SAN DIEGO HIV PLANNING GROUP (HPG)

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

MEETING PACKET

THURSDAY, JUNE 22, 2023, 1:00 PM – 5:00 PM

COUNTY OPERATION CENTER (COC)

5500 OVERLAND AVE, (ROOM 120) SAN DIEGO, CA 92123

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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Priority Setting & Resource Allocation Committee (PSRAC)

When: Thursday, June 22 from 1:00 PM – 5:00 PM
Where: San Diego County Operations Center (COC)
5500 Overland Avenue San Diego, CA 92123
Training Room 120 (5500 Building)

Parking is free. All visitors parking more than the allotted time must park in an unmarked space. There is very limited street parking along Farnham St.

Driving Directions:

From 163 Freeway:

1. From 163, exit onto Clairemont Mesa Blvd – *Eastbound*
2. Turn left onto Overland Ave.

From I-15 Freeway:

1. From 15, exit onto Clairemont Mesa Blvd – *Westbound*
2. Turn right onto Ruffin Rd
3. Turn left onto Hazard Way

Or

1. From 15, exit onto Clairemont Mesa Blvd – *Westbound*
2. Turn right onto Overland Ave

****ATTN:**

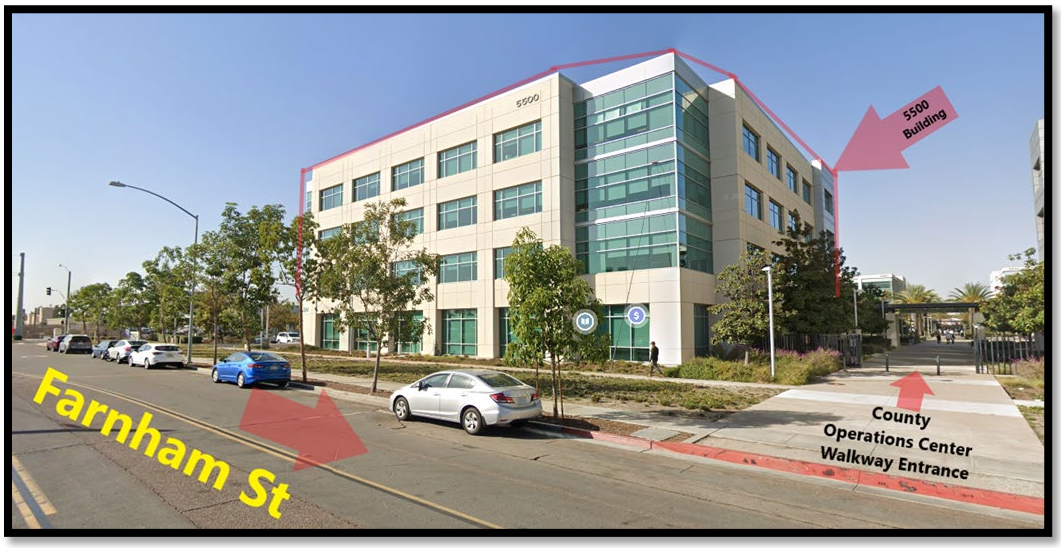
Please note that directions depicted on given directions to location may not reflect info on the MTS phone application.

Refer to HPG directions and County Operations Center map provided for detailed instructions on how to get to meeting location. Additional resource map available from County Operations Center on **PAGE 4**.

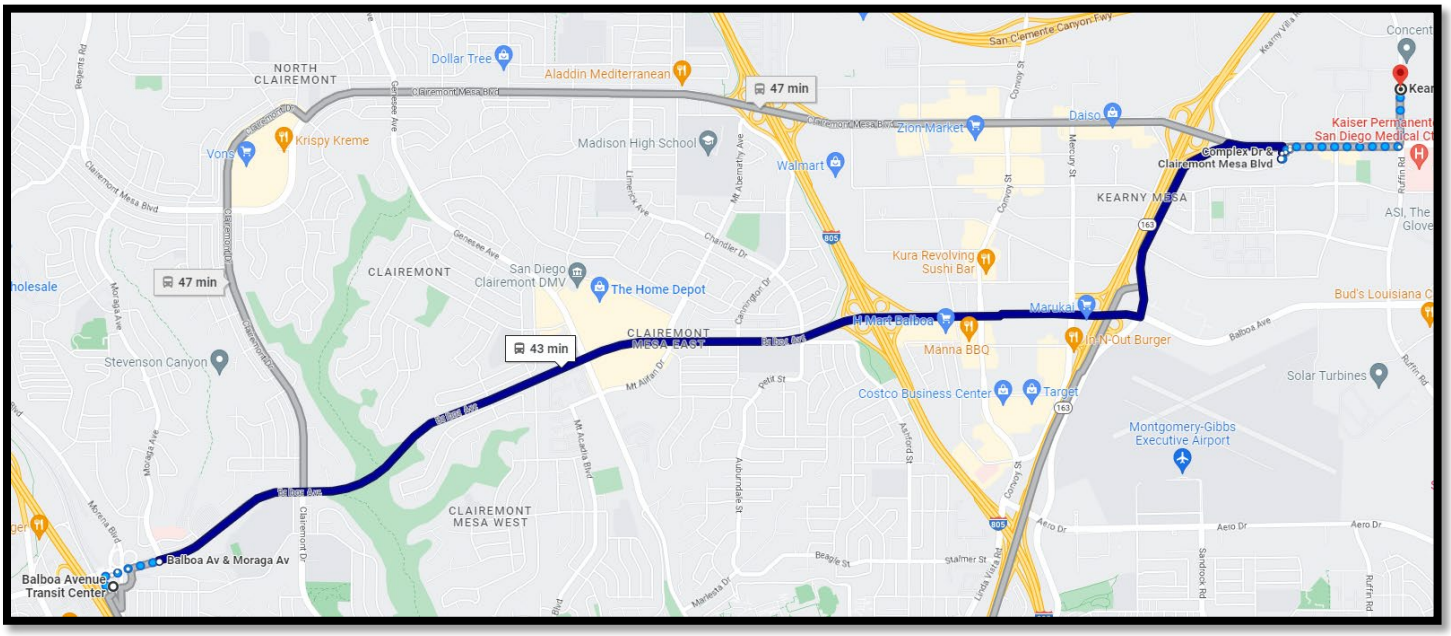
Via MTS/Public Transportation:

From Clairemont Mesa Blvd & Overland Ave Bus stop:

1. Head east on Clairemont Mesa Blvd toward Overland Ave.
2. Turn left onto Overland Ave.
3. Turn right onto Farnham St.
4. Turn left into County Operations Center walkway entrance. Destination will be on the left side in Building 5500. Main entrance will be in COC walkway.



Full Route from Balboa Ave Transit Center to Overland Ave (if coming off Blue Line trolley):



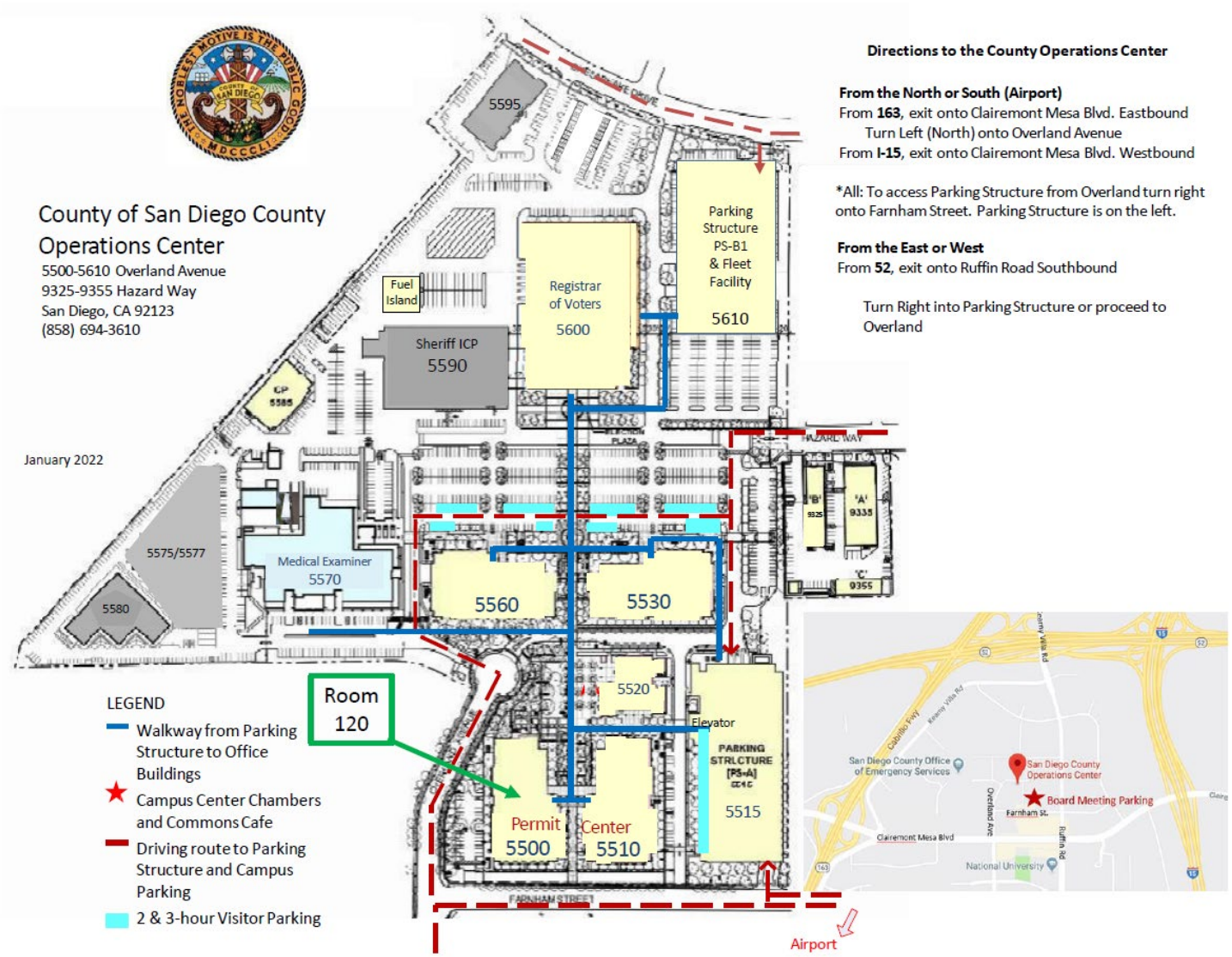
If Using Trolley & Bus:

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. Enter east through County Operations Center entrance/black gate.
8. Building 5560 will be on your left.

ADDITIONAL RESOURCES:

County Operations Center (COC)
CAMPUS MAP



5500 Permit Center

Environmental Health and Quality
San Diego County Credit Union
Public Works Engineering
Parks & Recreation
Aging & Independence Services
24/7 Library To Go

5510 Permit Center

Planning and Development Services
Public Works
SanGIS

5520 Campus Center

Campus Center - Chambers
Campus Center - Commons

5530

Primary Public Defender
Alternate Public Defender
County Counsel/Juvenile Dependency
Human Resources
Sheriff Detention Medical Services
Auditor & Controller
Revenue & Recovery

5560

County Library
Public Administrator
Public Guardian
Public Conservator
Purchasing & Contracting
Sheriff Data & Computer Training
Security Services

5560 cont.

Property Manager
Aging & Independence Services
General Services
County Fire/EMS

5570

Medical Examiner
Environmental Health & Quality
- Vector/HIRT
Public Health Services
- Laboratory

5590

Crime Lab

5595

Sheriff Wireless Services
General Services Maintenance

5600

Registrar of Voters
County Mail Center
Probation

5610

General Services Fleet

9325

Agriculture, Weights, & Measures

9335

University of California Cooperative Extension
Vital Records
Public Health Services

Conflict of Interest
Priority Setting and Resource Allocation Committee

Name	Conflict of Interest
Acevedo, Allan	• None
Carroll, Reginald	• None
Cortes, Alberto	• Medical Nutrition Therapy • Emergency Financial Assistance • Food Bank/Home Delivered Meals
Davenport, Beth	• Mental Health • Non-Medical Case Management • Medical Case Management • Peer Navigation
Garcia-Bigley, Felipe	• EIS: Minority AIDS Initiative • Early Intervention Services, Regional Services • Home-Based Health Care Coordination • Medical Case Management • Mental Health Counseling/Therapy • Mental Health: Psychiatric Medication Management • Non-Medical Case Management Service • Oral Health • Outpatient Ambulatory Health Services: Medical Specialty • Outpatient Ambulatory Health Services: Primary Care • Peer Navigation (Referral for Healthcare and Support Services) • Transportation: Assisted and Non-Assisted
Highfill, Pam	• Substance Use Treatment: Residential
Jacobs, Dr. Delores	• None
Kubricky, Cinnamen	• None
Mueller, Chris	• Medical Case Management, including Treatment Adherence Services • Outpatient/Ambulatory Health Services (Primary Care) • Medical Transportation • Non-Medical Case Management Service • Medical Specialty • Psychiatric Services
Quezada-Torres, Karla	• None

Name	Conflict of Interest
Robles, Raul	• None
Rucker, James	• EIS: Minority AIDS Initiative • Early Intervention Services, Regional Services • Home-Based Health Care Coordination • Medical Case Management • Mental Health Counseling/Therapy • Mental Health: Psychiatric Medication Management • Non-Medical Case Management Service • Oral Health • Outpatient Ambulatory Health Services: Medical Specialty • Outpatient Ambulatory Health Services: Primary Care • Peer Navigation (Referral for Healthcare and Support Services) • Transportation: Assisted and Non-Assisted
Underwood, Regina	• Medical Case Management, including Treatment Adherence Services • Mental Health Services • Substance Abuse Outpatient Care • Medical Transportation • Non-Medical Case Management Service • Outreach Services • Peer Navigation • EIS: Regional • EIS: Minority AIDS Initiative
Van Brocklin, Rhea	• Coordinated HIV Services for Women, Infants, Children, Youth, and Families (CHS: WICYF)
Villafan, Freddy	• Medical Case Management • Substance Use Disorder Treatment: Residential • Transportation: Assisted and Unassisted

SAN DIEGO HIV PLANNING GROUP (HPG)

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

MEETING AGENDA

THURSDAY, JUNE 22, 2023, 1:00 PM – 5:00 PM

COUNTY OPERATION CENTER (COC)

5500 OVERLAND AVE. (ROOM 120) SAN DIEGO, CA 92123

To participate remotely via Webex:

https://sdcountyca.webex.com/sdcountyca/j.php?MTID=mac06b34081dd62e7bb0ccbaa086c93be

Join the meeting via phone: 1-470-238-5742 US Toll / 52-55-6722-5298 Mexico Toll

Meeting ID: 2634 688 3573 **Password:** PSRAC.20

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 eight (8)

Committee Members: Beth Davenport, Reginal Carroll, Alberto Cortes, Felipe Garcia-Bigley, Pam Highfill, Dr. Delores Jacobs (Chair), Cinnamen Kubricky, Chris Mueller, Raul Robles, James Rucker (co-chair), Karla Quezada-Torres, Regina Underwood, Rhea Van Brocklin, Freddy Villafan

ORDER OF BUSINESS

1. Call to order, roll call, comments from the chair
2. Reminders
   a. **Review of Committee Charge**
   b. **Committee members' Conflicts of Interest:** Disclose areas of financial interest (e.g., employment); Refrain from participation in related votes
   c. **Areas that are NOT the purview of this committee:** Selection of contractors; contract details; how contractors implement contracted services (staff salaries, etc.) These are the sole purview of the Recipient.
   d. **Focus on service priorities, not on specific service providers.**
   e. **Rules for the meeting** (as necessary): Committee members are limited to two (2) minutes per comment and limited to two (2) comments per item; public comments are welcome at the beginning and prior to each agenda item, limited to two minutes so that all have an opportunity to participate.
3. Public comment on non-agenda items (for members of the public)
4. Sharing our concerns (for committee members)
5. **ACTION:** Approve the Priority Setting & Resource Allocation Committee agenda for June 22, 2023

