



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

MEETING PACKET

THURSDAY, April 11, 2024, 3:00 PM – 5:00 PM
Southeastern Live Well Center (Tubman Chavez Room C),
5101 Market Street, San Diego, CA 92114

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 County Operations Center	002
Conflict of Interest: Priority Setting & Resource Allocation Committee	003
04/11/2024 PSRAC Agenda	004 - 005
01/11/2024 PSRAC Minutes	006 - 011
PSRAC Attendance	012
2024 PSRAC Workplan	013 - 016
Key findings (KF) for Ryan White Program (RWP) Regional Service Availability 2024 (Draft)	017 - 018
KF Service Eligibility Criteria and Service Guidelines 2024 (Draft)	019 - 027
Monthly and Year-to-Date Report	028 - 031
Service Utilization Report	032
Appendix	
AB 2449: Table, Cause/Emergency Circumstance Information	034 - 036
HPG Orientation Flyer April 18, 2024,	037
HIV Needs Assessment Survey Flyer English	038
HIV Needs Assessment Survey Flyer Spanish	039

Meeting Location & Directions:

Priority Setting & Resource Allocation

Thursday, April 11, 2024

3:00 PM - 5:00 PM

Southeastern Live Well Center 5101
Market St, San Diego, CA 92114
Tubman Chavez Room C



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:

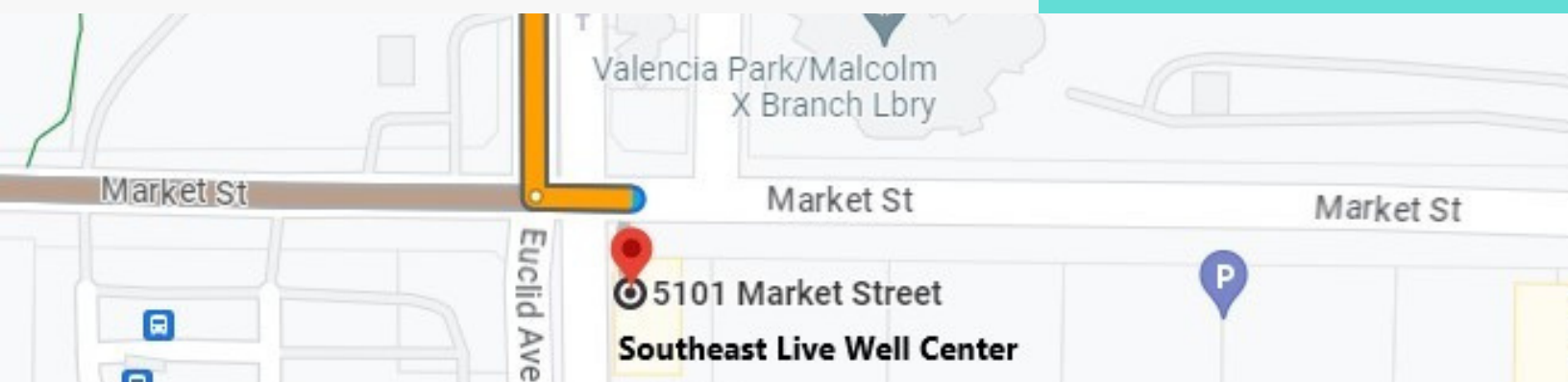
1. Head southeast on I-805 South.
2. Take exit 13A for CA-94-E/M L King Jr. Fwy.
3. Merge onto CA-94 E.
4. Take exit 4A for Euclid Ave.
5. Turn left onto Euclid Ave.
6. Use the left 2 lanes to turn left onto Market St.
7. The destination will be on your right.



PUBLIC TRANSPORTATION

MTS Trolley:
Orange Line

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



Conflict of Interest Priority Setting and Resource Allocation Committee

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

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

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)



Thursday, April 11, 2024, 3:00 PM – 5:00 PM
Southeastern Live Well Center
5101 Market Street, San Diego, CA 92114
(Tubman Chavez Room C)

To participate remotely via Zoom:

<https://us06web.zoom.us/j/82979385521?pwd=ucUoVtBupxbdBxothszYHHIP2luoC.1>

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

Meeting ID: 829 7938 5521

Password: PSRAC

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

A quorum for this meeting is seven (7)

Committee Members: Dr. Beth Davenport | Tyra Fleming (Co-Chair) | Felipe Garcia-Bigley | Pam Highfill | Dr. Delores Jacobs | Cinnamon Kubricky | Marco Aguirre Mendoza | Chris Mueller | Karla Quezada-Torres | Raul Robles | Regina Underwood | Rhea Van Brocklin (Chair) | Freddy Villafan

ORDER OF BUSINESS

1. Call to order, roll call, comments from the chair
2. Reminders
 - a. **Review of Committee Charge**
 - b. **Committee members' Conflicts of Interest:** Disclose areas of financial interest (e.g., employment); Refrain from participation in related votes
 - c. **Areas NOT the purview of this committee:** Selection of contractors; contract details; how contractors implement contracted services (staff salaries, etc.) These are the sole purview of the Recipient.
 - d. **Focus on service priorities, not on specific service providers.**
 - e. **Rules for the meeting** (as necessary): Committee members are limited to two (2) minutes per comment and limited to two (2) comments per item; public comments are welcome at the beginning and prior to each agenda item, limited to two minutes so that all have an opportunity to participate.
3. Public comment on non-agenda items (for members of the public)
4. Sharing our concerns (for committee members)
5. **ACTION:** Approve the Priority Setting & Resource Allocation Committee agenda for April 11, 2024
6. **ACTION:** Approve the Priority Setting & Resource Allocation Committee Minutes from January 11, 2024
7. Review follow-up items from the last meeting

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

8. Old Business:
 - a. Committee Attendance
 - b. 2024 Needs Assessment Survey of HIV Impact Update
 - c. Review and update the 2024 PSRAC workplan (budget planning dates/times)
9. New Business:
 - a. **ACTION:** Recommendations for reallocations for FY 24 (the current fiscal year, March 1, 2024 – February 28, 2025).
 - b. Integrated/Getting to Zero Plan – update
 - c. **ACTION:** Review and approve the draft key findings (KF) for the Ryan White Program (RWP) Regional Service Availability 2024
 - d. **ACTION:** Review and approve the draft KF Service Eligibility Criteria and Service Guidelines 2024
10. Routine Business:
 - a. Review Monthly and Year-to-Date expenditures and assess for recommended reallocations
 - b. Partial Assistance Rent Subsidy Program (PARS) and Emergency Housing update
 - c. Review Monthly and Year-to-Date service utilization report
11. Suggested items for the future committee agenda
12. Announcements
13. Next meeting date: **May 9, 2024, from 3:00 PM – 5:00 PM**
Location: **Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room A)**
14. Adjournment

Principles for PSRA Decision-Making Process	Criteria for the PSRA Decision-Making Process
Principles Guiding Decision Making (Priorities should reflect the Principles) <ol style="list-style-type: none">1. Decisions are made in an open, transparent process2. Decisions are based on documented needs (Needs assessment, etc.)3. Decisions are based on overall needs within the service area, not narrow single focus concerns4. 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 region6. Services must be culturally and linguistically appropriate and responsive7. Services should focus on the needs of low-income, underserved, and disproportionately impacted populations8. Services should minimize disparities in the availability and quality of treatment for HIV/AIDS9. Equitable access to services should be provided across subpopulations and regions	Criteria for Priority Setting <ol style="list-style-type: none">1. Documented Need based on:<ol style="list-style-type: none">a. Epidemiology of San Diego epidemic (Epi data)b. Needs and unmet needs expressed in needs assessment, including the needs expressed by consumers, not in care and/or from historically underserved communities (Needs assessment data)2. Minimize disparities in the availability and quality of treatment for HIV/AIDS (Demographic service utilization data compared to HIV/AIDS demographic)3. Quality, outcome effectiveness, and cost-effectiveness of services (Measured by service category outcomes, CQM, and client satisfaction data by service category)4. Consumer preferences or priorities for interventions or services, particularly for populations with severe need, historically underserved communities, or those who know their status but are not in care5. Consistency with the continuum of care

