

## PRIORITY SETTING AND RESOURCE ALLOCATION COMMITTEE (PSRAC)



Thursday, May 7, 2026, 3:00 PM – 5:00 PM  
Southeastern Live Well Center  
5101 Market Street, 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).

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# Meeting Location & Directions:

## Priority Setting & Resource Allocation Committee (PSRAC)

Thursday, May 7, 2026

3:00 PM – 5:00 PM

### **Southeastern Live Well Center**

5101 Market Street

San Diego, CA 92114

Tubman Chavez Room 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:**

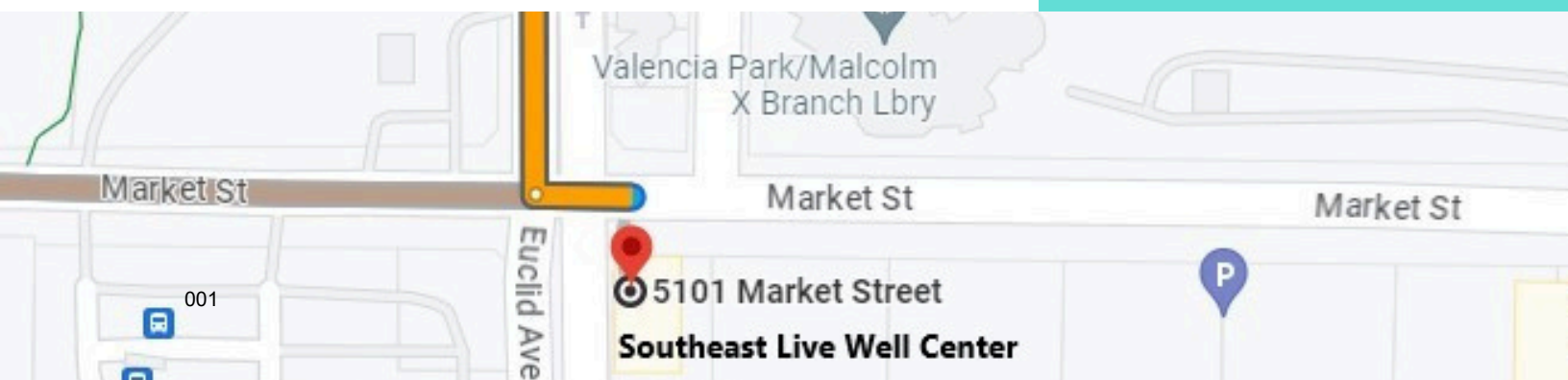
1. Head southeast on I-805 South.
2. Take exit 13A for CA-94-E/M L King Jr. Fwy.
3. Merge onto CA-94 E.
4. Take exit 4A for Euclid Ave.
5. Turn left onto Euclid Ave.
6. Use the left 2 lanes to turn left onto Market St.
7. The destination will be on your right.



### **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	Garcia Bigley, Felipe	Halliwell, Pamuela	Matthews, Eva	Mueller, Chris	Van Brocklin, Rhea	Westcott, Joe
CHS: WICYF*							
Early Intervention Services: Regional Services							
Early Intervention Services: Minority AIDS Initiative							
Emergency Financial Assistance							
Food Services: Food Bank/Home Delivered Meals							
Home-Based Health Care Coordination							
Medical Case Management							
Medical Nutrition Services							
Mental Health: Counseling / Therapy							
Mental Health: Psychiatric Medication Management							
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 Conflicts*

Aguirre Mendoza, Marco  
 Fleming, Tyra  
 Garland, Kalee

Jacobs, Delores  
 Kubricky, Cinnamen

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

### To participate remotely via Zoom:

<https://us06web.zoom.us/j/82979385521?pwd=ucUoVVtBupxbdBxothszYHHIP2luoC.1>

Join the meeting via phone: 1-669-444-9171

Meeting ID: 829 7938 5521 | Password: PSRAC

Language translation services are available upon request at least 96 hours prior to the meeting.

Please contact HPG Support Staff via e-mail at [hpg.hhsa@sdcounty.ca.gov](mailto: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 | Kalee Garland | Pamuela Halliwell | Dr. Delores Jacobs | Cinnamen Kubricky | Eva Matthews | Marco Aguirre Mendoza | Chris Mueller | Rhea Van Brocklin (Chair) | Joe Westcott

### ORDER OF BUSINESS

1. Call to order, roll call, comments from the chair
2. Reminders
  - a. **Review 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 May 7, 2026
6. **ACTION:** Approve the PSRAC minutes for January 8, 2026
7. Old Business:
  - a. **ACTION:** Approve PSRAC attendance policy
8. New Business:
  - a. **ACTION:** Approve a co-chair
  - b. **ACTION:** Recommendations for FY 26 reallocations (current fiscal year, March 1, 2026 – February 28, 2027)
  - c. **ACTION:** Confirm priorities for FY 26 categories

**PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)**

- d. **ACTION:** Review and approve the data on the regional distribution of Ryan White Treatment Extension Act (RWTEA) part A/B services
  - e. **ACTION:** Review and approve data on Ryan White’s service eligibility criteria and other service guidelines
  - f. **Discussion:** Address changes in FY 26 Part A funding (if needed)
  - g. **Presentation:** Core Medical Services Waiver and the 75% grand funding spending requirement
9. Routine Business:
- a. **Review:** Monthly and year-to-date expenditures
  - b. **Update:** Partial Assistance Rent Subsidy (PARS) and Emergency Housing
  - c. **Review:** Monthly and year-to-date service utilization report
  - d. **Review:** Committee attendance
10. Suggested agenda items for the future committee meetings
11. Announcements
- Next meeting date:** June 11, 2026, at 1:00 PM – 4:00 PM
- Location:** Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Rooms A and B)
12. Adjournment

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

For more information, visit our website at [www.sdplanning.org](http://www.sdplanning.org)

**PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)**



Thursday, January 8, 2026, 3:00 PM – 5:00 PM  
 County Operations Center  
 5560 Overland Ave, San Diego, CA 92123  
 Conference Room 171

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

**Committee Members:** Dr. Beth Davenport | Tyra Fleming (Co-Chair) | Felipe Garcia-Bigley | Pamuela Halliwell | Cinnamen Kubricky | Eva Matthews | Marco Aguirre Mendoza | Chris Mueller | Rhea Van Brocklin (Chair) | Joe Westcott

**Committee Members Joining Virtually:** Kalee Garland

**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 3:00 PM and noted an in-person quorum.	
2. Reminders	The chair made the following comments: <ul style="list-style-type: none"> <li>- A reminder to review data and make data-informed decisions.</li> <li>- A reminder to remember the conflicts.</li> </ul>	
3. Public Comment on non-agenda items (for members of the public)	A member of the public stated that they want to learn more about priority setting and the role that this committee plays in allocations.	
4. Sharing our concerns (for committee members)	The following comments were made: <ul style="list-style-type: none"> <li>- A concern about loss of childcare funding due to federal funding cuts and declining mental health among women and children.</li> <li>- A concern that people are feeling defeated due to loss of funding for multiple services, cost of living increases, and Diversity, Equity and Inclusion (DEI) language being discouraged.</li> <li>- A reminder to consider prioritizing housing and food security as everything else is impacted due to lack of stability.</li> </ul>	

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**PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)**

