

## PRIORITY SETTING AND RESOURCE ALLOCATION COMMITTEE (PSRAC)



Thursday, June 11, 2026, 1:00 PM – 4:00 PM  
Southeastern Live Well Center  
5101 Market Street, San Diego, CA 92114  
Meeting Rooms A and B

**The Charge of the Priority Setting and Resource Allocation Committee:** To review, analyze, and consider available data and make recommendations to the HIV Planning Group based upon that data regarding service priorities, service delivery, and funding allocation by service category, including the commitment to addressing racial/ethnic disparities for Black/African American MSM (retention in care, viral load suppression), Latinx MSM (late and simultaneous diagnoses) and transgender/Non-Binary persons (lack of data and non-representative participation).

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# Meeting Location & Directions:

## Priority Setting and Resource Allocation Committee (PSRAC)

Thursday, June 11, 2026

1:00 PM – 4:00 PM

### **Southeastern Live Well Center**

5101 Market Street

San Diego, CA 92114

Meeting Rooms A & B



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

### **FROM I-805 SOUTH:**

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

### **FROM I-805 NORTH:**

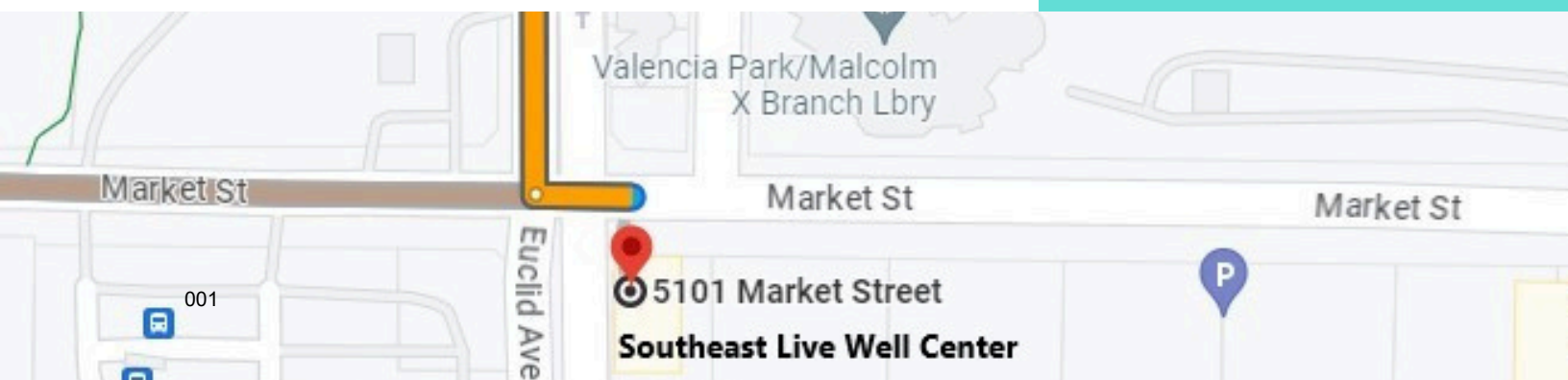
1. Head southeast on I-805 South.
2. Take exit 13A for CA-94-E/M L King Jr. Fwy.
3. Merge onto CA-94 E.
4. Take exit 4A for Euclid Ave.
5. Turn left onto Euclid Ave.
6. Use the left 2 lanes to turn left onto Market St.
7. The destination will be on your right.



### **PUBLIC TRANSPORTATION**

**MTS Trolley:**  
Orange Line

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



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Meeting Rooms A and B

### To participate remotely via Zoom:

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

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

Meeting ID: 829 7938 5521 | Password: PSRAC

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

Please contact HPG Support Staff via e-mail at [hpg.hhsa@sdcounty.ca.gov](mailto:hpg.hhsa@sdcounty.ca.gov).

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

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

### ORDER OF BUSINESS

1. Call to order, roll call, comments from the chair
2. Reminders
  - a. **Review Committee Charge**
  - b. **Committee members' Conflicts of Interest:** Disclose areas of financial interest (e.g., employment); Refrain from participation in related votes.
  - c. **Areas NOT the purview of this committee:** Selection of contractors; contract details; how contractors implement contracted services (e.g., staff salaries). These are the sole purview of the Recipient.
  - d. **Focus on service priorities, not on specific service providers**
  - e. **Rules for the meeting** (as necessary): Committee members are limited to two (2) minutes per comment and limited to two (2) comments per item; public comments are welcome at the beginning and prior to each agenda item, limited to two (2) minutes so that all have an opportunity to participate.
3. Public comment on non-agenda items (for members of the public)
4. Sharing our concerns (for committee members)
5. **ACTION:** Approve the PSRAC agenda for June 11, 2026
6. **ACTION:** Approve the PSRAC minutes for May 7, 2026
7. Old Business:
  - a. None
8. New Business:
  - a. **ACTION:** Recommendations for FY 26 reallocations (current fiscal year, March 1, 2026 – February 28, 2027)
  - b. **ACTION:** Establish new priority rankings for revised FY 26 service categories

## PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

- c. **ACTION:** Review and approve data on Ryan White’s service eligibility criteria and other service guidelines
  - d. **ACTION:** Review and approve HIV/AIDS epidemiology data
  - e. **ACTION:** Review and approve data on co-occurring conditions, poverty, and insurance
9. Routine Business:
- a. **Review:** Monthly and year-to-date expenditures
  - b. **Update:** Partial Assistance Rent Subsidy (PARS) and Emergency Housing
  - c. **Review:** Monthly and year-to-date service utilization report
  - d. **Review:** Committee attendance
10. Suggested agenda items for the future committee meetings
11. Announcements
- Next meeting date:** June 25, 2026, at 1:00 PM – 4:00 PM
- Location:** Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114  
(Meeting Rooms B and C)
12. Adjournment

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

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

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



Thursday, May 7, 2025, 3:00 PM – 5:00 PM  
Southeastern Live Well Center,  
5101 Market Street, San Diego, CA 92114  
Tubman Chavez Room A

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

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

**Committee Members Absent:** Beth Davenport | Kalee Garland | Pamuela Halliwell

**MEETING MINUTES**

Agenda Item	Action	Follow-up
1. Call to order	Rhea Van Brocklin called the meeting to order at 3:02 PM and noted an in-person quorum. A moment of silence was observed.	
2. Reminders	Rhea reminded the committee about the housekeeping items outlined in the agenda.	
3. Public Comment on non-agenda items (for members of the public)	None	
4. Sharing our concerns (for committee members)	The following comments were shared: <ul style="list-style-type: none"> <li>- A concern about the rising fuel costs and the gas station of choice for mileage reimbursement.</li> <li>- A concern about the rising cost of living.</li> </ul>	
5. <b>ACTION:</b> Review and approve the agenda for May 7, 2026	<b>Motion:</b> Approve the May 7, 2026 meeting agenda as presented <b>Motion/Second/Count (M/S/C):</b> Garcia-Bigley/Matthews/8-0 <b>Abstentions:</b> Van Brocklin <b>Motion carries</b>	
6. <b>ACTION:</b> Review and approve the minutes for January 8, 2026	<b>Motion:</b> Approve the minutes for January 8, 2026 <b>M/S/C:</b> Mathews/Garcia-Bigley/8-0 <b>Abstentions:</b> Van Brocklin <b>Motion carries</b>	
7. <b>Old Business</b>		
a. <b>ACTION:</b> Approve PSRAC attendance policy	<b>Motion:</b> Approve the following PSRAC attendance policy: Members	

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

Agenda Item	Action	Follow-up
	may not miss more than three meetings in 12 months. <b>M/S/C:</b> Jacobs/Westcott/8-0 <b>Discussion:</b> none <b>Abstentions:</b> Van Brocklin <b>Motion carries</b>	
<b>8. New Business</b>		
a. <b>ACTION:</b> Approve a co-chair	<b>Motion:</b> Approve Tyra Fleming as PSRAC co-chair <b>M/S/C:</b> Jacobs/Mueller/8-0 <b>Abstentions:</b> Van Brocklin <b>Motion carries</b>	<b>Motion:</b> <b>Approve Rhea as a Co-Chair</b>
b. <b>ACTION:</b> Recommendations for FY 26 reallocations (current fiscal year, March 1, 2026 – February 28, 2027)	None	
c. <b>ACTION:</b> Confirm priorities for FY 26 categories	The following discussion took place: <ul style="list-style-type: none"> <li>- Rhea Van Brocklin and Patrick Loose provided an update on the direction from the Health Resources and Services Administration (HRSA) regarding aligning the service categories with Policy Clarification Notice (PCN) 16-02.</li> <li>- The committee was assured that data will still be provided on the certain impacted populations even if the service categories are being combined or eliminated, including coordinated services.</li> <li>- A concern that questions regarding potential conflicts of interest had not been fully addressed. It was clarified that the direction from HRSA also addresses the service models.</li> <li>- A comment that consolidating data may improve readability and transparency for consumers and was viewed as a positive step toward</li> </ul>	Recipients' Office to work with HPG Support Staff (HPG SS) and Dr. Tweeten to evaluate data that will help guide decisions

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

Agenda Item	Action	Follow-up
	<p>addressing concerns related to conflicts of interest.</p> <ul style="list-style-type: none"> <li>- A question regarding the ability to report demographic and age-related data for different groups.</li> <li>- A recommendation to keep this as a standing item on the agenda to evaluate what data would be necessary to make informed decisions moving forward.</li> <li>- A recommendation to table rankings until June and prioritize reviewing and approving the revised service categories.</li> </ul> <p><b>Motion:</b> Approve combining Outpatient/Ambulatory Health Services (OAHS) Primary Care (#1) with OAHS Medical Specialty (#2) under OAHS with an intent to establish new rank, funded at \$1,996,037.</p> <p><b>M/S/C:</b> Jacobs/Van Brocklin/7-0</p> <p><b>Abstentions:</b> Garcia-Bigley, Mueller</p> <p><b>Motion carries</b></p> <p><b>Motion:</b> Approve splitting up Coordinated HIV Services for Women, Infants, Children, and Families into Early Intervention Services (and increasing that category funding by \$195,596 for a revised total of \$948,596), Medical Case Management (and increasing that category funding by \$193,954 for a revised total of \$1,345,806), Non-Medical Case Management (and increasing that category funding by \$122,854 for a revised total of \$514,876), Mental Health (and increasing that category funding by \$327,730 for a revised total of \$931,230) Childcare (and increasing</p>	

