PRIORITY SETTING AND RESOURCE ALLOCATION COMMITTEE (PSRAC)

Thursday, July 30, 2026, 1:00 PM – 4:00 PM
Southeastern Live Well Center
5101 Market Street, San Diego, CA 92114
Meeting Rooms B & C

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

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Meeting Location & Directions:

Priority Setting and Resource Allocation Committee (PSRAC)
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Visitor/Employee parking available in parking structure. Main entrance can be accessed by exiting the parking structure on the 2nd floor and walking down the sidewalk to the left.

FROM I-805 SOUTH:

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

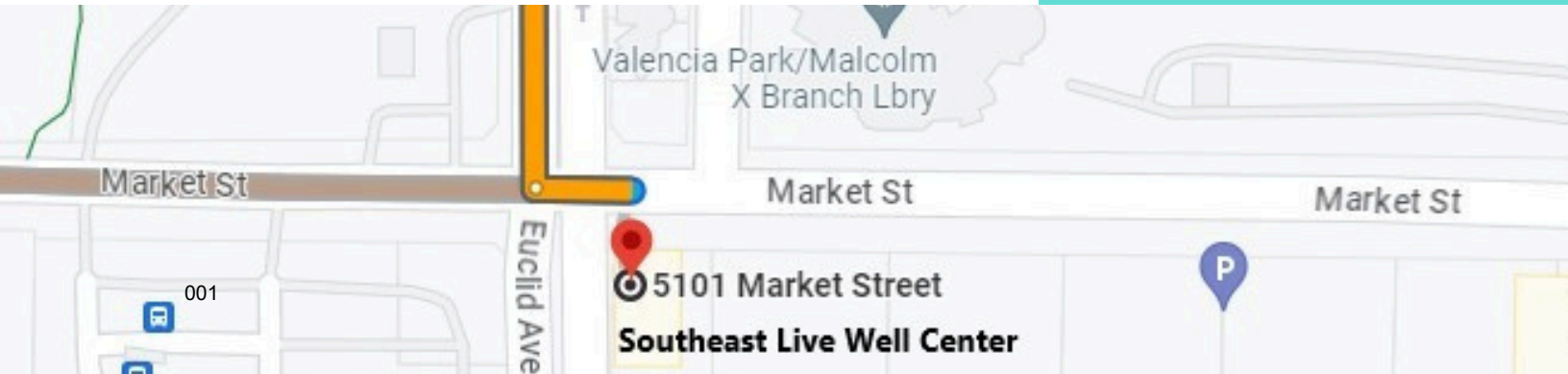
FROM I-805 NORTH:

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

PUBLIC TRANSPORTATION

MTS Trolley:
Orange Line

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



PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

Thursday, July 30, 2026, 1:00 PM – 4:00 PM
Southeastern Live Well Center
5101 Market Street, San Diego, CA 92114
Meeting Rooms B & C

To participate remotely via Zoom:
https://us06web.zoom.us/j/82979385521?pwd=ucUoVVtBupxbdBxothszYHHlP2luoC.1
Join the meeting via phone: 1-669-444-9171
Meeting ID: 829 7938 5521 | **Password:** PSRAC
Language translation services are available upon request at least 96 hours prior to the meeting.
Please contact HPG Support Staff via e-mail at hpg.hhsa@sdcounty.ca.gov.

A quorum for this meeting is seven (7)

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

ORDER OF BUSINESS

1. Call to order, roll call, comments from the chair
2. Reminders
    a. **Review Committee Charge**
    b. **Committee members' Conflicts of Interest:** Disclose areas of financial interest (e.g., employment); Refrain from participation in related votes.
    c. **Areas NOT the purview of this committee:** Selection of contractors; contract details; how contractors implement contracted services (e.g., staff salaries). These are the sole purview of the Recipient.
    d. **Focus on service priorities, not on specific service providers**
    e. **Rules for the meeting** (as necessary): Committee members are limited to two (2) minutes per comment and limited to two (2) comments per item; public comments are welcome at the beginning and prior to each agenda item, limited to two (2) minutes so that all have an opportunity to participate.
3. Public comment on non-agenda items (for members of the public)
4. Sharing our concerns (for committee members)
5. **ACTION**: Approve the PSRAC agenda for July 30, 2026
6. Old Business:
    a. None
7. New Business:
    a. **ACTION**: Recommendations for FY 26 reallocations (current fiscal year, March 1, 2026 – February 28, 2027)
    b. **ACTION**: Approve additional recommendations to the HIV Planning Group for funding allocations in level and reduced scenarios for FY 27 (March 1, 2027 – February 29, 2028) based on FY26 final award notification

c. **ACTION***:* Approve recommendations for how services should be organized and delivered (service delivery recommendations/service directives) in FY 27 (March 1, 2027 – February 29, 2028)

8. Routine Business:
   a. **Review**: Monthly and year-to-date expenditures
   b. **Update**: Partial Assistance Rent Subsidy (PARS) and Emergency Housing
   c. **Review**: Monthly and year-to-date service utilization report
   d. **Review**: Committee attendance
9. Suggested agenda items for the future committee meetings
10. Announcements

    Next meeting date: September 10, 2026, at 3:00 PM – 5:00 PM
    Location: Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114 (Meeting Rooms B & C)
11. Adjournment

Principles for PSRA Decision-Making Process	**Criteria for the PSRA Decision-Making Process**
Principles Guiding Decision Making (Priorities should reflect the Principles) 1. Decisions are made in an open, transparent process 2. Decisions are based on documented needs (Needs assessment, etc.) 3. Decisions are based on overall needs within the service area, not narrow single focus concerns 4. Decisions include reports from the Needs Assessment committee of the HIV Planning Group 5. Services should be responsive to the epidemiology of HIV in San Diego, including demographics and region 6. Services must be culturally and linguistically appropriate and responsive 7. Services should focus on the needs of low-income, underserved, and disproportionately impacted populations 8. Services should minimize disparities in the availability and quality of treatment for HIV/AIDS 9. Equitable access to services should be provided across subpopulations and regions	**Criteria for Priority Setting** 1. Documented need based on: a. Epidemiology of San Diego epidemic (Epi data) b. Needs and unmet needs expressed in needs assessment, including the needs expressed by consumers, not in care and/or from historically underserved communities (Needs assessment data) 2. Minimize disparities in the availability and quality of treatment for HIV/AIDS (Demographic service utilization data compared to HIV/AIDS demographic) 3. Quality, outcome effectiveness, and cost-effectiveness of services (Measured by service category outcomes, CQM, and client satisfaction data by service category) 4. Consumer preferences or priorities for interventions or services, particularly for populations with severe need, historically underserved communities, or those who know their status but are not in care 5. Consistency with the continuum of care

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

PSRAC CONFLICT OF INTEREST (COI) SHEET

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

No Conflicts

Aguirre Mendoza, Marco
Fleming, Tyra
Garland, Kalee

Jacobs, Delores
Kubricky, Cinnamen

Revised 6/9/26

RW 2026-27 PART A AWARD INFORMATION	
Funding Source	Total RW 2026-27 Award
Part A	11,867,256.00
Part A MAI	886,480.00
TOTAL AWARD AMOUNT	**12,753,736.00**

RW 2026-27

YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN

Through June 2026

FY26-27 ALLOCATION BREAK DOWN								
Funding Source	Admin. $	Admin. %	CQM $	CQM %	RW 2025-26 Service dollars	Total	CORE Medical Services	Support Services
Part A	1,151,330	10%	321,702	3%	10,394,224	11,867,256	60.86%	39.14%
Part A MAI	81,248	9%	34,092	4%	771,140	886,480		
TOTAL	**1,232,578.20**		**355,794.00**		**11,165,364.00**	**12,753,736.20**	**61%**	**39%**

Ryan White Part A Allocations								% Elapsed	33%		
Service Categories	Priority Ranking *(PSRAC recommendation)*	RW 2026-27 HPG Initial Allocation	%	HPG & Recipient Approved Actions +/-	RW 2026-27 HPG Adjusted Allocation	%	RW 2026-27 Year to Date Expenditure	RW 2026-27 Year-to-Date - % Expenditure/Budget)	RW 2026-27 Balance	Comments
Outpatient Ambulatory Health Services (OAHS)	1	**1,996,037.00**	**22%**	-	**1,996,037.00**	**20%**	589,296.47	**30%**	**1,406,740.53**	
Mental Health	3	**603,500.00**	**7%**	**327,730.00**	**931,230.00**	**9%**	270,326.93	**29%**	**660,903.07**	
Oral Health	2	**336,699.00**	**4%**	-	**336,699.00**	**3%**	25,997.73	**8%**	**310,701.27**	
Medical Case Management	6	**1,151,853.00**	**13%**	**193,953.00**	**1,345,806.00**	**13%**	463,121.36	**34%**	**882,684.64**	
Non-Medical Case Management	7	**392,021.00**	**4%**	**122,855.00**	**514,876.00**	**5%**	184,958.29	**36%**	**329,917.71**	
Housing	4	**2,005,781.00**	**22%**	-	**2,005,781.00**	**20%**	698,578.12	**35%**	**1,307,202.88**	
Childcare Services	9	-	**0%**	**27,573.00**	**27,573.00**	**0%**	9,353.88	**34%**	-	
Early Intervention Services (EIS)	12	**753,000.00**	**8%**	**195,596.00**	**948,596.00**	**9%**	281,555.90	**30%**	**667,040.10**	
Health Education & Risk Reduction	19	-	**0%**	-	-	**0%**	-	**0%**	-	
Outreach Services	12b	-	**0%**	-	-	**0%**	-	**0%**	-	
Psychosocial Support Services	13	**46,744.00**	**1%**	-	**46,744.00**	**0%**	46,744.00	**100%**	-	*Future expenditures to be allocated/paid by HRSA EHE*
Referral for Health Care and Support Services	8	**268,852.00**	**3%**	**110,197.00**	**379,049.00**	**4%**	103,900.65	**27%**	**275,148.35**	

Ryan White Part A Allocations							% Elapsed	33%		
Service Categories	**Priority Ranking** *(PSRAC recommendation)*	**RW 2026-27 HPG Initial Allocation**	**%**	**HPG & Recipient Approved Actions +/-**	**RW 2026-27 HPG Adjusted Allocation**	**%**	**RW 2026-27 Year to Date Expenditure**	**RW 2026-27 Year-to-Date - % Expenditure/Budget)**	**RW 2026-27 Balance**	**Comments**
Other Professional Services	17	**285,265.00**	**3%**	**(261,493.00)**	**23,772.00**	**0%**	22,616.35	**95%**	**1,155.65**	*Future expenditures to be allocated/paid by Part B*
Substance Use Treatment Services: Outpatient	5	**313,127.00**	**3%**	**-**	**313,127.00**	**3%**	101,337.18	**32%**	**211,789.82**	
Substance Use Treatment Services: Residential	16	**-**	**0%**	**-**	**-**	**0%**	-	**0%**	**-**	
Home and Community-Based Health Services	18	**200,500.00**	**2%**	**28,000.00**	**228,500.00**	**2%**	59,761.89	**26%**	**168,738.11**	
Medical Transportation	15	**101,830.00**	**1%**	**15,253.00**	**117,083.00**	**1%**	27,175.34	**23%**	**89,907.66**	
Food Bank/Home-Delivered Meals	10	**536,073.00**	**6%**	**233,493.00**	**769,566.00**	**8%**	247,949.10	**32%**	**521,616.90**	
Medical Nutrition Therapy	11	**35,542.00**	**0%**	**-**	**35,542.00**	**0%**	11,255.29	**32%**	**24,286.71**	
Emergency Financial Assistance	14	**61,856.00**	**1%**	**-**	**61,856.00**	**1%**	19,666.80	**32%**	**42,189.20**	
	Subtotal	**9,088,680.00**	**100%**	**993,157.00**	**10,081,837.00**	**100%**	**3,163,595.28**	**31%**	**6,918,241.72**	
Ryan White Part A Minority AIDS Initiative (MAI)		**RW 2026-27 HPG Initial Allocation**		**HPG & Recipient Approved Actions +/-**	**RW 2026-27 HPG Adjusted Allocation**	**%**	**RW 2026-27 Year to Date Expenditure**	**RW 2026-27 Year-to-Date - % Expenditure/Budget)**	**RW 2026-27 Balance**	**Comments**
Case Management (Non-Medical)		45,657.45		-	45,657.45	7%	13,407.20	**29%**	32,250.25	
Medical Case Management		321,317.37		-	321,317.37	46%	51,244.18	**16%**	270,073.19	
Mental Health Services		102,108.29		-	102,108.29	15%	29,205.69	**29%**	72,902.60	
Outreach Services		18,536.45		-	18,536.45	3%	5,677.08	**31%**	12,859.37	
Substance Use Services (Outpatient)		114,639.70		-	114,639.70	16%	38,287.50	**33%**	76,352.20	
Emergency Housing Assistance		100,000.00		-	100,000.00	14%	30,018.34	**30%**	69,981.66	
	Subtotal	**702,259.26**		**-**	**702,259.26**	**100%**	**167,840.00**	**24%**	**534,419.26**	
	TOTAL	**9,790,939.26**		**993,157.00**	**10,784,096.26**		**3,331,435.28**	**31%**	**7,452,660.98**	

CORE and Support Sevices Allocation Breakdown						
	Total Allocation	**% Allocated**	**Total Expenditure**	**% Spent**	**Total Balance**	**% Balance**
CORE Medical Services	**6,135,537.00**	**60.86%**	**1,802,652.75**	**29.38%**	**4,332,884.25**	**70.62%**
Support Services	**3,946,300.00**	**39.14%**	**1,360,942.53**	**34.49%**	**2,585,357.47**	**65.51%**
TOTAL	**10,081,837.00**		**3,163,595.28**		**6,918,241.72**	