6. **ACTION:** Approve the Priority Setting & Resource Allocation minutes for June 8, 2023
7. Review follow-up items from the last meeting
8. Old Business:
    a. Summarize/finalize data on **HIV Epidemiology**
    b. Summarize/finalize data on **Ryan White's service eligibility criteria and other service guidelines**
9. New Business:
    a. Review data on the **HIV Care Continuum (percent of individuals linked to care, and retention rates and viral suppression)/ Unaware Estimate/ Unmet Need Estimate** and discuss findings.
        i. Data on **RW clients vs. all clients**
        ii. Data on **viral suppression rates in the African American/Black population** (incl. of RW clients vs. all clients)
    b. Review information on **non-Ryan White services in the community**, especially mental health and drug and alcohol services
    c. Review data on **Getting to Zero Action Plan Community Focus Groups Feedback Report** and discuss findings.
    d. **ACTION:** Review and approve key data findings by service category
    e. **ACTION:** Recommendations with justifications to HIV Planning Group for service priority ranking and how services should be organized and delivered in Fiscal Year 24
    f. **ACTION:** Recommendations with justifications for changes in funding allocations for FY 24 in level-funding and reduction funding scenarios
10. Routine Business
    a. Review Monthly and Year to Date expenditures and examine for recommended reallocations.
        i. Review of over/under spending
        ii. Review reallocation recommendations (if needed)
    b. Partial Assistance Rent Subsidy Program (PARS) and Emergency Housing update
    c. Review the PSRAC FY 23 Work Plan
11. Suggested items for the future committee agenda
12. Announcements
13. Next meeting date: **July 20, 2023, from 1:00 PM – 5:00 PM**.
    Location: **County Administration Center (CAC) 1600 Pacific Highway, Room 310, San Diego, CA 92101 AND via WebEx**
14. Adjournment

Principles for PSRA Decision-Making Process	Criteria for the PSRA Decision-Making Process
Principles Guiding Decision Making (Priorities should reflect the Principles) 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	**Criteria for Priority Setting** 1. Documented Need based on: 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

SAN DIEGO HIV PLANNING GROUP (HPG)
PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)
DRAFT MINUTES
TUESDAY, June 8, 2023, 1:00 PM – 5:00 PM
COUNTY ADMINISTRATION CENTER (CAC)
1600 PACIFIC HIGHWAY, SAN DIEGO, CA 92101 (ROOM 310)

To participate remotely via WebEx:
https://sdcountyca.webex.com/sdcountyca/j.php?MTID=mce02f5e2385802245551cb2e49c8844e

Join the meeting via phone: 1-470-238-5742 US Toll / 52-55-6722-5298 Mexico Toll
Meeting ID: 2632 373 9384 **Password:** PSRAC.20

A quorum for this meeting is eight (8)
Committee Members: Beth Davenport, Reginald Carroll, Felipe Garcia-Bigley, Pam Highfill, Dr. Delores Jacobs (Chair), Cinnamen Kubricky, Chris Mueller, Raul Robles, James Rucker (co-chair), Karla Quezada-Torres, Regina Underwood, Rhea Van Brocklin, Freddy Villafan

Absent: Alberto Cortes

ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order, roll call, comments from the chair, and a moment of silence	Dr. Jacobs called the meeting to order at 1:02 p.m. and noted that a quorum was established.	
2. Reminders	The Committee Charge was read by Rhea Van Brocklin. Reminders were provided regarding Conflict-of-Interest guidelines, areas that are not the purview of the committee, the committee's focus on service priorities, and public comment criteria.	
3. Public Comment on non-agenda items (for members of the public)	None	

Agenda Item	Discussion/Action	Follow-Up
4. Sharing our concerns (for committee members).	A public member commented that those who are hard of hearing need participants to speak loudly during meetings. HPG Support Staff announced that parking passes for this meeting are available.	
5. **ACTION**: Approve the agenda for June 8, 2023	**Motion:** Approve the agenda for the June 8, 2023 meeting as presented. **Motion/Second/Count:** Davenport/Villafan 9/0 **Abstention(s):** Jacobs **Motion carries**	
6. **ACTION:** Approve the Minutes for May 11, 2023	**Motion:** Approve the May 11, 2023, meeting minutes as presented. **Motion/Second/Count:** Davenport/Garcia-Bigley 9/0 **Abstention(s):** Jacobs **Motion carries**	
7. Review follow-up items from the last meeting	Additional feedback is needed from Dr. Tweeten on the key data findings summary for HIV Epidemiology; the document should be available at the next PSRAC meeting. Dr. Tweeten will present data on the Continuum of Care/Unmet Need/Unaware Estimate at the June 22, 2022, PSRAC meeting.	HPG Support Staff will email the slide set from Raniyah Copeland to PSRAC members Add 'Continuum of Care/Unmet Need/Unaware Estimate to the next meeting agenda.
8. Old Business		
a. Getting to Zero Community (GTZ) Engagement Plan	Dr. Jacobs review the following GTZ Community Engagement Plan. • Communications – changes coming weekly and continuing to be flushed out; "What does HPG mean?" "When are the meetings."	

Agenda Item	Discussion/Action	Follow-Up
	• An invitation to "What is HPG?" and send recommended definitions of "What is HPG" to HPG.HHSA@sdcounty.ca.gov • Telehealth disparity has been addressed through the standards. • Increase ease of access to mental health and substance use treatment opportunities. - Housing is being addressed by stabilizing Emergency Housing and Partial Assistance Rental Subsidy (PARS). Design and deploy strategies to address stigma, but we are still waiting for action to move forward. Wil likely address this with social media posts and education The recipient's Office informed the following: ▪ The California Department of Public Health is transitioning the AIDS Regional Information and Evaluation System (ARIES), which has been present for 22 years, to be old and replaced by HIV Care Connect. ▪ The Getting to Zero application will be deploying potentially on June 21, 2023. The App is a free, multi-lingual resource to increase HIV-related information access. App users can search and connect to resources across San Diego County from any mobile device. The App caters to user needs by	

Agenda Item	Discussion/Action	Follow-Up
	location, language, services, transportation routes, etc. Programs that are included support HIV prevention, care, treatment, and basic needs such as food, housing, transportation, and resources behavioral and emotional health resources application can use to create an account and as a visitor ▪ The Office of AIDS website has resources; The state is working on a webinar to address those who are turning 64, especially; if you miss the window of enrolling for Medicare.	
b. ACTION: Finalize and approve the data on co-occurring conditions, poverty, and insurance	Reviewed, and new suggestions were recommended. • update on the prevalence of homelessness data on the general population: • For people with HIV 50+, some of the emerging data that is coming out appreciate the comorbidities that are included; one of the other areas that are important to consider is functionality • Please include some data on HIV and aging. The committee discussed possibly looking further into aging and HIV • There were requests for creating an Aging task force. • Add to a survey of HIV impact • The field of HIV and aging is an emerging field right now • HRSA has funded SPNS programs nationwide – working to develop working	Staff will make additional changes to Co-Occurring Key Findings. Dr. Beth Davenport will email the updated homeless data to the HPG Support Staff. The committee approved the document by consensus and recommended moving it forward to the HIV Planning Group (HPG).

Agenda Item	Discussion/Action	Follow-Up
	interventions for those with HIV and aging. Other organizations and agencies have gotten more funding to work with those aging with HIV.	
c. **ACTION:** Review and approve data on the regional distribution of Ryan White Treatment Extension Act (RWTEA) Part A services & discuss findings	Outpatient Substance Use Treatment services are not countywide. • The Outpatient services offered by Behavior Health Services can provide services for the unhoused. • Neither Southeast nor South Bay has peer advocacy available	The committee approved the document by consensus and recommended moving it forward to the HIV Planning Group (HPG).
d. **ACTION:** Review and approve data on Ryan White's service eligibility criteria & other service guidelines and discuss finding	Reviewed, and new suggestions were recommended. • Possible alphabetize categories • Organize by priority ranking; possibly add a column to identify the category ranking • Add a list of what is a medical provider • Add an asterisk for clinical provider vs. primary care provider The Chair questioned: • Is it standard practice noted within the service standards for the staff person providing the care to tell a client that transportation could be available if eligible? The Recipient Office confirmed the following: • It is required in dental and specialty medical care to arrange transportation. The committee members discussed some of the barriers to transportation services information:	HPG Support Staff will update Ryan White's service eligibility criteria & other service guidelines and discuss the findings. The committee approved the document by consensus and recommended moving it forward to the HIV Planning Group (HPG).

Agenda Item	Discussion/Action	Follow-Up
	• Medical services do not assess for transportation or language barriers; it is placed back on the referring primary care provider (PCP) or the patient. • People were being referred elsewhere but were not being told about transportation. • Is it possible to combine their case management with HIV? • A list of transportation support is outlined in a pamphlet given by Family Health Centers San Diego • Service delivery landscape differs from years ago; the recipient will bring a report back with benefits navigation. • Case managers do not have all the information about the services provided.	
9. **New Business**		
a. **ACTION:** Allocation of FY 22 (March 1, 2022 – February 28, 2023) Carryover funding	**Motion:** Approve $370,533 in carryover funding from FY 22 to put into Emergency Housing. **Motion/Second/Count:** Kubricky/ Highfill **Abstention(s):** Dr. Jacobs **Motion carries**	
b. Review 2021 Survey of HIV Impact data & discuss findings, esp. Out-Of-Care data	The committee reviewed the data from the 2021 Survey of HIV Impact, which will be redone later this year. The survey is given to anyone in the county living with or vulnerable to HIV.	
c. Review Regional Community Focus Group data and discuss findings	Dr. Jacobs reviewed the main findings from the 2021 Regional Community Focus groups.	
d. Review HRSA and Ryan White Part A guidelines (PCN #16-02)	The Health Resources and Services Administration (HRSA) created the Policy Clarification Notice (PCN) 1602	

Agenda Item	Discussion/Action	Follow-Up
	document to explain what is allowable for the program and funding for Ryan White, and It's divided into two essential categories: core medical services and support services. Medical Services: psychiatric, case management, intervention service, outpatient substance abuse treatment; provide medical care or ensure patients have received medical services. Support services- non-medical case management, home meals, housing program, The PCN 1602 indicates: • For most service categories, only HIV patients can receive medical care services, not partners or relatives. There are a few exceptions to this. • Differences in how services are covered and funded.	
e. **ACTION:** Review and approve the summary of HIV/AIDS Epidemiology data & discuss findings (if available)	Tabled, to be reviewed at the next PSRAC meeting.	
f. Partial Assistance Rental Subsidy (PARS) Report- Lauren Brookshire	Maritza Herrera provided an oral PARS report: • 41 currently on the waitlist • 9 previously enrolled • 32 new applicants • Demographics of clients on the waitlist: • Participants are primarily Hispanic, Male, age 45+, in the Central region • 106 currently enrolled A public member asked when someone applies for PARS if the roommate's income counts.	The recipient's office will send the PARS report to HPG Support to distribute to all members. Recipient's office to add the total after the year to review for trends

Agenda Item	Discussion/Action	Follow-Up
	Recipient officed answer; Yes, we do look at Household Income for PARS	The recipient office will provide a breakdown by gender and the total of people who have applied.
10. **Routine Business**		
a. Review Monthly and Year-to-Date (YTD) expenditures and examine for any recommended reallocations	The updated report is not available due to the early meeting date of the meeting.	The recipient office will provide a report for the following June 22, 2023, meeting
b. Review Monthly and YTD service utilization report.	Reviewed by Maritza Herrera, the report was included in the meeting materials packet.	
c. HIV Testing Report- Lauren Brookshire	Report is for the time period January – March 2023; routine testing in detention facilities is only for January 2023. Because of the closure of the Rosecrans facility/Public Health Lab, all test run by the County are processed by a commercial laboratory, which has caused some data reporting delays. A member of the committee asked about the number of routine testing sites. • Approximately 50-60 Data only includes County-funded testing. - There may be more sites funded through other sources Confirmation of overall positivity rate requested.	The recipient's office will provide the number of female's who tested positive. Lauren Brookshire will confirm the overall positivity rate.
d. COVID-19/MPox update	The County continues counting cases for COVID-19. The County website is available, and data was	

Agenda Item	Discussion/Action	Follow-Up
	last updated on 5/27/2023. The county continues to stay updated with vaccines and boosters. Local Situation (sandiegocounty.gov) **MPOX:** • There is wide availability of vaccines. • Anyone who has yet to get the second dose is recommended to receive it, even if it has been over a year. • Individuals can make an appointment to schedule a vaccine for either COVID-19 and/or MPOX: • https://myturn.ca.gov/ • The intradermal vaccination – is not required this year. • The MPOX Task Force's final meeting is on Thursday, June 15, from 3:30 – 5:00 PM. • Outbreak Chicago 30 cases, and 1/3 were fully vaccinated; it's important to have the 2 courses because it protects about 85%.t	
e. Affordable Care Act (ACA) update	On January 1, 2024, those enrolled in Medi-Cal and eligible will have 100% medical care.	
f. HIV Prevention update	Prevention and Testing Report: San Diego County receives funding from the Centers for Disease Control and Prevention (CDC) administered by the California Department of Public Health (CDPH) for HIV prevention and testing. • Current funding cycle started in 2018 and is expected to end May 2024.	Lori Jones to provide information on the August motivational training.

Agenda Item	Discussion/Action	Follow-Up
	• Expecting changes for next cycle of funding in 2024. • End the HIV Epidemic funds available until the end of 2024. • Notice of Funding Opportunity (NOFO) from CDC will be responded to by CDPH and will inform future prevention and testing services in San Diego County. Heidi Aiem has accepted a promotion within the County; she will be working with HSHB until the end of this month. Partner Services training information to be distributed when available. A committee member commented that several clinics may benefit from the training and recommended that information to access training be included in the weekly Community Events and Opportunities email. The members discussed the Difference between Opt-In/Opt-Out testing. A committee member commented on the need for basic HIV training. A committee member asked about test counselors being certified from out-of-state who cannot work. • Requirement comes from California law • County staff can bring up at future Office of AIDS Stakeholders meetings	
g. Review the PSRAC FY 23 Work Plan	Reminder to review the current priority ranking for services before the next meeting.	

Agenda Item	Discussion/Action	Follow-Up
	• Recommendations for ranking must come based on the data. • We are going to attempt a two-year budget.	
11. Suggested items for the future committee agenda	None	

12. Announcements	The FDA has revised its guidelines for donating blood.
	• They will no longer ban gay/bisexual/MSM from giving blood.
	• Will no longer have time constrictions.
	• Will ask risk-based questions to everybody regardless of sexual orientation, including.
	  ○ Number of sex partners in the next nine days
	  ○ Number of sex partners you have had anal sex with.
	However,
	• Those who are on PrEP will be prohibited from giving blood; this includes
	• Persons using Injectable prep and Oral PrEP are prohibited from giving blood for 2 years.
	
	Christie's Place is having its annual fundraiser. Friday, June 23, 2023, at 4:00 PM. The film premiere of "Even Me."
	
	Pride Parade, for more information, please contact Felipe Garcia-Bigley if you would like to table in the Health Resources section of the	

Agenda Item	Discussion/Action	Follow-Up
	Pride Parade. Those attending would not have to pay and would come in as volunteers.	
13. Next meeting date	Next meeting date: **June 22, 2023, from 1:00 – 5:00 PM.** Location: County Operations Center (COC), 5500 Overland Ave. (Room 120) San Diego, CA 92123	
14. Adjournment	4:33 PM	

San Diego HIV Planning Group
Priority Setting and Resource Allocation Committee

2023 Key Data Findings
HIV EPIDEMIOLOGY

Draft June 22, 2023

OVERALL

- Total Persons Living with HIV disease (PLWH) in San Diego County (Prevalent cases) = **14,634**
- Recent cases (2018 – 2022) = **2,139** (this is a subset of the total or prevalent cases)

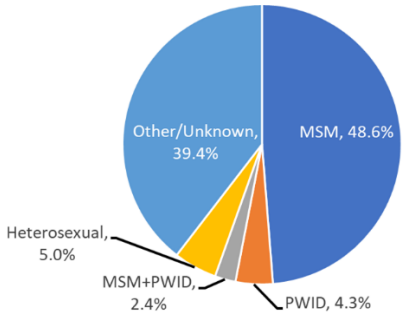
BIRTH SEX

- The proportion of female HIV disease diagnoses has increased slightly over the last 5 years to about 13.6% (n = 291, recent cases) (cf. 10.7% of prevalent cases; (n = 1,560, total cases for females).'
- Central Region and South Region have the largest proportion of recent HIV disease diagnoses among women (>50% of total women in the two regions; (n =141).