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Agenda Item	Action	Follow-up
	<p>that category funding by \$27,573 for a revised total of \$27,573), Referral for Health Care and Other Supportive Services (and increasing that category funding by \$110,197 for a revised total of \$379,049), and Transportation (and increasing that category funding by \$15,253 for a revised total of \$117,083).</p> <p><b>M/S/C:</b> Aguirre Mendoza/Westcott/4-0  <b>Abstentions:</b> Garcia-Bigley, Jacobs, Kubricky, Mueller, Van Brocklin  <b>Motion carries</b></p> <p><b>Motion:</b> Approve combining Mental Health: Psychiatric Medication Management with Mental Health: Counseling and Therapy under Mental Health with an intent to establish new rank, funded at \$931,230.</p> <p><b>M/S/C:</b> Westcott/Aguirre Mendoza/6-0  <b>Abstentions:</b> Garcia-Bigley, Mueller  <b>Motion carries</b></p> <p><b>Motion:</b> Approve combining Non-Medical Case Management for Housing, Emergency Housing, PARS, and Housing Location, Placement and Advocacy under Housing with an intent to establish new rank, funded at \$2,005,781.</p> <p><b>M/S/C:</b> Garcia-Bigley/Mueller/7-0  <b>Abstentions:</b> Kubricky  <b>Motion carries</b></p> <p><b>Motion:</b> Approve renaming Legal Services to “Other Professional Services” with an intent to establish a new rank.</p> <p><b>M/S/C:</b> Aguirre Mendoza/Garcia-Bigley/9-0  <b>Abstentions:</b> none  <b>Motion carries</b></p>	

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<b>Agenda Item</b>	<b>Action</b>	<b>Follow-up</b>
	<p><b>Motion:</b> Approve renaming Peer Navigation (Referral to Health Care and Support Services) to Referral for Health Care and Support Services.  <b>M/S/C:</b> Aguirre Mendoza/Jacobs/7-0  <b>Abstentions:</b> Garcia-Bigley/Van Brocklin/7-0  <b>Motion carries</b></p>	
d. <b>ACTION:</b> Review and approve the data on the regional distribution of Ryan White Treatment Extension Act (RWTEA) part A/B services	<p><b>Motion:</b> Approve the data on the regional distribution of Ryan White Treatment Extension Act (RWTEA) part A/B services  <b>M/S/C:</b> Mueller/Jacobs/7-0  <b>Abstentions:</b> Van Brocklin, Westcott  <b>Motion carries</b></p>	
e. <b>ACTION:</b> Review and approve data on Ryan White’s service eligibility criteria and other service guidelines	Tabled	
f. <b>Discussion:</b> Address changes in FY 26 Part A funding (if needed)	No updates to funding until the final award is announced.	
g. <b>Presentation:</b> Core Medical Services Waiver and the 75% grant funding spending requirement	Lauren Brookshire presented on Core Medical Service waiver and what the intent is.	
<b>9. Routine Business</b>		
a. <b>Review:</b> Monthly and year-to-date expenditures	Patrick Loose presented on the monthly and year-to-date expenditures.	
b. <b>Update:</b> Partial Assistance Rent Subsidy (PARS) and Emergency Housing	Patrick Loose presented on the PARS report and Emergency Housing.	
c. <b>Review:</b> Monthly and year-to-date service utilization report	Patrick Loose reviewed the year-to-date utilization, citing the steepest changes in primary care, mental health services, and transportation.	
d. <b>Review:</b> Committee attendance	The committee was encouraged to review their attendance.	
10. Suggested agenda items for the future committee meetings	None	

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

<b>Agenda Item</b>	<b>Action</b>	<b>Follow-up</b>
11. Announcements	Rhea Van Brocklin noted two additional meeting dates over the next two months that were added in case they are needed.	
Next Meeting	Date: June 11, 2026 Time: 1:00 PM – 4:00 PM Location: Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114 (Meeting Rooms A and B)	
12. Adjournment	Meeting adjourned at 5:00 PM.	

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	PSRAC CONFLICT OF INTEREST (COI) SHEET						
	Davenport, Beth	Garcia Bigley, Felipe	Halliwell, Pamuela	Matthews, Eva	Mueller, Chris	Van Brocklin, Rhea	Westcott, Joe
Childcare Services							
Early Intervention Services (EIS): Regional Services							
Early Intervention Services (EIS): Minority AIDS Initiative							
Emergency Financial Assistance							
Food Services: Food Bank/Home Delivered Meals							
Health Education and Risk Reduction							
Home-based Health Care Coordination							
Housing							
Medical Case Management							
Medical Nutrition Therapy							
Mental Health							
Non-Medical Case Management							
Oral Health							
Other Professional Services							
Outpatient Ambulatory Health Services (OAHS)							
Psychosocial Support Services							
Referral for Health Care and Support Services							
Substance Use Tx Services: Outpatient							
Substance Use Tx Services: Residential							
Transportation - Assisted and Unassisted							

*No Conflicts*

Aguirre Mendoza, Marco  
Fleming, Tyra  
Garland, Kalee

Jacobs, Delores  
Kubricky, Cinnamen

**FY26 Priority Ranking Changes to Align with New Service Categories**  
 6/11/26 PSRAC Committee Recommendations

ORIGINAL Service Categories	Priority Ranking	Allocation	NEW Service Categories	FY 26 Priority Ranking Recommendations	FY 26 Allocation
OAHS: Primary Care	1	\$ 1,821,037	Outpatient/Ambulatory Health Services (OAHS)		\$ 1,996,037
OAHS: Medical Specialty	2	\$ 175,000			
Oral Health	3	\$ 336,699	Oral Health		\$ 336,699
Mental Health: Counseling/Therapy	6	\$ 590,000			
Mental Health: Psychiatric Medication Management	8	\$ 13,500	Mental Health		\$ 931,230
Housing: Partial Assistance Rental Subsidy (PARS)	4	\$ 850,507			
Housing: Emergency Housing	5	\$ 955,274	Housing		\$ 2,005,781
Non-Medical Case Management for Housing	11	\$ 200,000			
Housing Location, Placement and Advocacy Services	12	\$ -			
Substance Use Tx Services: Outpatient	7	\$ 313,127	Substance Use Tx Services: Outpatient		\$ 313,127
Medical Case Management	9	\$ 1,151,853	Medical Case Management		\$ 1,345,807
Non-Medical Case Management	10	\$ 392,021	Non-Medical Case Management		\$ 514,875
CHS: WICYF - Childcare Services	13a	\$ -	Childcare Services		\$ 27,573
Peer Navigation (Referral for Health Care and Support Svcs.)	14	\$ 268,852	Referral for Health Care and Support Services		\$ 379,049
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (CHS: WICYF) (Formerly *Early Intervention Services (EIS): Countywide Services for Women, Children & Families)	13	\$ 993,157			
*Early Intervention Services		\$ 195,596	Early Intervention Services (EIS): Regional Services		
*Outreach to WICYF		\$ -			
*Medical Case Management		\$ 193,954	Medical Case Management		
*Non-Medical Case Management		\$ 122,854	Non-Medical Case Management		
*Mental Health		\$ 327,730	Mental Health		
*Childcare services	13a	\$ 27,573	Childcare Services		
*Peer Navigation for WICYF		\$ 110,197	Referral for Health Care and Support Services		
*Transportation for WICYF		\$ 15,253	Transportation - Assisted & Unasst.		
Early Intervention Services (EIS): Regional Services	15	\$ 753,000	Early Intervention Services (EIS): Regional Services		\$ 948,596
*Health Education & Risk Reduction	15a		*Health Education & Risk Reduction		
*Outreach Services	15b		*Outreach Services		
*Referral Services	15c		*Referral Services		
Health Education and Risk Reduction	16	\$ -	Health Education and Risk Reduction		\$ -
Psychosocial Support Services	17	\$ 46,744	Psychosocial Support Services		\$ 46,744
Substance Use Tx Services: Residential	18	\$ -	Substance Use Tx Services: Residential		\$ -
Home-based Health Care Coordination	19	\$ 228,500	Home-based Health Care Coordination		\$ 228,500
Transportation - Assisted & Unasst.	20	\$ 101,830	Transportation - Assisted & Unasst.		\$ 117,083
Food Services: Food Bank/Home Delivered Meals	21	\$ 769,566	Food Services: Food Bank/Home Delivered Meals		\$ 769,566
Medical Nutrition Therapy	22	\$ 35,542	Medical Nutrition Therapy		\$ 35,542
Legal Services	23	\$ 23,772	Other Professional Services		\$ 23,772
Emergency Financial Assistance	24	\$ 61,856	Emergency Financial Assistance		\$ 61,856
Home Health Care	25	\$ -			
Early Intervention Services: HIV Counseling and Testing	26	\$ -			
Cost-Sharing Assistance	27	\$ -			
Hospice	28	\$ -			
<b>TOTAL</b>		<b>\$ 10,081,837</b>			<b>\$ 10,081,837</b>

see row 25  
 see row 12  
 see row 13  
 see rows 5-6  
 see row 14  
 see row 15  
 see row 16

Indicates Core Services

	B	C	D	E	F	G	H	I	J
2	<b>Section A: Identifying Information</b>								
4	Recipient Organization Name and Grant Number:	County of San Diego							
5	Reporting Year:	25/26							
6	TOTAL Service Expenditures	\$	9,970,941.37						
7									
9	<b>Section B: Percent of HIV/AIDS Cases in the EMA/TGA</b>								
11	CDC Data Percentage (insert based on applicable percentages)	<b>Women:</b>	10.60%	<b>Infants:</b>	0.00%	<b>Children:</b>	0.08%	<b>Youth</b>	1.15%
12	Total Part A Funds Used to Provide Services:	#1. Amount	#2. Percent	#3. Amount	#4. Percent	#5. Amount	#6. Percent	#7. Amount	#8. Percent
13		\$2,462,990.94	24.70%	\$10,816.15	0.11%	\$20,087.13	0.20%	\$193,145.46	1.94%
14	Are you requesting a WICY Waiver? (select "yes" or "no" in the dropdown menu in cell C14):	No							
15									
16	<b>Section C: WICY Waiver Expenditures</b> If you have Part A Expenditures less than the Percent of HIV/AIDS Cases in the EMA/TGA for any WICY Population, complete the Expenditure information below. This information will serve as the justification for the Waiver.								
17		<b>Women</b>		<b>Infants</b>		<b>Children</b>		<b>Youth</b>	
18	Please indicate additional funding sources for WICY services provided	#1. Amount	#2. Percent	#3. Amount	#4. Percent	#5. Amount	#6. Percent	#7. Amount	#8. Percent
19	Total Part B Funds	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
20	Total Part C Funds	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
21	Total Part D Funds	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
22	Total Medicaid Funds	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
23	Total Medicare Funds	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
24	Total CHIP Funds Used	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
25	Other Funds	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
26	Other Funds	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
27	Other Funds	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
28	<b>Overall Total</b>	\$2,462,990.94	24.70%	\$10,816.15	0.11%	\$20,087.13	0.20%	\$193,145.46	1.94%

