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

**THURSDAY, AUGUST 7, 2025, 1:00 PM – 4:00 PM**
**County Operations Center,**
**5560 Overland Ave, San Diego, CA 92123.**
**Conference Room 171**

**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).

### TABLE OF CONTENTS

# Meeting Location & Directions:

**Priority Setting & Resource Allocation Committee (PSRAC)**
Thursday, August 7, 2025
1:00 PM - 4:00 PM

**County Operations Center**
5560 Overland Ave.
San Diego, CA 92123
**(Training Room 171)**



## FROM I-163 SOUTH:

1. Take I-163 North to Exit 8 for Kearny Villa Road.
2. Keep right, follow signs for Kearny Villa Road.
3. Turn right onto Chesapeake Dr.
4. County Operations Center will be on your right.

## FROM I-15 SOUTH:

1. Take I-15 North to Exit 10 for Clairemont Mesa Blvd.
2. Turn left onto Clairemont Mesa Blvd.
3. Turn right onto Overland Ave.
4. Continue straight to stay on Overland Ave.

## PUBLIC TRANSPORTATION

**MTS Bus Routes:**
25, 235, 928



County Operations Center Parking Lot

(3-hour Visitor Parking Available)

Building 5560 Training Room 171

5570
9320
5560
5560
5530
5530
9325   9335
9355
9373
Hazard Way
5454
5520
002
County Operations Center Parking Structure
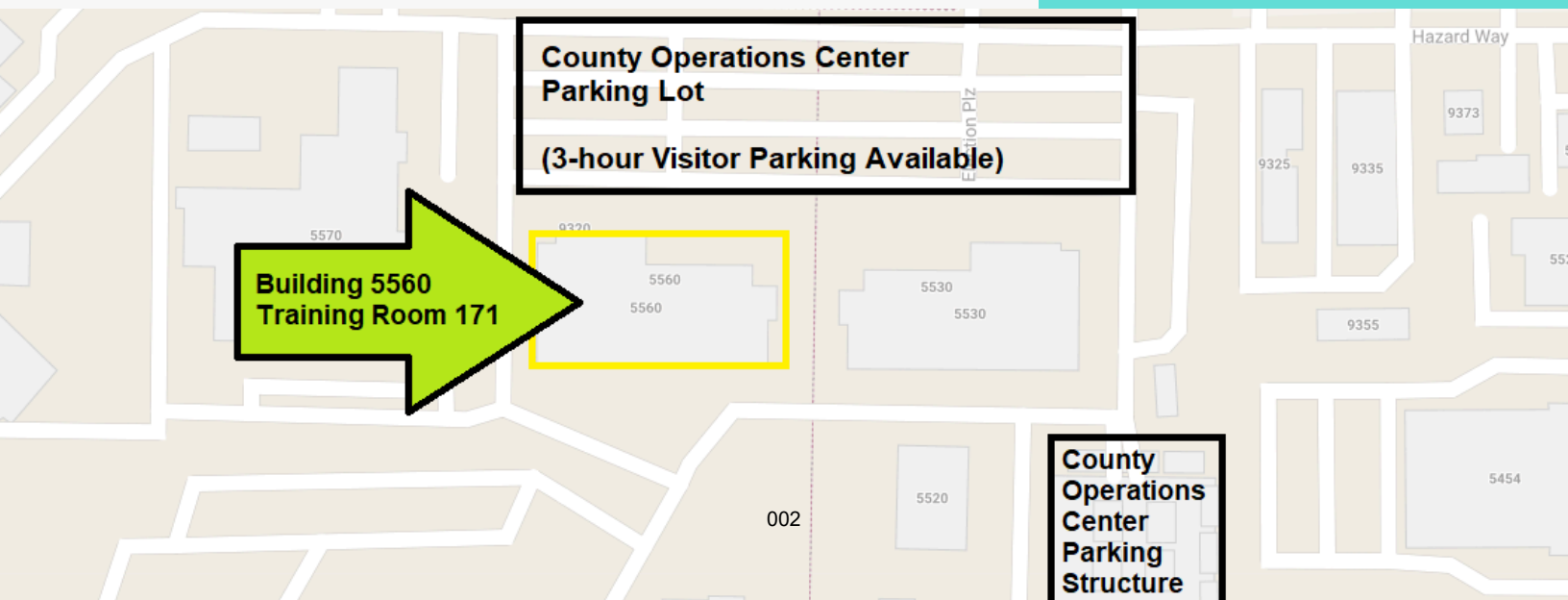
# Training Room 171



