



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

MEETING PACKET

THURSDAY, MAY 8, 2025, 3:00 PM – 5:00 PM
County Operations Center,
5570 Overland Ave, San Diego, CA 92123,
Room 1047 - Medical Examiner's Office

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:

PSRAC Committee

Thursday, May 8, 2025,
3:00 PM – 5:00 PM

County Operations Center

5570 Overland Ave.
San Diego, CA 92123
(Room 1047 - Medical Examiner's Office)



Parking is **free**. 3-hour visitor parking is available in the parking lot and parking structure. For County business exceeding 3 hours, please park in the numbered spaces in the parking structure.

FROM I-163 SOUTH:

1. Take I-163 North to Exit 8 for Kearny Villa Road.
2. Keep right, follow signs for Kearny Villa Road.
3. Turn right onto Chesapeake Dr.
4. County Operations Center will be on your right.

FROM I-15 SOUTH:

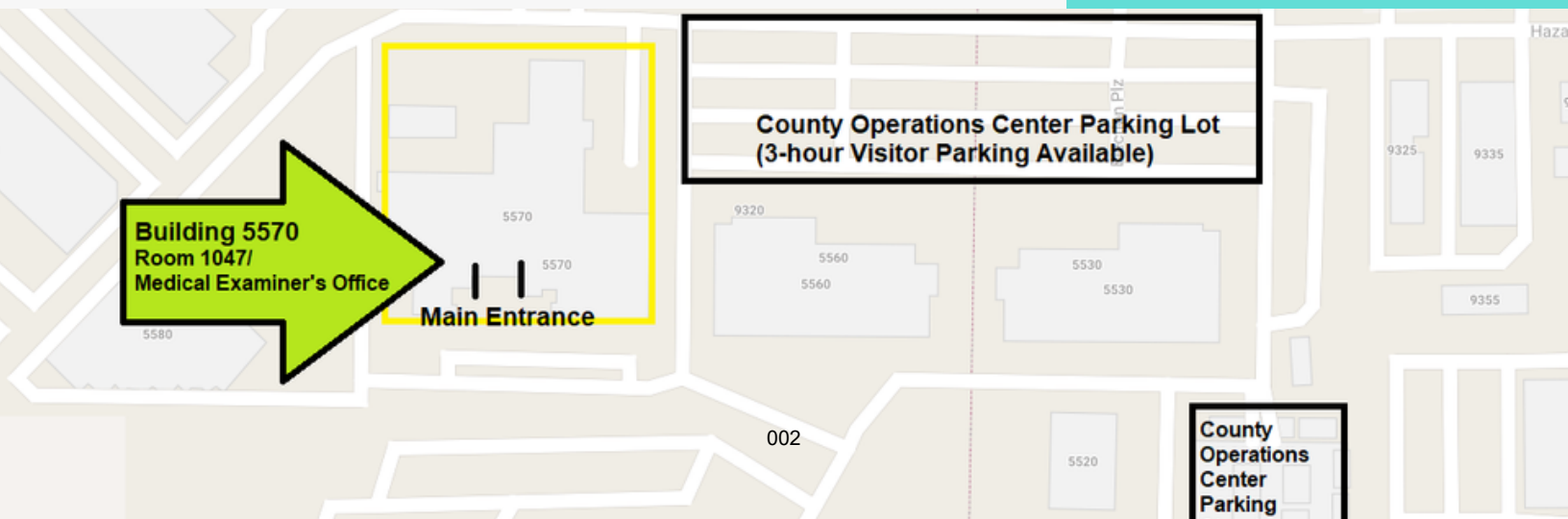
1. Take I-15 North to Exit 10 for Clairemont Mesa Blvd.
2. Turn left onto Clairemont Mesa Blvd.
3. Turn right onto Overland Ave.
4. Continue straight to stay on Overland Ave.



PUBLIC TRANSPORTATION

MTS Bus Routes:

25, 235, 928





FROM TROLLEY & BUS:

1. Take the Blue Trolley Line to the Balboa Avenue Transit Center.
2. Walk to Balboa Ave & Moraga Ave bus stop (about 7-minute walk, 0.3 miles).
3. Take Route 27 bus from Balboa Ave & Moraga Ave to Complex Dr & Clairemont Mesa Blvd.
4. Head north on Complex Dr.
5. Cross the street and turn right on Clairemont Mesa Blvd (after U.S. Bank Branch on the right).
6. Cross the street and turn left onto Overland Ave. and head north.
7. Building 5570/Medical Examiner's Office will be on the left side at the end of the cul-de-sac.

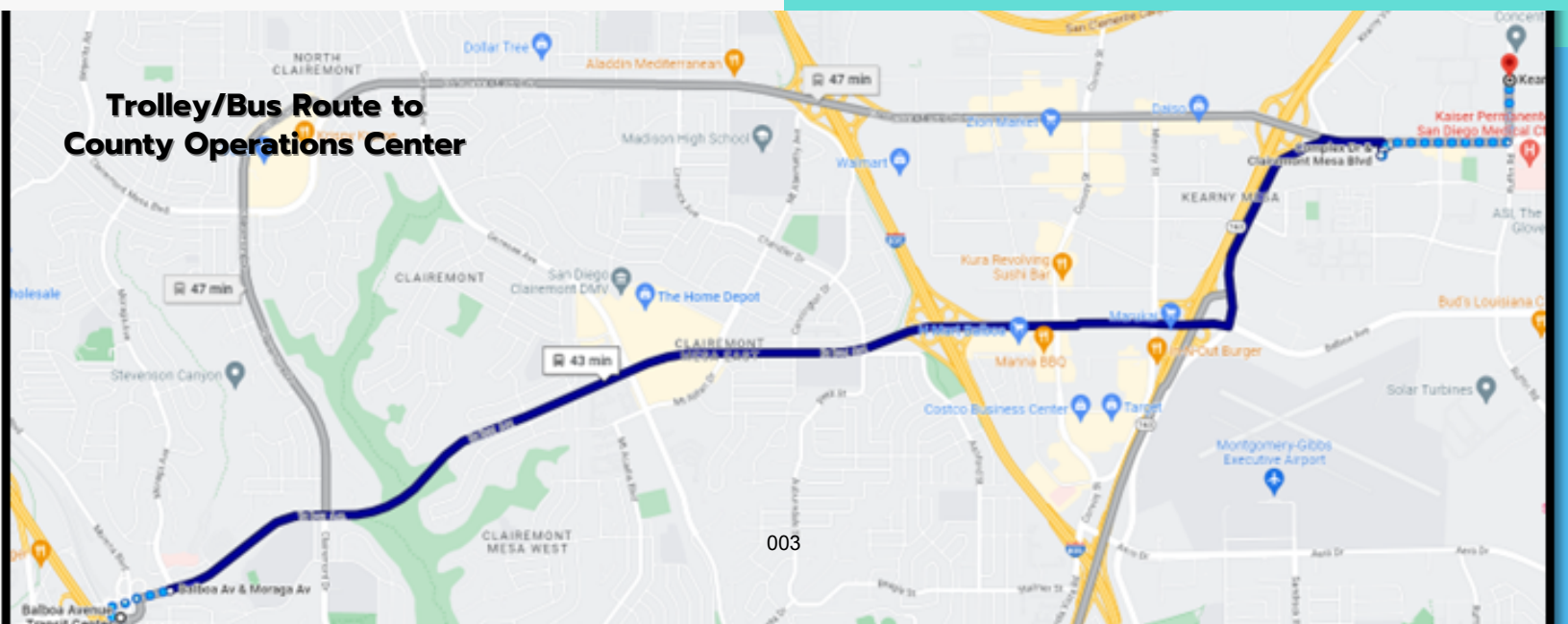
FROM BUS:

From Ruffin Road:

1. Walk north towards Ruffin Road.
2. Turn left on Hazard Way.
3. Enter through County Operations Center entrance/black gate and head further west. Access to County Operations Center buildings will be on your **left**.

From Overland Ave.:

1. Walk north on Overland Ave.
2. Building 5570/Medical Examiner's Office will be on the **left** side at the end of the cul-de-sac.



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

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)



Thursday, May 8, 2025, 3:00 PM – 5:00 PM
County Operations Center,
5570 Overland Ave, San Diego, CA 92123
Room 1047 - Medical Examiner's Office and remotely via Zoom

To participate remotely via Microsoft Teams:

[Join the meeting now](#)

Meeting ID: 236 006 374 012 Password: xt9vG6BY

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

A quorum for this meeting is five (5)

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

ORDER OF BUSINESS

1. Call to order, roll call, comments from the chair
2. Reminders
 - a. **Review of Committee Charge**
 - b. **Committee members' Conflicts of Interest:** Disclose areas of financial interest (e.g., employment); Refrain from participation in related votes.
 - c. **Areas NOT the purview of this committee:** Selection of contractors; contract details; how contractors implement contracted services (e.g., staff salaries). These are the sole purview of the Recipient.
 - d. **Focus on service priorities, not on specific service providers.**
 - e. **Rules for the meeting** (as necessary): Committee members are limited to two (2) minutes per comment and limited to two (2) comments per item; public comments are welcome at the beginning and prior to each agenda item, limited to two (2) minutes so that all have an opportunity to participate.
3. Public comment on non-agenda items (for members of the public)
4. Sharing our concerns (for committee members)
5. **ACTION:** Approve the PSRAC agenda for May 8, 2025
6. **ACTION:** Approve the PSRAC meeting minutes for March 13, 2025
7. Old Business:
 - a. None
8. New Business:
 - a. **ACTION:** Recommendations for reallocations for FY 25 (the current fiscal year, March 1, 2025 – February 28, 2026) (if needed)
 - b. Review the Statewide Integrated Plan goals related to PSRAC – Felipe Ruiz

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

- c. Review the status of the goals in the Getting to Zero (GTZ) Community Engagement Plan related to PSRAC.
 - d. Review data on **the regional distribution of RWTEA Part A/B services** and discuss findings – Maritza Herrera
 - e. Review 2024 Qualitative results **Survey of HIV Impact of the Needs Assessment – Virginia Suarez**
 - f. Review data on **Ryan White's service eligibility criteria & other service guidelines** and discuss findings- Martiza Herrera
9. Routine Business:
- a. Review Monthly and Year-to-Date expenditures and assess for recommended reallocations
 - b. Partial Assistance Rent Subsidy (PARS) and Emergency Housing update
 - c. Review the Monthly and Year-to-Date service utilization report
 - d. Committee Attendance
10. Suggested items for the future committee agenda
11. Announcements
- Next meeting date:** June 12, 2025, at 1:00 PM – 5:00 PM
- Location:** Southeastern Live Well Center, 5101 Market St, San Diego, CA 92114 (Tubman Chavez Room A) and via Zoom
12. Adjournment

| Principles for PSRA Decision-Making Process | Criteria for the PSRA Decision-Making Process |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Principles Guiding Decision Making (Priorities should reflect the Principles)</p> <ol style="list-style-type: none"> 1. Decisions are made in an open, transparent process 2. Decisions are based on documented needs (Needs assessment, etc.) 3. Decisions are based on overall needs within the service area, not narrow single focus concerns 4. Decisions include reports from the Needs Assessment committee of the HIV Planning Group. 5. Services should be responsive to the epidemiology of HIV in San Diego, including demographics and region 6. Services must be culturally and linguistically appropriate and responsive 7. Services should focus on the needs of low-income, underserved, and disproportionately impacted populations 8. Services should minimize disparities in the availability and quality of treatment for HIV/AIDS 9. Equitable access to services should be provided across subpopulations and regions | <p>Criteria for Priority Setting</p> <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 care 5. Consistency with the continuum of care |

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

PSRAC: Statewide Integrated Plan and GTZ Community Engagement Updates



**HIV, STD and Hepatitis Branch of Public Health Services
Priority Setting and Resource Allocation Committee
Thursday, May 8th, 2025**

