



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

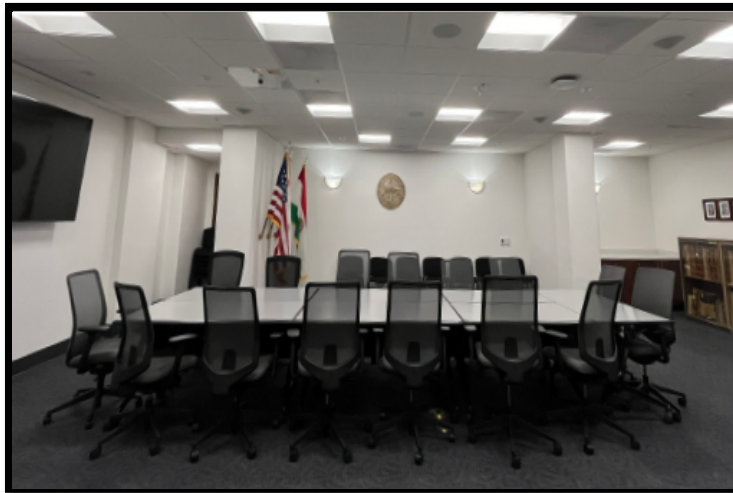
MEETING PACKET

THURSDAY, July 18, 2024, 1:30 PM – 4:30 PM
County Administration Center
1600 Pacific Hwy, San Diego, CA 92101 (Room 402A)

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, July 18, 2024 from 1:30 PM – 4:30 PM

Where: San Diego County Administration Center (CAC)
1600 Pacific Highway, San Diego, CA 92101
Room 402A (Forth Floor)

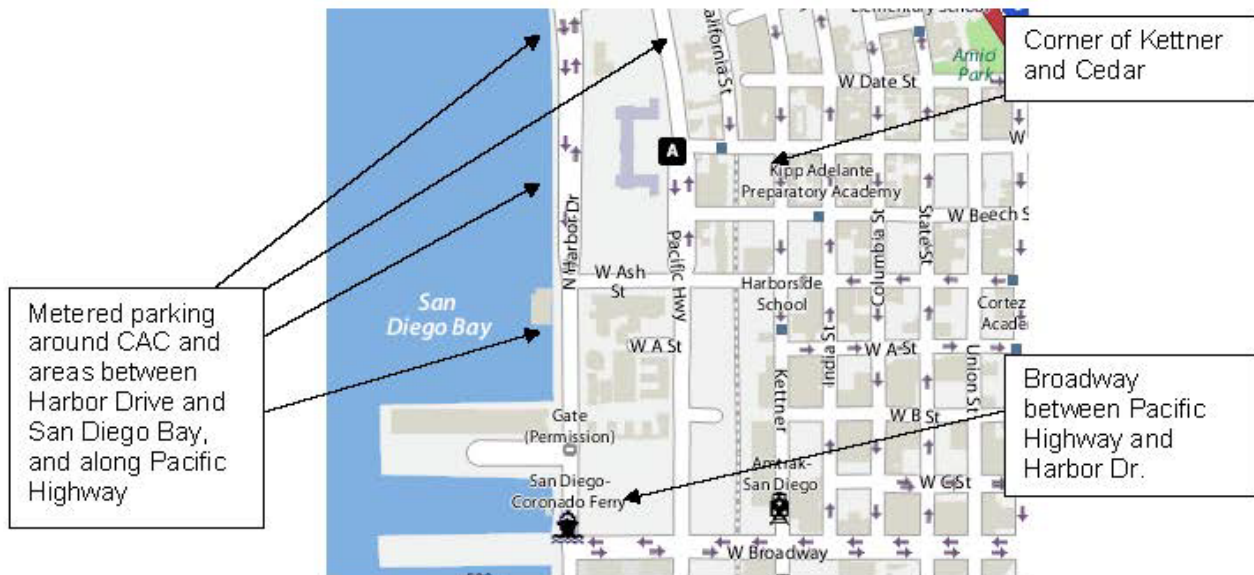


Public parking for the County Administration Center (CAC) is available in the underground parking structure, with the entrance located on Ash Street.