Disclaimer: this may include certain expenditures from the subsequent month

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

YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN THROUGH JUNE 2026						
RW 2026-27 SERVICE DOLLAR ALLOCATIONS AND EXPENDITURES						
Funding Source	**RW 2026/2027 Service Dollars**	**Contract YTD Expenditure**	**% of Year Invoiced**	**% Spent**	**Balance**	**Comments**
Ryan White Part B						
Outpatient Ambulatory Health Services (Medical)	-	-	25.00%	0%	-	Part A Payment Summary (Part B funding)
Early Intervention Services (Expanded HIV Testing)	-	-	25.00%	0%	-	Part A Payment Summary (Part B funding)
Early Intervention Services (Focused Testing)	-	-	25.00%	0%	-	Part B Payment Summary
Medical Case Management (Emergency Financial Assistance)	165,707.89	$31,015.00	25.00%	18.72%	134,692.89	Part B Payment Summary
Housing (Substance Use Services-Residential)	921,547.83	$255,480.00	25.00%	27.72%	666,067.83	Part B Payment Summary
Non-Medical Case Management (Rep Payee)	66,561.28	$11,750.00	25.00%	17.65%	54,811.28	Part B Payment Summary
CoSD Medical Case Management	-	-	25.00%	0%	-	Part B Cost Report
CoSD Early Intervention Services	-	-	25.00%	0%	-	Part B Cost Report
Ryan White Part B Total	**1,153,817.00**	**298,245.00**			**855,572.00**	
Prevention (27-0047) - HIP						
Testing / Evaluation / Linkage / Planning / Prevention / Social Media	863,331.00	70,685.30	33%	8.19%	792,645.70	Payment Summary
Prevention Total	**863,331.00**	**70,685.30**			**792,645.70**	
HRSA Ending the HIV Epidemic (EHE) - 25-063 FY26-27						
HRSA EHE	2,163,914.00	593,067.00	33%	27.41%	1,570,847.00	Payment Summary
EHE Total	**2,163,914.00**	**593,067.00**			**1,570,847.00**	
TOTAL	**4,181,062.00**	**961,997.30**			**3,219,064.70**	

SUMMARY OF SERVICES FOR FY26

March 1, 2026 - February 28, 2027

RYAN WHITE SERVICES		Mar	Apr	May	Jun	Year To Date Total	Prior Year Total**
FY 2026-2027							
Total clients served each month	Clients	1,400	1,409	1,381	1,143		
New clients in FY26	Clients	1,400	441	289	179	**2,309**	
Returning FY26 clients	Clients	-	968	1,092	964		
VIRAL LOAD SUPPRESSION							
Virally suppressed	Clients			961			
% Virally suppressed				94%			
With Test	Tests			1,018			
Without Test	Tests			125			
CORE MEDICAL SERVICES							
Outpatient/Ambulatory Health Services*	15-min	415	450	413	274	**1,552**	
	Clients	271	303	281	198	**749**	
Mental Health Services	15-min	960	832	796	471	**3,059**	
	Clients	108	98	105	65	**157**	
Oral Health Care	15-min	45	67	55	32	**199**	
	Clients	38	53	42	21	**105**	
Early Intervention Services	15-min	2,927	1,511	1,717	1,597	**7,752**	
	Clients	418	428	440	407	**837**	
Medical Case Management	15-min	2,622	2,592	3,057	2,577	**10,848**	
	Clients	391	370	411	404	**595**	
Substance Use Outpatient Care	15-min	1,189	1,378	1,286	1,294	**5,147**	
	Clients	37	40	42	45	**61**	
Home and Community-Based Health Services	Units***	339	322	229	270	**1,160**	
	Clients	27	28	27	27	**33**	
Medical Nutrition Therapy	15-min	19	32	31	30	**112**	
	Clients	10	17	18	14	**28**	

SUMMARY OF SERVICES FOR FY26

March 1, 2026 - February 28, 2027

RYAN WHITE SERVICES		Mar	Apr	May	Jun	Year To Date Total	Prior Year Total**
SUPPORT SERVICES							
Emergency Financial Assistance	Trans.	86	130	108	75	**399**	
	Clients	77	101	91	69	**174**	
Non-Medical Case Mangement Services	15-min	758	850	794	814	**3,216**	
	Clients	127	126	129	120	**210**	
Housing	Units***	3,398	3,285	3,374	3,219	**13,276**	
	Clients	158	149	157	136	**282**	
Child Care Services	Hours	87	35	37	42	**201**	
	Clients	6	7	10	7	**17**	
Referral for Health Care and Support Services	15-min	-	-	-	-	**0**	
	Clients	-	-	-	-	**0**	
Other Professional Services (Legal Services)	15-min	21	30	20	26	**97**	
	Clients	12	12	9	12	**38**	
Medical Transportation	Trans.	457	492	525	373	**1,847**	
	Clients	177	173	186	145	**306**	
Food Bank/Home Delivered Meals	Bags	4,289	8,880	10,233	9,924	**33,326**	
	Clients	160	120	146	-	**192**	
Substance Use Services (Residential)*	Days	520	540	508	-	**1,568**	
	Clients	24	22	18	-	**29**	
Psychosocial Support Services	Units***	52	69	71	48	**240**	
	Clients	16	24	24	27	**35**	
MAI SERVICES							
Medical Case Management Services	15-min	171	142	205	272	**790**	
	Clients	29	16	26	34	**53**	
Mental Health Services	15-min	84	71	77	84	**316**	
	Clients	8	10	10	10	**23**	
Substance Use Outpatient Care	15-min	282	227	263	153	**925**	
	Clients	38	31	30	22	**56**	
Housing	Trans.	11	5	2	29	**47**	
	Clients	4	5	2	3	**14**	
Non-Medical Case Management Services	15-min	70	105	161	122	**458**	
	Clients	15	15	14	14	**22**	

**Includes Part B funded services*

***Due to HPG request in early 2026 to revise the service utilization report to include new service categories, FY26 data cannot be compared to FY25 data*

****Includes multiple units of service, which can include 15-minute sessions, transactions, and days*

SUMMARY OF SERVICES FOR FY26
March 1, 2026 - February 28, 2027

UNDUPLICATED CLIENT DEMOGRAPHICS	Number of Clients	% of Client Total	Client Total
FY 2026-2027			
Race/Ethnicity			
White (not Hispanic)	427	18.49%	
Black or African American (not Hispanic)	257	11.13%	
Hispanic or Latino(a)	1,385	59.98%	
Asian	38	1.65%	
American Indian/Alaska Native	13	0.56%	
Multi-Race	27	1.17%	
Native Hawaiian/Pacific Islander	5	0.22%	
Race data not in HCC	157	6.80%	**2,309**
Gender			
Male	1,753	75.92%	
Female	445	19.27%	
Transgender FtM	1	0.04%	
Transgender MtF	82	3.55%	
Other	3	0.13%	
Client Refused to Report	25	1.08%	**2,309**
Age Categories			
< 2	9	0.39%	
02-12	3	0.13%	
13-24	50	2.17%	
25-44	894	38.72%	
45-64	1,047	45.34%	
65 and over	306	13.25%	**2,309**
Poverty Level			
<138%	1,630	70.59%	
138-199%	271	11.74%	
200-299%	180	7.80%	
300-399%	58	2.51%	
400-499%	13	0.56%	
500-599%	1	0.04%	
>600%	13	0.56%	
Financial data not in HCC	143	6.19%	**2,309**
HRSA Housing Status*			
Stable/Permanent	1,677	72.63%	
Temporary	237	10.26%	
Unstable	195	8.45%	
Housing Status not in HCC	200	8.66%	**2,309**
San Diego Region			
Central	661	28.63%	
East	145	6.28%	
South Bay	476	20.61%	
Southeast	188	8.14%	
North Coastal	228	9.87%	
North Inland	87	3.77%	
North Central	149	6.45%	
Zip Code not in HCC	375	16.24%	**2,309**

**HCC reporting does not currently allow for identifying the collection date for a client's living situation, so data provided includes most recent living situation for each client, regardless of collection date*

SUMMARY OF SERVICES FOR FY26
March 1, 2026 - February 28, 2027

WICY PRIMARY SERVICE CATEGORY UTILIZATION, BY SEX ASSIGNED AT BIRTH	Number of Clients	% of Client Total	Client Total
FY 2026-2027			
Child Care Services			
Female	17	100.00%	
Male	0	0.00%	
Other	0	0.00%	**17**
Early Intervention Services			
Female	241	28.79%	
Male	592	70.73%	
Other	4	0.48%	**837**
Medical Case Management Services			
Female	206	33.83%	
Male	401	65.85%	
Other	2	0.33%	**609**
Mental Health Services			
Female	34	20.48%	
Male	131	78.92%	
Other	1	0.60%	**166**
Medical Transportation Services			
Female	129	42.16%	
Male	176	57.52%	
Other	1	0.33%	**306**
Non-Medical Case Management Services			
Female	71	31.84%	
Male	152	68.16%	
Other	0	0.00%	**223**
Referral for Health Care and Support Services			
Female	0		
Male	0		
Other	0		**0**

SUMMARY OF SERVICES FOR FY26
March 1, 2026 - February 28, 2027

WICY PRIMARY SERVICE CATEGORY UTILIZATION, BY GENDER	Number of Clients	% of Client Total	Client Total
FY 2026-2027			
Child Care Services			
Female	17	100.00%	
Male	0	0.00%	
Transgender	0	0.00%	
Other	0	0.00%	
Client Refused to Report	0	0.00%	**17**
Early Intervention Services			
Female	246	29.39%	
Male	552	65.95%	
Transgender	37	4.42%	
Other	0	0.00%	
Client Refused to Report	2	0.24%	**837**
Medical Case Management Services			
Female	207	33.99%	
Male	362	59.44%	
Transgender	39	6.40%	
Other	1	0.16%	
Client Refused to Report	0	0.00%	**609**
Mental Health Services			
Female	36	21.69%	
Male	118	71.08%	
Transgender	12	7.23%	
Other	0	0.00%	
Client Refused to Report	0	0.00%	**166**
Medical Transportation Services			
Female	130	42.48%	
Male	160	52.29%	
Transgender	15	4.90%	
Other	1	0.33%	
Client Refused to Report	0	0.00%	**306**
Non-Medical Case Management Services			
Female	72	32.29%	
Male	144	64.57%	
Transgender	7	3.14%	
Other	0	0.00%	
Client Refused to Report	0	0.00%	**223**
Referral for Health Care and Support Services			
Female	0		
Male	0		
Transgender	0		
Other	0		
Client Refused to Report	0		**0**

FY 27 Service Priority Ranking Worksheet

Categories in BOLD = core services

Categories in Light Blue = service categories with $0 allocation

SERVICE CATEGORY	HPG Approved FY 26 Priority Ranking	FY 27 PSRAC Recommendations
Outpatient Ambulatory Health Services (OAHS)	**1**	**1**
Mental Health	**3**	**3**
Oral Health	**2**	**2**
Medical Case Management	**6**	**6**
Non-Medical Case Management	7	7
Housing	4	4
Childcare Services	9	9
Early Intervention Services (EIS)	**12**	**12**
Health Education & Risk Reduction	19	19
Outreach Services	12b	12b
Psychosocial Support Services	13	13
Referral for Health Care and Support Services	8	8
Other Professional Services	17	17
Substance Use Treatment Services: Outpatient	**5**	**5**
Substance Use Treatment Services: Residential	16	16
Home and Community-Based Health Services	**18**	**18**
Medical Transportation	15	15
Food Bank/Home-Delivered Meals	10	10
Medical Nutrition Therapy	**11**	**11**
Emergency Financial Assistance	14	14

HPG FY27 Part A & MAI Allocation Worksheet

Level Scenario Remaining Balance													Level Scenario Remaining Balance 0			Reduction Scenario Amount (-2.5%) 9,829,791		
$0		FY23 Final Expenditures			FY24 Final Expenditures			FY25 Final Expenditures			FY26 Allocations			FY27 PSRAC Recommendations			PSRAC Recommendations for FY27 Reduced Funding Scenario		
SERVICE CATEGORY	FY27 Priority Rank	FY23			FY24			FY25			FY26			FY27			FY27		
		Allocated	Expended	% Budget Spent (Expended vs Allocated)	Allocated	Expended	% Budget Spent (Expended vs Allocated)	Allocated	Expended	% Budget Spent (Expended vs Allocated)	Allocated	Expended through June 2026 (33%)	% Budget Spent (Expended vs Allocated) 33% elapsed	Approved FY27 Allocation Recommendations	PROPOSED CHANGES (+ / -)	Approved FY27 Allocation Recommendations	Approved Allocations (based on FY27)	PROPOSED REDUCTIONS	Approved FY27 Allocations (if funding is reduced)
Outpatient Ambulatory Health Services (OAHS)	1	1,476,727	1,232,173	83%	2,123,742	1,339,964	63%	1,377,319	1,804,300	131%	1,996,037	589,296	30%	1,996,037	-	1,996,037	1,996,037	(44,831)	1,951,206
Mental Health	3	1,134,063	1,012,017	89%	890,544	821,952	92%	772,768	703,964	91%	931,230	270,327	29%	931,230	57,215	988,445	931,230		931,230
Oral Health	2	174,728	171,165	98%	241,571	168,489	70%	258,787	134,912	52%	336,699	25,998	8%	336,699	(36,699)	300,000	336,699	(36,699)	300,000
Medical Case Management	6	1,538,951	1,497,644	97%	1,329,528	1,306,612	98%	1,221,743	1,290,835	106%	1,345,807	463,121	34%	1,345,807	-	1,345,807	1,345,807		1,345,807
Non-Medical Case Management	7	626,409	610,775	98%	548,316	519,715	95%	439,763	490,049	111%	514,875	184,958	36%	514,875	-	514,875	514,875		514,875
Housing	4	2,057,506	1,926,782	94%	1,978,229	1,650,835	83%	2,491,207	2,059,474	83%	2,005,781	698,578	35%	2,005,781	-	2,005,781	2,005,781		2,005,781
Childcare Services	9	32,737	33,544	102%	39,661	39,660	100%	36,567	35,031	96%	27,573	9,354	34%	27,573	-	27,573	27,573		27,573
Early Intervention Services (EIS)	12	1,395,730	1,308,749	94%	1,079,302	1,019,337	94%	1,076,462	954,963	89%	948,596	281,556	30%	948,596	-	948,596	948,596		948,596
Health Education & Risk Reduction	19	-	-		-	-		-	-		-	-		-	-	-	-		-
Outreach Services	12b	106,370	117,712	111%	79,633	79,632	100%	65,485	65,485	100%	-	-		-	-	-	-		-
Psychosocial Support Services	13	-	-		-	-		46,744	35,025	75%	46,744	46,744	100%	46,744	(46,744)	-	46,744	(46,744)	-
Referral for Health Care and Support Services	8	507,384	412,549	81%	305,965	287,931	94%	299,038	260,880	87%	379,049	103,901	27%	379,049	-	379,049	379,049		379,049
Other Professional Services	17	285,265	284,652	100%	285,265	285,233	100%	285,265	280,368	98%	23,772	22,616	95%	23,772	(23,772)	-	23,772	(23,772)	-
Substance Use Treatment Services: Outpatient	5	288,587	267,982	93%	313,127	312,838	100%	354,137	344,418	97%	313,127	101,337	32%	313,127	-	313,127	313,127		313,127
Substance Use Treatment Services: Residential	16	-	-					-	-		-	-		-	-	-	-		-
Home and Community-Based Health Services	18	228,500	207,239	91%	155,380	107,677	69%	217,759	218,811	100%	228,500	59,762	26%	228,500	-	228,500	228,500		228,500
Medical Transportation	15	183,693	140,927	77%	165,506	151,567	92%	114,787	104,070	91%	117,083	27,175	23%	117,083	-	117,083	117,083		117,083
Food Bank/Home-Delivered Meals	10	531,573	467,213	88%	536,073	535,362	100%	606,163	599,387	99%	769,566	247,949	32%	769,566	(100,000)	669,566	769,566	(100,000)	669,566
Medical Nutrition Therapy	11	35,542	34,397	97%	35,542	33,693	95%	35,542	34,807	98%	35,542	11,255	32%	35,542	-	35,542	35,542		35,542
Emergency Financial Assistance	14	68,356	57,486	84%	79,660	67,238	84%	706,174	554,164	78%	61,856	19,667	32%	61,856	150,000	211,856	61,856		61,856
Part A TOTALS		**10,672,121**	**9,783,006**	92%	**10,187,044**	**8,727,736**	86%	**10,405,710**	**9,970,941**	96%	**10,081,837**	**3,163,595**	31%	**10,081,837**	**-**	**10,081,837**	**10,081,837**	**(252,046)**	**9,829,791**
Minority AIDS Initiative (MAI)																			
Case Management (Non-Medical)		71,333	54,526	76%	57,766	49,790	86%	96,555	34,308	36%	45,657	13,407	29%	45,657	-	45,657	45,657		45,657
Medical Case Management		258,925	193,812	75%	231,232	227,473	98%	270,774	225,266	83%	321,317	51,244	16%	321,317	(6,464)	314,853	321,317	(17,556)	303,761
Mental Health Services		175,739	137,462	78%	216,281	155,635	72%	97,479	61,634	63%	102,108	29,206	29%	102,108	-	102,108	102,108		102,108
Outreach Services		23,337	32,795	141%	24,224	19,895	82%	43,849	18,731	43%	18,536	5,677	31%	18,536	6,464	25,000	18,536		18,536
Substance Abuse Services (Outpatient)		43,912	79,672	181%	63,680	59,058	93%	144,802	105,207	73%	114,640	38,288	33%	114,640	-	114,640	114,640		114,640
Emergency Housing		100,000	52,722	53%	100,000	92,377	92%	100,000	73,828	74%	100,000	30,018	30%	100,000	-	100,000	100,000		100,000
Early Intervention Services (EIS)								7,303	7,297	100%									
Peer Navigation								10,377	10,364	100%									
MAI TOTALS		**673,246**	**550,988**	82%	**693,183**	**604,228**	87%	**753,459**	**518,973**	69%	**702,259**	**167,840**	24%	**702,259**	**-**	**702,259**	**702,259**	**(17,556)**	**684,703**
GRAND TOTALS		**11,345,367**	**10,333,993**	91%	**10,880,227**	**9,331,965**	86%	**11,159,169**	**10,489,914**	94%	**10,784,096**	**3,331,435**	31%	**10,784,096**	**-**	**10,784,096**	**10,784,096**	**(269,602)**	**10,514,494**