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Today's Agenda

- Introductions
- Statewide Integrated Plan Updates: Using Results Based Accountability (RBA) to Improve Syndemic Response
- Statewide Integrated Plan Updates: Implementing Status Neutral/Whole Person Approaches
- Getting to Zero (GTZ): Community Engagement Updates
- Closing and Q&A





Statewide Integrated Plan Updates: Using Results Based Accountability (RBA) to Improve Syndemic Response

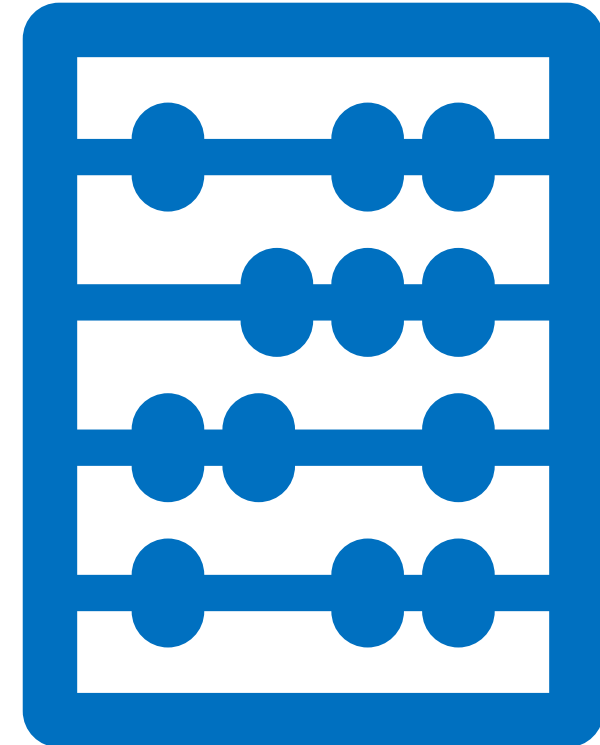
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RBA Overview

Results-Based Accountability™

Framework (Clear Impact) that focuses on demonstrating the impact of programs and initiatives (repackaging of evaluation)

- A disciplined way of thinking and acting to improve entrenched and complex social programs
- Used by organizations to improve the effectiveness of their programs
- Focuses on data-driven decision-making process to help organizations get beyond talking about problems to taking action to solve problems





RBA Planning

HSHB Profile of Funding Sources

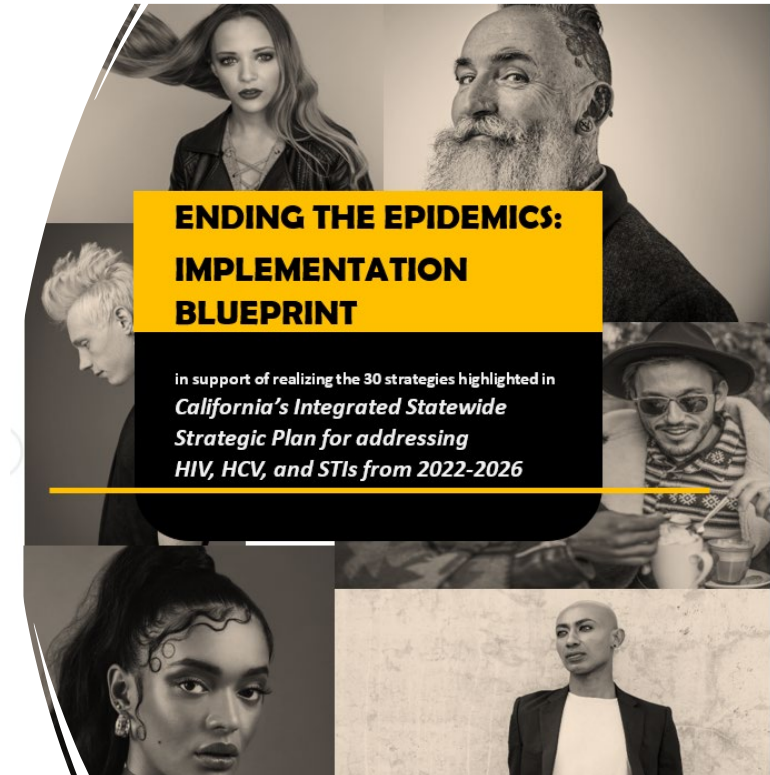
| | | | |
|--------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Ryan White Part A (HRSA) | Ryan White Part B (HRSA) | High Impact Prevention/Ending the HIV Epidemic (CDC/CDPH 24- 047) | Ending the HIV Epidemic (HRSA 20-078) |
| Status Neutral Approaches (HRSA 23-126) | STD Prevention and Control/STD Collaboration Grant | DIS Workforce Development (CDC/CDPH) | PrEP and PEP Initiation and Retention (CDPH) |
| Syphilis Outbreak Strategy (CDPH) | HCV Collaboration Grant (CDPH) | Opioid Settlement Funds | Healthcare Realignment and General-Purpose Revenue |



RBA Planning (cont'd)

2022 California Integrated Strategic Plan

- 30 Strategies organized across six selected social determinants of health: Racial Equity, Housing First, Health Access for All, Mental Health and Substance Use, Economic Justice, Stigma Free
- Released in January 2022
- Co-authors: Alameda/Contra Costa, Sacramento, San Bernardino/Riverside, San Diego, San Francisco, Santa Clara
- Submitted to HRSA/HAB/CDC, Dec 2022
- Community engagement that developed an accompanying document: Implementation Blueprint (Draft Dec 2022)





RBA Planning

HSHB Process





HSHB RBA Process

1. Leverage existing capacity building resources and ground setting (Facente Consulting): September 2023 – February 2024

| Agenda: San Diego Syndemic Evaluation Planning Group | | September 13, 2023 2:00-4:00 PM | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------|
| PURPOSE: Developing Evaluation Metrics for Syndemic Response Activities | | | |
| Desired Outcomes: <i>By the end of this meeting, we will have had:</i> <ol style="list-style-type: none"> Understand the purpose of this planning group. Propose framework to complete this work. Review HIV Prevention, Care, and Treatment evaluation approaches in San Diego. Agree on next steps. | | | |
| Agenda: | | | |
| What (Content) | How (Process) | Who | Time (Minutes) |
| Start-Up | <ul style="list-style-type: none"> Introductions Agenda review | Facente Consulting | 20 Minutes 2:00-2:20 |
| Topic 1: Purpose | <ul style="list-style-type: none"> Purpose of the Syndemic Response Evaluation Planning Group Key Questions: <ul style="list-style-type: none"> Why does San Diego want to take a syndemic approach to evaluation? How would this support the county's efforts to getting to zero/ending hep c/etc.? What are some primary outcomes we expect because of this workgroup? | Felipe Ruiz | 20 Minutes 2:20-2:40 |
| Topic 2: San Diego Syndemic Evaluation Development Process | Proposing a 5 Meeting Framework: <ol style="list-style-type: none"> Orienting ourselves to HIV measures. Orienting to HCV and STI measures. Prioritize Syndemic measures. Identify what is missing. Agree on finishing details (tidying up). | Facente Consulting | 20 Minutes 2:40-3:00 |
| Break | <ul style="list-style-type: none"> Mute/Camera Off | All | 5 Minutes 3:00-3:05 |
| Topic 3: Review HIV Prevention Measures | <ul style="list-style-type: none"> Orienting to Current HIV Prevention Measures | Lisa Asmus | 20 Minutes 3:05-3:25 |
| Topic 4: Review HIV Care and Treatment Measures | <ul style="list-style-type: none"> Orienting to Current HIV Care and Treatment Measures | Dusting Walker | 20 Minutes 3:25-3:45 |
| Closing & Next Steps | <ul style="list-style-type: none"> Meeting Times/Follow up contacts | Facente Consulting | 15 minutes 3:45-4:00 |
| Agreements/Notes: | | | |
| Topic | Agreements/Notes | | |
| Topic 1: Purpose | Describe any agreements/notes related to Topic 1: | | |

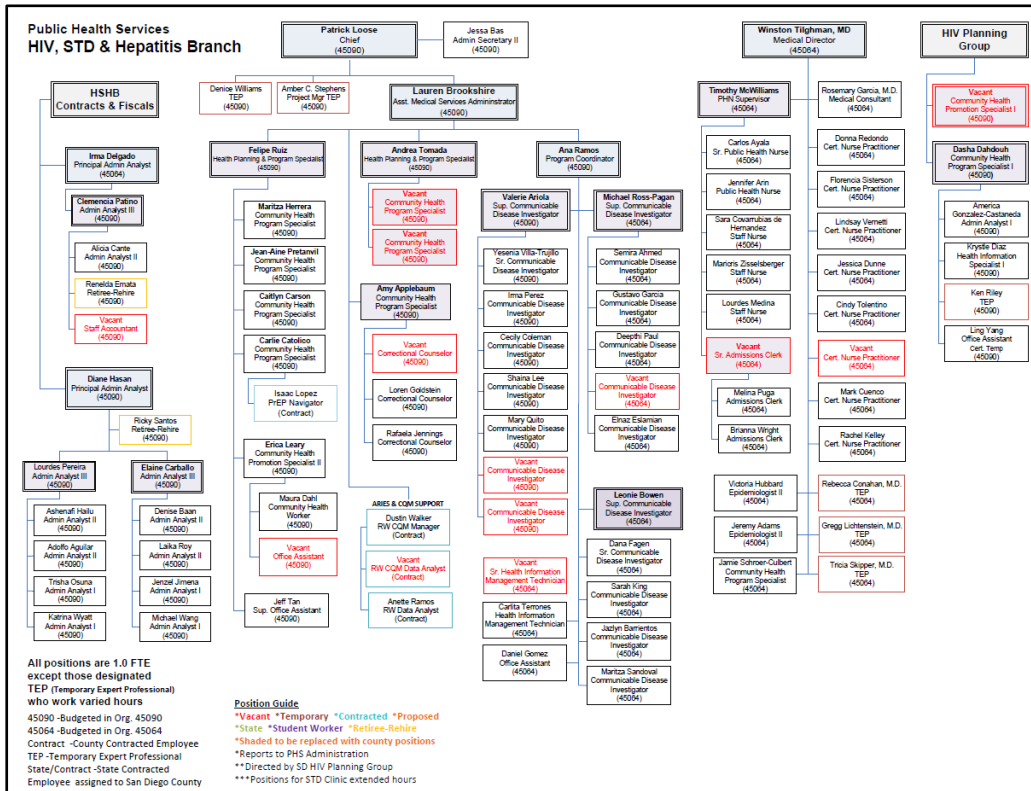
| Agenda: San Diego Syndemic Evaluation Planning Group | | November 30, 2023 1:30-3:00 PM | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------|
| PURPOSE: To develop an Evaluation Plan for Syndemic Response Activities. | | | |
| Desired Outcomes <i>By the end of this meeting, we will:</i> <ol style="list-style-type: none"> Review goals and deliverables for this workgroup. Review evaluation efforts for Ryan White services and hepatitis C services. Discuss proposed integration strategy. | | | |
| Agenda: | | | |
| What (Content) | How (Process) | Who | Time (Minutes) |
| Welcome | <ul style="list-style-type: none"> Welcome Agenda review | Facente Consulting (FC) | 5 minutes 1:30-1:35 |
| Recap | <ul style="list-style-type: none"> Review of last meeting Goals and deliverables (<i>Presentation/see below</i>) | FC | 10 minutes 1:35-1:45 |
| Current evaluation review | <ul style="list-style-type: none"> Review HIV Care and Treatment Measures (<i>Presentation</i>) Review measures and evaluation in the Hep C elimination plan (<i>Presentation</i>) | Dustin Walker, Andrea Tomada | 35 Minutes 1:45-2:20 |
| Proposed integration strategy | <ul style="list-style-type: none"> Proposal for developing a plan (<i>Presentation followed by discussion</i>) | Facente Consulting | 30 Minutes 2:20-2:50 |
| Closing & Next Steps | <ul style="list-style-type: none"> Meeting Times/Follow up contacts | Facente Consulting | 10 minutes 2:50-3:00 |
| Goals: <ol style="list-style-type: none"> Identify current evaluation elements and systems so as to build a syndemic evaluation framework. Develop a roadmap to establish a comprehensive evaluation framework. Generate sufficient understanding to develop a procurement to create data visualization. | | | |
| Deliverables: <ol style="list-style-type: none"> A list of measures in Excel to include funding source, measure, database (where), agencies that provide data to this measure, and notes. A roadmap document that includes current measures and helps to identify alignment and gaps. Language to be used for County procurement for data visualization services. | | | |