Agenda Item	Action	Follow-up
5. <b>Action:</b> Review and approve the agenda for January 8, 2026	<b>Motion:</b> Approve the January 8, 2026 meeting agenda as presented. <b>Motion/Second/Count (M/S/C):</b> Fleming/Davenport/9-0 <b>Abstentions:</b> Van Brocklin <b>Motion carries</b>	
6. <b>Action:</b> Review and approve the minutes for November 13, 2025	<b>Motion:</b> Approve the minutes for November 13, 2025 <b>M/S/C:</b> Fleming/Westcott/9-0 <b>Abstentions:</b> Van Brocklin <b>Motion carries</b>	
7. <b>Old Business</b>		
a. None		
<b>8. New Business</b>		
a. <b>ACTION:</b> Recommendations for FY 25 reallocations (current fiscal year, March 1, 2025 – February 28, 2026)	<b>Motion:</b> Decrease Outpatient Ambulatory Health Services (OAHS) by \$244,000 from \$1,375,787 to \$1,131,787 and increase Emergency Financial Assistance by \$244,000 from \$507,106 to \$751,106. <b>M/S/C:</b> Kubricky/Aguirre Mendoza/5-0 <b>Discussion:</b> The following discussion took place: <ul style="list-style-type: none"> <li>- A clarifying question about the relationship between these two categories and the reason for transfer of funds. It was clarified that this action is often performed as a result of underspending.</li> <li>- An appreciation for program-level food assistance and a question about accessing the service outside of the dispensing programs. It was clarified that clients need to be eligible for Ryan White services to receive the food vouchers.</li> <li>- Part B funds the OAH services. Underspent funds roll over to ambulatory care.</li> </ul> <b>Abstentions:</b> Van Brocklin <b>Motion carries</b>	

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**PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)**

<b>Agenda Item</b>	<b>Action</b>	<b>Follow-up</b>
b. Data requests/needs from the Recipients' Office	<p>The chair reviewed the 2026 work plan. The following discussion took place:</p> <ul style="list-style-type: none"> <li>- A request for PARS/case management client/demographic specific data and how effective it is.</li> <li>- A request for information about prevention and Getting to Zero, specifically data on utilization of testing services, PrEP referrals, and linkage.</li> <li>- A request to provide data prior to the priority setting and resource allocation process and a reminder that the team needs enough notice to be able to pull the information and generate a report.</li> <li>- A reminder that data available to us are limited to Ryan White Part A even though there are other sources of HIV funding.</li> <li>- A clarification that prevention/testing data include number of new countywide diagnoses regardless of testing source. Data regarding outreach are limited.</li> </ul>	<p>HPG Support Staff (HPG SS) will:</p> <ul style="list-style-type: none"> <li>- Include 2026 work plan in the packets</li> <li>- Work with Lynn on making the utilization data printer friendly</li> </ul>
<b>9. Routine Business</b>		
a. Review Monthly and Year-to-Date expenditures and assess for recommended reallocations	Lauren Brookshire went over the January 2026 HSHB report and the year-to-date expenditures.	
b. Partial Assistance Rent Subsidy (PARS) and Emergency Housing update	<p>Maritza Herrera reviewed the PARS report.</p> <ul style="list-style-type: none"> <li>- 65 are currently on the waitlist (38 of which are new).</li> <li>- 83 are currently enrolled, 55 of which are over 45 and more than 50% are in the central region.</li> </ul> <p>The following discussion took place:</p> <ul style="list-style-type: none"> <li>- A concern about so few transgender clients. It was clarified that the demographics are self-reported.</li> </ul>	
c. Review of the Monthly and Year-	Lauren Brookshire reviewed the utilization data and noted the steadily high viral suppression rates.	Recipients' Office to look into utilization trends

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**PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)**

<b>Agenda Item</b>	<b>Action</b>	<b>Follow-up</b>
to-Date service utilization report		year to date compared to last year
d. Committee Attendance	The committee discussed potentially changing the attendance policy as other committees are currently establishing theirs. It was suggested to consider a requirement to not miss more than three meetings in 12 months.	The committee to further discuss and vote on an attendance policy at the March meeting
10. Suggested items for the future committee agenda	The following suggestions were shared: <ul style="list-style-type: none"> <li>- A recommendation to add the 2026 work plan to the report.</li> <li>- A request to bring a subject matter expert to speak on the current state of funding and what is anticipated at the federal level.</li> <li>- A request for data on accessibility, case management, and mental health.</li> <li>- A request to discuss the needs assessment information and what is required to be collected.</li> </ul>	
11. Announcements	<ul style="list-style-type: none"> <li>- Annual Women's Voice Conference hosted by Christie's Place on March 7, 2026.</li> <li>- Missed Connections, a speed dating event, hosted by the Family Health Centers of San Diego (FHCS) at Mujeres Brew House on February 7, 2026.</li> <li>- HIV Unwrapped, a Hulu Special, premiered on November 30, 2025 to coincide with World AIDS Day.</li> <li>- Red Hot Dance at the LGBT Center on February 7, 2026.</li> <li>- 2026 Happyville exercise at the April Community Engagement Group (CEG) meeting.</li> </ul>	
Next Meeting:	March 12, 2026, at 3:00PM – 5:00PM County Operations Center, 5560 Overland Ave, San Diego, CA 92123 (Training Room 171)	
12. Adjournment	The meeting adjourned at 4:55 PM.	

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# HSHB Report to HPG

April 2026



COUNTY OF SAN DIEGO  
HEALTH AND HUMAN SERVICES AGENCY



LIVE WELL  
SAN DIEGO



# Ryan White - Key Metrics Overview

## Expenditure Report

Expenditure Report includes expenses through February (100% of year for most categories)

## Service Utilization

Overall, about 9% below when compared to last year in terms of clients served

## Viral Suppression

Consistently at 94%

# Spending

- Expenditures for FY25
- Timeline for FY25 final expenditures



# Service Utilization Summary

- There were **1,245** clients in March 2025 compared to 1,138 clients in March 2026
- When compared to March 2025, the steepest changes were in:
  - Primary Care → 266 clients to **101** in March 2026
  - Mental Health Services Counseling/Therapy → 30 clients to **80** in March 2026
  - Transportation → 207 clients to **132** in March 2026



# PARS Report – as of 4/17/2026

## Current Clients Summary Table

Category	Details
<b>Total Clients</b>	87 clients currently enrolled
<b>Gender</b>	61 male, 18 female, 8 transgender
<b>Race / Ethnicity</b>	11 Black, 50 Hispanic/Latino, 23 White, 2 Asian, 1 American Indian
<b>Age Groups</b>	57 over 45, 28 ages 31-44, 2 ages 18-30
<b>Regions</b>	Central 58, East 7, South 15, North 7



# PARS Report – as of 4/17/2026

## Waiting List Summary Table

Category	Details
<b>Total Waitlist</b>	76 clients currently on the waitlist
<b>Previously Enrolled (PARS)</b>	27 previously enrolled in PARS
<b>New Applicants</b>	49 new applicants
<b>Gender</b>	54 male, 15 female, 7 transgender
<b>Race / Ethnicity</b>	19 Black, 39 Hispanic/Latino, 16 White, 1 Asian, 1 American Indian
<b>Age Groups</b>	48 over 45, 25 ages 31-44, 3 ages 18-30
<b>Regions</b>	Central 51, East 12, South 7, North 8



# March 2026 Client Service Evaluation (Goldenrods)

Description	Total #
# Goldenrods Received	1
# of Providers	1
# Satisfactory Remarks	1
# Unsatisfactory Remarks	0
# Remarks Requiring Follow-Up	0



# 2026 HIV Prevention & EHE

Status-neutral linkage to and retention in care  
 Community-based and ROOT testing

HIV	
Tests	365
Positives	8
Linkages	7

HCV	
Tests	115
Positives	6
Linkages	1

STI	
Tests	32
Positives	4
Linkages	1

PrEP	
Linkages	24



# 2026 HIV Prevention & EHE

## Harm Reduction and Benefits Navigation Services

Harm Reduction	
Referrals and Education*	1,306
Harm Reduction Kits	2,324
Hygiene Kits	907
Safer Sex Kits	1,014
Syringe Services Supplies	248

Benefits Navigation	
Navigation Outreach Events	5
Referrals to HIV Care	30
Individuals Receiving Benefits Navigation Assistance**	118

\*Education about safer drug use practices, up-to-date resource lists with Syringe Service Programs (SSP) schedules (if applicable), how to access and use naloxone, and where to seek harm reduction services, medication for opioid use disorder (MOUD), or treatment for other substance use disorders.