# Priority Setting & Resource Allocation Committee



LIVE WELL  
SAN DIEGO

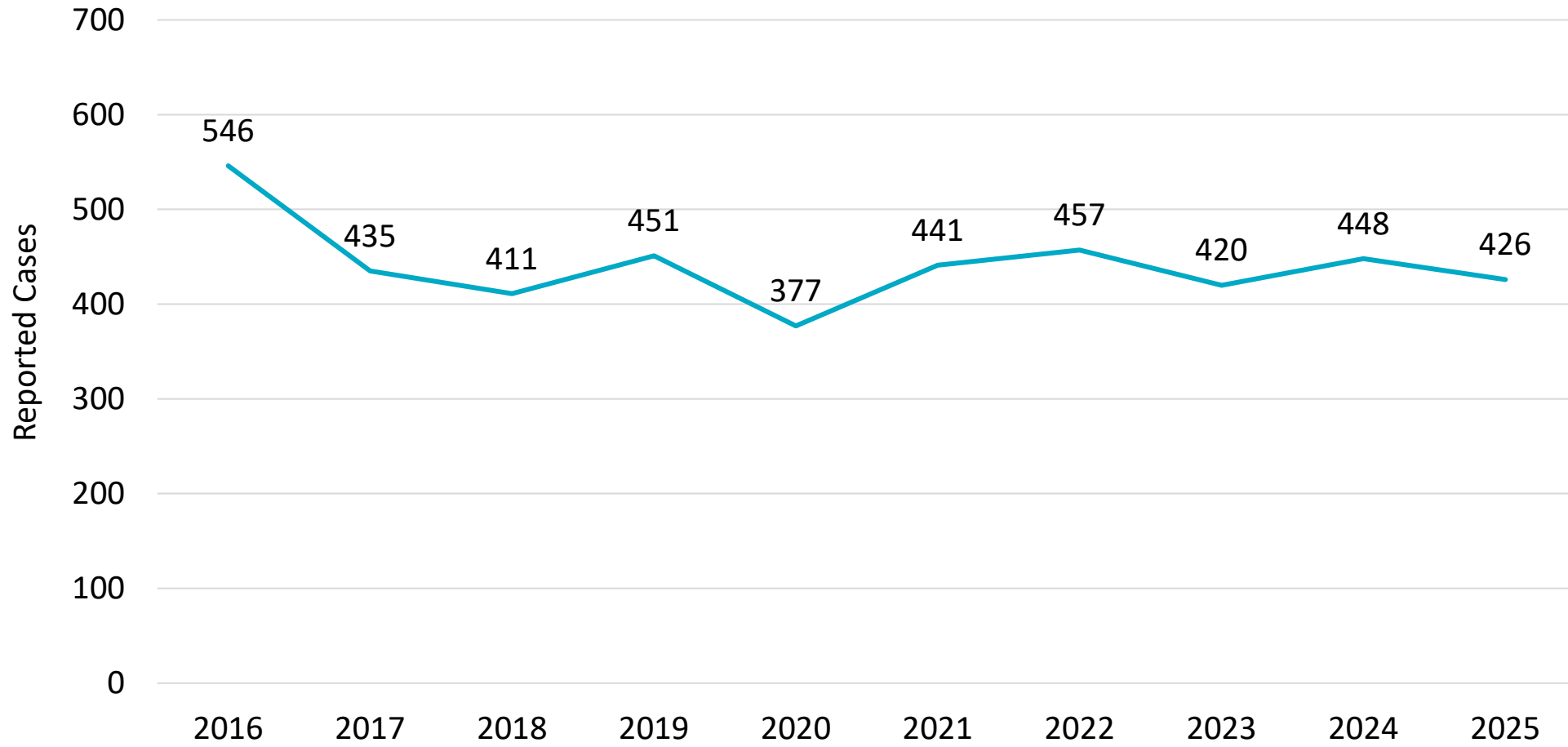


HIV and HCV Epidemiology Surveillance Program 06/11/2026  
Public Health Services – Epidemiology & Immunization Services Branch  
Dr. Samantha Tweeten, PhD  
Cesar Arevalo, MPH  
Garrett McGaugh, MPH

[SANDIEGOCOUNTY.GOV/HHSA](https://www.sandiegocounty.gov/hhsa)



Figure 1. HIV Cases Reported in San Diego County Residents (2016 – 2025)



Data as of 12/31/2025



# Data Sources

- San Diego County system, eHARS
- California Department of Public Health (CDPH), Office of AIDS (OA)
  - For Care Continuum



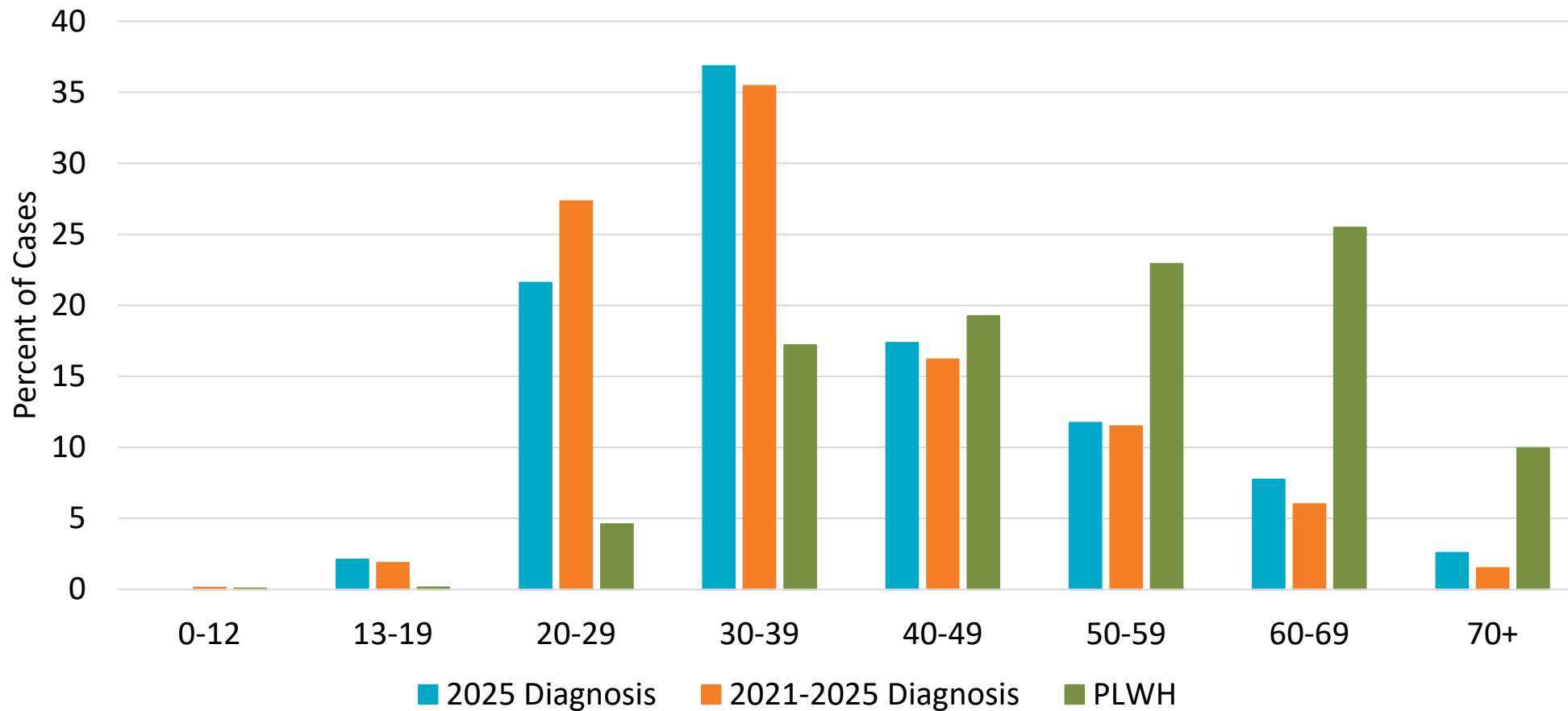
# General Data Layout

- Most slides depict
  - 2025 Diagnoses in San Diego County residents
  - 2021-2025 Diagnoses in San Diego County residents
  - People Living with HIV Disease (PLWH) – Resident in San Diego County and alive as of December 31, 2025
  - The three different categories help compare the most recent years cases with the 5-year period and the prevalent cases
- Other tables are labeled with specific case sets



# Demographics

Figure 2. Age\* Group of HIV cases,  
San Diego County

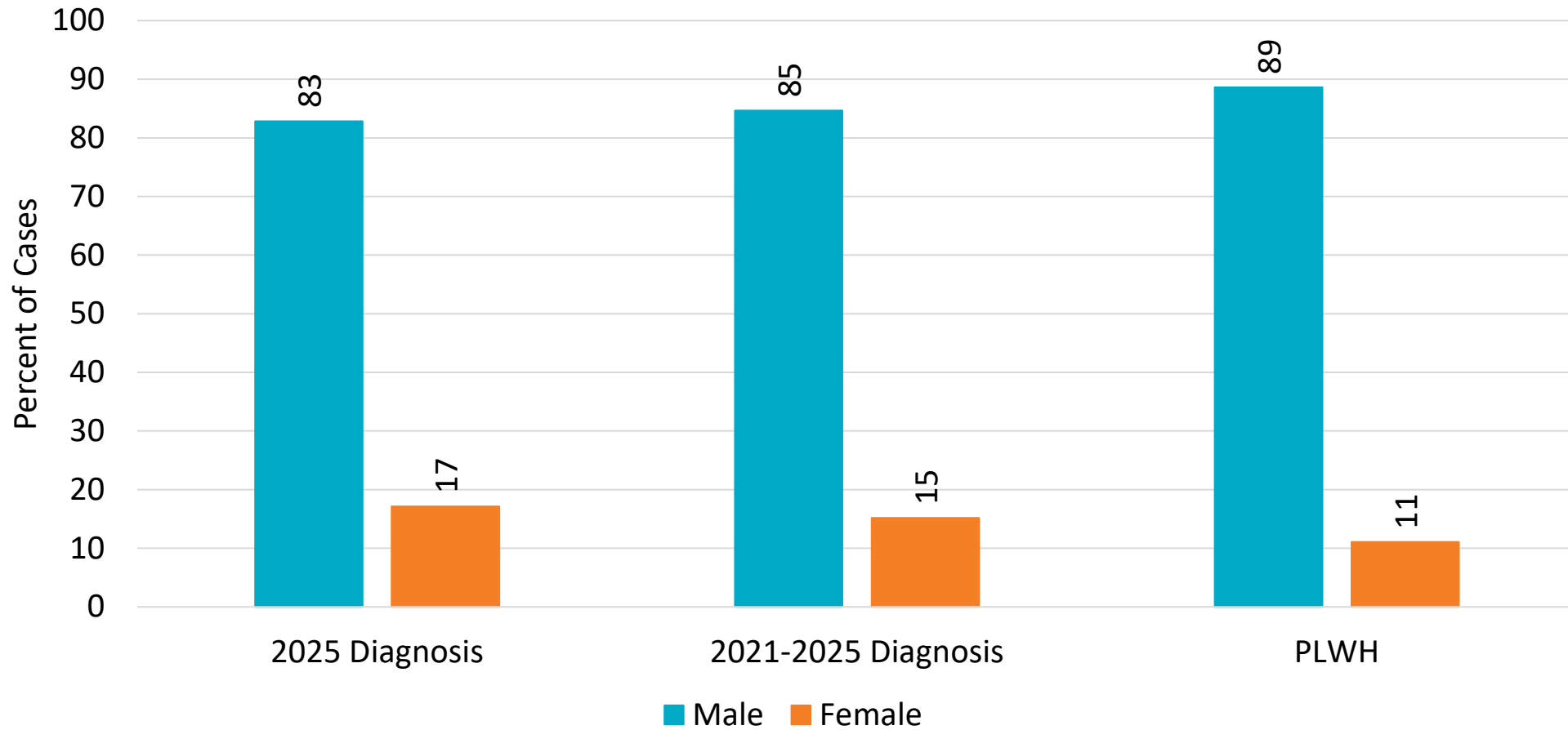


Data as of 12/31/2025

\*Age at diagnosis is used for 2025 and 2021 – 2025 cases. Current Age in 2025 is used for PLWH