| Agenda: San Diego Syndemic Evaluation Planning Group | | February 5, 2024 1:30-3:00 PM | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------|
| PURPOSE: To develop an Evaluation Plan for Syndemic Response Activities. | | | |
| Desired Outcomes <i>By the end of this meeting, we will:</i> <ol style="list-style-type: none"> Review goals and deliverables for this workgroup. Review evaluation efforts for Ryan White services and hepatitis C services. Discuss proposed integration strategy. | | | |
| Agenda: | | | |
| What (Content) | How (Process) | Who | Time (Minutes) |
| Welcome | <ul style="list-style-type: none"> Welcome Agenda review Recap | Facente Consulting (FC) | 5 minutes 1:30-1:35 |
| Decision point | <ul style="list-style-type: none"> Is Results-Based Accountability (RBA) the right choice for HSHB to move the work forward? | All | 15 minutes 1:35-1:50 |
| If yes... | <ul style="list-style-type: none"> Discussion on important questions to consider: <ul style="list-style-type: none"> Will this transition happen all at once or over the next several years? For example, will it happen with new programs only as they are developed/funded, with a particular program, or will the whole system be expected to transition to RBA? What does it mean long-term if we move towards RBA? What support will we need to be successful in transitioning to RBA? (Discuss how much support FC can provide in this process.) What resources are needed to transition to RBA? Does anyone else need to be bought in? If so, who and how might this happen? What are next steps? Who will need to be involved in these next steps? <p>OR</p> | All | 60 Minutes 1:50-2:50 |
| If no... | <ul style="list-style-type: none"> Review other proposals presented in December (<i>Presentation followed by discussion</i>) Is there an option here that meets HSHB's needs? If not, are there thoughts on how to meet your needs? What support will we need to be successful in this approach? (Discuss how FC can support in this process.) | All | 60 Minutes 1:50-2:50 |
| Closing & Next Steps | <ul style="list-style-type: none"> Closing and review of next steps | Facente Consulting | 10 minutes 2:50-3:00 |



HSHB RBA Process

2. RBA Introduction to HSHB Program Staff: February 2024 – April 2024



Results-Based Accountability for Beginners

Developed by
FACENTE CONSULTING
 UNDERSTAND • IMPLEMENT • TELL YOUR STORY

Mark Friedman
Trying Hard Is Not Good Enough

www.resultsaccountability.com
www.raguide.org

Trying Hard Is Not Good Enough
 10th Anniversary Edition
 How To Produce Measurable Improvements For Customers and Communities
 Mark Friedman



HSHB RBA Process

3. RBA Implementation Planning: April 2024 – October 2024

RBA Implementation

San Diego HSHB Project lead:

Project start:
Display week:

| TASK | ASSIGNED TO | PROGRESS | START | END |
|--------------------------------------------------------------------------------------------------------------------|-------------|----------|---------|----------|
| Planning and design | | | | |
| Work with lead/consultant to create process for developing measures | | 0% | 7/1/24 | 8/1/24 |
| Develop a plan to obtain data that is more difficult to obtain | | 0% | 7/1/24 | 8/16/24 |
| Develop financial information to more easily include RBA in budgets | | 0% | 7/15/24 | 8/16/24 |
| Decide what ' story ' we want to share | | 0% | 8/1/24 | 8/16/24 |
| Determine the infrastructure for RBA - where data/measures live and how it will get there | | 0% | 8/19/24 | 9/13/24 |
| Develop an inventory of all databases in which data we might utilize exists (if desired) | | 0% | 8/19/24 | 9/13/24 |
| Identify gaps in data sources and program data | | 0% | 9/16/24 | 10/11/24 |
| Determine if there is a way to export data from multiple systems and integrate into one system (if desired) | | 0% | 9/16/24 | 10/11/24 |

>
Initiation (May-June)
Planning & Design (July-March)
Implementation (April-July)
Don't forget about this ...
+

San Diego RBA Planning Meeting
April 18, 2024, 1-4 pm
County Operations Center (5560 Overland Ave.) - Training Room 172 - 1st Floor

| Topic | Content | Time |
|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Welcome | Welcome and introductions (if needed) | 1-1:15pm |
| Implementation Plan | World Café: <ul style="list-style-type: none"> Resources Coordination for measure development and data collection Integration Training | 1:15-2:15pm |
| Break | Refreshments | 2:15-2:30pm |
| Communication Plan | Complete template and discuss <ul style="list-style-type: none"> Audience Roles/responsibilities Key message | 2:30-3:30pm |
| Next Steps | Discuss: <ul style="list-style-type: none"> What are next steps from here? Who is responsible? Timeline? | 3:30-3:45pm |
| Closing | Thank you! | 3:45-4:00pm |

HSHB RBA Process

4. RBA Implementation: October 2024 – Ongoing



| San Diego RBA Implementation Meeting October 5, 2024, 2 - 3 PM | | |
|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Topic | Content | |
| Welcome | Welcome | |
| Results and Indicators Primer | “Anywhere leads to everywhere” – start where you will impact far more than just that one place | |
| 7 Population Accountability Questions | <ol style="list-style-type: none"> 1. <u>What are the quality-of-life conditions for the children, adults, and families in our community?</u> 2. <u>What would these conditions look like if we did better?</u> 3. <u>How can we measure these conditions?</u> 4. How are we doing on the most important of these measures? 5. Who are the partners that have a role to play in doing better? 6. What works to do better, including no cost and low-cost ideas? 7. What do we propose to do? | |
| Results | Determine RBA results | 2:20 pm |
| Indicators | Determine RBA indicators Consider: <ul style="list-style-type: none"> • Communication power • Proxy power • Data power | 2:35 pm |
| Closing | Thank you! Next meeting: Finalize Results and Indicators (if needed) and Begin Performance Measures | 3 pm |



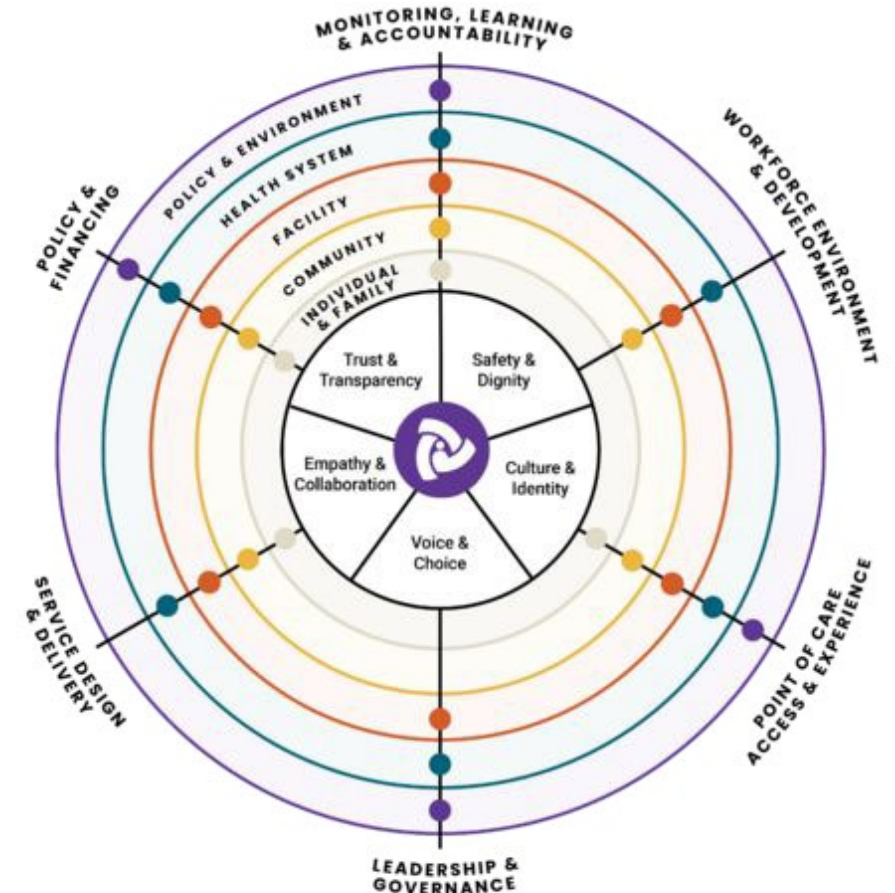
Statewide Integrated Plan Updates: Implementing Status Neutral/Whole Person Approaches

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SNA/WPC Implementation

Person-Centered Care Framework

- Places individual at the center and accounts for different perspectives on healthcare and wellness
- Supports a trauma-informed lens
- Engages stakeholders as active contributors
- Considers system, service delivery, and client levels
- Six domains:
 - Service design and delivery
 - Policy and financing
 - Monitoring, learning, and accountability
 - Workforce environment and development
 - Point of care access and experience
 - Leadership and governance





SNA/WPC Implementation

San Diego Priority Population & Partners

- The priority population served will focus on the Southeastern region of the county and include:
 - Monolingual Spanish speaking gay, bisexual, and other men who have sex with men (MSM)
 - Transgender individuals
- Partners:
 - Family Health Centers of San Diego
 - San Ysidro Health

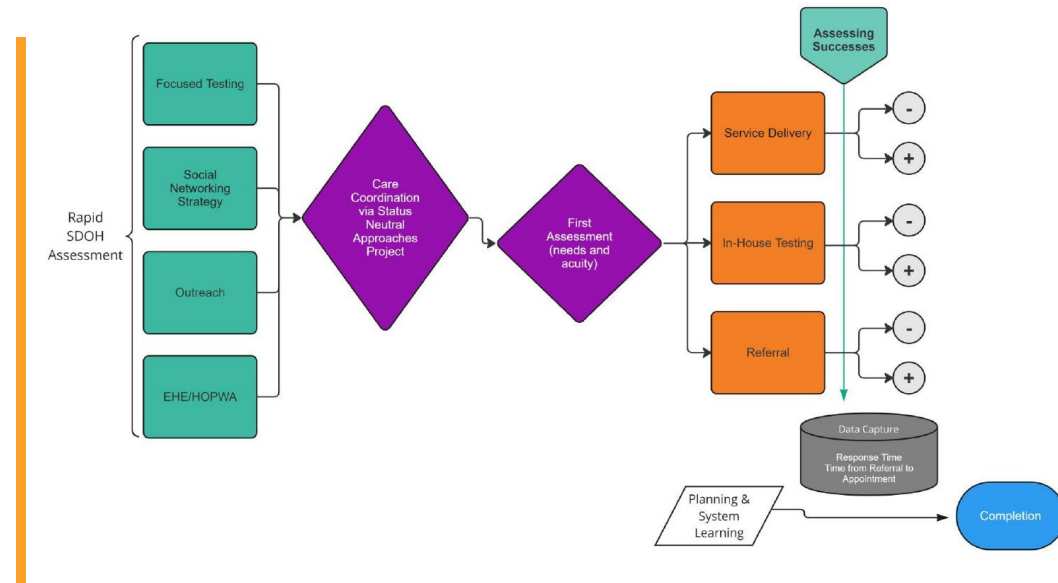
The screenshot shows the SNAP ETAP website. The header includes the logo "SNAP ETAP" with the tagline "Supporting a whole-person approach to comprehensive services". Navigation links for "Resources", "Events", "About", and "Contact Us" are present, along with a search icon and a "Subscribe" button. The main content area features a graphic of hands holding a globe and a heading: "Welcome to the Status Neutral Approach to Improve HIV Prevention and Health Outcomes for Racial and Ethnic Minorities Initiative". Below this, a sub-heading states: "SNAP ETAP provides technical assistance to four implementation sites on how to implement and evaluate whole-person approaches. [Learn more](#)". At the bottom, four implementation sites are listed in colored boxes: University Health (Bexar County, TX), LAS VEGAS TGA PART A HIV/AIDS PROGRAM (Clark County, NV), HENNEPIN COUNTY MINNESOTA (Hennepin County, MN), and COUNTY OF SAN DIEGO LIVE WELL SAN DIEGO (San Diego County, CA).



