



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

MEETING PACKET

THURSDAY, JULY 20, 2023, 1:00 PM – 5:00 PM
COUNTY ADMINISTRATION CENTER (CAC)
1600 PACIFIC HIGHWAY SAN DIEGO, CA 92101 (ROOM 310)

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 20 from 1:00 PM – 5:00 PM

Where: San Diego County Administration Center (CAC)

1600 Pacific Highway, San Diego, CA 92101

Room 310 – Board of Supervisors Chamber (Third Floor)

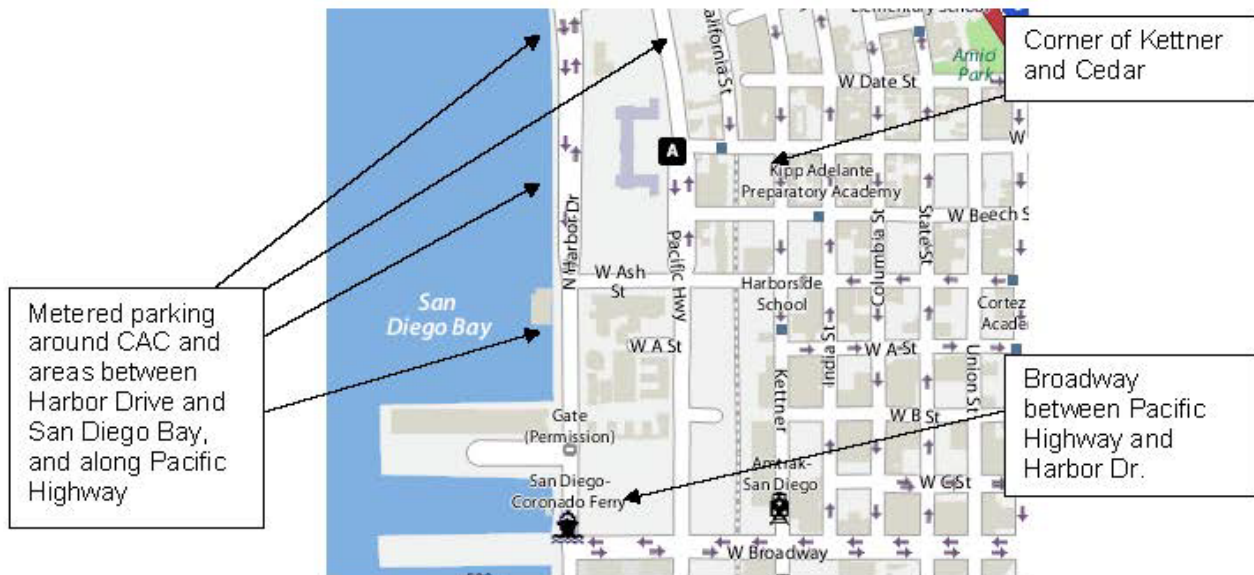


Public parking for the County Administration Center (CAC) is available in the underground parking structure, with the entrance located on Ash Street.

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.

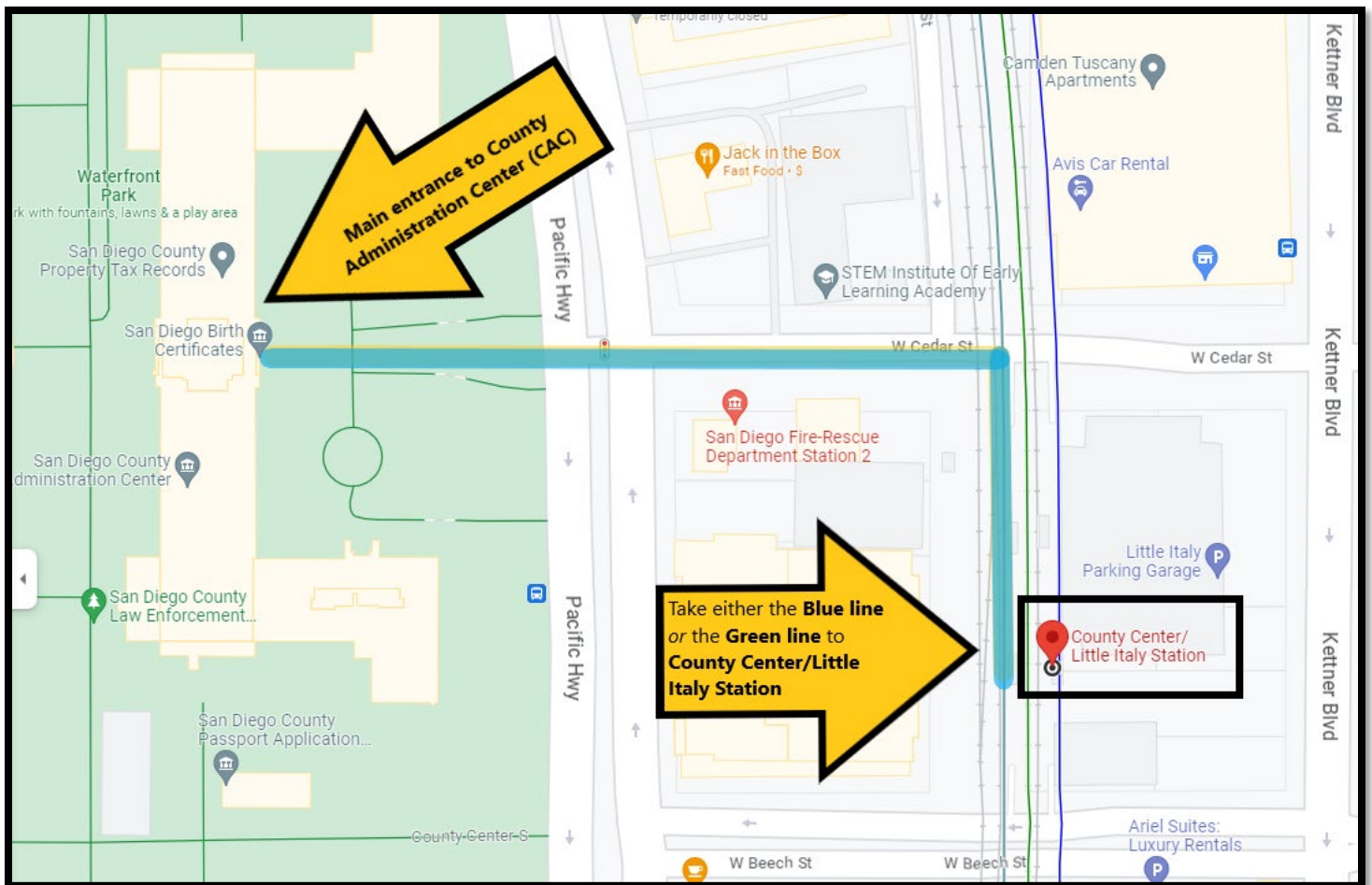
Additional resources and details available on **PAGE 4**.