San Diego HIV Planning Group
PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE

COMBINED KEY DATA FINDINGS AND PRESENTATIONS 2026

San Diego HIV Planning Group
Priority Setting and Resource Allocation Committee

2026 Key Data Findings

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

Approved <>

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

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

- Live in San Diego County
- Have an income at or below 600% Federal Poverty Level (FPL)* ($95,760 annually for a household of one)
- Have a confirmed HIV diagnosis (except in service categories that permit services to HIV-negative and unaware)
- Have no other payer for the service

All clients must be re-assessed for eligibility every 12 months.

The chart, beginning on page 2, notes service-specific guidelines for each Ryan White service provided in the County.

*The FPL changes every year and is usually published within the first few months of each calendar year. The 2026 600% FPL is $95,760 annually for a household of one (adjusted for additional family members).

Definitions:
Medical Provider = Medical Doctor (MD or DO), Nurse Practitioner (NP), Physician Assistant (PA)

Clinical Provider = Medical Doctor (MD or DO), Nurse Practitioner (NP), Physician Assistant (PA), Registered Nurse (RN), Licensed Vocational Nurse (LVN), Case Manager (CM), Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT)

Mental Health Provider = Psychiatrist (a Medical Doctor, MD or DO), Psychologist (PhD or PsyD), Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT)

Dental Provider = Dentist (DDS or DDM), Dental Specialist (DDS or DDM)

© = Core Medical Service

Blue lettering = Service category with $0 allocated currently or not presently procured/deployed

San Diego County EMA Ryan White Treatment Extension Act (RWTEA) Parts A/B
SERVICE SPECIFIC CRITERIA

Service Category/Ranking	Criteria	Limitations	Requires Referral
1. **Outpatient Ambulatory Health Services (OAHS)**	No additional guidelines Medical Specialty: Must have a referral from Ryan White HIV Primary Care provider	Emergency room or urgent care services are not considered outpatient settings. There are no annual limits on the number of services provided. Medical Specialty: Requests triaged based on medical necessity, HIV relatedness and urgency. Limited to those services authorized by the County of San Diego HSHB specialty services provider.	• Medical Provider for Medical Specialty
2. **Oral Health Care (Dental Care)**	Must have a referral from Ryan White Primary Care provider	Primary dental services are available as medically necessary or as required to treat pain. Dental specialty is limited to procedures to support palliative and medically necessary dental care outside of primary dental care setting. Service specifically excludes dental implants (with four specific exceptions)	• Medical provider • Dental provider for dental specialty service
3. **Mental Health**	Counseling and Therapy/Support Groups may be requested or be referred by providers or case manager. Must have a confirmed mental health diagnosis, and/or referral for specialized psychiatric care from a medical or mental health provider	Case is closed when all action items on the care plan are competed, and medical care is stabilized. There are no annual limits on the number of services provided.	• Self-Referral • Medical or Mental health provider for Psychiatric Medication Management
4. **Housing**	**Partial Assistance Rental Subsidy (PARS)** Must not receive other subsidized housing, either tenant-based or project-based Because all housing support provided under Ryan White is temporary, a housing transition plan is required to ensure clients maintain housing self-sufficiency at the conclusion of assistance. All clients enrolled in the Partial Assistance Rental Subsidy (PARS) program must also enroll in housing case management. **Emergency Housing** Eligible to receive RW services.	**Partial Assistance Rental Subsidy (PARS)** Provides 40% of a client's monthly rental costs not to exceed 40% of the fair-market rent for San Diego County as determined by the U.S. Department of Housing and Urban Development (HUD). Clients shall not receive PARS if they receive tenant-based or project-based rent subsidy including, but not limited to, subsidized low-income housing, or subsidized independent housing associated with any program such as Public Housing, Affordable Housing, HOPWA, or Section 8. Housing services may not: • Be used for mortgage payments • Be in the form of direct cash payments to clients	• Case manager

Service Category/Ranking	Criteria	Limitations	Requires Referral
	Because all housing support provided under Ryan White is temporary, a housing transition plan is required to ensure clients maintain housing self-sufficiency at the conclusion of assistance. **Non-Medical Case Management for Housing** Eligible to receive Ryan White services Upon intake, all eligible clients will be required to enroll in all available housing assistance waiting lists, including Section 8, Housing Opportunities for Persons with AIDS (HOPWA), and Tenant-Based Rental Assistance (TBRA). Sta A housing plan must be developed within 60 days of enrolling in housing case management and no later than 90 days after enrolling in PARS. The client & case manager should review the plan regularly, and at least every quarter.	**Emergency Housing** Services prioritize hotel/single room occupancy (SRO) vouchers over rental assistance. Service can be used once in a 12-month period. Service is not available to individuals who: • Receive Housing Opportunities for People with AIDS (HOPWA) funds. • Receive a tenant-based or project-based rent subsidy including, but not limited to, subsidized low-income housing, or subsidized independent housing associated with any program such as Public Housing, Affordable Housing, Section 8, HOPWA, or PARS rental assistance. • Have previously been terminated from receiving emergency housing assistance or tenant-based rental assistance, have violated program guidelines in their use of emergency housing funds, or have been identified as ineligible for services. • Can include sober living and assisted living. Housing services may not: • Be used for mortgage payments • Be in the form of direct cash payments to clients **Non-Medical Case Management for Housing** Housing case management does not provide support or guidance for accessing other services, and it is required that housing case managers closely coordinate client needs outside of housing with medical or non-medical case managers as part of a treatment team approach.	
5. Substance Use Treatment: Outpatient Care	Cannot currently be in a residential substance abuse treatment program	Case is closed upon successfully completion of treatment and client chooses not to participate in any other aftercare program activities. There are no annual limits on the number of services provided.	
6. Medical Case Management Services	Limited to individuals who are unable to access or remain in HIV medical care as determined by medical care managers based on whether: • Client is currently enrolled in outpatient/ambulatory health services • Client is following his/her medical plan	Services are not intended for individuals who are able to access and remain in HIV medical care. Case is closed when all action items on the care plan are competed, and medical care is stabilized There are no annual limits on the number of services provided.	

Service Category/Ranking	Criteria	Limitations	Requires Referral
	• Client is keeping medical appointments • Client is taking medication as prescribed		
7. Non-Medical Case Management Services	Must demonstrate ability to access or remain in HIV medical care	Services are not intended for individuals who are unable to access or remain in HIV medical care. Case is closed when all action items on the care plan are competed, and medical care is stabilized. There are no annual limits on the number of services provided.	
8. Referral for Health Care and Support Services	Must currently be receiving case management, non-case management, mental health, substance abuse or outreach services	Services focus on linkage or re-engagement in care and are not intended to be ongoing.	• Self-Referral • Case manager • Early Intervention Services
9. Childcare Services	Available for children living in the household of individuals with a confirmed HIV diagnosis and their affected family members while attending medical visits, related appointments, and/or Ryan White-funded meetings, groups, or training sessions.	For children from infancy through 12 years of age. Services are also available, if permitted at the appointing clinic, for parents and caregivers attending medical, dental, and mental health care appointments, including support groups, on-site childcare is prioritized for appointments, so family members can access support service needs. It may be available for other purposes as determined appropriate. For parents and caregivers utilizing on-site services, at least one parent or caregiver must remain on-site.	• Case manager
10. Food Bank/Home Delivered meals	Must be physically and/or mentally incapable of preparing own meals to qualify for home delivered meal services. Individuals who can prepare meals may still be eligible for food vouchers and food bank services	Services do not provide: Permanent water filtration systems for water entering a home; Household appliances; Pet foods Other non-essential products. Case is closed when the service is deemed no longer medically necessary. There are no annual limits on the number of services provided.	• Case manager • Medical provider
11. © Medical Nutrition Therapy	Must be referred by a medical provider	Case is closed when all action items on the nutrition plan are competed, and medical care is stabilized. There are no annual limits on the number of services provided.	• Medical provider
12. © Early Intervention Services (EIS)	Services focus on linkage or re-engagement in care and are not intended to be ongoing.	Limited to: • Individuals who do not know their HIV status and need to be referred to counseling and testing • Individuals who know their status and are not in care and need assistance to enter or re-enter HIV-related medical care	

Service Category/Ranking	Criteria	Limitations	Requires Referral
13. Psychosocial Support Services	Available to clients living with HIV; may include support groups and may be provided by a trained staff or volunteer, including peers.	Funds under this service category may not be used to pay for food, transportation or for professional mental health services.	
14. Emergency Financial Assistance	Emergency Financial Assistance provides a limited one-time or short-term payments to assist a Ryan White client with an urgent need for essential items or services necessary including food (groceries and food vouchers).	The maximum amount for each item per year per client are as follows: • Clients are eligible to receive up to $1,000/year to use for utility payments. • Food bags: Each client is allowed a maximum of 12 weeks of emergency food bags per 12 months. • Medication: Covers prescription medication (1) not available through the AIDS Drug Assistance Program (ADAP) and (2) only intended for short term need. • Eyeglasses: One set of lenses per year, one set of frames every other year; one opportunity to replace if lost/stolen/damaged. • Eviction prevention: Limited to $1,490/year. Electronic devices (tablets, small laptops, etc.) can be provided to assist clients access virtual environments/telehealth appointments/RW planning meetings.	• Case manager
15. Medical Transportation	Individuals shall be eligible for transportation only if they would not otherwise have access to core medical and support services and only if they do not qualify for other transportation assistance programs.	Specific eligibility criteria for **assisted transportation***: • Used for transport to and from various core medical and support service providers. • Assisted transportation, consisting of ADA Para-Transit Passes and certified medical transport may be used if a client is unable to access unassisted transportation. • Contractor shall refer all clients requesting assisted transportation for screening and potential eligibility for the Medi-Cal Waiver Program. • Clients are not eligible for RW assisted transportation services if they receive or are eligible for other public transportation benefits such as, but not limited to, ADA Para-Transit, Medi-Cal Waiver Program, Home and	• Case manager • Any service provider

Service Category/Ranking	Criteria	Limitations	Requires Referral
		Community-based Health Services, or Medi-Cal reimbursed medical transport. Specific eligibility criteria for **unassisted transportation**: • Reserved for individuals unable to access or stay in core medical and support services. • Disabled monthly passes may be issued for individuals who qualify for the disabled monthly pass and have more than three medical visits per month. • Day passes may be issued for individuals who do not qualify for the disabled monthly passes and for those eligible for disabled monthly passes who have fewer than three medical visits per month. ○ Individuals who receive day passes can be issued two extra day passes to cover unexpected or emergency medical visits. Clients are limited to two unused emergency day passes at a time. • Monthly passes may be issued to clients in lieu of day passes if a client's predetermined number of day-passes for a month equals or exceeds the cost of a standard monthly pass. • Other forms of transportation may include but are not limited to: taxis, ride sharing programs and/or mileage reimbursement. Transportation services are limited to travel to and from core medical and support service appointments only; however, clients traveling with legal dependents are permitted to make stops at childcare facilities to drop children off before appointments and to pick children up after appointment. Unallowable services include: 1. Direct cash payment or reimbursements to clients 2. Direct maintenance expenses of personally owned vehicles (tires, repairs, etc.) 3. Payment of other cost associate with a personally owned vehicle (insurance, license, etc.)	

