

Continuation of Remote Meetings for Brown Act Boards and Commissions

State law requires local agency legislative bodies (which includes the HPG) to comply with the state's open meeting law referred to as the Ralph M. Brown Act (also called the "Brown Act"). Since March 2020, most legislative bodies have been operating under Executive Orders which suspended certain Brown Act provisions on teleconferencing allowing members to participate remotely. That Executive Order ended on September 30, 2021.

As of October 1, 2021, AB 361 allows for a continuation of teleconference meetings in certain circumstances. Following is a summary of AB 361 and its impact on public meetings and the steps required to utilize the teleconferencing option offered in AB 361.

At the next meeting, the HPG or Committee will need to take the actions detailed below if the members desire to continue meeting remotely.

I. Ordinary Brown Act Rules for Teleconferencing ("General Teleconferencing Rule")

Under the ordinary operation of the Brown Act (Gov. Code §54953(b)) a legislative body may use teleconferencing under the following circumstances:

- a. Post agendas at all teleconference locations;
- b. All teleconferenced locations are listed in the notice and agenda of the meeting;
- c. At least a quorum of members are located within the jurisdiction of the legislative body; and
- d. Members of the public are allowed to speak at each teleconferenced location.

II. Governor's Executive Orders Authorized Simplified Teleconferencing Rules, But These Ended on Sept. 30, 2021.

The County and other legislative bodies throughout the state have been using a simplified teleconferencing method, authorized by the Governor's Executive Orders related to the COVID-19 pandemic. This allowed members of legislative bodies attend meetings remotely without following the General Teleconferencing Rule set forth above.

III. New Teleconferencing Method Available Effective October 1, 2021, and Actions HPG and Committees Can Take ("Special Teleconferencing Rule")

Effective October 1, 2021, AB 361 amends Government Code section 54953 to add subsection (e) which allows suspension of the General Teleconferencing Rule listed above if any of the following circumstances exist (underlining added):

- a. There is a proclaimed state of emergency and state or local officials have imposed or recommended measures to promote social distancing; or
- b. Legislative body, during a proclaimed state of emergency, holds a meeting for the purposes of determining by majority vote, that as a result of the emergency meeting in person would present imminent risks to the health or safety of attendees; or

- c. Legislative body, during a proclaimed state of emergency, has previously determined (by majority vote) that as a result of the emergency meeting in person would present imminent risks to the health or safety of attendees.

After the first meeting, to continue to suspend the General Teleconferencing Rule and use the Special Teleconferencing Rule, the legislative body must make findings, at least every 30 days after that first meeting. The specific findings required are: 1) that legislative body has reconsidered the circumstances of the state of emergency; and 2) i. the state of emergency continues to directly impact the ability of members to meet safely in person; or ii. state or local officials continue to impose or recommend measures to promote social distancing.

IV. Operation of the Special Teleconferencing Rule

If a Brown Act body suspends the General Teleconferencing Rule as allowed under subsection (e), then the legislative body must (underlining added):

- a. Notice the meeting as otherwise required by the Brown Act;
- b. Agenda must identify and include an opportunity for all persons to attend via a call-in option or an internet based service option;
- c. Allow members of the public to access meetings and an opportunity to address the legislative body directly as provided in the notice (call in or internet);
- d. Conduct teleconferenced meetings in a manner that protects the statutory and constitutional rights of the parties;
- e. In the event of a disruption that prevents broadcasting or call-in or internet based service; actions cannot be taken. Any action taken during a disruption may be challenged pursuant to 54960.1;
- f. If a legislative body provides a timed public comment period for each agenda item, it cannot close the public comment period for the agenda or the ability to register on that item until the timed public comment period has elapsed (not likely applicable);
- g. If a legislative body provides a general public comment period, public comment must remain open until public comment period closes; and
- h. If a legislative body provides public comment on each agenda item, it must allow a reasonable time to register and speak (so likely until the matter is voted on).

V. Dr. Wooten has Issued a Social Distancing Recommendation, So Findings Have Been Met In Order to Use the Special Teleconferencing Rule

As of October 1, 2021, the elements to meet under the Special Teleconferencing Rule have been met. There is currently a State of Emergency and Dr. Wooten, the County's Public Health Officer, released a health recommendation on September 23, 202, which stated that utilizing teleconferencing options for public meetings is an effective and recommended social distancing measure to facilitate participation in public affairs and encourage participants to protect themselves and others from the COVID-19 disease.

VI. Next Steps

Under AB 361, on or after October 1, 2021, the first meeting of a legislative body under AB 361 can occur under the Special Teleconferencing Rule without anything

in particular on the agenda. In this case, Staff should note to the board that it is meeting pursuant to the Special Teleconferencing Rule and staff will bring back any future findings the board may need to take to continue to operate under the Special Teleconferencing Rule (i.e. within 30 days).

Alternatively, if time allows and the Chair approves, when the HPG or Committee first meets, an item will be placed on the agenda to determine whether the board wants to utilize the Special Teleconference Rule and if so, to adopt the initial Resolution.



County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES

WILMA J. WOOTEN, M.D.
PUBLIC HEALTH OFFICER


HEALTH OFFICER TELECONFERENCING RECOMMENDATION

COVID-19 disease prevention measures, endorsed by the Centers for Disease Control and Prevention, include vaccinations, facial coverings, increased indoor ventilation, handwashing, and physical distancing (particularly indoors).

Since March 2020, local legislative bodies—such as commissions, committees, boards, and councils—have successfully held public meetings with teleconferencing as authorized by Executive Orders issued by the Governor. Using technology to allow for virtual participation in public meetings is a social distancing measure that may help control transmission of the SARS-CoV-2 virus. Public meetings bring together many individuals (both vaccinated and potentially unvaccinated), from multiple households, in a single indoor space for an extended time. For those at increased risk for infection, or subject to an isolation or quarantine order, teleconferencing allows for full participation in public meetings, while protecting themselves and others from the COVID-19 virus.

Utilizing teleconferencing options for public meetings is an effective and recommended social distancing measure to facilitate participation in public affairs and encourage participants to protect themselves and others from the COVID-19 disease. This recommendation is further intended to satisfy the requirement of the Brown Act (specifically Gov't Code Section 54953(e)(1)(A)), which allows local legislative bodies in the County of San Diego to use certain available teleconferencing options set forth in the Brown Act.

September 23, 2021


Wilma J. Wooten, M.D., M.P.H.
Public Health Officer
County of San Diego



County of San Diego

NICK MACCHIONE, FACHE
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PUBLIC HEALTH OFFICER

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

**Thursday, September 8, 2022 3:00 PM
Meeting by WebEx**

This meeting is audio and video recorded.

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).

A quorum for this committee is seven (7)

Committee members: Beth Davenport, Alberto Cortes, Felipe Garcia-Bigley, Pam Highfill, Dr. Delores Jacobs (Chair), Cinnamen Kubricky, Chris Mueller, Raul Robles, James Rucker (Co-Chair), Karla Quezada-Torres, Regina Underwood, Rhea Van Brocklin, Freddy Villafan

Participants Requesting Spanish Translation: (Must notify support staff 96 hours in advance). You will receive an email with the number to call in.

Participantes que solicitan interpretacion en español: (debe notificar al personal de apoyo con 96 horas de antelacion). Recibirán un correo electrónico con el número de llamada designado.

1. Call to order; introductions; comments from the Chair
2. Continuance of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e)
 - a) Find that the HPG has reconsidered the circumstances of the State of Emergency
 - b) Find that State and local officials continue to recommend measures to promote social distancing.
3. Reminders:
 - **Review of committee charge**
 - **Conflict of interest:** disclose areas of financial interest (e.g., employment); refrain from participation in related votes
 - **Areas that are NOT the purview of this committee:** selection of contractors; contract details; how contractors implement contracted services (staff salaries, etc.)
 - **Focus on service priorities, not specific service providers**
 - **Rules for the meeting** (as necessary): committee members limited to 2 minutes per comment and limited to two comments per item; public comments welcome at beginning and

Due to the **Coronavirus disease (COVID-19)** public health emergency, the County of San Diego is making several changes related to HIV Planning Group meetings to protect the public's health and prevent the disease from spreading locally. California Governor Gavin Newsom issued Executive Order N-29-20 on March 17, 2020, relating to the convening of public meetings in response to the COVID-19 pandemic. Pursuant to the Executive Order, and to maintain the orderly conduct of the meeting, the County of San Diego will allow the HIV Planning Group members to attend the meeting via teleconference or phone conference and to participate in the meeting to the same extent as if they were present.

prior to each agenda item, limited to two minutes so that all have an opportunity to participate

4. Public comment on non-agenda items (for members of the public)
5. Sharing our concerns (for committee members.
6. Approve meeting agenda for September 8, 2022.
7. New Business
 - a) **Action Item:** Approve the recommendation(s) for reallocation of Part A funds in FY 22 (the current fiscal year; March 1, 2022 – February 28, 2023).
 - b) Debrief of the FY 23 priority setting and budget allocation process.
 - c) **Action Item:** Approve recommendations for service guidelines for Psychosocial Services (regions, populations).
8. Approve the meeting minutes from June 23, 2022; July 7, 2022; July 14, 2022; July 21, 2022; July 28, 2022, and August 4, 2022
9. Routine Business
 - a) Review Monthly and YTD expenditure and examine for any recommended reallocations.
 - i. Review of over/under spending
 - b) Review Monthly and YTD service utilization report
10. Old Business:
 - a) Getting to Zero (GTZ) Community Action Plan
 - 1) PARS wait list update
11. Next Meeting: Thursday, **October 13, 2022**. Location: WebEx.
12. Announcements
13. Adjournment