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	<u>Conflict of Interest</u>
Carroll, Reginald	<ul style="list-style-type: none"> • None
Cortes, Alberto	<ul style="list-style-type: none"> • Medical Nutrition Therapy • Emergency Financial Assistance • Food Bank/Home Delivered Meals
Davenport, Beth	<ul style="list-style-type: none"> • Mental Health • Non-Medical Case Management • Medical Case Management • Peer Navigation
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
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	<u>Conflict of Interest</u>
Robles, Raul	<ul style="list-style-type: none"> • None
Rucker, James	<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
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"> • Medical Case Management • Substance Use Disorder Treatment: Residential • Transportation: Assisted and Unassisted



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MEETING AGENDA
THURSDAY, JULY 20, 2023, 1:00 PM – 5:00 PM
COUNTY ADMINISTRATION CENTER (CAC)
1600 PACIFIC HYW. (ROOM 310) SAN DIEGO, CA 92101

To participate remotely via Webex:

<https://sdcountyca.webex.com/sdcountyca/j.php?MTID=m9078f409fcf25f7e4a5a43acf1245b23>

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

Meeting ID: 2632 436 1943

Password: PSRAC.20

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

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), Cinnamon 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 July 20, 2023
6. **ACTION:** Approve the Priority Setting & Resource Allocation minutes for June 22, 2023

7. Review follow-up items from the last meeting
8. Old Business:
 - a. Summarize/finalize data on HIV Epidemiology
 - b. Summarize/finalize information on non-Ryan White services in the community, especially mental health and drug and alcohol services
9. New Business:
 - a. Summarize/finalize data on the HIV Care Continuum (percent of individuals linked to care, retention rates, and viral suppression)
 - b. Summarize/finalize data on Unaware Estimate/ Unmet Need Estimate
 - c. Review Overall Key Data findings document
 - d. **ACTION:** Recommendations for FY 23 reallocations (current fiscal year, March 1, 2023 – February 29, 2024)
 - e. **ACTION:** Recommendations with justifications for changes in funding allocation for FY24 (next fiscal year; March 1, 2024 – February 28, 2025) in level-funding and reduction-funding scenarios
 - f. **ACTION:** Recommendations with justifications to HIV Planning Group for how services should be organized and delivered in FY 24 (next fiscal year, March 1, 2024 – February 28, 2025)
10. Routine Business:
 - a. Review Monthly and Year to Date expenditures and assess for recommended reallocations
 - i. Review reallocation recommendations (if needed)
 - b. Partial Assistance Rent Subsidy Program (PARS) and Emergency Housing update
 - c. Review Monthly and TYD service utilization report
11. Suggested items for the future committee agenda
12. Announcements
13. Next meeting date: **July 27, 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
<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



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Committee Members: Dr. 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

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5. **ACTION:** Approve the Priority Setting & Resource Allocation Committee agenda for July 20, 2023
6. **ACTION:** Approve the Priority Setting & Resource Allocation minutes for June 22, 2023
7. Review follow-up items from the last meeting

Agenda Item	Action	Follow-up
6. Approve the meeting minutes from June 8, 2023;	Action: Approved June 8, 2023 meeting minutes as presented with the noted change: Agenda items 5 and 6 were discussed in reverse order. M/S/C: Garcia-Bigley/Davenport 9/0 Abstentions: Jacobs Motion carries	
7. Review follow-up items from the last meeting minutes	Reviewed by HPG Staff PARS information will be provided at the next July 20, 2023, meeting.	
8. Old Business		
a) Summarize/finalize data on HIV Epidemiology	Tabled, awaiting additional data tables from the Epidemiology Branch	
b) Summarize/finalize data on Ryan White's (RW) service eligibility criteria and other service guidelines.	The committee approved by consensus the key data findings for RW service eligibility criteria and other guidelines as presented with the recommended change: Separate Coordinated HIV Services for Women, Infants, Children, Youth, and Families from Early Intervention Services Regional Services. Approved by consensus	HPG Support Staff will update the document as noted
9. New Business		
a) Review data on the HIV Care Continuum (percent of individuals linked to care, retention rates, and viral suppression)/ Unaware Estimate/ Unmet Need Estimate and discuss findings.	Dr. Samantha Tweeten presented data on the HIV Care Continuum, Viral Suppression, the Unaware Estimate, and the Unmet Need Estimate. Dustin Walker presented data on RW Clients' Care Continuum/Viral Suppression.	HPG Support Staff develop a key findings document for the data presented today
b) Review information on non-Ryan White services in the community , especially mental health and drug and alcohol services	The Committee reviewed the document and noted the following: <ul style="list-style-type: none"> • The Owen Clinic information requires some clarification. • There is some additional information on the LGBTQ Youth programs 	Chris Mueller and Beth Davenport will send additional information to HPG Support Staff.