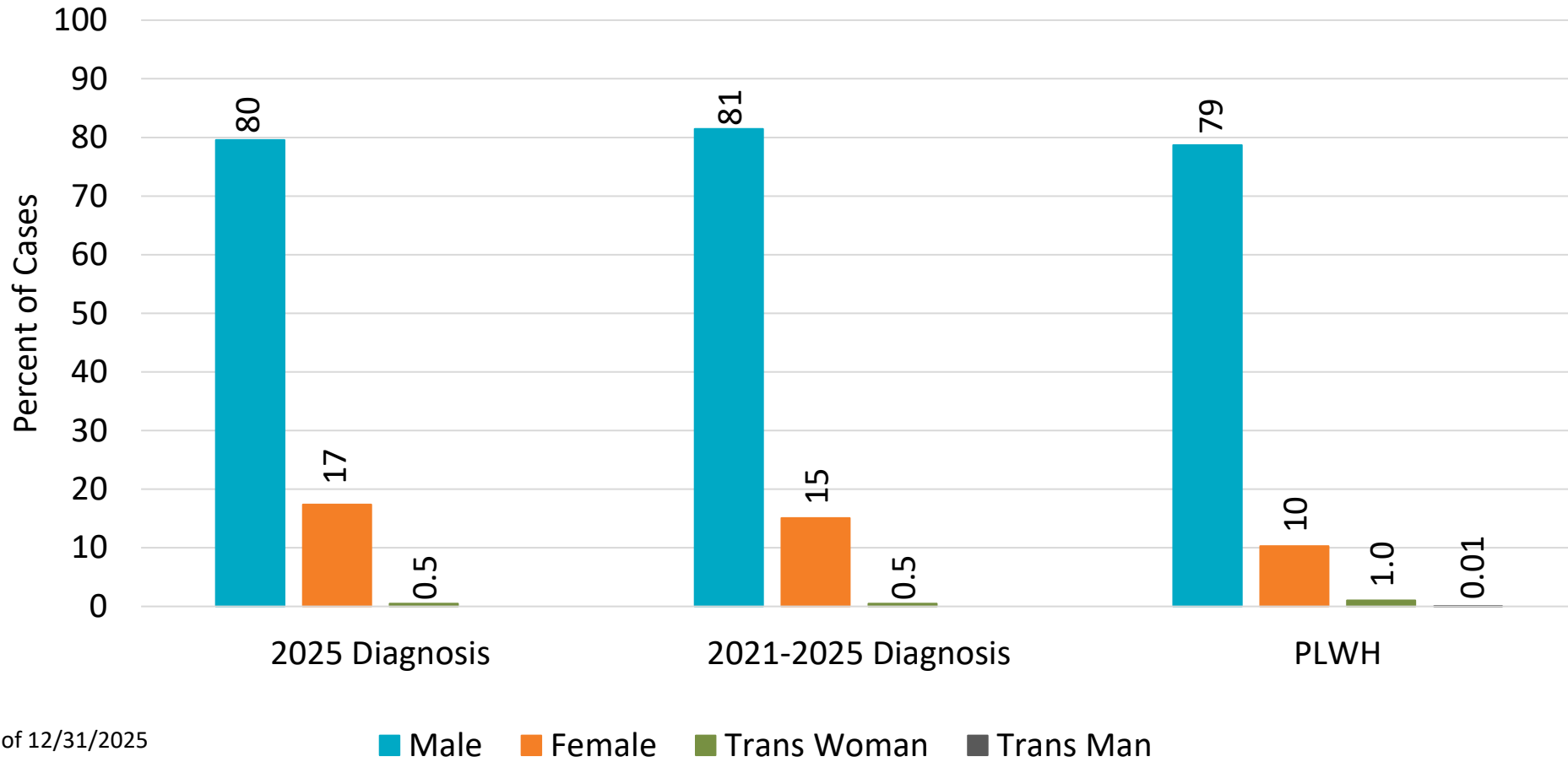
†People Living with HIV

Figure 3. Sex Assigned At Birth In HIV Cases,  
San Diego County



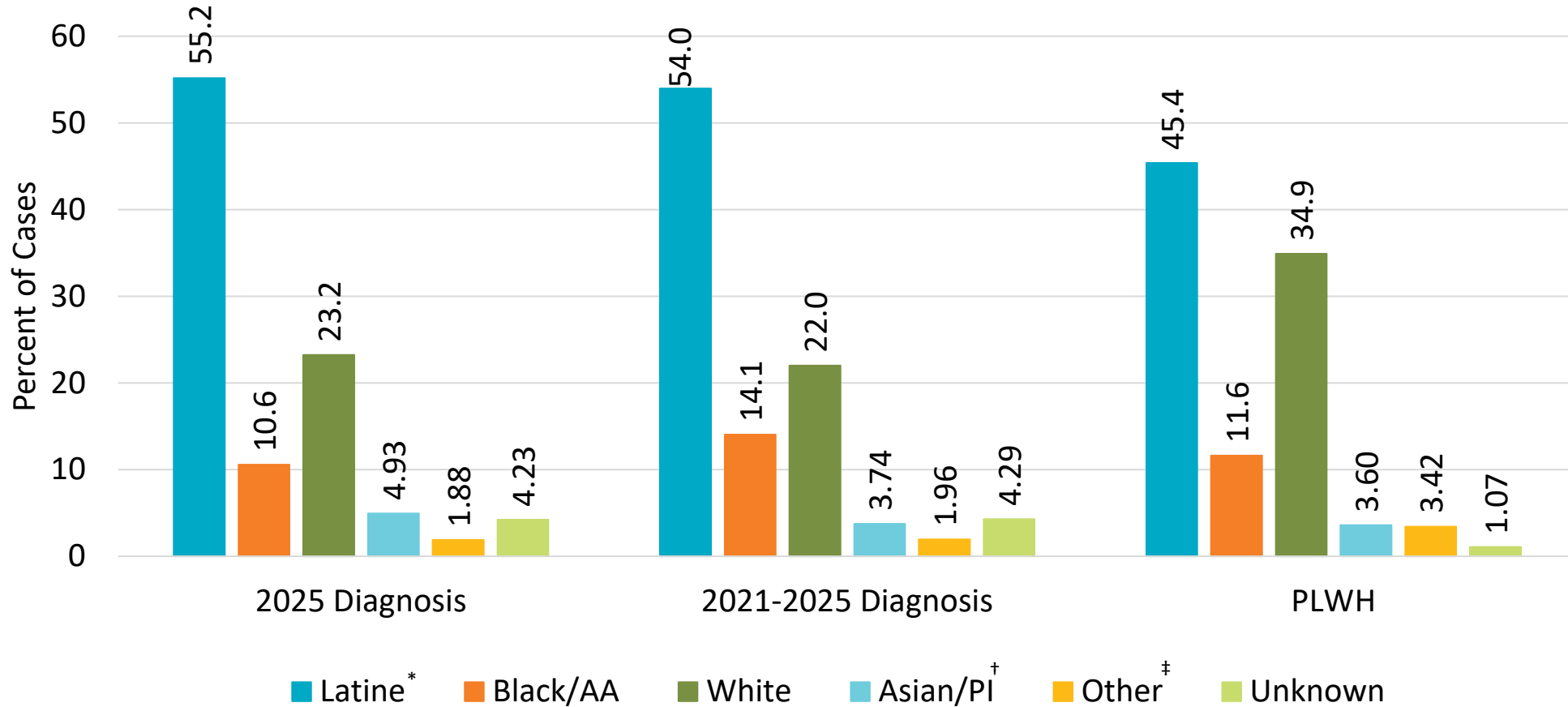
Data as of 12/31/2025

Figure 4. Current Gender of HIV cases, San Diego County



Data as of 12/31/2025

Figure 5. Race and Ethnicity\* of HIV Cases, San Diego County



Data as of 12/31/2025

\*Persons of Latine/Hispanic ethnicity may belong to any race group. All categories except Latine/Hispanic include persons for whom race is known but ethnicity is non-Hispanic or unknown

†Includes Asian and Native Hawaiian and Pacific Islander

‡Includes American Indian/ Alaskan Native and Other Races



# Race and Ethnicity\* of HIV Cases, San Diego County

Table 1. Race and Ethnicity\* of HIV Cases, San Diego County

Race/Ethnicity	2025 Diagnosis			Recent Diagnosis (2021 - 2025)			PLWH	
	n	%	Rate	n	%	Rate	n	%
Latine/Hispanic‡	235	55%	19.79	1,183	54%	19.93	6,707	45%
Black	45	11%	32.08	308	14%	43.92	1,720	12%
White	99	23%	7.18	482	22%	7.00	5,160	35%
Asian & PI§	21	5%	4.99	82	4%	3.90	532	4%
AIAN & Other¶	8	2%		43	2%		506	3%
Unknown	18	4%		94	4%		158	1%
<b>Total</b>	<b>426</b>			<b>2,192</b>			<b>14,783</b>	

Data as of 12/31/2025

\*All categories except Latine/Hispanic include persons for whom race is known but ethnicity is non-Hispanic or unknown