Principles for PSRA Decision-Making process	Criteria for PSRA Decision-Making process
Principles Guiding Decision Making (Priorities should reflect the Principles) <ol style="list-style-type: none">1. Decisions are made in an open, transparent process2. Decisions are based on documented needs (Needs assessment, etc.)3. Decisions are based on overall needs within the service area, not narrow single focus concerns4. Decisions include reports from the Needs Assessment committee of the HIV Planning Group.5. Services should be responsive to epidemiology of HIV in San Diego, including demographics and region6. Services must be culturally and linguistically appropriate and responsive7. Services should focus on needs of low-income, underserved and disproportionately impacted populations8. Services should minimize disparities in the availability and quality of treatment for HIV/AIDS9. Equitable access to services should be provided across subpopulations and regions	Criteria for Priority Setting <ol style="list-style-type: none">1. Documented Need based on:<ol style="list-style-type: none">a. Epidemiology of San Diego epidemic (Epi data)b. Needs and unmet needs expressed in needs assessment including the needs expressed by consumers not in care and/or from historically underserved communities (Needs assessment data)2. Minimize disparities in the availability and quality of treatment for HIV/AIDS (Demographic service utilization data compared to HIV/AIDS demographic)3. Quality, outcome effectiveness and cost effectiveness of services, (Measured by service category outcomes, CQM, 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 care5. Consistency with the continuum of care

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

**Conflict of Interest
Priority Setting and Resource Allocation Committee**

<u>Name</u>	<u>Conflict of Interest</u>
Acevedo, Allan	<ul style="list-style-type: none"> • None
Cortes, Alberto	<ul style="list-style-type: none"> • Medical Nutrition Therapy • Emergency Financial Assistance • Food Bank/Home Delivered Meals
Davenport, Beth	<ul style="list-style-type: none"> • Mental Health • Non-Medical Case Management • Medical Case Management • Peer Navigation
Garcia-Bigley, Felipe	<ul style="list-style-type: none"> • EIS: Minority AIDS Initiative • Early Intervention Services, Regional Services • Home-Based Health Care Coordination • Medical Case Management • Mental Health Counseling/Therapy • Mental Health: Psychiatric Medication Management • Non-Medical Case Management Service • Oral Health • Outpatient Ambulatory Health Services: Medical Specialty • Outpatient Ambulatory Health Services: Primary Care • Peer Navigation (Referral for Healthcare and Support Services) • Transportation: Assisted and Non-Assisted
Highfill, Pam	<ul style="list-style-type: none"> • Substance Use Treatment: Residential
Jacobs, Dr. Delores	<ul style="list-style-type: none"> • None
Kubricky, Cinnamen	<ul style="list-style-type: none"> • None
Mueller, Chris	<ul style="list-style-type: none"> • Substance Abuse Outpatient Care [conflict expires 11.01.22] • Medical Case Management, including Treatment Adherence Services • Outpatient/Ambulatory Health Services (Primary Care) • Medical Transportation • Non-Medical Case Management Service • Medical Specialty • Psychiatric Services
Quezada-Torres, Karla	<ul style="list-style-type: none"> • None
Robles, Raul	<ul style="list-style-type: none"> • None
Rucker, James	<ul style="list-style-type: none"> • None

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

Debrief of FY 23 priority-setting and budget allocation process

1. What worked about this year's process?

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2. What could be improved for next year?

- a. Stakeholders/participants/consumer involvement**
- b. Pace**
- c. Data available**
- d. Materials**
- e. Process**
- f. Interaction**

3. What was done regarding the previous year's recommendations? (Last year's comments below)

What worked about this year's process?

- a. Being able to review data
- b. Variety of presentations from people who were experts on the topic being discussed
- c. Needs Assessment
- d. Teleconferencing
- e. Allowing all members to speak and express their opinions
- f. Incorporated feedback from consumers

What could be improved for next year?

- a. Have data available one week before voting occurs.
 - The Combined Key Data set and summary key data findings were available 2 - 3 weeks before the psra process began at the PSRAC level and was available at all PSRAC and HPG meetings, as well as on the HPG website.
- b. Make sure data is up to date (most recent), especially epidemiology data
 - The most recent HIV epidemiology was not available; that data is received from another branch within Public Health Services and is out of the control of HPG Support Staff and HIV, STD, and Hepatitis Branch (HSHB) staff.

- c. During the psra process, remove anything that is not essential from the agenda (i.e.: monthly agenda items that can be eliminated from the weekly agenda)
 - All non-essential agenda items were removed from the PSRAC and HPG meetings during the psra process. The expenditure sheets review and service utilization reports were retained on the agenda as requested. These are important data for review/consideration during the psra process.
- d. Have more consumer involvement
 - During the FY 23 priority setting and budget allocation process meetings at the PSRAC and HPG, there were:
 - 5 consumers members at the July 7th PSRAC meeting (plus an estimated ~ 2 – 3 public consumers)
 - 4 at the July 14th PSRAC meeting (plus est. 2 – 3 public consumers)
 - 3 at the July 21 PSRAC meeting (plus est. 2 – 3 public consumers)
 - 4 at the July 28th PSRAC meeting (plus est. 2 – 3 public consumers)
 - 5 at the August 4th PSRAC meeting (plus est. 2 – 3 public consumers)
 - 6 consumer HPG members at the July 27th HPG meeting (plus est. 4 – 5 public consumers)
 - 7 at the August 3, 2022 HPG meeting (plus est. 3 – 5 public consumers)
- e. A member expressed how they wanted participation/input from other committees like Consumer Group or Strategies and Standards Committee.
 - The Consumer Group and the Strategies and Standards Committee did not meet in August 2022; each committee encouraged their members to attend the PSRAC and HPG meetings in July and August to participate in the FY 23 psra process.
- f. Make sure members and consumers who are new to the process have information about service categories and the impact voting will have on the category.
 - Information on service categories was provided at each meeting in the following manner:
 1. The data sets (particularly a. Key Findings for Service Eligibility and Guidelines, b. PCN – 1602, and c. Key Findings by Service Category)
 2. Explanations from the Recipient at each meeting on what each service category entails
 3. Monthly expenditure reports
 4. Service utilization reports.
- g. Clarify the implication of various funding streams (i.e., decisions that impact Ryan White services may not have any effect on Medicare or other funding streams).
 - This was regularly discussed by the Recipient, HPG Support Staff, PSRAC, and HPG members during the psra process.
 - A report on non-Ryan White mental health and substance use treatment resources was reviewed by the PSRAC.
 - Some of this information would come via a provider survey/resource inventory. The cycle of the components of the Needs Assessment process has been disrupted by COVID. Perhaps the PSRAC/HPG could consider doing a reset to determine the priority of the Needs Assessment components and how to go about getting the needed information.

**San Diego HIV Planning Group
Priority Setting and Resource Allocation Committee**

2022 Key Data Findings

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

Approved June 2, 2022



The Health Resources and Services Administration (HRSA) require that the income eligibility criteria be the same for all Ryan White service categories. Having different income eligibility criteria for different services creates 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 500% Federal Poverty Level (FPL)* (\$67,950 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 service

All clients must be reassessed for eligibility every twelve months

Service specific guidelines for each Ryan White service provided in the County are noted in the chart beginning on page 2.

*The FPL for changes every year and is usually published within the first few months of each calendar year. The 2022 500% FPL is \$67,950 annually for a household of one (adjusted for additional family members).

San Diego County EMA Ryan White Treatment Extension Act (RWTEA) Parts A/B
SERVICE SPECIFIC CRITERIA
Draft April 14, 2022

Category	Criteria	Limitations	Requires referral
Outpatient Ambulatory Health Services (Primary Care)	No additional guidelines	Emergency room or urgent care services are not considered outpatient settings. There are no annual limits on the number of services provided.	
Medical Specialty	Must have a referral from Ryan White HIV Primary Care provider	Requests triaged based on medical necessity, HIV relatedness and urgency.	<ul style="list-style-type: none"> • Medical provider
Psychiatric Services	Must have a confirmed mental health diagnosis, and/or referral for specialized psychiatric care from a medical provider or mental health provider	There are no annual limits on the number of services provided.	<ul style="list-style-type: none"> • Medical provider • Mental health provider
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)	<ul style="list-style-type: none"> • Medical provider • Dental provider for dental specialty service
Home and Community Based Health Services	Must be at risk for hospitalization or entry into a skilled nursing facility. Must also: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • Medical provider • Case manager
Home Health Care	Must be deemed medically homebound by a medical provider	Home settings do not include nursing facilities or inpatient mental health/substance abuse treatment facilities. Case is closed when all services are completed, and medical care is stabilized. There are no annual limits on the number of services provided.	<ul style="list-style-type: none"> • Medical provider • Case manager
Home Hospice	Must be certified as terminally ill by a physician and have a defined life expectancy of six months or less	Case is closed upon death. This service category does not extend to skilled nursing facilities or nursing homes. There are no annual limits on the number of services provided.	<ul style="list-style-type: none"> • Medical provider • Case manager