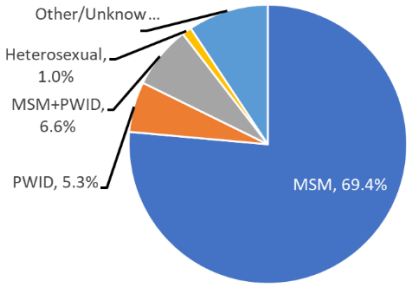
MODE OF TRANSMISSION

- The majority of people living with HIV disease (PLWH) through year-end 2022 were men who have sex with men (MSM, 69.4%; n = 10,161). For women, heterosexual transmission was the largest mode of transmission. Most recent diagnoses and PLWH were male and MSM.

Recent HIV Cases[1]



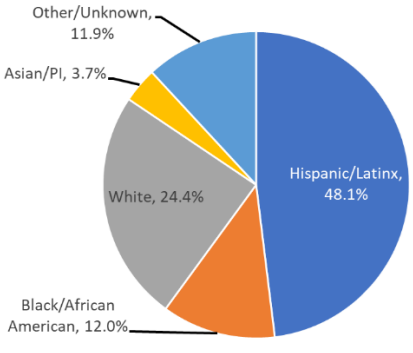
People Living with HIV (PLWH)[2]



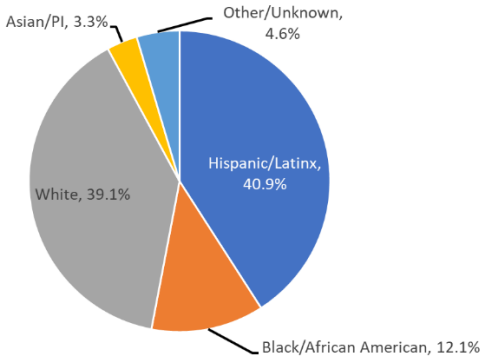
RACE/ETHNICITY

- The majority of recent HIV disease diagnoses for over ten years were people of color. The proportion of Non-Hispanic White cases decreased over time, while the proportion of Hispanic/Latino cases increased over time. The HIV rate (number/100,000 or 10^5) was higher for Non-Hispanic Black/African American **($40.4/10^5$)** than Hispanic/Latino **($19.6/10^5$)** or Non-Hispanic White **($6.8/10^5$)** during in 2021.

Recent HIV Cases[1]



People Living with HIV (PLWH)[2]



[1]**Persons Living with HIV disease (PLWH) =** Residing in San Diego County and alive as of December 31, 2022

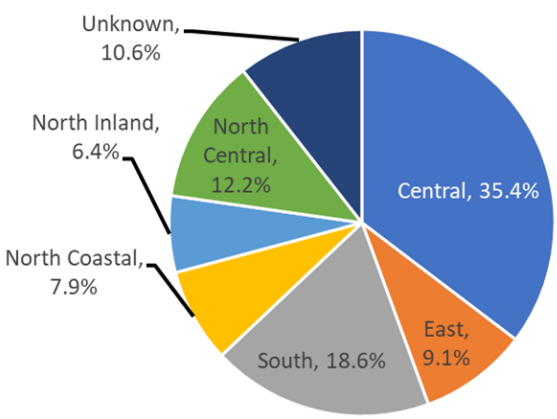
[2]**Recent Cases** = HIV disease diagnosis, regardless of stage of disease, between 2018 – 2022 while residing in San Diego County

All data provided by San Diego County Health & Human Services Agency; Epidemiology and Immunizations Services Branch (EISB), 2023

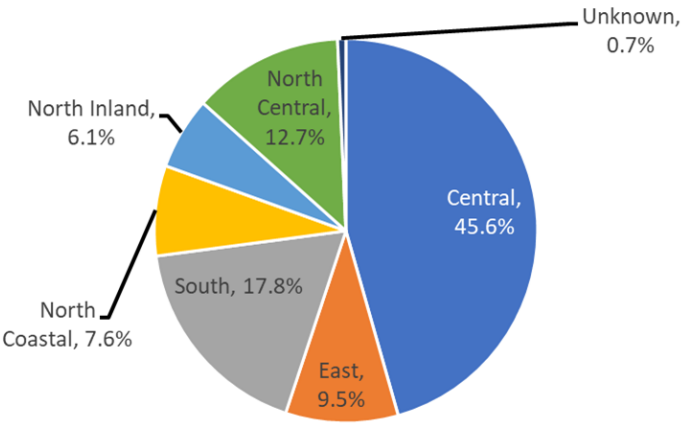
REGION AT DIAGNOSIS

- Central Region has the highest number (n = 6,666) and percentage (45.6%) of PLWH cases, followed by the South Region (n = 2,612; 17.8%).
- The proportion of HIV disease in the Central Region residents decreased over time, while the proportion of HIV disease diagnoses among South Region residents increased slightly over time.

Recent HIV Cases[1]



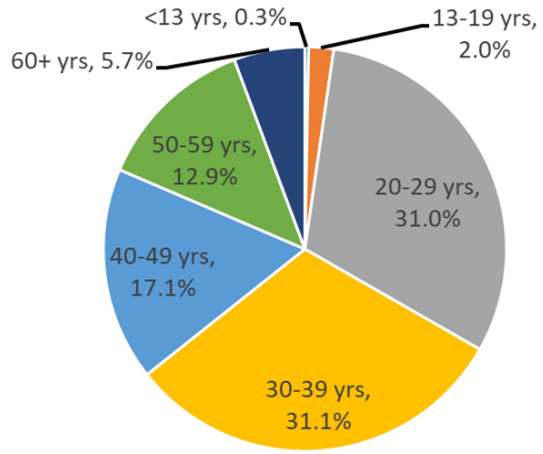
People Living with HIV (PLWH)[2]



AGE

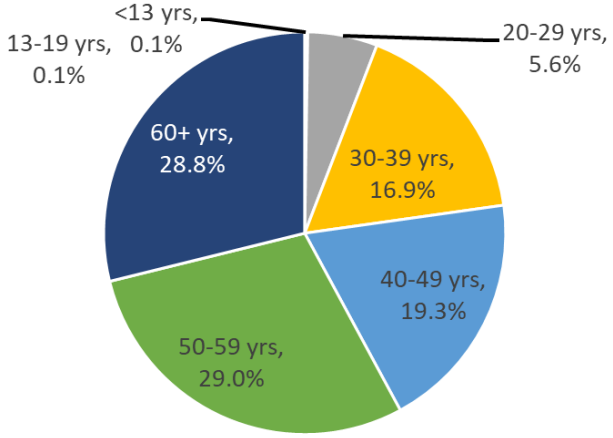
- The 20 – 29 years and 30 – 39 years age groups were the most frequent age groups at diagnosis among recent HIV disease diagnoses (n = 663, 31.0% and 661, 31.1% respectively), while the 50 - 59 was the most frequent current age for total PLWH (n = 4,251; 29%) and 60+ years was the second most frequent (n = 4,225; 28.8%).

Recent HIV Cases[1]



Age at Diagnosis

People Living with HIV (PLWH)[2]

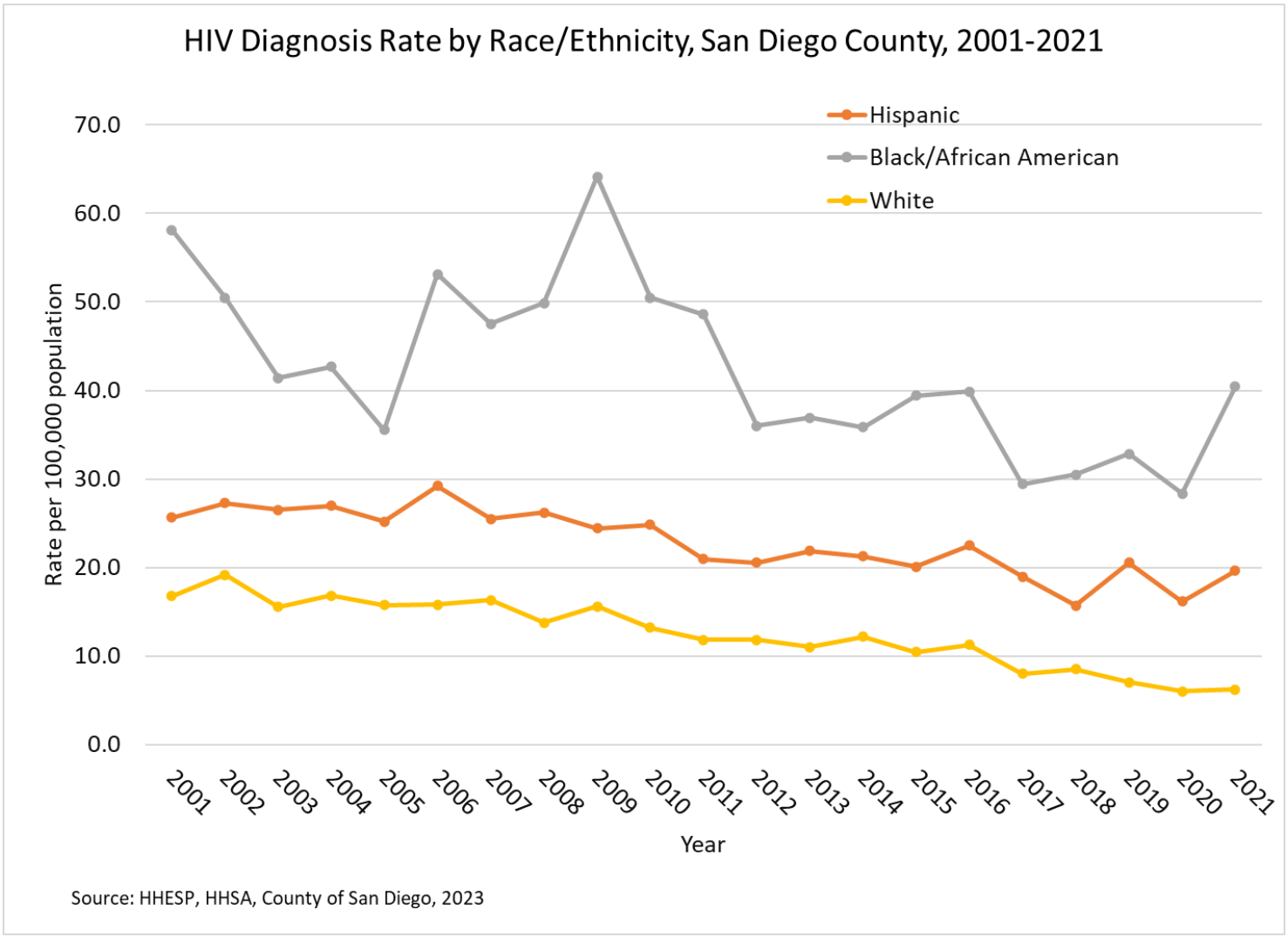


Age in 2022

[1] **Recent Cases** = HIV disease diagnosis, regardless of stage of disease, between 2018 – 2022 while residing in San Diego County

[2] **Persons Living with HIV disease (PLWH) =** Residing in San Diego County and alive as of December 31, 2022. Age is calculated at 12/31/2022.

All data provided by San Diego County Health & Human Services Agency; Epidemiology and Immunizations Services Branch (EISB), 2023



SIMULTANEOUS DIAGNOSIS:

Defined as a diagnosis of AIDS occurring within 12 months of initial diagnosis of HIV.

The groups with the highest percentage of simultaneous diagnosis for recent HIV disease diagnoses (2018-2022) were Hispanic/Latino 26.9% (vs. 23.2% overall), North Inland (32.1%), North Coastal (31.6%) and North Central (30.6%) regions, PWID (27.3%) and age groups 40 – 49 (29.4%), 50 – 59 (35.7%), and 60+ (45.2%)**.** Late testing represents missed opportunities to test clients and subsequent entry into care if needed.

[1] **Recent Cases** = HIV disease diagnosis, regardless of stage of disease, between 2018 – 2022 while residing in San Diego County

[2] **Persons Living with HIV disease (PLWH) =** Residing in San Diego County and alive as of December 31, 2022. Age is calculated at 12/31/2022.

San Diego HIV Planning Group
Priority Setting and Resource Allocation Committee

2023 Key Data Findings

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

Draft June 22, 2023

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

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

- Live in San Diego County
- Have an income at or below 500% Federal Poverty Level (FPL)* ($72,900 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 2023 500% FPL is $72,900 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

San Diego County EMA Ryan White Treatment Extension Act (RWTEA) Parts A/B
SERVICE SPECIFIC CRITERIA
Draft June 22, 2022

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.	• Medical provider
3. © 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.	• Medical provider • Mental health provider
4. © 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)	• Medical provider • Dental provider for dental specialty service
5. © 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: • 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.	
6. 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.	
7. 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	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	

Priority Rank/Category	Criteria	Limitations	Requires referral
	lists, including Section 8, Housing Opportunities for 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.	with medical or non-medical case managers as part of a treatment team approach.	
8. Housing: Emergency Housing	Eligible to receive RW services. 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.	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: • Receive Housing Opportunities for People with AIDS (HOPWA) funds. • Receive a tenant-based or project-based rent subsidy including, but not limited to, subsidized low-income housing, or subsidized independent housing associated with any program such as Public Housing, Affordable Housing, Section 8, HOPWA, or PARS rental assistance. • Have previously been terminated from receiving emergency housing assistance or tenant-based rental assistance, have violated program guidelines in their use of emergency housing funds, or have been identified as ineligible for services. • Can include sober living and assisted living. Housing services may not: • 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.	• Case manager
9. Housing Location, Placement and Advocacy Services	(The Strategies and Standards Committee will draft service standards for this service category)		

Priority Rank/Category	Criteria	Limitations	Requires referral
10. Housing: Partial Assistance Rental Subsidy (PARS)	Must not receive other subsidized housing, either tenant-based or project-based 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. All clients enrolled in the Partial Assistance Rental Subsidy (PARS) program must also enroll in housing case management.	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). 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. Housing services may not: • 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.	• Case manager
11. and 12. © Early Intervention Services (EIS) (Includes © Coordinated HIV Services for Women, Infants, Children, Youth and Families(CHS:WICYF) and (priority #11) © EIS: Regional Services (RS) (priority #12).	Limited to: • 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	Services focus on linkage or re-engagement in care and are not intended to be ongoing.	
a. Childcare Services (A subcategory of CHS:WICYF)	Available for children living in the household of individuals with a confirmed HIV diagnosis and their affected family members while attending medical visits, related appointments, and/or Ryan White-funded meetings, groups, or training sessions.	For children from infancy through 12 years of age. Services are also available, if permitted at the appointing clinic, for parents and caregivers attending medical, dental, and mental health care appointments, including support groups, on-site childcare is prioritized for appointments, so family members can access support service needs. It may be available for other purposes as determined appropriate. For parents and caregivers utilizing on-site services, at least one parent or caregiver must remain on-site.	• Case manager

Priority Rank/Category	Criteria	Limitations	Requires referral
b. Outreach Services (a subcategory of EIS:RS)			
13. 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: • 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.	
14. 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.	• Self-Referral • Case manager • Early Intervention Services
15. © 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 competed, and medical care is stabilized. There are no annual limits on the number of services provided.	
16. 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.	
17. © Substance Use 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.	
18. Substance Use Residential Care	Must have a written referral from the clinical provider as part of a substance use disorder treatment program funded under the Ryan White program	Case is closed upon completion of treatment program. There are no annual limits on the number of services provided.	• Clinical provider
19. © Home and Community Based Health Services	Must be at risk for hospitalization or entry into a skilled nursing facility. Must also: • Have a health condition consistent with in-home services • Have a home environment that is safe for both the client and the service provider	Service specifically excludes: • Emergency room services • In-patient hospital services • Nursing homes • Other long-term care facilities	• Medical provider • Case manager

Priority Rank/Category	Criteria	Limitations	Requires referral
	Have a score of 70 or less on the Cognitive and Functional Ability (Karnofsky) Scale	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.	
20. Transportation Pool – Assisted & Unassisted	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.	Specific eligibility criteria for **assisted transportation***: • Specific Eligibility Criteria: 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 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. Specific eligibility criteria for **unassisted transportation**: • Specific Eligibility Criteria: Reserved for individuals unable to access or stay in core medical and support services. • Disabled monthly passes may be issued for individuals who qualify for the disabled monthly pass and have more than three medical visits per month. • Day passes may be issued for individuals who do not qualify for the disabled monthly passes and for those eligible for disabled monthly passes who have fewer than three medical visits per month. ○ Individuals who receive day passes can be issued two extra day passes to cover unexpected or emergency medical visits. Clients are limited to two	• Case manager • Any service provider

Priority Rank/Category	Criteria	Limitations	Requires referral
		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 program and/or mileage reimbursement. 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. 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.)	
21. Food Services/Home Delivered meals	Must be physically and/or mentally incapable of preparing own meals to qualify for home delivered meal services. Individuals who can prepare meals may still be eligible for food vouchers and food bank services	Services do not provide: • Permanent water filtration systems for water entering a home; • Household appliances; • Pet foods and • Other non-essential products. Case is closed when the service is deemed no longer medically necessary. There are no annual limits on the number of services provided.	• Case manager • Medical provider
22. © Medical Nutrition Therapy	Must be referred by a medical provider	Case is closed when all action items on the nutrition plan are competed, and medical care is stabilized. There are no annual limits on the number of services provided.	• Medical provider
23. Legal Services (Other Professional Services)	Services can also be provided to family members and others affected by a client's HIV disease when the services are specifically necessitated by the person's HIV status	Excludes criminal defense and class-action suits unless related to access to services eligible for funding under the Ryan White program. Case is closed when the legal matter has been resolved. There are no annual limits on the number of services provided.	