SNA/WPC Implementation

Strategies

- Expand existing non-medical case management to include PrEP support
- Deploy Social Network Strategy (SNS) to expand outreach and testing
- Revise service standards that were co-created by the HIV planning group and county staff to reflect status neutral approach
- Examine Medicaid systems to support whole person care coordination





Getting to Zero (GTZ): Community Engagement Updates

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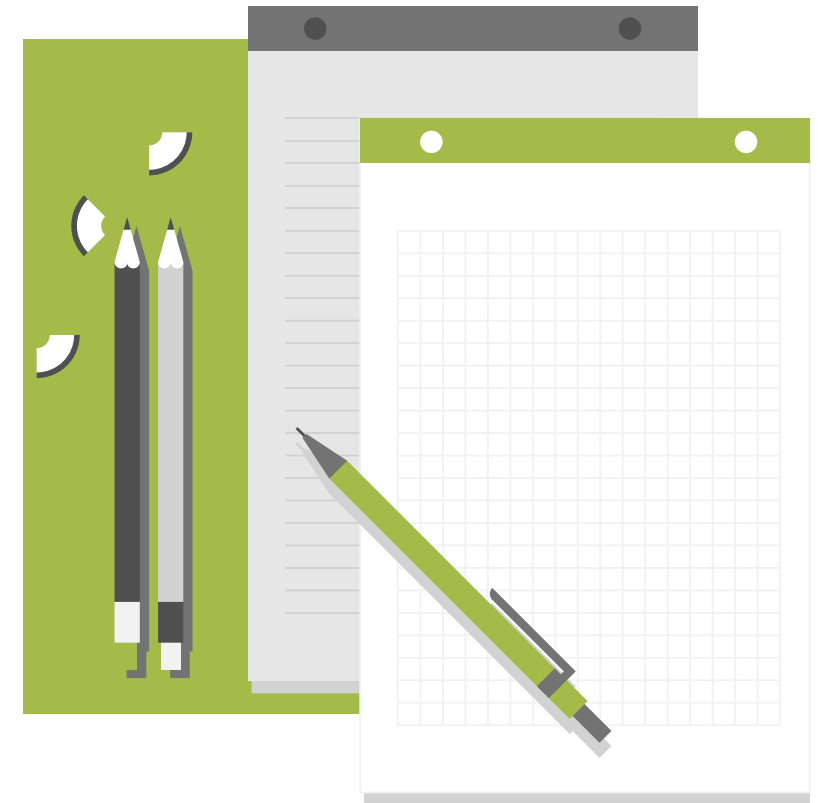
Ongoing Engagement Efforts: EHE Highlight

| Goal: Treat people living with HIV rapidly and effectively to reach sustained viral suppression. | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| Strategy: Engage San Diego County communities disproportionately impacted by HIV so that they fully participate in community engagement, medical advocacy, planning, deployment, evaluation, and continuous quality improvement of Ending the HIV Epidemic activities | | | | | |
| Objective | Activities | Process / Outcome Metrics | Data Sources / Management | Program Reports | Goal |
| Objective 1: Conduct community engagement activities to provide opportunities for persons disproportionately impacted by HIV to engage in the care process in efforts to identify and address any barriers to care and ensure appropriate linkages to improve retention in care and viral suppression. | Community engagement services for: (1) People living with HIV (PLWH) over the age of 50 (2) Asian American and Pacific Islanders (AAPI) living with HIV | Number of advisory meetings, community meetings, and forums; number of individuals linked to care system and to support services; attendance at meetings/forums; description of new innovative strategies utilized | Meeting/Forum Form completed immediately following activity; sign-in sheets collected at time of activity; participant linkage data entered into internal data system and the AIDS Regional Information and Evaluation System (ARIES)/HIV Care Connect (HCC) as appropriate at the time of service | Information summarized and reported monthly to the HIV, STD and Hepatitis Branch (HSHB) in the Monthly Progress Report (MPR) | Increased viral suppression rates among PLWH age 50 and over, and among AAPI living with HIV |
| Objective 2: Recruit and train persons living with HIV (PLWH) through Leadership Training and Development and Community-Based Projects. | Leadership training and development for PLWH | Number of cohorts, participants, graduates; number completing community-based project; change in knowledge and confidence levels related to leadership | Registration and attendance sheets updated as participants register/attend sessions (Excel tracking system and ARIES/HCC); anonymous post surveys self-administered (on paper) at the end of each session (surveys collected by program staff and entered into Qualtrics) | Attendance information summarized and reported monthly to HSHB in the MPR; survey reports generated from Qualtrics and submitted at end of each cohort | Increases in PLWH in leadership roles |
| Objective 3: Leverage the role of peers and people with lived experience to serve as medical advocates to ensure better patient care and utilization of the healthcare system. | Provide medical advocacy to persons living with HIV (PLWH) to ensure better navigation and access to health care services | Number of trained advocates; number of PLWH accompanied to medical, medical case management, and non-medical case management appointments; number accompanied who achieve viral suppression, receive mental health services, substance use disorder treatment | Advocate Training Log updated as advocates completed training occurs; accompaniment and linkage to services entered into internal data system at time of services; viral suppression rates entered into internal data system as information becomes available (from medical provider during accompaniment or participant self-report, medical providers enter into ARIES/HCC) | Advocate training and accompaniment data reported monthly to HSHB in the MPR; linkages to services and number viral suppression reported annually to HSHB via a Yearly Report Template | Increased viral suppression rates |

2027 Integrated HIV Prevention and Care Plan

HSHB Rough Timeline

- May 2025
 - Develop high-level plan based upon guidance, including refreshing the GTZ plan
 - Assign responsibilities for all components of the plan
- June – August 2025
 - Develop details of the plan, including SMART objectives
 - Develop presentations regarding NHAS goals and the goals of the integrated plan.
 - Align efforts with CDPH
- September 2025 – February 2026
 - Complete activities
- March 2026
 - Finalize draft plan
- April 2026
 - Present draft plan to communities and stakeholders
- May 2026
 - Incorporate feedback
 - Finalize plan and present to HPG
- June 2026
 - Submit plan





THANK YOU

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2024 HPG Needs Assessment



LIVE WELL
SAN DIEGO



Virginia Suarez, Community Health Program Specialist



Outline

- Needs Assessment Overview
- Demographics
- Common Themes
 - Housing
 - Substance use
 - Social support
 - English vs Spanish responses
- Key Questions + Trends
 - Trouble accessing services
 - Top unmet needs
 - Top 5 most important services
 - Recommended changes to HIV services
 - What matters most



Needs Assessment Overview

- 310 responses collected between March and September 2024
- 87 total questions across 10 sections:



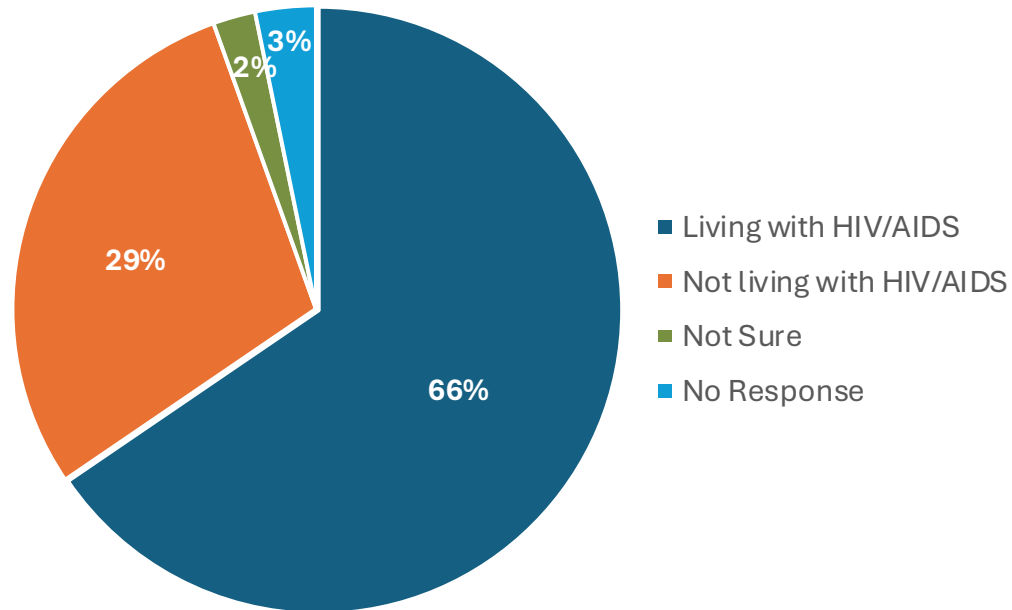
- Surveys were administered in English and Spanish; results were combined unless stated otherwise
- N refers to the total number of responses used in analysis

HIV & Ryan White Status



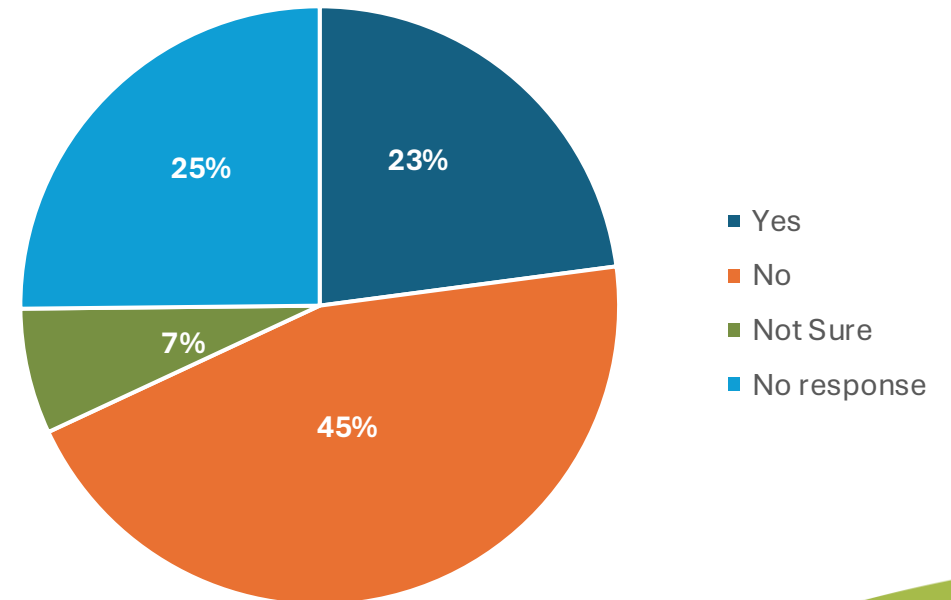
Q1. What is your current HIV Status?