Category	Criteria	Limitations	Requires referral
Early Intervention Services	Limited to: <ul style="list-style-type: none"> 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 	Services focus on linkage or re-engagement in care and are not intended to be ongoing.	
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: <ul style="list-style-type: none"> Client is currently enrolled in outpatient/ambulatory health services Client is following his/her medical plan Client is keeping medical appointments Client is taking medication as prescribed 	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 completed and medical care is stabilized. There are no annual limits on the number of services provided.	
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 completed and medical care is stabilized. There are no annual limits on the number of services provided.	
Non-Medical Case Management for Housing	[Service standards are being drafted by the Strategies and Standards Committee]		
Medical Nutrition Therapy	Must be referred by a medical provider	Case is closed when all action items on the nutrition plan are completed and medical care is stabilized. There are no annual limits on the number of services provided.	<ul style="list-style-type: none"> Medical provider
Mental Health: Counseling, Therapy/Support Groups	May request or be referred by providers or case manager	Case is closed when all action items on the care plan are completed and medical care is stabilized. There are no annual limits on the number of services provided.	
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.	
Substance Use 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.	<ul style="list-style-type: none"> Clinical provider
Substance Use 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	

Category	Criteria	Limitations	Requires referral
		any other aftercare program activities. There are no annual limits on the number of services provided.	
Housing: Emergency Housing	Eligible to receive RW services.	<p>Services prioritize hotel/single room occupancy (SRO) vouchers over rental assistance. Service can be used once in a 12-month period.</p> <p>Service is not available to individuals who:</p> <ul style="list-style-type: none"> • 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. <p>Housing services may not:</p> <ul style="list-style-type: none"> • Be used for mortgage payments • Be in the form of direct cash payments to clients • Be used for rental or security deposits. Such deposits are typically returned to clients as cash which would violate the prohibition on providing cash payments to clients. 	<ul style="list-style-type: none"> • Case manager
Housing Location, Placement and Advocacy Services	Service standards are being drafted by the Strategies and Standards Committee]		<ul style="list-style-type: none"> •
Housing: Partial Assistance Rental Subsidy (PARS)	Must not receive other subsidized housing, either tenant-based or project-based	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).	<ul style="list-style-type: none"> • Case manager

Category	Criteria	Limitations	Requires referral
		<p>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.</p> <p>Housing services may not:</p> <ul style="list-style-type: none"> • Be used for mortgage payments • Be in the form of direct cash payments to clients • Be used for rental or security deposits. Such deposits are typically returned to clients as cash which would violate the prohibition on providing cash payments to clients. 	
Outreach Services	<p>Limited to:</p> <ul style="list-style-type: none"> • 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 	Services focus on linkage or re-engagement in care and are not intended to be ongoing.	
Health Education and Risk Reduction	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	
Referral to Health and Care and Support Services (Peer Navigation)	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.	<ul style="list-style-type: none"> • Self-Referral • Case manager • Early Intervention Services
Transportation Pool – Assisted & Unassisted	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.	<p>Specific eligibility criteria for <u>assisted transportation</u>•:</p> <ul style="list-style-type: none"> • Specific Eligibility Criteria: Used for transport to and from various core medical and support service providers. • Assisted transportation, consisting of ADA Para-Transit Passes and certified medical 	<ul style="list-style-type: none"> • Case manager • Any service provider

		<p>transport may be used if a client is unable to access unassisted transportation.</p> <ul style="list-style-type: none"> • Contractor shall refer all clients requesting assisted transportation for screening and potential eligibility for AIDS Waiver program. • Clients are not eligible for assisted transportation services if they receive or are eligible for other public transportation benefits such as, but not limited to, ADA Para-Transit, AIDS Waiver Transportation Assistance, Home and Community-based Health Services, or Medi-Cal reimbursed medical transport. <p>Specific eligibility criteria for <u>unassisted transportation</u>:</p> <ul style="list-style-type: none"> • Specific Eligibility Criteria: 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. <ul style="list-style-type: none"> ○ 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 program and/or mileage reimbursement. <p>Transportation services are limited to travel to and from core medical and support service</p>	
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Category	Criteria	Limitations	Requires referral
		<p>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.</p> <p>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.)</p>	
Food Services/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	<p>Services do not provide:</p> <ul style="list-style-type: none"> • Permanent water filtration systems for water entering a home; • Household appliances; • Pet foods and • Other non-essential products. <p>Case is closed when the service is deemed no longer medically necessary. There are no annual limits on the number of services provided.</p>	<ul style="list-style-type: none"> • Case manager • Medical provider
Legal Services (Other Professional Services)	Services can also 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.	
Emergency Financial Assistance	Eligible to receive RW services.	<p>The maximum amount for each item per year per client are as follows:</p> <ul style="list-style-type: none"> • Clients are eligible to receive up to \$1,000/year to use for utility payments. • Food bags: Each client is allowable 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 and (2) only intended for short term need. • Eyeglasses: One set of lenses per year, one set of frames every other year; one 	<ul style="list-style-type: none"> • Case manager

Category	Criteria	Limitations	Requires referral
		<p>opportunity to replace if lost/stolen/damaged.</p> <ul style="list-style-type: none"> • 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. 	
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.	<ul style="list-style-type: none"> • Case manager

Psychosocial Support Services

Service Category Definition

Psychosocial Support Services are group services provided to offer support regarding the emotional and psychological issues related to living with HIV. They differ from Mental Health services as they can be provided by non-mental health professionals, including trained peers.

Purpose and Goals

The objective of Psychosocial Support Services is to increase client self-efficacy and create a broad-based support system, by promoting problem solving, increased service access and development of selfcare steps towards diseases self-management. In addition, to provide a central and dedicated support contact in order to address and minimize crisis situations and stabilize clients' psychological health status to maintain their participation in the care system.

Intake

Services may be accessed through referral from another Ryan White HIV care and/or support service. Individuals may also self-refer, contingent upon verification of Ryan White eligibility. If the Psychosocial Support Services provider is the client's first contact with HIV Care Program, the client must be screened for eligibility as described in the Universal Standards of Care.

Key Service Components and Activities

Key activities of Psychosocial Support Services may include:

- HIV support groups, both in person or virtual
- Services must be provided by a trained peer, whether staff or volunteer.
- Funds can be used for cover the cost of both salaries and stipends to facilitators

Psychosocial Support Services must be offered in a way that addresses barriers to accessing health care and uses resources to support positive health outcomes for clients. When relevant, these services should be coordinated with a client's overarching Care Plan.

Exclusions

Funds under this service category may not be used to pay for food or transportation. Providers can identify alternative funding sources to allow for the provision of refreshments and meals during service delivery.

Funds under this service category may not be used to pay for professional mental health services.

Each group is one Unit of Service (UOS). When clients attend group-related services, sign-in sheets should be maintained and UOS should be allotted for each client (e.g., if five clients attend a one-hour support group, the service should be recorded for each client).

Standard	Measure
Staff ensures clients' eligibility and needs	Documentation that psychosocial services funds are used only to support eligible activities listed above.
Staff ensures clients are connected to the appropriate services when needed.	Documentation of all services provided/offered to clients.

Personnel Qualifications

Psychosocial Support Services providers are not required to be licensed or registered in the State of California. However, providers should be trained and knowledgeable in HIV-related issues such as available services, treatment, eligibility services, etc. Services may be provided by paid staff or volunteers. Individual supervision and guidance must be available to all staff as needed. All HCP-funded staff and volunteers providing Psychosocial Support Services must complete an initial training session related to their job description and serving those with HIV. Training, as well as ongoing annual training as appropriate for their position. Training must be clearly documented and tracked for monitoring purposes. Training topics must include:

- General HIV knowledge such as transmission, care, and prevention
- Privacy requirements and HIPAA regulations
- Navigation of the local system of HIV care

Standard	Measure
Staff will meet minimum qualifications	Documentation of completion training sessions and the ongoing annual training.
Staff will be trained in or have relevant experience in core competencies: <ul style="list-style-type: none"> - Active listening and other one-on-one support skills - Group facilitation (if applicable) - Conflict de-escalation/resolution - Roles and responsibilities of peer emotional support - Client assessment skills, including: Conducting an initial needs assessment (as appropriate to job function), identifying an individual at imminent risk who is in need of a higher level of support - Awareness of resources for appropriate referral 	Documentations in personnel/volunteer file.



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PUBLIC HEALTH OFFICER

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

Thursday, June 23, 2022

3:00 PM – 5:00 PM

WebEx Meeting

DRAFT MINUTES

Quorum is Seven (7)

Members: Beth Davenport / Reginald Carroll / Alberto Cortes / Dr. Delores Jacobs (Chair) / Chris Mueller / Karla Torres / Regina Underwood / Rhea Van Brocklin

Members Absent: Pam Highfill / Cinnamen Kubricky / Raul Robles / James Rucker

Agenda Item	Action	Follow-up
1. Call to order	Dr. Jacobs called the meeting to order at 3:02 p.m. and noted that a quorum was established.	
2. Continuance of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e)	Motion: Find that the Committee has reconsidered the State of Emergency and that State and local officials continue to recommend measures to promote social distancing authorizing teleconferenced meetings pursuant to Government Code section 54953(e). Motion/Second/Count (M/S/C): Van Brocklin/Torres 5/0 Abstentions: Jacobs Motion carries	
3. Reminders	Rhea Van Brocklin read the committee charge. Dr. Jacobs reviewed the rules for conflicts of interest (COI) and the committee's role. There was a request for clarification of conflict of interest regarding case management, specifically, do members who have a relationship to a provider that has case managers need to abstain in all categories that include case management services, e.g., transportation, housing, etc.	Request clarification from the Steering Committee regarding COIs for case managers.