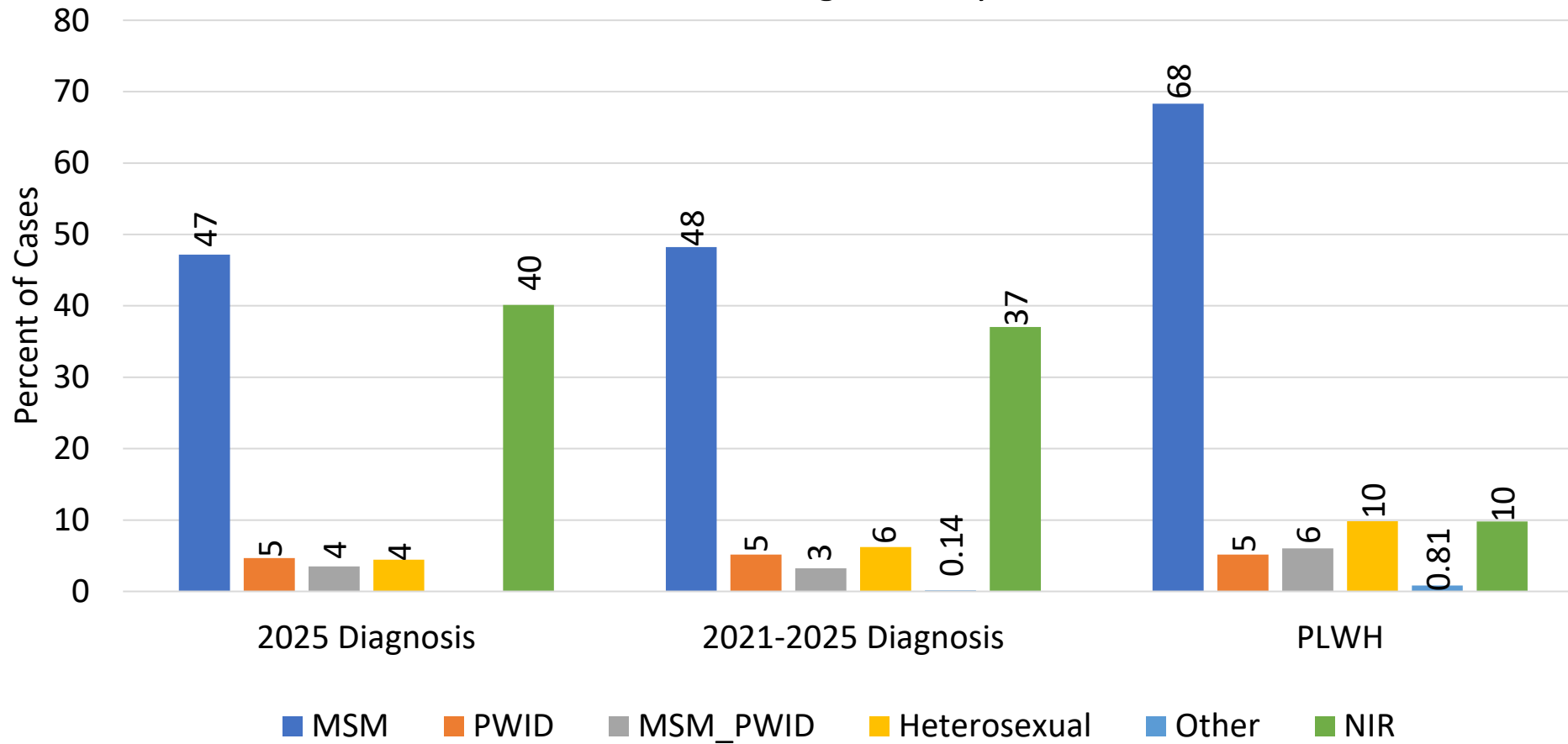
†Per 100,000 population, SANDAG 2022 Population Estimates

‡Persons of Latine/Hispanic ethnicity may belong to any race group

§Includes Asian and Native Hawaiian and Pacific Islander

¶Includes American Indian/ Alaskan Native and Other Races

Figure 6. Transmission Risk of HIV Cases, San Diego County



Data as of 12/31/2025

Data as of 12/31/2025

MSM: Men who have sex with men

PWID: Persons who inject drugs



## HIV Cases by HHSA Region

Table 2. Race and Ethnicity\* of HIV Cases, San Diego County

HHSA Region	2025 Diagnosis		Recent Diagnosis (2021 - 2025)		PLWH	
	n	%	n	%	n	%
Central	165	38.7%	856	39.1%	6,493	43.9%
East	45	10.6%	239	10.9%	1,436	9.7%
South	105	24.6%	467	21.3%	2,861	19.4%
North Coastal	44	10.3%	193	8.8%	1,150	7.8%
North Inland	31	7.3%	184	8.4%	991	6.7%
North Central	36	8.5%	253	11.5%	1,791	12.1%
Unknown					61	0.4%
<b>Total</b>	<b>426</b>		<b>2,192</b>		<b>14,783</b>	

Data as of 12/31/2025



# HIV Cases by HHSA Region and Demographics (2021-2025)

Table 3. HIV Cases by HHSA Region and Age at Diagnosis

Age at Diagnosis	HHSA Region						All Cases
	Central	East	South	North Coastal	North Inland	North Central	
13-19	1.5%	2.5%	1.1%	4.1%	0.5%	3.2%	1.9%
20-29	24.2%	28.5%	25.9%	29.0%	37.0%	31.2%	27.3%
30-39	39.7%	36.0%	35.3%	28.0%	24.5%	34.4%	35.4%
40-49	16.1%	15.1%	18.8%	17.6%	13.0%	13.8%	16.2%
50-59	10.4%	11.7%	11.6%	14.0%	14.7%	10.7%	11.5%
60+	7.7%	6.3%	7.3%	7.3%	10.3%	6.7%	7.5%
<b>Total</b>	<b>856</b>	<b>239</b>	<b>467</b>	<b>193</b>	<b>184</b>	<b>253</b>	<b>2,192</b>

Data as of 12/31/2025



## HIV Cases by HHSA Region and Demographics (2021-2025)

Table 4. HIV Cases by HHSA Region and Race/Ethnicity

Race/Ethnicity*	HHSA Region						All Cases
	Central	East	South	North Coastal	North Inland	North Central	
Latino/Hispanic <sup>†</sup>	47.3%	43.5%	76.0%	58.0%	59.2%	38.7%	54.0%
Black/AA	20.6%	20.5%	7.3%	7.3%	3.3%	11.5%	14.1%
White	23.7%	26.8%	7.5%	23.3%	27.2%	33.6%	22.0%
Asian/PI <sup>‡</sup>	3.5%	2.9%	2.8%	3.6%	3.3%	7.5%	3.7%
Other <sup>§</sup>	2.0%	2.1%	0.9%	2.6%	2.2%	3.2%	2.0%
Unknown	2.9%	4.2%	5.6%	5.2%	4.9%	5.5%	4.3%
<b>Total</b>	<b>856</b>	<b>239</b>	<b>467</b>	<b>193</b>	<b>184</b>	<b>253</b>	<b>2,192</b>

Data as of 12/31/2025.

\*All categories except Latino/Hispanic include persons for whom race is known but ethnicity is non-Hispanic or unknown

†Persons of Latino/Hispanic ethnicity may belong to any race group.

‡Includes Asian and Native Hawaiian and Pacific Islander

§Includes American Indian/ Alaskan Native and Other Races



# HIV Cases by HHS Region and Demographics (2021-2025)

Table 5. HIV Cases by HHS Region and Transmission Risk Category

Risk Category	HHS Region						All Cases
	Central	East	South	North Coastal	North Inland	North Central	
MSM	50%	42%	47%	46%	48%	52%	48%
PWID	5%	6%	4%	6%	3%	6%	5%
MSM+PWID	4%	2%	2%	5%	2%	4%	3%
Heterosexual	7%	9%	6%	5%	4%	5%	6%
Other	0%	0%	0%	0%	0%	0%	0%
Unknown/NIR	34%	40%	40%	37%	43%	33%	37%
<b>Total</b>	<b>856</b>	<b>239</b>	<b>467</b>	<b>193</b>	<b>184</b>	<b>253</b>	<b>2,192</b>

Data as of 12/31/2025



# Late Testing

# Late Testing

- The following analysis only includes Adults (>20 years old)
- Having an AIDS diagnosis soon after HIV diagnosis
- Assumes patient is further along in infection process
- Three different time frames are used between HIV and AIDS diagnosis
  - <12 months
    - Originally used
  - ≤3 months
    - More commonly used
  - ≤30 days
    - Simultaneous diagnosis
    - Delay is usually due to labs needing more time



## Late Testing Demographics, Adults (2021-2025)

Table 6. Late Testing by Sex at Birth (2021 – 2025)

Sex at Birth	0 Month	< 4 month	>12Month	HIV Only	Total
Male	13.6%	16.1%	18.1%	81.5%	1,650
Female	13.8%	16.8%	18.5%	81.5%	298
Unknown					2
All Cases, n	265	315	353	1,597	1,950
All Cases, %	13.6%	16.2%	18.1%	81.9%	100%

Data as of 12/31/2025



## Late Testing Demographics, Adults (2021-2025)

Table 7. Late Testing by Age Group (2021 – 2025)

Age Group	0 Month	< 4 month	>12Month	HIV Only	Total
20-29	7.1%	9.1%	10.2%	89.8%	560
30-39	11.4%	13.4%	15.3%	84.7%	717
40-49	20.8%	23.5%	25.7%	74.3%	307
50-59	19.1%	23.1%	27.1%	72.9%	225
60-69	21.6%	26.7%	28.4%	71.6%	116
70+	44.0%	52.0%	52.0%	48.0%	25
All Cases, n	265	315	353	1,597	1,950
All Cases, %	13.6%	16.2%	18.1%	81.9%	100%

Data as of 12/31/2025



## Late Testing Demographics, Adults (2021-2025)

Table 8. Late Testing by Race/Ethnicity (2021 – 2025)

Race/Ethnicity	0 Month	< 4 month	>12Month	HIV Only	Total
Latino/Hispanic	15.1%	18.1%	19.8%	80.2%	1,036
Black	10.4%	13.2%	16.1%	83.9%	280
White	14.1%	15.2%	17.8%	82.2%	433
Asian/PI	12.0%	16.0%	16.0%	84.0%	75
AIAN	15.4%	17.9%	17.9%	82.1%	39
Unknown	4.6%	6.9%	8.0%	92.0%	87
All Cases, n	265	315	353	1,597	1,950
All Cases, %	13.6%	16.2%	18.1%	81.9%	100%

Data as of 12/31/2025

\*All categories except Hispanic/Latino include persons for whom race is known but ethnicity is non-Hispanic or unknown

†Persons of Hispanic/Latino ethnicity may belong to any race group.