Priority Rank/Category	Criteria	Limitations	Requires referral
24. Emergency Financial Assistance	Eligible to receive RW services.	The maximum amount for each item per year per client are as follows: • Clients are eligible to receive up to $1,000/year to use for utility payments. • Food bags: Each client is allowable 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 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. Electronic devices (tablets, small laptops, etc.) can be provided to assist clients access virtual environments/telehealth appointments/RW planning meetings.	• 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 abuse 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.	• Medical provider • Case manager
26. © Early Intervention Services: HIV Counseling and Testing	Limited to: • 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	Services focus on linkage or re-engagement in care and are not intended to be ongoing.	
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.	• Medical provider • Case manager

HIV DISEASE UNAWARE ESTIMATE, CARE CONTINUUM, AND VIRAL SUPPRESSION

Samantha Tweeten, PhD, MPH

June 22, 2023

COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES

LIVE WELL SAN DIEGO

ACCREDITED HEALTH DEPARTMENT
PHAB
Advancing public health performance
PUBLIC HEALTH ACCREDITATION BOARD

UNAWARE ESTIMATE

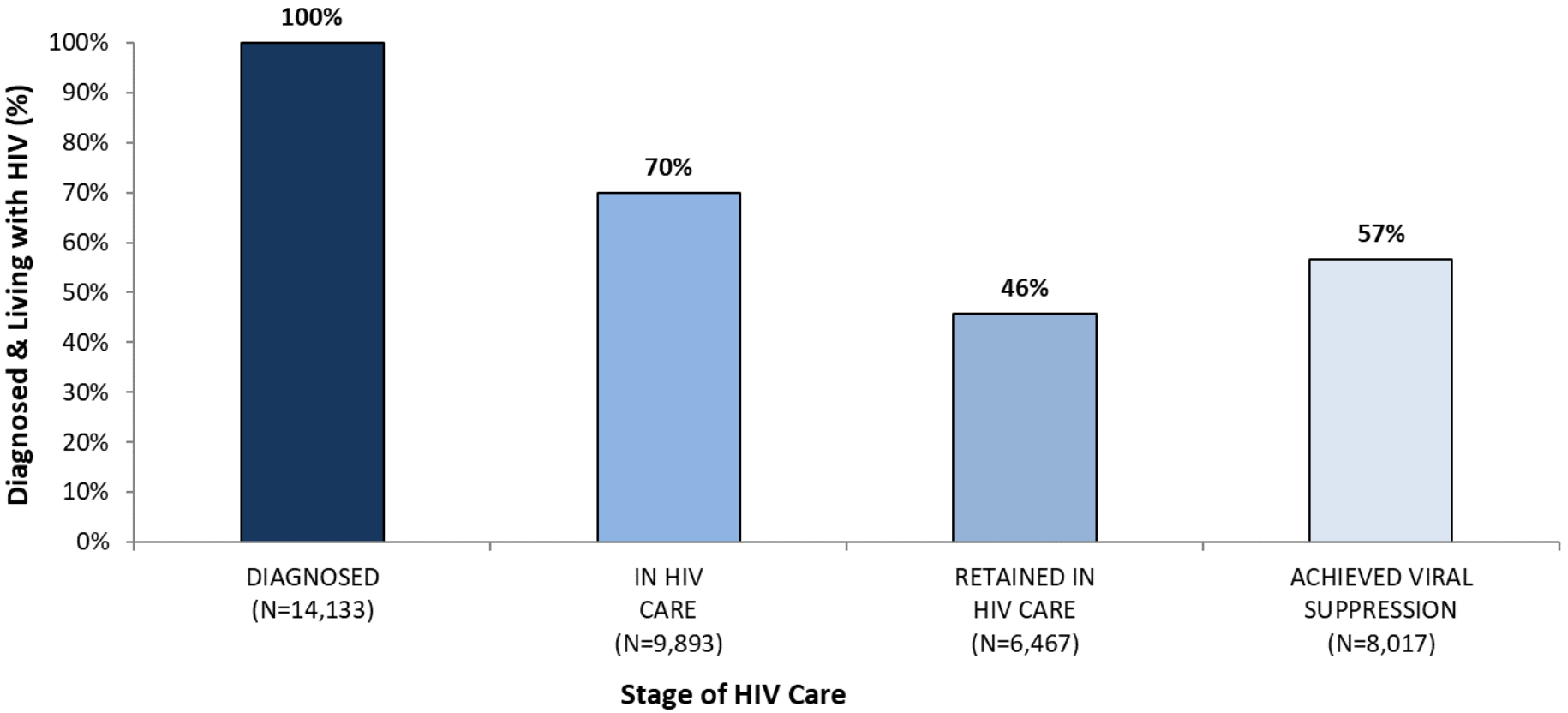
BASED ON CDC ESTIMATION TOOL

- Current estimate is about 9%
- Plans for FY23/24
  - Develop San Diego County specific estimate
  - General thought that CDC estimate is too high

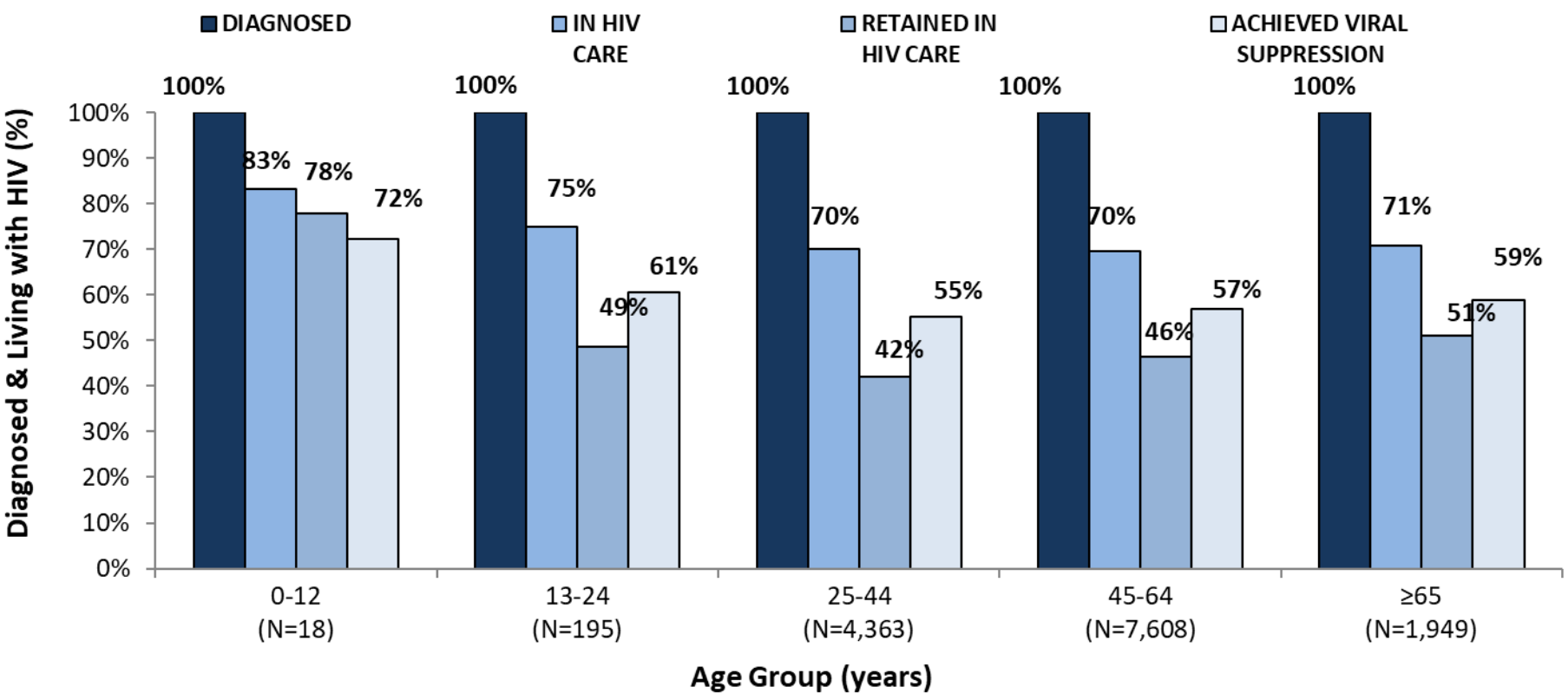
BACKGROUND

- Data provided by CDPH Office of AIDS
  - CDPH can look back at all labs in the previous year
- Most recent final data 2021
- Calculated with PLWH,
  - not just San Diego County residents