Agenda Item	Action	Follow-up
c) Review data on the Getting to Zero Action Plan Community Focus Groups Feedback Report and discuss findings.	Dr. Jacobs review the Consumer feedback and recommendations to the GTZ. The report was included in the meeting materials packet. <ul style="list-style-type: none"> These are the results of 160 consumers over a 3-year process. 	
d) ACTION: Review and approve key data findings by service category	Action: Approve the key data finding by service category document as presented. Discussion: The service categories Medical Case Management for Housing and Housing Location, Placement, and Advocacy Services have yet to be procured and will go out for procurement in a few weeks; the procurement process lasts approximately 6 months and will most likely be deployed by 2024.	Ken Riley to make changes to Nonmedical Case.
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	<div data-bbox="621 831 1260 1010"> Action: Approve the priority rankings as listed for FY 23 M/S/C: Carroll/Robles Abstentions: Jacobs Motion fails </div> <div data-bbox="621 1020 1260 1854"> Action: Keep 1-10 as is and move Mental Health (currently priority #15) and Substance Use Outpatients (currently priority #17) to priorities #11 and #12. Discussion: Of 41 people on the PARS waiting list, ¾ have not been on PARS before. The cost to eliminate 31 of the clients on the PARS waiting list would be \$300,000; the Average is \$7,200 per person per month. There is no set number of times a client may apply. The average time on PARS was 2 years; the longer someone was on PARS, the more likely they were to be stably housed. Amended Motion: Amend the motion as noted (the motion maker and second concurred): <ol style="list-style-type: none"> 1. Outpatient Ambulatory Health Services: Primary Care at Priority #1 2. Outpatient Ambulatory Health Services: Medical Specialty at priority # 2 3. Oral Health at priority # 3 4. Medical Case Management at priority #4 </div>	

For any inquiries, please send an email to HPG.HHSA@sdcounty.ca.gov
You may also visit our website at sdplanning.org

Agenda Item	Action	Follow-up
	<p>5. Non-Medical Case Management at priority # 5</p> <p>6. Non-Medical Case Management for Housing at priority # 6</p> <p>7. Housing Emergency Housing priority # 7</p> <p>8. Housing Location Placement and Advocacy Services at priority # 8</p> <p>9. Partial Assistance Rental Subsidy (PARS) at priority # 9</p> <p>10. Mental Health at priority # 10</p> <p>11. Substance Use Treatment services: Outpatient at priority #11</p> <p>12. Mental Health Psychiatric Medication Management at priority # 12</p> <p>The remaining service categories are in the same priority ranking as for FY 23</p> <p>M/S/C: Van Brocklin/Carroll (10/0)</p> <p>Abstentions: Kubricky/Jacobs</p> <p>Motion: carries</p>	
<p>f) ACTION:</p> <p>Recommendations with justifications for changes in funding allocations for FY 24 in level-funding and reduction funding scenarios</p>	<p>Tabled</p>	
<p>10. Routine Business</p>		
<p>a. Review Monthly and YTD expenditures and examine for any recommended reallocations.</p> <p> I. Review of over/under spending</p> <p> II. Review reallocation recommendations (if needed)</p>	<p>Reviewed, the expenditure report was included in the meeting materials packet</p>	
<p>b. Partial Assistance Rent Subsidy Program (PARS) and</p>	<p>Tabled</p>	

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Agenda Item	Action	Follow-up
Emergency Housing update		
c. Review the PSRAC FY 23 Work Plan	Tabled	
11. Suggested items for the PSRAC agenda	Tabled	
12. Announcements	Approval of the appointment of Tyra Fleming and reappointment of Michael Wimpie to the HPG is on the Board of Supervisors' agenda for Tuesday, June 27, 2023.	
13. Next Meeting:	Thursday, July 20, 2023 Location: Location: County Administration Center (CAC) 1600 Pacific Highway, Room 310, San Diego, CA 92101 AND via WebEx	
14. Adjournment	Adjourned at 4:20 PM	



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 COMPETENCIES**

Draft July 20, 2023

The following is a list of some of the **non-Ryan White** mental health and substance use treatment service providers in San Diego County (SDC). Some of the providers on this list also receive Ryan White funds for services and may provide services using non-Ryan White funds as well.

In addition to the programs listed below, 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)

1. 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.

2. 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>

- 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.

3. 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 \(thecentersd.org\)](http://TheSanDiegoLGBTCommunityCenter(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.
4. 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.
5. OUR SAFE PLACE NORTH:
Address: 1050 N Broadway, Escondido CA, 92026, phone: (760) 271 – 4855
Hours: Monday - Friday, 2:00 - 6:00pm and Saturday - Sunday, 4:00 - 8:00pm.
A certified outpatient behavioral health program that provides a welcoming and supportive environment for LGBTQ+ youth, ages 12-21, and their families. Services include support groups for youth and family members, case management, mentorship, community outreach, training, skill development, and educational workshops. We also have opportunities for experienced individuals to work as Connection Coaches and Support Specialists. Services include:
 - Individual and group psychotherapy
 - Psychiatric services
 - Case management for children, adolescents, young adults, and their families and guardiansOur Safe Place has five drop-in centers located throughout San Diego County, two of which are operated by the YMCA TAY Academy. Centers are open midday during the week and some hours during the weekend, with extended evening and holiday hours.
6. SOUTH BAY COMMUNITY SERVICES (SBCS) Trolley Trestle Youth Hub
Address: 746 Ada Street, Chula Vista, CA 91911, phone: 619-628-2444
Website: <https://sbcssandiego.org/our-safe-place/>
Email: OurSafePlace@csbcs.org Instagram: [@sbcs.ospsouth](https://www.instagram.com/sbcs.ospsouth)

7. VISTA COMMUNITY CLINIC (VCC):
Address: 1000 Vale Terrace Dr Vista Ca 92084, phone: (760)631-5000 HIV Clinical Manager - Teresa Gomez ext.7194
Website: <https://www.vistacommunityclinic.org/>
 - VCC – Valuable Connected Care: Meeting the health and wellness needs of our community.
8. 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 \(ucsd.edu\)](https://hivcare.ucsd.edu/owen-clinic/)
 - At the Owen Clinic, care is led by doctors and nurses with expertise in HIV care; the Owen Clinic also offers on-site substance use disorder counseling and has a part time psychologist, co-occurring conditions support groups twice a week and psychiatry support.
9. 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.
10. CHOICES IN RECOVERY:
Address: 733 S Santa Fe Ave, Vista, CA 92083, phone: (760) 945-5290, website: [Choices in Recovery \(choicesinrecoveryvista.org\)](https://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.
11. 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/](http://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.