## FROM TROLLEY & BUS:

1. Take the Blue Trolley Line to the Balboa Avenue Transit Center.
2. Walk to Balboa Ave & Moraga Ave bus stop (about 7-minute walk, 0.3 miles).
3. Take Route 27 bus from Balboa Ave & Moraga Ave to Complex Dr & Clairemont Mesa Blvd.
4. Head north on Complex Dr.
5. Cross the street and turn right on Clairemont Mesa Blvd (after U.S. Bank Branch on the right).
6. Cross the street and turn left onto Overland Ave. and head north.
7. Enter east through County Operations Center entrance/black gate. **Building 5560** will be on your left.

## FROM BUS:

### From Ruffin Road:

1. Walk north towards Ruffin Road.
2. Turn left on Hazard Way.
3. Enter through County Operations Center entrance/black gate and head further west. Access to County Operations Center buildings will be on your **left**.

### From Overland Ave.:

1. Walk north on Overland Ave.
2. Enter east through County Operations Center entrance/black gate.
3. Turn left on pedestrian walkway. **Building 5560** will be on your **left**.



Trolley/Bus Route to County Operations Center

003
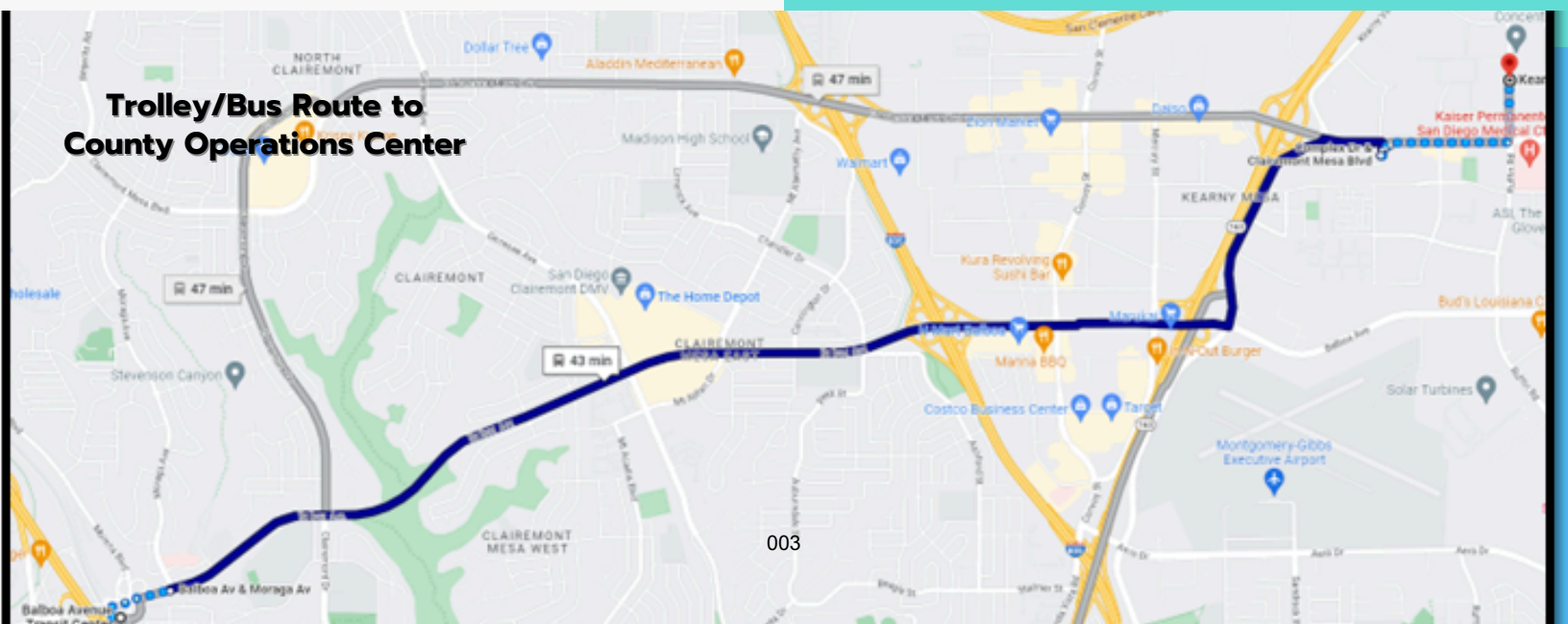
# PSRAC CONFLICT OF INTEREST (COI) Sheet