\*\*ADAP      Covered CA      PrEP AP  
 CalFresh      Medi-Cal      Pharmacy Assistance Program

**Additional information can be found on  
the HSHB Prevention Dashboard**



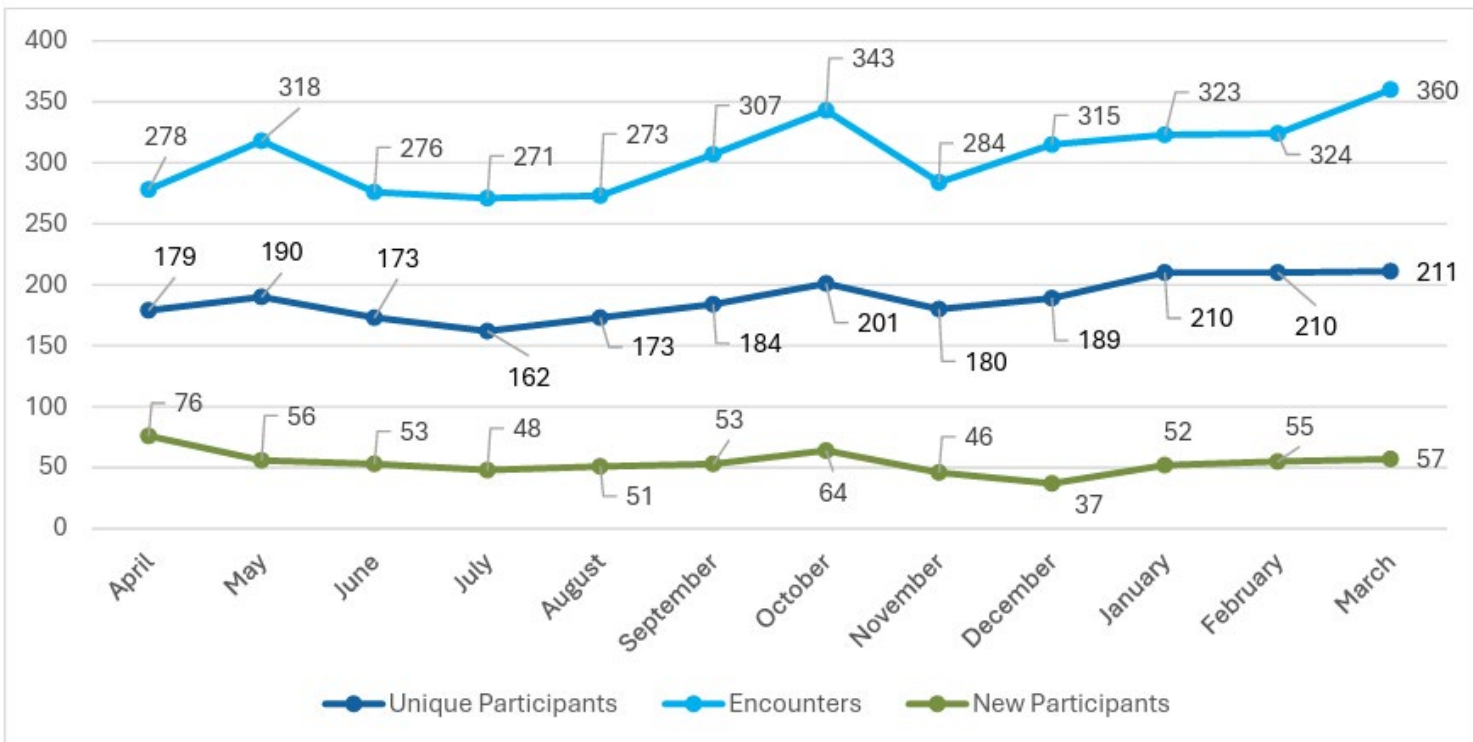
**Updates / Successes / Upcoming Items:**

- **Soon to implement rapid syphilis test kit distribution**



# County of San Diego Harm Reduction Services – March 2026 (Selected Metrics)

## Participants

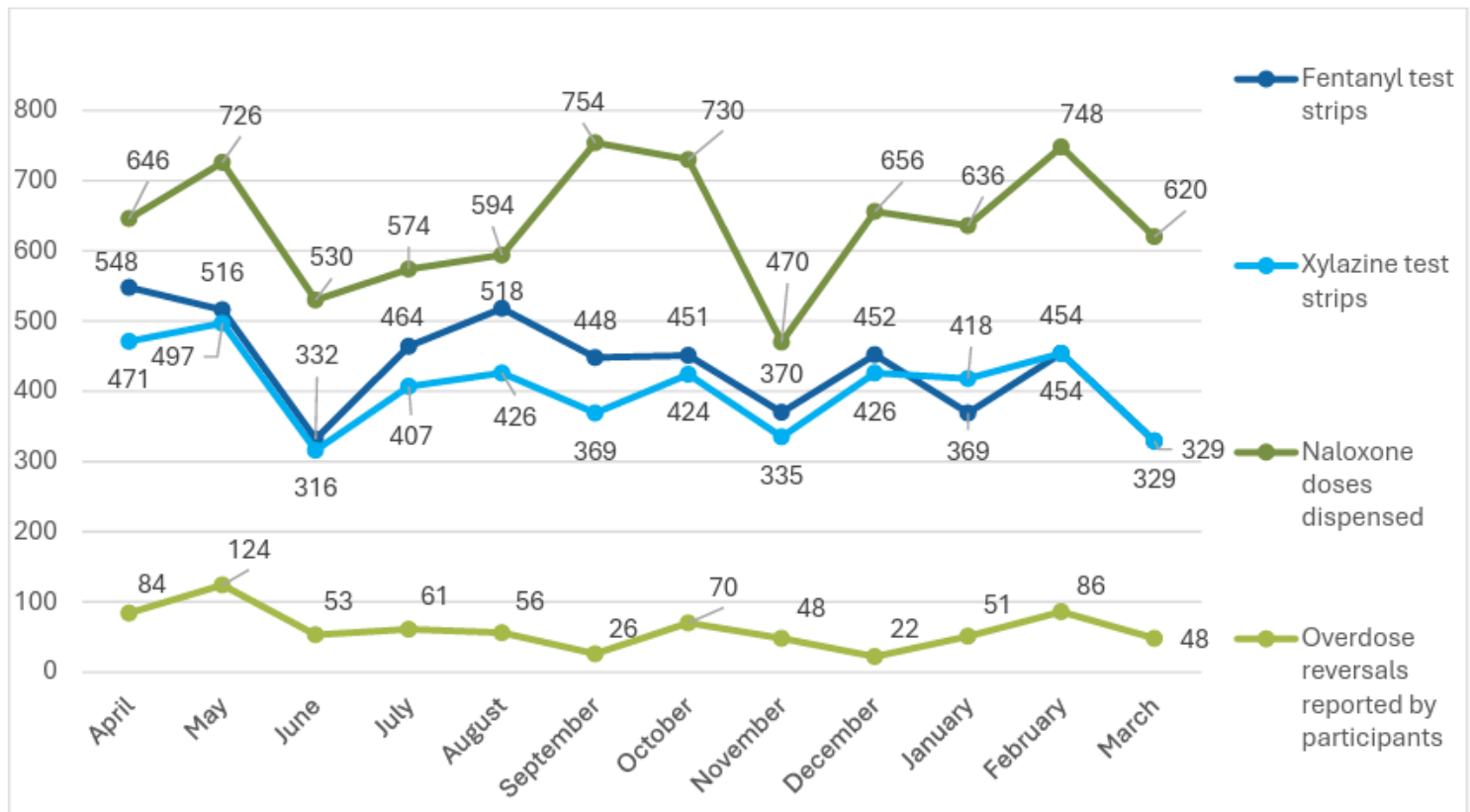


## Participants Summary

The chart shows steady growth across all three metrics, with encounters consistently the highest and climbing to 360 in March 2026. Unique participants and new participants also trend upward overall, with 57 new participant intakes conducted in March 2026.