Service Category/Ranking	Criteria	Limitations	Requires Referral
16. Substance Use Treatment: Residential Care	Must have a written referral from the clinical provider as part of a substance use disorder treatment program funded under the Ryan White program	Case is closed upon completion of treatment program. There are no annual limits on the number of services provided.	• Clinical provider
17. Other Professional Services	Legal Services can be provided to family members and others affected by a client's HIV disease when the services are specifically necessitated by the person's HIV status	Excludes criminal defense and class-action suits unless related to access to services eligible for funding under the Ryan White program. Case is closed when the legal matter has been resolved. There are no annual limits on the number of services provided.	
18. © Home and Community Based Health Services	Must be at risk for hospitalization or entry into a skilled nursing facility. Must also: • Have a health condition consistent with in-home services • Have a home environment that is safe for both the client and the service provider • Have a score of 70 or less on the Cognitive and Functional Ability (Karnofsky) Scale	Service specifically excludes: • Emergency room services • In-patient hospital services • Nursing homes • Other long-term care facilities Case is closed when all action items on the comprehensive service plan are complete and medical care is stabilized. There are no annual limits on the number of services provided.	• Medical provider • Case manager
19. Health Education and Risk Reduction	Eligible to receive Ryan White funded care The provision of education and information to clients living with HIV and how to reduce the risk of HIV transmission. It includes education, referral and related service navigation to clients living with HIV to improve their health and their partners to prevent HIV transmission.	Services are intended to complement and not replace other funded HIV prevention activities Exclusions: • Affected individuals (partners and family members not living with HIV) are only eligible if receiving services concurrently with the client. • Health Education/Risk Reduction may not be delivered anonymously. However, all information is confidential.	

San Diego HIV Planning Group
Priority Setting and Resource Allocation Committee

2026 Key Data Findings: Ryan White Programs (RWP) Parts A/B Regional Service Availability

May 7, 2026

The table below identifies **service gaps** in availability for ***only*** those services funded by the Ryan White Programs (RWP) Parts A/B. ***If RWP services are not available* in specific areas, they may be accessed in other regions of the county.*** Additionally, non-Ryan White funded services may or may not be available through other community resources.

A RWP service is considered to be *not available* in a region if it is: 1) not available at a provider site in the region; 2) not out stationed in the region; and 3) not available in a client's home.

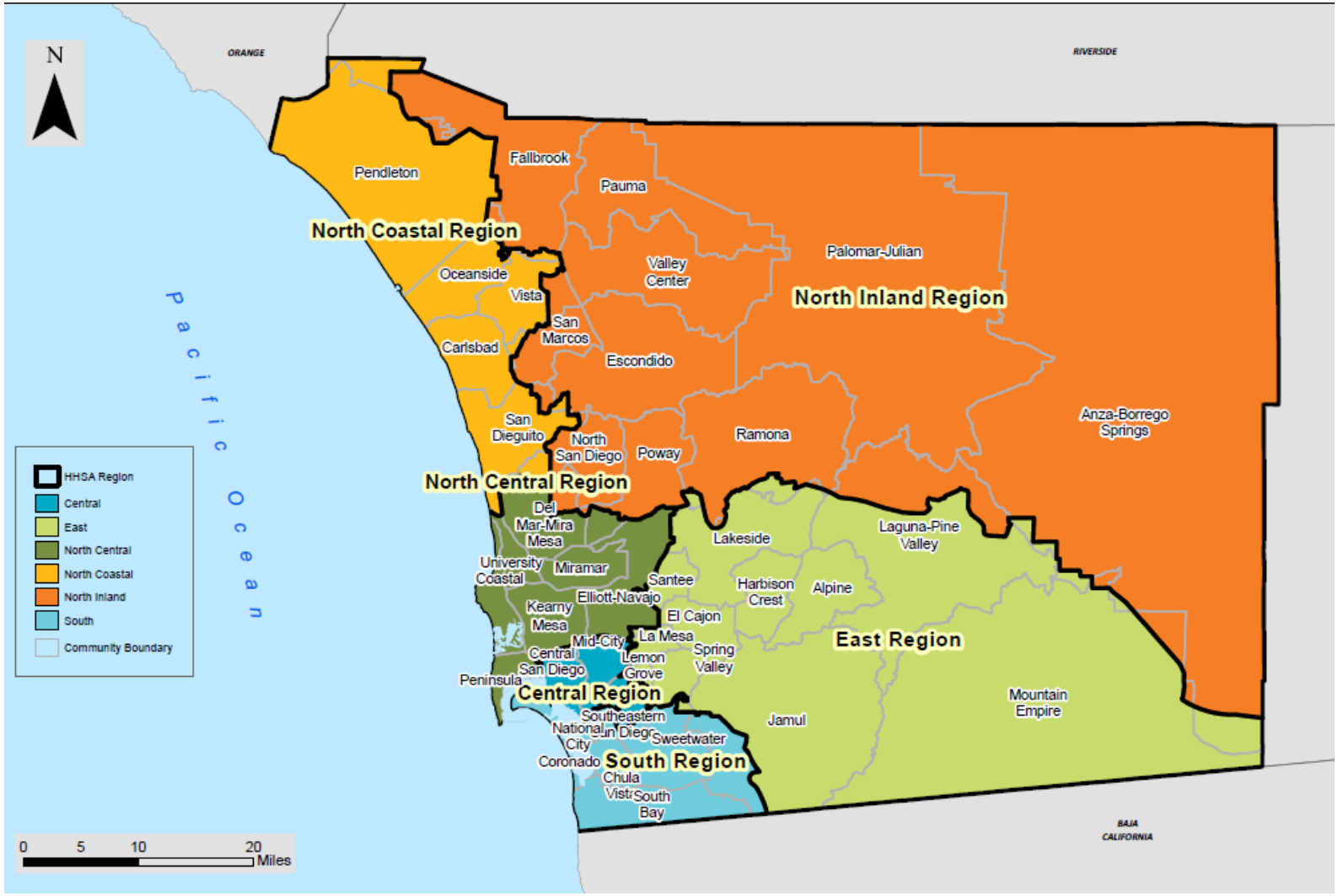
The following RWP services are currently ***not*** available in the given regions:

Region(s)*	RWP Parts A/B funded services *not* available
Central/ North Central/ Southeast	• All services available
East	• Substance Use Treatment Services (Residential)** • Substance Use Treatment Services (Outpatient) • Minority AIDS Initiative (MAI)
North Coastal/ North Inland	• Substance Use Treatment Services (Residential)** • Substance Use Treatment Services (Outpatient) • Minority AIDS Initiative (MAI)
South	• Substance Use Treatment Services (Residential)**

*County of San Diego Health and Human Services Agency (HHSA) defined regions. See reverse side for map

**Substance Use (Drug & Alcohol) Treatment Services (Residential) are available countywide, regardless of the regions in which clients reside because clients will reside at the service site while they are in treatment.

County of San Diego Health and Human Services Agency (HHSA) Regions



Ryan White Part C

Early Intervention Services (EIS)

- Funds primary health care and support services in outpatient settings and includes:
  - Counseling for individuals with respect to HIV
  - Targeted HIV testing
  - Periodic medical evaluations of individuals with HIV and other clinical and diagnostic services
  - Treatment
  - Referrals
- Three entities in San Diego are awarded Part C funds directly from HRSA

1

Ryan White Part D

Women, Children, Infants and Youth

- Funds outpatient family-centered primary and specialty medical care and support services for low-income women, infants, children, and youth with HIV.
- Funds can be used for:
  - Medical Service Costs
  - Clinical Quality Management Costs
  - Support Service Costs
  - Administrative Costs
- One entity in San Diego is awarded Part D directly from HRSA

2

San Diego HIV Planning Group
Priority Setting and Resource Allocation Committee

2026 Key Data Findings

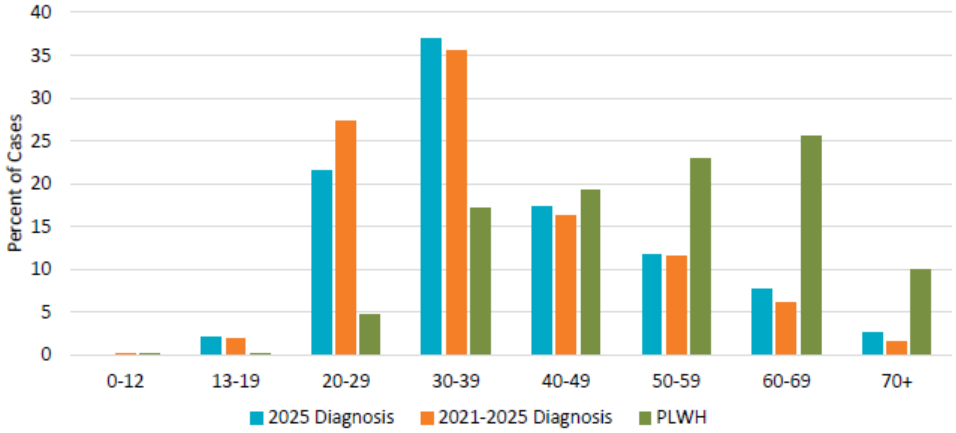
HIV EPIDEMIOLOGY

Approved <date>

Overall Findings

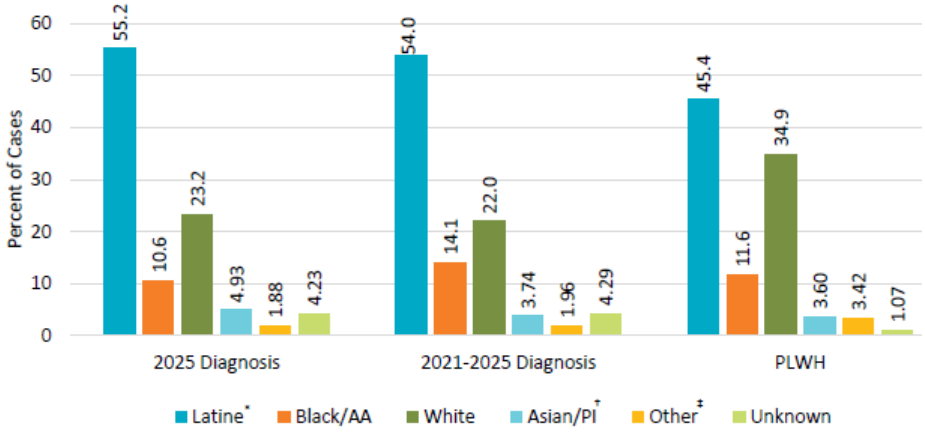
- Prevalence: Total PLWH[2] in San Diego County: **14,783**
- Recent Cases[1] (2021-2025): **2,192** *(subset of the total/prevalent cases)*
- People aged 20-39 make up the most cases in the county *(age at time of diagnosis)*: **62.7%** (n=1,374)
- Notably, an increase in age for PLWH is being observed, depicted by the green bars. Nearly **50%** of PLWH are aged 50-69, and **10%** of PLWH are aged 70+

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



- **15%** (n=329) of all recent cases were females (current gender)
- Females (PLWH) make up **10%** of total HIV cases (n=1,478)
- The largest proportion of recent cases (**39.1%**) were in the Central Region (n=856), followed by the South Region at **21.3%** (n=467)

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

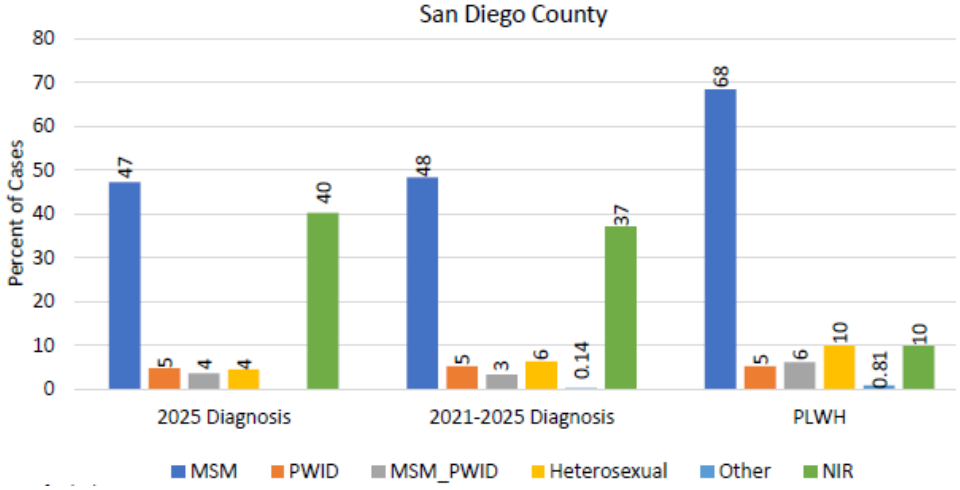


[1] **Recent Cases** = HIV disease diagnosis, regardless of stage of disease, between 2021 and 2025 while residing in San Diego County
[2] **Persons Living with HIV disease (PLWH) =** Residing in San Diego County and alive as of December 31, 2025
[3] **Late Testing** = having an AIDS diagnosis soon after HIV diagnosis, assuming the patient is further along in infection process

All data provided by County of San Diego Health & Human Services Agency; Epidemiology and Immunization Services Branch (EISB), 2026

- The majority of recent HIV diagnoses were **people of color**
- The proportion of **Non-Hispanic White** cases decreased over time, while the proportion of **Hispanic/Latino** cases increased over time
- Latine PLWH make up **54%** of all recent cases (n=1,183)

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



- The largest proportion of recent cases were men who have sex with men (**48%**, n=1,052)
- **10%** of all cases are among people who identify as heterosexual
- Late testing[3] generally increases with age, and the South Region along with people who inject drugs (PWID) have the highest percentages of simultaneous diagnosis.