SAN DIEGO COUNTY ADMINISTRATION CENTER
1600 Pacific Highway, San Diego, 92101
PARKING REGULATIONS

- **Public Parking (green spaces)** is reserved for the public while conducting county business. There is a 3-hour limit. Vehicles illegally parked or over the time limit will be cited.
- **Disabled Parking (blue spaces)** is reserved for vehicles displaying a Disabled placard or license plate. Vehicles illegally parked will be cited.
- **Reserved Parking (yellow spaces)** is for the exclusive use of the person or department to whom issued or for use indicated on the spaces, such as commercial vehicles. Vehicles illegally parked will be cited.
- **Employee Permit Parking** (white spaces) is for county employees assigned to the CAC and requires a valid regular or temporary permit. Vehicles illegally parked will be cited.

ALTERNATIVE PUBLIC PARKING



This information is provided as a courtesy. The County does not have any arrangements with these alternate sites and assumes no responsibility for any loss resulting from such use.

For bus lines and trolley information, contact the Metropolitan Transit System at 511. The nearest trolley stop is the **County Center/Little Italy** stop on the corner of W. Cedar Street and Kettner Boulevard.

****ATTN:**

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

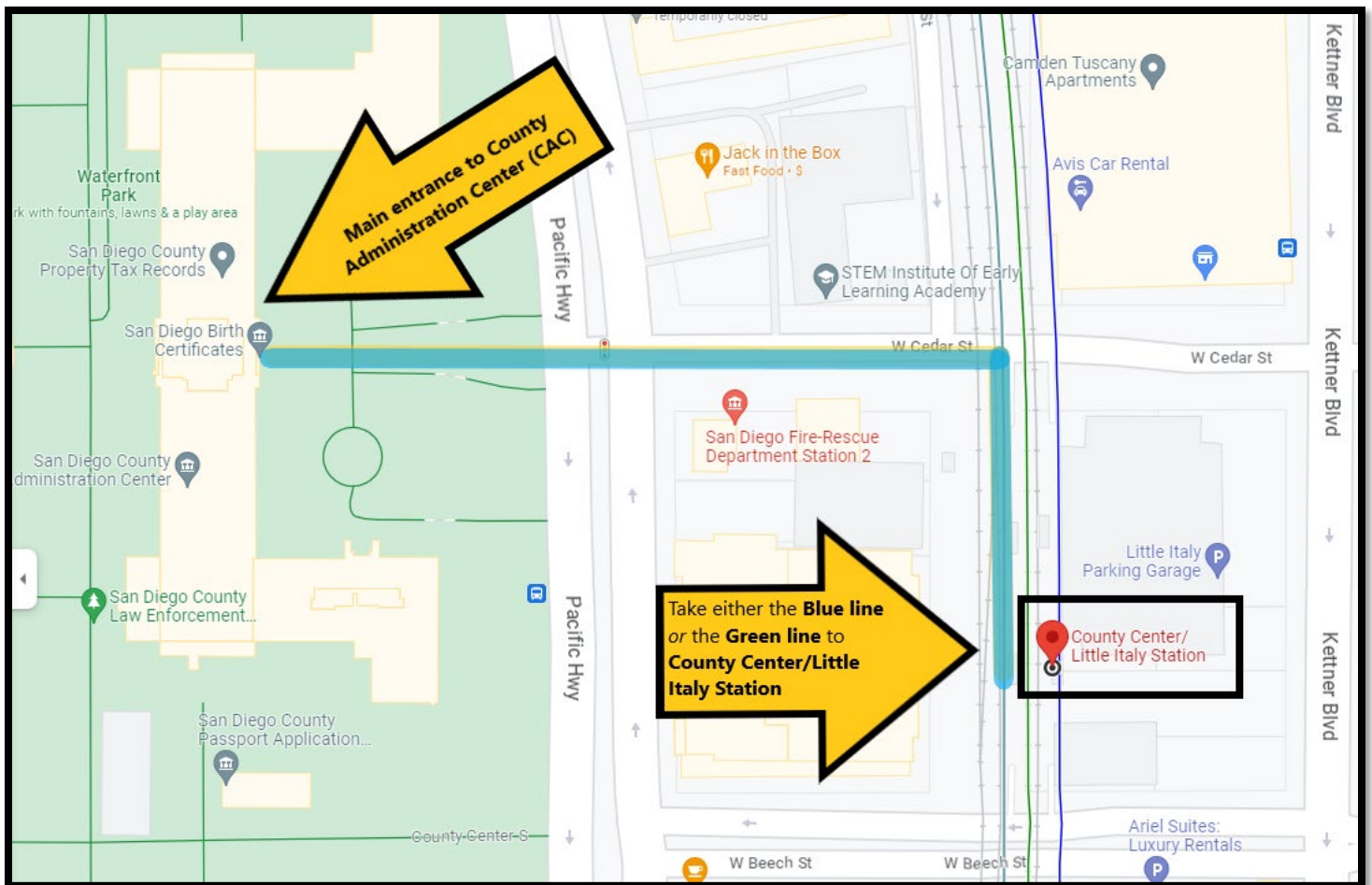
Additional resources and details available on **PAGE 4**.