# County of San Diego Harm Reduction Services – March 2026 (Selected Metrics)

## Overdose Prevention



## Overdose Prevention Summary

In March, the chart shows 329 fentanyl and 329 xylazine test strips distributed, 620 naloxone doses dispensed, and 48 overdose reversals reported by participants. Across the April-March period, participants reported a total of 729 overdose reversals.

**RW 2025-26 PART A AWARD INFORMATION**

Funding Source	Total RW 2025-26 Award
Part A	11,867,256.00
Part A MAI	886,480.00
<b>TOTAL AWARD AMOUNT</b>	<b>12,753,736.00</b>

<p><b>RW 2025-26</b>  <b>YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN</b>  <i>Through February 2026</i></p>
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**FY25-26 ALLOCATION BREAK DOWN**

Funding Source	Admin. \$	Admin. %	CQM \$	CQM %	RW 2025-26 Service dollars	Total	CORE Medical Services	Support Services
Part A	1,149,330	10%	335,660	3%	10,382,266	11,867,256	40.7%	59.3%
Part A MAI	81,248	9%	34,092	4%	771,140	886,480		
<b>TOTAL</b>	<b>1,230,577.80</b>		<b>369,752.07</b>		<b>11,153,406.13</b>	<b>12,753,736.00</b>	<b>49%</b>	<b>51%</b>

**Ryan White Part A Allocations**

Service Categories	HRSA Ranking	Priority Ranking	RW 2025-26 HPG Initial Allocation	%	HPG & Recipient Approved Actions +/-	RW 2025-26 HPG Adjusted Allocation	%	% Elapsed		RW 2025-26 Balance	Comments
								RW 2025-26 Year to Date Expenditure	RW 2025-26 Year-to-Date - % Expenditure/Budget)		
Outpatient Ambulatory Health Services: Primary Care	1l	1	1,102,630.00	11%	29,157.00	1,131,787.00	11%	1,472,390.33	130%	(340,603.33)	
Outpatient Ambulatory Health Services: Medical Specialty	1l	2	195,000.00	2%	50,532.00	245,532.00	2%	38,816.32	16%	206,715.68	
Psychiatric Medication Management	1j	12	6,000.00	0%	7,500.00	13,500.00	0%	7,477.39	55%	6,022.61	
Oral Health	1k	3	160,940.00	2%	97,847.00	258,787.00	2%	270,163.66	104%	(11,376.66)	
Medical Case Management	1h	4	1,151,853.00	12%	(128,369.00)	1,023,484.00	10%	1,045,088.85	102%	(21,604.85)	
Non-Medical Case Management for Housing		6	200,000.00	2%	(50,532.00)	149,468.00		81,558.35	55%	67,909.65	
Housing: Emergency Housing	2e	9	1,183,515.00	12%	203,717.00	1,387,232.00	13%	1,079,336.98	78%	307,895.02	
Housing: Location, Placement and Advocacy Services		8	100,000.00	1%	(100,000.00)	-		-	0%	-	
Housing: Partial Assistance Rental Subsidy (PARS)	2e	7	850,507.00	9%	104,000.00	954,507.00	9%	898,578.59	94%	55,928.41	
Non-Medical Case Management	2h	5	392,021.00	4%	(85,000.00)	307,021.00	3%	354,220.74	115%	(47,199.74)	
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF)	1c	13	993,157.00	10%	64,400.00	1,057,557.00	10%	1,057,277.42	100%	279.58	
Childcare Services	2a		-	0%	-	-	0%	-	0%	-	
Early Intervention Services: Regional Services	1c	14	790,000.00	8%	(35,631.00)	754,369.00	7%	679,261.10	90%	75,107.90	
Health Education & Risk Reduction	2d	14a	-	0%	-	-	0%	-	0%	-	
Outreach Services	2j	14b	-	0%	-	-	0%	-	0%	-	

Ryan White Part A Allocations											
Service Categories	HRSA Ranking	Priority Ranking	RW 2025-26 HPG Initial Allocation	%	HPG & Recipient Approved Actions +/-	RW 2025-26 HPG Adjusted Allocation	%	% Elapsed		RW 2025-26 Balance	Comments
								RW 2025-26 Year to Date Expenditure	RW 2025-26 Year-to-Date - % Expenditure/Budget)		
Referral Services	2l	14c	-	0%	-	-	0%	-	0%	-	
Referral to Health and Supportive Services (Peer Navigation)		16	260,000.00	3%	(61,148.00)	198,852.00	2%	160,282.14	81%	38,569.86	
Mental Health: Counseling/Therapy	1j	10	810,000.00	8%	(230,000.00)	580,000.00	6%	518,608.40	89%	61,391.60	
Psychosocial Support Services		17	46,744.00	0%	-	46,744.00	0%	40,644.84	87%	6,099.16	
Substance Use Services: Outpatient	1m	11	313,127.00	3%	41,010.00	354,137.00	3%	344,418.19	97%	9,718.81	
Substance Abuse Services: Residential	2o	18	-	0%	-	-	0%	-	0%	-	
Home-based Health Care Coordination	1e	19	228,500.00	2%	(10,741.02)	217,758.98	2%	218,810.62	100%	(1,051.64)	
Transportation: Assisted and Unassisted	2g	20	151,830.00	2%	(60,000.00)	91,830.00	1%	81,113.35	88%	10,716.65	
Food Services: Food Bank/Home-Delivered Meals	2c	21	536,073.00	5%	70,090.00	606,163.00	6%	599,386.52	99%	6,776.48	
Medical Nutrition Therapy	1i	22	35,542.00	0%	-	35,542.00	0%	34,807.42	98%	734.58	
Legal Services	2i	23	285,265.00	3%	-	285,265.00	3%	280,368.07	98%	4,896.93	
Emergency Financial Assistance	2b	24	61,856.00	1%	644,318.00	706,174.00	7%	554,163.56	78%	152,010.44	
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%	-	
<b>Subtotal</b>			<b>9,854,560.00</b>	<b>100%</b>	<b>551,149.98</b>	<b>10,405,709.98</b>	<b>99%</b>	<b>9,816,772.84</b>	<b>94%</b>	<b>588,937.14</b>	

Ryan White Part A Allocations													
								% Elapsed		100%			
Service Categories	HRSA Ranking	Priority Ranking	RW 2025-26 HPG Initial Allocation	%	HPG & Recipient Approved Actions +/-	RW 2025-26 HPG Adjusted Allocation	%	RW 2025-26 Year to Date Expenditure	RW 2025-26 Year-to-Date - % Expenditure/Budget)	RW 2025-26 Balance	Comments		
Ryan White Part A Minority AIDS Initiative (MAI)			RW 2025-26 HPG Initial Allocation	%	HPG & Recipient Approved Actions +/-	RW 2025-26 HPG Adjusted Allocation	%	RW 2025-26 Year to Date Expenditure	RW 2025-26 Year-to-Date - % Expenditure/Budget)	RW 2025-26 Balance	Comments		
Case Management (Non-Medical)			57,766.00		-	57,766.00	8%	34,307.73	59%	23,458.27			
Medical Case Management			231,231.00		-	231,231.00	33%	225,265.74	97%	5,965.26			
Mental Health Services			216,281.00		-	216,281.00	31%	61,633.76	28%	154,647.24			
Outreach Services			24,224.00		-	24,224.00	3%	18,730.75	77%	5,493.25			
Substance Abuse Services (Outpatient)			63,680.00		-	63,680.00	9%	105,206.62	165%	(41,526.62)			
Housing: Emergency Housing			100,000.00		-	100,000.00	14%	73,827.95	74%	26,172.05			
Subtotal			693,182.00		-	693,182.00	100%	518,972.55	75%	174,209.45			
TOTAL			10,547,742.00		551,149.98	11,098,891.98		10,335,745.39	93%	763,146.59			