| | Davenport, Beth | Fleming, Tyra | Garcia Bigley, Felipe | Jacobs, Delores | Kubricky, Cinnamen | Luna, Sergio | Matthews, Eva | Mendoza Aguirre, Marco | Mueller, Chris | Van Brocklin, Rhea |
|---|---|---|---|---|---|---|---|---|---|---|
| CHS: WICYF* | | | | | | | | | | ▓ |
| Early Intervention Services: Regional Services | | | ▓ | | | | | | | |
| Early Intervention Services: Minority AIDS Initiative | | | ▓ | | | | | | | |
| Emergency Financial Assistance | | | | | | | ▓ | | | |
| Food Services: Food Bank/Home Delivered Meals | | | | | | | ▓ | | | |
| Home-Based Health Care Coordination | | | ▓ | | | | | | | |
| Medical Case Management | ▓ | | ▓ | | | | | | ▓ | |
| Medical Nutrition Services | | | | | | | ▓ | | | |
| Mental Health: Counseling / Groups / Therapy | ▓ | | ▓ | | | | | | | |
| Mental Health: Psychiatric Medication Management | | | ▓ | | | | | | ▓ | |
| Non-Medical Case Management | ▓ | | ▓ | | | | | | ▓ | |
| Oral Health | | | ▓ | | | | | | | |
| Outpatient Ambulatory Health Services: Medical Specialty | | | ▓ | | | | | | ▓ | |
| Outpatient Ambulatory Health Services: Primary Care | | | ▓ | | | | | | ▓ | |
| Outreach Services | | | | | | | | | | |
| Peer Navigation** | ▓ | | ▓ | | | | | | | |
| Subtance Use Disorder Treatment: Outpatient | | | | | | | | | | |
| Subtance Use Disorder Treatment: Residential | | | | | | | | | | |
| Transportation: Assisted and Unassisted | | | ▓ | | | | | | ▓ | |

*Coordinated HIV Services for Women, Infants, Children, Youth and Families

**Referral for Healthcare and Support Services

Fleming, Tyra
Jacobs, Delores
Kubricky, Cinnamen

Luna, Sergio
Mendoza Aguirre, Marco

*Revised 7/30/2025*

*Thursday, August 7, 2025, 1:00 PM –4 :00 PM*
County Operations Center,
5560 Overland Ave, San Diego, CA 92123.
Conference Room 171

**To participate remotely via Zoom:**
https://us06web.zoom.us/j/82979385521?pwd=ucUoVVtBupxbdBxothszYHHIP2luoC.1

**Join the meeting via phone:** 1-669-444-9171 United States Toll.
**Meeting ID:** 829 7938 5521          **Password:** PSRAC
Language translation services are available upon request at least 96 hours prior to the meeting.
Please contact HPG Support Staff via e-mail at hpg.hhsa@sdcounty.ca.gov.

