



County of San Diego

NICK MACCHIONE, FACHE

AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY

PUBLIC HEALTH SERVICES

WILMA J. WOOTEN, M.D., M.P.H.

PUBLIC HEALTH OFFICER

3851 ROSECRANS STREET, MAIL STOP P-578

HIV PLANNING GROUP (HPG) PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE MEETING PACKET

Thursday, December 08, 2022 3:00 PM

NOTE: This meeting is audio and video recorded.

Online meeting

A quorum for this committee is 7

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

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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.



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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



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PUBLIC HEALTH OFFICER

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

**Thursday, December 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 soliciten 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 are limited to 2 minutes per comment and limited to two comments per item; public comments are welcome at the beginning and prior to each agenda item, limited to two minutes so that all have an opportunity to participate
4. Public comment on non-agenda items (for members of the public)
5. Sharing our concerns (for committee members)
6. Approve meeting agenda for December 8, 2022.

7. Approve the meeting minutes from October 13, 2022/Review follow-up items from the minutes
8. Review committee attendance
9. Old Business:
 - a) Getting to Zero (GTZ) Community Action Plan
 - b) **Discussion item/new annual PSRAC process:** Process for review of previous year reallocations and data upon which they were based and compare to approved upcoming (next year) and accompanying data thus far to forecast potential needs/changes which may be required.
 - c) **Discussion/Potential Action Item:** Potential alternative housing options.
10. Routine Business
 - a) Review Monthly and YTD expenditures and examine for any recommended reallocations.
 - i. Review of over/under spending
 - b) Review Monthly and YTD service utilization report
 - c) COVID-19/Monkeypox update
 - d) Affordable Care Act (ACA) update
 - e) HIV Prevention update
 - f) Review the PSRAC FY 24 Work Plan
11. 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).
 - b) Presentation: HPG Conflict of Interest (COI) policy and COI disclosure form – Rodney von Jaeger
12. Suggested items for the PSRAC agenda
13. Next Meeting: Thursday, **January 12, 2023** Location: WebEx.
14. Announcements
15. 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 process 2. Decisions are based on documented needs (Needs assessment, etc.) 3. Decisions are based on overall needs within the service area, not narrow single focus concerns 4. Decisions include reports from the Needs Assessment committee of the HIV Planning Group. 5. Services should be responsive to epidemiology of HIV in San Diego, including demographics and region 6. Services must be culturally and linguistically appropriate and responsive 7. Services should focus on needs of low-income, underserved and disproportionately impacted populations 8. Services should minimize disparities in the availability and quality of treatment for HIV/AIDS 9. Equitable access to services should be provided across subpopulations and regions 	Criteria for Priority Setting <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 care 5. Consistency with the continuum of care

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



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

Thursday, October 13, 2022
3:00 PM – 5:00 PM

WebEx Meeting

DRAFT MINUTES

Quorum is Seven (7)

Members Present: /Alberto Cortes/ Beth Davenport / Felipe Garcia-Bigley / Pam Highfill / Dr. Delores Jacobs (Chair) / Cinnamen Kubricky / Raul Robles / James Rucker / Karla Quezada-Torres / Regina Underwood / Rhea Van Brocklin / Freddy Villafan

Absent: Chris Muller /

Agenda Item	Action	Follow-up
1. Call to order	Dr. Jacobs called the meeting to order at 3:01 p.m. and noted that a quorum was established.	
2. Continuance of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e)	<p>Action: Continuance of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e)</p> <ul style="list-style-type: none"> 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. <p>Motion/Second/Count (M/S/C): Van Brocklin/Davenport 8/0</p> <p>Abstentions: Jacobs</p> <p>Motion carries</p>	
3. Reminders:	Dr. Jacobs reviewed meeting guidelines, conflict of interest rules and noted the committee makes recommendations to the HPG based on data for approval by the HPG.	
4. Public Comment on non-agenda items (for members of the public)	A member of the public noted they do not understand the difference between Emergency Housing Assistance (EHA) and Partial Assistance Rental Subsidy (PARS). They also believed Single Room Occupancy (SRO) was	

