the FY 26 priority setting and budget allocation process Develop CY2026 PSRAC work plan Partial Assistance Rental Subsidy (PARS) report Review service categories that underspend (monthly) Review YTD data on service utilization and discuss findings.
October 9, 2025	<i>No meeting scheduled</i>	
November 13, 2025	<p>Reports:</p> <p>1. PARS Report</p> <p>2. Monthly Report Review</p>	<ul style="list-style-type: none"> Partial Assistance Rental Subsidy (PARS) report Review service categories that underspend (monthly) Review YTD data on service utilization and discuss findings.
December 11, 2025	<i>No meeting scheduled</i>	



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

APPENDIX

(Page 025- 028)

ANNUAL HIV PLANNING GROUP

2025 RETREAT

Join us for the Annual HPG Retreat, where we will conduct a comprehensive SWOT analysis to assess our strengths, weaknesses, opportunities, and threats, and collaborate on setting SMART goals to guide our efforts for 2025.



Wednesday, March 26

1:00 PM - 5:00 PM



Southeastern Live Well Center

5101 Market St, San Diego, CA,
92114 (Tubman Chavez Room A)

PUBLIC MEMBERS ARE WELCOME TO OBSERVE!

Join Zoom Meeting

<https://bit.ly/HPGRetreat>
or call (669) 444 9171

Meeting ID: 853 6898 7291
Passcode: SDHPG



Visit our website
SDPlanning.org



For questions, please email staff
HPG.HHSA@sdcounty.ca.gov



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

If the physical attendance quorum requirement is met, AB 2449 permits a member who is not physically present to request virtual attendance at the local legislative body's meeting under two circumstances:

(1) for "just cause" and (2) due to "emergency circumstances".

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

**If the request does not allow sufficient time to be placed on the agenda as a proposed action item, then the legislative body may take action at the beginning of the meeting.*

ADDITIONAL REQUIREMENTS FOR A MEMBER PARTICIPATING REMOTELY:

In addition to making a request either for "just cause" or due to an "emergency circumstance" for remote appearance, AB 2449 imposes the following three (3) additional requirements on legislative body members seeking to appear remotely at public meetings:

1. Before any action is taken during the meeting, the member **must** publicly disclose whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member's relationship with any such individuals.
2. A member of the legislative body participating from a remote location must participate through both audio **and** visual technology.
3. A member's remote participation cannot be for more than three (3) consecutive months or 20 percent of the regular meetings for the local agency within a calendar year. And if the legislative body regularly meets fewer than ten (10) times per calendar year, a member's participation from a remote location cannot be for more than two meetings.

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

Procedures for Public Participation

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

Procedures for Member to Teleconference from a Remote Location

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

Procedures for the Board/Commission/Committee/Group

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

TELECONFERENCING RULES UNDER THE BROWN ACT

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