**A quorum for this meeting is six (6)**

**Committee Members:** Dr. Beth Davenport | Tyra Fleming (Co-Chair) | Felipe Garcia-Bigley | Dr. Delores Jacobs | Cinnamen Kubricky | Sergio Luna | Eva Matthews | Marco Aguirre Mendoza | Chris Mueller | Rhea Van Brocklin (Chair)

## ORDER OF BUSINESS

1. Call to order, roll call, comments from the chair
2. Reminders
   a. **Review of Committee Charge**
   b. **Committee members' Conflicts of Interest:** Disclose areas of financial interest (e.g., employment); Refrain from participation in related votes.
   c. **Areas NOT the purview of this committee:** Selection of contractors; contract details; how contractors implement contracted services (e.g., staff salaries). These are the sole purview of the Recipient.
   d. **Focus on service priorities, not on specific service providers.**
   e. **Rules for the meeting** (as necessary): Committee members are limited to two (2) minutes per comment and limited to two (2) comments per item; public comments are welcome at the beginning and prior to each agenda item, limited to two (2) minutes so that all have an opportunity to participate.
3. Public comment on non-agenda items (for members of the public)
4. Sharing our concerns (for committee members)
5. **ACTION:** Approve the PSRAC agenda for August 7, 2025
6. Old Business:
   a. **None**
7. New Business:
   a. **ACTION:** Recommendations for FY 25 reallocations (current fiscal year, March 1, 2025 – February 28, 2026)

sdplanning.org

b. **ACTION:** As needed to complete the FY 26 priority setting, budget funding allocation process (next fiscal year, March 1, 2026 – February 28, 2027)

c. **ACTION:** Recommendations for how services should be organized and delivered in FY 26 (March 1, 2025 – February 28, 2026)

8. Routine Business:
   a. Review Monthly and Year-to-Date expenditures and assess for recommended reallocations
   b. Partial Assistance Rent Subsidy (PARS) and Emergency Housing update
   c. Review of the Monthly and Year-to-Date service utilization report

9. Suggested items for the future committee agenda

10. Announcements

    **Next meeting date:** August 14, 2025, from 1:00 PM – 4:00 PM
    **Location:** 690 Oxford St, Chula Vista, CA 91911, 1101 South Conference Room