Agenda Item	Action	Follow-up
4. Public Comment on non-agenda items (for members of the public)	None	
5. Committee Members: Sharing Our Concerns on non-agenda items	A committee member stated additional training was needed on the difference between public comments and sharing concerns at meetings.	
6. Action: Review and approve agenda for June 23, 2022	Action: Approve the June 23, 2022 meeting agenda as presented. Motion/Second/Count (M/S/C): Carroll/Mueller 6/0 Abstentions: Jacobs Motion carries	
7. Action: Review and approve meeting minutes for May 11, 2022, June 2, 2022 and June 9, 2022 June 16, 2022	Motion: Approve the May 11, 2022, June 2, 2022, June 9, 2022 and June 16, 2022 meeting minutes as a group as presented with the noted change: On the June 2, 2022 minutes, change the quorum to seven (7). (M/S/C): Carroll/Van Brocklin 4/0 Abstentions: Cortes, Davenport, Mueller, Torres Motion carries	Staff will update the June 2, 2022, PSRAC minutes.
8. Routine Business a) COVID-19 update	Transmission in San Diego County continues to be a concern; the number of cases has increased to 1,000. however, hospitalizations and deaths are rare for those who are vaccinated.	
b) Review monthly and YTD expenditure and examine for any recommended reallocations. i. Review of over/under spending	FY 22 expenditure reports are unavailable as invoices are pending; a report will be available for the second meeting in July.	
c) Affordable Care Act (ACA) update	Medi-Cal in California has expanded to include everyone who is 50 or older and whose -income is less than 138% of the federal poverty level (FPL); the Recipient's office will assist clients' transfer; however, no clients will be denied Ryan White (RW) services if they are unwilling or unable to enroll in Medi-Cal.	
d) Review Monthly and YTD service utilization report	There is a decrease in the overall number of individual unique clients by approx. 10 – 14%, approximately one-half of the decline in numbers is in Primary Care, as perhaps clients are enrolling in ACA or Medi-Cal.	

Agenda Item	Action	Follow-up
e) HIV Prevention update	A testing report will be available for the next meeting.	
f) Review/update FY 22 Work Plan as needed	Reviewed; remove the work plan from the June 30, 2022 meeting, which is not scheduled.	Staff will update the work plan.
9. Old Business		
a) Getting to Zero (GTZ) Community Action Plan 1) Review Housing data (if available) 2) Discussion/Potential Action Item: Continue to discuss PARS waiting list, including recommendation regarding the waiting list and service directives.	The committee reviewed the potential service delivery recommendations for Partial Assistance Rental Subsidy (PARS), including 1. Limiting the program to 24 months. 2. Having clients meet with a housing case manager, and 3. Ensure that implementation would be done to minimize the impact on the clients currently using PARS. The committee decided to wait until the Housing Case Management services are in place to make any recommendations.	Table on the PSRAC agenda until the Housing Case Management program(s) are in place.
b) Elect a new committee co-chair	Nominations for a new committee co-chair will remain open.	
10. New Business		
a. Action Item: Approve the recommendation(s) for reallocation of Part A funds in FY 22 (the current fiscal year; March 1, 2022 – February 28, 2023).	None currently	
11. Review any additional data that is available	The committee reviewed the list of data sets reviewed and data that is pending. Dr. Riley discussed the pending key data by service category, which will be available at the next meeting. He will check with Dr. Tweeten to see if any HIV Epidemiology updates or revisions/clarification to the data on Continuum of Care/Viral Suppression will be forthcoming.	
12. Recommendations with justifications to HIV Planning Group for service priority ranking, and how services should be organized and delivered in FY 23	The committee will begin priority rankings for FY 23 at the next meeting.	
13. Next Meeting	Thursday, July 7, 2022 Time: 3:00 p.m. Location: WebEx	
14. Next Meeting:		

Agenda Item	Action	Follow-up
15. Announcements	<ul style="list-style-type: none"> • The Faith-Based Action Coalition is hosting a National HIV Testing Day event on Saturday, June 25, 2022, 10:00 a.m. – 2:00 p.m. at the Malcolm X Library. For more information, please contact Dr. Ken Riley. • Christie's Place is presenting the "Dancing with Hope" Retreat on September 23 – 25, 2022, at Camp Stevens Retreat Center in Julian, CA. For more information, contact Kenyatta Parker at 619-702-4186. 	
16. Adjournment	Adjourned at 4:01 02 p.m.	



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

Thursday, July 7, 2022

3:00 PM – 5:00 PM

WebEx Meeting

DRAFT MINUTES

Quorum is Seven (7)

Members present: Reginald Carroll / Alberto Cortes / Beth Davenport / Pam Highfill / Dr. Delores Jacobs (Chair) / Cinnamon Kubricky / Chris Mueller / Raul Robles / James Rucker / Karla Quezada - Torres / Regina Underwood / Rhea Van Brocklin

Agenda Item	Action	Follow-up
1. Call to order	Dr. Delores Jacobs called the meeting to order at 3:00 p.m. and noted that a quorum was established.	
2. Reminders	The committee charge was read by James Rucker. Dr. Jacobs reviewed conflicts of interest, focus on service categories, and the rules of the meeting.	
3. Public Comment on non-agenda items (for members of the public)	<p>A member of the committee noted two years ago, there were high sexually transmitted infection (STI) rates in San Diego County during the month of Pride. This year there is concern regarding Monkeypox. Is there information about vaccines for the community?</p> <p>A member of the committee asked if a consumer gets a job with a Ryan White provider, how does that affect their responsibility with the HPG? That would make that consumer affiliated, and they would have to abstain from votes concerning service categories for which that provider receives Ryan White funding.</p>	HPG Support Staff will send the Vaccination event flyer and link to the Town Hall meeting recording to the PSRAC Committee.

Agenda Item	Action	Follow-up
<p>4. Committee Members: Sharing Our Concerns on non-agenda items</p>	<p>A member of the committee recommended explaining to committee members that Public Comments on non-agenda items are for members of the public and sharing our concerns on non-agenda items is for committee members. They also stated one could not be in an unaffiliated consumer seat if one is a Ryan White provider. This could change with the changes to the HPG by-laws.</p> <p>A member of the committee stated they were told that there is no funding for emergency hotel stays, which severely impacts clients; they recommended looking into this.</p> <p>A member of the committee stated their agency was told Emergency Housing funds were shut off for a couple of days.</p>	<p>The information regarding who Public Committee is for and who Sharing our Concern is for is noted on every agenda.</p> <p>The Recipient's office will investigate the reports of disruption and depleted funding in Emergency Housing services.</p>
<p>5. Action: Review and approve the agenda for July 7, 2022</p>	<p>Action: Approve the July 7, 2022 meeting agenda as presented. Motion/Second/County (M/S/C): Carroll/Van Brocklin 11/0 Abstentions: Jacobs Motion carries</p>	
<p>6. Routine Business</p>		
<p>a) Review monthly and YTD expenditures and examine for any recommended reallocations.</p> <p>i. Review of over/under spending</p>	<p>Lauren Brookshire discussed the updated expenditure report, which was not yet available for review by the committee and will be sent out later. For a couple of years, there was significant amount of funding towards Emergency Housing (EH) during the height of the COVID-19 pandemic and there were expanded authorizations for EH from 2 weeks to up to 6 weeks. As of March 1, 2022, category returned to a 2-week limit in EH, with review for requests beyond that with special authorization. The amount of funding allocated for EH in FY 22 is significantly less, \$550,000 total, and approximately 47% expended in FY 22. The Recipient noticed funds were low in the service category, took recipient action and immediately added \$50,000 so that there will be no</p>	<p>The committee requested the Recipient investigate the concerns of EH service disruption and reports of fund depletion.</p>

Agenda Item	Action	Follow-up
	<p>gaps. The Recipient office has been cautious in approving beyond 2 weeks. The HPG may consider adding more dollars for that service category.</p> <p>Overall, at approximately 33.3% of the FY 22 fiscal year expended, most service categories are on track for spending. However there are a few service categories with low expenditures, including, Primary Care, Medical Specialty, Psychiatric Med. Mgmt., and Oral Health. Medical Case Management is a little low, as are Referral to Health Care and Support Services (Peer Navigation), Home-based Healthcare Coordination, and Emergency Financial Assistance.</p> <p>Committee members inquired regarding reports of EH service disruption, and providers noted they were informed the EH funds were depleted.</p>	
7. Old Business		
a) Elect a new committee co-chair	Cinnamen Kubricky, James Rucker, and Alberto Cortes were nominated. Alberto Cortes will accept the nomination if a consumer member is unable to be elected. Voting will occur at the next meeting, on July 14, 2022.	
b) Review any additional data that is available	Dr. Ken Riley reviewed the draft Key Findings by service category document, which was included in the Combined Data Findings packet sent to the PSRAC members. He also reviewed the overall 2022 Key Data Findings (a summary of the main points from the data sets in the larger Combined Data Findings document) and the draft Cost Data Report. The latter two documents were sent to PSRAC members by email before the meeting and will be added to the Combined Data Findings document.	
8. New Business		
a. Action Item: Approve the recommendation(s) for the reallocation of Part A funds in FY 22 (the current fiscal	No reallocation recommendations currently; anticipate some at the next meeting.	