‡Includes Asian and Native Hawaiian and Pacific Islander

§American Indian/ Alaskan Native and Other Races



# Late Testing Demographics, Adults (2021-2025)

Table 9. Late Testing by Transmission Risk Category (2021 – 2025)

Risk Category	0 Month	< 4 month	>12Month	HIV Only	Total
MSM	10.5%	12.1%	14.0%	86.0%	956
PWID	18.8%	19.8%	20.8%	79.2%	101
MSM_PWID	3.2%	9.5%	9.5%	90.5%	63
Heterosexual	12.1%	20.2%	23.4%	76.6%	124
NIR	18.3%	21.0%	23.1%	76.9%	706
All Cases, n	265	315	353	1,597	1,950
All Cases, %	13.6%	16.2%	18.1%	81.9%	100%

Data as of 12/31/2025



## Late Testing Demographics, Adults (2021-2025)

Table 10. Late Testing by HHSA Region (2021 – 2025)

HHSA Region	0 Month	< 4 month	>12Month	HIV Only	Total
Central	10.3%	13.2%	15.4%	84.6%	768
East	16.3%	19.5%	20.9%	79.1%	215
South	17.8%	19.5%	21.9%	78.1%	421
North Coastal	13.3%	15.8%	18.2%	81.8%	165
North Inland	15.3%	18.5%	19.1%	80.9%	157
North Central	13.4%	15.6%	17.0%	83.0%	224
All Cases, n	265	315	353	1,597	1,950
All Cases, %	13.6%	16.2%	18.1%	81.9%	100%

Data as of 12/31/2025



# THANK YOU



*The Public Health Services department, County of San Diego Health and Human Services Agency, has maintained national public health accreditation, since May 17, 2016, and was re-accredited by the Public Health Accreditation Board on August 21, 2023.*



# Contact Us

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*The Public Health Services department, County of San Diego Health and Human Services Agency, has maintained national public health accreditation, since May 17, 2016, and was re-accredited by the Public Health Accreditation Board on August 21, 2023.*



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



**Key Data Findings  
2026 Co-Occurring Conditions/Poverty/Insurance**

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

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

**Findings in the 2024 Survey of HIV Impact were based on self-report by respondents living with HIV: <sup>(2)</sup>**

- Total responses: 310
- People living with HIV: 202

**Findings in the 2017 Survey of HIV Impact were based on self-report by respondents living with HIV: <sup>(3)</sup>**

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

Condition	Estimated prevalence within the general population* (Population = 3,315,362   Male = 1,652,926   Female = 1,662,436) <sup>(1)</sup>		Estimated prevalence based on self-report by people living with HIV from the 2024** Survey of HIV Impact	
	Number	Percentage	Number	Percentage
Tuberculosis	265 <sup>(4)</sup>	Less than 0.01%	33	16% <sup>(2)</sup>
Syphilis*	2,200 <sup>(5)</sup>	0.066%	22 est.	11% <sup>(3)</sup>
Gonorrhea	6,021 <sup>(5)</sup>	0.18%	20 est.	10% <sup>(3)</sup>
Chlamydia	16,414 <sup>(5)</sup>	0.50%	22 est.	11% <sup>(3)</sup>
Hepatitis B (HBV)	639 <sup>(6)</sup>	0.019%	28	14% <sup>(2)</sup>
Hepatitis C (HCV)	1,972 <sup>(6)</sup>	0.059%	75	37% <sup>(2)</sup>
Mental Illness/Mental Health Challenges	775,795 est.	23.4% <sup>(7)</sup>	64	32% <sup>(2)</sup>
Opioid Overdose Deaths	430 <sup>(8)</sup>	0.013%		74% greater risk of overdose <sup>(19)</sup>
Emergency Dept. visits related to any opioid overdose	2,202 <sup>(8)</sup>	0.066%		

Condition	Estimated prevalence within the general population* (Population = 3,315,362   Male = 1,652,926   Female = 1,662,436) <sup>(1)</sup>		Estimated prevalence based on self-report by people living with HIV from the 2024** Survey of HIV Impact	
	Number	Percentage	Number	Percentage
Hospitalizations related to any opioid overdose	477 <sup>(8)</sup>	0.014%		
Homelessness	9,803 <sup>(9)</sup>	0.30%	53	Unstably housed: 26% <sup>(2)</sup>
Poverty Level (Threshold = \$1,215 /month)	344,798 est.	10.4% <sup>(10)</sup>	76	38% <sup>(2)</sup>
Lack of Insurance	225,445 est.	6.8% <sup>(10)</sup>	6	3% <sup>(2)</sup>
Incarceration	10,587 est. <sup>(11)</sup> (county jails and state prison system)	0.3% <sup>(11)</sup>	75 (ever incarcerated)	37% <sup>(2)</sup>
Cardiovascular Disease	228,760 est.	6.9% <sup>(12)</sup>	12	6% <sup>(2)</sup>
Diabetes	291,751 est.	8.8% <sup>(12)</sup>	32	16% <sup>(2)</sup>
Coronavirus (COVID19)	1,046,329 <sup>(13)</sup>	31.8% <sup>(13)</sup>		Increased risk of hospitalization, increased risk of death RR = 1.24 <sup>(14)</sup>
MPOX	79 <sup>(6)</sup>	Less than 0.01%	30 est.	38% est. of all local mpx cases <sup>(18)</sup>

\* Detailed data for sexually transmitted infections, including data by race/ethnicity and gender can be found at [https://www.sandiegocounty.gov/hhsa/programs/phs/hiv\\_std\\_hepatitis\\_branch/reports\\_and\\_statistics.html](https://www.sandiegocounty.gov/hhsa/programs/phs/hiv_std_hepatitis_branch/reports_and_statistics.html)

\*\* 2017 Survey of HIV Impact data used for some detailed data for PLWH.

### Notes:

- Research reveals higher incidences of additional co-occurring conditions for PLWH, including gastrointestinal diseases, circulatory diseases, endocrine/nutritional/metabolic diseases (including diabetes), nervous system diseases, and neoplastic diseases (cancer, lymphoma).
- Women living with HIV experience an increased incidence of some HIV-related conditions, including gynecological conditions such as genital herpes, pelvic inflammatory disease, human papillomavirus, and candida; additionally, there is an increased incidence of diabetes, heart disease, hepatitis C, cancer, mental illness, and substance abuse.
- PLWH 50 years of age or greater experience an increase in age-related diseases; causes of morbidity and mortality for older PLWH include non-infectious comorbidities, such as cardiovascular disease, hypertension, bone fractures, chronic kidney disease, liver disease, diabetes mellitus, and non-AIDS-defining cancers. Many of the age-related diseases are seen in the population greater than 50 years of age PLWH approximately 10 years earlier than in the general population. <sup>15, 16, 17</sup>

## Data Sources:

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# HSHB Report to HPG

June 2026



COUNTY OF SAN DIEGO  
HEALTH AND HUMAN SERVICES AGENCY



LIVE WELL  
SAN DIEGO



# Ryan White - Key Metrics Overview

## Expenditure Report

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

## Service Utilization

Due to last year's transition to HIV Care Connect, a service utilization report for May 2025 was not completed. Therefore, Prior Year Total data cannot be compared for this month's report.

## Viral Suppression

Viral suppression of clients receiving services in the month of May 2026 was 94% for clients who have viral load tests documented in HCC.

# Service Utilization



Ryan White Client Utilization Dashboard



<https://public.tableau.com/app/profile/cosdhiv>

# Spending

- Final FY25 Expenditures



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

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

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

**FY25-26 ALLOCATION BREAK DOWN**

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

**Ryan White Part A Allocations**

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

Ryan White Part A Allocations											
Service Categories	HRSA Ranking	Priority Ranking	RW 2025-26 HPG Initial Allocation	%	HPG & Recipient Approved Actions +/-	RW 2025-26 HPG Adjusted Allocation	%	% Elapsed		RW 2025-26 Balance	Comments
								RW 2025-26 Year to Date Expenditure	RW 2025-26 Year-to-Date - % Expenditure/Budget)		
Referral Services	2l	14c	-	0%	-	-	0%	-	0%	-	
Referral to Health and Supportive Services (Peer Navigation)		16	260,000.00	3%	(61,148.00)	198,852.00	2%	160,282.14	81%	38,569.86	
Mental Health: Counseling/Therapy	1j	10	810,000.00	8%	(230,000.00)	580,000.00	6%	518,608.40	89%	61,391.60	
Psychosocial Support Services		17	46,744.00	0%	-	46,744.00	0%	40,644.84	87%	6,099.16	
Substance Use Services: Outpatient	1m	11	313,127.00	3%	41,010.00	354,137.00	3%	344,418.19	97%	9,718.81	
Substance Abuse Services: Residential	2o	18	-	0%	-	-	0%	-	0%	-	
Home-based Health Care Coordination	1e	19	228,500.00	2%	(10,741.02)	217,758.98	2%	218,810.62	100%	(1,051.64)	
Transportation: Assisted and Unassisted	2g	20	151,830.00	2%	(60,000.00)	91,830.00	1%	81,113.35	88%	10,716.65	
Food Services: Food Bank/Home-Delivered Meals	2c	21	536,073.00	5%	70,090.00	606,163.00	6%	599,386.52	99%	6,776.48	
Medical Nutrition Therapy	1i	22	35,542.00	0%	-	35,542.00	0%	34,807.42	98%	734.58	
Legal Services	2i	23	285,265.00	3%	-	285,265.00	3%	280,368.07	98%	4,896.93	
Emergency Financial Assistance	2b	24	61,856.00	1%	644,318.00	706,174.00	7%	554,163.56	78%	152,010.44	
Home Health Care	1f	25	-	0%		-	0%	-	0%	-	
Early Intervention Services: HIV Counseling and Testing	1c	26	-	0%		-	0%	-	0%	-	
Cost-Sharing Assistance	1d	27	-	0%		-	0%	-	0%	-	
Hospice	1g	28	-	0%		-	0%	-	0%	-	
<b>Subtotal</b>			<b>9,854,560.00</b>	<b>100%</b>	<b>551,149.98</b>	<b>10,405,709.98</b>	<b>99%</b>	<b>9,816,772.84</b>	<b>94%</b>	<b>588,937.14</b>	

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

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

Other funding info

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

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

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

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



# PARS Report – as of 6/3/2026

## Current Clients Summary Table

Category	Details
<b>Total Clients</b>	86 clients currently enrolled
<b>Gender</b>	59 male, 17 female, 10 transgender
<b>Race / Ethnicity</b>	8 Black, 53 Hispanic/Latino, 20 White, 3 Asian, 1 American Indian, 1 Unknown
<b>Age Groups</b>	57 over 45, 27 ages 31-44, 2 ages 18-30
<b>Regions</b>	Central 63, East 8, South 11, North 4

### Current Housing Case Management Clients

<b>Total Clients receiving Housing Case Management in the Month of May</b>	<b>55</b>
--	-----------



# PARS Report – as of 6/3/2026

## Waiting List Summary Table

Category	Details
<b>Total Waitlist</b>	92 clients currently on the waitlist
<b>Previously Enrolled (PARS)</b>	27 previously enrolled in PARS
<b>New Applicants</b>	65 new applicants
<b>Gender</b>	63 male, 19 female, 10 transgender
<b>Race / Ethnicity</b>	15 Black, 54 Hispanic/Latino, 22 White, 1 Asian
<b>Age Groups</b>	50 over 45, 25 ages 31-44, 3 ages 18-30
<b>Regions</b>	Central 50, East 7, South 16, North 11, Unknown 8



# May 2026 Client Service Evaluation (Goldenrods)

Description	Total #
# Goldenrods Received	2
# of Providers	2
# Satisfactory Remarks	1
# Unsatisfactory Remarks	1
# Remarks Requiring Follow-Up	1



# 2026 HIV Prevention & EHE

## Measures of Success

Measure	Goal	Current
People vulnerable to HIV outreach received PrEP information	100%	100%
People requesting linkage to PrEP prescriber linked within 30 days	80%	77%
People newly diagnosed with HIV linked to ART within 7 days	85%	77%
People newly diagnosed with STI linked to treatment within 7 days	80%	N/A
Confirmed HIV positive rate	>1%	3%
Tests conducted within identified priority populations	70%	90%





## 2026 HIV Prevention & EHE

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

### HCV

Tests	356
Positives	0
Linkages	0

### STIs

Tests	274
Positives	0
Linkages	0

### HIV

Tests	612
Positives	17
Linkages to ART	13
Linkages to PrEP	64

HSHB Prevention Dashboard



[public.tableau.com/app/profile/cosdhiv](https://public.tableau.com/app/profile/cosdhiv)