11. Adjournment

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

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

# HPG FY 26 Part A & MAI Allocation Worksheet

| SERVICE CATEGORY | FY 26 Priority Rank | FY22 Final Expenditures — Allocated | Expended | % Budget Spent (Expended vs Allocated) | FY23 Final Expenditures — Allocated | Expended | % Budget Spent (Expended vs Allocated) | FY24 Final Expenditures — Allocated | Expended | % Budget Spent (Expended vs Allocated) | FY25 Allocations — Allocated | Expended through June 2025 (33%) | % Budget Spent (Expended vs Allocated) | FY26 PSRAC Recommendations — Approved FY 25 Allocations | PROPOSED CHANGES (+/-) | Proposed Revisions to FY 25 Allocations |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| OAHS: Primary Care | 1 | 1,307,630 | 1,058,990 | 103% | 1,102,630 | 1,104,470 | 100% | 1,928,742 | 1,192,323 | 62% | 1,821,037 | 590,114 | 32% | 1,821,037 | - | 1,821,037 |
| OAHS: Medical Specialty | 2 | 383,386 | 194,080 | 80% | 374,097 | 127,702 | 34% | 195,000 | 147,641 | 76% | 195,000 | 19,455 | 10% | 195,000 | (20,000) | 175,000 |
| Oral Health | 3 | 300,940 | 151,952 | 76% | 174,728 | 171,165 | 98% | 241,571 | 168,489 | 70% | 260,940 | 87,446 | 34% | 260,940 | - | 260,940 |
| Medical Case Management | 9 | 1,268,338 | 1,313,568 | 94% | 1,352,083 | 1,310,697 | 97% | 1,151,853 | 1,128,937 | 98% | 1,079,853 | 276,598 | 26% | 1,079,853 | 72,000 | 1,151,853 |
| Non-Medical Case Management | 10 | 392,021 | 407,487 | 85% | 437,236 | 419,105 | 96% | 392,021 | 363,421 | 93% | 352,021 | 80,202 | 23% | 352,021 | 40,000 | 392,021 |
| Non-Medical Case Management for Housing | 11 | 250,000 | - | 0% | - | - | | - | - | | 200,000 | - | | 200,000 | - | 200,000 |
| Housing: Partial Assistance Rental Subsidy (PARS) | 4 | 667,507 | 772,975 | 97% | 807,506 | 749,109 | 93% | 850,507 | 627,612 | 74% | 850,507 | 271,285 | 32% | 850,507 | - | 850,507 |
| Housing Location, Placement and Advocacy Services | 12 | 100,000 | - | 0% | - | - | | - | - | | - | - | | - | - | - |
| Housing: Emergency Housing | 5 | 280,000 | 1,044,260 | 97% | 1,250,000 | 1,177,673 | 94% | 1,127,722 | 1,023,223 | 91% | 933,515 | 343,430 | 37% | 933,515 | | 933,515 |
| Mental Health: Counseling/Therapy & Support Groups | 6 | 761,062 | 736,499 | 95% | 975,970 | 877,060 | 90% | 729,000 | 664,090 | 91% | 580,000 | 176,005 | 30% | 580,000 | 10,000 | 590,000 |
| Substance Use Tx Services: Outpatient | 7 | 269,959 | 255,037 | 81% | 288,587 | 267,982 | 93% | 313,127 | 312,838 | 100% | 313,127 | 82,659 | 26% | 313,127 | - | 313,127 |
| Mental Health: Psychiatric Medication Management | 8 | 28,036 | 5,486 | 20% | 13,036 | 7,466 | 57% | 17,394 | 13,712 | 79% | 13,500 | 3,472 | 26% | 13,500 | - | 13,500 |
| Coordinated HIV Services for Women, Infants, Children, Youth, and Families (CHS: WICYF) (Formerly "Early Intervention Services (EIS): Countywide Services for Women, Children & Families) | 13 | 943,317 | 993,157 | 100% | 993,327 | 993,294 | 100% | 993,157 | 992,942 | 100% | 993,157 | 327,097 | 33% | 993,157 | - | 993,157 |
| *Early Intervention Services | | | | | | | | | | | | | | | | |
| *Medical Case Management | | | | | | | | | | | | | | | | |
| *Non-Medical Case Management | | | | | | | | | | | | | | | | |
| *Mental Health | | | | | | | | | | | | | | | | |
| *Childcare services | 13a | | | | | | | | | | | | | | | |
| *Outreach to WICYF | | | | | | | | | | | | | | | | |
| *Peer Navigation for WICYF | | | | | | | | | | | | | | | | |
| *Transportation for WICYF | | | | | | | | | | | | | | | | |
| Early Intervention Services (EIS): Regional Services | 15 | 800,386 | 833,533 | 97% | 860,304 | 818,327 | 95% | 790,000 | 730,061 | 92% | 773,000 | 221,240 | 29% | 773,000 | | 773,000 |
| *Health Education & Risk Reduction | 15a | | | | | | | | | | | | | | | |
| *Outreach Services | 15b | | | | | | | | | | | | | | | |
| *Referral Services | 15c | | | | | | | | | | | | | | | |