San Diego HIV Planning Group
Priority Setting & Resource Allocation Committee
2023 Key Data Findings
Care Continuum/Viral Suppression
Draft July 20, 2023

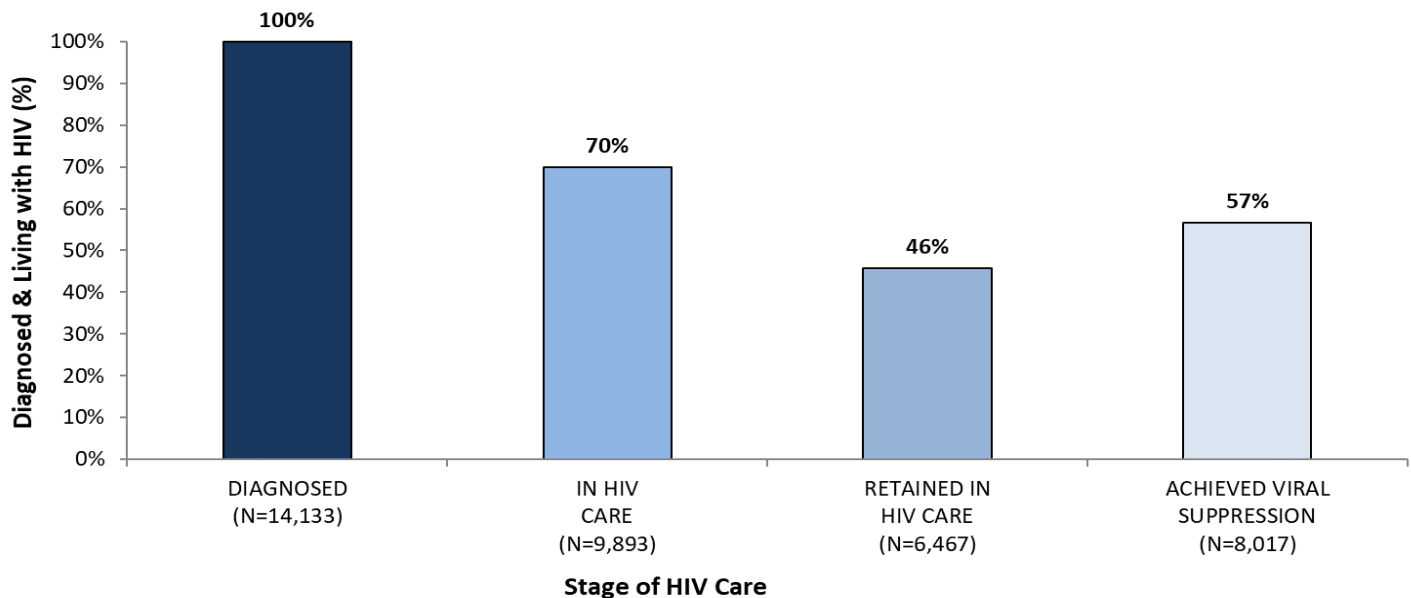


San Diego Data: Diagnosed with HIV infection through 12/31/2021 and living through 12/31/2021 (excluding military and VA diagnoses).

DEFINITIONS:

Care Continuum (aka Continuum of Care), includes:

1. **Receipt of care** (sometimes called “Linkage to Care”): Of those diagnosed with HIV disease, persons who had ≥ 1 CD4 or viral load tests during 2021
2. **Retention in care**: Of those diagnosed with HIV disease, persons who had ≥ 2 CD4 or viral load tests at least 3 months apart during 2021.
3. **Viral suppression**: Of those diagnosed with HIV disease, persons virally suppressed (<200 copies/mL) at most recent test during 2021.



CARE CONTINUUM/VIRAL SUPPRESSION OVERALL

Viral Suppression of all persons living with HIV (PLWH) in San Diego County was **56.7%**, which includes those without a viral load (VL) test on record) and **92.1%** for PLWH who had a VL test on record. For **Ryan White (RW) clients**, viral suppression was **91.7%** (for those who had a VL test on record).

Population	All PLWH (incl. w/o VL test)	All PLWH w/ VL test	All RW clients w/ VL test
In HIV Care	69.9%	-	92.0%
Retained in HIV Care	45.7%	-	85.2%
Viral Suppression	56.7%	92.1%	91.7%

*Note: 38.9% of all PLWH, and 17% of RW clients, did not have a viral load test.

AGE

There was no significant difference in viral suppression among age groups 25 -44 (55%), 45 – 64 (57%) , or 65+ (59%) age groups compared to all PLWH (56.7%).

Population	All PLWH (incl. w/o VL test)	All PLWH w/ VL test
Age 20 – 29	58%	87%
Age 30 – 39	57%	91%
Age 40 – 49	52%	91%
Age 50 - 59	57%	94%
Age 60+	59%	96%
All clients	56.7%	93%

GENDER

There was no significant difference in viral suppression between cis males (58%) and cis female (57%) compared to all PLWH (56.7%); and no significant different for sex assigned at birth, males (93.1%) vs. females (91%), for those w/ VL test.

RACE/ETHNICITY

African Americans/Blacks had a significant lower level of viral suppression (**50%**), compared to all PLWH (56.7%), but not for all RW clients w/VL test (88.7% vs. 91.7%). There was no significant difference in viral suppression among Latinx/Hispanics (53%), Native Americans/Alaskan Native (50%, but n = 36), Whites (61%), Asian/API (64%), or Native Hawaiians/Pacific Islanders (58%) compared to all PLWH (56.7%)

Population	All PLWH (incl. w/o VL test)	All PLWH w/ VL test	All RW clients w/ VL test
African Am./Black	50.0%	89%	88.7%
Latinx/Hispanic	53%	92%	92%
White	61%	95%	94%
Asian/API	63%	96%	91%
Native Hawaiian/Pacific Islanders	58%	-	88%
Native American/Alaskan Natives	50%	-	92%
Other	67%	93%	-
All Clients	56.7%	93%	91.7%

TRANSMISSION RISK CATEROGY

Persons who inject drugs (46%) and **persons with no identified risk (50%)** had lower percentages of viral suppression compared to all PLWH (56.7%).