Agenda Item	Action	Follow-up
	paid from PARS and recommended a process for consumers to go through to obtain PARS.	
5. Sharing our concerns (for committee members).	<ul style="list-style-type: none"> An HPG member noted they attempted to attain a prescription for 6 months and late in the process learned that for some medications the request must first go to Medi-Cal, then to the pharmacy. This information is not being passed to clients. An HPG member noted an increase in the number of Transgender women from Mexico with no resources or English language skills who are seeking asylum and needing to use EHA; they recommended a long-term housing solution. An HPG member inquired if he could vote at today's PSRAC meeting. An HPG member recommended reminding the Recipient there is some misinformation regarding Pre-Exposure Prophylaxis (PrEP) and other treatment services. 	
6. Action: Review and approve the agenda for October 13, 2022	Action: Approve the October 13, 2022 meeting agenda as presented. M/S/C: Villafan/Van Brocklin 10/0 Abstentions: Jacobs Motion carried	
7. Approve the meeting minutes from September 8, 2022;	Action: Approved September 8, 2022; meeting minutes as presented M/S/C: Van Brocklin/Rucker 8/0 Abstentions: Cortes, Jacobs, Rucker Motion carries	
8. Follow-up from committee minutes	Reviewed, follow-up noted on screen (1 item, completed)	
9. Review committee attendance	Reviewed	
10. 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 which was mailed out to PSRAC members prior to the meeting. He highlighted: <ul style="list-style-type: none"> At 50% of the year expended, approx. 42% of funds are expended, an 8% variance, = ~\$800K. 	

Agenda Item	Action	Follow-up
	<ul style="list-style-type: none"> • Several services are underspending including Primary care (43%), Med. Spec. (38%), Oral Health (31%), Psych Meds (11%) Med. Case Mgmt (41%), non-Med. Case Mgmt (40%), Peer Nav. (33%), Mental Health (33%), Emerg. Finan. Assist. (34%), some Minority AIDS Initiative (MAI) categories (42%) • Increased spending in Emerg. Housing. (64%). • Changes to funding in Med. Case Mgmt and Mental Health, result in changes in staff, which may take 12 – 18 months to restore <p>Other funding: Savings in the Ending the HIV Epidemic (EHE) grants, can carry over funding from years 1 & 2 into years 3-5.</p>	
b) Review Monthly and YTD service utilization report	The report was included in the meeting materials packet. Overall utilization is down approx. 10% compared to the previous year.	
c) COVID-19/Monkeypox (MPX) update	<p>There has been a reduction in number of COVID cases, waiting to see if the emergency status continues. Encouraging everyone to get the bivalent COVID booster vaccine, at no cost.</p> <p>A reduction in number of MPX cases; vaccine appointments are available; there is a disproportionate impact among Hispanic and Black populations, and fewer vaccines received by the same populations.</p>	
d) Affordable Care Act (ACA) update	The California Department of Public Health (CDPH) has established Medi-Cal contracts with 3 providers in San Diego County. Concern regarding the 5 th Circuit Court ruling regarding Pre-Exposure Prophylaxis (PrEP), which does not affect California; PrEP is available to anyone in CA without cost.	
e) HIV Prevention update	No updates	
11. Old Business		
<p>a) Getting to Zero (GTZ) Community Action Plan</p> <p>i. Discussion/Potential Action Item: Continue to discuss PARS waiting list,</p>	The committee discussed whether to make service delivery recommendations and decided to wait until March 2023 when the new service categories Housing Case Management and Housing Location, Placement and Advocacy Services are in place.	

Agenda Item	Action	Follow-up
including recommendation regarding waiting list and service directives.		
12. 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 Item: Decrease non-Medical Case Management for Housing by \$250,000 from \$250,000 to \$0 ; decrease Housing Location, Placement, and Advocacy Services by \$100,000 from \$100,000 to \$0 ; and decrease .Psychosocial Support Services by \$60,000 from \$60,000 to \$0 . M/S/C: Davenport/Cortes 5/0 Abstentions: Garcia-Bigley, Jacobs, Kubricky, Rucker, Underwood, Van Brocklin, Villafan Motion carries	
	Action Item: Increase Emergency Housing Assistance by \$298,235 from \$780,000 to \$1,078,235 . M/S/C: Kubricky/Robles 10/0 Abstentions: Jacobs, Villafan Motion carries	
	Action Item: Increase Transportation by \$10,000 , from \$142,830 to \$143,830 ; increase Medical Case Management by \$43,512 , from \$1,318,338 to \$1,361,850 ; and increase non-Medical Case Management by \$10,360 , from \$442,021 to \$452,381 . M/S/C: Cortes/Kubricky 6/0 Abstentions: Davenport, Garcia-Bigley, Jacobs, Rucker, Underwood, Villafan Motion carries	
	Action Item: Increase Mental Health by \$47,893 , from \$1,011,062 to \$1,058,955 . M/S/C: Van Brocklin/Robles 4/0 Abstentions: Davenport, Garcia-Bigley, Highfill, Jacobs, Kubricky, Rucker, Underwood, Villafan Motion carries	Forward recommendations to the HPG for approval at the October 26, 2022 HPG meeting.
b) Discussion item: Process for review of previous year reallocations and data upon which they were based and compare to approved upcoming	The committee discussed and recommended routinely looking at all reallocations done during the year and compare with the next year's approved budget to determine if additional funds will be needed in the next year.	