CORE and Support Sevices Allocation Breakdown						
	Total Allocation	% Allocated	Total Expenditure	% Spent	Total Balance	% Balance
CORE Medical Services	4,238,053.34	40.73%	4,373,883.69	103%	(135,830.35)	-3.21%
Support Services	6,167,655.14	59.27%	5,442,889.15	88%	724,765.99	11.75%
TOTAL	10,405,708.48		9,816,772.84		588,935.64	

Other funding info

Month: Feb-26 Part A & Part B Prevention Comp A/C HRSA 20-078

**YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN THROUGH FEBRUARY 2026**

**RW 2025-26 SERVICE DOLLAR ALLOCATIONS AND EXPENDITURES**

Funding Source	RW 2025/2026 Service Dollars	Contract YTD Expenditure	% of Year Invoiced	% Spent	Balance	Comments
<b>Ryan White Part B</b>						
Outpatient Ambulatory Health Services (Medical)	-	-	91.60%	0.00%	-	Part A Payment Summary (Part B funding)
Early Intervention Services (Expanded HIV Testing)	-	-	91.60%	0.00%	-	Part A Payment Summary (Part B funding)
Early Intervention Services (Focused Testing)	187,900.00	165,485.78	91.60%	88.07%	22,414.22	Part B Payment Summary
Medical Case Management (Emergency Financial Assistance)	215,736.09	124,419.49	91.60%	57.67%	91,316.60	Part B Payment Summary
Housing (Substance Abuse Services-Residential)	723,054.02	683,051.10	91.60%	94.47%	40,002.92	Part B Payment Summary
Non-medical Case Management (Rep Payee)	36,329.98	34,233.88	91.60%	94.23%	2,096.10	Part B Payment Summary
CoSD Medical Case Management	406,742.00	366,165.91	91.60%	90.02%	40,576.09	Part B Cost Report (Q3)
CoSD Early Intervention Services	284,624.00	239,429.31	91.60%	84.12%	45,194.69	Part B Cost Report (Q3)
<b>Ryan White Part B Total</b>	<b>1,854,386.09</b>	<b>1,612,785.47</b>			<b>241,600.62</b>	
<b>Prevention (27-0047) - HIP</b>						
<i>Counseling and Testing</i>	105,482.46	101,027.74	75%	96%	4,454.72	Payment Summary
<i>Evaluation/ Linkage Activities/ Needs Assessment</i>	526,760.39	523,836.51	75%	99%	2,923.88	Payment Summary
<b>Prevention Total</b>	<b>632,242.85</b>	<b>624,864.25</b>			<b>7,378.60</b>	
<b>HRSA Ending the HIV Epidemic (EHE) - 25-063 FY25-26</b>						
<i>HRSA EHE</i>	4,844,606.50	3,651,218.62	100%	75.37%	1,193,387.88	Payment Summary
<b>EHE Total</b>	<b>4,844,606.50</b>	<b>3,651,218.62</b>			<b>1,193,387.88</b>	
<b>TOTAL</b>	<b>7,331,235.44</b>	<b>5,888,868.34</b>			<b>1,442,367.10</b>	



**ELIZABETH A. HERNANDEZ, Ph.D.**  
INTERIM DEPUTY CHIEF  
ADMINISTRATIVE OFFICER

**HEALTH AND HUMAN SERVICES AGENCY**  
PUBLIC HEALTH SERVICES  
5530 OVERLAND AVENUE, SUITE 210, MS P-578  
SAN DIEGO, CA 92123-1261  
(619) 531-5800 • FAX (619) 542-4186

**ADRIENNE COLLINS YANCEY, MPH**  
INTERIM DIRECTOR  
**SAYONE THIALOLIPAVAN, MD, MPH**  
PUBLIC HEALTH OFFICER

**SAN DIEGO HIV PLANNING GROUP (HPG)  
PRIORITY SETTING AND RESOURCE ALLOCATION COMMITTEE**

**ACTION ITEM INFORMATION SHEET**

**Service Categories Alignment for FY 26-27 (3/1/2026 – 2/28/2027)**

**Date:** May 7, 2026

**Item:** Aligning Service Categories as Defined in Policy Clarification Notice (PCN) 16-02 as Directed by Project Officer

**Background:** During previous meetings, members expressed concerns regarding how the HIV Planning Group (HPG) was allocating funding. These concerns were forwarded to HRSA, which has determined that HPG's current allocations do not fully meet requirements set forth in the legislation, regulation or published guidance. As a result of this inquiry, they have issued guidance to HPG to prioritize and allocate funding only to service categories as defined in PCN 16-02, not to service models or specific programs. Further, aligning funding decisions with service categories only will reduce the potential for conflicts of interest and support a more transparent process.

To support this work, HSHB has provided an updated expenditure report template that outlines the required changes. Updates include combining some items funded separately by HPG into a single service category, such as Housing, and updates also include eliminating Coordinated HIV Services for WICY as a separate funded priority.

As a result of these changes HPG will also need to revise its service category priority rankings for FY 26-27.

**Actions Required to Align FY 26-27 Priority Rankings with HRSA Direction:**

1. Combine Outpatient/Ambulatory Health Services (OAHS) Primary Care (#1) with OAHS Medical Specialty (#2) under OAHS and establish new rank, funded at \$1,996,037.
2. Combine Mental Health: Psychiatric Medication Management (#12) with Mental Health: Counseling and Therapy (#10) under "Mental Health" and establish new rank, funded at \$931,230.
3. Combine Non-Medical Case Management for Housing (#6), Emergency Housing (#7), PARS (#9), and Housing Location, Placement and Advocacy (#8) under "Housing" and establish new rank, funded at \$2,005,781.
4. Eliminate Coordinated HIV Services for Women, Infants, Children, Youth and Families (#26) and

- Increase funding for Early Intervention Services by \$195,596 for a revised total of \$948,596.
  - Increase funding for Medical Case Management by \$193,954 for a revised total of \$1,345,806.
  - Increase funding for Non-Medical Case Management by \$122,854 for a revised total of \$514,876.
  - Increase funding for Mental Health by \$327,730 for a revised total of \$931,230.
  - Increase funding for Childcare by \$27,573 for a revised total of \$27,573.
  - Increase funding for Referral for Health Care and Other Supportive Services by \$110,196.91 for a revised total of \$379,049.
  - Increase Transportation by \$15,253 for a revised total of \$117,083.
5. Rank Childcare Services (currently ranked #13a).
  6. Rename Legal Services (#23) to “Other Professional Services” and establish new rank.
  7. Rename Peer Navigation (Referral for Health Care and Support Services) to Referral for Health Care and Support Services.

RW 2026-27 PART A AWARD INFORMATION	
Funding Source	Total RW 2026-27 Award
Part A	11,867,256.00
Part A MAI	886,480.00
<b>TOTAL AWARD AMOUNT</b>	<b>12,753,736.00</b>

FY25-26 ALLOCATION BREAK DOWN										
Funding Source	Admin. \$	Admin. %	CQM \$	CQM %	RW 2026-27 Service dollars	Total	CORE Medical Services	Support Services		
Part A	1,149,330	10%	335,660	3%	10,382,266	11,867,256				
Part A MAI	81,248	9%	34,092	4%	771,140	886,480				
<b>TOTAL</b>	<b>1,230,577.80</b>		<b>369,752.07</b>		<b>11,153,406.13</b>	<b>12,753,736.00</b>	<b>0%</b>	<b>0%</b>		