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

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)



Thursday, January 11, 2024, 3:00 PM – 5:00 PM
County Operations Center
5530 Overland Ave, San Diego, CA 92123
(Room 124)

A quorum for this meeting is seven (7)

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

Committee Members Absent: Reginald Carroll

MEETING MINUTES

Agenda Item	Action	Follow-up
1. Call to order	Dr. Jacobs called the meeting to order at 3:04 PM and noted that a quorum was established.	
2. Reminders	Dr. Jacobs reviewed conflicts of interest. The Committee Charge was read by Chris Mueller.	
3. Public Comment on non-agenda items (for members of the public)	<ul style="list-style-type: none">A member of the public noted that the County is using 2019 fair public rate payment standards for the Partial Assistance Rental Subsidy (PARS), which makes the PARS budget numbers off by 20%- 23%. They also mentioned the importance of the Emergency Housing issue, spending \$120/night in substandard hotels, and the need for HIV testing for the homeless population.A member of the public expressed concern about the fair market value of hotel vouchers for single-occupancy hotel stays in Emergency Housing.A member of the public asked for clarification regarding the public's ability to make comments on the agenda items.	
4. Sharing our concerns (for committee members)	A member of the committee expressed concern that all consumers are not being informed about non-Ryan White public housing in a timely manner.	
5. Action: Review and approve the agenda for January 11, 2024	Action: Approve the January 11, 2024 meeting agenda as presented with the noted change: The action item on the needs assessment survey is an action to accept, not approve.	

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
	Motion/Second/Count (M/S/C): Cortes/Kubricky/10-0 Public comment: A member of the public expressed concern about this committee not having a co-chair. Abstentions: Jacobs Motion carries	
6. Action: Review and approve the meeting minutes for November 9, 2023	Action: Review and approve the meeting minutes from November 9, 2023 as presented. M/S/C: Mueller/Quezada-Torres/6-0 Public comment: Members of the public requested that the minutes be amended to reflect a discussion on PARS so they can be referenced in the future. They also asked that the follow-up items be tracked and addressed in a timely manner. Dr. Jacobs noted there is a standard practice for the follow-up items. Abstentions: Jacobs, Davenport, Garcia-Bigley, Quezada-Torres, Villafan, Underwood Motion carries	HPG Support Staff (HPG SS) will amend the minutes to reflect that there was no discussion regarding the chair/vice chair. HPG Support Staff will amend the minutes to reflect a discussion of the public comment regarding PARS.
7. Review follow-up items from the last meeting minutes	HPG SS reviewed the follow-up items from the meeting minutes from November 9, 2023.	
8. Old Business		
a) Discussion on PSRAC Co-Chair election and Chair appointment	Rhea Van Brocklin has been identified as someone interested in a Chair position. The HPG Chair will appoint her. A consumer usually holds the HPG Vice-Chair position. Members whose seats are terming out this year are not eligible.	

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

Agenda Item	Action	Follow-up
	<p>HPG Chair reminded the committee that the Chair and Vice-Chair must communicate regularly on coverage at bimonthly meetings.</p> <p>Action: Approve Tyra Fleming’s election as PSRAC Co-Chair. M/S/C: Cortes/Quesada-Torres/9-0 Abstentions: Van Brocklin Motion carries</p> <p>Action: Approve the recommendation to forward Rhea Van Brocklin’s name to the HPG Chair for appointment as PSRAC Chair. M/S/C: Cortes/Quezada-Torres/10-0 Abstentions: Jacobs Motion carries</p>	
b) Committee Attendance	The committee reviewed attendance, and Dr. Jacobs reminded members to be mindful of absences.	
9. New Business		
a. Action: Recommendations for FY 23 or FY 24	None	
b. Review, discuss, and plan for the three components of the Needs Assessment process	<p>Dr. Beth Davenport and Shannon Ransom summarized the process of the working group to review and revise the 2024 Survey of HIV Impact. The group removed several data collection questions and combined some feasible questions, yet acknowledged the survey is lengthy.</p> <p>Public comment:</p> <ul style="list-style-type: none"> • A member of the public recommended that the first question include “symptomatic” and “asymptomatic.” • A member of the public recommended that question 64 be reviewed and revised. <p>The committee discussed the Survey of HIV Impact and recommended that the working group consider the following regarding:</p> <ul style="list-style-type: none"> • The word “activating” may not translate well to Spanish. Perhaps, “uncomfortable”. • In future surveys, consider asking about Post-Exposure Prophylaxis (PEP) and 	<p>HPG SS will bring the survey to the Steering Committee for discussion and vote.</p> <p>Committee to bring ideas on data requests to the March meeting.</p>

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

Agenda Item	Action	Follow-up
	<p>subsequent follow-up for Pre-Exposure Prophylaxis (PrEP).</p> <ul style="list-style-type: none"> • Tools be provided to assist in completion. • What is the response rate goal? HPG SS mentioned that around 1,200 people responded to the survey in 2017. • In the past, the survey was distributed to support groups, case managers, and clinics. • Utilize Mama's Kitchen. • In the past, timing made a difference (utilizing retreats and afternoon teas). • Compensation should be considered in the future. <p>Mikie Lochner noted that the next working group for survey distribution must include consumers. He asked that Karla Quezada-Torres and Shannon Ransom lead the working group. It was recommended that the working group also have providers.</p>	
i. Regional Community Meetings (timeframe)	The committee noted that historically held in the spring, the Regional Community Meetings will need to be postponed until 2025 due to a staff shortage and numerous pending tasks in 2024 (Orientation planning, HPG retreat planning, PSRA process, Part A application). Moving forward, the committee recommended realigning with the survey and holding Regional Community Meetings before the Survey of HIV Impact.	
ii. Action: Review and approve the draft 2024 Survey of HIV Impact	<p>Action: Accept the 2024 Survey of HIV Impact as presented.</p> <p>M/S/C: Van Brocklin/Mueller/10-0</p> <p>Abstentions: Jacobs</p> <p>Motion carries</p>	
iii. Provider Survey (timeframe)	The committee briefly discussed the plan for the Provider Survey, which will occur in 2025.	
c. Data request from the Recipient	Committee members were advised to review the PSRAC Work Plan and note if additional data requests were needed at the next meeting.	
10. Routine Business		
a. Review Monthly and Year to Date expenditures and assess for	<p>Patrick Loose reviewed:</p> <ul style="list-style-type: none"> • As of September 30, 2023, there is an anticipation of a need for \$425,000 in HIV 	

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
recommended reallocations	<p>Primary Care as the number of clients is increasing as people return to care.</p> <ul style="list-style-type: none"> As of November 30, 2023, 71% of the Part A budget has been spent, with 75% of the year spent. Emergency Housing has expended \$300K of \$800K. The Ryan White Part A application will be due this year, also applying for End the HIV Epidemic (EHE) funding. Regarding the Part A award for FY 24, San Diego County will receive a partial award until the federal budget has been established. We have received HIV prevention funding through May 2024. 	
b. Partial Assistance Rent Subsidy Program (PARS) and Emergency Housing update	<p>PARS report:</p> <ul style="list-style-type: none"> 57 currently on the waitlist 12 previously enrolled 1 new applicant since the last report Demographics of clients on the waitlist: <ul style="list-style-type: none"> Gender: 42 male, 10 female, 5 transgender Race/ethnicity: 9 Black, 28 Hispanic/Latino, 20 white, 0 Asian Age: 33 over 45, 22 ages 31-44, 2 ages 18-30 Central region 41, East 6, South 4, North 6 103 currently enrolled <p>The Recipients' Office provided an update on Emergency Housing. At the March meeting, the Recipients' Office will recommend reallocating for FY 24.</p>	
c. Review Monthly and TYD service utilization report	<p>The service utilization report was included in the meeting materials packet. There is an increase in service utilization in HIV Primary Care, Early Intervention Services, and Mental Health services.</p> <p>Public comment: A member of the public expressed concern about fair market rates being incorrect for PARS. The Recipients' Office will investigate.</p>	The recipients' Office will investigate the fair market rates for PARS.