Via MTS/Public Transportation:

The following transit lines have routes that pass near
“County Center / Little Italy Trolley Station”

Bus : 11, 120, 215, 923, 992

Cable Car: **BLUE**, **GREEN**



ADDITIONAL RESOURCES:

During peak hours, your route may be delayed due to train and trolley traffic, construction on Kettner Blvd., fire station activity, and/or traffic congestion on Cedar Street. As you plan ahead for meetings to the County Administration Center (CAC), here are some strategies to consider:

- Build in additional time to park in and exit the garage.
- Use **public transit, carpooling or other transit options** to get to the CAC.

Video: “Now You Know – Parking at the County Administration Center”

A video thumbnail with a dark gray background. The text "HOW TO PARK AT THE COUNTY ADMINISTRATION CENTER" is centered in white, all-caps, sans-serif font. The text is arranged in four lines: "HOW TO PARK AT THE", "COUNTY ADMINISTRATION", "CENTER", and "CENTER".

HOW TO PARK AT THE
COUNTY ADMINISTRATION
CENTER

<https://youtu.be/pFp7iuzMWv8>

Conflict of Interest Priority Setting and Resource Allocation Committee

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

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

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)



Thursday, July 18, 2024, 1:30 PM – 4:30 PM
County Administration Center
1600 Pacific Hwy, San Diego, CA 92101
(Room 402A)

To participate remotely via Zoom:

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

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

Meeting ID: 829 7938 5521

Password: PSRAC

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

A quorum for this meeting is seven (7)

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

ORDER OF BUSINESS

1. Call to order, roll call, comments from the chair
2. Reminders
 - a. **Review of Committee Charge**
 - b. **Committee members' Conflicts of Interest:** Disclose areas of financial interest (e.g., employment); Refrain from participation in related votes.
 - c. **Areas NOT the purview of this committee:** Selection of contractors; contract details; how contractors implement contracted services (e.g., staff salaries). These are the sole purview of the Recipient.
 - d. **Focus on service priorities, not on specific service providers.**
 - e. **Rules for the meeting** (as necessary): Committee members are limited to two (2) minutes per comment and limited to two (2) comments per item; public comments are welcome at the beginning and prior to each agenda item, limited to two (2) minutes so that all have an opportunity to participate.
3. Public comment on non-agenda items (for members of the public)
4. Sharing our concerns (for committee members)
5. **ACTION:** Approve the PSRAC agenda for July 18, 2024
6. New Business:
 - a. **ACTION:** Recommendations for reallocations for FY 24 (the current fiscal year, March 1, 2024 – February 28, 2025).
 - b. **ACTION:** Recommendations for budget allocations in level-funding and reduction-funding scenarios for FY 25 (March 1, 2025 – February 28, 2026).

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

- c. **ACTION:** Recommendations for how services should be delivered (service delivery recommendations/service directives) in FY 25 (March 1, 2025 – February 28, 2026)

7. Routine Business:

- a. Committee Attendance
- b. Review Monthly and Year-to-Date expenditures and assess for recommended reallocations

8. Suggested items for the future committee agenda

9. Announcements

Next meeting date: **Tentative July 25, 2024, from 1:00 PM – 4:00 PM**

Location: Southeastern Live Well Center 5101 Market Street, San Diego, CA 92114
(Tubman Chavez Room A)

10. Adjournment

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

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

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



County of San Diego

CAROLINE SMITH
INTERIM DEPUTY CHIEF ADMINISTRATIVE OFFICER

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES
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INTERIM PUBLIC HEALTH OFFICER
ELIZABETH A. HERNANDEZ, Ph.D.
PUBLIC HEALTH SERVICES DIRECTOR

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

ACTION ITEM INFORMATION SHEET

RECOMMENDATIONS FOR RE-ALLOCATION FOR FY 24-25 (03-01-2024 TO 02-28-2025)

DATE: July 18, 2024

ITEM: Approve the Recipient recommendations for re-allocating Part A funds in fiscal year 2024-2025.