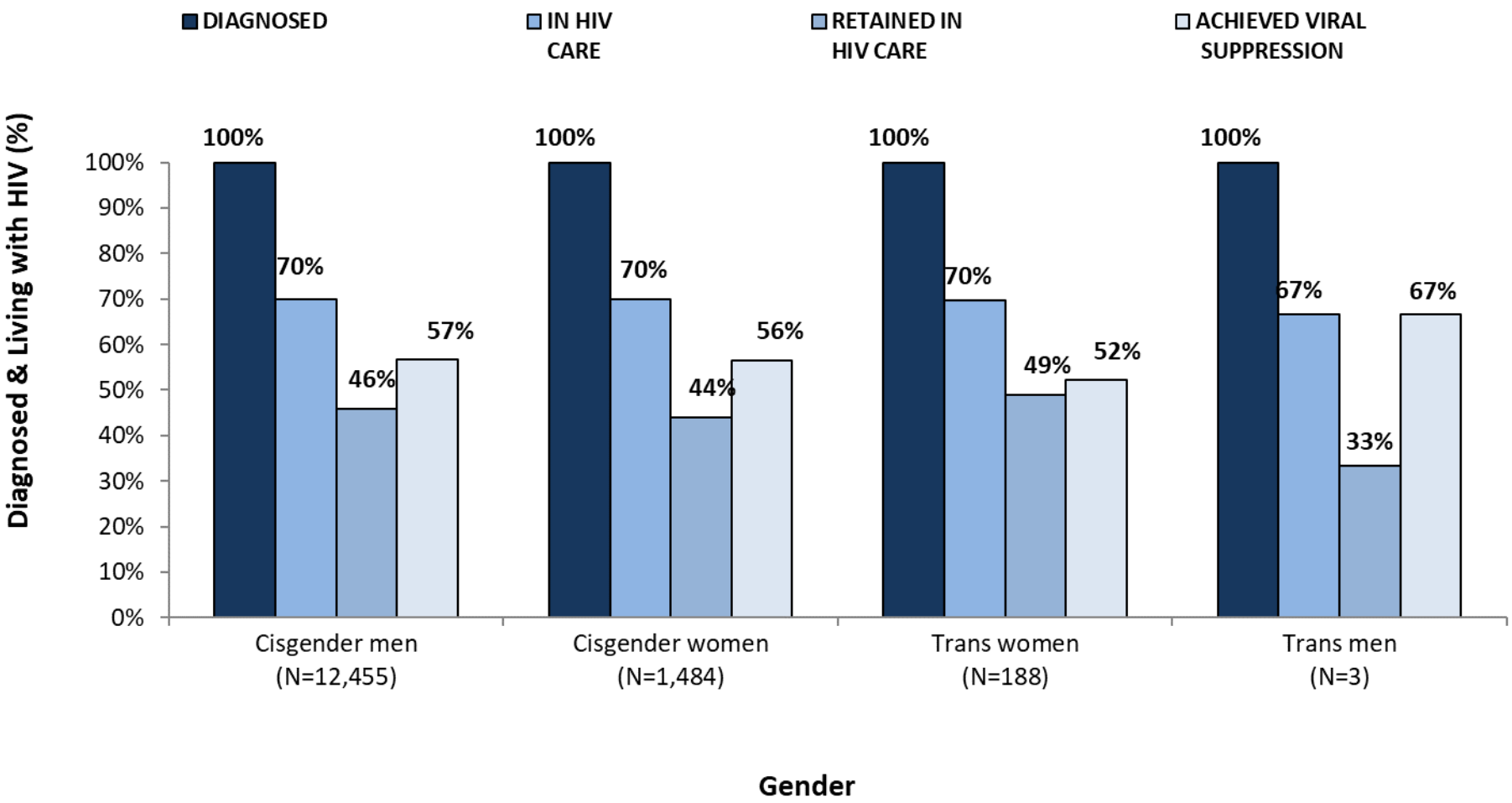
CARE CONTINUUM - OVERALL



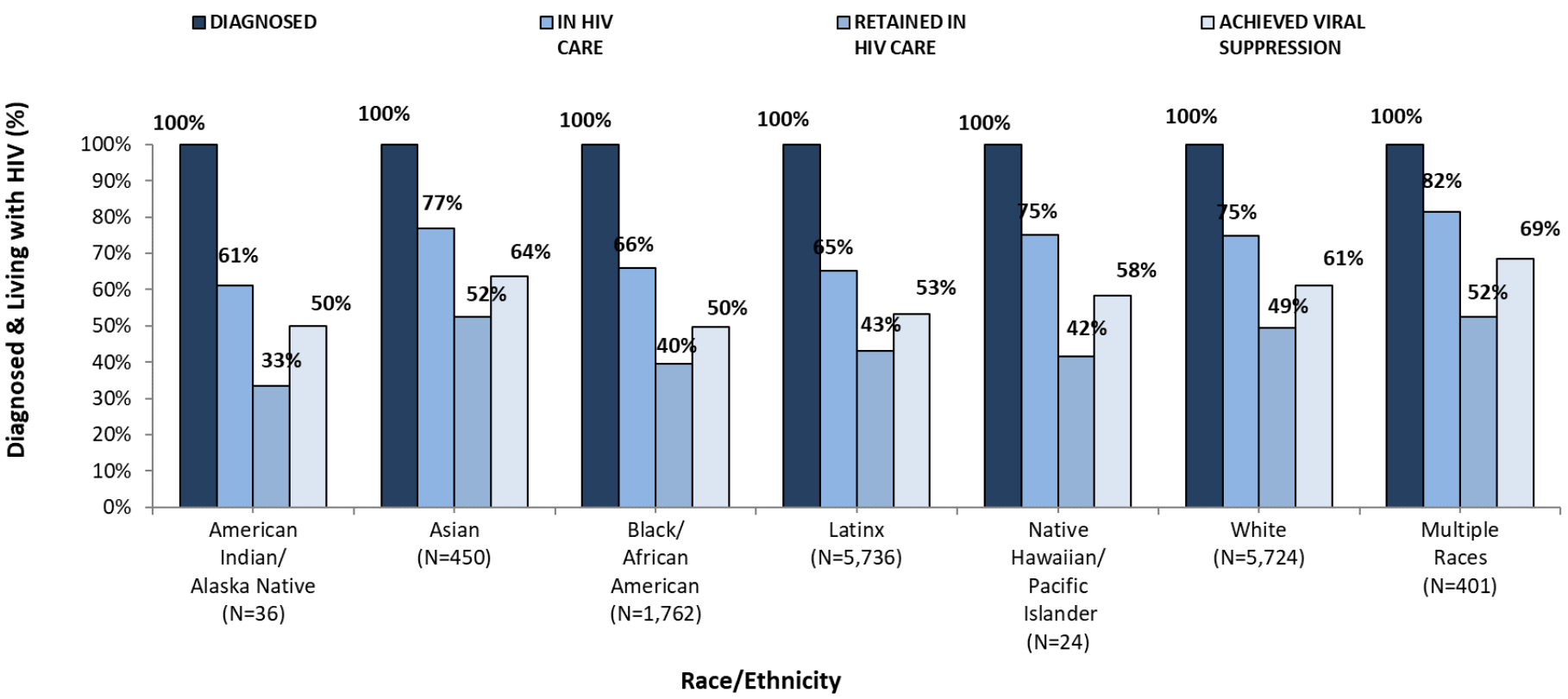
CARE CONTINUUM BY AGE GROUP



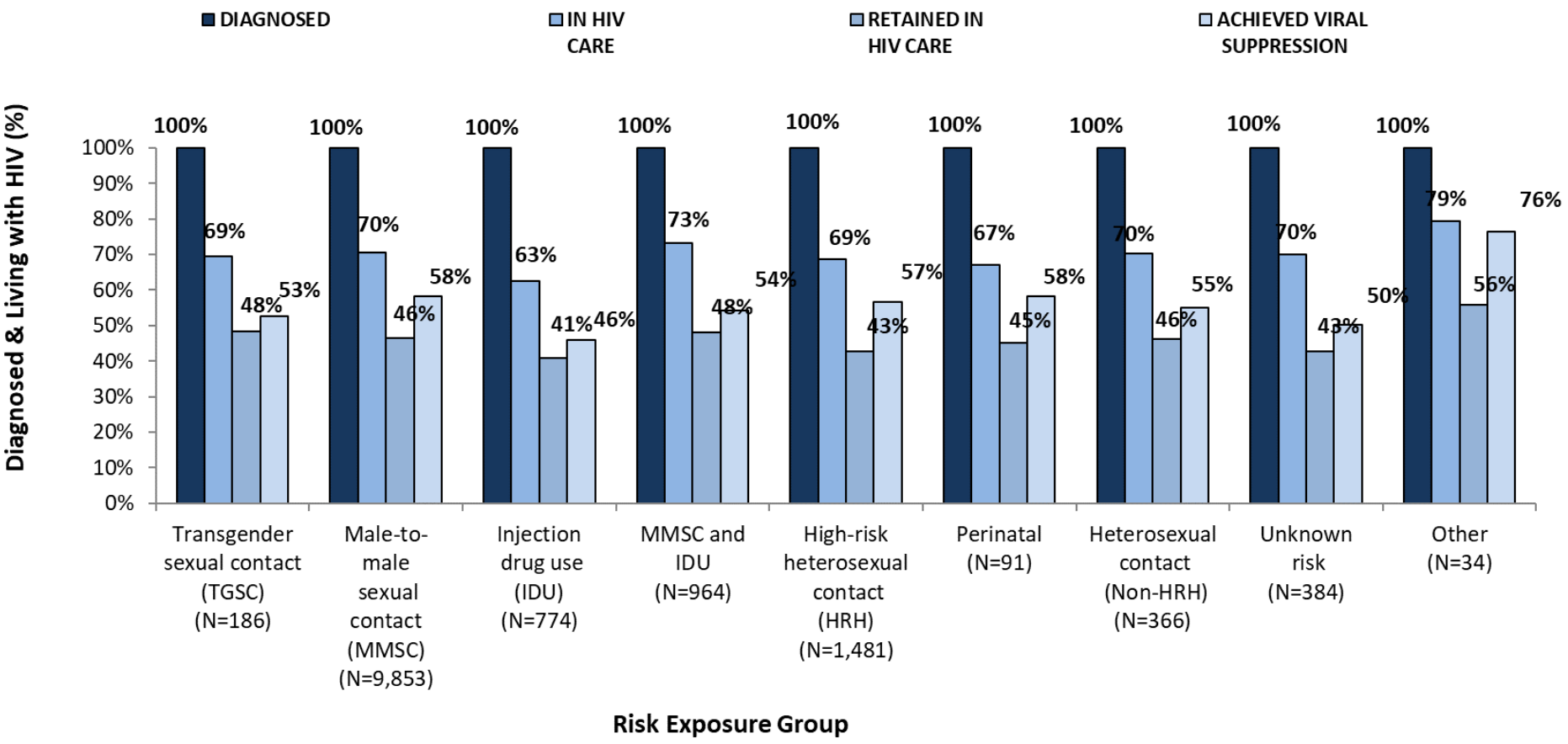
CARE CONTINUUM BY GENDER



CARE CONTINUUM BY RACE/ETHNICITY



CARE CONTINUUM BY RISK GROUP



VIRAL SUPPRESSION (2021) - SEX

	Virally Suppr.		Not Virally Suppr.		No Viral Load		All
Sex assigned at birth	n	%	n	%	n	%	
Male	7,177	57	567	5	4,942	39	12,646
Female	840	56	43	3	564	38	1,487
Total	8,017	57	610	5	5,506	39	14,133

NOTE: Percent may not total 100 due to rounding.

	Virally Suppr.		Not Virally Suppr.		All
Sex assigned at birth	n	%	n	%	
Male	7,177	93	567	7	7,704
Female	840	91	43	9	923
Total	8,017	93	600	7	8,627

NOTE: Percent may not total 100 due to rounding.

VIRAL SUPPRESSION (2021) – RACE/ETHNICITY

	Virally Suppr.		Not Virally Suppr.		No Viral Load		All
Race/Ethnicity	n	%	n	%	n	%	
Hispanic	3,052	53	259	5	2425	42	5,736
Black/African Amer.	876	50	113	6	773	44	1,762
White	3,496	61	202	4	2026	35	5,724
Asian/PI	300	63	14	3	160	34	474
Other*	293	67	22	5	122	28	437
Total	8,017	57	600	4	5506	39	14,133

*Includes American Indian/Native Alaskan, Mulitple Race, and Unknown.

NOTE: Percent may not total 100 due to rounding.

	Virally Suppr.		Not Virally Suppr.		All
Race/Ethnicity	n	%	n	%	
Hispanic	3,052	92	259	8	3,311
Black/African Amer.	876	89	113	11	989
White	3,496	95	202	5	3,698
Asian/PI	300	96	14	4	314
Other*	293	93	22	7	315
Total	8,017	93	600	7	8,617

*Includes American Indian/Native Alaskan, Mulitple Race, and Unknown.

NOTE: Percent may not total 100 due to rounding.

VIRAL SUPPRESSION (2021) - AGE

Current	Virally Suppr.		Not Virally Suppr.		No Viral Load		All
Age range (years)	n	%	n	%	n	%	
13-19	17	74	1	4	5	22	23
20-29	454	58	68	9	260	33	782
30-39	1,351	57	141	6	898	38	2,390
40-49	1,444	52	145	5	1206	43	2,795
50-59	2,501	57	161	4	1695	39	4,357
60+	2,237	59	92	2	1439	38	3,768
Total	8,004	57	608	4	5503	39	14,115

NOTE: Percent may not total 100 due to rounding.

Current	Virally Suppr.		Not Virally Suppr.		All
Age range (years)	n	%	n	%	
13-19	17	94	1	6	18
20-29	454	87	68	13	522
30-39	1,351	91	141	9	1,492
40-49	1,444	91	145	9	1,589
50-59	2,501	94	161	6	2,662
60+	2,237	96	92	4	2,329
Total	8,004	93	608	7	8,627

NOTE: Percent may not total 100 due to rounding.

VIRAL SUPPRESSION (2021) - RISK

	Virally Suppr.		Not Virally Suppr.		No Viral Load		All
Risk category	n	%	n	%	n	%	
MSM	5,824	58	350	3	3865	38	10,039
IDU	356	46	60	8	358	46	774
MSM+IDU	524	54	73	8	367	38	964
Heterosexual	1041	56	80	4	726	39	1,847
NIR	193	50	41	11	150	39	384
Other	79	63	6	5	40	32	125
Total	8,017	57	610	4	5506	39	14,133

NOTE: Percent may not total 100 due to rounding.

	Virally Suppr.		Not Virally Suppr.		All
Risk category	n	%	n	%	
MSM	5,824	94	350	6	6,174
IDU	356	86	60	14	416
MSM+IDU	524	88	73	12	597
Heterosexual	1041	93	80	7	1,121
NIR	193	82	41	18	234
Other	79	93	6	7	85
Total	8,017	93	610	7	8,627

NOTE: Percent may not total 100 due to rounding.

QUESTIONS?

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Ryan White Clients Continuum of Care Data

Draft June 20, 2023

From Ryan White (RW) Part A and B data in FY22 (March 1, 2022 – February 28, 2023)

1. Linkage to care
    a. 30 days – 124/177, 70%
    b. 60 days – 155/177, 88%
    c. 90 days – 163/177, 92%

2. Receipt of care (total Part A and B clients with an Outpatient Ambulatory Health Services (OAHS) visit or CD4 or viral load test on file)
    a. 2,878/3,378, 85%

3. Viral load suppression
    a. All RW clients: 2,649/2,886, 92% (no test on file – 492)
    b. Black RW clients: 330/372, 89% (no test on file – 55)

San Diego HIV Planning Group
Priority Setting and Resource Allocation Committee

2023 Key Data Findings

SAN DIEGO COUNTY MENTAL HEALTH AND SUBSTANCE USE TREATMENT SERVICES WITH A PARTICULAR FOCUS ON HIV/PLWH/LGBTQ COMPENTENCIES

Draft June 22, 2023

1. SAN DIEGO YOUTH SERVICES OUR SAFE PLACE (San Diego Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ) Center)
   Address: 3255 Wing Street San Diego, CA 92110, phone: 619-221-8600, website: www.sdyouthservices. org
   - Individual/group/family services provided at schools, home, drop-in center, or office/clinic location. Utilizing a team approach that when indicated offers case management, family, or youth partner support, and/or co-occurring substance treatment. Supportive services at 4 drop-in centers. Our Safe Place provides necessary mental health services and drop-in centers for LGBTQ+ youth up to age 21 and their families.

2. FAMILY HEALTH CENTERS OF SAN DIEGO INC. SOLUTIONS FOR RECOVERY
   Address: 4094 4th Ave. San Diego, CA 92103 (Hillcrest location providing LGBTQ-focused services), phone: 619-515-2300, website www.fhcsd.org/lgbt-services
   - Outpatient alcohol and other drug treatment, recovery, ancillary, and supportive services for individuals who identify as lesbian, gay, bisexual, transgender, or questioning/queer (LGBTQ). Additional special early intervention case work is also provided for clients who voluntarily disclose that they are HIV positive.

3. STEPPING STONE OF SAN DIEGO INC. STEPPING STONE OF SAN DIEGO
   Address: 3767 Central Avenue San Diego, CA 92105, phone: 619-278-0777, website: https://steppingstonesd.org/
   - State DHCS-licensed residential alcohol and other drug (AOD) treatment, recovery, case management, MH counseling for adults (18+) with alcohol and other drug-induced problems. Stepping Stone has been serving the LGBTQ community since 1976.

4. SUBSTANCE USE DISORDER INTENSIVE OUTPATIENT MCALISTER INSTITUTE FOR TREATMENT AND EDUCATION (MITE) - NORTH CENTRAL TEEN RECOVERY CENTER (TRC)
   Address: 7625 Mesa College Drive, Ste. 115b, San Diego, CA 92111, phone: 858-277-4633, website: www.mcalisterinc.org/ programs/
   - Provides outpatient substance abuse treatment and education to adolescents between the ages of 12-17. Offers individual counseling, family counseling, family groups, random drug testing, and education classes consisting of life skills, relapse prevention, goal setting, crisis intervention, conflict resolution for teens, introduction to recovery, health, recovery issues, employment preparation, HIV/AIDS, and nutrition.

5. THE SAN DIEGO LESBIAN GAY BISEXUAL TRANSGENDER (LGBT) CENTER:
   Address: 3909 Centre St, San Diego, CA 92103, phone: (619) 692-2077,
   Website: The San Diego LGBT Community Center (thecentersd.org)
   - non-Ryan White (RW) mental health and substance use relapse prevention services (support group) at the main site (Central) and two youth centers (Central and South). They also have two new grants (SAMHSA and Sierra Health Foundation) to address stigma related to opioid and stimulant use in the LGBTQ community and substance misuse prevention in the LGBTQ community.

6. CHOICES IN RECOVERY:
   Address: 733 S Santa Fe Ave, Vista, CA 92083, phone: (760) 945-5290, website: Choices in Recovery (choicesinrecoveryvista.org)
   - Has a residential placement for men living with HIV in North County. Residential treatment, long term and outpatient treatment, Case manager assigned through the county of San Diego for PLWHIV.

7. VISTA COMMUNITY CLINIC (VCC):
   Address: 1000 Vale Terrace Dr Vista Ca 92084, phone: (760)631-5000
   Website: https://www.vistacommunityclinic.org/
   - VCC – Valuable Connected Care: Meeting the health and wellness needs of our community.
   - HIV Clinical Manager - Teresa Gomez 760-631-5000 ext.7194
   - HIV Clinical Program Supervisor – Leslie Garcia 760-631-5000 ext. 7321
   - HIV Clinical Hunt group: ext. 7777
   - HIV Prevention hunt group: ext. 7000

8. SAN YSIDRO HEALTH (SYH):
   Address: CASA 3045 Beyer Blvd., Suite D-101, San Diego, CA 92154, phone: (619) 662-4161
   Address: Our Place 286 Euclid Ave., Suite 309, San Diego, CA 92114, phone:(619) 527-7390,
   Website: https://www.syhealth.org/lgbtq
   - Services: San Ysidro Health offers an array of support and clinical services for people who identify as LGBTQ+, people living with HIV, and people who use substances. Services include patient navigation, case management, counseling, primary care, gender-affirming care, and medication-assisted treatment for substance use disorders.

9. UNIVERSITY OF CALIFORNIA, SAN DIEGO (UCSD): OWEN CLINIC
   Address: 4168 Front St 3rd Floor, San Diego, CA 92103, phone: 619-543-3995,
   Website: HIV Care | Owen Clinic | UC San Diego Health (ucsd.edu)
   - At the Owen Clinic, your care is led by doctors and nurses with expertise in HIV care. You also have access to social workers, clinic pharmacists and counselors who are dedicated to serving the community.

* In addition to the programs listed here, all programs operated by, or contracted through the COUNTY OF SAN DIEGO'S BEHAVIOR HEALTH SERVICES (BHS) are required to provide services and supports that respect diverse beliefs, identities, cultures, preference, and represent linguistic diversity of those served. Programs are responsible for evaluating the need for culturally/linguistically specialized services and linking individuals with those services or making appropriate referrals.
(See attachment on County Behavior Health Services)

SERVICES

PREVENTION & COMMUNITY ENGAGEMENT

- Community Engagement and Outreach
- DUI Programs
- Mental Health Prevention and Early Intervention
- Mental Health Services Act Coordination
- Prevention Initiatives Coordination
- Stigma and Discrimination Reduction
- Substance Use Disorder Prevention Services
- Suicide Prevention

CHILDREN, YOUTH & FAMILIES SYSTEM OF CARE

- Case Management
- Day & Residential Treatment
- Emergency Screening & Stabilization
- Family/ Youth Advocacy
- Juvenile Forensics
- Outpatient & Residential Women's Perinatal Substance Use Disorder Programs
- Outpatient & School Based Treatment
- Pathways to Well Being
- Rehabilitation Support
- Teen Recovery Centers
- Therapeutic Behavioral Services
- Wraparound Services

ADULT & OLDER ADULT SYSTEM OF CARE

- Case Management
- Clubhouses
- Conservatorship Collaboration
- Crisis Residential Treatment
- Detoxification Services
- Full Service Partnerships
- Justice Services
- Outpatient Substance Use Disorder Programs
- Outpatient Mental Health
- Residential Substance Use Disorder Programs
- Rehabilitation Recovery Centers
- Supported Employment
- Supportive Housing Services

CLINICAL DIRECTOR'S OFFICE

- Integrated Care
- Long Term Care
- Whole Person Wellness
- Workforce Development

INPATIENT HEALTH SERVICES

- Edgemoor Skilled Nursing
- San Diego County Psychiatric Hospital
- State Hospital Services
- Youth Inpatient Services

LIVE WELL SAN DIEGO
LIVEWELLSD.ORG

County of San Diego

Behavioral Health Services




The Behavioral Health Services (BHS) Department of the County's Health and Human Services Agency provides a broad continuum of services for mental health and substance use issues.