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

Agenda Item	Action	Follow-up
d. Review the FY 24 PSRAC work plan and make any needed changes.	The committee reviewed the FY 24 work plan. Public comment: A member of the public recommended that testing for the homeless population be prioritized. Patrick Loose, the Recipient, commented that there is currently no data on the increase in the housing population.	
11. Suggested items for the PSRAC agenda	None	
12. Announcements	<ul style="list-style-type: none"> The Women's Conference will be held on March 9, 2024. More information and registration are available at www.awomansvoice.org. A California survey on LGBTQIA+ and the aging population has gone out and will be sent to all committees and HPG staff, including community members. POZabilities is holding a Town Hall on "Aging with HIV" at The LGBT Center on Saturday, February 3, 2024, from 9:00 AM to 5:00 PM. For more information, please contact michael@pozabilities.org. Alberto Cortes announced his retirement and has invited everyone to join his retirement party on Saturday, January 20, 2024, 12:00 PM – 3:00 PM at Bahia Resort. The HPG email distribution lists are presently down, but staff are attempting to reconstruct them. 	HPG SS will send an email to all regarding the LGBTQIA+ survey.
13. Next Meeting:	Date: Thursday, March 14, 2024, 3:00 PM – 5:00 PM Location: County Operations Center (COC, 5570 Overland Ave, San Diego, CA 92123 (Medical Examiner Conference Room 1047) and online via Zoom.	
14. Adjournment	Meeting adjourned at 4:52 pm.	

HIV PLANNING GROUP
6-MONTH COMMITTEE TRACKING
Apr 2023 -Mar 2024

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE															
PSRAC	Apr	May	8-Jun	20-Jun	20-Jul	27-Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	#
Total meetings	0	1	1	1	1	1	0	1	0	1	0	1	0	0	7
Member															
Jacobs, Dr. Delores ^C	NM	*	*	*	*	*	NM	*	NM	*	NM	*	NM	NQ	0
Carroll, Reginald	NM	*	*	*	*	*	NM	1	NM	*	NM	1	NM	NQ	2
Cortes, Alberto	NM	*	*	1	1	1	NM	*	NM	*	NM	*	NM	NQ	1
Davenport, Beth	NM	*	*	*	*	*	NM	1	NM	1	NM	*	NM	NQ	2
Garcia-Bigley, Felipe	NM	1	*	*	*	*	NM	*	NM	1	NM	*	NM	NQ	2
Highfill, Pam	NM	*	*	*	*	*	NM	*	NM	*	NM	*	NM	NQ	0
Kubricky, Cinna ^U	NM	1	*	*	*	*	NM	*	NM	1	NM	*	NM	NQ	2
Mueller, Chris	NM	*	*	*	*	*	NM	1	NM	*	NM	*	NM	NQ	1
Robles, Raul	NM	*	*	*	*	*	NM	1	NM	*	NM	*	NM	NQ	1
Quezada-Torres, Karla	NM	*	*	1	*	*	NM	*	NM	*	NM	*	NM	NQ	1
Underwood, Regina	NM	*	1	*	*	*	NM	*	NM	1	NM	*	NM	NQ	2
Van Brocklin, Rhea	NM	1	*	*	*	*	NM	1	NM	1	NM	*	NM	NQ	3
Villafan, Freddy	NM	*	*	*	*	*	NM	1	NM	1	NM	*	NM	NQ	2

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 2024 WORKPLAN

MEETING DATE	GOAL	OBJECTIVES
January 11, 2024	<ol style="list-style-type: none"> Needs Assessment Special Data Needs Monthly Reports review 	<ul style="list-style-type: none"> Discuss and plan for the three components of the Needs Assessment process <ul style="list-style-type: none"> Regional Community Meetings (timeframe) Survey of HIV Impact planning (2024) Provider Survey (timeframe) Special data needs from the Recipients' Office Partial Assistance Rental Subsidy (PARS) report Review service categories that underspend (monthly) Service utilization report (monthly report)
February 8, 2024	<i>No meeting scheduled</i>	
March 14, 2024-Cancelled	<ol style="list-style-type: none"> Regional distribution of RWTEA Part A/B Services Ryan White Service Eligibility Criteria Integrated/Getting to Zero Plan <p>Reports:</p> <ol style="list-style-type: none"> PARS Report Monthly Report Review 	<ul style="list-style-type: none"> Address change in FY 24 Part A funding (if needed) 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. Review data on the regional distribution of RWTEA Part A/B services and discuss findings Review data on Ryan White's service eligibility criteria & other service guidelines and discuss findings PARS Report Review service categories that underspend (monthly) Service utilization report (monthly report)
April 11, 2024	<ol style="list-style-type: none"> Regional distribution of RWTEA Part A/B Services Ryan White Service Eligibility Criteria Integrated/Getting to Zero Plan 	<ul style="list-style-type: none"> Address change in FY 24 Part A funding (if needed) 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. Review data on the regional distribution of RWTEA Part A/B services and discuss findings Review data on Ryan White's service eligibility criteria & other service guidelines and discuss findings

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

CY 2024 WORKPLAN

	<p>Reports:</p> <ol style="list-style-type: none"> 1. PARS Report 2. Monthly Report Review 	<ul style="list-style-type: none"> • PARS Report • Review service categories that underspend (monthly) Service utilization report (monthly report)
May 9, 2024	<p>Data:</p> <ol style="list-style-type: none"> 1. Co-occurring Conditions, Poverty, and Insurance 2. HIV/AIDS Epidemiology <p>Reports:</p> <ol style="list-style-type: none"> 1. PARS Report 2. Monthly Report Review 	<ul style="list-style-type: none"> • Address change in FY 23 Part A funding (if needed) • Review data on Co-occurring Conditions, Poverty, and Insurance and discuss findings • Review updated HIV/AIDS Epidemiology Data and discuss findings (if available) • Summarize/finalize data on the regional distribution of RWTEA Part A/B services • Summarize/finalize data on Ryan White's service eligibility criteria & other service guidelines • PARS Report • Review service categories that underspend (monthly) • Service utilization report (monthly report)
<p>June 6, 2024</p> <p>3 hours</p>	<p>Data:</p> <ol style="list-style-type: none"> 1. Summarize data on Co-occurring Conditions, Poverty, and Insurance 2. HIV Care Continuum 3. Unmet Needs Estimate 4. Service Utilization <p>Reports:</p> <ol style="list-style-type: none"> 1. Percent of Individuals Linked to Care, Retention, and Viral Suppression 2. Survey of HIV Impact <p>HRSA and RW Part A Guidelines</p>	<ul style="list-style-type: none"> • Review data on the HIV Care Continuum/Unaware Estimate and discuss findings <ul style="list-style-type: none"> ○ Include data on RW clients vs. all clients ○ Include data on viral suppression rates in the African American/Black population (include RW clients vs. all clients) • Review data on Unmet Need Estimate and discuss findings • Review 2022 Survey of HIV Impact data and discuss findings (including Out-Of-Care data) • Review HRSA and Ryan White Part A guidelines (PCN 1602) • Review data on the regional distribution of RWTEA Part A/B services and discuss findings • Review YTD data on service utilization and discuss findings Summarize/finalize data on co-occurring conditions, poverty, and insurance • Summarize/finalize updated HIV/AIDS Epidemiology Data