Population	All PLWH (incl. w/o VL test)	All PLWH w/ VL test
Persons who inject drugs (P WID)	46%	86%
No identified risk (NIR)**	50%	82%
All clients	56.7%	93%

**Risk category for persons in NIR may change as additional information becomes available.



San Diego HIV Planning Group
Priority Setting & Resource Allocation Committee
2023 Key Data Findings
Unaware Estimate/Unmet Need Estimate
Draft July 20, 2023



Unaware Estimate:

- The estimate of persons living with HIV disease (PLWH) and **unaware of their status** in San Diego County in 2022 is **1,272 (9%)***(of 14,133 estimated # of PLWH in San Diego County).

Methodology/Limitations: This Unaware estimate was previously based on the proportion CDC estimates unaware nationwide- this is no longer supported. Current recommendations are to develop a method based on local data. The new method is based on the proportion unaware from National HIV Behavioral Surveillance survey conducted in San Diego. One of the limitations is the NHBS survey does not use a random sample or weighted sample; self-reported status subject to social desirability bias.

*The number of PLWH and Unaware of their status in San Diego County was calculated by multiplying the percent unaware of HIV status in most recent NHBS survey by the prevalence from the most recent HIV Care Continuum dataset by each subgroup to get the estimate of those unaware of their status;1,272.

Unmet Need Estimate:

- The estimate of **Unmet Need** among PLWH (person who live with HIV disease, are aware of their status, but are not in care) in San Diego County for 2021 is **4,240 (30%)** (of 14,133 estimated # of PLWH in San Diego County).



HIV Planning Group
Priority Setting and Resource Allocation Committee
Overall 2023 Key Data Findings
Draft July 20, 2023



Co-occurring health conditions, poverty & insurance status

- Persons living with HIV (PLWH) are more likely than general San Diego County populations to experience the following conditions: TB, STDs, hepatitis B & C, mental illness, injection and non-injection drug use, homelessness, poverty & lack of insurance.
- These conditions can complicate adherence and make care more complex and more expensive.
- Co-occurring health conditions make providing medical care more complex, require greater provider expertise, and **increase the cost of care** for PLWH.
- Research also reveals a higher incidence of gastrointestinal diseases, circulatory diseases, endocrine/nutritional/metabolic disease, nervous system diseases and neoplastic diseases such as cancer or lymphoma.
- PLWH greater than 50 years of age, experience an increase in age-related diseases; causes of morbidity and mortality for older PLWH include non-infectious comorbidities, such as cardiovascular disease, hypertension, bone fractures, chronic kidney disease, liver disease, diabetes mellitus and non-AIDS-defining cancers.

Regional availability of Ryan White (RW) Part A/B services

- The fewest RW Part A services are available in East County, followed by South Bay.
- All of the RW services are available in the Central region with the exception of Peer Navigators (Referral to Health and Support Services), which is not available in the Southeast San Diego region.

Service Eligibility Guidelines

- To be eligible to receive Ryan White Parts A/B services in San Diego County, one must:
 - Be a resident of San Diego County
 - Have an income at or below 500% Federal Poverty Level (FPL) (\$72,990 annually or \$6,082/month 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

HIV epidemiology

- Total number of 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)
- The majority of people living with HIV disease (PLWH) through year-end 2021 were men who have sex with men (MSM). For women, heterosexual transmission was the largest mode of transmission. Central Region and South Region have the largest proportion of recent HIV disease diagnoses among women (>50% of total women in the two regions).
- 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 105) was higher for Non-Hispanic Black/African American (**40.4/105**) than Hispanic/Latino (**19.6/105**) or Non-Hispanic White (**6.8/105**) during in 2021.

- Since 2018, the 20 – 29 years and 30 – 39 years age groups were the most frequent age groups at diagnosis among recent HIV disease diagnoses (31.0% and 31.1% respectively), while the 50 - 59 was the most frequent current age for total PLWH (29%) , and 60+ years was the second most frequent (28.8%).
- The groups with the highest percentage of simultaneous diagnosis for recent HIV disease diagnoses (2018-2022) were Hispanic/Latino 26.9%, vs. 23.2%), Persons who inject drugs (PWID) (27.3%) and age groups 40 – 49 (29.4%), 50 – 59 (35.7%), and 60+ (45.2%).

Survey of HIV Impact 2020 - 21

- The top 5 ranked services are (in order) **HIV medications, HIV primary care, Dental care, Case management and Medical specialist.**
- The top “need but can’t get” services are **Dental care, Help to pay rent, Legal services, Counseling/Therapy, Peer Advocacy/Navigation.**
- The percentage of respondents who said they “need but can’t get” a service **increased in all top 5 services** noted above, since the 2017 survey.

Needs Assessment Focus Groups 2020 – 21

- The **top 3 concerns** Consumers discussed in the focus groups were:
 - Access to care
 - Mental Health Issues
 - Housing
- The **top reasons for not taking HIV medication** as prescribed were:
 - Drug use and drug addiction;
 - Forgetting to take the medication;
 - Lack of access to healthcare or resources to get the medication refilled;
 - Experiences of homelessness;
 - Side effects of HIV medication; and
 - Experiences of mental health issues, such as depression.

Getting to Zero Community Action Plan Focus Groups 2020 – 21

- **160 community participants** living with or vulnerable to HIV provided input to the following 11 recommendations:
 1. Acknowledge and address medical system mistrust. Representation noted as an issue; d ensure ongoing recruitment, support, and retention of a workforce representative of those living with HIV.
 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.
 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.
 4. Provide increased mental health and alcohol/substance use treatment opportunities for those living with or at higher risk for HIV.
 5. More consistently provide rapid access to basic support services: housing, food, transportation, emergency financial assistance including shut-off & eviction prevention.
 6. Continue to expand the opportunities to hire, support and utilize peer navigators, peer health educators, peer outreach specialists, benefits navigators, and housing specialists.
 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.

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.
9. Design, create and execute improved community engagement and outreach strategies that utilize community organizing principles and personal relationship building.
10. Revise and refine the documentation processes that create a barrier to access services for persons living with or at increased risk for HIV.
11. Design and deploy a variety of brief, on-line trainings for those living with or at higher risk for HIV.