Agenda Item	Action	Follow-up
year; March 1, 2022 – February 28, 2023).		
b. Action item: Recommendations with justifications to HIV Planning Group for service priority ranking and how services should be organized and delivered in FY 23	Action: Rank Outpatient Ambulatory Health Services: Primary Care as priority # 1. Rationale: A core service, the mechanism to achieve viral suppression and link clients to all services M/S/C: Van Brocklin/Cortes 9/0 Abstentions: Carroll, Jacobs, Mueller Motion carries	
	Action: Rank Outpatient Ambulatory Health Services: Medical Specialty as priority # 2. Rationale: Core service, allows clients access to specialty services/specialists. M/S/C: Cortes/Van Brocklin 9/0 Abstentions: Carroll, Jacobs, Mueller Motion carries	
	Action: Rank Mental Health: Psychiatric Medication Management at priority # 3. Difficult for clients to access medication management, works closely with Primary Care, needed to stay connected to services. M/S/C: Kubricky/Quezada-Torres 9/0 Abstentions: Mueller, Jacobs Motion carries	
	Action: Rank Oral Health a priority # 4. Rationale: Poor oral health linked to overall health, not many alternative payers for this service Discussion: Consider a service recommendation: Service providers must check clients' transportation needs, especially when referring to various locations in the county. M/S/C: Carroll/ Underwood 10/0 Abstentions: Jacobs Motion Carries.	After FY 23 priority ranking recommendations are completed, consider the noted service recommendation.
	Action: Rank Medical Case Management at priority # 5. Rationale: Maximizes the use of RW resources; utilization is a critical component; M/S/C: Cortes/ Carroll 6/0 Abstentions: Davenport, Mueller, Jacobs, Underwood Motion carries	
	Action: Rank Non-Medical Case Management at priority # 6. Rationale:	

Agenda Item	Action	Follow-up
	<p>8th largest service gap (9%), important for clients to access services/stay in care. M/S/C: Carroll/Rucker 7/0 Abstentions: Davenport, Mueller, Jacobs, Underwood Motion carries</p>	
	<p>Action: Rank Non-Medical Case Management for Housing at priority # 7. Rationale: Housing is a high priority; SDC has a large homeless population, a major social determinate of health M/S/C: Carroll/Cortes 9/0 Abstentions: Jacobs, Van Brocklin Motion carries</p>	
	<p>Action: Rank Housing: Emergency Housing at priority # 8. Rationale: Severe need, SD is a very high-priced housing market, #'s of homeless persons increasing; M/S/C: Carroll/Rucker 9/0 Abstentions: Jacobs Motion carries</p>	
	<p>Action: Rank Housing Location, Placement, and Advocacy Services at priority # 9. Rationale: Comprehensive approach to assisting clients with housing needs. Discussion: Consider a service recommendation: Training needed for landlords, especially cultural competency regarding Transgendered persons. M/S/C: Carroll/Cortes 7/0 Abstentions: Jacobs, Van Brocklin Motion carries</p>	<p>After FY 23 priority ranking recommendations are completed, consider the noted service recommendation.</p>
	<p>Action: Rank Partial Assistance Rental Subsidy (PARS) at priority # 10. Rationale: Clients need to be stably housed to access care. M/S/C: Rucker/Carroll 10/0 Abstentions: Jacobs Motion carries</p>	
<p>9. Next Meeting</p>	<p>Thursday, July 14, 2022 Time: 3:00 p.m. Location: WebEx</p>	
<p>10. Announcements</p>	<ul style="list-style-type: none"> A Meningococcal vaccination event will happen on Sunday, July 10, 2022, from 9:00 a.m. – 2:00 p.m. at the San Diego LGBT Community Center 	<p>Staff will resend the email announcement regarding the vaccination event</p>

Agenda Item	Action	Follow-up
	<p>Parking Lot – 3909 Centre St., San Diego, CA 92103.</p> <ul style="list-style-type: none"> Town Hall: <i>Prepping for Pride – What You Need to Know About Monkeypox, and Meningococcal Disease</i> recording is available on the County’s YouTube channel. https://youtu.be/0Eq_hu1wSh8 	and send a link for the Town Hall webinar.
11. Adjournment	Adjourned at 5:02 p.m.	



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Thursday, July 14, 2022

3:00 PM – 5:00 PM

WebEx Meeting

DRAFT MINUTES

Quorum is Seven (7)

Members: Reginald Carroll / Alberto Cortes / Beth Davenport / Pam Highfill / Cinnamen Kubricky / Chris Mueller / James Rucker / Karla Quezada-Torres / Regina Underwood / Rhea Van Brocklin /

Members Absent: Dr. Delores Jacobs (Chair) /Raul Robles

Agenda Item	Action	Follow-up
1. Call to order	Rhea Van Brocklin, acting as temporarily appointed committee chair, called the meeting to order at 3:00 p.m. and noted that a quorum was established.	
2. Reminders	Rhea Van Brocklin reviewed conflicts of interest, emphasis on service categories, and the rules of the meeting. Alberto Cortes read the committee's charge.	
3. Public Comment on non-agenda items (for members of the public)	None	
4. Committee Members: Sharing Our Concerns on non-agenda items	<ul style="list-style-type: none">• A member of the committee expressed concern that consumers may not feel encouraged to participate in the committee or the priority setting and budget allocation process. They also stated they had difficulty renewing some Ryan White (RW) services.• A member of the committee stated it is difficult for consumers to make as everything has become very costly. They also expressed concern that RW clients can get	

Agenda Item	Action	Follow-up
	a bus pass, but family members cannot.	
5. Action: Review and approve the agenda for July 14, 2022	Action: Approve the July 14, 2022 agenda as presented with the noted changes: Move New Business, agenda item 8 b. above Old Business and move new business above routine business. Motion/Second/Count (M/S/C): Cortes/Carroll 9/0 Abstentions: Van Brocklin Motion carries	
6. New Business		
a. Action Item: Approve the recommendation(s) for the reallocation of Part A funds in FY 22 (the current fiscal year; March 1, 2022 – February 28, 2023).	No recommendations currently	
b. Action item: Recommendations with justifications o HIV Planning Group for service priority ranking and how services should be organized and delivered in FY 23	Action: Rank Coordinated HIV Services for Women, Infants, Children, Youth, and Families (CHS: WICYF) at priority # 11. Rationale: Needed for women who often prioritize their care last, In Central and South regions larger proportion of recent HIV disease among women; service includes children and males. An HPG Staff reminded the committee members the HRSA requires the committee to make recommendations based on data. M/S/C: Kubricky/Cortes 8/0 Abstentions: Quezada-Torres, Van Brocklin/ Motion carries	
	Action: Rank Childcare services (a subcategory of CHS: WICYF) priority # 11a. Rationale: Childcare was top ranked in the Survey of HIV Impact by 62% of those with children. Discussion: If this is voted priority #11a, it can be funded as a separate service category. M/S/C: Cortes/Mueller 7/0 Abstentions: Carroll, Quezada-Torres, Van Brocklin Motion carries	
	Action: Rank Early Intervention Services: Regional Services priority	

Agenda Item	Action	Follow-up
	<p>#12. Rationale: Assists clients out of care get linked back to primary care and other services (mental health, substance use treatment); linked with peer support; an objective in the GTZ plan.</p> <p>M/S/C: Kubricky/Rucker 7/0</p> <p>Abstentions: Underwood, Van Brocklin</p> <p>Motion carries</p>	
	<p>Action: Rank Health Education & Risk Reduction (subcategory of EIS:RS) priority #12 a; Rationale: Important for working with those newly diagnosed or who were out of care and recently returning to care. rank Outreach Services (subcategory of EIS:RS) priority 12 b; Rationale: Important for people who may be unaware/not know their HIV status; and rank Referral Services (subcategory of EIS:RS) priority #12 c. Rationale: This is important for clients to access additional services as well as primary care.</p> <p>M/S/C: Carroll/Rucker 7/0</p> <p>Abstentions: Underwood, Van Brocklin</p> <p>Motion: carries</p>	
	<p>Action: Rank Health Education and Risk Reduction (a separate service category, independent of Early Intervention Services: Regional Services) at priority # 13. Rationale: 30% of HIV+ respondents in the 2020 - 21 Survey of HIV Impact did not use condoms during sex in the preceding 12 months; 9% of HIV negative/unaware reported that “they have never heard of PrEP”</p> <p>M/S/C: Cinnamen/Cortes 8/0</p> <p>Abstentions: Van Brocklin</p> <p>Motion carries</p>	
	<p>Action: Rank Peer Navigation (Referral to Health and Support Services) at priority #14. Rationale: In the Survey of HIV Impact was the 5th highest service gap (“need, but can’t get) (12%)</p> <p>M/S/C: Carroll/Rucker 6/0</p> <p>Abstentions: Davenport, Underwood, Van Brocklin</p>	