BACKGROUND:

The HIV, STD, and Hepatitis Branch (HSHB) is seeing high utilization of Outpatient Substance use Treatment, Emergency Financial Assistance, Transportation, and Partial Assistance Rental Subsidy (PARS). We are recommending an increase to avoid any future potential interruption of the availability of these key services.

The reduction to Mental Health: Counseling/Therapy, Outreach and Peer Navigation is recommended because these service categories have savings as of 7/1/24. The savings identified can be deployed to other service categories without negatively impacting ability to provide Outreach, Peer Navigation and Mental Health Services for the rest of the year.

RECOMMENDATIONS:

1. **Action Item:** Decrease Outreach by **\$20,000**, from **\$311,666** to **\$291,666**.
2. **Action Item:** Decrease Peer Navigation by **\$40,000**, from **\$300,000** to **\$260,000**.
3. **Action Item:** Decrease Mental Health Services by **\$90,000**, from **\$900,000** to **\$810,000**.
4. **Action Item:** Increase Outpatient Substance Use Treatment by **\$53,000**, from **\$260,127** to **\$313,127**.
5. **Action Item:** Increase Transportation by **\$29,000**, from **\$122,830** to **\$151,830**.
6. **Action Item:** Increase Emergency Financial Assistance by **\$25,000**, from **\$36,856** to **\$61,856**.
7. **Action Item:** Increase PARS by **\$43,000**, from **\$807,507** to **\$850,507**.

HPG FY 25 Part A & MAI Allocation Worksheet

Allocation amounts are based on original approved amounts
% budget spent is based on adjusted allocations

														Level Scenario Remaining Balance 0			Reduction Scenario Amount		
Level Scenario Remaining Balance \$0														FY25 PSRAC Recommendations (Based on FY24 approved allocations)			PSRAC Recommendations for FY 25 Reduced Funding Scenario		
SERVICE CATEGORY														FY 25			FY 25		
														Final FY 24 Allocations	PROPOSED CHANGES (+ / -)	Proposed FY 25 Allocations	Approved Allocations (based on FY 24)	PROPOSED REDUCTIONS	Approved FY 25 Allocations (if funding is reduced)
OAHS: Primary Care														1,102,630		1,102,630	1,102,630		1,102,630
OAHS: Medical Specialty														195,000		195,000	195,000		195,000
Oral Health														160,940		160,940	160,940		160,940
Medical Case Management														1,151,853		1,151,853	1,151,853		1,151,853
Non-Medical Case Management														392,021		392,021	392,021		392,021
Non-Medical Case Management for Housing														-		-	200,000		200,000
Housing: Partial Assistance Rental Subsidy (PARS)														507,507		507,507	807,507		807,507
Housing Location, Placement and Advocacy Services														-		-	100,000		100,000
Housing: Emergency Housing														632,493		632,493	1,183,515		1,183,515
Mental Health: Counseling/Therapy & Support Groups														900,000		900,000	900,000		900,000
Substance Use Tx Services: Outpatient														260,127		260,127	260,127		260,127
Mental Health: Psychiatric Medication Management														6,000		6,000	6,000		6,000
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (CHS: WICYF) (Formerly "Early Intervention Services (EIS): Countywide Services for Women, Children & Families)														993,157		993,157	993,157		993,157
*Early Intervention Services																			
*Medical Case Management																			
*Non-Medical Case Management																			
*Mental Health																			
*Childcare services																			
*Outreach to WICYF																			
*Peer Navigation for WICYF																			
*Transportation for WICYF																			
Early Intervention Services (EIS): Regional Services														860,304		810,000	810,000		810,000
*Health Education & Risk Reduction																			
*Outreach Services																			
*Referral Services																			
Health Education and Risk Reduction														-		-	-		-
Peer Navigation (Referral for Health Care and Support Srvs.)														300,000		300,000	300,000		300,000
Psychosocial Support Services														-		-	46,744		46,744
Substance Use Tx Services: Residential														-		-	-		-
Home-based Health Care Coordination														228,500		228,500	228,500		228,500
Transportation - Assisted & Unasst.														122,830		122,830	122,830		122,830
Food Services: Food Bank/Home Delivered Meals														536,073		536,073	536,073		536,073
Medical Nutrition Therapy														35,542		35,542	35,542		35,542
Legal Services														285,265		285,265	285,265		285,265
Emergency Financial Assistance														68,356		36,856	36,856		36,856
Home Health Care														-		-	-		-
Early Intervention Services: HIV Counseling and Testing														-		-	-		-
Cost-Sharing Assistance														-		-	-		-
Hospice														-		-	-		-
Part A TOTALS														8,656,794	-	8,656,794	9,854,560	-	9,854,560
Minority AIDS Initiative (MAI)																			
Multi-Disciplinary Team														593,183		593,183	574,238		574,238
Targeted Client Advocacy														-		-	-		-
Emergency Housing														100,000		100,000	100,000		100,000
MAI TOTALS														693,183	-	693,183	674,238	-	674,238
GRAND TOTALS														9,349,977	-	9,349,977	10,528,798	-	10,528,798