Care Continuum/Viral Suppression

- In San Diego County, of the total number of people who are infected with HIV, **70% are in receipt of care; 46% are retained in care and 57% are virally suppressed.**
- African Americans/Blacks had a significant lower level of viral suppression (**50%**), compared to all PLWH (56.7%), but not for all RW clients w/VL test (88.7% vs. 91.7%)
- **Persons who inject drugs (46%) and persons with no identified risk (50%)** had lower percentages of viral suppression compared to all PLWH (56.7%).

Unaware Estimate

- Definition: Persons living with HIV, not aware of their status/has not been tested.
- **The estimate of PLWH and unaware of their status** in San Diego County in 2021 is **1,272 or 9%** (of 14,133 estimated # of PLWH in San Diego County).

Unmet Need Estimate

- Definition: Persons living with HIV disease, but not in medical care.
- **The unmet need estimate of PLWH** in San Diego County in 2017 is **4,240 or 30%** (of 14,133 estimated # of PLWH in San Diego County).

Non-Ryan White Mental Health and Substance Use Disorder Treatment services in San Diego County.

- There are several **non-Ryan White** mental health and substance use treatment services providers in San Diego County (SDC) that have HIV/PLWHA/LGBTQ competencies. Some of the providers noted also receive Ryan White funds for services and may provide services using non-Ryan White funds as well.
- Additionally, 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.

SUMMARY OF SERVICES FOR FY23

Mar. 1, 2023 - Feb. 29 2024

RYAN WHITE SERVICES		Jun	End of Year Total	Prior Year Total
FY 2023-2024				
Total clients served each month	Clients	1256		
New clients in FY23	Clients	190	2,176	2,175
Returning FY23 clients	Clients	1,066		
VIRAL LOAD SUPPRESSION				
Virally suppressed	Clients	1,013		
% Virally suppressed		94%		
With Test	Tests	1,072		
Without Test	Tests	184		
PART-A SERVICES				
Outpatient Ambulatory Health Services: HIV Primary Care*	Visits	186	756	552
	Clients	166	513	410
Outpatient Ambulatory Health Services: Medical Specialty Care	Visits	-	0	65
	Clients	-	0	44
Psychiatric Medication Management	Visits	1	6	8
	Clients	1	4	6
Oral Health Care: Dental Care	Visits	66	353	317
	Clients	60	186	166
Early Intervention/Integrated Services for Women, Children & Families: Coordinated Care	Visits	34	713	805
	Clients	16	112	115
Early Intervention/Integrated Services for Women, Children & Families: Childcare	Visits	1	3	11
	Clients	1	2	4
Early Intervention Services: Regional Services	Visits	759	3,125	2,584
	Clients	323	704	698
Early Intervention Services: Peer Navigation Services	Visits	43	784	300
	Clients	19	170	82
Early Intervention Services: Outreach Services	Visits	-	0	0
	Clients	-	0	0
Medical Case Management Services	Visits	842	4,081	3,500
	Clients	378	594	570
Home-based Health Care Coordination	Visits	77	303	288
	Clients	23	39	37
Case Management -Non-Medical	Visits	382	1,648	1,734
	Clients	191	264	282

*Includes Part B funded services

SUMMARY OF SERVICES FOR FY23

Mar. 1, 2023 - Feb. 29 2024

RYAN WHITE SERVICES		Jun	End of Year Total	Prior Year Total
Mental Health Services: Counseling/Therapy	Visits	314	1,275	1,094
	Clients	129	216	164
Substance Abuse Treatment Services – Residential*	Visits		23	47
	Clients	-	11	19
Substance Abuse Treatment Services - Outpatient	Visits	317	1,208	1,353
	Clients	53	73	64
Housing Services: Partial Assistance Rental Subsidy	Visits	95	400	435
	Clients	95	113	120
Medical Transportation Services - Assisted	Visits	-	2	3
	Clients	-	2	1
Medical Transportation Services - Unassisted	Visits	234	1,071	1,316
	Clients	157	268	336
Housing Services: Emergency Housing Assistance	Visits	54	249	337
	Clients	44	157	224
Food Services: Food Bank/ Home Delivered Meals	Meals	2,380	7,652	11,349
	Clients	93	109	141
Medical Nutrition Therapy	Visits	17	49	54
	Clients	17	40	41

SUMMARY OF SERVICES FOR FY23

Mar. 1, 2023 - Feb. 29 2024

RYAN WHITE SERVICES		Jun	End of Year Total	Prior Year Total
PART-A SERVICES continued				
Legal Services	Visits	13	51	66
	Clients	13	51	51
Emergency Financial Assistance	Visits	70	269	67
	Clients	43	86	26
Internet Access	Visits	-	1	1
	Clients	-	1	1
Internet Equipment	Visits	5	18	0
	Clients	5	8	0
Collateral Contacts	Visits	211	838	940
	Clients	114	292	353
MAI SERVICES				
Medical Case Management Services	Visits	141	590	364
	Clients	60	103	89
Mental Health Services: Therapy/Counseling	Visits	37	174	302
	Clients	16	45	57
Substance Abuse Treatment Services - Outpatient	Visits	75	278	60
	Clients	37	69	18
Faciliated Referrals	Visits	-	0	0
	Clients	-	0	0
Outreach Encounters	Visits	-	0	0
	Clients	-	0	0
Medical Transportation Services - Assisted	Visits	-	0	0
	Clients	-	0	0
Medical Transportation Services - Unassisted	Visits	-	0	0
	Clients	-	0	0
Case Management -Non-Medical	Visits	89	346	345
	Clients	46	70	73