N=310

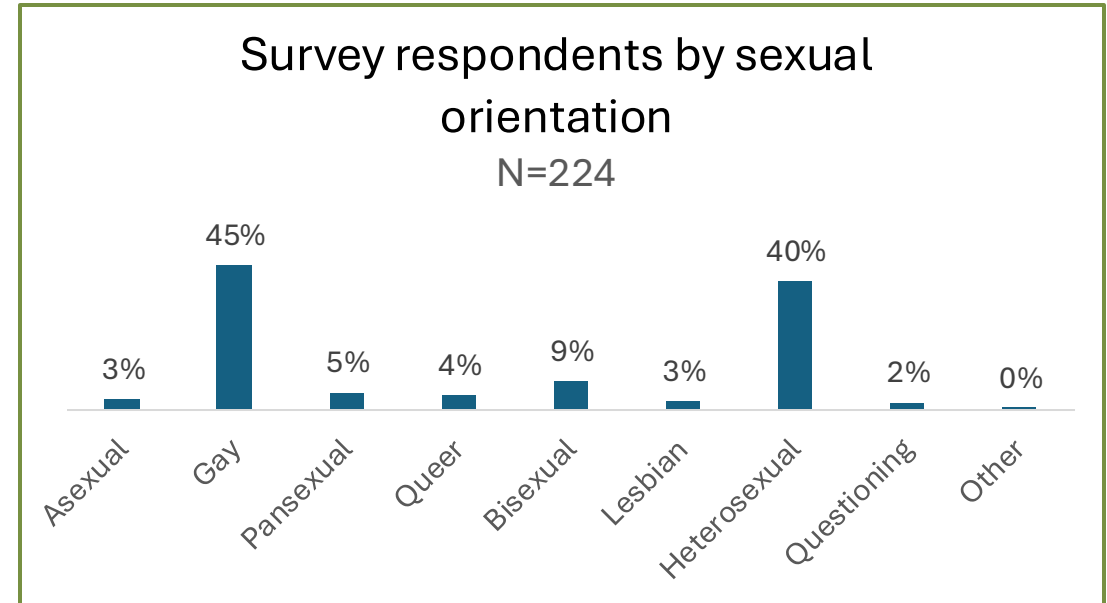
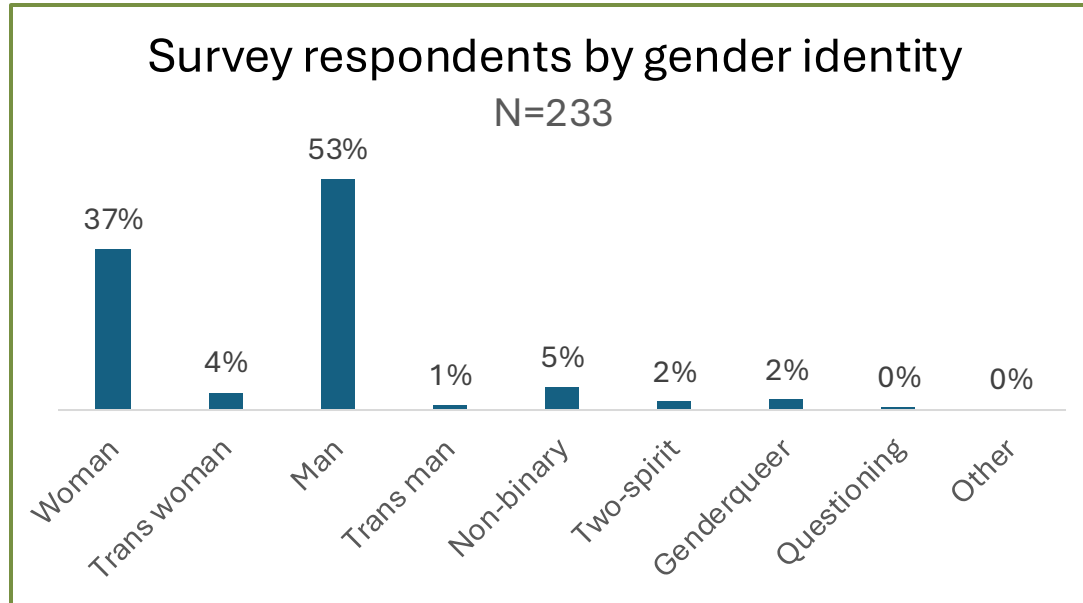


Q69. Do you receive medical care through the Ryan White HIV/AIDS Program?

N=310



Demographics



Age

N=232

Average: 48
Median: 48
Range: 21-92

Race/Ethnicity

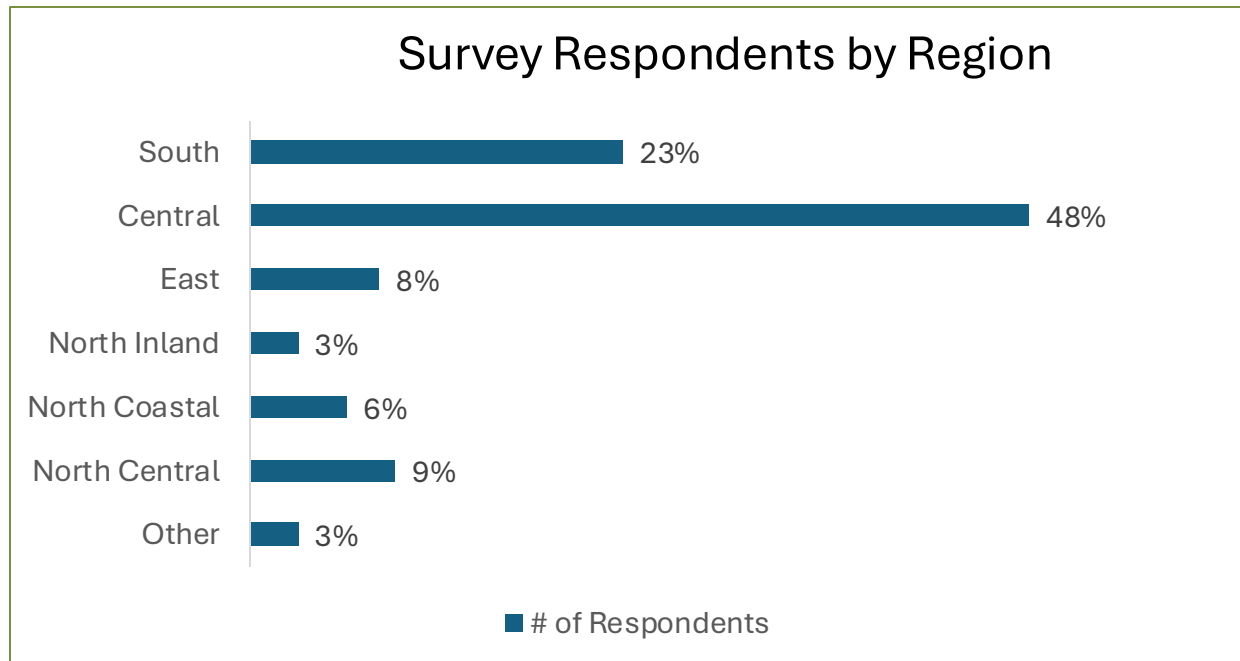
N=231

- 41% Latino/Hispanic
- 29% Mexican
- 28% White (non-Hispanic)
- 10% Black or African American
- 3% Pacific Islander/Hawaiian
- 3% Indigenous
- 3% Multiracial

Residence



Q62. *What is the ZIP code where you live or stay most nights?*
N=222 (151 English, 74 Spanish)



- 52 different ZIP codes listed
- Top 5 ZIP codes:
 - 92104 (Central) – 28 respondents
 - 92105 (Central) – 17 respondents
 - 92103 (Central) – 17 respondents
 - 92101 (Central) – 14 respondents
 - 91910 (South) – 13 respondents

Common Themes



Housing



- Help paying rent was the #1 unmet need across health, basic needs, and support services (N=239-252)
- When asked “what matters most to you right now?”, the most common response was housing (N=96)
- Homelessness/unstable housing was named as the most common reason for respondents being off HIV medication for more than 6 months (N=35)
- When asked what changes they would recommend to HIV services, several respondents mentioned housing, including “*more and better low housing opportunities*” (N=51)

“Housing is the most important issue right now.”

“Housing is a big problem due to its cost.”

“I feel very depressed with lack of housing...”

[Translated from Spanish]

“Getting off the street and being able to take care of myself [matters most]”

“Affordability of housing is a huge concern. Hoping to be accepted into HOPWA.”

Substance Use & Sobriety



- Substance use was listed as the second most common reason for respondents being off HIV medication for more than 6 months (N=35)
- Substance use was listed by several respondents as a reason that would impact their decision to stop taking HIV medication in the future (N=84)
- When asked “what matters most to you right now” many respondents stated sobriety (N=96)

“When I was using drugs I didn’t bother with to take my meds.”

“I should meet more sober people and develop friendships.”

“I was a heavy drug user so I was never adhering to my medication”

“Becoming drug free permanently [matters most]”

“was using drugs so didn’t think [supportive services] was important enough to try to get”

“completing SUD program [matters most]”

Social Support



- When asked “what matters most to you right now”, many respondents listed personal relationships (romantic love, friendship, family, support groups, etc.) (N=96)
- When asked what recommendations they had for HIV services, respondents shared ideas like social gatherings, support groups, online support, and town meetings (N=51)
- When asked what social support needs are not being met, respondents shared wanting better support groups and social connections, including those that encourage sobriety (N=10)

“My family and my friends that [are] like family [matter most]”

“Stigma against trans and intersex people (especially the pervasive view of trans men as not really men, even in the gay and trans communities) has impaired forming new support networks.”

“NO family to provide support”

“I am the support for several, including my elderly mother, but do not feel I have any support myself.”

English vs Spanish Differences

- Spanish survey respondents ranked food and medical specialty services in their top 5 most important services
- Spanish speaking respondents were more likely to mention mental/emotional health and mental health services, including:
 - When recommending changes to HIV services
 - When describing what matters most right now
- 10% of Spanish respondents say that they had trouble accessing services because they needed someone who spoke their language

| Q51. Ranking of Most Important Services | | |
|-----------------------------------------------------|------------------|-------------------|
| Category | Spanish N= 64 | English N= 159 |
| Dental | #1 – 47% | #1 – 54% |
| HIV/AIDS Medications | #2 – 44% | #2 – 47% |
| Food (home delivered meals, food bank, food pantry) | #3 – 38% | #10 – 18% |
| Medical specialist other than HIV specialist | #4 – 33% | #8 – 25% |
| HIV Primary Care | #5 – 30% | #3 – 47% |
| Help to pay rent | #5 – 30% | #5 – 30% |

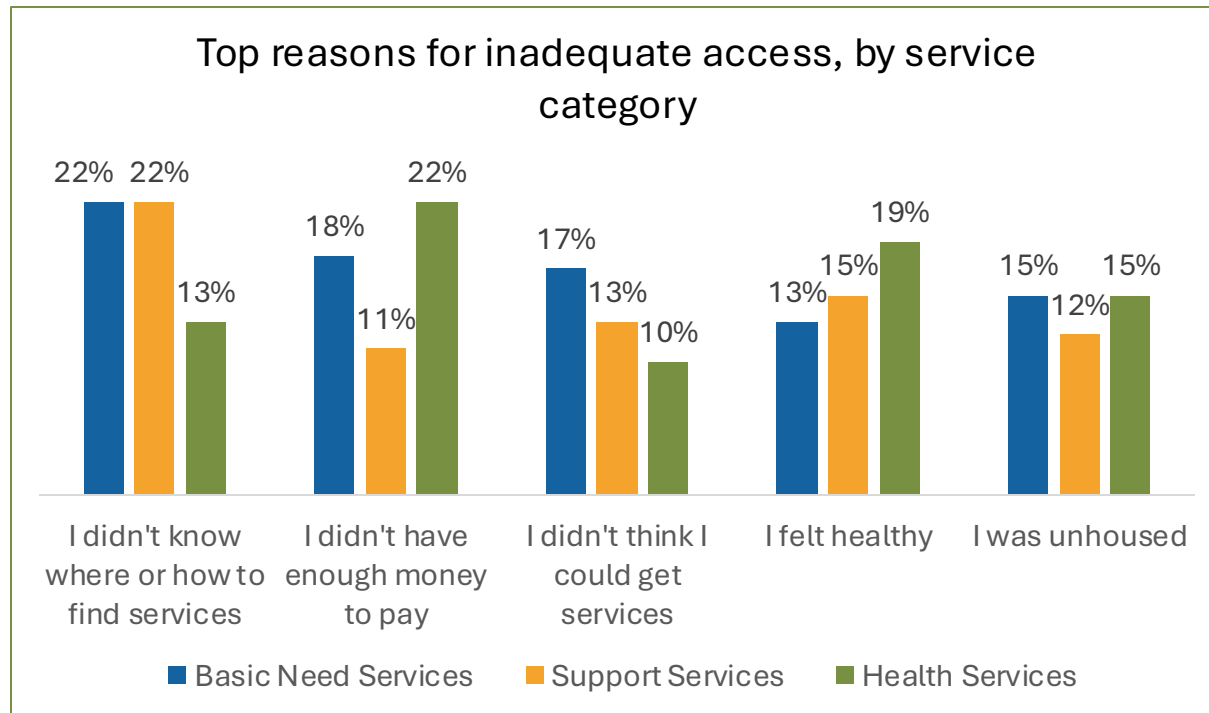
Note: Percentages reflect the total share of question respondents who selected each need as one of the top five most important

Trouble Accessing Services



Qs 46, 48, and 50. If you responded “I received this service, but it was hard to access” or “I needed this service, but couldn’t get it” for any of the [HEALTH, BASIC NEEDS, SUPPORT] SERVICES listed above, why did you have trouble accessing this/these service(s)?