Remaining: 0

HIV PLANNING GROUP
6-MONTH COMMITTEE TRACKING
 July 2023 - July 2024

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE															
PSRAC	27-Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	6-Jun	13-Jun	11-Jul	#
Total meetings	1		1		1		1		0	1	1	1	1	1	8
Member															
Jacobs, Dr. Delores	*		*		*		*		NQ	*	*	*	*	*	0
Davenport, Beth	*		1		1		*		NQ	1	*	*	*	*	3
Fleming, Tyra ^{cc}									NQ	*	*	*	JC	*	0
Garcia-Bigley, Felipe	*		*		1		*		NQ	*	*	*	*	*	1
Highfill, Pam	*		*		*		*		NQ	*	1	*	*	*	1
Kubricky, Cinnamon	*		*		1		*		NQ	*	*	*	1	*	1
Mendoza Aguirre, Marco									NQ	*	*	*	1	*	0
Mueller, Chris	*		1		*		*		NQ	*	*	*	*	*	1
Robles, Raul	*		1		*		*		NQ	1	*	*	JC	*	2
Quezada-Torres, Karla	*		*		*		*		NQ	*	1	*	1	1	1
Underwood, Regina	*		*		1		*		NQ	*	*	1	*	1	1
Van Brocklin, Rhea ^c	*		1		1		*		NQ	*	*	*	*	*	2
Villafan, Freddy	*		1		1		*		NQ	*	*	*	*	*	2

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

* = Present

1 = Absent for the month

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

JC = Just Cause

EC = Emergency Circumstance

NM = No Meeting

NQ = No Quorum

RW 2023-24 PART A AWARD INFORMATION	
Funding Source	Total RW 2023-24 Award
Part A	11,670,232.00
Part A MAI	773,155.00
TOTAL AWARD AMOUNT	12,443,387.00

RW 2023-24
YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN AS OF March 2024

FY24-25 ALLOCATION BREAK DOWN								
Funding Source	Admin. \$	Admin. %	CQM \$	CQM %	RW 2024-25 Service dollars	Total	CORE Medical Services	Support Services
Part A	514,441	4%	231,377	2%	10,924,414	11,670,232	70%	30%
Part A MAI	66,977	9%	32,932	4%	673,246	773,155		
TOTAL	581,418.00		264,309.00		11,597,660.00	12,443,387.00	70%	30%