# 2026 HIV Prevention & EHE

Harm reduction  
 Benefits navigation

Harm Reduction	
Harm Reduction Kits	4,316
Hygiene Kits	1,701
Safer Sex Kits	1,930
Syringe Services Supplies	579

Benefits Navigation	
Navigation Outreach Events	10
Referrals to HIV Care	44
Individuals Receiving Benefits Navigation Assistance*	195

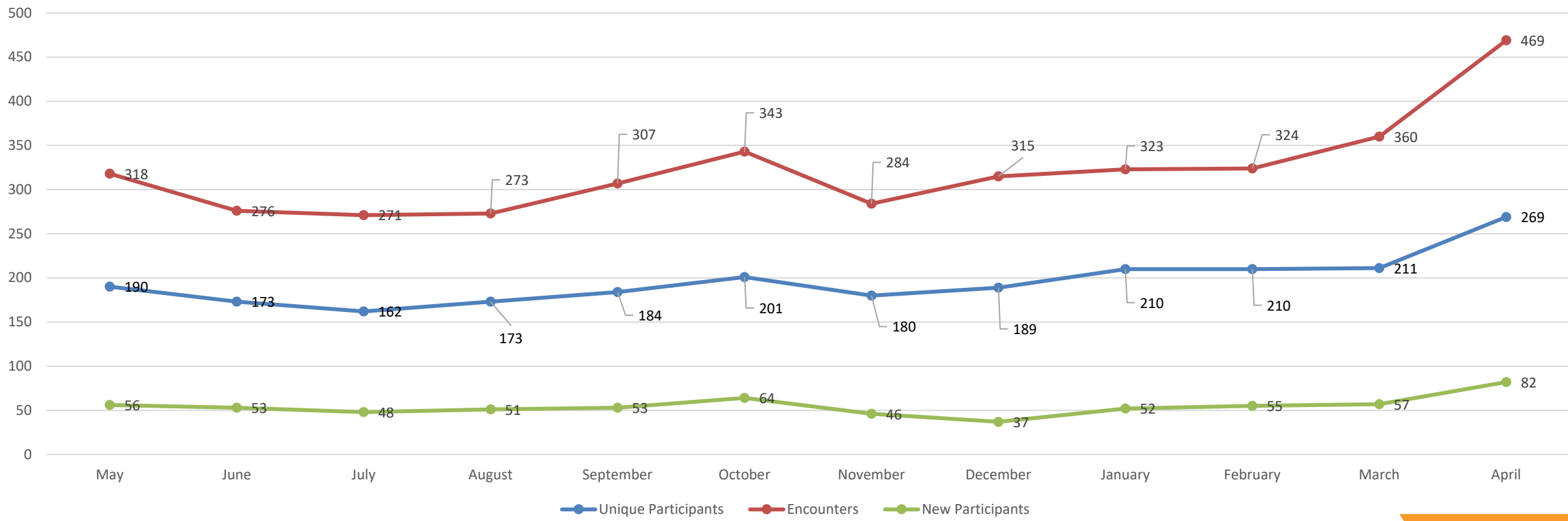
\*ADAP      Covered CA      PrEP AP  
 CalFresh      Medi-Cal      Pharmacy Assistance Program





# County of San Diego Harm Reduction Services

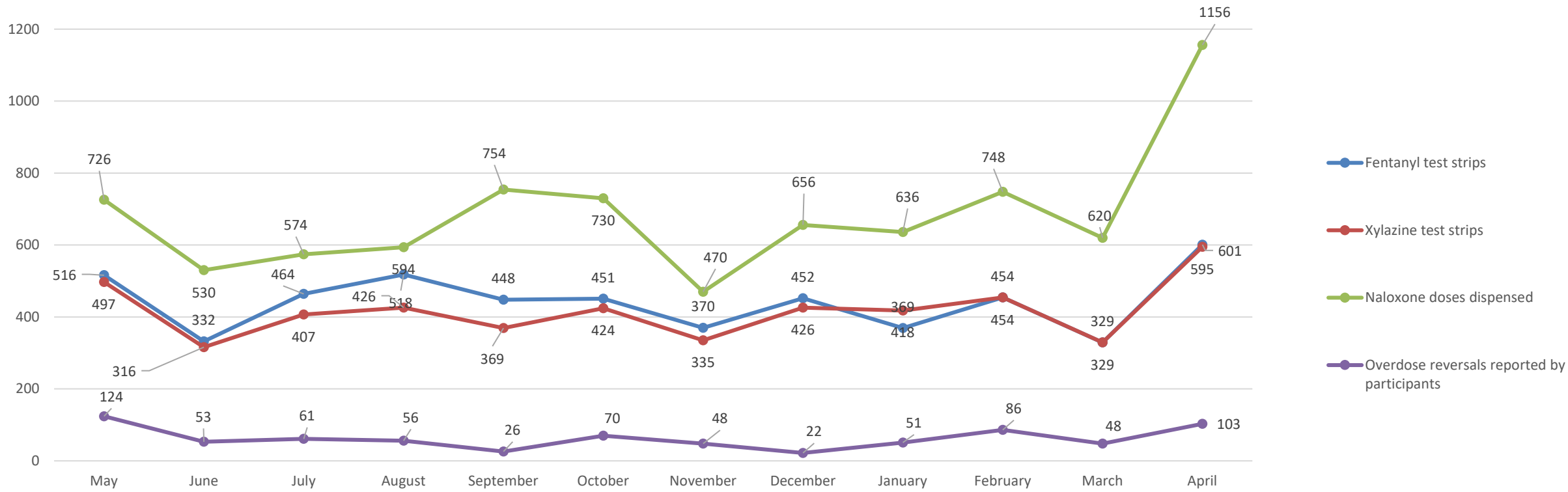
Participants





# County of San Diego Harm Reduction Services

### Overdose Prevention





**HEALTH AND HUMAN SERVICES AGENCY**

PUBLIC HEALTH SERVICES  
5530 OVERLAND AVENUE, SUITE 210, MS P-578  
SAN DIEGO, CA 92123-1507  
(619) 542-4170 • FAX (619) 542-4186

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

**ADRIENNE COLLINS YANCEY, MPH**  
INTERIM DIRECTOR

**SAYONE THIALOLIPAVAN, MD, MPH**  
PUBLIC HEALTH OFFICER

**HIV, STD and Hepatitis Branch (HSHB) of Public Health Services  
County of San Diego Health and Human Services Agency  
Monthly Report to the HIV Planning Group  
June 2026**

**Updates are bolded**

Ryan White Part A

**Ryan White Part A Service Utilization Report provides data regarding clients and service utilization through May 31, 2026.**

- **To date, the Ryan White Part A system of care provided services to 2,053 clients.**
- **Viral suppression of clients receiving services in the month of May 2026 was 94% for clients who have viral load tests documented in HCC.**
- **For the period (3/1/25 – 2/28/26), the report reflects expenditures through February, representing 100% of the grant period.**

**PARS report as of June 3, 2026:** Partial Assistance Rent Subsidy (PARS) program is a short-term, forty-eight (48) month maximum partial rental assistance program designed to transition clients to more stable housing arrangements.

- **92 currently on the waitlist**
  - **27 on waitlist previously enrolled in PARS**
  - **65 are new applicants**
  - **Demographics of clients on the waitlist:**
    - **Gender: 63 male, 19 female, 10 transgender**
    - **Race/ethnicity: 15 Black, 54 Hispanic/Latino, 22 white, 1 Asian**
    - **Age: 50 over 45, 25 ages 31-44, 3 ages 18-30**
    - **Central region 50, East 7, South 16, North 11, Unknown 8**
- **86 currently enrolled**
  - **Demographics of clients currently enrolled:**
    - **Gender: 59 male, 17 female, 10 transgender**
    - **Race/ethnicity: 8 Black, 53 Hispanic/Latino, 20 white, 3 Asian, 1 American Indian, 1 Unknown**
    - **Age: 57 over 45, 27 ages 31-44, 2 ages 18-30**
    - **Central region 63, East 8, South 11, North 4**

## Goldenrods Summary

May 2026 Goldenrods	Total Number
# Goldenrods Received	2
# of providers	2
# Satisfactory Remarks	1
# Unsatisfactory Remarks	1
# Remarks Requiring Follow-Up	1

**Minority AIDS Initiative (MAI) – Under Part A, MAI funding provides core medical and related support services for racial and ethnic minority populations disproportionately affected by HIV.**

### Funded activities:

1. **Medical Case Management - \$226,033**
2. **Non-Medical Case Management - \$45,657**
3. **Mental Health Services - \$102,108**
4. **Early Intervention Services - \$44,715**
5. **Peer Navigation - \$22,548**
6. **Outreach Services - \$18,536**
7. **Substance Abuse - \$114,639**
8. **Temporary Housing - \$100,000**

### Ryan White Part B

Ryan White Part B is funded by the California Department of Public Health on behalf of the Health Resources and Services Administration (HRSA). Ryan White Part B seeks to serve low-income and un/underinsured people living with HIV, and to improve the quality, availability, and organization of HIV health and supportive services in California.

**The current Part B grant is funded for a five-year period from April 1, 2024, through March 31, 2029. We are now in the third year of the grant cycle.**

**Current fiscal year (FY): April 1, 2026 – March 31, 2027**

**HRSA has updated the Part A allocation formula, resulting in reduced Part A funding for six of California’s eight Part A jurisdictions. To help offset this reduction, HRSA increased the Part B allocation for Years 3 – 5. The total grant award for Part B is \$2,426,948 for FY26-27.**

### Funded activities:

1. **Legal Services - \$285,264**
2. **Linkage to Care (Bridge/Outreach Program) - \$92,480**
3. **Fiscal Intermediary Services (Emergency Financial Assistance, Residential Substance Use Treatment, Representative Payee) - \$1,153,817**
4. **Administrative Services - \$115,000**
5. **County of San Diego HSHB - \$780,386**

- a. CoSD Medical Case Management
- b. CoSD Early Intervention Services (Data to Care)

**Program Update:**

- **Focused HIV Testing contracts expired on March 31, 2026. Community-Based Testing efforts are now conducted under HIV Prevention (PS24-0047).**
- **Legal Services are now being funded under Part B (previously funded under Part A).**

HIV Prevention  
PS24-0047

CDC funding for HIV prevention is entitled “High-Impact HIV Prevention (HIP) and Surveillance Programs for Health Departments.” Activities are based on the Office of AIDS HIV prevention strategies which are to 1) Strengthen disease investigation infrastructure; 2) Expand and provide navigation services; and 3) Expand access to syringe services for people who inject drugs.

PS24-0047 is a five-year funded grant (August 1, 2024 – May 31, 2029) which is currently in Year 2.

Current fiscal year: June 1, 2025 – May 2026

Funded activities (1/1/26-5/31/26):

- HIP/Community-Based Testing - **\$310,121**
- Social Media - **\$33,521**
- Data/Evaluation Support - **\$16,700**

**Program Update:**

- **Notice of Award for Year 23 funding is still pending. CDPH continues to work with CDC Project Officer and recommended funded counties assume flat funding.**

For more information on HIV Prevention services, please visit our [HIV Prevention Services Dashboard](#).