Services are provided to groups across the lifespan-from perinatal, children, youth and families, to adults and older adults.

BHS promotes recovery, discovery, resiliency and well-being through prevention, treatment and intervention, as well as integrated services for clients experiencing co-occurring mental illness and substance use issues.

BHS embraces *Live Well San Diego*, the County's vision to promote healthy, safe and thriving communities countywide.

Links to Access Resources:

Access & Crisis Line
A 24/7 information and referral line will help you find a provider for your needs.
1-888-724-7240

Behavioral Health Services
For more information, see:
www.sdcounty.ca.gov/hhsa/programs/bhs/

It's Up 2 Us Website
For Suicide Prevention and Stigma Reduction, go to:
Up2sd.org

Brief Listing Consumer Recommendations & Committee Progress thru June 2023

Background

The San Diego County HIV Planning Group's (HPG) *Community Engagement Project for Getting to Zero and Ending the HIV Epidemic* began in January 2020 and the recommendations continue to help to guide HPG planning and HPG committee work. The Consumer Recommendations and the 2022-23 committee progress are contained in this report. HPG has envisioned a 3-year Action Plan to incorporate this consumer feedback and 2022-23 is year 1 of this 3-year Action Plan. A total of 30 Action Items were presented for HPG Committees to address. 40% of items (12 items) were fully completed, An additional 30% (9 items) are currently in various stages of completion in the committee process; and 30% (9 items) remain not yet addressed by the committees. Items and their completion status are listed in this report. Finally, consultant observations and recommendations are provided at the end of this report.

Community Engagement Methodology

This project included **160 community participants** living with or vulnerable to HIV. Participation included: 1 large group, in-person community member event (98 participants), 2 rounds of extended key informant telephone interviews (64 participants), 12 Advisory Committee meetings, 32 small regional team meetings , and a final framework for a 3-year action plan for HPG implementation. The final action plan contains 11 recommendations for addressing consumer needs and redressing disparities in late HIV diagnoses, retention in care and viral suppression rates.

Participant Demographics & Descriptors

- ¾ participants living with HIV, ¼ participants vulnerable to HIV
- 78% identified as MSM, 8% of participants identified as women, and 14% as Transgender/Nonbinary.
- 77% of interview participants identified as community members of color: 36% as Black/African American; 36% as Latinx; 20% as White; and 6% as Bi-racial;
- Ages of participants ranged from 20-71 years of age
- Among interview participants, 70% endorsed a history of **one of the following experiences** -
    - Substance use (primarily alcohol and/or methamphetamine)
    - or homelessness & food insecurity,
    - or significant traumatic experiences
    - or mental health symptoms.
- For 11% of the 70% indicating at least one of the above difficulties, the use of drugs included injection drug use.
- Further, among the 70% endorsing at least one of above, 83% of those participants discussed a history **that included all of the above experiences -** not only drug and alcohol use, but also struggles with homelessness, food insecurity, significant traumatic experiences, and mental health symptoms.
- 90% of **those indicating all of the experiences** above also indicated periodic struggles to remain in HIV care and adherent to medication protocols.

Consumer Recommendations Overview

Participants appeared very engaged and thoughtful. Responses were focused both on broad themes including: experiences which have created and reinforced care system mistrust, the need for greater transparency and improved communication about available resources, and the need for greater access to mental health and substance use treatment resources. Participants also offered descriptions of their every-day challenges in prioritizing their healthcare and the barriers to accessing the systems of HIV care, as well as their suggestions for improvements that might reduce those barriers. These suggestions included improved workforce representation, enhanced communications and improved access to service and health information, greater and more rapid access to mental health and substance use treatments, greater and more rapid access to basic support resources (housing, food, transportation, emergency financial assistance), improved access to peer navigators, and access to social support groups and reduced duplicative, confusing bureaucratic barriers to service.

GTZ Consumer Recommendations & Committee Progress thru June 2023

Recommendation 1: Acknowledge and address medical system mistrust
REPRESENTATION **1a.** Ensure progress toward a contracted **HIV service-delivery workforce representative of those living with and at higher risk for HIV in San Diego County and ensure ongoing recruitment, support and retention of this representative workforce**
PROGRESS: Completed. Cultural Humility and Competence Standards including instruction to service providers to "Recruit staff members with lived experience at all levels of the organization and provide appropriate supports to ensure their success."
1b. Acknowledge systemic racism, missteps, mistakes and harms of the past and ensure plans are created and implemented to ensure ongoing training to help to ensure this past is not repeated.
PROGRESS: Partially completed. Anti-racist Retreat conducted, now awaiting consultant recommendations for further training or dialogues.
1c. WORKFORCE TRAINING CULTURAL HUMILITY, TRAUMA INFORMED CARE Provide access via links to **enhanced, skill-based trainings** to HIV service-delivery staff which improve the ability to consistently communicate **cultural respect, knowledge and humility**, as well as the skills required for **trauma-informed care**.
Recommendation 2: Improve communications and outreach strategies for those living with and at higher risk for HIV who live, work or participate in historically-underserved, Low Information communities.
2a. Use multiple communications platforms and outreach strategies to better provide HIV services information to HIV community members and historically-underserved communities impacted in San Diego County, including the following HIV services information: What services are available? Where are services located? Who is eligible for services? What is the cost of services to the eligible community member? What is the contact information for scheduling or for more information? **This recommendation is intended to proactively provide the information to the community rather than placing the burden of information seeking solely on consumers.**
PROGRESS: Partially completed and ongoing. Enhanced Communication Plan begun and continuing weekly via email and social media. Awaiting app completion and deployment. Awaiting completion of services App.
2b. Provide increased and readily available **basic health information** to low information, historically-underserved community members and communities, including: **What is early disease detection and why is it important? Where is HIV, HCV, STD testing available? What is PrEP and who is eligible? Importance of early connection to HIV treatment and medication, What does an undetectable viral load mean for transmission of HIV? Information regarding mental health or substance use treatment (both out-patient and residential treatment).**
PROGRESS: Completed and ongoing. Health messaging via social media begun and continuing X2 monthly.
Recommendation 3: Ensure that all HIV community members have opportunities for equitable access to tele-health appointments and to participation in public meetings, address the digital disparities present for those with lower-income who are also living with or at higher risk for HIV
3a. For low-income HIV consumers, and HPG members, who have not been able to access County or City digital resource programs, provide opportunities to gain access to affordable or no-cost, broadband internet connectivity and the hardware necessary to participate in healthcare appointments and public meeting opportunities.
PROGRESS: Completed and ongoing. Addressed via standards to allow telehealth to continue (as appropriate) and to provide for access to internet and hardware to those who need it.
3b. For those HIV community members who have experienced digital disparities, provide information regarding virtual training opportunities to learn digital/virtual skills that can allow them to more easily participate in virtual meetings and resources.
Recommendation 4: Provide increased mental health and alcohol/substance use treatment opportunities for those living with or at higher risk for HIV. Additionally, more widely communicate information about these opportunities to HIV community members.
4a. **Coordinating** with the existing harm reduction task force, provide **guidance** to contracted HIV service providers designed to **increase the availability of harm reduction services** for substance misuse treatment.
PROGRESS: Completed and ongoing. Guidance provided

4b. Expand and augment the current syringe exchange program(s) in San Diego County to allow services to be provided for an increased number of community members (including HIV community members) and to include more opportunities for connection to additional needed services (i.e., wound care, MAT, Case management, vaccinations, etc.)
PROGRESS: Completed approval syringe exchange (BOS), 2 programs up in County and ongoing.
4c. **Coordinating** with County drug and alcohol services personnel, ensure the design and implementation of a **coordinated system for rapid response** for HIV community members who desire to enter substance use residential or out-patient treatment.
4d. In light of reported treatment disruptions which often occur for those without secure housing, design and deploy more rapid interventions for consumers, **particularly when insecure housing and either substance misuse or mental health symptoms are co-occurring**.
4e. Investigate the current opportunities for substance use treatment for methamphetamine and, if inadequate opportunities exist, expand those available.
4f. Continue to increase the opportunities for s**ame-site location of medical providers, mental health providers and alcohol/substance use counselors** for those living with or at higher risk for HIV.
4g. **In collaboration with UCSD and AETC,** provide links and resources for **skill-based training for HIV service personnel** regarding the stigmatizing behaviors faced by substance using HIV community members and ways to reduce those stigmatizing behaviors within the health care system itself.
Recommendation 5: More consistently provide rapid access to **basic support services: housing, food, transportation, emergency financial assistance including shut-off** & **eviction prevention. Additionally, more widely communicate information about these opportunities and the processes to access them.**
5a. Chief among those mentioned and directly related to community members' ability to meaningfully participate consistently in health care is **Housing**.
PROGRESS: Partially completed and continuing. Emergency Housing resources increased and continuing to monitor. Continuing to monitor PARS. Awaiting guidance/outcome of transportation recommendations.
Recommendation 6: Continue to expand the opportunities to hire, support and utilize peer navigators, peer health educators, peer outreach specialists, benefits navigators, and housing specialists.
PROGRESS: Partially completed. Peer Navigation deployed, awaiting housing case management and benefits specialists.
Recommendation 7: Design, integrate and deploy strategies to address the stigmas faced by HIV community members; including the multiple layers of stigma faced by those living with HIV who are also Black and Latino MSM, Transgender persons, Immigrants who may be under-documented or undocumented, those struggling with mental health symptoms or alcohol/substance use challenges or those without stable housing.
7a. Increase opportunities/programs for participation in Psychosocial Support Groups for those living with or at higher risk for HIV who may, as a function of family or community stigma, have fewer social supports.
PROGRESS: Partially completed. Provided funding for Psychosocial support groups category but not yet deployed.
Recommendation 8: Increase the number of HIV service sites that have the capacity for whole person-whole health services including PrEP, mental health services, substance use treatment services, hormone treatment, case management, and housing resources. This should include the capacity for coordinated, integrated, same-day, appointments when requested.
PROGRESS: Partially completed. Standard approved to ensure inclusion of Transgender/Nonbinary clients and hormone treatments. Coordinated service centers include mental health and substance use treatment services. Same-day appts not yet widely available to those who prefer them.
Recommendation 9: Design, create and execute improved community engagement and outreach strategies that utilize community organizing principles and personal relationship building. Strategies should include: transportation and meal reimbursements, as well as appropriate and respectful incentives, engaging, interesting meeting opportunities for planning participation and routine report-outs regarding what has been done with HIV community feedback.
Recommendation 10: Revise and refine the documentation processes that create a barrier to access services for persons living with or at increased risk for HIV.
10a. Reduce the duplication of forms and paperwork required to access HIV services.

PROGRESS: Awaiting completion of reduced paperwork process for initial/renewal RW eligibility.
10b. Explore use of an electronic signature system that does not require in-person, wet signatures for eligibility or authorization forms.
PROGRESS: Not available at this time in RW or County systems.
Recommendation 11: Design and deploy a variety of brief, on-line trainings for those living with or at higher risk for HIV. Trainings include but are not be limited to: what is the HIV Planning Group and options for involvement; What is the HPG Consumer group and how to get involved; What are HPG committees and how to get involved; How to effectively advocate for the HIV community.

HIV Planning Group

Priority Setting and Resource Allocation Committee

Key Data Findings by Service Category 2023

Draft June 22, 2023

SERVICE CATEGORY		KEY DATA FINDINGS
© **Outpatient Ambulatory Health Services: Primary Care**	1	Core service; ranked #2 in 2020 - 21 Survey of HIV Impact. (HIV/AIDS Medications are a core service linked to Primary Care and is #1 ranked in the 2020 - 21 Survey of HIV Impact).
© **Outpatient Ambulatory Health Services: Medical Specialty**	2	Core service; linked to Primary Care; ranked #4 in 2020 - 21 Survey of HIV Impact; 7% of respondents noted as a service gap ("need but can't get"). Co-occurring health conditions make providing medical care more complex, require greater provider expertise, and increase the cost of care for people living with HIV/AIDS (PLWH/A).
© **Mental Health: Psychiatric Medication Management**	3	Core service; linked to Primary Care. #12 ranked in 2020 - 21 Survey of HIV Impact. Links PLWHA to care and helps sustain PLWHA in care; also 5th largest service gap (12%; of those with a history of mental illness, top ranked for 16%; 37.1% of PLWH diagnosed or treated for a mental health condition (cf. 19.1% in the general population)
© **Oral Health**	4	Core service #3 ranked in 2020 - 21 Survey of HIV Impact and largest service gap (22% need but can't get). Many PLWH/A lack dental insurance.
© **Medical Case Management (MCM)**	5	Core service; #5 ranked in 2020 - 21 Survey of HIV Impact; 9th largest service gap (9%), Links clients to other services, including Primary Care. Many PLWH/A have co-occurring health conditions that require additional services/assistance. Reaches diverse groups/regions. Links PLWHA to care and helps sustain PLWHA in care.
Case Management: Non-Medical	6	#5 ranked in 2020 - 21 Survey of HIV Impact, 9th largest service gap (9%)
Non-Medical Case Management for Housing	7	Rental Assistance #6 ranked in 2020 - 21 Survey of HIV Impact & the 2nd largest service gap (20%) in NA survey; Emergency Housing #10 ranked in 2020 - 21 Survey of HIV Impact & the 7th largest service gap (10%), 25% of PLWHA unstably housed or homeless in 2020 & poverty prevalent among PLWHA (72% at or below 500% FPL in 2020; Links PLWHA to care and helps sustain PLWHA in care
Housing: Emergency Housing	8	#10 ranked in 2020 - 21 Survey of HIV Impact; The 7th largest service gap (10%), Homelessness: 25% unstably housed or homeless in 2020 & poverty prevalent among PLWH/A (72% at or below 400% FPL; Links PLWHA to care and helps sustain PLWHA in care.
Housing Location, Placement and Advocacy Services	9	As noted above in Non-Medical Case Management for Housing.
Housing: Partial Assistance Rental Subsidy (PARS)	10	#6 ranked in 2020 - 21 Survey of HIV Impact; the 2nd largest service gap (20%; in NA survey (20%). (25% of PLWHA unstably housed or homeless in 2020 & poverty prevalent among PLWHA (72% at or below 500% FPL in 2020; Links PLWHA to care and helps sustain PLWHA in care

© **Coordinated HIV Services for Women, Infants, Children, Youth, and Families (CHS: WICYF)** *(Formerly Early Intervention Services (EISC): Countywide Services for Women, Children & Families)*	11	Core service; includes direct provision of Medical Case Management, Mental Health, Family/Peer Advocacy, Outreach, Childcare/Babysitting & Mentor/Buddy Support. Females represent 10% of PLWH/A. Reaches diverse groups/regions. Links PLWHA to care and helps sustain PLWHA in care. #16 ranked in 2020 - 21 Survey of HIV Impact; 4th largest service gap (13%) of 2021 survey respondents reported "need but can't get"; Central and South regions have the largest proportion of recent HIV disease among women (>50% of the total in the two regions); Countywide the proportion of female HIV disease diagnoses has increased slightly over the last 5 years to about 13.6%
Childcare services	11a	#20 ranked in 2020 - 21 Survey of HIV Impact, in 2017 ranked top-ranked by 62% of those with children, 1% of total sample "need but can't get".
© **Early Intervention Centers: Regional Services**	12	Core service; addresses HRSA focus on identifying PLWHA not in care and linking them to care. CM is a central component. #16 ranked in 2020 - 21 Survey of HIV Impact, 4th largest service gap (13% of 2021 survey respondents reported "need but can't get"; Co-located with HIV Primary Care in Southeast SD, South Bay, and North County. Links PLWHA to care and helps sustain PLWHA in care; RW service not available in the East region of the county.
Outreach Services	12b	#13 ranked in 2020 - 21 Survey of HIV Impact, 5th highest service gap (12%)
Referral Services	12c	#13 ranked in 2020 - 21 Survey of HIV Impact, 5th highest service gap (12%); RW service not available in South or Southeast regions.
Health Education & Risk Reduction (stand-along HERR)	13	30% of HIV+ respondents in the 2020 - 21 Survey of HIV Impact did not use condoms during sex in the preceding 12 months; 9% of HIV-negative/unaware reported that "they have never heard of PrEP"
Peer Navigation (Referral for Health Care and Support Services)	14	#17 ranked in 2020 - 21 Survey of HIV Impact, 5th highest service gap (12%), not available in Southeast or South regions.
© **Mental Health: Counseling/ Therapy & Support Groups**	15	Core service; #8 ranked in 2020 - 21 Survey of HIV Impact; 3rd largest service gap (15%) "need but can't get"; 40% of PLWHA diagnosed or treated for a mental health condition (cf. 20.6% in general population); 20% of survey respondents reported a history of chronic mental illness; Links PLWHA to care and helps sustain PLWHA in care.
Psychosocial Support Services	16	40% of PLWH diagnosed or treated for mental health conditions (cf. 20.6% in the general population)
© **Substance Abuse Services: Outpatient**	17	Core Service. #14 ranked, 50% of survey respondents reported a history of substance use; frequent co-occurring condition among PLWH/A. Links PLWHA to care and helps sustain PLWHA in care. RW service not available in East or North regions PWID have stat. signif. lower % of viral suppression
Substance Abuse Services: Residential	18	#14 ranked, 50% of survey respondents reported a history of substance use Links PLWHA to care and helps sustain PLWHA in care. RW service not available in East, South or North regions; PWID (prev. IDU and MSM+IDU) have stat. signif. lower % of viral suppression
© **Home-based Care Coordination**	19	Core service; #18 ranked in 2020 – 21 Survey of HIV Impact, 5% "need but can't get