Health (N=174), Basic Needs (N=150), Support (N=142)



“Keep in mind a lot of people refuse help when transgender is involved --passive discrimination of never replying to [texts], [calls], emails and not following through when I go in person”

Support Services

“I tried but no one called me back”

Basic Needs Services

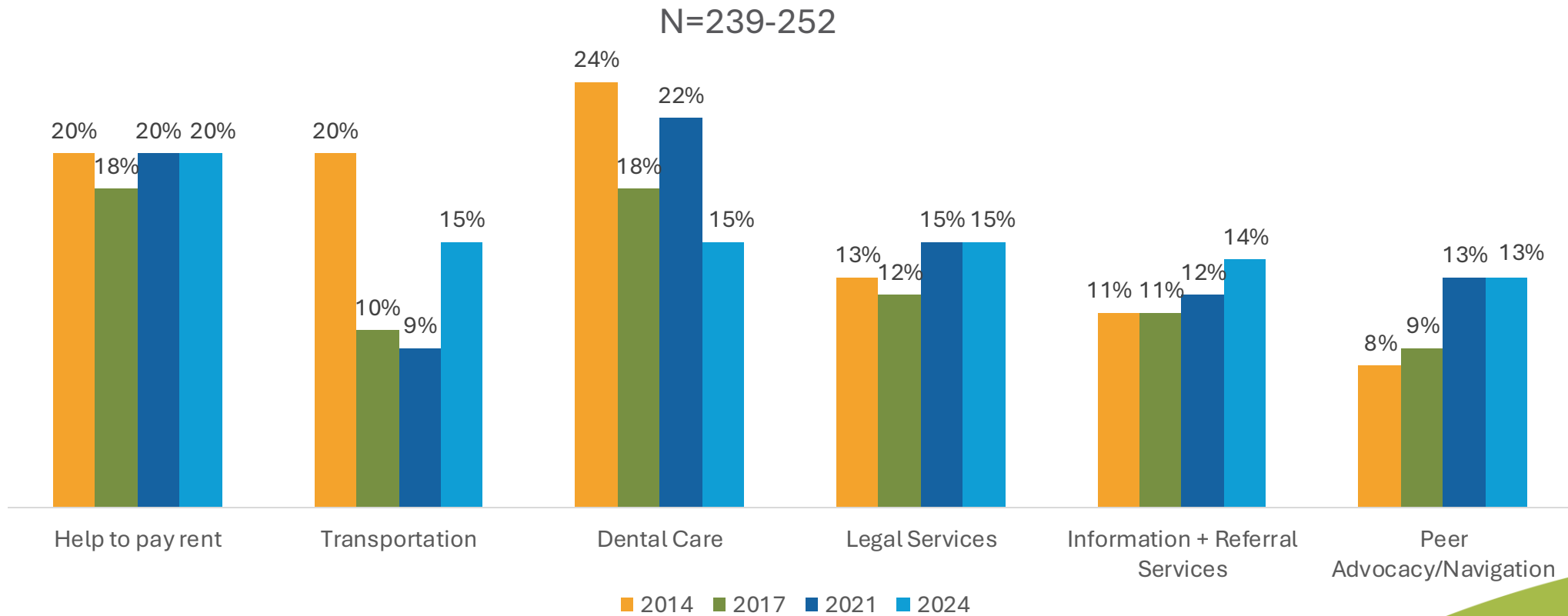
“...It has been VERY DIFFICULT to find a psychologist that understands my language and that understands the situation of HIV.”

Health Services [Translated from Spanish]

Top Unmet Needs



Top services that respondents indicated they “need but can’t get”, across health, basic needs, and support service categories



10-Year Trend: Top 5 Most Important Services



Q51. From the list below, which of the services are most important to you today? Only select TOP 5 and rank them from 1 (most important) to 5 by checking the corresponding box.

N=223 (159 English, 64 Spanish)

| 2024 | 2021 | 2017 | 2014 |
|-------------------------|---------------------------------------|---------------------------------------|-------------------------|
| #1. Dental Care | #1. HIV/AIDS medication | #1. HIV/AIDS medication | #1. HIV/AIDS medication |
| #2. HIV/AIDS medication | #2. HIV primary care | #2. HIV primary care | #2. HIV primary care |
| #3. HIV primary care | #3. Dental care | #3. Dental care | #3. Dental care |
| #4. Counseling/therapy | #4. Medical specialist other than HIV | #4. Case management | #4. Case management |
| #5. Help to pay rent | #5. Case management | #5. Medical specialist other than HIV | #5. Transportation |

Recommended Changes to HIV Services

Services for Adults 50+



Q86. *What changes, if any, would you recommend related to HIV services? What would help make it easier for you to use the different services that are available?*

N=51 (42 English, 9 Spanish)

- Most respondents were satisfied with services or did not have suggestions
- Recommendations included:
 - Better access/provider responsiveness (more appointments, reduced wait times, better scheduling, more responsive in answering phone calls, punctuality)
 - More information or knowledge about existing services, with specific reference to a centralized website for HIV services
 - Housing
 - Transportation support, including gas cards
 - Inclusivity – for older adults, but open to all people, including trans/intersex individuals

“More access, someone answering the phone”

“There are services that I didn't know there was. Maybe a webpage with everything is available”

“More social gatherings, more info and services available”

What Matters Most Services for Adults 50+



Q87. *What matters most to you right now?*

N=96 (72 English, 24 Spanish)

“Getting off the street and being able to take care of myself.”

“Housing currently in unstable housing and there is no affordable housing available.”

“My mental health as well as my physical health.”

“Better support group meetings, more advocacy programs for those living with HIV and need support, resources, better access.”

Top themes:

- Housing (32% of respondents)
- Staying healthy
- Finances/employment
- Mental health
- Medical care
- Community and close relationships
- Sobriety
- Fulfillment (happiness, purpose, living life)

“Learn more about this issue and be able to have more knowledge to be safe”
[Translated from Spanish]

“Making lifestyle changes that will promote long-term health as I age”

“My health, my emotional state, having access to my medications, housing, transportation and gas cards”
[Translated from Spanish]

“Becoming drug free permanently.”

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



**2025 Key Data Findings:
Ryan White Programs (RWP) Parts A/B
Regional Service Availability**



May 5, 2025

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:

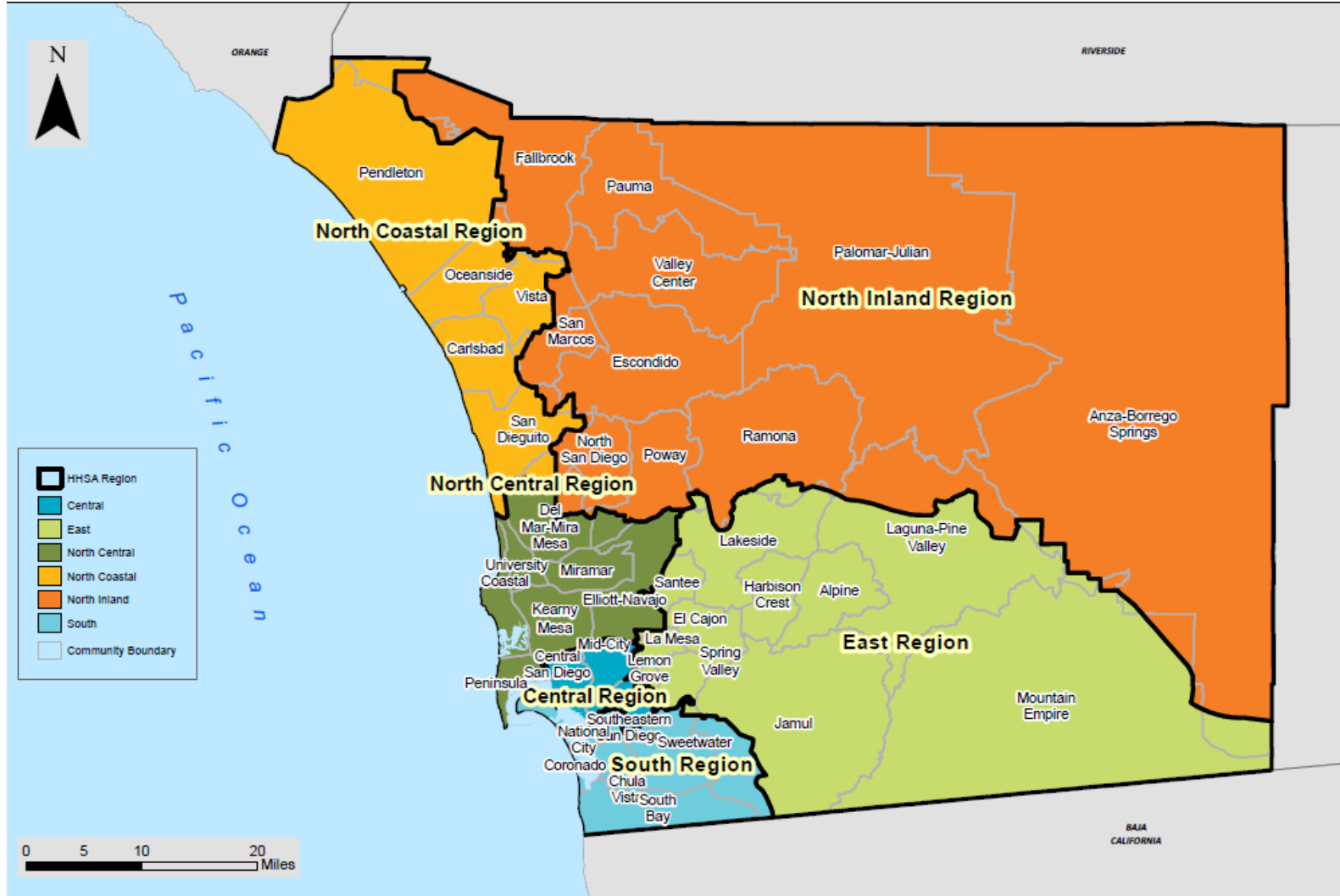
| Region(s)* | RWP Parts A/B funded services <u>not</u> available |
|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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) • Minority AIDS Initiative (MAI) |
| South | <ul style="list-style-type: none"> • Substance Use Treatment Services (Residential) ** |

*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.