Agenda Item	Action	Follow-up
	Motion carries	
	Action: Rank Mental Health: Counseling/Therapy at priority #15. Rationale: 3 rd largest service gap (15%) “need but can’t get”; 37.1% of PLHWA diagnosed or treated for a mental health condition (cf. 19.1% in general population) M/S/C: Kubricky/Highfill 6/0 Abstentions: Davenport, Underwood, Van Brocklin Motion carries	
	Action: Rank Psychosocial Support Services at priority #16. Rationale: Helps prevent social isolation and suicide; 37.1% of PLHW diagnosed or treated for a mental health condition (cf. 19.1% in the general population), noted as a need by consumers in Community Engagement focus groups. M/S/C: Kubricky/Rucker 8/0 Abstentions: Van Brocklin Motion carries	
	Action: Rank Substance Use Treatment Services: Outpatient at priority #17. Rationale: 50% of survey respondents reported a history of substance use; frequent co-occurring conditions among PLWH. Links PLWH to care and helps sustain PLWHA in care. M/S/C: Cortes/Kubricky 5/0 Abstentions: Highfill, Mueller, Underwood, Van Brocklin Motion carries	
	Action: Rank Substance Use Treatment Services: Residential at priority #18. Rationale: Important for clients who do not meet the criteria to receive Medi-Cal. M/S/C: Carroll/Kubricky 6/0 Abstentions: Highfill, Mueller, Underwood, Van Brocklin Motion carries	
	Action: Rank Home-based Health Care Coordination at priority #19. Rationale: Prevents clients from hospitalizations or time in skilled nursing facilities; on Survey of HIV Impact, 5% “need, but can’t get.” M/S/C: Carroll/Cortes 7/0 Abstentions: Van Brocklin	

Agenda Item	Action	Follow-up
	Motion carries	
	Action: Rank Transportation: Assisted and Unassisted at priority #20. Rationale: Ranked #8 on Survey of HIV Impact, 8 th largest service gap, 8% “need, but can’t get.” M/S/C: Carroll/Rucker 5/0 Abstentions: Mueller, Underwood, Van Brocklin Motion carries	
	Action: Rank Food Services: Food Bank/Home-Delivered Meals at priority #21 and rank Medical Nutrition Therapy at priority #22. Rationale: Ranked #7 on Survey of HIV impact, helps clients and family members. M/S/C: Carroll/Kubricky 7/0 Abstentions: Cortes, Van Brocklin Motion carries	
	Action: Rank Legal Services at priority #23. Rationale: #10 ranked in 2020 - 21 Survey of HIV Impact; 3 rd largest service gap, “need, but can’t get” (15%). M/S/C: Kubricky/ Quezada-Torres Abstentions: Van Brocklin Motion carries	
	Action: Rank Emergency Financial Assistance at priority #24. Rationale: Emergency utility payment #15 ranked in the 2021 Survey of HIV Impact; and 5 th largest service gap (12%). M/S/C: Carroll/Rucker 7/0 Abstentions: Cortes, Van Brocklin Motion Carries	
	Action: Rank Home Health Care at priority #25. Rationale: Core service; #18 ranked in 2021 Survey of HIV Impact, 5% need but can’t get; Rank Early Intervention Services: HIV Counseling and Testing at priority #26. Rationale: Core service; is important in getting persons unaware of status aware and linked to and retained in care if needed. Improves availability of HIV testing and links PLWHA to care; Rank Cost-Sharing Assistance at priority #27. Rationale: Core service; Focus group participants stated that “lack of access to healthcare or resources to get the medication refilled” was a primary reason for not taking HIV medication,	

Agenda Item	Action	Follow-up
	and Rank Hospice at priority #28. Rationale: Core service. M/S/C: Quezada-Torres/Kubricky 7/0 Abstentions: Van Brocklin Motion carries	
c. Action Item: Recommendations with justifications to the HIV Planning Group for changes in funding allocations for FY 23 (next fiscal year, March 1, 2023 – February 28, 2024) in level and reduction-funding scenarios	Tabled	
6. Routine Business		
a) Review monthly and YTD expenditures and examine for any recommended reallocations. i. Review of over/under spending	Tabled	
7. Old Business		
b) Elect a new committee co-chair	Tabled	
c) Review any additional data that is available	Tabled	
9. Next Meeting	Thursday, July 21, 2022 Time: 3:00 p.m. Location: WebEx	
10. Announcements	Patrick Loose reminded everyone about the high rate of COVID cases in San Diego and the increase in hospitalizations and recommended when leaving your home, wear a mask and take precautions. Also, if you are eligible to receive COVID booster vaccines, please do so. For more information, go to Coronavirus Disease 2019 (sandiegocounty.gov) Karla Quezada-Torres is hosting a lunch at the café Coyote in Old Town	

Agenda Item	Action	Follow-up
	Friday, July 15, 2022, at 11:30 am, focusing on the importance of testing and treatment and ending the HIV Epidemic. Community members and providers are invited.	
11. Adjournment	Adjourned at 4:59 p.m.	



County of San Diego

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WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

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

Thursday, July 21, 2022

3:00 PM – 5:00 PM

WebEx Meeting

DRAFT MINUTES

Quorum is Seven (7)

Members: Reginald Carroll / Pam Highfill / Dr. Delores Jacobs (Chair) / Cinnamon Kubricky / James Rucker / Karla Torres / Regina Underwood / Rhea Van Brocklin / Beth Davenport

Members Absent: Alberto Cortes/Chris Mueller/Raul Robles

Agenda Item	Action	Follow-up
1. Call to order	Dr. Jacobs called the meeting to order at 3:00 p.m. and noted that a quorum was established.	
2. Reminders	Read by James Rucker.	
3. Public Comment on non-agenda items (for members of the public)	A member of the public commented about the funding and administration of Housing Opportunities for People with AIDS (HOPWA) short-term rental and utility payment in SD. It is difficult to know who is administering it. Can the committee investigate from whom rental and mortgage assistance from HOPWA is available?	The member will send an e-mail to Patrick Loose, who will connect him to HOPWA.
4. Committee Members: Sharing Our Concerns on non-agenda items	<p>A committee member commented that people still do not know how to access services, such as transportation. They also mentioned not understanding how the Recipient gets the numbers for unduplicated clients.</p> <p>A member of the committee expressed concerns about Emergency Financial Assistance as rates for utilities continue to rise. They are concerned for consumers with and without children who must put everything towards rent and that some</p>	

Agenda Item	Action	Follow-up
	Consumers may be doing illegal things to make ends meet.	
5. Action: Review and approve agenda for July 21, 2022	Action: Approve the July 21, 2022 meeting agenda as presented with the notable change: Move action items up under new business to before routine business. M/S/C: Carroll/Rucker, 6/2 Abstentions: Jacobs Motion carries	
6. Routine Business		
a) Review monthly and YTD expenditure and examine for any recommended reallocations. i. Review of over/under spending	Patrick Loose reviewed the expenditure report that was included in the meeting materials packet. He highlighted that through the end of June 2022, with 33% of the fiscal year elapsed, some services have low expenditures, including Primary Care, Medical Specialty, Oral Health, Psychiatric Medication Management, Peer Navigation, and Home-based Health Care Coordination.	
7. Old Business		
a) Elect a new committee co-chair	James Rucker and Cinnamon Kubrick were nominated for committee co-chair. Both recommended moving this agenda item to next week's meeting to have all nominated persons present at the meeting.	
b) Review any additional data that is available	None.	
8. New Business		
a. Action Item: Approve the recommendation(s) for reallocation of Part A funds in FY 22 (the current fiscal year; March 1, 2022 – February 28, 2023).	Action: Decrease funding to Medical Specialty (priority #2) by \$30,000 from \$273,386 to \$243,388. M/S/C: Kubricky/Highfill, 7/0 Abstentions: Carroll, Jacobs Motion carries	
	Action: Decrease funding to Oral Health (priority #4) by \$100,000 from \$300,940 to \$200,940. M/S/C: Van Brocklin/Quezada-Torres, 7/0 Abstentions: Carroll, Jacobs Motion Carries.	

Agenda Item	Action	Follow-up
	<p>Action: Increase funding to Emergency Housing (priority #8) by \$100,000 from \$530,000 to \$630,000 M/S/C: Van Brocklin/Kubricky, 8/0 Discussion: The committee discussed Emergency Housing for hotel stays is still two weeks, but the recipient can make an exception. A member of the public noted a friend who received emergency housing assistance was in a motel that had horrific conditions. Can the committee address this concern with the providers?</p> <p>A provider for housing services noted the hotel/motel is selected by the case manager; however, clients can request to go to another location. Abstentions: Jacobs Motion carries</p> <p>Action: Increase funding to Psychosocial Support Services (priority #16) by \$30,000 from \$30,000 to \$60,000. M/S/C: Carroll/Highfill, 7/0 Discussion: The committee asked if this would increase the number of support groups and in which regions. The committee may need to go back and provide guidance on how this will be utilized, in what regions, and towards any specific priority populations. The Recipient noted this is not yet deployed, looking at September/October launch. Abstentions: Jacobs, Van Brocklin Motion carries</p>	
<p>b. Action item: Recommendations with justifications to HIV Planning Group for service priority ranking and how services should be organized and delivered in FY 23</p>	<p>Action: Level funding to Outpatient Ambulatory Health Services: Primary Care (priority #1) at 1,032,630 M/S/C: Carroll/Van Brocklin, 8/0 Abstentions: Jacobs Motion Carries</p> <p>Action: Funding to Medical Specialty (priority #2) at \$ 273,386. M/S/C: Carroll/Van Brocklin, 8/0 Abstentions: Jacobs Motion carries</p> <p>Action: Funding to Psychiatric Medication Service Category (priority #3) at \$28,036.</p>	

Agenda Item	Action	Follow-up
	M/S/C: Carroll/Rucker, 8/0 Abstentions: Jacobs Motion carries	
	Action: Funding to Oral Health (priority #4) at \$300,940. M/S/C: Rucker/Highfill, 8/0 Abstentions: Jacobs Motion carries	
	Action: Funding to Medical Case Management (priority #5) at 1,268,338. M/S/C: Kubricky/Quezada-Torres 6/0 Abstentions: Highfill, Jacobs, Underwood Motion carries	
	Action: Funding to Non-medical Case Management (priority #6) at \$392,021. M/S/C: Kubricky/Rucker, 6/0 Abstentions: Davenport, Jacobs, Underwood Motion carries	
	Action: Funding to Non-medical Case Management for Housing (priority #7) at \$250,000. M/S/C: Rucker/Quezada-Torres, 5/0 Abstentions: Highfill, Jacobs, Underwood, Van Brocklin Motion carries.	
	Action: Funding Emergency Housing (priority #8) at \$530,000. M/S/C: Carroll/Rucker, 7/0 Abstentions: Jacobs Motion carries	
	Action: Funding to Housing Location, Placement, and Advocacy Services (priority # 9) at \$100,000. M/S/C: Carroll/Rucker, 6/0 Abstentions: Jacobs, Van Brocklin Motion carries	
	Action: Funding to the Partial Assistance Rental Subsidy (priority #10) at \$767,507. Discussion: The Recipient noted additional funds might be needed in PARS for FY 23. M/S/C: Rucker/Van Brocklin, Abstentions: Jacobs A recommendation was made to continue the action next week.	Staff will review FY 22 PARS allocation amounts.
	Action: Postpone motion on PARS until next week's meeting.	