Ryan White Part A Allocations											% Elapsed
Service Categories	HRSA Ranking	Priority Ranking	RW 2026-27 HPG Initial Allocation	%	HPG & Recipient Approved Actions +/-	RW 2026-27 HPG Adjusted Allocation	%	RW 2026-27 Year to Date Expenditure	RW 2026-27 Year-to-Date - % Expenditure/Budget	RW 2026-27 Balance	Comments
Outpatient/Ambulatory Health Services			1,996,037.00			1,996,037.00	20%		0%	1,996,037.00	
Mental Health			931,230.00	9%		931,230.00	9%		0%	931,230.00	
Oral Health			336,699.00	3%		336,699.00	3%		0%	336,699.00	
Medical Case Management			1,345,806.00	13%		1,345,806.00	13%		0%	1,345,806.00	
Non-Medical Case Management			514,876.00	5%		514,876.00	5%		0%	514,876.00	
Housing			2,005,781.00			2,005,781.00	20%		0%	2,005,781.00	
Childcare Services			27,573.00	0%		27,573.00	0%		0%	27,573.00	
Early Intervention Services (EIS): Regional Services			948,596.00	9%		948,596.00	9%		0%	948,596.00	
Health Education & Risk Reduction			-	0%		-	0%		0%	-	
Outreach Services			-	0%		-	0%		0%	-	
Psychosocial Support Services			46,744.00	0%		46,744.00	0%		0%	46,744.00	
Referral for Health Care and Support Svcs			379,049.00	4%		379,049.00	4%		0%	379,049.00	
Other Professional Services			285,265.00	3%	(261,493.00)	23,772.00	0%		0%	23,772.00	
Substance Use Tx Services: Outpatient			313,127.00	3%		313,127.00	3%		0%	313,127.00	
Substance Use Tx Services: Residential			-	0%		-	0%		0%	-	
Home-based Health Care Coordination			200,500.00	2%	28,000.00	228,500.00	2%		0%	228,500.00	
Transportation - Assisted & Unasst.			117,083.00	1%		117,083.00	1%		0%	117,083.00	
Food Services: Food Bank/Home Delivered Meals			536,073.00	5%	233,493.00	769,566.00	8%		0%	769,566.00	
Medical Nutrition Therapy			35,542.00	0%		35,542.00	0%		0%	35,542.00	
Emergency Financial Assistance			61,856.00	1%		61,856.00	1%		0%	61,856.00	
<b>Subtotal</b>			<b>10,081,837</b>	<b>60%</b>	<b>0</b>	<b>10,081,837</b>	<b>100%</b>	<b>0</b>	<b>0%</b>	<b>10,081,837.00</b>	
<b>Ryan White Part A Minority AIDS Initiative (MAI)</b>			<b>RW 2026-27 HPG Initial Allocation</b>		<b>HPG &amp; Recipient Approved Actions +/-</b>	<b>RW 2026-27 HPG Adjusted Allocation</b>	<b>%</b>	<b>RW 2026-27 Year to Date Expenditure</b>	<b>RW 2026-27 Year-to-Date - % Expenditure/Budget</b>	<b>RW 2026-27 Balance</b>	<b>Comments</b>
Case Management (Non-Medical)			45,657.45		-	45,657.45	7%		0%	45,657.45	
Medical Case Management			293,299.11		-	293,299.11	44%		0%	293,299.11	
Mental Health Services			102,108.29		-	102,108.29	15%		0%	102,108.29	
Outreach Services			18,536.45		-	18,536.45	3%		0%	18,536.45	
Substance Abuse Services (Outpatient)			114,639.70		-	114,639.70	17%		0%	114,639.70	
Housing: Emergency Housing			100,000.00		-	100,000.00	15%		0%	100,000.00	
<b>Subtotal</b>			<b>674,241</b>		<b>0</b>	<b>674,241</b>	<b>100%</b>	<b>0</b>	<b>0%</b>	<b>674,241</b>	
<b>TOTAL</b>			<b>10,756,078</b>		<b>0</b>	<b>10,756,078</b>		<b>0</b>	<b>0.00%</b>	<b>10,756,078</b>	

CORE and Support Services allocation break-down						
	Total Allocation	% Allocated	Total Expenditure	% Spent	Total Balance	% Balance
027 CORE Medical Services						
Support Services						
<b>TOTAL</b>	-	<b>0.00%</b>	-			

**San Diego HIV Planning Group  
Priority Setting and Resource Allocation Committee**



**2026 Key Data Findings:  
Ryan White Programs (RWP) Parts A/B  
Regional Service Availability**



**May 7, 2026**

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 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) not available in a client's home.

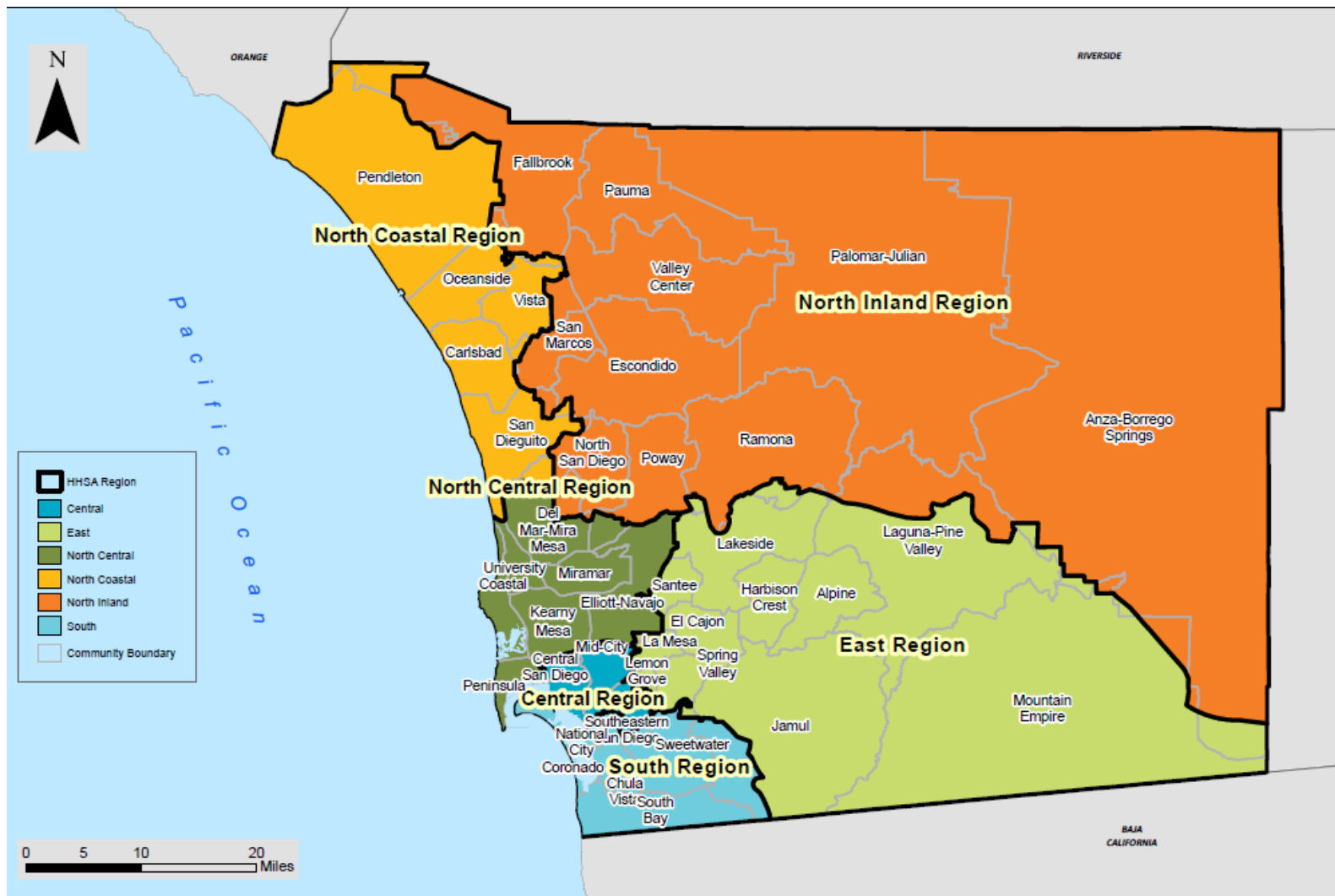
The following RWP services are currently **not** available in the given regions:

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

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

\*\*Substance Use (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.

