



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

MEETING PACKET

THURSDAY, JULY 27, 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 27 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)

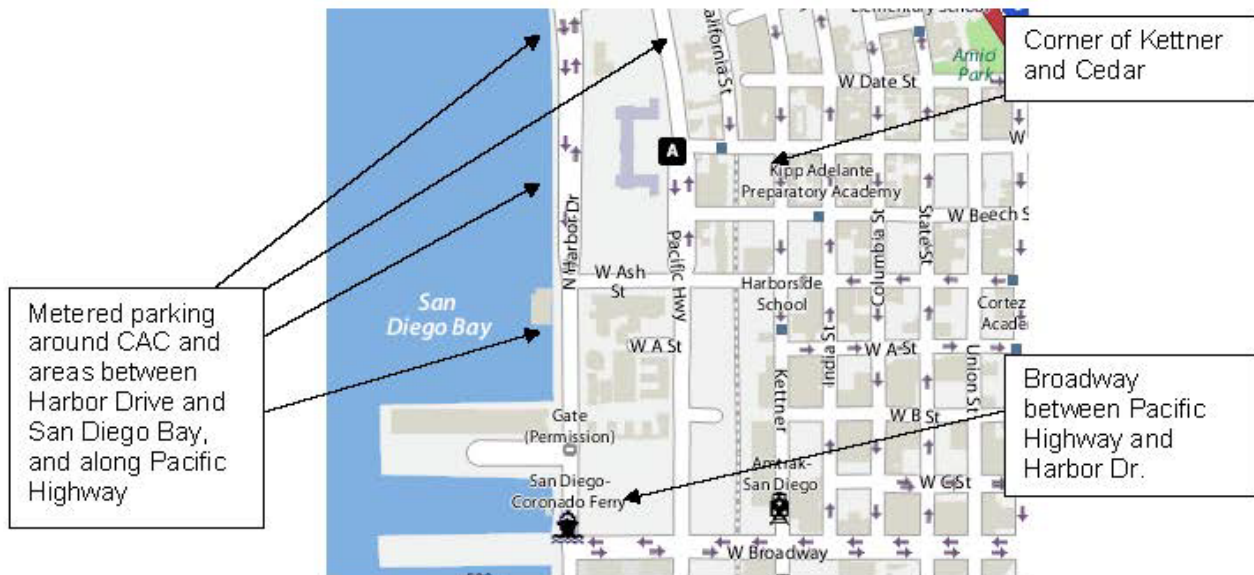


Public parking for the County Administration Center (CAC) is available in the underground parking structure, with the entrance located on Ash Street.

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.

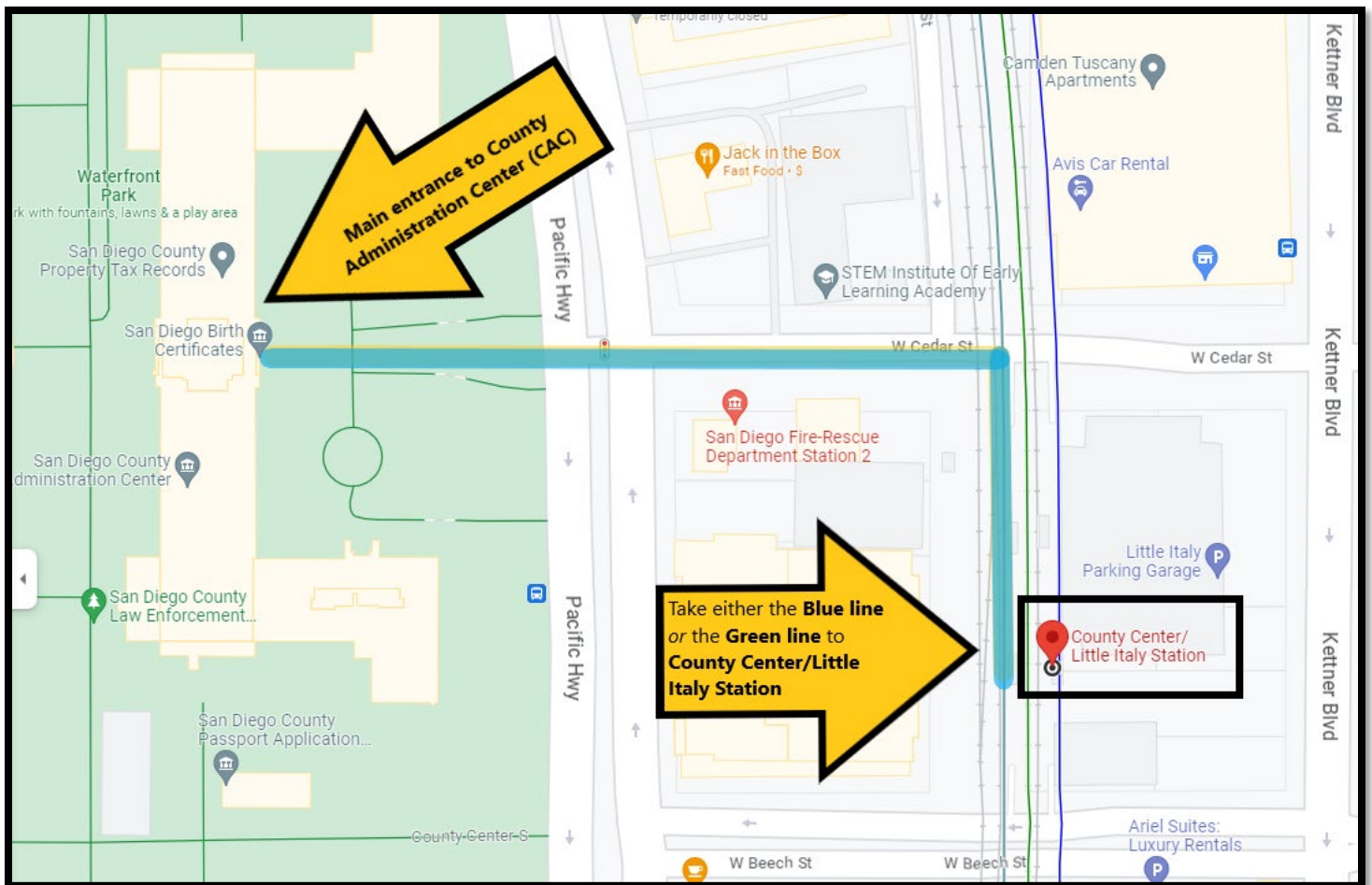
Additional resources and details available on **PAGE 4**.