# HPG FY 26 Part A & MAI Allocation Worksheet

**Level Scenario Remaining Balance -$102,000**

Level Scenario Remaining Balance -102,000

| SERVICE CATEGORY | FY 26 Priority Rank | FY22 Final Expenditures (FY 22) | | | FY23 Final Expenditures (FY 23) | | | FY24 Final Expenditures (FY 24) | | | FY25 Allocations (FY 25) | | | FY26 PSRAC Recommendations (FY 26) | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Health Education and Risk Reduction | 16 | - | - | | - | - | | - | - | | - | - | | - | | - |
| Peer Navigation (Referral for Health Care and Support Srvs.) | 14 | 300,000 | 248,378 | 78% | 402,231 | 307,871 | 77% | 213,200 | 195,353 | 92% | 193,093 | 73,830 | 38% | 193,093 | | 193,093 |
| Psychosocial Support Services | 17 | - | - | | - | - | | - | - | | 46,744 | - | 0% | 46,744 | | 46,744 |
| Substance Use Tx Services: Residential | 18 | - | - | | - | - | | - | - | | - | - | | - | | - |
| Home-based Health Care Coordination | 19 | 228,500 | 193,490 | 85% | 228,500 | 207,239 | 91% | 155,380 | 107,677 | 69% | 228,500 | 55,982 | 24% | 228,500 | | 228,500 |
| Transportation - Assisted & Unasst. | 20 | 127,830 | 121,345 | 79% | 169,057 | 126,021 | 75% | 151,830 | 137,890 | 91% | 101,830 | 22,869 | 22% | 101,830 | | 101,830 |
| Food Services: Food Bank/Home Delivered Meals | 21 | 536,073 | 530,043 | 100% | 531,573 | 467,213 | 88% | 536,073 | 535,362 | 100% | 536,073 | 129,391 | 24% | 536,073 | | 536,073 |
| Medical Nutrition Therapy | 22 | 35,542 | 35,319 | 99% | 35,542 | 34,397 | 97% | 35,542 | 33,693 | 95% | 35,542 | 10,345 | 29% | 35,542 | | 35,542 |
| Legal Services | 23 | 285,265 | 279,142 | 98% | 285,265 | 284,652 | 100% | 285,265 | 285,233 | 100% | 285,265 | 93,291 | 33% | 285,265 | | 285,265 |
| Emergency Financial Assistance | 24 | 53,730 | 33,833 | 100% | 68,356 | 57,486 | 84% | 79,660 | 67,238 | 84% | 61,856 | 17,467 | 28% | 61,856 | | 61,856 |
| Home Health Care | 25 | - | - | | - | - | | - | - | | - | - | | - | | - |
| Early Intervention Services: HIV Counseling and Testing | 26 | - | - | | - | - | | - | - | | - | - | | - | | - |
| Cost-Sharing Assistance | 27 | - | - | | - | - | | - | - | | - | - | | - | | - |
| Hospice | 28 | - | - | | - | - | | - | - | | - | - | | - | | - |
| Part A TOTALS | | 9,319,522 | 9,208,574 | 94% | 10,350,028 | 9,508,928 | 92% | 10,187,043 | 8,727,736 | 86% | 9,854,560 | 2,882,179 | 29% | 9,854,560 | 102,000 | 9,956,560 |
| Minority AIDS Initiative (MAI) | | - | | | | | | | | | | | | | | |
| Multi-Disciplinary Team | | 562,902 | 469,826 | 82% | 573,246 | 498,266 | 87% | 593,183 | 511,851 | 86% | 576,971 | 125,469 | 22% | 576,971 | - | 576,971 |
| Targeted Client Advocacy | | - | - | | | | | | | | | | | - | | - |
| Emergency Housing | | 100,000 | 99,455 | 99% | 100,000 | 52,722 | 53% | 100,000 | 92,377 | 92% | 97,267 | - | 0% | 97,267 | - | 97,267 |
| MAI TOTALS | | 662,902 | 569,280 | 85% | 673,246 | 550,988 | 82% | 693,183 | 604,228 | 87% | 674,238 | 125,469 | 19% | 674,238 | - | 674,238 |
| GRAND TOTALS | | 9,982,424 | 9,777,854 | 94% | 11,023,274 | 10,059,915 | 91% | 10,880,226 | 9,331,964 | 86% | 10,528,798 | 3,007,648 | 29% | 10,528,798 | 102,000 | 10,630,798 |