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



# ***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](http://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
<b>No ADAP waiting lists</b>	By initialing here and signing this document, you attest there are no AIDS Drug Assistance Program (ADAP) waiting lists in the service area. <span style="float: right;"><input type="checkbox"/></span>
<b>Availability of, and accessibility to core medical services to all eligible individuals</b>	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. <span style="float: right;"><input type="checkbox"/></span>
<b>Evidence of a public process</b>	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. <span style="float: right;"><input type="checkbox"/></span>
<b>PROPOSED RATIO FOR RWHAP CORE MEDICAL AND SUPPORT SERVICES</b>	
<b>RWHAP core medical services</b>	<b>RWHAP support services</b>
%	%

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.

**PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)**

**CY 2026 WORKPLAN**

MEETING DATE	GOAL	OBJECTIVES
January 8, 2026	<b>Reports:</b> 1. PARS Report 2. Monthly Report Review	<ul style="list-style-type: none"> <li>• Address change in FY 26 Part A funding (if needed)</li> <li>• Review Special data requested from the Recipients' Office</li> <li>• Partial Assistance Rental Subsidy (PARS) report</li> <li>• Review YTD data on <b>service utilization</b> and discuss findings.</li> </ul>
February 12, 2026	<b>No meeting scheduled</b>	
March 12, 2026	<b>Meeting cancelled</b>	
April 9, 2026	<b>No meeting scheduled</b>	
May 7, 2026	<b>Data:</b> 1. Regional distribution of RWTEA Part A/B Services  <b>Reports:</b> 2. PARS Report 3. Monthly Report Review	<ul style="list-style-type: none"> <li>• Address change in FY 26 Part A funding (if needed)</li> <li>• Core Medical Services Waiver and the 75% grant funding spending requirement</li> <li>• Review and approve key data findings on <b>the regional distribution of RWTEA Part A/B services</b> and discuss findings</li> <li>• Special data needs from the Recipients' Office</li> <li>• Partial Assistance Rental Subsidy (PARS) report</li> <li>• Review and confirm priorities for FY 26 categories</li> <li>• Review YTD data on <b>service utilization</b> and discuss findings.</li> </ul>
June 11, 2026 (3 hours)	<b>Data:</b> 1. HIV/AIDS Epidemiology 2. Co-occurring Conditions, Poverty, and Insurance 3. Ryan White Service Eligibility Criteria 4. Co-occurring Conditions,	<ul style="list-style-type: none"> <li>• Address change in FY 26 Part A funding (if needed)</li> <li>• Review the Statewide Integrated Plan goals related to PSRAC</li> <li>• Review and confirm priorities for FY 26 categories</li> <li>• Review updated <b>HIV/AIDS Epidemiology Data</b> and discuss findings</li> <li>• Review and approve key data findings on <b>Ryan White's service eligibility criteria &amp; other service guidelines</b> and discuss findings</li> <li>• Review and approve key data findings on <b>Co-occurring Conditions, Poverty, and Insurance</b>, and discuss findings</li> <li>• Special data needs from the Recipients' Office</li> <li>• Partial Assistance Rental Subsidy (PARS) report</li> </ul>

**PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)**

**CY 2026 WORKPLAN**

	<p>Poverty, and Insurance</p> <p><b>Reports:</b></p> <p>5. PARS Report</p> <p>6. Monthly Report Review</p>	<ul style="list-style-type: none"> <li>Review YTD data on <b>service utilization</b> and discuss findings.</li> </ul>
<p><b>NEW</b></p> <p><b>June 18, 2026</b></p> <p><i>(3 hours)</i></p>		TBD
<p><b>June 25, 2026</b></p> <p><i>(3 hours)</i></p>	<p><b>Data:</b></p> <ol style="list-style-type: none"> <li>HIV Care Continuum             <ol style="list-style-type: none"> <li>RW clients vs. all clients</li> <li>Include data on viral suppression rates (include RW clients vs. all clients)</li> <li>RW Client Homelessness</li> </ol> </li> <li>HRSA and Ryan White Part A guidelines (PNC 1602)</li> </ol> <p><b>Reports:</b></p> <ol style="list-style-type: none"> <li>PARS Report</li> <li>Monthly Report Review</li> </ol>	<ul style="list-style-type: none"> <li>Address change in FY 26 Part A funding (if needed)</li> <li>Review data on the <b>HIV Care Continuum/Unaware Estimate</b> and discuss findings             <ul style="list-style-type: none"> <li>Include data on <b>RW clients vs. all clients</b></li> <li>Include data on <b>viral suppression rates</b> (include RW clients vs. all clients)</li> <li><b>RW Client Homelessness</b></li> </ul> </li> <li>Review <b>HRSA and Ryan White Part A guidelines (PCN 1602)</b></li> <li>Partial Assistance Rental Subsidy (PARS) report</li> <li>Review YTD data on <b>service utilization</b> and discuss findings.</li> </ul>
<p><b>July 9, 2026</b></p> <p><i>(3 hours)</i></p>	<p><b>Data:</b></p> <ol style="list-style-type: none"> <li>Minority AIDS Initiative (MAI) funding</li> <li>Non-Ryan White Mental Health and</li> </ol>	<ul style="list-style-type: none"> <li>Presentation on <b>Minority AIDS Initiative (MAI) funding</b> and its uses for services in all regions</li> </ul>

**PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)**

**CY 2026 WORKPLAN**

	<p>Substance Use Treatment resources in the community with a focus on HIV/LGBT competencies</p> <p>3. 2024 Survey of HIV Impact of the Needs Assessment</p>	<ul style="list-style-type: none"> <li>• <b>Review key findings on non-Ryan White Mental Health and Substance Use Treatment resources in the community with a focus on HIV/LGBT competencies</b></li> <li>• Review of the Qualitative and Quantitative <b>2024 Survey of HIV Impact of the Needs Assessment</b></li> <li>• Summarize/Finalize Key Findings data on HIV Epidemiology</li> <li>• Recommendations with justifications to the HIV Planning Group for service priority ranking and how services should be organized and delivered in FY 27 (March 1, 2027 – February 28, 2028)</li> <li>• Complete recommendations with justifications for changes in funding allocations in level and reduction-funding scenarios for FY 27 (March 1, 2027 – February 28, 2028).</li> <li>• Partial Assistance Rental Subsidy (PARS) report</li> <li>• Review YTD data on <b>service utilization</b> and discuss findings.</li> </ul>
<p><b>July 16, 2026</b> (3 hours)</p>		
<p><b>July 23, 2026</b> (3 hours)</p>	<p><b>Data:</b></p> <ol style="list-style-type: none"> <li>1. All data findings/ Overall Summary and KF by service category</li> <li>2. FY 26 Funding Allocation Recommendations</li> </ol>	<ul style="list-style-type: none"> <li>• Summarize/Finalize Key Findings data on HIV Care Continuum</li> <li>• Summarize/Finalize Key Finding data on <b>Unmet Need Estimate and (if available Unaware Estimate)</b></li> <li>• Review/summarize any available additional data, including key findings by service category and Overall data summary.</li> <li>• Recommendations with justifications to the HIV Planning Group for service priority ranking and how services should be organized and delivered in FY 27 (March 1, 2027 – February 28, 2028)</li> <li>• Complete recommendations with justifications for changes in funding allocations in level and reduction-funding scenarios for FY 27 (March 1, 2027 – February 28, 2028)</li> <li>• Partial Assistance Rental Subsidy (PARS) report</li> <li>• Review YTD data on <b>service utilization</b> and discuss</li> </ul>
<p><b>July 30, 2026</b> (3 hours)</p>	<p><b>Data:</b></p> <ol style="list-style-type: none"> <li>1. All data, including KF by service category</li> </ol> <p><b>Reports:</b></p>	<ul style="list-style-type: none"> <li>• Review/summarize additional available data</li> <li>• Recommendations for FY 26 reallocations (current fiscal year, March 1, 2026 – February 28, 2027)</li> <li>• As needed to complete the FY 27 priority setting, budget priority ranking, and funding allocation process (next fiscal year, March 1,</li> </ul>

**PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)**

**CY 2026 WORKPLAN**

	<ol style="list-style-type: none"> <li>1. Monthly Report Review</li> <li>2. Other Business as Needed (FY 26 Reallocations)</li> </ol>	<p>2027 – February 28, 2028)</p> <ul style="list-style-type: none"> <li>• Recommendations for how services should be organized and delivered in FY 27 (March 1, 2027 – February 28, 2028)</li> <li>• Partial Assistance Rental Subsidy (PARS) report</li> <li>• Review YTD data on <b>service utilization</b> and discuss findings.</li> </ul>
<p><b>August 6, 2026</b> <i>(If needed, not yet scheduled)</i></p>	<p><b>Data:</b></p> <ol style="list-style-type: none"> <li>1. All data, including KF by service category</li> </ol> <p><b>Reports:</b></p> <ol style="list-style-type: none"> <li>2. Monthly Report Review</li> <li>3. Other Business as Needed (FY 25 Reallocations)</li> </ol>	<ul style="list-style-type: none"> <li>• Recommendations for FY 26 reallocations (current fiscal year, March 1, 2026 – February 28, 2027)</li> <li>• As needed to complete the FY 27 priority setting, budget priority ranking, and funding allocation process (next fiscal year, March 1, 2027 – February 28, 2028)</li> <li>• Recommendations for how services should be organized and delivered in FY 27 (March 1, 2027 – February 28, 2028)</li> <li>• Review/summarize additional available data</li> <li>• Partial Assistance Rental Subsidy (PARS) report</li> <li>• Review service categories that underspend (monthly)</li> <li>• Review YTD data on <b>service utilization</b> and discuss findings.</li> </ul>
<p><b>September 10, 2026</b></p>	<p><b>Data:</b></p> <ol style="list-style-type: none"> <li>1. Debrief PSRA process</li> <li>2. CY 2026 Work Plan</li> </ol> <p><b>Reports:</b></p> <ol style="list-style-type: none"> <li>1. PARS Report</li> <li>2. Monthly Report Review</li> </ol>	<ul style="list-style-type: none"> <li>• Debrief the FY 27 priority setting and budget allocation process</li> <li>• Develop CY 27 PSRAC work plan</li> <li>• Partial Assistance Rental Subsidy (PARS) report</li> <li>• Review service categories that underspend (monthly)</li> <li>• Review YTD data on <b>service utilization</b> and discuss findings.</li> </ul>
<p><b>October 8, 2026</b></p>	<p><b>No meeting scheduled</b></p>	
<p><b>November 12, 2026</b></p>	<p><b>Reports:</b></p> <ol style="list-style-type: none"> <li>1. PARS Report</li> <li>2. Monthly Report Review</li> </ol>	<ul style="list-style-type: none"> <li>• Partial Assistance Rental Subsidy (PARS) report</li> <li>• Review service categories that underspend (monthly)</li> <li>• Review YTD data on <b>service utilization</b> and discuss findings</li> </ul>
<p><b>December 10, 2026</b></p>	<p><b>No meeting scheduled</b></p>	

**HIV PLANNING GROUP  
12-MONTH COMMITTEE TRACKING  
May 2025 - Mar 2026**

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE														
PSRAC	May	12-Jun	26-Jun	17-Jul	24-Jul	31-Jul	Aug	Sep	Oct	Nov	Jan	Mar	#	# of JC Starting Jan 2026
<b>Total meetings</b>	0	1	1	1	1	1	1	0	0	1	1	0	8	
<b>(12) Members</b>														
<b>Aguirre Mendoza, Marco</b>	NQ	1	*	1	*	*	*	NQ	NQ	1	*	NM	1	
<b>Davenport, Beth</b>	NQ	*	*	*	*	*	1	NQ	NQ	*	*	NM	1	
<b>Fleming, Tyra<sup>cc</sup></b>	NQ	*	*	*	1	*	*	NQ	NQ	*	*	NM	0	
<b>Garcia-Bigley, Felipe</b>	NQ	*	*	*	*	*	*	NQ	NQ	1	*	NM	1	
<b>Garland, Kalee</b>										1	JC	NM	1	1
<b>Halliwell, Pamuela</b>										*	*	NM	0	
<b>Jacobs, Dr. Delores</b>	NQ	*	*	*	1	*	1	NQ	NQ	*	1	NM	2	
<b>Kubricky, Cinnamon</b>	NQ	*	*	*	*	*	1	NQ	NQ	*	*	NM	1	
<b>Matthews, Eva</b>	NQ	*	*	1	*	*	*	NQ	NQ	*	*	NM	0	
<b>Mueller, Chris</b>	NQ	*	*	*	*	*	*	NQ	NQ	1	*	NM	1	
<b>Van Brocklin, Rhea<sup>c</sup></b>	NQ	*	1	*	*	*	*	NQ	NQ	*	*	NM	0	
<b>Westcott, Joe</b>										*	*	NM	0	

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

NM = No Meeting

NQ = No Quorum

## SENATE BILL (SB) 707: THE USE OF JUST CAUSE (2026)

*(An Amendment to AB 2302)*

*If the physical attendance quorum requirement is met, SB 707 permits a member who is not physically present to request virtual attendance at the local legislative body's meeting under "just cause".*

Qualifying Reason	Provisions to Attend Remotely	Requirements /Limitations
<b>"Just Cause"</b>	<ul style="list-style-type: none"> <li>▪ Childcare or caregiving need of a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner that requires them to participate remotely.</li> <li>▪ A contagious illness prevents the member from attending the meeting in person.</li> <li>▪ A need related to a physical or mental condition not otherwise accommodated by any reasonable accommodations provided.</li> <li>▪ Travel while on official business of the legislative body or another state or local agency.</li> <li>▪ An immunocompromised child, parent, grandparent, grandchild, sibling, spouse, or domestic partner of the member that requires the member to participate remotely.</li> <li>▪ A physical or family medical emergency that prevents a member from attending in person.</li> <li>▪ Military service obligations that result in a member being unable to attend in person because they are serving under official written orders for active duty, drill, annual training, or any other duty required as a member of the California National Guard or a United States Military Reserve organization that requires the member to be at least 50 miles outside the boundaries of the local agency.</li> </ul>	A member is limited to <b>two (2)</b> virtual attendances due to "just cause" per calendar year.

Note: The criteria for "emergency circumstance" from AB 2302 are now combined with "just cause" for remote participation.

### Additional Information for Members Participating Remotely

In addition to making a request for "just cause" for remote attendance, SB 707 imposes the following three (3) additional requirements on legislative body members seeking to appear remotely at public meetings:

1. The member shall notify the support staff at the earliest opportunity possible, including at the start of a regular meeting, of their need to participate remotely for just cause, including a general description of the circumstances relating to their need to appear remotely at the given meeting.
2. The member shall publicly disclose at the meeting before any action is taken, 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.
3. The member shall participate through both audio and visual technology.

Furthermore, a member of a legislative body may request reasonable accommodation, pursuant to the applicable law, to participate in meetings remotely. Remote participation due to reasonable accommodation shall be treated as in-person attendance (counting towards quorum) and shall adhere to the following requirements:

1. The member shall request reasonable accommodation to participate remotely at the time of quorum check prior to each meeting.
2. The member shall participate through both audio and visual technology. Any member with a disability, as defined in Section 12102 of Title 42 of the United States Code, may participate only through audio technology if a physical condition related to their disability results in a need to participate off camera.
3. The member shall disclose at the meeting before any action is taken, 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.