SUMMARY OF SERVICES FOR FY22

Mar. 1, 2022- Feb. 28, 2023

CLIENT DEMOGRAPHICS	Number of Clients	% of Client Total	Client Total
FY 2023-2024			
Race/Ethnicity			
White (not Hispanic)	477	21.92%	
Black or African American (not Hispanic)	271	12.45%	
Hispanic or Latino(a)	1297	59.60%	
Asian	30	1.38%	
American Indian/Alaska Native	11	0.51%	
Multi-Race	28	1.29%	
Native Hawaiian/Pacific Islander	6	0.28%	
Race data not in ARIES	56	2.57%	2,176
Gender			
Male	1,698	78.03%	
Female	394	18.11%	
Transgender FTM	2	0.09%	
Transgender MTF	80	3.68%	
Other	2	0.09%	
Client Refused to Report	0	0.00%	2,176
Age Categories			
< 2	14	0.64%	
02-12	8	0.37%	
13-24	51	2.34%	
25-44	792	36.40%	
45-64	1077	49.49%	
65 and over	234	10.75%	2,176
Poverty Level			
<138%	1,717	78.91%	
138-199%	246	11.31%	
200-299%	150	6.89%	
300-399%	40	1.84%	
400-499%	11	0.51%	
>500%	12	0.55%	
Financial data not in ARIES	0	0.00%	2,176
HRSA Housing Status			
Stable/Permanent	922	42.37%	
Temporary	254	11.67%	
Unstable	136	6.25%	
Housing Status not in ARIES	864	39.71%	2,176
Insurance Status			
Private	28	1.29%	
Medicaid	397	18.24%	
Medicare	47	2.16%	
Other	115	5.28%	
No Insurance	357	16.41%	
Insurance not in ARIES	1,232	56.62%	2,176
San Diego Region			
Central	734	33.73%	
East	144	6.62%	
South Bay	414	19.03%	
Southeast	195	8.96%	
North Coastal	235	10.80%	
North Inland	118	5.42%	
North Central	150	6.89%	
Zip Code may be outside SD County	96	4.41%	
Zip Code not in ARIES	90	4.14%	2,176

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

RW 2223 & 2324 SERVICE DOLLAR ALLOCATIONS AND EXPENDITURES

Funding Source	RW 2022/2023 & RW 2023/2024 Service Dollars	Contract YTD Expenditure	% of Year Invoiced	% Spent	Balance	Comments
Ryan White Part B						
Outpatient Ambulatory Health Services (Medical)	407,426.00	-	16.66%	0%	407,426.00	Part A Payment Summary, Part B tracking as of May 2023 invoices.
Early Intervention Services (Expanded HIV Testing)	-	-	16.66%	-	-	
Early Intervention Services (Focused Testing)	187,900.00	40,241.14	16.66%	21%	147,658.86	Part B Payment Summary as of May 2023 invoices.
Medical Case Management (Emergency Financial Assistance)	88,858.00	18,518.12	16.66%	21%	70,339.88	Part B Payment Summary as of May 2023 invoices.
Housing (Substance Abuse Services-Residential)	259,316.00	83,743.44	16.66%	32%	175,572.56	Part B Payment Summary as of May 2023 invoices.
Non-medical Case Management (Rep Payee)	25,000.00	6,373.95	16.66%	25%	18,626.05	Part B Payment Summary as of May 2023 invoices.
CoSD Medical Case Management			16.66%	#DIV/0!	-	Q1 Apr-Jun Qtrly invoice, available 8/15/23.
CoSD Early Intervention Services			16.66%	#DIV/0!	-	Q1 Apr-Jun Qtrly invoice, available 8/15/23.
Ryan White Part B Total	968,500.00	148,876.65		15%	819,623.35	
Ryan White Part B-MAI Bridge	39,330.00	13,807.49	8%	35%	25,522.51	Part B-MAI Payment Summary as of May 2023 invoices.
Prevention 2023						
<i>Counseling and Testing</i>	180,000.00	69,956.19	33%	39%	110,043.81	Prevention Payment Summary as of May 2023 invoices.
<i>Evaluation/ Linkage Activities/ Needs Assessment</i>	904,008.00	297,274.22	33%	33%	606,733.78	Prevention Payment Summary as of May 2023 invoices.
Prevention Total	1,084,008.00	367,230.41			716,777.59	
CDPH Ending the HIV Epidemic- Component A	\$4,496,525	407,283.00	83%	9.06%	4,089,242.00	Per Payment Summary as of May 2023 invoices.
CDPH Ending the HIV Epidemic- Component C	\$240,000	-	0%	0.00%	240,000.00	CDPH EHE Comp C No Contract.
HRSA Ending the HIV Epidemic- 20-078 FY2324	\$2,555,761	370,026.11	24.99%	14.48%	2,185,734.89	HRSA EHE Payment Summary as of May2023
TOTAL	9,384,124.00	1,307,223.66		14%	8,076,900.34	

RW 2023-24 PART A AWARD INFORMATION				RW 2023-24	
Funding Source				Total RW 2023-24 Award	YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN AS OF MAY 2023
Part A				11,299,699.00	
Part A MAI				773,155.00	
TOTAL AWARD AMOUNT				12,072,854.00	

FY23-24 ALLOCATION BREAK DOWN								
Funding Source	Admin. \$	Admin. %	CQM \$	CQM %	RW 202324 Service dollars	Total	CORE Medical Services	Support Services
Part A	1,129,969	10%	344,282	3%	9,825,449	11,299,699	70%	30%
Part A MAI	66,977	9%	32,932	4%	673,246	773,155		
TOTAL	1,196,945.90		377,213.60		10,498,694.50	12,072,854.00	70%	30%