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



San Diego HIV Planning Group
Priority Setting and Resource Allocation Committee

2025 Key Data Findings

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

Draft May 6, 2025



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 600% Federal Poverty Level (FPL)* (\$93,900 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 2025 600% FPL is \$93,900 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 February 4, 2025

| 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. Limited to those services authorized by the County of San Diego HSHB specialty services provider. | <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 competed, 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 competed, 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 | 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 | <ul style="list-style-type: none"> • |

| FY 24 Priority Rank/Category | Criteria | Limitations | Requires referral |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| | <p>Persons with AIDS (HOPWA), and Tenant-Based Rental Assistance (TBRA). 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> | <p>with medical or non-medical case managers as part of a treatment team approach.</p> | |
| <p>7. Housing: Partial Assistance Rental Subsidy (PARS)</p> | <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 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>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> <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. | <ul style="list-style-type: none"> • Case manager |
| <p>8. Housing: Emergency Housing</p> | <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 | <ul style="list-style-type: none"> • Case manager |

| FY 24 Priority Rank/Category | Criteria | Limitations | Requires referral |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| | | <p>or tenant-based rental assistance, have violated program guidelines in their use of emergency housing funds, or have been identified as ineligible for services.</p> <ul style="list-style-type: none"> • 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. | |
| 9. Housing Location, Placement and Advocacy Services | (The Strategies and Standards Committee will draft service standards for this service category) | | |
| 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 | <ul style="list-style-type: none"> • Case manager |

| FY 24 Priority Rank/Category | Criteria | Limitations | Requires referral |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| | | may be available for other purposes as determined appropriate. For parents and caregivers utilizing 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) | Eligible to receive Ryan White funded care 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. | Services are intended to complement and not replace other funded HIV prevention activities Exclusions: <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 Blue Treatment: Residential Care | Must have a written referral from the clinical provider as part of a substance use disorder | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <p>19.  Home and Community Based Health Services</p> | <p>treatment program funded under the Ryan White program</p> <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 |
| <p>20. Transportation Pool – Assisted & Unassisted</p> | <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 assisted transportation*:</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 unassisted transportation:</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 | <ul style="list-style-type: none"> • Case manager • Any service provider |

| FY 24 Priority Rank/Category | Criteria | Limitations | Requires referral |
|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| | | <p>passes and for those eligible for disabled 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> | |
| <p>21. Food Services/Home Delivered meals</p> | <p>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> | <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 |
| <p>22. Medical Nutrition Therapy</p> | <p>Must be referred by a medical provider</p> | <p>Case is closed when all action items on the nutrition plan are competed, and medical care is</p> | <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 | <p>stabilized. There are no annual limits on the number of services provided.</p> <p>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.</p> | |
| 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 | |

| FY 24 Priority Rank/Category | Criteria | Limitations | Requires referral |
|------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| | | <ul style="list-style-type: none"> Individuals who know their status and are not in care and need assistance to enter or re-enter HIV-related medical care | |
| 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 2024-25 PART A AWARD INFORMATION

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

RW 2024-25
YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN
Through February 2025

FY24-25 ALLOCATION BREAK DOWN

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

Ryan White Part A Allocations

% Elapsed 100%

| Service Categories | HRSA Ranking | Priority Ranking | RW 2024-25 HPG Initial Allocation | % | HPG & Recipient Approved Actions +/- | RW 2024-25 HPG Adjusted Allocation | % | RW 2024-25 Year to Date Expenditure | RW 2024-25 Year-to-Date % Expenditure/Budget | RW 2024-25 Balance | Comments |
|------------------------------------------------------------------------------------|--------------|------------------|-----------------------------------|-----|--------------------------------------|------------------------------------|-----|-------------------------------------|----------------------------------------------|--------------------|----------|
| Outpatient Ambulatory Health Services: Primary Care | 1l | 1 | 1,102,630.00 | 11% | 826,112.00 | 1,928,742.00 | 19% | 1,352,778.91 | 70% | 575,963.09 | |
| Outpatient Ambulatory Health Services: Medical Specialty | 1l | 2 | 195,000.00 | 2% | - | 195,000.00 | 2% | 147,641.00 | 76% | 47,359.00 | |
| Psychiatric Medication Management | 1j | 12 | 6,000.00 | 0% | 11,393.55 | 17,393.55 | 0% | 12,709.03 | 73% | 4,684.52 | |
| Oral Health | 1k | 3 | 160,940.00 | 2% | 80,631.00 | 241,571.00 | 2% | 161,407.62 | 67% | 80,163.38 | |
| Medical Case Management | 1h | 4 | 1,151,853.00 | 11% | - | 1,151,853.00 | 11% | 1,191,561.25 | 103% | (39,708.25) | |
| Non-Medical Case Management for Housing | | 6 | 200,000.00 | 2% | (200,000.00) | - | | - | 0% | - | |
| Housing: Emergency Housing | 2e | 7 | 1,515,998.00 | 15% | (332,483.00) | 1,183,515.00 | 12% | 1,082,734.18 | 91% | 100,780.82 | |
| Housing: Location, Placement and Advocacy Services NEW | | 8 | 100,000.00 | 1% | (100,000.00) | - | | - | 0% | - | |
| Housing: Partial Assistance Rental Subsidy (PARS) | 2e | 9 | 807,507.00 | 8% | 43,000.00 | 850,507.00 | 8% | 574,011.60 | 67% | 276,495.40 | |
| Non-Medical Case Management | 2h | 5 | 392,021.00 | 4% | - | 392,021.00 | 4% | 361,648.82 | 92% | 30,372.18 | |
| Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF) | 1c | 13 | 993,157.00 | 10% | - | 993,157.00 | 10% | 992,942.19 | 100% | 214.81 | |
| Childcare Services | 2a | | - | 0% | - | - | 0% | - | 0% | - | |
| Early Intervention Services: Regional Services | 1c | 14 | 810,000.00 | 8% | (20,000.00) | 790,000.00 | 8% | 695,543.64 | 88% | 94,456.36 | |
| Health Education & Risk Reduction | 2d | 14a | - | 0% | - | - | 0% | - | 0% | - | |
| Outreach Services | 2j | 14b | - | 0% | - | - | 0% | - | 0% | - | |
| Referral Services | 2l | 14c | - | 0% | - | - | 0% | - | 0% | - | |
| Referral to Health and Supportive Services (Peer Navigation) | | 16 | 300,000.00 | 3% | (86,800.00) | 213,200.00 | 2% | 195,353.42 | 92% | 17,846.58 | |

| Ryan White Part A Allocations | | | | | | | | | | | | |
|---------------------------------------------------------|--------------|------------------|------------------------------------------|-------------|-------------------------------------------------|-------------------------------------------|-------------|--------------------------------------------|-----------------------------------------------------|---------------------------|-----------------|----------|
| Service Categories | HRSA Ranking | Priority Ranking | RW 2024-25 HPG Initial Allocation | % | HPG & Recipient Approved Actions +/- | RW 2024-25 HPG Adjusted Allocation | % | % Elapsed | | 100% | | Comments |
| | | | | | | | | RW 2024-25 Year to Date Expenditure | RW 2024-25 Year-to-Date % Expenditure/Budget | RW 2024-25 Balance | | |
| Mental Health: Counseling/Therapy & Support Groups | 1j | 10 | 900,000.00 | 9% | (171,000.00) | 729,000.00 | 7% | 649,405.81 | 89% | 79,594.19 | | |
| Psychosocial Support Services | | 17 | 46,744.00 | 0% | (46,744.00) | - | 0% | - | 0% | - | | |
| Substance Abuse Services: Outpatient | 1m | 11 | 260,127.00 | 3% | 53,000.00 | 313,127.00 | 3% | 312,837.94 | 100% | 289.06 | | |
| Substance Abuse Services: Residential | 2o | 18 | - | 0% | - | - | 0% | - | 0% | - | | |
| Home-based Health Care Coordination | 1e | 19 | 228,500.00 | 2% | (73,120.00) | 155,380.00 | 2% | 107,676.90 | 69% | 47,703.10 | | |
| Transportation: Assisted and Unassisted | 2g | 20 | 122,830.00 | 1% | 29,000.00 | 151,830.00 | 1% | 140,770.99 | 93% | 11,059.01 | | |
| Food Services: Food Bank/Home-Delivered Meals | 2c | 21 | 536,073.00 | 5% | - | 536,073.00 | 5% | 535,362.04 | 100% | 710.96 | | |
| Medical Nutrition Therapy | 1i | 22 | 35,542.00 | 0% | - | 35,542.00 | 0% | 33,693.12 | 95% | 1,848.88 | | |
| Legal Services | 2i | 23 | 285,265.00 | 3% | - | 285,265.00 | 3% | 285,232.84 | 100% | 32.16 | | |
| Emergency Financial Assistance | 2b | 24 | 36,856.00 | 0% | 42,804.00 | 79,660.00 | 1% | 67,237.95 | 84% | 12,422.05 | | |
| Home Health Care | 1f | 25 | - | 0% | - | - | 0% | - | 0% | - | | |
| Early Intervention Services: HIV Counseling and Testing | 1c | 26 | - | 0% | - | - | 0% | - | 0% | - | | |
| Cost-Sharing Assistance | 1d | 27 | - | 0% | - | - | 0% | - | 0% | - | | |
| Hospice | 1g | 28 | - | 0% | - | - | 0% | - | 0% | - | | |
| Subtotal | | | 10,187,043.00 | 100% | 55,793.55 | 10,242,836.55 | 100% | 8,900,549.25 | 87% | 1,342,287.30 | | |
| Ryan White Part A Minority AIDS Initiative (MAI) | | | RW 2024-25 HPG Initial Allocation | | HPG & Recipient Approved Actions +/- | RW 2024-25 HPG Adjusted Allocation | % | RW 2024-25 Year to Date Expenditure | RW 2024-25 Year-to-Date % Expenditure/Budget | RW 2024-25 Balance | Comments | |
| Multi-Disciplinary Team | | | 593,183.00 | | - | 593,183.00 | 86% | 511,851.00 | 86% | 81,332.00 | | |
| Housing: Emergency Housing | | | 100,000.00 | | - | 100,000.00 | 14% | 92,377.19 | 92% | 7,622.81 | | |
| Subtotal | | | 693,183.00 | | - | 693,183.00 | 100% | 604,228.19 | 87% | 88,954.81 | | |
| TOTAL | | | 10,880,226.00 | | 55,793.55 | 10,936,019.55 | | 9,504,777.44 | 87% | 1,431,242.11 | | |

| CORE and Support Services Allocation Breakdown | | | |
|------------------------------------------------|----------------------|---------------------|---------------------|
| Total Allocation | | Total Expenditure | Total Balance |
| CORE Medical Services | 5,186,313.55 | 4,291,536.21 | 894,777.34 |
| Support Services | 5,103,029.70 | 4,609,013.04 | 494,016.66 |
| TOTAL | 10,289,343.25 | 8,900,549.25 | 1,388,794.00 |

Other funding info

Month:

Feb-25 Part A & Part B Prevention Comp A/C HRSA 20-078

YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN AS OF DEC 2024

RW2425 SERVICE DOLLAR ALLOCATIONS AND EXPENDITURES

| Funding Source | RW 2024/2025 Service Dollars | Contract YTD Expenditure | % of Year Invoiced | % Spent | Balance | Comments |
|-----------------------------------------------------------|------------------------------|--------------------------|--------------------|---------------|---------------------|-----------------------------------------|
| Ryan White Part B | | | | | | |
| Outpatient Ambulatory Health Services (Medical) | - | - | 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 | \$164,126.51 | 91.60% | 87.35% | 23,773.49 | Part B Payment Summary |
| Medical Case Management (Emergency Financial Assistance) | 177,600.00 | \$99,170.74 | 91.60% | 55.84% | 78,429.26 | Part B Payment Summary |
| Housing (Substance Abuse Services-Residential) | 589,552.00 | \$512,534.77 | 91.60% | 86.94% | 77,017.23 | Part B Payment Summary |
| Non-medical Case Management (Rep Payee) | 50,000.00 | \$31,160.91 | 91.60% | 62.32% | 18,839.09 | Part B Payment Summary |
| CoSD Medical Case Management | 392,403.61 | 272,862.43 | 91.60% | 69.54% | 119,541.18 | Part B Cost Report |
| CoSD Early Intervention Services | 375,134.29 | 333,475.31 | 91.60% | 88.89% | 41,658.98 | Part B Cost Report |
| Ryan White Part B Total | 1,772,589.90 | 1,413,330.67 | | | 359,259.23 | |
| Prevention (27-0047) - awaiting | | | | | | |
| <i>Counseling and Testing</i> | | | | 0.00% | - | Payment Summary |
| <i>Evaluation/ Linkage Activities/ Needs Assessment</i> | | | | 0.00% | - | Payment Summary |
| Prevention Total | - | - | | 0.00% | - | |
| HRSA Ending the HIV Epidemic Total - 20-078 FY2324 | 4,061,078.00 | 624,269.73 | | 15.37% | 3,436,808.27 | Payment Summary |
| TOTAL | 5,833,667.90 | 2,037,600.40 | | | 3,796,067.50 | |