Transportation: Assisted and Unassisted	20	#8 ranked in 2020 - 21 Survey of HIV Impact; 8th largest service gap (9%).
Food Services: Home-Delivered Meals	21	#7 ranked in 2020 - 21 Survey of HIV Impact; 6th largest service gap (11 %), 5% of respondents stated "too sick to make own meals"
© Medical Nutrition Therapy	22	Core service;
Legal Services	23	#10 ranked in 2020 - 21 Survey of HIV Impact; 3rd largest service gap (15%).
Emergency Financial Assistance	24	Emergency Utility Payment #15 ranked in 2020 - 21 Survey of HIV Impact; and 5th largest service gap (12%) in the survey. Links PLWHA to care and helps sustain PLWHA in care.
Home Health Care	25	Core service; #18 ranked in 2020 – 21 Survey of HIV Impact, 5% need but can't get
© Early Intervention Services: HIV Counseling and Testing	26	Core service; is important to getting persons unaware of status aware and linked to and retained in care if needed. Improves availability of HIV testing and links PLWHA to car~~e.~~
Cost-Sharing Assistance	27	Core service; Focus group participants stated that "lack of access to healthcare or resources to get the medication refilled" was a primary reason for not taking HIV medication.
© Hospice	28	Core service;

© = Core Service

Light Blue lettering = service categories with $0 at present

HIV PLANNING GROUP
FY 24 SERVICE PRIORITY RANKING WORKSHEET

SERVICE CATEGORY	HPG Approved FY 22 Priority Ranking	HPG Approved FY 23 Priority Ranking	PSRAC Recommended FY 24 Priority Ranking	HPG Approved FY 24 Priority Ranking	Key Data Findings
© Outpatient Ambulatory Health Services: Primary Care	1	1			Core service; ranked #2 in 2020 - 21 Survey of HIV Impact. (HIV/AIDS Medications a core service linked to Primary Care and is #1 ranked in 2020 - 21 Survey of HIV Impact).
© Outpatient Ambulatory Health Services: Medical Specialty	2	2			Core service; linked to Primary Care; ranked #4 in 2020 - 21 Survey of HIV Impact; 7% of respondents noted as a service gap ("need but can't get"). Co-occurring health conditions make providing medical care more complex, require greater provider expertise, and increase the cost of care for people living with HIV/AIDS (PLWH/A).
© Mental Health: Psychiatric Medication Management	3	3			Core service; linked to Primary Care. #12 ranked in 2020 - 21 Survey of HIV Impact. Links PLWHA to care and helps sustain PLWHA in care; also 5th largest service gap (12%; of those with history of mental illness, top ranked for 16%; 37.1% of PLHW diagnosed or treated for mental health condition (cf. 19.1% in general population); increased need noted in focus groups
© Oral Health	4	4			Core service #3 ranked in 2020 - 21 Survey of HIV Impact and largest service gap (22% need but can't get). Many PLWH/A lack dental insurance.
© Medical Case Management	5	5			Core service; #5 ranked in 2020 - 21 Survey of HIV Impact; 9th largest service gap (9%), Links clients to other services, including Primary Care. Many PLWH/A have co-occurring health conditions that require additional services/assistance. Reaches diverse groups/regions. Links PLWHA to care and helps sustain PLWHA in care.
Non-Medical Case Management	6	6			#5 ranked in 2020 - 21 Survey of HIV Impact, 9th largest service gap (9%)
Non-Medical Case Management for Housing	7	7			Rental Assistance #6 ranked in 2020 - 21 Survey of HIV Impact & the 2nd prev. largest service gap (20%) in NA survey; Emergency Housing #10 ranked in 2020 - 21 Survey of HIV Impact & the 7th largest

HIV PLANNING GROUP
FY 24 SERVICE PRIORITY RANKING WORKSHEET

SERVICE CATEGORY	HPG Approved FY 22 Priority Ranking	HPG Approved FY 23 Priority Ranking	PSRAC Recommended FY 24 Priority Ranking	HPG Approved FY 24 Priority Ranking	Key Data Findings
					service gap (10%), 25% of PLWHA unstably housed or homeless in 2020 & poverty prevalent among PLWHA (72% at or below 500% FPL in 2020; Links PLWHA to care and helps sustain PLWHA in care
Housing: Emergency Housing	**8**	**8**			#10 ranked in 2020 - 21 Survey of HIV Impact; The 7th largest service gap (10%), Homelessness: 25% unstably housed or homeless in 2020 & poverty prevalent among PLWH/A (72% at or below 400% FPL; Links PLWHA to care and helps sustain PLWHA in care.
Housing Location, Placement and Advocacy Services	**9**	**9**			As noted above in Non-Medical Case Management for Housing.
Housing: Partial Assistance Rental Subsidy (PARS)	**10**	**10**			#6 ranked in 2020 - 21 Survey of HIV Impact; the 2nd largest service gap (20%; in NA survey (20%). (25% of PLWHA unstably housed or homeless in 2020 & poverty prevalent among PLWHA (72% at or below 500% FPL in 2020; Links PLWHA to care and helps sustain PLWHA in care
© Coordinated HIV Services for Women, Infants, Children, Youth, and Families (CHS: WICYF) *(Formerly "Early Intervention Services (EIS): Countywide Services for Women, Children & Families" (WCF)*	**11**	**11**			Core service; includes direct provision of Medical Case Management, Mental Health, Family/Peer Advocacy, Outreach, Childcare/Babysitting & Mentor/Buddy Support. Females represent 10% of PLWH/A. Reaches diverse groups/regions. Links PLWHA to care and helps sustain PLWHA in care. #16 ranked in 2020 - 21 Survey of HIV Impact; 4th largest service gap (13%) of 2021 survey respondents reported "need but can't get"; Central and South regions have largest proportion of recent HIV disease among women (>50% of total in the two regions); Countywide the proportion of female HIV disease diagnoses has increased slightly over the last 5 years to about 13.6%
* ***Early Intervention***					

HIV PLANNING GROUP
FY 24 SERVICE PRIORITY RANKING WORKSHEET

SERVICE CATEGORY	HPG Approved FY 22 Priority Ranking	HPG Approved FY 23 Priority Ranking	PSRAC Recommended FY 24 Priority Ranking	HPG Approved FY 24 Priority Ranking	Key Data Findings
Services for WICYF *(subcategory of CHS: WICYF)*					
* ***Medical Case Management for WICYF*** *(subcategory of CHS: WICYF)*					
* ***Non-Medical Case Management for WICYF*** *(subcategory of CHS: WICYF)*					
* ***Mental Health for WICYF*** *(subcategory of CHS: WICYF)*					
* ***Childcare services*** *(subcategory of CHS: WICYF)*	**11a**	**11a**			#20 ranked in 2020 - 21 Survey of HIV Impact, in 2017 ranked top ranked by 62% of those with children, 1% of total sample "need but can't get".
* ***Outreach to WICYF*** *(subcategory of CHS: WICYF)*					
* ***Peer Navigation for WICYF*** *(subcategory of CHS: WICYF)*					
* ***Transportation for WICYF*** *(subcategory of CHS: WICYF)*					
© Early Intervention Services: Regional Services	**12**	**12**			Core service; addresses HRSA focus on identifying PLWHA not in care and linking them to care. CM is a central component. #16 ranked in 2020 - 21 Survey of HIV Impact, 4th largest service gap (13% of 2021

HIV PLANNING GROUP
FY 24 SERVICE PRIORITY RANKING WORKSHEET

SERVICE CATEGORY	HPG Approved FY 22 Priority Ranking	HPG Approved FY 23 Priority Ranking	PSRAC Recommended FY 24 Priority Ranking	HPG Approved FY 24 Priority Ranking	Key Data Findings
					survey respondents reported "need but can't get"; Co-located with HIV Primary Care in Southeast SD, South Bay, and North County. Links PLWHA to care and helps sustain PLWHA in care; RW service not available in the East region of county.
***Health Education & Risk Reduction** *(subcategory of EIS:RS)*	**12a**	**12a**			
***Outreach Services** *(subcategory of EIS:RS)*	**12b**	**12b**			#13 ranked in 2020 - 21 Survey of HIV Impact, 5th highest service gap (12%)
***Referral Services** *(subcategory of EIS:RS)*	**12c**	**12c**			#13 ranked in 2020 - 21 Survey of HIV Impact, 5th highest service gap (12%); RW service not available in South or Southeast regions.
Health Education & Risk Reduction (stand-alone)	**13**	**13**			30% of HIV+ respondents in the 2020 - 21 Survey of HIV Impact did not use condoms during sex in preceding 12 months; 9% of HIV negative/unaware reported that "they have never heard of PrEP"
Peer Navigation (Referral for Health Care and Support Services)	**14**	**14**			#17 ranked in 2020 - 21 Survey of HIV Impact, 5th highest service gap (12%), not available in Southeast or South regions; recommendation for increased use in focus groups.
© Mental Health: Counseling/Therapy	**15**	**15**			Core service; #8 ranked in 2020 - 21 Survey of HIV Impact; 3rd largest service gap (15%) "need but can't get"; 40% of PLHWA diagnosed or treated for mental health condition (cf. 20.6% in general population); 20% of survey respondents reported a history of chronic mental illness; Links PLWHA to care and helps sustain PLWHA in care; increased need noted in focus groups
Psychosocial Support Services	**16**	**16**			40% of PLHW diagnosed or treated for mental health condition (cf. 20.6% in general population)
© Substance Use Treatment Services:	**17**	**17**			Core Service. #14 ranked, 50% of survey respondents reported a history of substance use;

HIV PLANNING GROUP
FY 24 SERVICE PRIORITY RANKING WORKSHEET

SERVICE CATEGORY	HPG Approved FY 22 Priority Ranking	HPG Approved FY 23 Priority Ranking	PSRAC Recommended FY 24 Priority Ranking	HPG Approved FY 24 Priority Ranking	Key Data Findings
Outpatient					frequent co-occurring condition among PLWH/A. Links PLWHA to care and helps sustain PLWHA in care. RW service not available in East or North regions PWID have stat. signif. lower % of viral suppression; increased need noted in focus groups
Substance Use Treatment Services: Residential	**18**	**18**			#14 ranked, 50% of survey respondents reported a history of substance use Links PLWHA to care and helps sustain PLWHA in care. RW service not available in East, South or North regions; PWID (prev. IDU and MSM+IDU) have stat. signif. lower % of viral suppression; increased need noted in focus groups
© Home-based Health Care Coordination	**19**	**19**			Core service; #18 ranked in 2020 – 21 Survey of HIV Impact, 5% "need but can't get
Transportation: Assisted and Unassisted	**20**	**20**			#8 ranked in 2020 - 21 Survey of HIV Impact; 8th largest service gap (9%).
Food Services: Food Bank/Home-Delivered Meals	**21**	**21**			#7 ranked in 2020 - 21 Survey of HIV Impact; 6th largest service gap (11 %), 5% of respondents stated "too sick to make own meals"
© Medical Nutrition Therapy	**22**	**22**			Core service;
Legal Services	**23**	**23**			#10 ranked in 2020 - 21 Survey of HIV Impact; 3rd largest service gap (15%).
Emergency Financial Assistance	**24**	**24**			Emergency Utility Payment #15 ranked in 2020 - 21 Survey of HIV Impact; and 5th largest service gap (12%) in the survey. Links PLWHA to care and helps sustain PLWHA in care.
Home Health	**25**	**25**			Core service; #18 ranked in 2020 – 21 Survey of HIV Impact, 5% need but can't get
© Early Intervention Services: HIV Counseling and Testing	**26**	**26**			Core service; important to getting persons unaware of status aware and linked to and retained in care if needed. Improves availability of HIV testing and links

HIV PLANNING GROUP
FY 24 SERVICE PRIORITY RANKING WORKSHEET

SERVICE CATEGORY	HPG Approved FY 22 Priority Ranking	HPG Approved FY 23 Priority Ranking	PSRAC Recommended FY 24 Priority Ranking	HPG Approved FY 24 Priority Ranking	Key Data Findings
					PLWHA to care.
Cost-Sharing Assistance	27	27			Core service; Focus group participants stated "lack of access to healthcare or resources to get the medication refilled" was a primary reason for not taking HIV medication
© Hospice	28	28			Core service;

© = Core Service

Light Blue/Purple lettering = service categories with $0 allocated currently

RW 2022-23 PART A AWARD INFORMATION	
Funding Source	Total RW 2022-23 Award
Part A	11,183,176.00
Part A MAI	793,221.00
TOTAL AWARD AMOUNT	11,976,397.00

RW 2022-23

YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN AS OF Feb 2023

58.30%

FY22-23 ALLOCATION BREAK DOWN										
Funding Source	Admin. $		Admin. %	CQM $	CQM %	RW 2022-23 Service dollars	Total	CORE Medical Services	Support Services
Part A	1,118,316.00	1,118,316.00	10%	315,170.00	2.818%	9,749,690.00	11,183,176.00	70%	30%
Part A MAI	79,321.00	79,321.00	10%	39,661.00	5.0%	674,239.00	793,221.00		
TOTAL		1,197,637.00		354,831.00		10,423,929.00	11,976,397.00	70%	30%