Agenda Item	Action	Follow-up
	M/S/C: Carroll/Rucker, 7/0 Abstentions: Jacobs Motion carries	
9. Next Meeting	Thursday, July 28, 2022 Time: 3:00 p.m. Location: WebEx	
10. Announcements	Tabled	
11. Adjournment	Adjourned at 4:59 p.m.	



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WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

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

Thursday, July 28, 2022

3:00 PM – 5:00 PM

WebEx Meeting

DRAFT MINUTES

Quorum is Seven (7)

Members present: Beth Davenport / Reginald Carroll / Alberto Cortes / Pam Highfill / Dr. Delores Jacobs (Chair) / Cinnamen Kubricky / Chris Mueller / Karla Quezada-Torres / James Rucker / Regina Underwood / Rhea Van Brocklin

Members absent: Raul Robles

Agenda Item	Action	Follow-up
1. Call to order	Dr. Jacobs called the meeting to order at 3:04 p.m. and noted that a quorum was established.	
2. Action: Continuance of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e)	Motion: Find that the Committee has reconsidered the State of Emergency and that State and local officials continue to recommend measures to promote social distancing authorizing teleconferenced meetings pursuant to Government Code section 54953(e). Motion/Second/Count (M/S/C): Van Brocklin/Cortes 8/1 Abstentions: Jacobs, Mueller Motion carries	
3. Reminders	Read by James Rucker.	
4. Public Comment on non-agenda items (for members of the public)	None	
5. Committee Members: Sharing Our Concerns on non-agenda items	A committee member commented that they do not agree with how the data regarding unduplicated clients are presented in the Service Utilization report. They stated that they have reported this multiple times and that the report is still not formatted in a way that makes sense to them. A member of the committee expressed concern for the rising cost of utilities, food, and fuel. Emergency Financial Assistance services are important.	

Agenda Item	Action	Follow-up
6. Action: Review and approve agenda for July 28, 2022	Action: Approve the July 28, 2022 meeting agenda as presented with the noted change: Move agenda item 7b. FY 23 funding allocations to agenda item 7a. M/S/C: Van Brocklin/Mueller 6/1 Abstentions: Jacobs Motion carries	
7. New Business		
a) Action: Continue recommendations with justifications to the HIV Planning Group for changes in funding allocations for FY 23 (next fiscal year, March 1, 2023 – February 28, 2024) in level and reduction-funding scenarios.	The committee continued with the motion on the table from the PSRAC meeting of July 21, 2022: Action: Level-funding to Partial Assistance Rental Subsidy (PARS) at \$767,507. Discussion: Lauren Brookshire shared that an estimated \$140,000 additional will be needed to cover additional clients in PARS. M/S/C: Rucker/Van Brocklin 3/6 Abstentions: Jacobs Motion fails	
	Action: Increase funding to Partial Assistance Rental Subsidy (PARS) (priority #10) by \$140,000 from \$767,507 to \$907,507. M/S/C: Carroll/Rucker 10/0 Abstentions: Jacobs Motion carries	
	Action: Level-funding to Coordinated Health Services for Women, Infants, Children, Youth, and Families (CHS:WICYF) (priority #11) at \$943,317 (includes several subcategories, including Childcare services) M/S/C: Kubricky/Carroll 9/0 Abstentions: Jacobs, Van Brocklin Motion carries	
	Action: Level-funding to Early Intervention Services: Regional Services (EIS:RS) (priority #12) at \$800,386 (includes three (3) subcategories) M/S/C: Carroll/Cortes 9/0 Abstentions: Jacobs, Underwood Motion carries	
	Action: Level-funding to Peer Navigation (Referral to Health Care and Support Services) (priority #14) at \$400,000 M/S/C: Kubricky/Rucker 8/0 Abstentions: Davenport, Jacobs, Underwood Motion carries	
	Action: Level-funding to Mental Health: Counseling/Therapy (priority #15) at \$1,061,062. M/S/C: Carroll/Kubricky 7/0 Abstentions: Davenport, Jacobs, Underwood Motion carries	

Agenda Item	Action	Follow-up
	Action: Increase funding to Psychosocial Support Services (priority #16) by \$30,000 from \$30,000 to \$60,000. M/S/C: Carroll/Rucker 8/0 Abstentions: Jacobs, Underwood, Van Brocklin Motion carries	
	Action: Level-funding to Substance Use Treatment Services: Outpatient (priority #17) at \$315,127. M/S/C: Carroll/Kubricky 7/0 Abstentions: Highfill, Jacobs, Mueller, Underwood Motion carries	
	Action: Zero funding to Substance Use Treatment Services: Residential (priority #18) at \$0. M/S/C: Cortes/Rucker 7/0 Abstentions: Highfill, Jacobs, Mueller Motion carries	
	Action: Level-funding to Home-based Health Care Coordination (priority #19) at \$228,500 M/S/C: Carroll/Van Brocklin 9/0 Abstentions: Jacobs, Mueller Motion carries	
	Action: Level-funding to Transportation (Assisted and Unassisted) (priority #20) at \$142,830. M/S/C: Van Brocklin/Highfill 7/0 Abstentions: Jacobs, Mueller, Underwood Motion carries	
	Action: Level-funding to Food: Home-delivered Meals (priority #21) at \$536,073. M/S/C: Kubricky/Carroll 8/0 Abstentions: Cortes, Jacobs Motion carries	
	Action: Level-funding to Medical Nutrition Therapy (priority #22) at \$35,542. M/S/C: Van Brocklin/Mueller 8/0 Abstentions: Cortes, Jacobs Motion carries	
	Action: Decrease funding to Legal Services (priority #23) by \$100,000 from \$285,265 to \$185,265. M/S/C: Kubricky/Carroll 8/0 Motion withdrawn by maker and second	
	Action: Level-funding to Legal Services (priority #23) at \$285,265. M/S/C: Kubricky/Carroll 8/0 Abstentions: Cortes, Jacobs Motion carries	

Agenda Item	Action	Follow-up
	Action: Level-funding to Emergency Financial Assistance (priority #24) at \$28,730. M/S/C: Kubricky/Carroll 8/0 Abstentions: Cortes, Jacobs Motion carries	
	Action: Zero funding to Home Health Care (priority #25) at \$0; zero funding to Early Intervention Services: HIV Counseling and Testing (priority #26) at \$0; zero funding to Cost Sharing Assistance (priority #27) at \$0; zero funding to Hospice (priority #28) at \$0; and zero funding to Health Education and Risk Reduction (a stand-alone service category, independent of EIS:RS) (priority # 13) at \$0. M/S/C: Carroll/Mueller 9/0 Abstentions: Jacobs Motion carries	
	Action: Decrease funding to Outpatient Ambulatory Health Services: Primary Care (priority #1) by \$100,000 from \$1,032,630 to 932,630. M/S/C: Carroll/Cortes 8/0 Abstentions: Jacobs, Mueller Motion carries	
	Action: Decrease funding to Medical Case Management (priority #5) by \$70,000 from \$1,268,338 to 1,198,338. M/S/C: Carroll/Rucker 5/0 Abstentions: Davenport, Jacobs, Mueller, Underwood Motion carries	
	Forward the recommendations to the HPG.	
8. Routine Business		
a) Review monthly and YTD expenditure and examine for any recommended reallocations. i. Review of over/under spending	Tabled	
9. Old Business		
a) Elect a new committee co-chair	Tabled; Cinnamon Kubricky withdrew her name from the nominations for committee co-chair.	
b) Review any additional data that is available	None.	
10. New Business		

Agenda Item	Action	Follow-up
a. Action Item: Approve the recommendation(s) for reallocation of Part A funds in FY 22 (the current fiscal year; March 1, 2022 – February 28, 2023).	Tabled; no reallocation recommendations currently	
11. Next Meeting	Thursday, August 4, 2022 Time: 3:00 p.m. Location: WebEx	
12. Announcements	Rodney von Jaeger announced: <ul style="list-style-type: none"> • Christie's Place is having HIV Advocacy training starting August 30, 2022 at 4:00 p.m. • The California Department of Public Health's Medication Assistance Program is inviting feedback from clients; for more information contact Tracy.Lee@cdph.ca.gov • July 28th is World Hepatitis Day, for testing information contact the FHCSD website. 	
13. Adjournment	Adjourned at 4:59 p.m.	