Late Testing Demographics, Adults (2021-2025)

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

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

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

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

[1] **Recent Cases** = HIV disease diagnosis, regardless of stage of disease, between 2021 and 2025 while residing in San Diego County
[2] **Persons Living with HIV disease (PLWH) =** Residing in San Diego County and alive as of December 31, 2025
[3] **Late Testing** = having an AIDS diagnosis soon after HIV diagnosis, assuming the patient is further along in infection process

All data provided by County of San Diego Health & Human Services Agency; Epidemiology and Immunization Services Branch (EISB), 2026

San Diego HIV Planning Group
Priority Setting & Resource Allocation Committee

2026 Key Data Findings

Care Continuum/Viral Suppression

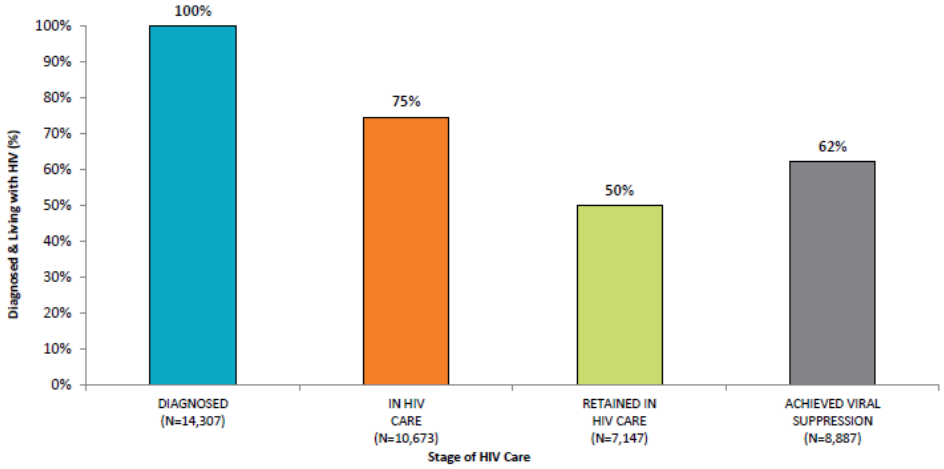
Approved <date>

Data Source: Data is provided from CDPH, Office of AIDS, and contains data up to 12/31/2025

Definitions

Care Continuum (aka Continuum of Care) includes:

1. **Receipt of care** (sometimes called "Linkage to Care" or "In Care"): of those diagnosed with HIV disease, persons who had ≥1 CD4 or viral load (VL) tests in 2024
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 2024
3. **Viral suppression**: of those diagnosed with HIV disease, persons virally suppressed (<200 copies/mL) at most recent test during 2024



Care Continuum/Viral Suppression Overall

- **"In care"** for all persons living with HIV (PLWH) = **75%** *(up from 70% from the previous year)*
- **"Retained in care"** for all PLWH = **50%** *(up from 47% the previous year)*
- **Viral Suppression** of all PLWH in San Diego County was **62%** *(up from 58% the previous year)* which includes those without a VL test on record
    - For Ryan White (RW) clients, viral suppression was **93%** *(for those who had a VL test on record)*

Viral Suppression by Gender

- Viral suppression was similar between **cisgender men** (**73.8%**) and **cisgender women** (**71.5%**)
- Viral Suppression among **Transgender women** (n = 134) was **63%** (*up from 53% previous year)*

Viral Suppression by Race/Ethnicity

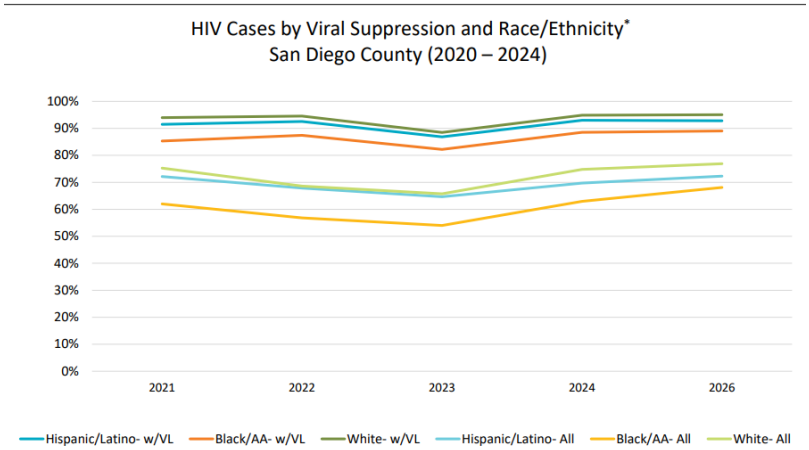
- African American/Black PLWH had the **lowest viral suppression (68%)** *(up from 48% the previous year*)
- Among **RW Clients,** viral suppression was high across racial groups: African American/Black (91%), White (94%), Latine (93%)
- **Asian PLWH** (n=489) had the highest viral suppression **(78%)**

Viral Suppression by Age

- Viral suppression increased with age, reaching **81% among PLWH aged 65 years** and older (n = 2,421), compared to **68% among adults aged 25–44**
- **PLWH under the age of 12** (n=61) had the lowest viral suppression of **64%**, while RW clients in the same age group achieved 100% viral suppression

Transmission Risk by Category

- **People who inject drugs** (PWID) had a lower viral suppression (**69%**) than other transmission groups
- **Men who have sex with men** (MSM), the largest transmission group (n=8,934), had a viral suppression of **75.3%**
- Among those with a VL test, viral suppression exceeded 85% across all transmission risk groups



Clients In Care

- Adults **aged 20-29** have the highest percentage of **in-care rate** (88%; n=680)
- Adults **aged 70 and older** were the lowest in care at 76%
- **Latine/Hispanic** (n=6,707) had the lowest in-care rate (**77%**), followed by **Black/African American** individuals (79%; n= 1,720)
- **MSM + PWID** (n=891) had **the highest in-care rate** (**84%**), followed by **MSM** (82%; n=10,101)
- **PWID** (n=765) had **the lowest in care** at 72%
- People residing in the **South Region** (n=2,861) had the **lowest in-care rate** (**74%**), while those in the **East Region** (n=1,436) had the **highest** (**87%**)
- **Central Region** (n=6,493) had the highest **in-care rate of 81%**

July 2026 Priority Setting and Resource Allocation Committee Meeting

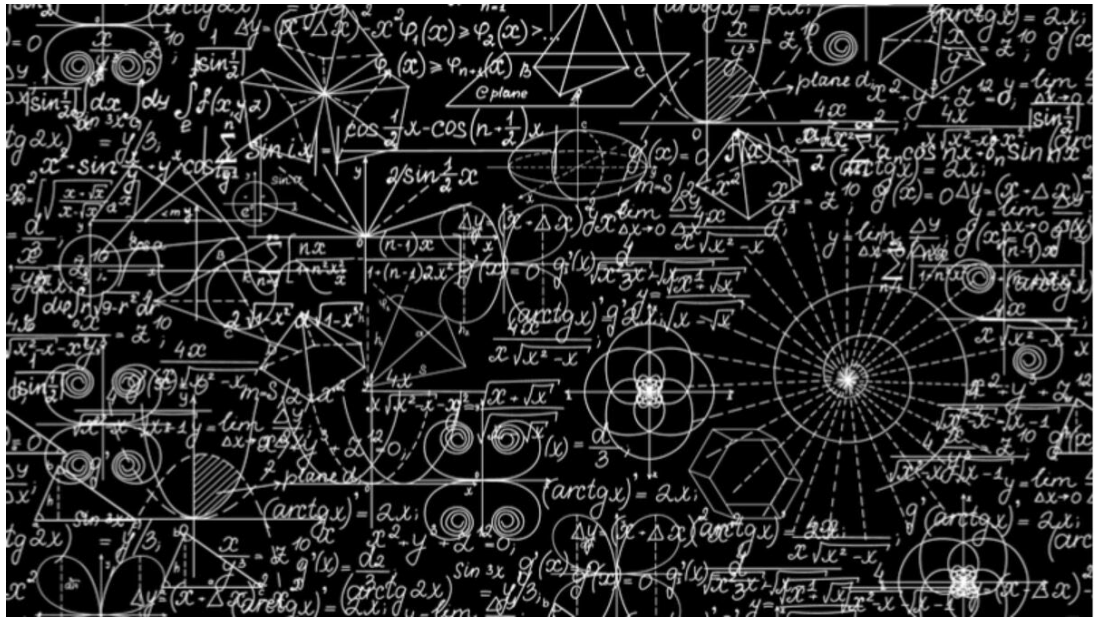
Dustin Walker, PhD (*he/him*)

CQM Manager

HIV, STD & Hepatitis Branch

Today

1. Data to share
   a. FY25 Ryan White (RW) client San Diego regions and living situations
   b. FY25 RW unhoused clients
2. Only includes RW Part A and Part B clients
3. FY25 = March 1, 2025 – February 28, 2026
4. Please feel free to stop me and ask questions at any time ☺

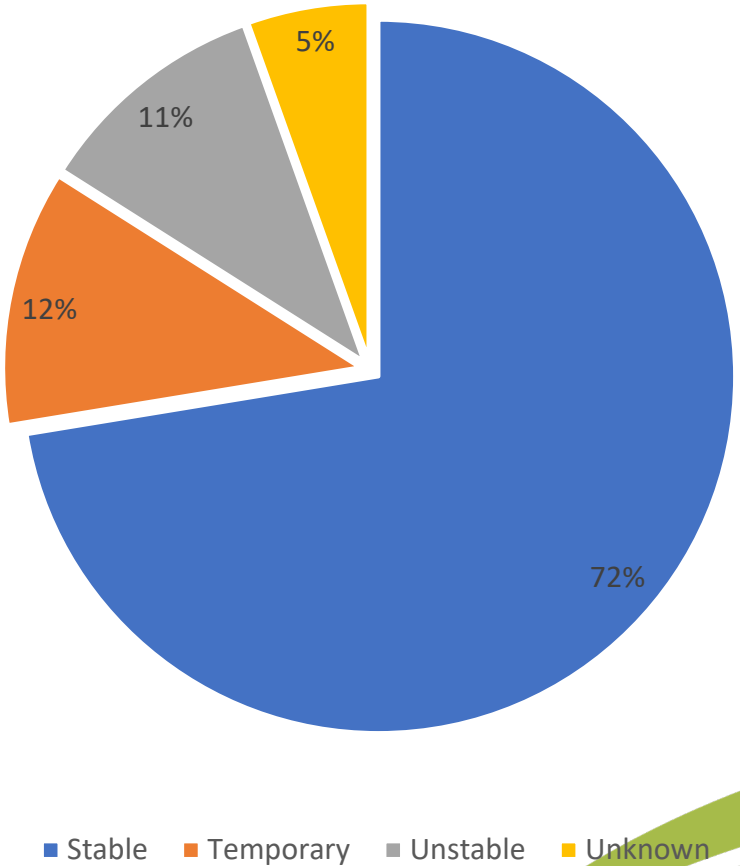


FY25 RW Clients Housing Status (N=3,367)

Most Recent Living Situation*

- Stable 2,438
- Temporary 390
- Unstable 355
- Unknown 184

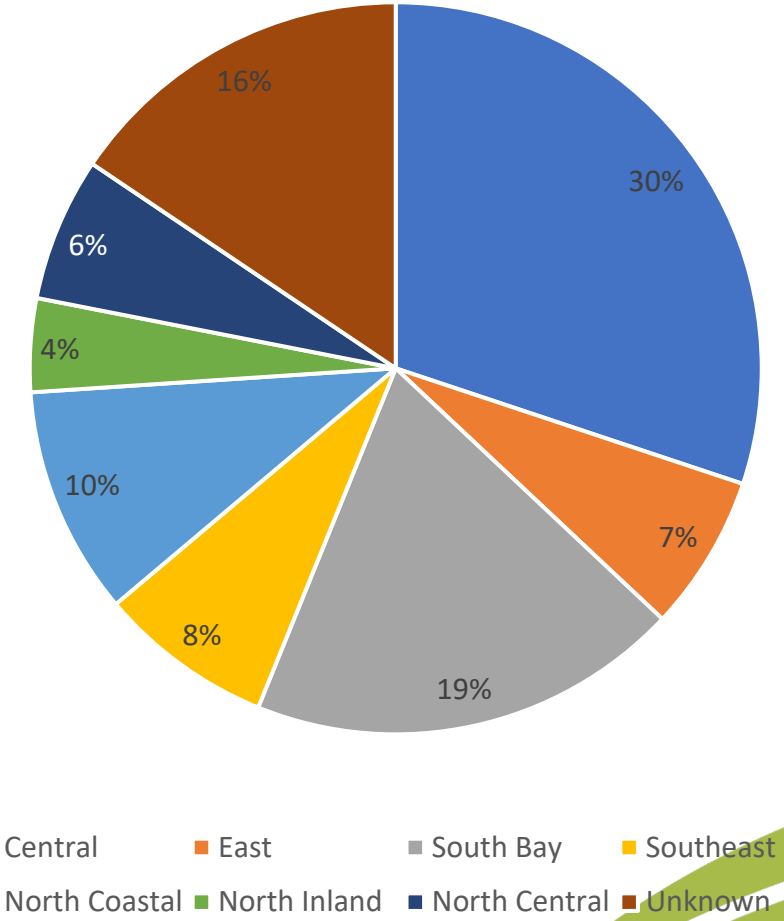
*Regardless of collection date



FY25 RW Clients Regional Demographics (N=3,367)

San Diego Region

- Central 1,014
- East 232
- South Bay 644
- Southeast 260
- North Coastal 340
- North Inland 139
- North Central 214
- Unknown 524



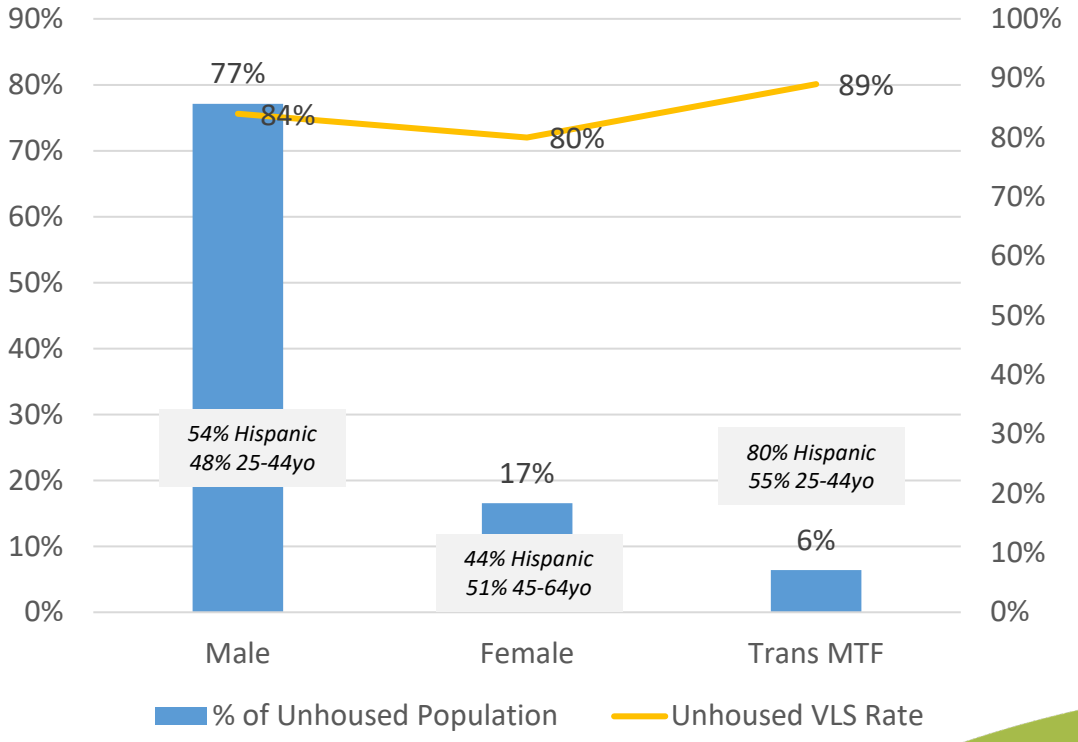
FY25 Unhoused RW Clients (1) (n=345)