Ryan White Part A Allocations						% Elapsed		100%			
Service Categories	HRSA Ranking	Priority Ranking	RW 2023-24 HPG Initial Allocation	%	HPG & Recipient Approved Actions +/-	RW 2023-24 HPG Adjusted Allocation	%	RW 2023-24 Year to Date Expenditure	RW 2023-24 Year-to-Date % Expenditure/Budget	RW 2023-24 Balance	Comments
Outpatient Ambulatory Health Services: Primary Care	1l	1	962,630.00	10%	140,000.00	1,102,630.00	11%	1,104,470.33	100%	(1,840.33)	
Outpatient Ambulatory Health Services: Medical Specialty	1l	2	273,386.00	3%	100,711.00	374,097.00	4%	127,702.49	34%	246,394.51	
Psychiatric Medication Management	1j	12	28,036.00	0%	(15,000.00)	13,036.00	0%	7,465.64	57%	5,570.36	
Oral Health	1k	3	300,940.00	3%	(126,212.00)	174,728.00	2%	171,165.02	98%	3,562.98	
Medical Case Management	1h	4	1,268,338.00	14%	83,745.00	1,352,083.00	13%	1,310,696.72	97%	41,386.28	
Non-Medical Case Management for Housing		6	-	0%	-	-			0%		
Housing: Emergency Housing	2e	7	530,000.00	6%	720,000.00	1,250,000.00	12%	1,177,673.46	94%	72,326.54	
Housing: Location, Placement and Advocacy Services NEW		8	-	0%	-	-			0%		
Housing: Partial Assistance Rental Subsidy (PARS)	2e	9	807,507.00	9%	(1.00)	807,506.00	8%	749,108.67	93%	58,397.33	
Non-Medical Case Management	2h	5	392,021.00	4%	45,215.00	437,236.00	4%	419,104.78	96%	18,131.22	
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF)	1c	13	943,317.00	10%	50,010.00	993,327.00	10%	993,294.23	100%	32.77	
Childcare Services	2a			0%		-	0%	-	0%	-	
Early Intervention Services: Regional Services	1c	14	477,703.00	5%	49,631.00	527,334.00	5%	502,736.44	95%	24,597.56	
Health Education & Risk Reduction	2d	14a	-	0%	-	-	0%	-	0%	-	
Outreach Services	2j	14b	322,683.00	3%	10,287.00	332,970.00	3%	315,591.03	95%	17,378.97	
Referral Services	2l	14c		0%		-	0%	-	0%	-	
Referral to Health and Supportive Services (Peer Navigation)		16	400,000.00	4%	2,231.00	402,231.00	4%	307,870.57	77%	94,360.43	
Mental Health: Counseling/Therapy & Support Groups	1j	10	1,061,062.00	11%	(85,092.00)	975,970.00	9%	877,059.72	90%	98,910.28	
Psychosocial Support Services		17	-	0%	-	-	0%	-	0%	-	

Ryan White Part A Allocations											
Service Categories	HRSA Ranking	Priority Ranking	RW 2023-24 HPG Initial Allocation	%	HPG & Recipient Approved Actions +/-	RW 2023-24 HPG Adjusted Allocation	%	RW 2023-24 Year to Date Expenditure	RW 2023-24 Year-to-Date % Expenditure/Budget	RW 2023-24 Balance	Comments
Substance Abuse Services: Outpatient	1m	11	315,127.00	3%	(26,540.00)	288,587.00	3%	267,981.71	93%	20,605.29	
Substance Abuse Services: Residential	2o	18	-	0%	-	-	0%	-	0%	-	
Home-based Health Care Coordination	1e	19	228,500.00	2%	-	228,500.00	2%	207,238.57	91%	21,261.43	
Transportation: Assisted and Unassisted	2g	20	142,830.00	2%	26,227.00	169,057.00	2%	126,020.87	75%	43,036.13	
Food Services: Food Bank/Home-Delivered Meals	2c	21	536,073.00	6%	(4,500.00)	531,573.00	5%	467,212.72	88%	64,360.28	
Medical Nutrition Therapy	1i	22	35,542.00	0%	-	35,542.00	0%	34,396.74	97%	1,145.26	
Legal Services	2i	23	285,265.00	3%	-	285,265.00	3%	284,651.97	100%	613.03	
Emergency Financial Assistance	2b	24	28,730.00	0%	39,626.00	68,356.00	1%	57,485.70	84%	10,870.30	
Home Health Care	1f	25		0%		-	0%	-	0%	-	
Early Intervention Services: HIV Counseling and Testing	1c	26		0%		-	0%	-	0%	-	
Cost-Sharing Assistance	1d	27		0%		-	0%	-	0%	-	
Hospice	1g	28		0%		-	0%	-	0%	-	
Subtotal			9,339,690.00	100%	1,010,338.00	10,350,028.00	100%	9,508,927.38	92%	841,100.62	
Ryan White Part A Minority AIDS Initiative (MAI)			RW 2023-24 HPG Initial Allocation		HPG & Recipient Approved Actions +/-	RW 2023-24 HPG Adjusted Allocation	%	RW 2023-24 Year to Date Expenditure	RW 2023-24 Year-to-Date % Expenditure/Budget	RW 2023-24 Balance	Comments
Case Management (Non-Medical)			71,333.00		-	71,333.00	11%	54,525.99	76%	16,807.01	
Medical Case Management			258,925.00		-	258,925.00	38%	193,811.75	75%	65,113.25	
Mental Health Services			175,739.00		-	175,739.00	26%	137,461.52	78%	38,277.48	
Outreach Services			23,337.00		-	23,337.00	3%	32,794.77	141%	(9,457.77)	
Substance Abuse Services (Outpatient)			43,912.00		-	43,912.00	7%	79,671.93	181%	(35,759.93)	
Housing: Emergency Housing			100,000.00		-	100,000.00	15%	52,721.70	53%	47,278.30	
Subtotal			673,246.00		-	673,246.00	100%	550,987.66	82%	122,258.34	
TOTAL			10,012,936.00		1,010,338.00	11,023,274.00		10,059,915.04	91%	963,358.96	