Ryan White Part A Allocations											
Service Categories	HRSA Ranking	Priority Ranking	RW 2023-24 HPG Allocation as of 08/11/22	%	HPG Approved Actions +/-	RW 2023-24 HPG Total as of today	%	RW 2023-24 Year to Date Expenditure	RW 2023-24 Year-to-Date - The % below is the % of the Budget Spent 25% of Year Elapsed/Invoiced)	RW 2023-24 Balance	Comments
Outpatient Ambulatory Health Services: Primary Care	1l	1	962630	10%	\$ (110,000.00)	852,630.00	9%	223,891.07	26%	628,738.93	\$110,000 decrease by HPG 01/26/23
Outpatient Ambulatory Health Services: Medical Specialty	1l	2	273386	3%		273,386.00	3%	9,013.03	3%	264,372.97	
Psychiatric Medication Management	1j	3	28036	84%	(15,000.00)	13,036.00	0%	1,259.21	10%	11,776.79	\$15,000 decrease by HPG 01/26/23
Oral Health	1k	4	300940	84%	(100,000.00)	200,940.00	2%	25,560.59	13%	175,379.41	\$100,000 decrease by HPG 01/26/23
Medical Case Management	1h	5	1268338	13%	(100,000.00)	1,168,338.00	12%	330,996.98	28%	837,341.02	\$100,000 decrease by HPG 01/26/23
Case Management-Non-Medical for Housing NEW		7	250000	3%	-	250,000.00					
Housing: Emergency Housing	2e	8	530000	5%	480,000.00	1,010,000.00	10%	224,621.51	22%	785,378.49	\$430,000 increase by HPG 01/26/23 \$50,000 increase by Recipient 07/11/23
Housing: Location, Placement and Advocacy Services NEW		9	100000	1%	-	100,000.00					
Housing: Partial Assistance Rental Subsidy (PARS)	2e	10	807507	100%		807,507.00	8%	193,669.39	24%	613,837.61	
Non-Medical Case Management	2h	6	392021	4%		392,021.00	4%	108,301.21	28%	283,719.79	
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF)	1c	11	943317	10%		943,317.00	10%	257,377.21	27%	685,939.79	
Childcare Services	2a	11a	0	0%		-	0%	-	0%	-	
Early Intervention Services: Regional Services	1c	12	800386	8%	-	800,386.00	8%	210,093.68	26%	590,292.32	
Health Education & Risk Reduction	2d	12a	0	0%		-	0%	-	0%	-	
Outreach Services	2j	12b	0	0%		-	0%	-	0%	-	
Referral Services	2l	12c	0	0%		-	0%	-	0%	-	
Referral to Health and Supportive Services (Peer Navigation)		14	400000	4%		400,000.00	4%	65,298.26	16%	334,701.74	
Mental Health: Counseling/Therapy & Support Groups	1j	15	1061062	11%		1,061,062.00	11%	195,567.64	18%	865,494.36	

Service Categories	HRSA Ranking	Priority Ranking	RW 2023-24 HPG Allocation as of 08/11/22	%	HPG Approved Actions +/-	RW 2023-24 HPG Total as of today	%	RW 2023-24 Year to Date Expenditure	RW 2023-24 Year-to-Date - The % below is the % of the Budget Spent 25% of Year Elapsed/Invoiced)	RW 2023-24 Balance	Comments
Psychosocial Support Services		16	60000	1%	(13,256.00)	46,744.00	0%	-	0%	46,744.00	\$60,000 decrease by HPG 01/26/23 \$75,759 increase by HPG 04/26/23 \$29,015 decrease by Recipient 07/11/23
Substance Abuse Services: Outpatient	1m	17	315127	3%	(45,000.00)	270,127.00	3%	66,483.34	25%	203,643.66	\$45,000 decrease by HPG 01/26/23
Substance Abuse Services: Residential	2o	18	0	0%	-	-	0%	-	0%	-	
Home-based Health Care Coordination	1e	19	228500	2%		228,500.00	2%	51,421.38	23%	177,078.62	
Transportation: Assisted and Unassisted	2g	20	142830	1%		142,830.00	1%	31,037.35	22%	111,792.65	
Food Services: Food Bank/Home-Delivered Meals	2c	21	536073	5%	-	536,073.00	5%	65,667.45	12%	470,405.55	
Medical Nutrition Therapy	1i	22	35542	0%		35,542.00	0%	8,106.93	23%	27,435.07	
Legal Services	2i	23	285265	3%		285,265.00	3%	68,416.34	24%	216,848.66	
Emergency Financial Assistance	2b	24	28730	0%	8,126.00	36,856.00	0%	10,667.90	29%	26,188.10	\$8,126 increase by Recipient 06/07/23
Home Health Care	1f	25	0	0%		-	0%	-	0%	-	
Early Intervention Services: HIV Counseling and Testing	1c	26	0	0%		-	0%	-	0%	-	
Cost-Sharing Assistance	1d	27	0	0%	-	-	0%	-	0%	-	
Hospice	1g	28	0	0%		-	0%	-	0%	-	
Subtotal			9,749,690.00	356%	104,870.00	9,854,560.00	96%	2,147,450.47	22%	7,707,109.53	
Ryan White Part A Minority AIDS Initiative (MAI)			RW 2023-24 Allocation as of 08/11/22		HPG Approved Actions +/-	RW 2023-24 MAI Total as of today	%	RW 2023-24 Year to Date Expenditure	RW 2022-23 Year-to-Date - The % below is the % of the Budget Spent 25% of Year Elapsed/Invoiced)	RW 2022-23 Balance	Comments
Case Management (Non-Medical)			71,333.00		-	71,333.00	11%	17,385.18	24%	53,947.82	
Medical Case Management			258,925.00		-	258,925.00	38%	53,240.59	21%	205,684.41	
Mental Health Services			175,739.00		-	175,739.00	26%	11,778.30	7%	163,960.70	
Outreach Services			23,337.00		-	23,337.00	3%	9,887.11	42%	13,449.89	
Substance Abuse Services (Outpatient)			43,912.00		-	43,912.00	7%	17,789.60	41%	26,122.40	
Housing: Emergency Housing			100,000.00		-	100,000.00	15%	44,501.45	45%	55,498.55	
Subtotal			673,246.00		-	673,246.00	100%	154,582.23	23%	518,663.77	
TOTAL			10,422,936.00		104,870.00	10,527,806.00		2,302,032.70	22%	8,225,773.30	

CORE and Support Services allocation break-down			
Services	Total Allocation	Total Expenditure	Total Balance
CORE Medical Services	4,687,977.00	992,670.94	3,695,306.06
Support Services	5,166,583.00	1,154,779.53	4,011,803.47
TOTAL	9,854,560.00	2,147,450.47	7,707,109.53

0.00 variance



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

APPENDIX

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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 (<i>for a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner</i>) 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><i>"A physical or family medical emergency that prevents a member from attending the meeting in person."</i></p> <p>A member is <i>not</i> 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 meeting¹.</p>

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

Additional Requirements for a Member Participating Remotely:

In addition to making a request either for “just cause” or due to an “emergency circumstance” for remote appearance, AB 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 <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 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