Ryan White Part A Allocations

Service Categories	HRSA Ranking	Priority Ranking	RW 2022-23 HPG Allocation as of 08/11/21	%	HPG & Recipient Approved Actions +/-	RW 2022-23 HPG Total as of today	%	RW 2022-23 Year to Date Expenditure	RW 2022-23 Year-to-Date - The % below is the % of the Budget Spent 100% of Year Elapsed/Invoiced)	RW 2022-23 Balance	Comments
Outpatient Ambulatory Health Services: Primary Care	1l	1	1,307,630.00	14%	$ (220,620.00)	1,087,010.00	11%	1,058,989.67	97%	28,020.33	$275,000 decrease by HPG 03/23/22 $100,000 decrease by HPG 08/10/22 $100,000 decrease by HPG 09/28/22 $37,111 decrease by Recipient 01/26/23 $291,491 increase by Recipient 05/26/23.
Outpatient Ambulatory Health Services: Medical Specialty	1l	2	383,386.00	4%	(168,000.00)	215,386.00	2%	194,079.65	90%	21,306.35	$110,000 decrease by HPG 03/23/22 $30,000 decrease by HPG 07/27/22 $50,000 decrease by HPG 09/28/22 $50,000 increase by Recipient 01/26/23 $28,000 decrease by Recipient 05/26/23.
Psychiatric Medication Management	1j	3	28,036.00	84%	(22,500.00)	5,536.00	0%	5,486.47	99%	49.53	$22,500 decrease by Recipient 05/26/23.
Oral Health	1k	4	300,940.00	84%	(134,500.00)	166,440.00	2%	151,952.08	91%	14,487.92	$100,000 decrease by HPG 07/27/22. $34,500 decrease by Recipient 05/26/23.
Medical Case Management	1h	5	1,268,338.00	14%	126,246.00	1,394,584.00	14%	1,313,567.89	94%	81,016.11	$50,000 increase by HPG 08/10/22 $43,512 increase by HPG 10/26/22 $50,000 increase by Recipient 01/26/23 $17,266 decrease by Recipient 05/26/23.
Case Management-Non-Medical for Housing NEW		7	250,000.00	3%	(250,000.00)	-					$250,000 decrease by HPG 10/26/22
Housing: Emergency Housing	2e	8	280,000.00	3%	798,235.00	1,078,235.00	11%	1,044,259.77	97%	33,975.23	$250,000 increase by HPG 03/23/22 $100,000 increase by HPG 07/27/22 $150,000 increase by HPG 09/28/22 $298,235 increase by HPG 10/26/22
Housing: Location, Placement and Advocacy Services NEW		9	100,000.00	1%	(100,000.00)	-					$100,000 decrease by HPG 10/26/22
Housing: Partial Assistance Rental Subsidy (PARS)	2e	10	667,507.00	100%	126,000.00	793,507.00	8%	772,975.09	97%	20,531.91	$100,000 increase by HPG 06/22/22 $26,000 increase by Recipient 05/26/23.
Non-Medical Case Management	2h	6	392,021.00	4%	87,751.00	479,772.00	5%	407,487.02	85%	72,284.98	$50,000 increase by HPG 08/10/22 $10,360 increase by HPG 10/26/22 $35,000 increase by Recipient 01/26/23 $7,609 decrease by Recipient 05/26/23.
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF)	1c	11	943,317.00	10%	50,000.00	993,317.00	10%	993,157.28	100%	159.72	$50,000 increase by HPG 09/28/22
Childcare Services	2a	11a	-	0%		-	0%	-	0%	-	
Early Intervention Services: Regional Services	1c	12	800,386.00	9%	54,827.00	855,213.00	9%	833,532.86	97%	21,680.14	$991 increase by Recipient 01/26/23 $53,836 increase by Recipient 05/26/23.
Health Education & Risk Reduction	2d	12a	-	0%		-	0%	-	0%	-	
Outreach Services	2j	12b	-	0%		-	0%	-	0%	-	
Referral Services	2l	12c	-	0%		-	0%	-	0%	-	
Referral to Health and Supportive Services (Peer Navigation)		14	300,000.00	3%	18,965.00	318,965.00	3%	248,378.02	78%	70,586.98	$100,000 increase by HPG 06/22/22 $50,000 decrease by Recipient 01/26/23 $31,035 decrease by Recipient 05/26/23.
Home-based Health Care Coordination	1e	19	228,500.00	2%		228,500.00	2%	193,490.31	85%	35,009.69	
Mental Health: Counseling/Therapy & Support Groups	1j	15	761,062.00	8%	17,524.00	778,586.00	8%	736,498.83	95%	42,087.17	$160,000 increase by HPG 03/23/22 $140,000 increase by HPG 06/22/22 $50,000 decrease by HPG 09/28/22 $47,893 increase by HPG 10/26/22 $50,000 decrease by Recipient 01/26/23 $230,369 decrease by Recipient 05/26/23.
Substance Abuse Services: Residential	2o	18	-	0%	-	-	0%	-	0%	-	
Substance Abuse Services: Outpatient	1m	17	269,959.00	3%	45,168.00	315,127.00	3%	255,036.55	81%	60,090.45	$45,168 increase by HPG 06/22/22
Transportation: Assisted and Unassisted	2g	20	127,830.00	1%	26,072.00	153,902.00	2%	121,344.61	79%	32,557.39	$15,000 increase by HPG 06/22/22 $10,000 increase by HPG 10/26/22 $1,120 decrease by Recipient 01/26/23 $48.00 decrease by Recipient 05/26/23.
Food Services: Food Bank/Home-Delivered Meals	2c	21	536,073.00	6%	(5,250.00)	530,823.00	5%	530,043.22	100%	779.78	$5,000 decrease by Recipient 01/26/23 $250.00 decrease by Recipient 05/26/23.
Medical Nutrition Therapy	1i	22	35,542.00	0%		35,542.00	0%	35,319.08	99%	222.92	
Legal Services	2i	23	285,265.00	3%		285,265.00	3%	279,141.93	98%	6,123.07	

Service Categories	HRSA Ranking	Priority Ranking	RW 2022-23 HPG Allocation as of 08/11/21	%	HPG & Recipient Approved Actions +/-	RW 2022-23 HPG Total as of today	%	RW 2022-23 Year to Date Expenditure	RW 2022-23 Year-to-Date - The % below is the % of the Budget Spent 100% of Year Elapsed/Invoiced)	RW 2022-23 Balance	Comments
Emergency Financial Assistance	2b	24	53,730.00	1%	(19,750.00)	33,980.00	0%	33,833.23	100%	146.77	$25,000 decrease by HPG 03/23/22 $5,000 increase by Recipient 01/26/23 $250.00 Increase by Recipient 05/26/23.
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%	-	
Psychosocial Support Services		16	-	0%	-	-	0%	-	0%	-	$30,000 increase by HPG 06/22/22 $30,000 increase by HPG 07/27/22 $60,000 decrease by HPG 10/26/22
Subtotal			9,319,522.00	357%	430,168.00	9,749,690.00	100%	9,208,573.56	94%	541,116.44	

Ryan White Part A Minority AIDS Initiative (MAI)	RW 2022-23 Allocation as of 08/11/21		HPG Approved Actions +/-	RW 2022-23 MAI Total as of today	%	RW 2022-23 Year to Date Expenditure	RW 2022-23 Year-to-Date - The % below is the % of the Budget Spent 100% of Year Elapsed/Invoiced)	RW 2022-23 Balance	Comments
Case Management (Non-Medical)	69,598.00		8,317.00	77,915.00	12%	74,164.00	95%	3,751.00	
Medical Case Management	252,610.00		14,234.00	266,844.00	40%	204,892.56	77%	61,951.44	
Mental Health Services	175,394.00		(26,328.00)	149,066.00	22%	120,632.69	81%	28,433.31	$1,337 increase HPG $9,007 increase HPG
Outreach Services	36,310.00		(7,383.00)	28,927.00	4%	23,612.47	82%	5,314.53	
Substance Abuse Services (Outpatient)	28,990.00		21,504.00	50,494.00	8%	46,524.04	92%	3,969.96	
Housing: Emergency Housing	100,000.00		-	100,000.00	15%	99,454.58	99%	545.42	
Subtotal	662,902.00		10,344.00	673,246.00	100%	569,280.34	85%	103,965.66	
TOTAL	9,982,424.00		440,512.00	10,422,936.00		9,777,853.90	94%	645,082.10	

CORE and Support Sevices allocation break-down	Total Allocation	Total Expenditure	Total Balance
CORE Medical Services	4,570,123.00	4,287,741.04	282,381.97
Support Services	5,179,567.00	4,920,832.53	258,734.48
TOTAL	9,749,690.00	9,208,573.56	541,116.44

0.00 variance

YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN AS OF FEBRUARY 2023

RW 2223 SERVICE DOLLAR ALLOCATIONS AND EXPENDITURES

Funding Source	RW 2022/2023 Service Dollars	Contract Year	Contract YTD Expenditure	% of Year Invoiced	% Spent	Balance	Comments
Ryan White Part B							
Outpatient Ambulatory Health Services (Medical)	407,426.00	April 2022-March 2023	407,426.00	92%	100%	-	Part A Payment Summary, Part B tracking as of February 2023 invoices.
Early Intervention Services (Expanded HIV Testing)	-		-	92%	-	-	
Early Intervention Services (Focused Testing)	187,900.00		162,373.51	92%	86%	25,526.49	Part B Payment Summary as of February 2023 invoices.
Medical Case Management (Emergency Financial Assistance)	177,716.00		148,494.60	92%	84%	29,221.40	Part B Payment Summary as of February 2023 invoices.
Housing (Substance Abuse Services-Residential)	518,632.00		501,838.42	92%	97%	16,793.58	Part B Payment Summary as of February 2023 invoices.
Non-medical Case Management (Rep Payee)	50,000.00		46,019.16	92%	92%	3,980.84	Part B Payment Summary as of February 2023 invoices.
CoSD Medical Case Management	403,173.24		338,607.66	75%	84%	64,565.58	Per Q3 Oct-Dec Qtrly invoice
CoSD Early Intervention Services	396,482.82		317,967.48	75%	80%	78,515.34	Per Q3 Oct-Dec Qtrly invoice
Ryan White Part B Total	**2,141,330.06**		**1,922,726.83**		**90%**	**218,603.23**	
Ryan White Part B-MAI Bridge	**97,277.00**	April 2022-March 2023	**96,819.61**	92%	**100%**	**457.39**	Part B-MAI Payment Summary as of February 2023 invoices.
Prevention 2023							
Counseling and Testing	180,000.00	January -December 2023	24,673.33	17%	14%	155,326.67	Prevention Payment Summary as of February 2023 invoices.
Evaluation/ Linkage Activities/ Needs Assessment	904,008.00		115,478.32	17%	13%	788,529.68	Prevention Payment Summary as of February 2023 invoices.
Prevention Total	**1,084,008.00**		**140,151.65**			**943,856.35**	
CDPH Ending the HIV Epidemic- Component A	**$4,496,525**	August 2022- July 2023	**154,193.46**	**58%**	3.43%	**4,342,331.54**	Only three contracts - 211SD, Peraton Itrack and Xerox. Payment Summary as of February 2023 invoices.
CDPH Ending the HIV Epidemic- Component C	**$240,000**	August 2021- July 2022	**-**	**0%**	0.00%	**240,000.00**	CDPH EHE Comp C No Contract.
HRSA Ending the HIV Epidemic- 20-078	**$1,800,360**	March 2022 - February 2023	**1,067,935.00**	**100%**	59.32%	**732,425.00**	HRSA EHE Payment Summary asPayment Summary as of February 2023 invoices.
TOTAL	**9,859,500.06**		**3,381,826.55**		**34%**	**6,477,673.51**	

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE 2023 WORKPLAN

January 12, 2023
• Discuss and plan for the three components of the **Needs Assessment** process
  ○ **Regional Community Meetings** (timeframe)
  ○ **Survey of HIV Impact** planning (2023)
  ○ **Provider Survey** (timeframe)
• Special data needs from the Recipient
• Review service categories that underspend (monthly)
• Service utilization report (monthly report)
	June 15, 2023
	• No meeting scheduled

February 9, 2023
• Review service categories that underspend(monthly)
• Service utilization report (monthly report)
	June 22, 2023 (4-hour meeting for review of data)
	• Review data on **HIV Care Continuum/ Unaware Estimate** & discuss findings
	  ○ incl. data on **RW clients vs. all clients**
	  ○ Incl. data on **viral suppression rates in the African American/Black population** (incl. of RW clients vs. all clients)
	• Review data on **Unmet Need Estimate** and discuss findings
	• Annual report on **percent of individuals linked to care, and retention rates and viral suppression**
	• Review 2021 **Survey of HIV Impact** data & discuss findings, esp. Out-Of-Care data
	• Review **HRSA and Ryan White Part A guidelines (PCN 1602)**
	• Review YTD data on **service utilization** and discuss findings
	• Review information on **non-Ryan White services in the community**, esp. **mental health and drug and alcohol services.** (County's budget includes some of this detail) https://www.sandiegocounty.gov/openbudget/
	• Review data on **regional focus groups** and **GTZ Action Plan Community Feedback Report** and discuss findings
	• Summarize/Finalize data on HIV Care Continuum/Unaware Estimate
	• Summarize/finalize data on HIV Epidemiology
	• Summarize/Finalize data on regional distribution of RWTEA Part A services

	• Summarize/Finalize data on Ryan White service eligibility criteria and other service guidelines • Summarize/Finalize data on regional focus groups • Review service categories that underspend(monthly) • Service utilization report (monthly report)
March 9, 2023 • Review **Co-occurring conditions, poverty, and insurance** • Review Integrated (Comprehensive) Plan/Getting to Zero Plan goals related to PSRAC • Address change in FY 23 Part A funding (if needed) • **PARS Report** • Review service categories that underspend(monthly) • Service utilization report (monthly report)	**June 29, 2023** • No meeting (Thursday before Independence Day weekend)
April 13, 2023 • No meeting scheduled	**July 6, 2023** • No meeting scheduled
May 11, 2023 • Address change in FY 23 Part A funding (if needed) • Summarize/finalize data on co-occurring conditions, poverty, and insurance. • Review data on **regional distribution of RWTEA Part A services & discuss findings** • Review data on **Ryan White service eligibility criteria & other service guidelines** and discuss findings • Review updated **HIV/AIDS Epidemiology** data & discuss findings (if available) • **PARS Report** • Review service categories that underspend(monthly) • Service utilization report (monthly report)	**July 20, 2023 (4-hour meeting for FY 24 priority setting budget allocation** • Summarize updated HIV/AIDS Epidemiology data (if available) • Review/summarize any additional data that is available • Review/finalize summary data findings Recommendations with justifications to HIV Planning Group for service priority ranking, and how services should be organized and delivered in FY 24 • Review all data findings and summaries • Complete recommendations with justifications for changes in funding allocations for FY 24
June 1, 2023 • No meeting scheduled	**July 27, August 3 and/or 10, 2023 (if needed)** • As needed to complete for FY 24 priority setting and budget allocation process (next fiscal year) and/or FY 23 reallocations (current fiscal year) • Review/summarize any additional data that is available • **PARS Report** • Review service categories that underspend (monthly)

	• Service utilization report (monthly report)

<u>June 8, 2023</u> 4-hour meeting to review data
• Review data on **HIV Care Continuum/ Unaware Estimate** & discuss findings
  ○ incl. data on **RW clients vs. all clients**
  ○ Incl. data on **viral suppression rates in the African American/Black population** (incl. of RW clients vs. all clients)
• Review data on **Unmet Need Estimate** and discuss findings
• Annual report on **percent of individuals linked to care, and retention rates and viral suppression**
• Review 2021 **Survey of HIV Impact** data & discuss findings, esp. Out-Of-Care data
• Review **HRSA and Ryan White Part A guidelines (PCN 1602)**
• Review YTD data on **service utilization** and discuss findings
	<u>September 7 and/or October 12, 2023</u>
	• Debrief the FY 24 priority setting and budget allocation process
	• Develop 2024 PSRAC work plan
	• **PARS Report**
	• Review service categories that underspend(monthly)
	• Service utilization report (monthly report)

SAN DIEGO HIV PLANNING GROUP (HPG)
STRATEGIES & STANDARDS COMMITTEE
MEETING PACKET

APPENDIX

(Page 072-075)

If the physical attendance quorum requirement is met, AB 2449 permits a member who is not physically present to request virtual attendance at the local legislative body's meeting under two circumstances: ***(1) for "just cause"*** *and* ***(2) due to "emergency circumstances"****.*

Qualifying Reason	Provisions to attend remotely	Requirements/Limitations
"**Just Cause**"	▪ There is a childcare or caregiving need (*for a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner*) that requires the member to participate remotely ▪ A contagious illness prevents the member from attending the meeting in ▪ There is a need related to a defined physical or mental disability that is not otherwise accommodated for ▪ Traveling while on official business of the legislative body or another state or local agency	A member is limited to **<u>two (2)</u>** virtual attendances based on "just cause" per calendar year
"**Emergency Circumstances**"	**"*A physical or family medical emergency that prevents a member from attending the meeting in person.*"** A member is ***<u>not</u>*** required to disclose any medical diagnosis or disability, or any personal medical information that is already exempt from existing law.	A member of the legislative body **must make a request to the body** to allow the member to meet remotely due to an emergency circumstance, and further **must provide a general description of the circumstance** justifying such attendance. A request from a member to attend remotely due to an emergency circumstance requires that the legislative body take action and <u>approve</u> the remote attendance at the start of the meeting for the member to be allowed to participate remotely for that meeting[1].

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

Additional Requirements for a Member Participating Remotely:

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

1. Before any action is taken during the meeting, the member must publicly disclose whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member’s relationship with any such individuals.

2. A member of the legislative body participating from a remote location must participate through both audio and visual technology.

3. A member’s remote participation cannot be for more than three consecutive months or 20 percent of the regular meetings for the local agency within a calendar year. And if the legislative body regularly meets fewer than 10 times per calendar year, a member’s participation from a remote location cannot be for more than two meetings.

AB 2449 Checklist

(Applicable January 1, 2023 to December 31, 2025)

Procedures for Public Participation

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

Procedures for Member to Teleconference from a Remote Location

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

Procedures for the Board/Commission/Committee/Group

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

TELECONFERENCING RULES UNDER THE BROWN ACT

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