CDC EHE  
PS24-0047

CDC Ending the HIV Epidemic funding is part of the federal Ending the HIV Epidemic (EHE) Initiative to reduce new HIV infections in the United States by 75% in the next five years and by 90% in the next ten years. EHE program activities focus on extending the goals to 1) Diagnose; 2) Treat; 3) Prevent; and 4) Respond.

PS24-0047 is a five-year funded grant (August 1, 2024 – May 31, 2029) which is currently in Year 2.

Current fiscal year: June 1, 2025 – May 2026

Funded activities:

- Wrap Around Services for Persons Who Inject Drugs (provide comprehensive testing, navigation services, and linkage to SUD treatment and resources) - **\$300,000**

- Mobile PrEP (provide PrEP-related medical evaluation and care, testing, and linkage to benefit navigation) - **\$265,606**
- Routine Opt-Out Testing (ROOT in primary care, urgent care, and emergency departments) - **\$350,000**
- Getting to Zero Mobile Application (GTZ) and Resource Guide (develop and maintain mobile application and guide) - **\$23,500**
- Benefits Navigation (help clients enroll in necessary benefits programs, including Medi-Cal, Covered California, ADAP, PrEP-AP, CalFresh, pharmaceutical patient assistance programs, etc.) - **\$175,000**
- Transgender Services (address the needs of and reduce health disparities for transgender persons) - **\$200,000**

**Program Update:**

- **Notice of Award for Year 23 funding is still pending. CDPH continues to work with CDC Project Officer and recommended funded counties assume flat funding.**
- **HSHB has started procurement planning for next iteration of services.**

For more information on CDC EHE services, please visit our [HIV Prevention Services Dashboard](#).

HRSA EHE  
25-063

The federal Ending the HIV Epidemic (EHE) initiative focuses on achieving two ambitious goals: a 75% reduction in new HIV infections by 2025 and a 90% reduction in new HIV infections by 2030.

**Update May 2026**

- HRSA EHE Current Fiscal Year: March 1, 2026-February 28, 2027
- Final Notice of award issued by HRSA on 5/12/2026 and received by the County on 5/20/2026 for a total budget of \$2,837,918.
- Funded activities:
  - Leadership Training and Development: provide leadership training and development to 3 cohorts of 15 persons living with HIV. This activity is being implemented by Christie’s Place
  - Medical Advocacy for persons living with HIV implemented by The San Diego LGBT Community Center
  - Community Engagement for AAPI and people over 50 conducted by The San Diego LGBT Community Center
  - Emergency Housing Assistance implemented by La Maestra Family Clinic
  - Psychosocial Support Groups in collaboration with Ryan White Part A, implemented by UCSD MCAP
  - Housing Supportive Services for HOPWA eligible clients, implemented by Stepping Stone, Fraternity House, St. Vincent de Paul and Townspeople.
- Request for information meeting on Low Barrier Medical Care held on 5/7/2026
- Planned activities for this fiscal year
  - Expansion of Home Delivered Meals in collaboration with Ryan White Part A that will be implemented by Mama’s Kitchen
  - New procurement for Short-Term Rental Assistance

## Status Neutral Approaches

23-126

While there is extensive treatment and prevention infrastructure in the region, there remains a critical service gap for those most vulnerable to HIV. These residents can be difficult to reach through traditional prevention programming. In order to bridge the gap, the County of San Diego is launching a two-pronged Status Neutral Approach or Whole Person Care strategy, including Social Networking Strategies (SNS) and Non-Medical Case Management (NMCM).

Current fiscal year: September 1, 2025 – August 31, 2026

Funded activities:

This is a three-year HRSA grant with \$500,000 annually.

- Social networking strategies - engages community members as recruiters to identify people in their social networks, who are likely to engage in the same behaviors and are unaware of their HIV status. This activity is being conducted by Family Health Centers of San Diego.
- Non-medical case management for HIV-negative individuals - offer HIV-negative individuals vulnerable to acquisition ongoing support through care coordination, services planning, and medical and support services navigation that those living with HIV currently receive through Ryan White. This activity is being conducted by San Ysidro Health.

### **Program Update:**

**To date, there have been 1,409 case management encounters, referring 39 people to HIV testing and linking 1 to PrEP. Furthermore, 99 people have been linked to evidence-based substance use services, and 154 to other social support services. 13 individuals are currently enrolled in the evaluation component, being conducted by JSI through a separate HRSA-funded grant. Through the social networking strategy contract, 16 recruiters were enlisted, 472 network associates engaged, 41 people linked to HIV testing, 2 to PrEP, 34 to evidence-based substance use services, and 37 to social support services.**

## Harm Reduction Services Program

[Harm Reduction Services Program | Engage San Diego County](#)

The goals of the Harm Reduction Services Program (HRSP) are:

1. Reduce transmission of HIV, hepatitis C, and other blood-borne infectious diseases.
2. Decrease the number of fatal overdoses among people who inject drugs.
3. Increase the number of syringes that are safely discarded.
4. Increase community understanding of harm reduction services.
5. Improve the quality of life of people who inject drugs.

Current fiscal year: ongoing

Services:

- Health and risk-reduction education
- Sterile syringe services and used syringe disposal
- Naloxone and fentanyl & xylazine test strips
- Safer smoking and sex supplies
- HIV and HCV testing & linkage to treatment
- Linkage to substance use treatment, mental health services, housing support, self-sufficiency services, and other needed services

**Program Update:**

HSHB was notified in late September that HRSP was awarded a \$300,000 COPHRI grant from the Sierra Health Foundation (CA Overdose Prevention and Harm Reduction Initiative). The grant term is 10/1/25-5/31/2027. Funding comes from State-level opioid settlement funds, managed by CDPH Office of AIDS to support authorized syringe service programs.

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

<b>PRIORITY SETTING &amp; RESOURCE ALLOCATION COMMITTEE</b>														
	12-Jun	26-Jun	17-Jul	24-Jul	31-Jul	Aug	Sep	Oct	Nov	Jan	Mar	May	#	# of JC Starting Jan 2026
<b>PSRAC</b>														
<b>Total Meetings</b>	1	1	1	1	1	1	0	0	1	1	0	1	9	
<b>(12) Members</b>														
<b>Aguirre Mendoza, Marco</b>	1	*	1	*	*	*	NQ	NQ	1	*	NM	*	1	
<b>Davenport, Beth</b>	*	*	*	*	*	1	NQ	NQ	*	*	NM	1	2	
<b>Fleming, Tyra<sup>c</sup></b>	*	*	*	1	*	*	NQ	NQ	*	*	NM	*	0	
<b>Garcia-Bigley, Felipe</b>	*	*	*	*	*	*	NQ	NQ	1	*	NM	*	1	
<b>Garland, Kalee</b>									1	JC	NM	1	2	1
<b>Halliwell, Pamuela</b>									*	*	NM	1	1	
<b>Jacobs, Dr. Delores</b>	*	*	*	1	*	1	NQ	NQ	*	1	NM	*	2	
<b>Kubricky, Cinnamon</b>	*	*	*	*	*	1	NQ	NQ	*	*	NM	*	1	
<b>Matthews, Eva</b>	*	*	1	*	*	*	NQ	NQ	*	*	NM	*	0	
<b>Mueller, Chris</b>	*	*	*	*	*	*	NQ	NQ	1	*	NM	*	1	
<b>Van Brocklin, Rhea<sup>cc</sup></b>	*	1	*	*	*	*	NQ	NQ	*	*	NM	*	0	
<b>Westcott, Joe</b>									*	*	NM	*	0	

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

\* = Present

1 = Absent for the month

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

JC = Just Cause

NM = No Meeting

NQ = No Quorum

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

**CY 2026 WORKPLAN**

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

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

**CY 2026 WORKPLAN**

	<ol style="list-style-type: none"> <li>4. PARS Report</li> <li>5. Monthly Report Review</li> </ol>	
<p><b>If needed</b>  <b>June 18, 2026</b>  <i>(3 hours)</i></p>		TBD
<p><b>June 25, 2026</b>  <i>(3 hours)</i></p>	<p><b>Data:</b></p> <ol style="list-style-type: none"> <li>1. Ryan White Service Eligibility Criteria</li> <li>2. HIV Care Continuum               <ol style="list-style-type: none"> <li>a. RW clients vs. all clients</li> <li>b. Include data on viral suppression rates (include RW clients vs. all clients)</li> <li>c. RW Client Homelessness</li> </ol> </li> <li>3. HRSA and Ryan White Part A guidelines (PNC 1602)</li> </ol> <p><b>Reports:</b></p> <ol style="list-style-type: none"> <li>4. PARS Report</li> <li>5. Monthly Report Review</li> </ol>	<ul style="list-style-type: none"> <li>• Address changes in FY 26 Part A funding (if needed)</li> <li>• Review and approve key data findings on <b>Ryan White's service eligibility criteria &amp; other service guidelines</b> and discuss findings</li> <li>• Review data on the <b>HIV Care Continuum/Unaware Estimate</b> and discuss findings               <ul style="list-style-type: none"> <li>○ Include data on <b>RW clients vs. all clients</b></li> <li>○ Include data on <b>viral suppression rates</b> (include RW clients vs. all clients)</li> <li>○ <b>RW Client Homelessness</b></li> </ul> </li> <li>• Review <b>HRSA and Ryan White Part A guidelines (PCN 1602)</b></li> <li>• Partial Assistance Rental Subsidy (PARS) report                Review YTD data on <b>service utilization</b> and discuss findings</li> </ul>
<p><b>July 9, 2026</b>  <i>(3 hours)</i></p>	<p><b>Data:</b></p> <ol style="list-style-type: none"> <li>1. Minority AIDS Initiative (MAI) funding</li> <li>2. Non-Ryan White Mental Health and Substance Use</li> </ol>	<ul style="list-style-type: none"> <li>• Presentation on <b>Minority AIDS Initiative (MAI) funding</b> and its uses for services in all regions</li> <li>• <b>Review key findings on non-Ryan White Mental Health and Substance Use Treatment resources in the community with a focus on HIV/LGBT competencies</b></li> </ul>

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

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

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

**CY 2026 WORKPLAN**

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

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

*(An Amendment to AB 2302)*

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

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

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

### Additional Information for Members Participating Remotely

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

1. The member shall notify the support staff at the earliest opportunity possible, including at the start of a regular meeting, of their need to participate remotely for just cause, including a general description of the circumstances relating to their need to appear remotely at the given meeting.
2. The member shall publicly disclose at the meeting before any action is taken, whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member's relationship with any such individuals.
3. The member shall participate through both audio and visual technology.

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

1. The member shall request reasonable accommodation to participate remotely at the time of quorum check prior to each meeting.
2. The member shall participate through both audio and visual technology. Any member with a disability, as defined in Section 12102 of Title 42 of the United States Code, may participate only through audio technology if a physical condition related to their disability results in a need to participate off camera.
3. The member shall disclose at the meeting before any action is taken, whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member's relationship with any such individuals.