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

CY 2024 WORKPLAN

June 13, 2024 3 hours	<p>Data:</p> <ol style="list-style-type: none"> 1. Non-RW Services in the Community 2. Survey of HIV Impact of the Needs Assessment 3. Regional Focus Groups 4. HIV Care Continuum / Unaware Estimate/Unmet Need Estimate 5. HIV Epidemiology 6. RWTEA Part A Services <p>Reports:</p> <ol style="list-style-type: none"> 1. Monthly Report Review 	<ul style="list-style-type: none"> • Review information on non-Ryan White services in the community, esp. mental health and drug and alcohol services (The county's budget includes some of this detail) https://www.sandiegocounty.gov/openbudget/ • Review data on the Survey of HIV Impact of the Needs Assessment and discuss findings • Review, summarize, and finalize data on regional focus groups and GTZ Action Plan Community Feedback Report and discuss findings • Summarize/Finalize data on HIV Care Continuum/Unaware Estimate • Summarize/finalize data on HIV Epidemiology • Summarize YTD data on service utilization and discuss findings PARS Report • criteria and other service guidelines • Review service categories that underspend (monthly) • Service utilization report (monthly report)
July 4, 2024	<i>No meeting scheduled</i>	
July 11, 2024 3 hours	<p>Data:</p> <ol style="list-style-type: none"> 1. HIV/AIDS Epidemiology 2. All data findings/summaries, including KF by service category 3. Service Priority Ranking 4. Funding Allocation Recommendations 	<ul style="list-style-type: none"> • Summarize/finalize data on the Survey of HIV Impact of the Needs Assessment • Review all data findings and summaries • Review/summarize any additional data that is available, including key findings by service category • Recommendations with justifications to HIV Planning Group for service priority ranking and how services should be organized and delivered in FY 25 • Complete recommendations with justifications for changes in funding allocations for FY 25
July 18, 2024 3 hours	<ol style="list-style-type: none"> 1. All data findings/summaries, including KF by service category 	<p><u>(If needed)</u></p> <ul style="list-style-type: none"> • As needed to complete the FY 25 priority setting and budget priority ranking and funding allocation process (next fiscal year) and/or FY 23

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

CY 2024 WORKPLAN

	<p>Monthly Report Review</p> <p>Other Business as Needed (FY 24 Reallocations)</p>	<p>reallocations (current fiscal year)</p> <ul style="list-style-type: none"> • Review/summarize additional available data • PARS Report • Review service categories that underspend (monthly) • Service utilization report (monthly report)
August 2024	<i>No meeting scheduled</i>	
September 12, 2024	<ol style="list-style-type: none"> 1. Debrief PSRA process 2. Work Plan 3. PARS Report 4. Monthly Report Review 	<ul style="list-style-type: none"> • Debrief the FY 25 priority setting and budget allocation process • Develop 2025 PSRAC work plan • PARS Report • Review service categories that underspend (monthly) • Service utilization report (monthly report)
October 10, 2024	<i>No meeting scheduled</i>	
November 14, 2024	<p>PARS Report</p> <p>Monthly Report Review</p>	<ul style="list-style-type: none"> • PARS Report • Review service categories that underspend (monthly) • Service utilization report (monthly report)
December 12, 2024	<i>No meeting scheduled</i>	

San Diego HIV Planning Group
Priority Setting and Resource Allocation Committee



2024 Key Data Findings:
Ryan White Programs (RWP) Parts A/B
Regional Service Availability

Draft April 11, 2024



The table below identifies **service gaps** in availability for **only** those services funded by the Ryan White Programs (RWP) Parts A/B. ***If RWP services are not available* in specific areas, they may be accessed in other regions of the county.*** Additionally, non-Ryan White funded services may or may not also be available through other community resources.

A RWP service is considered to be not available in a region if it is 1) not available at a provider site in the region; 2) Not out stationed in the region; and 3) The service is not available in a client's home; The following RWP services are currently **not** available in the given regions:

Region(s)**	RWP Parts A/B funded services <u>not</u> available
Central/North Central/Southeast	<ul style="list-style-type: none">• All services available
East	<ul style="list-style-type: none">• Substance Use Treatment Services (Residential)***• Substance Use Treatment Services (Outpatient)• Minority AIDS Initiative (MAI)
North Coastal/North Inland	<ul style="list-style-type: none">• Substance Use Treatment Services (Residential)***• Substance Use Treatment Services (Outpatient)• Home Hospice• Minority AIDS Initiative (MAI)
South	<ul style="list-style-type: none">• Substance Use Treatment Services (Residential) ***• Home Hospice

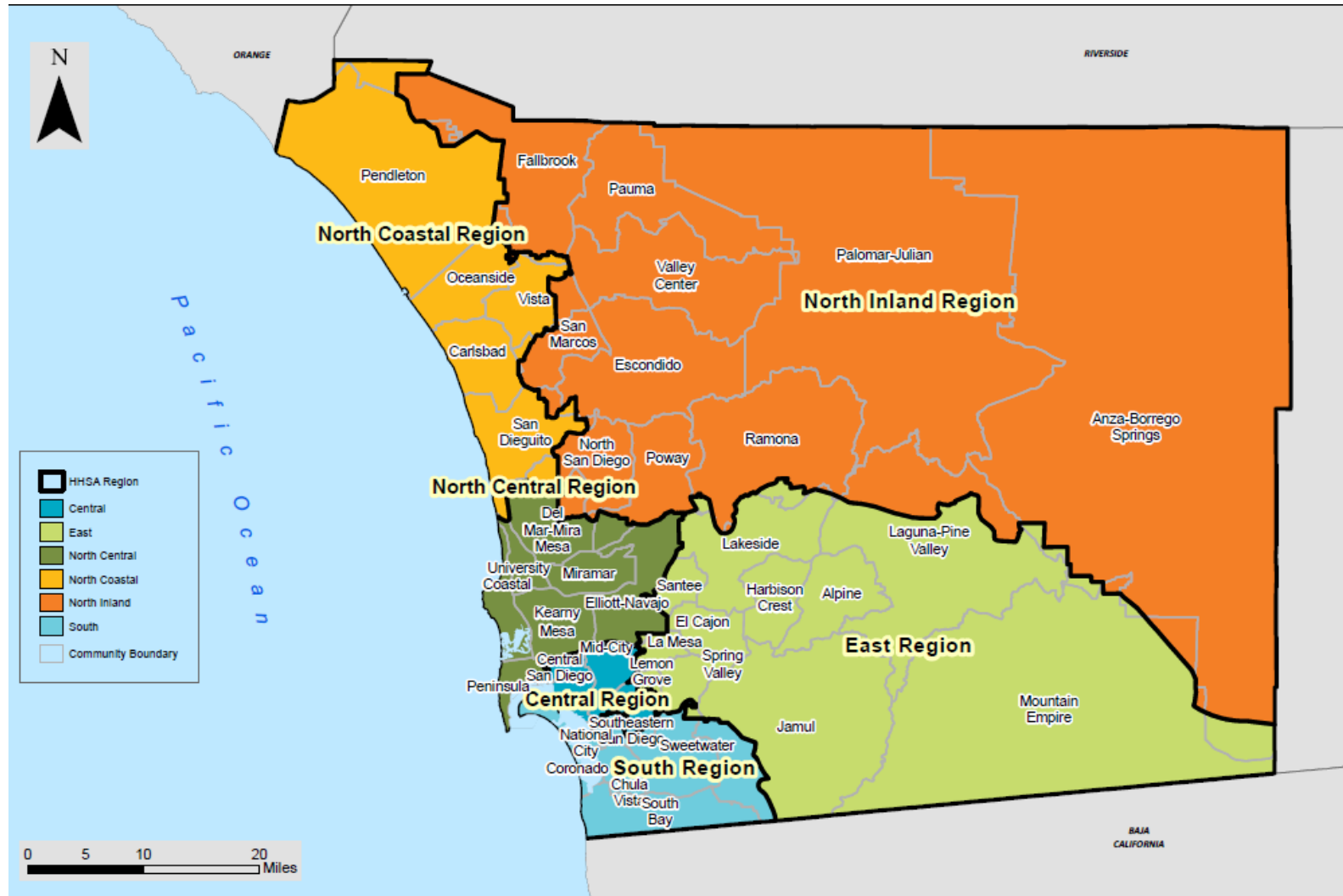
* Not available at a provider site, as an out-stationed service nor as a service in the home

**County of San Diego Health and Human Services Agency (HHSA) defined regions. See reverse side for map

*** Substance Abuse (Drug & Alcohol) Treatment Services (Residential) are available countywide, regardless of the regions in which clients reside, because clients will reside at the service site while they are in treatment.

- Non-Medical Case Management for Housing, Housing Location, Placement and Advocacy Services, and Psycho-social Support Services are awaiting full procurement.
- The stand-alone service category Health Education and Risk Reduction is not currently funded and is not available in any region until further notice.
- HIV Prevention Services, from non-Ryan White funding resources (Centers for Disease Control and Prevention (CDC) and California Department of Public Health (CDPH) are available in the Central, Southeast, South and North Coastal Regions; they are not available in the East, North Central or North Inland, regions.