All Ryan White Clients

- Total RW population: 3,367
- Unhoused population: 345*
  - Viral load suppression rate: 83%
    - Test on file: 306
    - No test on file: 39
    - Virally suppressed: 255
    - Not virally suppressed: 51

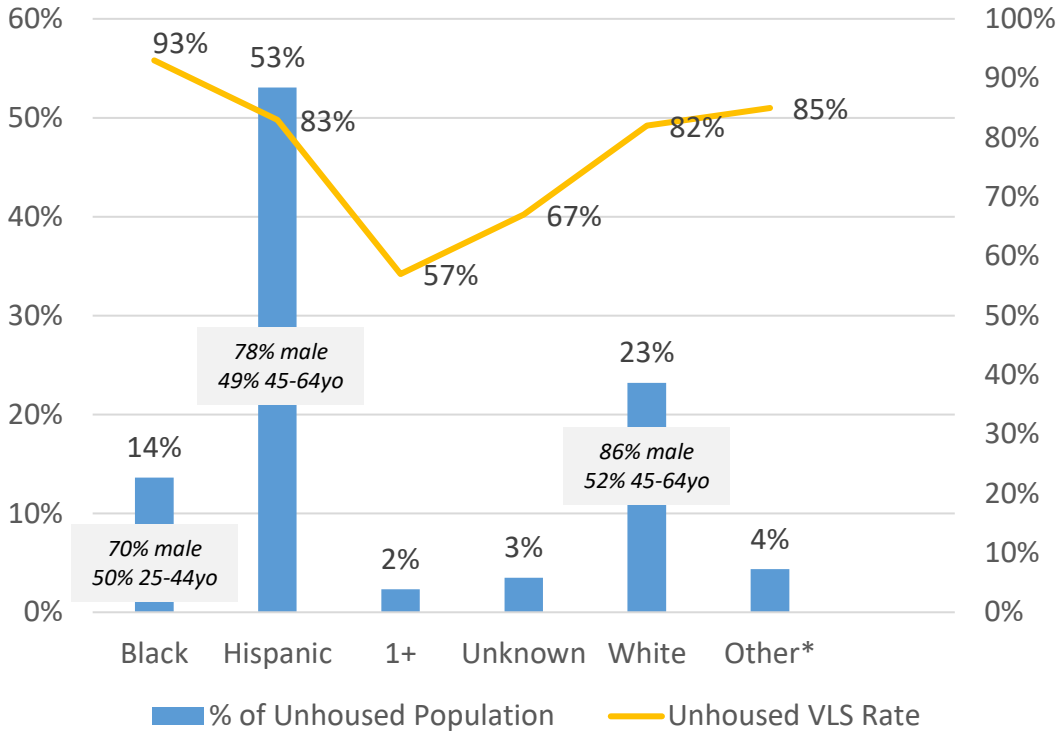
*Most recent living situation, regardless of collection date

Unhoused Clients, by gender

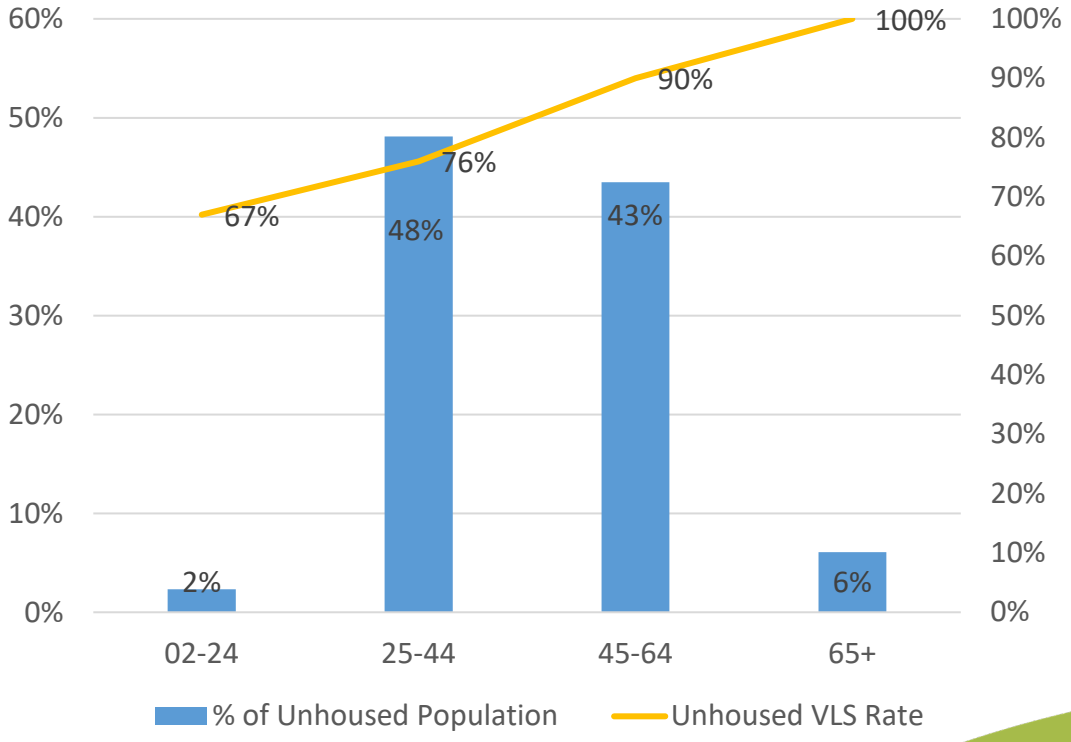


FY25 Unhoused RW Clients (2) (n=345)

Unhoused Clients, by race

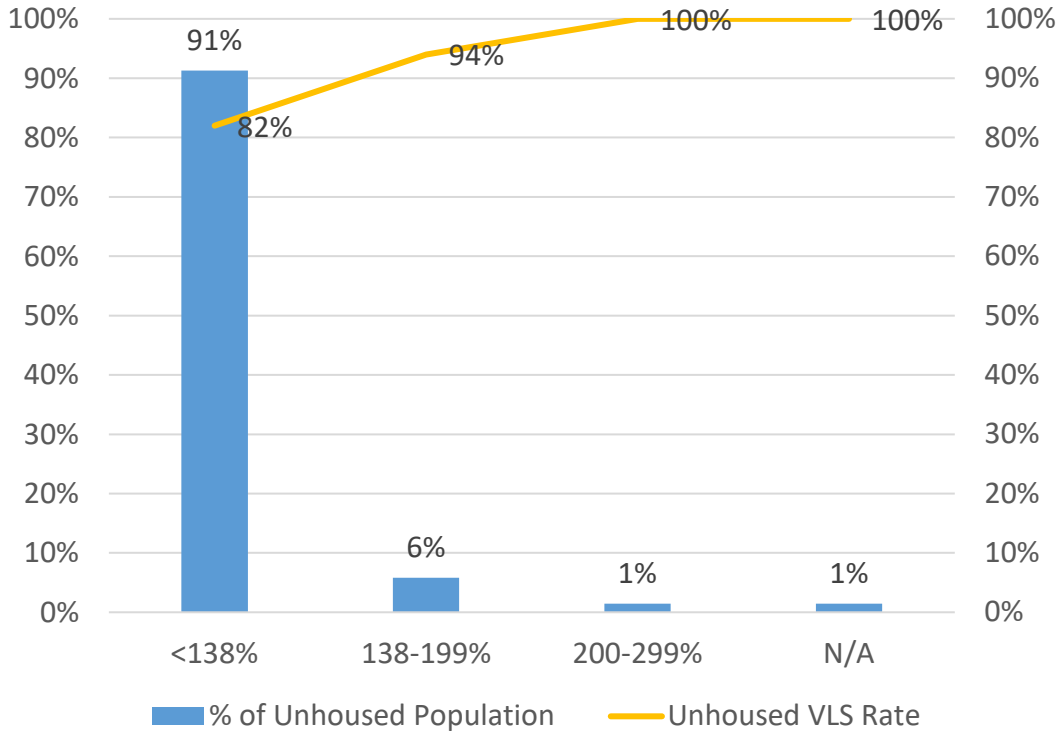


Unhoused Clients, by age

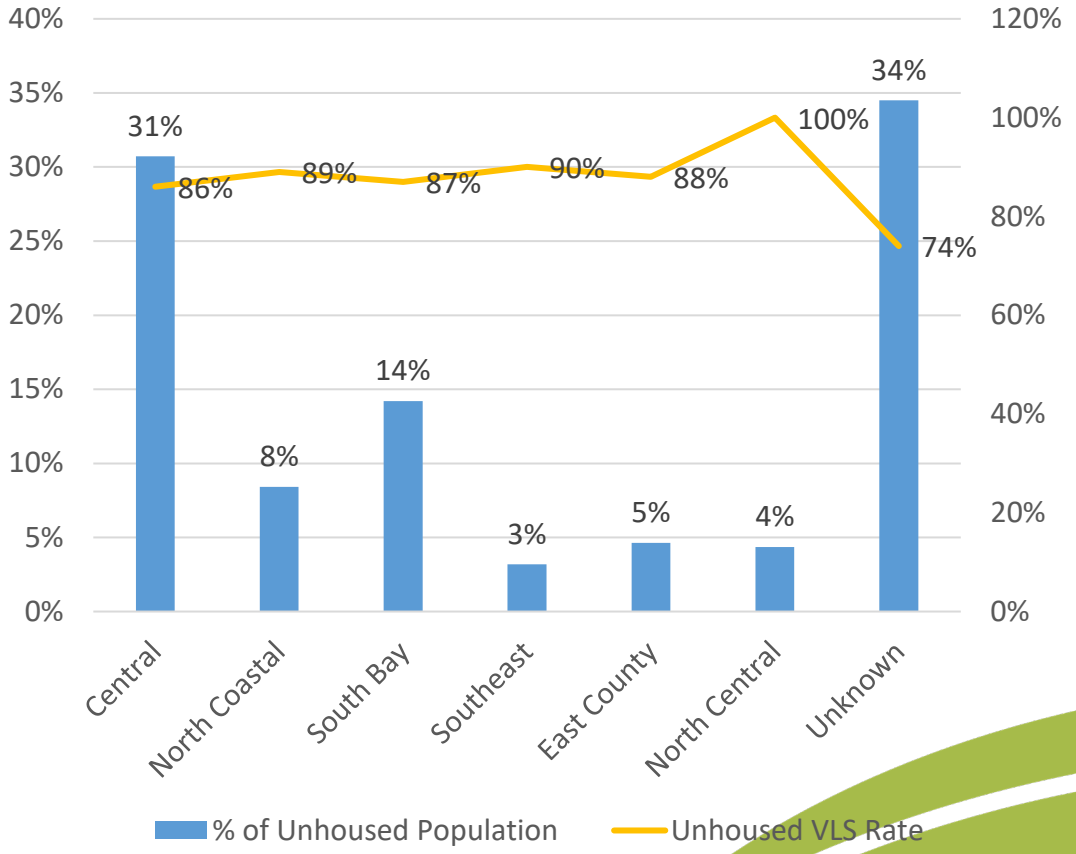


FY25 Unhoused RW Clients (3) (n=345)

Unhoused Clients, by FPL



Unhoused Clients, by region



San Diego HIV Planning Group
Priority Setting and Resource Allocation Committee

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

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

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

Findings in the *2024 Survey of HIV Impact* were based on self-report by respondents living with HIV: (2)
- Total responses: 310
- People living with HIV: 202

Findings in the *2017 Survey of HIV Impact* were based on self-report by respondents living with HIV: (3)
- Total responses: 1,038
- People living with HIV: 781

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

Condition	*Estimated prevalence* within the general population* (Population = 3,315,362 | Male = 1,652,926 | Female = 1,662,436) [1]		*Estimated prevalence* based on self-report by people living with HIV from the 2024** *Survey of HIV Impact*	
	Number	***Percentage***	***Number***	***Percentage***
Hospitalizations related to any opioid overdose	477 [8]	0.014%		
Homelessness	9,803 [9]	0.30%	53	Unstably housed: 26% [2]
Poverty Level (Threshold = $1,215 /month)	344,798 est.	10.4% [10]	76	38% [2]
Lack of Insurance	225,445 est.	6.8% [10]	6	3% [2]
Incarceration	10,587 est. [11] (county jails and state prison system)	0.3% [11]	75 (ever incarcerated)	37% [2]
Cardiovascular Disease	228,760 est.	6.9% [12]	12	6% [2]
Diabetes	291,751 est.	8.8% [12]	32	16% [2]
Coronavirus (COVID19)	1,046,329 [13]	31.8% [13]		Increased risk of hospitalization, increased risk of death RR = 1.24 [14]
MPOX	79 [6]	Less than 0.01%	30 est.	38% est. of all local mpox cases [18]
Injection Drug Use	49,730 est.	Injected in 2018: 1.5% [20]	Injected in last year: 21 Ever injected: 49	Injected in last year: 10% Ever injected: 24% [2]

Notes:

- Research reveals higher incidences of additional co-occurring conditions for PLWH, including gastrointestinal diseases, circulatory diseases, endocrine/nutritional/metabolic diseases (including diabetes), nervous system diseases, and neoplastic diseases (cancer, lymphoma).
- Women living with HIV experience an increased incidence of some HIV-related conditions, including gynecological conditions such as genital herpes, pelvic inflammatory disease, human papillomavirus, and candida; additionally, there is an increased incidence of diabetes, heart disease, hepatitis C, cancer, mental illness, and substance abuse.
- PLWH 50 years of age or greater experience an increase in age-related diseases; causes of morbidity and mortality for older PLWH include non-infectious comorbidities, such as cardiovascular disease, hypertension, bone fractures, chronic kidney disease, liver disease, diabetes mellitus, and non-AIDS-defining cancers. Many of the age-related diseases are seen in the population greater than 50 years of age PLWH approximately 10 years earlier than in the general population. [15, 16, 17]
- Most research on substance use as it relates to HIV has focused on HIV acquisition, rather than substance use patterns among PLWH. Generally, PLWH with HIV are more likely to experience substance use disorders than those without HIV. PLWH have higher rates of consistent and former use of tobacco, inhalants, methamphetamine, cocaine, and heroin than those without HIV. Most significantly, they are 45 times more likely to have used inhalants in the last year and 16 times more likely to have used methamphetamines in the last year than people without HIV. They are also more likely to have polysubstance use.[21] Substance use is associated with increased prevalence of several acquisition behaviors, such as condomless sex, needle sharing, and decreased PrEP and ART adherence.[22]

Data Sources:

1. San Diego Association of Governments (SANDAG). 2024 Population and Housing Estimates.
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18. County of San Diego, HIV, STD, and Hepatitis Branch, Epidemiology Unit. Email communication on 2024 mpox numbers. Requested May 13, 2026.
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20. National Prevention Information Network, Burden of Injection Drug Use Studies and Toolkit, 2022.
21. Hai AH, Batey DS, Lee CS, Simons JN, Beadleston A, Schnall R. Substance use patterns among U.S. adults with HIV: identifying priorities for screening and interventions. AIDS Care. 2025 May;37(5):843-854. doi: 10.1080/09540121.2025.2477718. Epub 2025 Mar 17. PMID: 40094481; PMCID: PMC12131967.
22. HIV.gov, Substance Use and HIV Risk, Updated February 25, 2026.