Ryan White Utilization Report

Summary of
Services for FY 24

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

HIV, STD and Hepatitis Branch



**HIV PLANNING GROUP
6-MONTH COMMITTEE TRACKING
May 2024 - April 2025**

| PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE | | | | | | | | | | | | | | | | |
|--------------------------------------------------|-----|-------|--------|--------|--------|--------|-----|-----|-----|-----|-----|-----|-----|-----|-------|---|
| PSRAC | May | 6-Jun | 13-Jun | 11-Jul | 18-Jul | 25-Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | April | # |
| Total meetings | 1 | 1 | 1 | 1 | 1 | 1 | | 0 | 1 | 1 | | 1 | 0 | 1 | 0 | 7 |
| (9) Members | | | | | | | | | | | | | | | | |
| Aguirre Mendoza, Marco | * | * | 1 | * | * | * | | NM | * | * | | JC | NQ | JC | NM | 0 |
| Jacobs, Dr. Delores | * | * | * | * | * | * | | NM | 1 | * | | 1 | NQ | * | NM | 2 |
| Davenport, Beth | * | * | * | * | * | * | | NM | * | * | | * | NQ | * | NM | 0 |
| Fleming, Tyra ^{cc} | * | * | JC | * | * | * | | NM | * | * | | * | NQ | * | NM | 0 |
| Garcia-Bigley, Felipe | * | * | * | * | 1 | * | | NM | * | * | | * | NQ | * | NM | 0 |
| Kubricky, Cinnamen | * | * | 1 | * | * | * | | NM | 1 | * | | JC | NQ | * | NM | 1 |
| Matthews, Eva | | | | | | | | | | | | * | NQ | JC | NM | 0 |
| Mueller, Chris | * | * | * | * | * | * | | NM | * | * | | * | NQ | * | NM | 0 |
| Van Brocklin, Rhea ^c | * | * | * | * | * | * | | NM | * | 1 | | * | NQ | * | NM | 1 |

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

* = Present

1 = Absent for the month

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

JC = Just Cause

EC = Emergency Circumstance

NM = No Meeting

NQ = No Quorum

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

CY 2025 WORKPLAN

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

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

CY 2025 WORKPLAN

| | | |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <p>3. Monthly Report Review</p> | <ul style="list-style-type: none"> Review data on Ryan White's service eligibility criteria & other service guidelines and discuss findings Review the Qualitative results from the 2024 Survey of HIV Impact of the Needs Assessment Partial Assistance Rental Subsidy (PARS) report Review service categories that underspend (monthly) Review YTD data on service utilization and discuss findings. |
| <p>June 12, 2025 3 hours</p> | <p>Data:</p> <ol style="list-style-type: none"> HIV/AIDS Epidemiology Co-occurring Conditions, Poverty, and Insurance Regional distribution of RWTEA Part A/B Services Ryan White Service Eligibility Criteria <p>Reports:</p> <ol style="list-style-type: none"> PARS Report Monthly Report Review | <ul style="list-style-type: none"> Address change in FY 25 Part A funding (if needed) Special data needs from the Recipients' Office Review updated HIV/AIDS Epidemiology Data and discuss findings (if available) Review data on Co-occurring Conditions, Poverty, and Insurance and discuss findings Review data on the regional distribution of RWTEA Part A/B services and discuss findings Review data on Ryan White's service eligibility criteria & other service guidelines and discuss findings Partial Assistance Rental Subsidy (PARS) report Review service categories that underspend (monthly) Review YTD data on service utilization and discuss findings. Review the full report from the 2024 Survey of HIV Impact of the Needs Assessment |
| <p>June 26, 2025 3 hours</p> | <p>Data:</p> <ol style="list-style-type: none"> HIV Care Continuum Unmet Needs Estimate/Unaware Estimate <p>Reports:</p> <ol style="list-style-type: none"> PARS Report | <ul style="list-style-type: none"> Review data on the HIV Care Continuum/Unaware Estimate and discuss findings <ul style="list-style-type: none"> Include data on RW clients vs. all clients Include data on viral suppression rates (include RW clients vs. all clients) Review data on Unmet Need Estimate and Unaware Estimate and discuss findings Summarize/Finalize Key Findings data on HIV Epidemiology |

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

CY 2025 WORKPLAN

| | | |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <p>2. Monthly Report Review</p> | <ul style="list-style-type: none"> • Summarize/Finalize Key Findings data on regional distribution of Ryan White Part A/B services • Summarize/Finalize Key Finding data on Service Eligibility Criteria • Presentation on Minority AIDS Initiative (MAI) funding and its uses for services in all regions • Review HRSA and Ryan White Part A guidelines (PCN 1602) • Review 2024 Survey of HIV Impact of the Needs Assessment and discuss findings (including Out-Of-Care data) • Review YTD data on service utilization and discuss findings. |
| <p>July 10, 2025 3 hours</p> | <p>Data:</p> <ol style="list-style-type: none"> 1. Non-RW Services in the Community 2. 2024 Survey of HIV Impact from the Needs Assessment 3. Regional Focus Groups data 4. HIV Care Continuum / Unaware Estimate/Unmet Need Estimate 5. RWTEA Part A Services <p>Reports:</p> <ol style="list-style-type: none"> 1. PARS Report 2. Monthly Report Review | <ul style="list-style-type: none"> • Summarize/Finalize Key Findings data on HIV Care Continuum/Unaware Estimate • Summarize/Finalize Key Finding data on Unmet Need Estimate and Unaware Estimate • Review information on non-Ryan White services in the community, esp. mental health and drug and alcohol services • (The county's budget includes some of this detail) https://www.sandiegocounty.gov/openbudget/ • Review data on Ryan White's service eligibility criteria & other service guidelines and discuss findings (including Out-Of-Care data) • Review, summarize, and finalize data on regional focus groups and the GTZ Action Plan Community Feedback Report, and discuss findings • Summarize YTD data on service utilization and discuss findings • PARS Report criteria and other service guidelines • Review service categories that underspend (monthly) • Review YTD data on service utilization and discuss findings. |
| <p>July 24, 2025 3 hours</p> | <p>Data:</p> <ol style="list-style-type: none"> 1. HIV/AIDS Epidemiology | <ul style="list-style-type: none"> • Review/summarize any additional data that is available, including key findings by service category and Overall summary of data. |

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

CY 2025 WORKPLAN

| | | |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <ol style="list-style-type: none"> 2. All data findings/ Overall Summary and KF by service category 3. FY 26 Service Priority Ranking 4. FY 26 Funding Allocation Recommendations | <ul style="list-style-type: none"> • Recommendations with justifications to the HIV Planning Group for service priority ranking and how services should be organized and delivered in FY 26 (March 1, 2026 – February 28, 2027) • Complete recommendations with justifications for changes in funding allocations in level and reduction-funding scenarios for FY 26 (March 1, 2026 – February 28, 2027). • Recommendations for how services should be organized and delivered in FY 26 (March 1, 2026 – February 28, 2027) |
| <p>July 31, 2025</p> <p>3 hours</p> | <p>Data:</p> <ol style="list-style-type: none"> 1. All data findings/summaries, including KF by service category <p>Reports:</p> <ol style="list-style-type: none"> 1. Monthly Report Review 2. Other Business as Needed (FY 25 Reallocations) | <ul style="list-style-type: none"> • Recommendations for FY 25 reallocations (current fiscal year, March 1, 2025 – February 28, 2026) • As needed to complete the FY 26 priority setting and budget priority ranking and funding allocation process (next fiscal year, March 1, 2026 – February 28, 2027) • Recommendations for how services should be organized and delivered in FY 26 (March 1, 2025 – February 28, 2026) • Review/summarize additional available data • Partial Assistance Rental Subsidy (PARS) report • Review service categories that underspend (monthly) • Review YTD data on service utilization and discuss findings. |
| <p>August 14, 2025</p> <p>3 hours</p> | <p>Data:</p> <ol style="list-style-type: none"> 1. All data findings/summaries, including KF by service category <p>Reports:</p> <ol style="list-style-type: none"> 2. Monthly Report Review 3. Other Business as Needed (FY 25 Reallocations) | <ul style="list-style-type: none"> • <u>If needed</u> • Recommendations for FY 25 reallocations (current fiscal year, March 1, 2025 – February 28, 2026) • As needed to complete the FY 26 priority setting, budget priority ranking and funding allocation process (next fiscal year, March 1, 2026 – February 28, 2027) • Recommendations for how services should be organized and delivered in FY 26 (March 1, 2025 – February 28, 2026) • Review/summarize additional available data • Partial Assistance Rental Subsidy (PARS) report • Review service categories that underspend (monthly) • Review YTD data on service utilization and discuss findings. |

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

CY 2025 WORKPLAN

| | | |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>September 11, 2025</p> | <p>Data:</p> <ol style="list-style-type: none"> 1. Debrief PSRA process 2. CY 2026 Work Plan <p>Reports:</p> <ol style="list-style-type: none"> 1. PARS Report 2. Monthly Report Review | <ul style="list-style-type: none"> • Debrief the FY 26 priority setting and budget allocation process • Develop CY2026 PSRAC work plan • Partial Assistance Rental Subsidy (PARS) report • Review service categories that underspend (monthly) • Review YTD data on service utilization and discuss findings. |
| <p>October 9, 2025</p> | <p align="center"><i>No meeting scheduled</i></p> | |
| <p>November 13, 2025</p> | <p>Reports:</p> <ol style="list-style-type: none"> 1. PARS Report 2. Monthly Report Review | <ul style="list-style-type: none"> • Partial Assistance Rental Subsidy (PARS) report • Review service categories that underspend (monthly) • Review YTD data on service utilization and discuss findings. |
| <p>December 11, 2025</p> | <ul style="list-style-type: none"> • <i>No meeting scheduled</i> | |



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

APPENDIX

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ASSEMBLY BILL (AB) 2302: THE USE OF JUST CAUSE AND EMERGENCY CIRCUMSTANCES (2025)

(An Amendment to AB 2449)

If the physical attendance quorum requirement is met, AB 2302 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 |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>"Just Cause"</p> | <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 person. ▪ 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. | <p>A member is limited to two (2) virtual attendances due to "just cause" per calendar year.</p> |
| <p>"Emergency Circumstances"</p> | <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:</p> <ol style="list-style-type: none"> 1. Make a request to the body to allow the member to meet remotely due to an emergency circumstance; and 2. Provide a general description of no more than 20 words of the circumstance justifying such attendance. <p>A request from a member to attend remotely 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 meeting¹.</p> |

¹If 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 2302 imposes the following three (3) additional requirements on legislative body members seeking to appear remotely at public meetings:

1. The member:
 - Notifies the legislative body 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. **OR**
 - Requests the legislative body to allow them to participate in the meeting remotely due to emergency circumstances and the legislative body takes action to approve the request. (See "requirements/limitations" for the use of emergency circumstances.)
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.