# APPENDIX
## (Page 010)

# ASSEMBLY BILL (AB) 2302: THE USE OF JUST CAUSE AND EMERGENCY CIRCUMSTANCES (2025)
### *(An Amendment to AB 2449)*

*If the physical attendance quorum requirement is met, AB 2302 permits a member who is not physically present to request virtual attendance at the local legislative body's meeting under two circumstances: **(1) for "just cause"** and **(2) due to "emergency circumstances"**.*

| Qualifying Reason | Provisions to Attend Remotely | Requirements/Limitations |
|---|---|---|
| **"Just Cause"** | ▪ There is a childcare or caregiving need (*for a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner*) that requires the member to participate remotely. <br><br> ▪ A contagious illness prevents the member from attending the meeting in person. <br><br> ▪ There is a need related to a defined physical or mental disability that is not otherwise accommodated for. <br><br> ▪ Traveling while on official business of the legislative body or another state or local agency. | A member is limited to **two (2)** virtual attendances due to "just cause" per calendar year. |
| **"Emergency Circumstances"** | **"*A physical or family medical emergency that prevents a member from attending the meeting in person*."** <br><br> A member is **not** required to disclose any medical diagnosis or disability, or any personal medical information that is already exempt from existing law. | **A member of the legislative body must:** <br> 1. Make a request to the body to allow the member to meet remotely due to an emergency circumstance; and <br> 2. Provide a general description of no more than 20 words of the circumstance justifying such attendance. <br><br> A request from a member to attend remotely requires that the legislative body take action and <u>approve</u> the remote attendance at the start of the meeting for the member to be allowed to participate remotely for that meeting[1]. |

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

## Additional Requirements for a Member Participating Remotely

In addition to making a request either for "just cause" or due to an "emergency circumstance" for remote appearance, AB 2302 imposes the following three (3) additional requirements on legislative body members seeking to appear remotely at public meetings:
1. The member:
   - Notifies the legislative body 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. **OR**
   - Requests the legislative body to allow them to participate in the meeting remotely due to emergency circumstances and the legislative body takes action to approve the request. *(See "requirements/limitations" for the use of emergency circumstances.)*
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.

*AB 2302: Just Cause and Emergency Circumstances (2025) - - - in effect until January 1, 2026*

# Some Tips on RW Budgeting Process

1. Take a look at how categories spent out during the last fiscal year. In our case, this would be FY24.

2. Take a look at how the category is currently spending during this current fiscal year, FY25.

3. Compare the historical spending of the category FY20-23.  Has more utilization occurred?  This would show the category increasing in expenses as the years progress. Or has utilization declined and the funding has not been expended as the years progress?

4. What other factors from all the data reviewed could be affecting the monetary changes? Look at the RW Key Findings documents for data points as to why utilization has increased/decreased.

5. If you need clarification about spending levels or have additional questions about the data, you can request a point of information and ask the recipient, planning group support staff, or other committee members (if they are not conflicted).

6. Remember that if your agency receives Ryan White funding for a service category, you are conflicted and should abstain from voting on that category.

7. When you are ready to make a motion, please state the funding amount (Dollar Amount) you are recommending the category to be, and the justification for your motion.  Include in your justification specific data in the key findings spreadsheet, as well as any data regarding previous years' spend out of that category.

8. It is okay to group multiple categories together per motion if it is presumed the funding level will stay the same.  You will still need to include the data justification and funding amounts in that motion.

# San Diego HIV Planning Group FY26
# PRIORITY SETTING & BUDGET ALLOCATION

**Your voice matters!** Help shape how funding is used in your community. Join us for the HIV Planning Group's upcoming budget allocation meetings and make sure your priorities are heard. This is an opportunity to use your voice in the discussion about services, programs, and resources for people living with and impacted by HIV/AIDS in San Diego.

## MEETING SCHEDULE

### Priority Setting & Resource Allocation Committee
1:00 PM - 4:00 PM

- June 12, 2025
- June 26, 2025
- July 10, 2025
- July 17, 2025
- July 24, 2025
- July 31, 2025
- August 7, 2025

### HIV Planning Group
2:00 PM - 5:00 PM

- August 6, 2025
- August 13, 2025
- August 27, 2025

## For Locations and More Information

Visit Our Website
**www.SDPlanning.org**

012

Or email us at
**HPG.HHSA@sdcounty.ca.gov**