San Diego HIV Planning Group
Priority Setting and Resource Allocation Committee

2026 Key Data Findings

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

July 15, 2026

The following is a list of some **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 also provide services using non-Ryan White funds.

In addition to the programs listed below, all programs operated or contracted through the COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES (BHS) are required to provide services and support that respect diverse beliefs, identities, cultures, preferences, and linguistic diversity of those served. Programs are responsible for evaluating the need for culturally/linguistically specialized services, linking individuals with those services, or making appropriate referrals.

Organization		LGBTQ Friendly*	Requirements
1. FAMILY HEALTH CENTERS OF SAN DIEGO, INC. SOLUTIONS FOR RECOVERY		Yes	
	Address: 1750 5th Ave, San Diego, 92101 Phone: 619-515-2588 Website: https://www.fhcsd.org/substance-use-disorder-services Outpatient treatment program that provides individual and group counseling sessions, as well as mental health therapy, for a period of three to six months for individuals who identify as lesbian, gay, bisexual, transgender, or questioning/queer (LGBTQ).		
2. SAN YSIDRO HEALTH (SYH)		Yes	
	Address: CASA 3045 Beyer Blvd, Suite D-101, San Diego, 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/services/behavioral-health 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, and medication-assisted treatment for substance use disorders.		

3. SAN DIEGO YOUTH SERVICES OUR SAFE PLACE	Yes	Available for individuals 21 and younger
	Address: 3255 Wing St, San Diego, 92110 Phone: 619-221-8600 Website: https://sdyouthservices.org/services/our-safe-place/ Offers individual and family therapy, as well as psychiatry, at multiple sites. Uses a team approach that, when indicated, offers case management, family or youth partner support, and/or co-occurring substance treatment. Supportive services at 5 drop-in centers with a youth focus.	
4. YMCA YOUTH AND FAMILY SERVICES: OUR SAFE PLACE NORTH	Yes	Available for individuals 21 and younger
	Address: 1050 N Broadway, Escondido, 92026 Phone: 760-271-4855 Hours: Monday-Friday at 1pm-5pm and Saturday-Sunday at 4pm-8pm Address: 205 Barnes St, Oceanside, CA 92054 Phone: 760-908-9647 Hours: Mondays, Wednesdays, Fridays at 1pm-5pm Website: https://bit.ly/4vgYfA2 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.	
5. SOUTH BAY COMMUNITY SERVICES (SBCS) TROLLEY TRESTLE YOUTH HUB	Yes	Available for individuals 21 and younger
	Address: 746 Ada St, Chula Vista, 91911 Phone**:** 619-628-2444 Website: https://sbcssandiego.org/our-safe-place/ Provides a wide variety of services for youth and their families, including support for alcohol and drug abuse, coming out, depression, family relationships, gender identity, sexual health, safe dating and transitioning.	
6. VISTA COMMUNITY CLINIC (VCC)	Yes	
	Address: 1000 Vale Terrace Dr, Vista, 92084 Phone: 760-631-5000 Website: https://www.vistacommunityclinic.org/ Offers individual therapy and psychiatry services, as well as referrals to support groups and other services.	

7. UNIVERSITY OF CALIFORNIA, SAN DIEGO (UCSD): OWEN CLINIC		Yes	
	Address: 4168 Front St, 3rd Floor, San Diego, 92103 Phone: 619-543-3995 Website: https://health.ucsd.edu/care/hiv/ At the Owen Clinic, care is delivered by doctors and nurses who specialize in HIV treatment. The clinic provides on-site counseling for substance use disorders and medication assisted treatment.		
8. STEPPING STONE OF SAN DIEGO INC.		Yes	Residential treatment requires Medi-Cal
	Address: 3767 Central Ave, San Diego, 92105 Phone: 619-278-0777 Website: https://steppingstonesd.org/ An LGBTQ+-affirming behavioral health provider specializing in substance use disorder treatment for LGBTQ+ individuals and people living with HIV. Their continuum of care includes residential and outpatient treatment, mental health services, recovery housing, case management, peer recovery support, and HIV-aligned supportive services. Through trauma-informed, culturally responsive care and strong partnerships with HIV medical providers, they help individuals reduce substance use, improve health outcomes, and build long-term recovery. All services are open to individuals of every identity. People living with HIV can qualify for no-cost services.		
9. CHOICES IN RECOVERY			
	Address: 733 S Santa Fe Ave, Vista, 92083 Phone: 760-945-5290 Website: https://choicesinrecoveryvista.org/ Offers outpatient and residential treatment services, as well as sober living homes.		
10. MCALISTER INSTITUTE			
	Address: 400 N. Johnson Ave, Suite 101, El Cajon, 92020 Phone: 619-442-0277 Website: www.mcalisterinc.org/programs/ This program provides outpatient substance use treatment and education for adolescents aged 12 to 17. Outpatient and residential treatment services are available for adults at sites throughout San Diego County.		
11. NORTH COUNTY LGBTQ RESOURCE CENTER		Yes	
	Address: 3220 Mission Ave #2, Oceanside, 92058 Phone: 760-994-1690 Website: https://www.ncresourcecenter.org/team-1-2 Offers trauma-informed, affirming behavioral and mental health therapy both in-person and virtually, including individual and couples counseling, family therapy, and medication assisted treatment.		

12. THE SAN DIEGO LGBT COMMUNITY CENTER	Yes	
	Address: 3909 Centre St, San Diego, 92103 Phone: 619-692-2077 ext. 208 Website: https://thecentersd.org/behavioral-health-services/ Offers individual, couples/family, and group counseling to LGBTQ+ community members, including help with same-gender/genderqueer relationship violence, support for youth and adults who are victims of crime and/or hate incidents, gender affirming care for trans/nonbinary community members, and support for individuals, couples & families living with HIV/AIDS. Fees are charged on a sliding scale basis. People living with HIV and youth and adults who are victims of crime and/or hate incidents may qualify to receive no-cost counseling services.	

**Organization explicitly indicates they are affirming for sexual and/or gender minorities*

HARM REDUCTION PROGRAMS		
Agency	**Hours and Location**	**Contact**
Family Health Centers of San Diego	Downtown: Tuesdays and Thursdays at 6pm-9pm North Park: Fridays at 10am-1pm	619-380-0678 – call or text for address
Harm Reduction IHC	Street Outreach	619-432-2867 harmreduction@ihcucsd.org https://internationalhealthcollective.org/harm-reduction/
Healthcare in Action	Street Outreach	619-828-3747 https://www.healthcareinaction.org/ info@healthcareinaction.org
Neighborhood Healthcare	488 E. Valley Parkway, Escondido, 92025 Vending Machines	833-867-4642 https://www.nhcare.org/
County of San Diego Harm Reduction Services Program	Health Services Complex Parking Lot 3851 Rosecrans St, San Diego, CA 92110 Mondays at 10am-1pm Thursdays at 12pm-3pm	PHS-HRSP.HHSA@sdcounty.ca.gov https://engage.sandiegocounty.gov/hrsp
People Advocacy Voices and Education	Street Outreach	888-PAVE501 sandiegopave@gmail.com https://www.sandiegopave.org/
SoCal Street Medicine	Street Outreach	619-436-4191 https://www.socalstreetmedicine.com/
Father Joe's Villages	16 15th St, San Diego, 91911	619-645-6405
Vista Community Clinic	Vista	760-631-5000 ext.7191 – call for hours and address
On Point Harm Reduction Coalition of San Diego	Mobile	619-961-0527

San Diego HIV Planning Group
2024 Needs Assessment Survey
Key Data Findings

Updated 7/17/2025

310 Total respondents

203 (66%) Living with HIV/AIDS (68% of respondents)

97 (31%) Not living with HIV/Unaware *(up from 22 in 2021)*

Demographics

Out of people living with HIV/AIDS (PLWHA) who responded to the survey:

- **62%** Men *(n=151)*
- **27%** Women *(n=151)*
- **52** Average age *(n=150)*
- **25 - 92** Age range *(n=150)*
- **76%** LGBTQIA+ *(n=144)*
- **25%** Some high school or less *(n=181)*
- **32%** Income from social security *(n=181)*
- **15%** No income *(n=181)*
- **6%** Undocumented and asylum seekers/refugees *(n=146)*
- **48%*** Disabled/unable to work and unemployed *(n=182)*

**Excludes retired respondents, includes not working and not looking, not working but looking, and being full/part-time family caregiver.*

Access to Care

Out of people living with HIV/AIDS (PLWHA) who responded to the survey:

- **64%** Had a case manager *(n=197)*
- **90%** Had a health care provider who offers HIV treatment *(n=189)* Down from 98% in 2021
- **72%** Were insured *(n=152)*
- **1%** Out of care for at least 1 year *(n=191)* Down from 13% in 2021

Mental Health

More than half (58%) of the PLWHA (n=185) reported having seen a therapist or received counseling in the past 6 months, up from 37% in 2021.

Substance Use

Out of 174 PLWHA:

- 15% reported current alcohol or drug issues.
- 48% reported past issues.

A combined 58% increase from 2021

- One in three PLWHA (35%) reported being in recovery.

Out of 176 PLWHA:

- 12% reported having injected illicit and non-prescribed drugs in the past 12 months.
  - Nearly half of these respondents shared needles or works about half the time or more frequently.

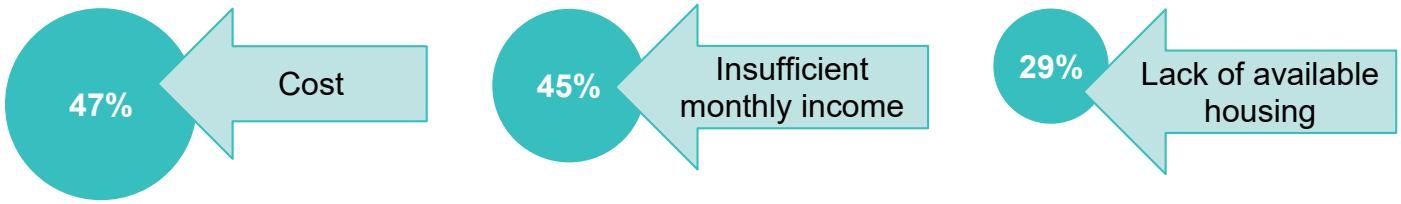
Out of 107 PLWHA, methamphetamine (Crystal) was reported most frequently (41%), followed by heroin (18%).

Housing

47% Reported lack of housing impacting their decision to stop HIV medication in the future *(n=159)*

20% Reported unstable housing *(n=181)*
Down from 26% in 2021

Top three common reasons for PLWHA being unable to obtain and retain housing (n=181):

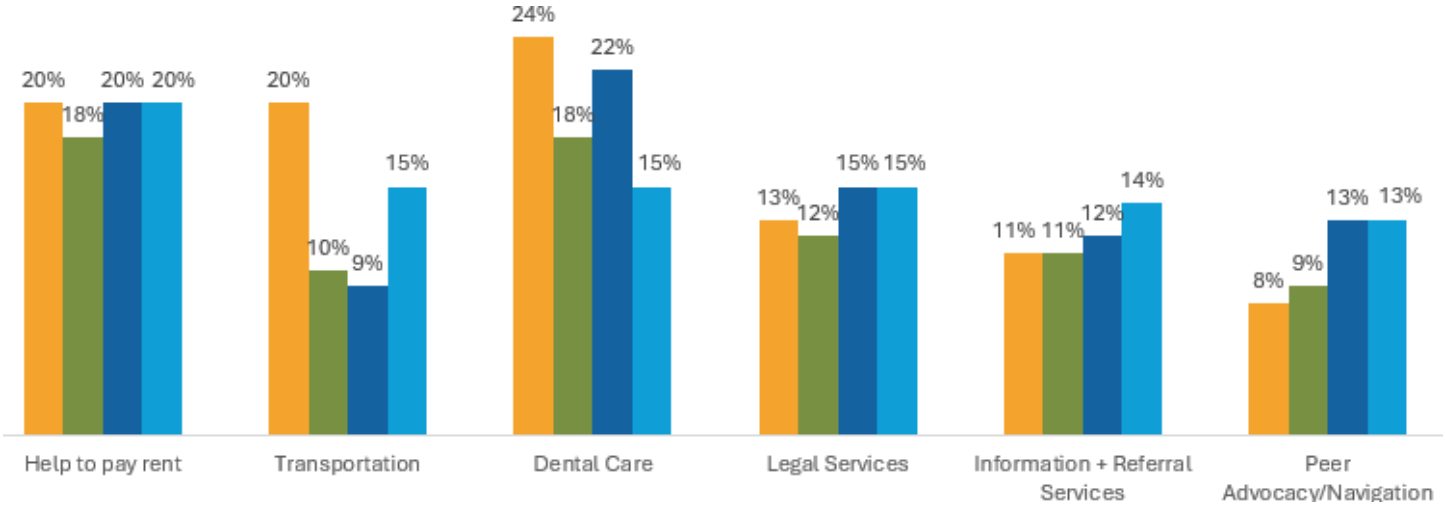


Top 5 Most Important Services: 10-Year Trend

2024	2021	2017	2014
#1. Dental Care	#1. HIV/AIDS medication	#1. HIV/AIDS medication	#1. HIV/AIDS medication
#2. HIV/AIDS medication	#2. HIV primary care	#2. HIV primary care	#2. HIV primary care
#3. HIV primary care	#3. Dental care	#3. Dental care	#3. Dental care
#4. Counseling/therapy	#4. Medical specialist other than HIV	#4. Case management	#4. Case management
#5. Help to pay rent	#5. Case management	#5. Medical specialist other than HIV	#5. Transportation

Top Unmet Needs: 10-Year Trend

The 10-year trend below summarizes the top services that respondents indicated they "need but can't get," across health, basic needs, and support service categories (n=239-252):



Minority AIDS Initiative (MAI)

Carlie Langit, MPH, Community Health Program Specialist

July 9, 2026

MAI Background

- MAI provides additional funding under the Ryan White HIV/AIDS Program Parts A, B, C, D, and F to improve access to HIV care and health outcomes for racial and ethnic minority populations disproportionately affected by HIV.