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	Conflict of Interest
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	Conflict of Interest
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



SAN DIEGO HIV PLANNING GROUP (HPG)
PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)
MEETING AGENDA
THURSDAY, JULY 27, 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.
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: Reginal Carroll, Alberto Cortes, Dr. Beth Davenport, 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 27, 2023
6. Review follow-up items from the last meeting

7. Old Business:
 - a. **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
8. New Business:
 - a. **ACTION:** Recommendations for FY 23 reallocations (current fiscal year, March 1, 2023 – February 29, 2024)
 - b. **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)
9. 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
10. Suggested items for the future committee agenda
11. Announcements
12. Next meeting date: **TBD - August 3, 2023** (if needed) , **from 1:00 PM – 5:00 PM.**
Location: **County Administration Center (CAC) 1600 Pacific Highway, Room 402A, San Diego, CA 92101 AND via WebEx**
13. 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

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
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

*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

*Includes Part B funded services

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

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

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	

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE 2023 WORKPLAN

<p><u>January 12, 2023</u></p> <ul style="list-style-type: none"> • Discuss and plan for the three components of the Needs Assessment process <ul style="list-style-type: none"> ○ 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) 	<p><u>June 15, 2023</u></p> <ul style="list-style-type: none"> • No meeting scheduled
<p><u>February 9, 2023</u></p> <ul style="list-style-type: none"> • Review service categories that underspend(monthly) • Service utilization report (monthly report) 	<p><u>June 22, 2023 (4-hour meeting for review of data)</u></p> <ul style="list-style-type: none"> • Review data on HIV Care Continuum/ Unaware Estimate & discuss findings <ul style="list-style-type: none"> ○ 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

	<ul style="list-style-type: none"> 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)
<u>March 9, 2023</u> <ul style="list-style-type: none"> 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) 	<u>June 29, 2023</u> <ul style="list-style-type: none"> No meeting (Thursday before Independence Day weekend)
<u>April 13, 2023</u> <ul style="list-style-type: none"> No meeting scheduled 	<u>July 6, 2023</u> <ul style="list-style-type: none"> No meeting scheduled
<u>May 11, 2023</u> <ul style="list-style-type: none"> 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) 	<u>July 20, 2023 (4-hour meeting for FY 24 priority setting budget allocation)</u> <ul style="list-style-type: none"> 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
<u>June 1, 2023</u> <ul style="list-style-type: none"> No meeting scheduled 	<u>July 27, August 3 and/or 10, 2023 (if needed)</u> <ul style="list-style-type: none"> 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)

	<ul style="list-style-type: none"> • Service utilization report (monthly report)
<p><u>June 8, 2023 4-hour meeting to review data</u></p> <ul style="list-style-type: none"> • Review data on HIV Care Continuum/ Unaware Estimate & discuss findings <ul style="list-style-type: none"> ○ 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 	<p><u>September 7 and/or October 12, 2023</u></p> <ul style="list-style-type: none"> • 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

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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