County of San Diego Health and Human Services Agency (HHSA) Regions





San Diego HIV Planning Group
Priority Setting and Resource Allocation Committee

2024 Key Data Findings

**SERVICE ELIGIBILITY CRITERIA AND SERVICE GUIDELINES
BY SERVICE CATEGORY
FOR RYAN WHITE PART A/B SERVICES**



Draft April 11, 2024

The Health Resources and Services Administration (HRSA) require that the income eligibility criteria be the same for all Ryan White service categories. Having different income eligibility criteria for different services creates barriers to receiving care and treatment.

Thus, to be eligible to receive Ryan White Parts A/B services in San Diego County, one must:

- Live in San Diego County
- Have an income at or below 500% Federal Poverty Level (FPL)* (\$75,300 annually for a household of one)
- Have a confirmed HIV diagnosis (except in service categories that permit services to HIV-negative and unaware)
- Have no other payer for service

All clients must be reassessed for eligibility every twelve months

Service specific guidelines for each Ryan White service provided in the County are noted in the chart beginning on page 2.

*The FPL for changes every year and is usually published within the first few months of each calendar year. The 2024 500% FPL is \$75,300 annually for a household of one (adjusted for additional family members).

Definitions:

Medical Provider = Medical Doctor (MD or DO), Nurse Practitioner (NP), Physician Assistant (PA)

Clinical Provider = Medical Doctor (MD or DO), Nurse Practitioner (NP), Physician Assistant (PA), Registered Nurse (RN), Licensed Vocational Nurse (LVN), Case Manager (CM), Licensed Clinical Social Worker (LCSW), Licensed Marriage Family Therapist (LMFT)

Mental Health Provider = Psychiatrist (a Medical Doctor, MD or DO), Psychologist (PhD or PsyD), Licensed Clinical Social Worker (LCSW), Licensed Marriage Family Therapist (LMFT)

Dental Provider = Dentist (DDS or DDM), Dental Specialist (DDS or DDM)





 = Core Medical Service

Blue lettering = Service category with \$0 allocated currently or not presently procured/deployed





San Diego County EMA Ryan White Treatment Extension Act (RWTEA) Parts A/B


SERVICE SPECIFIC CRITERIA


Draft March 14, 2024


FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
1.  Outpatient Ambulatory Health Services (Primary Care)	No additional guidelines	Emergency room or urgent care services are not considered outpatient settings. There are no annual limits on the number of services provided.	
2.  Medical Specialty	Must have a referral from Ryan White HIV Primary Care provider	Requests triaged based on medical necessity, HIV relatedness and urgency.	<ul style="list-style-type: none"> Medical provider
3.  Oral Health Care (Dental Care)	Must have a referral from Ryan White Primary Care provider	Primary dental services are available as medically necessary or as required to treat pain. Dental specialty is limited to procedures to support palliative and medically necessary dental care outside of primary dental care setting. Service specifically excludes dental implants (with four specific exceptions)	<ul style="list-style-type: none"> Medical provider Dental provider for dental specialty service
4.  Medical Case Management Services	Limited to individuals who are unable to access or remain in HIV medical care as determined by medical care managers based on whether: <ul style="list-style-type: none"> Client is currently enrolled in outpatient/ambulatory health services Client is following his/her medical plan Client is keeping medical appointments Client is taking medication as prescribed 	Services are not intended for individuals who are able to access and remain in HIV medical care. Case is closed when all action items on the care plan are completed, and medical care is stabilized. There are no annual limits on the number of services provided.	
5. Non-Medical Case Management Services	Must demonstrate ability to access or remain in HIV medical care	Services are not intended for individuals who are unable to access or remain in HIV medical care. Case is closed when all action items on the care plan are completed, and medical care is stabilized. There are no annual limits on the number of services provided.	
6. Non-Medical Case Management for Housing	Eligible to receive Ryan White services Upon intake, all eligible clients will be required to enroll in all available housing assistance waiting lists, including Section 8, Housing Opportunities for Persons with AIDS (HOPWA), and Tenant-Based Rental Assistance (TBRA).	Housing case management does not provide support or guidance for accessing other services, and it is required that housing case managers closely coordinate client needs outside of housing with medical or non-medical case managers as part of a treatment team approach.	<ul style="list-style-type: none">


FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
	<p>A housing plan must be developed within 60 days of enrolling in housing case management and no later than 90 days after enrolling in PARS. The client & case manager should review the plan regularly, and at least every quarter.</p>		
7. Housing: Emergency Housing	<p>Eligible to receive RW services.</p> <p>Because all housing support provided under Ryan White is temporary, a housing transition plan is required to ensure clients maintain housing self-sufficiency at the conclusion of assistance.</p>	<p>Services prioritize hotel/single room occupancy (SRO) vouchers over rental assistance. Service can be used once in a 12-month period. Service is not available to individuals who:</p> <ul style="list-style-type: none"> • Receive Housing Opportunities for People with AIDS (HOPWA) funds. • Receive a tenant-based or project-based rent subsidy including, but not limited to, subsidized low-income housing, or subsidized independent housing associated with any program such as Public Housing, Affordable Housing, Section 8, HOPWA, or PARS rental assistance. • Have previously been terminated from receiving emergency housing assistance or tenant-based rental assistance, have violated program guidelines in their use of emergency housing funds, or have been identified as ineligible for services. • Can include sober living and assisted living. <p>Housing services may not:</p> <ul style="list-style-type: none"> • Be used for mortgage payments • Be in the form of direct cash payments to clients • Be used for rental or security deposits. Such deposits are typically returned to clients as cash which would violate the prohibition on providing cash payments to clients. 	<ul style="list-style-type: none"> • Case manager
8. Housing Location, Placement and Advocacy Services	<p>(The Strategies and Standards Committee will draft service standards for this service category)</p>		
9. Housing: Partial Assistance Rental Subsidy (PARS)	<p>Must not receive other subsidized housing, either tenant-based or project-based</p> <p>Because all housing support provided under Ryan White is temporary, a housing transition plan is</p>	<p>Provides 40% of a client's monthly rental costs not to exceed 40% of the fair-market rent for San Diego County as determined by the U.S. Department of Housing and Urban Development (HUD).</p>	<ul style="list-style-type: none"> • Case manager


FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
	<p>required to ensure clients maintain housing self-sufficiency at the conclusion of assistance.</p> <p>All clients enrolled in the Partial Assistance Rental Subsidy (PARS) program must also enroll in housing case management.</p>	<p>Clients shall not receive PARS if they receive tenant-based or project-based rent subsidy including, but not limited to, subsidized low-income housing, or subsidized independent housing associated with any program such as Public Housing, Affordable Housing, HOPWA, or Section 8.</p> <p>Housing services may not:</p> <ul style="list-style-type: none"> • Be used for mortgage payments • Be in the form of direct cash payments to clients • Be used for rental or security deposits. Such deposits are typically returned to clients as cash which would violate the prohibition on providing cash payments to clients. 	
10.  Mental Health: Counseling, Therapy/Support Groups	May request or be referred by providers or case manager	Case is closed when all action items on the care plan are completed, and medical care is stabilized. There are no annual limits on the number of services provided.	
11.  Substance Use Treatment: Outpatient Care	Cannot currently be in a residential substance abuse treatment program	Case is closed upon successfully completion of treatment and client chooses not to participate in any other aftercare program activities. There are no annual limits on the number of services provided.	
12.  Mental Health: Psychiatric Services	Must have a confirmed mental health diagnosis, and/or referral for specialized psychiatric care from a medical provider or mental health provider	There are no annual limits on the number of services provided.	<ul style="list-style-type: none"> • Medical provider • Mental health provider
13.  Coordinated HIV Services for Women, Infants, Children, Youth and Families (CHS:WICYF)	Services focus on linkage or re-engagement in care and are not intended to be ongoing.	<p>Limited to:</p> <ul style="list-style-type: none"> • Individuals who do not know their HIV status and need to be referred to counseling and testing • Individuals who know their status and are not in care and need assistance to enter or re-enter HIV-related medical care 	
a. Childcare Services (A subcategory of CHS:WICYF)	Available for children living in the household of individuals with a confirmed HIV diagnosis and their affected family members while attending medical visits, related appointments, and/or Ryan White-funded meetings, groups, or training sessions.	For children from infancy through 12 years of age. Services are also available, if permitted at the appointing clinic, for parents and caregivers attending medical, dental, and mental health care appointments, including support groups, on-site childcare is prioritized for appointments, so family members can access support service needs. It may be available for other purposes as determined appropriate. For parents and caregivers utilizing	<ul style="list-style-type: none"> • Case manager

FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
		on-site services, at least one parent or caregiver must remain on-site.	
14.  Early Intervention Services: Regional Services (EIS:RS)	Services focus on linkage or re-engagement in care and are not intended to be ongoing.	Limited to: <ul style="list-style-type: none"> Individuals who do not know their HIV status and need to be referred to counseling and testing Individuals who know their status and are not in care and need assistance to enter or re-enter HIV-related medical care 	<ul style="list-style-type: none">
a. Outreach Services (a subcategory of EIS:RS)	Services focus on linkage or re-engagement in care and are not intended to be ongoing.	Limited to: <ul style="list-style-type: none"> Individuals who do not know their HIV status and need to be referred to counseling and testing Individuals who know their status and are not in care and need assistance to enter or re-enter HIV-related medical care 	
15. Health Education and Risk Reduction (stand-alone service, not part of CHS:WICFY or EIS:RS)	<p>Eligible to receive Ryan White funded care</p> <p>The provision of education and information to clients living with HIV and how to reduce the risk of HIV transmission. It includes education, referral and related service navigation to clients living with HIV to improve their health and their partners to prevent HIV transmission.</p>	<p>Services are intended to complement and not replace other funded HIV prevention activities</p> <p>Exclusions:</p> <ul style="list-style-type: none"> Affected individuals (partners and family members not living with HIV) are only eligible if receiving services concurrently with the client. Health Education/Risk Reduction may not be delivered anonymously. However, all information is confidential. 	
16. Referral to Health and Care and Support Services (Peer Navigation)	Must currently be receiving case management, non-case management, mental health, substance abuse or outreach services	Services focus on linkage or re-engagement in care and are not intended to be ongoing.	<ul style="list-style-type: none"> Self-Referral Case manager Early Intervention Services
17. Psychosocial Support Services	Available to clients living with HIV; may include support groups and may be provided by a trained staff or volunteer, including peers.	Funds under this service category may not be used to pay for food, transportation or for professional mental health services.	
18. Substance Use Treatment: Residential Care	Must have a written referral from the clinical provider as part of a substance use disorder treatment program funded under the Ryan White program	Case is closed upon completion of treatment program. There are no annual limits on the number of services provided.	<ul style="list-style-type: none"> Clinical provider

FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
19.  Home and Community Based Health Services	<p>Must be at risk for hospitalization or entry into a skilled nursing facility. Must also:</p> <ul style="list-style-type: none"> • Have a health condition consistent with in-home services • Have a home environment that is safe for both the client and the service provider • Have a score of 70 or less on the Cognitive and Functional Ability (Karnofsky) Scale 	<p>Service specifically excludes:</p> <ul style="list-style-type: none"> • Emergency room services • In-patient hospital services • Nursing homes • Other long-term care facilities <p>Case is closed when all action items on the comprehensive service plan are complete and medical care is stabilized. There are no annual limits on the number of services provided.</p>	<ul style="list-style-type: none"> • Medical provider • Case manager
20. Transportation Pool – Assisted & Unassisted	<p>Individuals shall be eligible for transportation only if they would not otherwise have access to core medical and support services and only if they do not qualify for other transportation assistance programs.</p>	<p>Specific eligibility criteria for <u>assisted transportation</u>•:</p> <ul style="list-style-type: none"> • Used for transport to and from various core medical and support service providers. • Assisted transportation, consisting of ADA Para-Transit Passes and certified medical transport may be used if a client is unable to access unassisted transportation. • Contractor shall refer all clients requesting assisted transportation for screening and potential eligibility for AIDS Waiver program. • Clients are not eligible for RW assisted transportation services if they receive or are eligible for other public transportation benefits such as, but not limited to, ADA Para-Transit, AIDS Waiver Transportation Assistance, Home and Community-based Health Services, or Medi-Cal reimbursed medical transport. <p>Specific eligibility criteria for <u>unassisted transportation</u>:</p> <ul style="list-style-type: none"> • Reserved for individuals unable to access or stay in core medical and support services. • Disabled monthly passes may be issued for individuals who qualify for the disabled monthly pass and have more than three medical visits per month. • Day passes may be issued for individuals who do not qualify for the disabled monthly passes and for those eligible for disabled 	<ul style="list-style-type: none"> • Case manager • Any service provider

FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
		<p>monthly passes who have fewer than three medical visits per month.</p> <ul style="list-style-type: none"> ○ Individuals who receive day passes can be issued two extra day passes to cover unexpected or emergency medical visits. Clients are limited to two unused emergency day passes at a time. • Monthly passes may be issued to clients in lieu of day passes if a client's predetermined number of day-passes for a month equals or exceeds the cost of a standard monthly pass. • Other forms of transportation may include but are not limited to: taxis, ride sharing programs and/or mileage reimbursement. <p>Transportation services are limited to travel to and from core medical and support service appointments only; however, clients traveling with legal dependents are permitted to make stops at childcare facilities to drop children off before appointments and to pick children up after appointment.</p> <p>Unallowable services include: 1. Direct cash payment or reimbursements to clients 2. Direct maintenance expenses of personally owned vehicles (tires, repairs, etc.) 3. Payment of other cost associate with a personally owned vehicle (insurance, license, etc.)</p>	
21. Food Services/Home Delivered meals	Must be physically and/or mentally incapable of preparing own meals to qualify for home delivered meal services. Individuals who can prepare meals may still be eligible for food vouchers and food bank services	<p>Services do not provide:</p> <ul style="list-style-type: none"> • Permanent water filtration systems for water entering a home; • Household appliances; • Pet foods • Other non-essential products. <p>Case is closed when the service is deemed no longer medically necessary. There are no annual limits on the number of services provided.</p>	<ul style="list-style-type: none"> • Case manager • Medical provider
22.  Medical Nutrition Therapy	Must be referred by a medical provider	Case is closed when all action items on the nutrition plan are competed, and medical care is stabilized. There are no annual limits on the number of services provided.	<ul style="list-style-type: none"> • Medical provider

FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
23. Legal Services (Other Professional Services)	Services can also be provided to family members and others affected by a client's HIV disease when the services are specifically necessitated by the person's HIV status	Excludes criminal defense and class-action suits unless related to access to services eligible for funding under the Ryan White program. Case is closed when the legal matter has been resolved. There are no annual limits on the number of services provided.	
24. Emergency Financial Assistance	Eligible to receive RW services.	<p>The maximum amount for each item per year per client are as follows:</p> <ul style="list-style-type: none"> • Clients are eligible to receive up to \$1,000/year to use for utility payments. • Food bags: Each client is allowed a maximum of 12 weeks of emergency food bags per 12 months. • Medication: Covers prescription medication (1) not available through the AIDS Drug Assistance Program (ADAP) and (2) only intended for short term need. • Eyeglasses: One set of lenses per year, one set of frames every other year; one opportunity to replace if lost/stolen/damaged. • Eviction prevention: Limited to \$1,490/year. <p>Electronic devices (tablets, small laptops, etc.) can be provided to assist clients access virtual environments/telehealth appointments/RW planning meetings.</p>	<ul style="list-style-type: none"> • Case manager
25. Home Health Care	Must be deemed medically homebound by a medical provider	Home settings do not include nursing facilities or inpatient mental health/substance use treatment facilities. Case is closed when all services are completed, and medical care is stabilized. There are no annual limits on the number of services provided.	<ul style="list-style-type: none"> • Medical provider • Case manager
26.  Early Intervention Services: HIV Counseling and Testing	Services focus on linkage or re-engagement in care and are not intended to be ongoing.	<p>Limited to:</p> <ul style="list-style-type: none"> • Individuals who do not know their HIV status and need to be referred to counseling and testing • Individuals who know their status and are not in care and need assistance to enter or re-enter HIV-related medical care 	

FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
27. Cost-Sharing Assistance	(The Strategies and Standards Committee will draft service standards for this service category)		
28.  Home Hospice	Must be certified as terminally ill by a physician and have a defined life expectancy of six months or less	Case is closed upon death. This service category does not extend to skilled nursing facilities or nursing homes. There are no annual limits on the number of services provided.	<ul style="list-style-type: none"> • Medical provider • Case manager

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

RW 2023-24
YEAR TO DATE EXPENDITURE AND SAVINGS BREAKDOWN AS
OF January 2024

FY23-24 ALLOCATION BREAKDOWN								
Funding Source	Admin. \$	Admin. %	CQM \$	CQM %	RW 2023-24 Service dollars	Total	CORE Medical Services	Support Services
Part A	1,129,969	10%	315,170	3%	9,854,560	11,299,699	70%	30%
Part A MAI	66,977	9%	32,932	4%	673,246	773,155		
TOTAL	1,196,945.90		348,102.00		10,527,806.10	12,072,854.00	70%	30%

Ryan White Part A Allocations											
Service Categories	HRSA Ranking	Priority Ranking	RW 2023-24 HPG Allocation	%	HPG & Recipient Approved Actions +/-	RW 2023-24 HPG Total as of today	%	RW 2023-24 Year to Date Expenditure	RW 2023-24 Year-to-Date - The % below is the % of the Budget Spent 91.67% of Year Elapsed/Invoiced)	RW 2023-24 Balance	Comments
Outpatient Ambulatory Health Services: Primary Care	1l	1	962,630.00	10%	\$ 140,000.00	1,102,630.00	11%	1,172,534.16	106%	(69,904.16)	
Outpatient Ambulatory Health Services: Medical Specialty	1l	2	273,386.00	3%	100,711.00	374,097.00	4%	95,593.34	26%	278,503.66	
Psychiatric Medication Management	1j	12	28,036.00	84%	(15,000.00)	13,036.00	0%	5,560.81	43%	7,475.19	
Oral Health	1k	3	300,940.00	84%	(126,212.00)	174,728.00	2%	159,105.83	91%	15,622.17	
Medical Case Management	1h	4	1,268,338.00	14%	83,745.00	1,352,083.00	13%	1,108,887.62	82%	243,195.38	
Non-Medical Case Management for Housing		6	-	0%	-	-					
Housing: Emergency Housing	2e	7	530,000.00	6%	720,000.00	1,250,000.00	12%	1,136,895.25	91%	113,104.75	
Housing: Location, Placement and Advocacy Services NEW		8	-	0%	-	-					
Housing: Partial Assistance Rental Subsidy (PARS)	2e	9	807,507.00	100%	(1.00)	807,506.00	8%	690,503.43	86%	117,002.57	
Non-Medical Case Management	2h	5	392,021.00	4%	45,215.00	437,236.00	4%	349,263.43	80%	87,972.57	
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF)	1c	13	943,317.00	10%	50,010.00	993,327.00	10%	885,057.77	89%	108,269.23	
Childcare Services	2a			0%		-	0%	-	0%	-	
Early Intervention Services: Regional Services	1c	14	477,703.00	5%	49,631.00	527,334.00	5%	455,952.30	86%	71,381.70	
Health Education & Risk Reduction	2d	14a	-	0%	-	-	0%	-	0%	-	
Outreach Services	2j	14b	322,683.00	3%	10,287.00	332,970.00	3%	271,848.61	0%	61,121.39	
Referral Services	2l	14c		0%		-	0%	-	0%	-	
Referral to Health and Supportive Services (Peer Navigation)		16	400,000.00	4%	2,231.00	402,231.00	4%	262,500.32	65%	139,730.68	
Mental Health: Counseling/Therapy & Support Groups	1j	10	1,061,062.00	11%	(85,092.00)	975,970.00	9%	762,718.69	78%	213,251.31	
Psychosocial Support Services		17	-	0%	-	-	0%	-	0%	-	
Substance Abuse Services: Outpatient	1m	11	315,127.00	3%	(26,540.00)	288,587.00	3%	236,619.42	82%	51,967.58	
Substance Abuse Services: Residential	2o	18	-	0%	-	-	0%	-	0%	-	
Home-based Health Care Coordination	1e	19	228,500.00	2%	-	228,500.00	2%	202,230.17	89%	26,269.83	
Transportation: Assisted and Unassisted	2g	20	142,830.00	2%	26,227.00	169,057.00	2%	106,789.04	63%	62,267.96	
Food Services: Food Bank/Home-Delivered Meals	2c	21	536,073.00	6%	(4,500.00)	531,573.00	5%	346,024.65	65%	185,548.35	
Medical Nutrition Therapy	1i	22	35,542.00	0%	-	35,542.00	0%	33,948.61	96%	1,593.39	
Legal Services	2i	23	285,265.00	3%	-	285,265.00	3%	252,910.30	89%	32,354.70	
Emergency Financial Assistance	2b	24	28,730.00	0%	39,626.00	68,356.00	1%	51,897.40	76%	16,458.60	

Ryan White Part A Allocations											
Service Categories	HRSA Ranking	Priority Ranking	RW 2023-24 HPG Allocation	%	HPG & Recipient Approved Actions +/-	RW 2023-24 HPG Total as of today	%	RW 2023-24 Year to Date Expenditure	RW 2023-24 Year-to-Date - The % below is the % of the Budget Spent 91.67% of Year Elapsed/Invoiced)	RW 2023-24 Balance	Comments
Home Health Care	1f	25		0%		-	0%	-	0%	-	
Early Intervention Services: HIV Counseling and Testing	1c	26		0%		-	0%	-	0%	-	
Cost-Sharing Assistance	1d	27		0%		-	0%	-	0%	-	
Hospice	1g	28		0%		-	0%	-	0%	-	
Subtotal			9,339,690		1,010,338.00	10,350,028	100%	8,586,841	83%	1,763,187	
Ryan White Part A Minority AIDS Initiative (MAI)			RW 2023-24 HPG Allocation		HPG & Recipient Approved Actions +/-	RW 2023-24 HPG Total as of today	%	RW 2023-24 Year to Date Expenditure	RW 2023-24 Year-to-Date - The % below is the % of the Budget Spent 91.67% of Year Elapsed/Invoiced)	RW 2023-24 Balance	Comments
Case Management (Non-Medical)			71,333.00		-	71,333.00	11%	48,367.17	68%	22,965.83	
Medical Case Management			258,925.00		-	258,925.00	38%	170,112.82	66%	88,812.18	
Mental Health Services			175,739.00		-	175,739.00	26%	114,142.82	65%	61,596.18	
Outreach Services			23,337.00		-	23,337.00	3%	29,049.38	124%	(5,712.38)	
Substance Abuse Services (Outpatient)			43,912.00		-	43,912.00	7%	71,540.12	163%	(27,628.12)	
Housing: Emergency Housing			100,000.00		-	100,000.00	15%	52,721.70	53%	47,278.30	
Subtotal			673,246.00		-	673,246.00	100%	485,934.01	72%	187,311.99	
TOTAL			10,012,936		1,010,338	11,023,274		9,072,775	1	1,950,499	

CORE and Support Services allocation breakdown			
	Total Allocation	Total Expenditure	Total Balance
CORE Medical Services	4,877,098.00	4,066,819.92	810,278.08
Support Services	5,472,930.00	4,520,021.23	952,908.77
TOTAL	10,350,028.00	8,586,841.15	1,763,186.85

DETAILED INTERNAL BUDGET (HPG)**Program: HIV Planning Group Support-County**

Expenditures updated 1/30/24

Year: RW 2023**Budget Period: 03/01/2023 to 02/29/2024****CFDA#: 93.914****% of Year Elapsed****91.7%**