CORE and Support Seviles Allocation Breakdown				
Total Allocation			Total Expenditure	Total Balance
CORE Medical Services	4,877,098.00		4,422,615.99	454,482.01
Support Services	5,472,930.00		5,086,311.39	386,618.61
TOTAL		10,350,028.00	9,508,927.38	841,100.62



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

APPENDIX

(Page 016-020)

ASSEMBLY BILL (AB) 2449: JUST CAUSE AND EMERGENCY CIRCUMSTANCES (2023)

If the physical attendance quorum requirement is met, AB 2449 permits a member who is not physically present to request virtual attendance at the local legislative body's meeting under two circumstances:

(1) for "just cause" and (2) due to "emergency circumstances".

Qualifying Reason	Provisions to attend remotely	Requirements/Limitations
Just Cause	<ul style="list-style-type: none">• There is a childcare or caregiving need (for a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner) that requires the member to participate remotely• A contagious illness prevents the member from attending the meeting in• There is a need related to a defined physical or mental disability that is not otherwise accommodated for• Traveling while on official business of the legislative body or another state or local agency	A member is limited to two (2) virtual attendances based on "just cause" per calendar year
Emergency Circumstances	<p>"A physical or family medical emergency that prevents a member from attending the meeting in person."</p> <p>A member is not required to disclose any medical diagnosis or disability, or any personal medical information that is already exempt from existing law.</p>	<p>A member of the legislative body must make a request to the body to allow the member to meet remotely due to an emergency circumstance, and further must provide a general description of the circumstance justifying such attendance.</p> <p>A request from a member to attend remotely due to an emergency circumstance requires that the legislative body take action and approve the remote attendance at the start of the meeting for the member to be allowed to participate remotely for that meeting*.</p>

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

ADDITIONAL REQUIREMENTS FOR A MEMBER PARTICIPATING REMOTELY:

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

1. Before any action is taken during the meeting, the member **must** publicly disclose whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member's relationship with any such individuals.
2. A member of the legislative body participating from a remote location must participate through both audio **and** visual technology.
3. A member's remote participation cannot be for more than three (3) consecutive months or 20 percent of the regular meetings for the local agency within a calendar year. And if the legislative body regularly meets fewer than ten (10) times per calendar year, a member's participation from a remote location cannot be for more than two meetings.

AB 2449 Checklist
(Applicable January 1, 2023 to December 31, 2025)

Procedures for Public Participation

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

Procedures for Member to Teleconference from a Remote Location

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

Procedures for the Board/Commission/Committee/Group

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

TELECONFERENCING RULES UNDER THE BROWN ACT

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

¡TU VOZ IMPORTA!

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

CUÉNTANOS SOBRE:

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

¡RESPONDA LA ENCUESTA EN LÍNEA!



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

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

019



hpg.hhsa@sdcounty.ca.gov

GETTING 2
ZERO
STOP HIV



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

TELL US ABOUT:

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

TAKE THE SURVEY ONLINE!



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

CHECK OUT OUR NEW
APP FOR COUNTY'S
HIV RESOURCES

GETTING 2
ZERO
STOP HIV



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