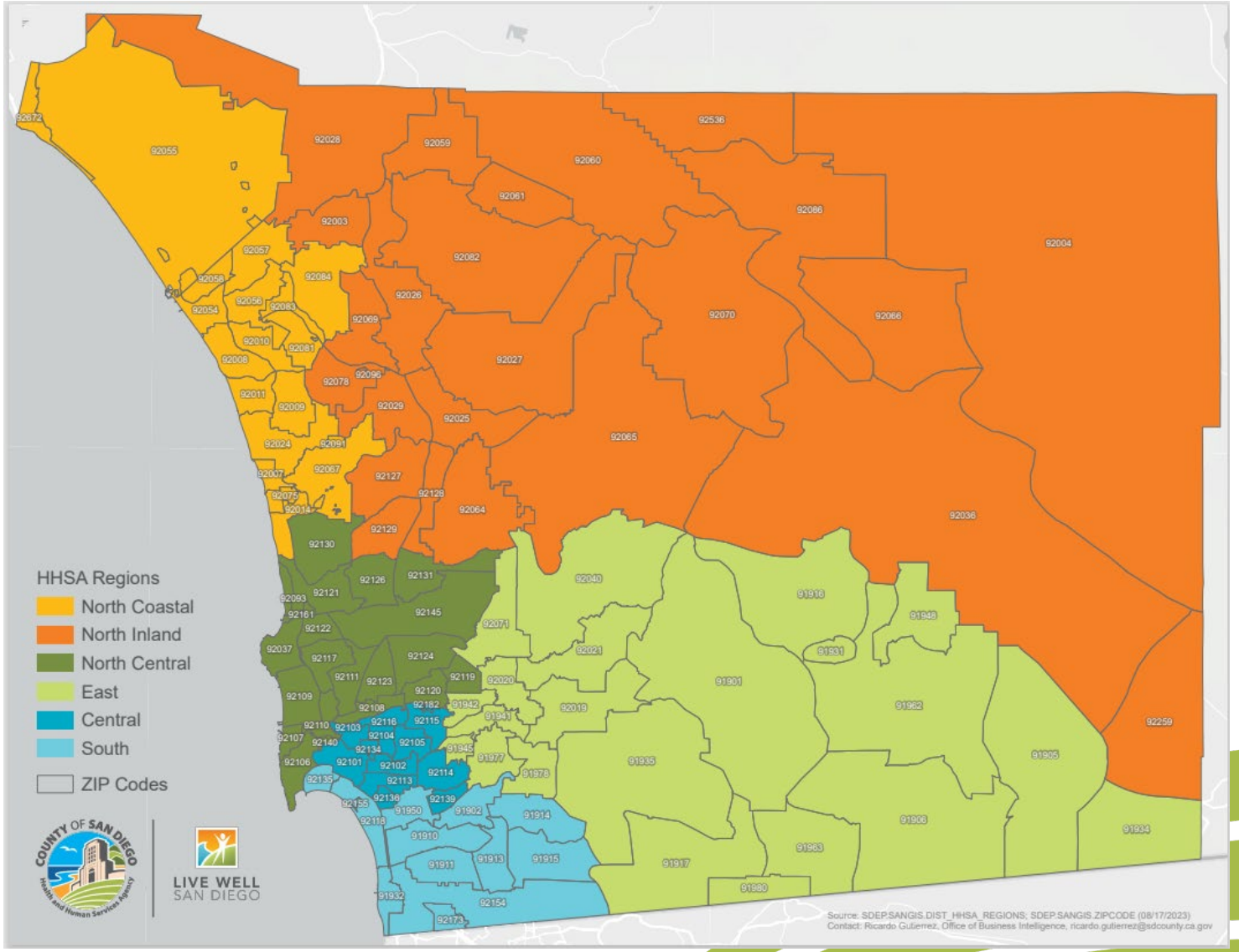
- Under Part A, MAI formula grant amount is based upon the number of people living with HIV who are Black, Hispanic, Asian, Pacific Islander, Native American/Native Alaskan or whose ancestry includes more than one race.

MAI Funding Levels

Year	Allocation	Expended
23-24	$773,155	$616,923
24-25	$784,859	$710,860
25-26	$886,480	$641,277

MAI Regions

- Central
- South
- Southeastern



MAI Services

Core Medical Services

- Medical Case Management – Directly supports clients in achieving their medical outcomes through development and execution of individual care plans, and promotes treatment adherence
- Mental Health – Outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services
- Outpatient Substance Use – Outpatient services for the treatment of drug or alcohol use disorders

Support Services

- Non-Medical Case Management – Accessing medical, social, community, legal, financial and other service needed by people living with HIV
- Peer Navigation – Referral to health and supportive services
- Early Intervention Services – Conducted to increase an individual's awareness of their HIV status and, if needed, facilitate access to the HIV care system using HIV testing, referral services, health literacy/education and linkage to care
- Outreach – Promote access to and engagement in appropriate services for people vulnerable to HIV infection, people newly diagnosed or identified as living with HIV and those lost or returning to HIV medical care
- Emergency Housing Assistance (EHA) – Offers temporary assistance with housing needs

HIV PLANNING GROUP
12-MONTH COMMITTEE TRACKING
August 2025 - July 2026

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE														
PSRAC	**Aug**	**Sep**	**Oct**	**Nov**	**Jan**	**Mar**	**May**	**11-Jun**	**25-Jun**	**9-Jul**	**16-Jul**	**23-Jul**	**#**	**# of JC Starting Jan 2026**
Total Meetings	1	0	0	1	1	0	1	1	1	1	1	1	**9**	
(12) Members														
Aguirre Mendoza, Marco	*	NQ	NQ	1	*	NM	*	*	*	*	*	*	**1**	
Davenport, Beth	1	NQ	NQ	*	*	NM	1	JC	*	*	1	1	**2**	**1**
Fleming, Tyra [c]	*	NQ	NQ	*	*	NM	*	*	*	*	*	*	**0**	
Garcia-Bigley, Felipe	*	NQ	NQ	1	*	NM	*	*	*	*	*	*	**1**	
Garland, Kalee				1	JC	NM	1	1	1	1	1	1	**3**	**1**
Halliwell, Pamuela				*	*	NM	1	*	1	1	*	1	**1**	
Jacobs, Dr. Delores	1	NQ	NQ	*	1	NM	*	*	1	*	*	*	**2**	
Kubricky, Cinnamen	1	NQ	NQ	*	*	NM	*	*	*	*	*	*	**1**	
Matthews, Eva	*	NQ	NQ	*	*	NM	*	1	1	1	*	*	**1**	
Mueller, Chris	*	NQ	NQ	1	*	NM	*	*	*	*	*	*	**1**	
Van Brocklin, Rhea [cc]	*	NQ	NQ	*	*	NM	*	*	*	*	*	*	**0**	
Westcott, Joe				*	*	NM	*	*	*	*	*	*	**0**	

To remain in good standing and eligible to vote, the committee member may not miss more than 3 meetings within 12 months *(Approved May 2026 / Effective June 2026*)

***** = Present

1 = Absent for the month

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

JC = Just Cause

NM = No Meeting

NQ = No Quorum

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

CY 2026 WORKPLAN

MEETING DATE	GOAL	OBJECTIVES
January 8, 2026	**Reports:** 1. PARS Report 2. Monthly Report Review	• Address change in FY 26 Part A funding (if needed) • Review Special data requested from the Recipients' Office • Partial Assistance Rental Subsidy (PARS) report • Review YTD data on **service utilization** and discuss findings.
February 12, 2026	**No meeting scheduled**	
March 12, 2026	**Meeting cancelled**	
April 9, 2026	**No meeting scheduled**	
May 7, 2026	**Data:** 1. Regional distribution of RWTEA Part A/B Services **Reports:** 2. PARS Report 3. Monthly Report Review	• Address change in FY 26 Part A funding (if needed) • Core Medical Services Waiver and the 75% grant funding spending requirement • Review and approve key data findings on **the regional distribution of RWTEA Part A/B services** and discuss findings • Special data needs from the Recipients' Office • Partial Assistance Rental Subsidy (PARS) report • Review and confirm priorities for FY 26 categories • Review YTD data on **service utilization** and discuss findings.
June 11, 2026 *(3 hours)*	**Data:** 1. HIV/AIDS Epidemiology 2. Co-occurring Conditions, Poverty, and Insurance 3. Co-occurring Conditions, Poverty, and Insurance **Reports:**	• Address changes in FY 26 Part A funding (if needed) • Review the Statewide Integrated Plan goals related to PSRAC • Review and confirm priorities for FY 26 categories • Review updated **HIV/AIDS Epidemiology Data** and discuss findings • Review and approve key data findings on **Co-occurring Conditions, Poverty, and Insurance,** and discuss findings • Special data needs from the Recipients' Office • Partial Assistance Rental Subsidy (PARS) report • Review YTD data on **service utilization** and discuss findings

	4. PARS Report 5. Monthly Report Review	
June 25, 2026 *(3 hours)*	**Data:** 1. Ryan White Service Eligibility Criteria 2. HIV Care Continuum a. RW clients vs. all clients b. Include data on viral suppression rates (include RW clients vs. all clients) c. RW Client Homelessness 3. HRSA and Ryan White Part A guidelines (PNC 1602) **Reports:** 4. PARS Report 5. Monthly Report Review	• Address changes in FY 26 Part A funding (if needed) • Review data on the **HIV Care Continuum/Unaware Estimate** and discuss findings o Include data on **RW clients vs. all clients** o Include data on **viral suppression rates** (include RW clients vs. all clients) • Review **HRSA and Ryan White Part A guidelines (PCN 1602)** • Partial Assistance Rental Subsidy (PARS) report Review YTD data on **service utilization** and discuss findings
July 9, 2026 *(3 hours)*	**Data:** 1. Minority AIDS Initiative (MAI) funding 2. Non-Ryan White Mental Health and Substance Use Treatment resources in the community with a	• Presentation on **Minority AIDS Initiative (MAI) funding** and its uses for services in all regions • Review and approve data on **RW Client Homelessness** • Review and approve key data findings on **Ryan White's service eligibility criteria & other service guidelines** and discuss findings

	focus on HIV/LGBT competencies 3. 2024 Survey of HIV Impact of the Needs Assessment	• **Review key findings on non-Ryan White Mental Health and Substance Use Treatment resources in the community with a focus on HIV/LGBT competencies** • Review of the Qualitative and Quantitative **2024 Survey of HIV Impact of the Needs Assessment** • Partial Assistance Rental Subsidy (PARS) report • Review YTD data on **service utilization** and discuss findings
July 16, 2026 *(3 hours)*	1. All data findings/ Overall Summary and KF by service category 2. FY 26 Funding Allocation Recommendations	• Recommendations with justifications to the HIV Planning Group for service priority ranking and how services should be organized and delivered in FY 27 (March 1, 2027 – February 29, 2028) • Recommendations with justifications for changes in funding allocations in level and reduction-funding scenarios for FY 27 (March 1, 2027 – February 29, 2028)
July 23, 2026 *(3 hours)*	**Data:** 3. All data findings/ Overall Summary and KF by service category 4. FY 26 Funding Allocation Recommendations	• Recommendations with justifications to the HIV Planning Group for service priority ranking and how services should be organized and delivered in FY 27 (March 1, 2027 – February 29, 2028) • Recommendations with justifications for changes in funding allocations in level and reduction-funding scenarios for FY 27 (March 1, 2027 – February 29, 2028) • Partial Assistance Rental Subsidy (PARS) report • Review YTD data on **service utilization** and discuss
July 30, 2026 *(3 hours)*	**Data:** 1. All data, including KF by service category **Reports:** 1. Monthly Report Review 2. Other Business as Needed (FY 26 Reallocations)	• Review/summarize additional available data • Recommendations for FY 26 reallocations (current fiscal year, March 1, 2026 – February 28, 2027) • As needed, recommendations with justifications to the HIV Planning Group for service priority ranking and how services should be organized and delivered in FY 27 (March 1, 2027 – February 29, 2028) • Complete recommendations with justifications for changes in funding allocations in level and reduction-funding scenarios for FY 27 (March 1, 2027 – February 29, 2028) • Partial Assistance Rental Subsidy (PARS) report • Review YTD data on **service utilization** and discuss findings

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

CY 2026 WORKPLAN

August 6, 2026 *(If needed, not yet scheduled)*	**Data:** 1. All data, including KF by service category **Reports**: 2. Monthly Report Review 3. Other Business as Needed (FY 25 Reallocations)	• Recommendations for FY 26 reallocations (current fiscal year, March 1, 2026 – February 28, 2027) • Recommendations for FY 26 reallocations (current fiscal year, March 1, 2026 – February 28, 2027) • As needed, recommendations with justifications to the HIV Planning Group for service priority ranking and how services should be organized and delivered in FY 27 (March 1, 2027 – February 29, 2028) • Complete recommendations with justifications for changes in funding allocations in level and reduction-funding scenarios for FY 27 (March 1, 2027 – February 29, 2028) • Partial Assistance Rental Subsidy (PARS) report • Review service categories that underspend (monthly) • Review YTD data on **service utilization** and discuss findings
September 10, 2026	**Data:** 1. Debrief PSRA process 2. CY 2026 Work Plan **Reports:** 1. PARS Report 2. Monthly Report Review	• Debrief the FY 27 priority setting and budget allocation process • Develop CY 27 PSRAC work plan • Partial Assistance Rental Subsidy (PARS) report • Review service categories that underspend (monthly) • Review YTD data on **service utilization** and discuss findings
October 8, 2026	**No meeting scheduled**	
November 12, 2026	**Reports:** 1. PARS Report 2. Monthly Report Review	• Partial Assistance Rental Subsidy (PARS) report • Review service categories that underspend (monthly) • Review YTD data on **service utilization** and discuss findings
December 10, 2026	**No meeting scheduled**	

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

(An Amendment to AB 2302)

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

Qualifying Reason	Provisions to Attend Remotely	Requirements /Limitations
"Just Cause"	▪ Childcare or caregiving need of a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner that requires them to participate remotely. ▪ A contagious illness prevents the member from attending the meeting in person. ▪ A need related to a physical or mental condition not otherwise accommodated by any reasonable accommodations provided. ▪ Travel while on official business of the legislative body or another state or local agency. ▪ An immunocompromised child, parent, grandparent, grandchild, sibling, spouse, or domestic partner of the member that requires the member to participate remotely. ▪ A physical or family medical emergency that prevents a member from attending in person. ▪ Military service obligations that result in a member being unable to attend in person because they are serving under official written orders for active duty, drill, annual training, or any other duty required as a member of the California National Guard or a United States Military Reserve organization that requires the member to be at least 50 miles outside the boundaries of the local agency.	A member is limited to **<u>two (2)</u>** virtual attendances due to "just cause" per calendar year.

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

Additional Information for Members Participating Remotely

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

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

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

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