Expense Categories	Budget Revision 5/11/23	January 2024 Expenditures	YTD Total Expenditures	%	Remaining Balance
Personnel Expenses (Salary, Benefits, Mileage, OT)	\$ 251,492.00	\$ 23,236.16	\$ 318,931.63	126.82%	\$ (67,439.63)
Operating expenses - Network charges	\$ -	\$ -	\$ -	0.00%	\$ -
Office Supplies (From HPG Pcardholder only)	\$ -	\$ -	\$ -	0.00%	\$ -
Needs Assessment	\$ 75,000.00	\$ -	\$ -	0.00%	\$ 75,000.00
Translation Services	\$ 11,000.00	\$ -	\$ 8,671.69	78.83%	\$ 2,328.31
Food Purchases	\$ -	\$ -	\$ -	0.00%	\$ -
Meeting Space	\$ -	\$ -	\$ -	0.00%	\$ -
Transportation, Mileage & Gas Cards	\$ 4,500.00	\$ -	\$ 4,353.63	96.75%	\$ 146.37
Training for HPG Staff	\$ -	\$ -	\$ -	0.00%	\$ -
Office Supplies	\$ 4,000.00	\$ 63.57	\$ 8,046.04	201.15%	\$ (4,046.04)
Food Purchases	\$ 5,000.00	\$ -	\$ 2,102.91	42.06%	\$ 2,897.09
Transcription (Written) Services	\$ 500.00	\$ -	\$ -	0.00%	\$ 500.00
WebEx (monthly) 47.86 HPG charge	\$ 750.00	\$ -	\$ 478.60	63.81%	\$ 271.40
Zoom (annually)	\$ 950.00	\$ -	\$ 890.06	93.69%	\$ 59.94
Equipment (Meeting Owl Office Max)	\$ 5,000.00	\$ -	\$ 1,948.23	38.96%	\$ 3,051.77
Trainings/Consultants	\$ 1,500.00	\$ -	\$ -	0.00%	\$ 1,500.00
WiFi (MiFi) Monthly Service @ \$286/month (6)	\$ 2,000.00	\$ -	\$ 2,950.52	147.53%	\$ (950.52)
Mail Chimp	\$ 504.00	\$ -	\$ 253.28	50.25%	
Total Personnel & Operating Expenses	\$ 362,196.00	\$ 23,299.73	\$ 348,626.59	96.25%	\$ 13,569.41
TOTAL PC BUDGET	\$ 362,196.00	\$ 30,253.44	\$ 403,025.48		\$ 13,569.41

YEAR TO DATE EXPENDITURE AND SAVINGS BREAKDOWN AS OF DECEMBER 2023						
RW2324 SERVICE DOLLAR ALLOCATIONS AND EXPENDITURES						
Funding Source	RW 2023/2024 Service Dollars	Contract YTD Expenditure	% of Year Invoiced	% Spent	Balance	Comments
Ryan White Part B						
Outpatient Ambulatory Health Services (Medical)	407,426.00	315,686.05	74.97%	77.48%	91,739.95	Part A Payment Summary (Part B funding)
Early Intervention Services (Expanded HIV Testing)	-	-	74.97%	-	-	
Early Intervention Services (Focused Testing)	187,900.00	158,363.22	74.97%	84.28%	29,536.78	Part B Payment Summary as of DECEMBER 2023 invoices.
Medical Case Management (Emergency Financial Assistance)	227,906.00	211,576.57	74.97%	92.84%	16,329.43	Part B Payment Summary as of DECEMBER 2023 invoices.
Housing (Substance Abuse Services-Residential)	653,190.00	587,512.46	74.97%	89.95%	65,677.54	Part B Payment Summary as of DECEMBER 2023 invoices.
Non-medical Case Management (Rep Payee)	45,833.00	36,159.94	74.97%	78.89%	9,673.06	Part B Payment Summary as of DECEMBER 2023 invoices.
CoSD Medical Case Management	403,173.24	351,913.97	74.97%	87.29%	51,259.27	Q3 Cost Report
CoSD Early Intervention Services	396,482.82	318,615.18	74.97%	80.36%	77,867.64	Q3 Cost Report
Ryan White Part B Total	2,321,911.06	1,979,827.39	74.97%	85.27%	342,083.67	
Ryan White Part B-MAI Bridge	97,277.00	65,657.84	74.97%	67.50%	31,619.16	Part B-MAI Payment Summary as of DECEMBER 2023 invoices.
Ryan White Part B-MAI Total	97,277.00	65,657.84	74.97%	67.50%	31,619.16	
Prevention 2023						
<i>Counseling and Testing</i>	180,000.00	179,898.37	99.96%	99.94%	101.63	Prevention Payment Summary as of DECEMBER 2023 invoices.
<i>Evaluation / Linkage Activities / Needs Assessment</i>	962,418.00	929,824.48	99.96%	96.61%	32,593.52	Prevention Payment Summary as of DECEMBER 2023 invoices.
Prevention Total	1,142,418.00	1,109,722.85			32,695.15	
CDPH Ending the HIV Epidemic- Component A	1,308,016.00	318,569.89	0.00%	24.36%	989,446.11	Payment Summary as of DECEMBER 2023 invoices.
CDPH EHE- Component A	1,308,016.00	318,569.89	0.00%	24.36%	989,446.11	
CDPH Ending the HIV Epidemic- Component C	222,220.00	-	0.00%	0.00%	222,220.00	CDPH EHE Comp C No Contracts.
CDPH EHE- Component C	222,220.00	-	0.00%	0.00%	222,220.00	
HRSA Ending the HIV Epidemic- 20-078 FY2324	2,555,761.00	1,310,997.03	83.30%	51.30%	1,244,763.97	HRSA EHE Payment Summary as of DECEMBER 2023
HRSA Ending the HIV Epidemic- 20-078 TOTAL	2,555,761.00	1,310,997.03	83.30%	51.30%	1,244,763.97	
TOTAL	7,647,603.06	4,784,775.00			2,862,828.06	

Ryan White Utilization Report

Summary of Services for FY 23

*(March 1, 2023 - February
29, 2024)*

HIV, STD and Hepatitis Branch





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

APPENDIX

(Page 034-039)

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

SAN DIEGO HIV PLANNING GROUP

Orientation

All HIV Planning Group Members and anyone interested in learning more about the HIV Planning Group are welcome!

The orientation will cover:

- An overview of the Ryan White Program
- The purpose and procedures of the HIV Planning Group
- The roles and duties of HIV Planning Group members
- An overview of budget reports



VIRTUAL VIA ZOOM



**Thursday, April 18, 2024
2:00 PM - 4:00 PM**

Register at:

<https://shorturl.at/kqU49>



To request Spanish interpretation services, please let HPG Support know at least **96 hours** in advance at:
HPG.HHSA@sdcounty.ca.gov





YOUR VOICE MATTERS! 2024 COUNTY OF SAN DIEGO HIV NEEDS ASSESSMENT SURVEY

TELL US ABOUT:

- Access to HIV prevention and treatment services
- Things that work well
- Challenges and concerns
- Your well-being

TAKE THE SURVEY ONLINE!



Learning about the impact of HIV in San Diego County will help us improve HIV services and access!



hpg.hhsa@sdcounty.ca.gov

CHECK OUT OUR NEW
APP FOR COUNTY'S
HIV RESOURCES

GETTING 2
ZERO
STOP HIV

¡TU VOZ IMPORTA!

2024 CONDADO DE SAN DIEGO ENCUESTA DE EVALUACIÓN DE LAS NECESIDADES RELACIONADAS CON EL VIH

CUÉNTANOS SOBRE:

- Acceso a la prevención del VIH y
- Servicios de tratamiento
- Coas que funcionan bien
- Desafíos y preocupaciones
- Tu bienestar

¡RESPONDA LA ENCUESTA EN LÍNEA!



Aprendiendo
acerca de el
impacto de la VIH
en Condado de
San Diego nos
ayudará mejorar
los servicios del
VIH y ¡acceso!

CONSULTE NUESTRA NUEVA
APLICACIÓN PARA OBTENER
RECURSOS SOBRE EL VIH
DEL CONDADO

GETTING 2
ZERO
STOP HIV



hpg.hhsa@sdcounty.ca.gov