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

Thursday, August 4, 2022
3:00 PM – 5:00 PM

WebEx Meeting

DRAFT MINUTES

Quorum is Seven (7)

Members Present: Reginald Carroll /Alberto Cortes/ Beth Davenport / Pam Highfill / Dr. Delores Jacobs (Chair) / Cinnamon Kubricky /Chris Muller / Raul Robles / James Rucker / Karla Quezada-Torres / Regina Underwood / Rhea Van Brocklin

Agenda Item	Action	Follow-up
1. Call to order	Dr. Jacobs called the meeting to order at 3:00 p.m. and noted that a quorum was established.	
2. Reminders	Rhea Von Brocklin read the committee charge.	
3. Public Comment on non-agenda items (for members of the public)	Mikie Lochner thanked the committee and community for the and hard work and dedication for the FY 23 priority setting and resource allocation PSRAC process.	
4. Sharing our concerns (for committee members).	A committee member questioned the purpose of these weekly meetings and noted the agendas during this time should be focused only on the psra process. A committee member shared his frustration with the data in the service utilization reports and stated the Recipients' numbers are misleading. He noted for Partial Assistance Rental Subsidy (PARS) the data is from March 2022. Reginald Carroll stated he is resigning from the PSRAC at the end of this meeting. A member of the committee commented about their concern about drug addiction; The member feels that more people are relapsing, and that the availability of substance use treatment is vital.	
5. Action: Review and approve the agenda for August 4, 2022	All votes at the meeting were taken by roll call; PSRAC members' names were called out verbally, then individual voice votes were noted and recorded.	

Agenda Item	Action	Follow-up
	Action: Approve the August 4, 2022 meeting agenda as presented. Motion/Second/Count (M/S/C): Carroll/Davenport 10/0 Abstentions: Jacobs Motion carries	
6. Old Business		
a) Discussion: Last Week's misunderstanding/error in the service category Partial Assistance Rental Subsidy (PARS).	Dr. Jacobs explained the misunderstanding about the PARS at last week's meeting; \$140,000 total was needed in PARS, however, \$100,000 had previously been allocated in June 2022; this was explained and corrected at the HPG Planning meeting on August 3, 2022	
b) Action Item: Continue recommendations with justifications to the HIV Planning Group for changes in funding allocations for FY 23 (next fiscal year, March 1, 2023 – February 28, 2024) in a level-funding scenarios.	Action: Level-funding for Minority AIDS Initiative (MAI); \$574,238 for Multi-Disciplinary Teams and \$100,000 for MAI Emergency Housing for a total of \$674,238. M/S/C: Carroll/Cortes 9/0 Abstentions: Jacobs, Underwood Motion: carries	
c) Action Item: Continue recommendations with justifications to the HIV Planning Group for changes in funding allocations for FY 23 (next fiscal year, March 1, 2023 – February 28, 2024) in a reduction-funding scenario.	Reduced funding scenario by 1%: Primary Care (priority #1) by \$50,000 from \$932,630 to \$882,630; and Decrease funding to Medical Case Management (MCM) Services (Priority #5) by \$54,240 from \$1,198,338 to \$1,144,098. M/S/C: Kubricky/Carroll 7/0 Abstentions: Davenport. Jacobs, Mueller, Underwood Motion: carries	
d) Action Item: Recommendations for service directives for FY 23 (next fiscal year, March 1, 2023 – February 28, 2024)	Action: Carve out to Peer Navigation (Referral to Health Care and Support Services) (priority #14), to ensure that youth (those 26 years of age and under) have access to youth peer services while also keeping the Peer Navigation service category available for all in all five regions. Also, request information regarding any additional funds needed to accomplish this service recommendation – Ensure youth have access to youth peer navigation and ensure Peer Navigation for all clients is available in all HHSA regions. M/S/C: Kubricky/Cortes 8/0 Abstentions: Davenport, Jacobs, Underwood Motion carries	
	Action: Recommend to Standards and Strategies Committee that Universal Standards be modified	

Agenda Item	Action	Follow-up
	to ensure that all clients are assessed regarding their interest in participating in telehealth and that those who are interested are assessed for capacity (phone, data service, pad, etc.) and provided with options to obtain what is needed. M/S/C: Carroll/Kubricky 9/0 Abstentions: Carroll, Kubricky Motion carries	
	For the service category, Psychosocial services ask the Recipient for clarification on regions, priority population, and the number of clients served for the funds money that is allocated.	
e) Elect a new committee co-chair	Cinnamen Kubricky withdrew her name from the nomination process. Two candidates for committee co-chair: <ul style="list-style-type: none"> James Rucker Alberto Cortes Alberto Cortes withdrew his name to support James Rucker and volunteered to assist in coaching him in this task. Action: Vote to elect James Rucker to be the PSRAC Co-Chair M/S/C: Van Brocklin/Cortes 9/0 Abstentions: Carroll, Jacobs Motion: carries James Rucker is the new PSRAC Co-Chair	
f) Review any additional data that is available	There is no additional data for review.	
7. Routine Business		
a) a) Review Monthly and YTD expenditure and examine for any recommended reallocations i. Review of over/under spending	The expenditure/budget report was included in the meeting materials packet and was reviewed at last week's HPG meeting. There were no questions regarding the information.	
8. New Business		
a. Action Item: Approve the recommendation(s) for reallocation of Part A funds in FY 22 (the current fiscal year; March 1, 2022 – February 28, 2023)	Action: Decrease Primary Care (priority #1) by \$100,000, from 1,032,630 to \$932,630. M/S/C: Cortes/Carroll 6/0 Abstentions: Davenport, Jacobs, Muller, Underwood, Van Brocklin Motion carries	
	Action: Increase Medical Case Management by \$50,000, from \$1,268,338 to \$1,318,338. M/S/C: Carroll/Rucker 6/0 Abstentions: Davenport, Jacobs, Muller, Underwood, Van Brocklin Motion carries	

Agenda Item	Action	Follow-up
	<p>Action: Increase Non-Medical Case Management by \$50,000 from \$392,021 to \$442,021.</p> <p>M/S/C: Kubricky/Highfill 6/0</p> <p>Abstentions: Davenport, Jacobs, Muller, Underwood, Van Brocklin</p> <p>Motion: carries</p>	
<p>9. Next Meeting: Thursday, September 8, 2022. (if needed), otherwise October 13, 2022. Location: WebEx.</p>	<p>The next meeting will be on September 8, 2022, if needed.</p>	
<p>10. Announcements</p>	<ul style="list-style-type: none"> • The AIDS Memorial Taskforce is building a site in San Diego and will break ground at Olive Street Canyon Park by Bankers' Hill. • Cinnamen Kubricky thanked the committee members for their support during the PSRAC process • HPG Truax Award Ceremony will take place December 1, 2022. The nomination form will go out soon. It recognizes people working in HIV/AIDS in the community. • Dr. Jacobs thanked the committee members for showing up for weekly meetings during the psra process. 	
<p>11. Adjournment</p>	<p>Adjourned at 4:45 p.m.</p>	

HIV PLANNING GROUP
12-MONTH COMMITTEE TRACKING
Sep 2021 - Aug 2022

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE																				Total
PSRAC	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	2-Jun	9-Jun	16-Jun	23-Jun	30-Jun	7-Jul	14-Jul	21-Jul	28-Jul	4-Aug	
Total meetings	0	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	12
Member																				
Jacobs, Dr. Delores ^C	NM	*	*	*	*	*	*	*	*	*	*	*	*	NM	*	1	*	*	*	0
Carroll, Reginald ^U	NM	*	*	*	*	*	*	*	*	*	*	*	*	NM	*	*	*	*	*	0
Cortes, Alberto	NM	*	*	*	*	*	*	*	1	1	1	*	*	NM	*	*	1	*	*	1
Davenport, Beth	NM	*	*	*	*	*	*	*	1	1	*	1	*	NM	*	*	*	*	*	1
Garcia-Bigley, Felipe																				
Highfill, Pam	NM						1	*	*	*	*	*	1	NM	*	*	*	*	*	1
Kubricky, Cinamon ^U	NM			1	1	*	*	1	*	*	*	*	1	NM	*	*	*	*	*	3
Mueller, Chris				*	*	*	*	*	1	*	*	*	*	NM	*	*	1	*	*	1
Ransom, Shannon	NM	*	*	*	*	*	*	*	1	*	*			NM						
Robles, Raul	NM	*	*	1	1	1	*	1	*	*	1	1	1	NM	*	1	1	1	*	4
Rucker, James	NM	1	1	1	*	*	1	*	*	*	*	*	1	NM	*	*	*	*	*	4
Quezada-Torres, Karla	NM	*	*	*	*	*	1	*	*	*	*	*	*	NM	*	*	*	*	1	2
Underwood, Regina	NM	*	*	*	*	*	*	*	*	*	*	*	*	NM	*	*	*	*	*	0
Van Brocklin, Rhea	NM	*	*	*	*	*	1	*	*	*	*	*	*	NM	*	*	*	*	*	1
Villafan, Freddy																				

Absence from all weekly meetings in a month = absence for the month

To vote, a member may not miss 4 consecutive months or 6 total months in a 12 month period.

U = Unaffiliated Consumer NM = Committee did not meet

= number of absences * = present

CC = Co-Chair

U = Unaffiliated Consumer

= number of absences

C = Chair

1 = Absence

N = Non-HPG member

CC = Co-Chair

NM = Committee did not meet

* = present