Agenda Item	Action	Follow-up
(next year) and accompanying data thus far to forecast potential needs/changes which may be required.		
c) Review/approve the PSRAC FY 24 Work Plan	Reviewed; the committee decided to not meet on June 29, 2023 as it is close to the observed Independence Day holiday.	
d) Discussion/Potential Action Item: Alternative housing options.	Tabled until next meeting.	
13. Suggested items for the PSRAC agenda	There was a recommendation to get information on the city housing voucher program.	
14. Next Meeting: Thursday November 10, 2022. Location: WebEx		
15. Announcements	<ul style="list-style-type: none"> • There will be 2 presentations on housing at the next CARE Partnership meeting on Monday, October 17, 2022. • The next meeting (Nov. 10, 2022) is scheduled for the day before Veteran's Day (Nov. 11, 2022) • The HPG Orientation will occur on Thursday, October 20, 2022 2:00 – 4:00 p.m. via Zoom webinar. • Truax Award nominations are open and due by October 15, 2022; submit nominations by email to: HPG.HHSA@sdcounty.ca.gov 	
16. Adjournment	5:02 p.m.	

HIV PLANNING GROUP
12-MONTH COMMITTEE TRACKING
Dec 2021 - Nov 2022

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE																			Total
PSRAC	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	8-Sep	13-Oct	Nov
Total meetings	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	0
Member																			
Jacobs, Dr. Delores ^C	*	*	*	*	*	*	*	*	*	*	NM	*	1	*	*	*	*	*	NM
Carroll, Reginald ^U	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*			
Cortes, Alberto	*	*	*	*	*	1	1	1	*	*	NM	*	*	1	*	*	1	*	NM
Davenport, Beth	*	*	*	*	*	1	1	*	1	*	NM	*	*	*	*	*	*	*	NM
Garcia-Bigley, Felipe																	*	*	NM
Highfill, Pam				1	*	*	*	*	*	1	NM	*	*	*	*	*	*	*	NM
Kubricky, Cinamon ^U	1	1	*	*	1	*	*	*	*	1	NM	*	*	*	*	*	*	*	NM
Mueller, Chris	*	*	*	*	*	1	*	*	*	*	NM	*	*	1	*	*	*	1	NM
Robles, Raul	1	1	1	*	1	*	*	1	1	1	NM	*	1	1	1	*	*	*	NM
Rucker, James	1	*	*	1	*	*	*	*	*	1	NM	*	*	*	*	*	1	*	NM
Quezada-Torres, Karla	*	*	*	1	*	*	*	*	*	*	NM	*	*	*	*	1	*	*	NM
Underwood, Regina	*	*	*	*	*	*	*	*	*	*	NM	*	*	*	*	*	*	*	NM
Van Brocklin, Rhea	*	*	*	1	*	*	*	*	*	*	NM	*	*	*	*	*	*	*	NM
Villafan, Freddy																	*	*	NM

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

= number of absences

CC = Co-Chair

013

U = Unaffiliated Consumer

= number of absences

C = Chair

1 = Absence

N = Non-HPG member

CC = Co-Chair

NM = Committee did not meet

* = present

Ryan White Part A Allocations FY 21					Comments
Service Categories	FY 23 Priority Ranking	RW 2021-22 HPG Allocation as of 08/19/20	HPG Approved Actions +/-	RW 2021-22 HPG Total as of end of FY	
Outpatient Ambulatory Health Services: Primary Care	1	1,367,242.00	\$ (568,612.00)	798,630.00	\$9,612 decrease by HPG 06/23/21. \$250,000 decrease by HPG 07/28/21. \$200,000 decrease by HPG 12/15/21. \$80,000 decrease by Recipient 01/27/22. \$29,000 decrease by Recipient 01/27/22. Viral Load
Outpatient Ambulatory Health Services: Medical Specialty	2	510,962.00	(345,000.00)	165,962.00	\$78,000 decrease HPG 05/26/21. \$140,000 decrease by HPG 07/28/21. \$100,000 decrease by HPG 12/15/21. \$27,000 decrease by Recipient 01/27/22.
Psychiatric Medication Management	3	28,036.00	-	28,036.00	
Oral Health	4	300,940.00	(125,000.00)	175,940.00	\$150,000 decrease by HPG 12/15/21. \$40,000 increase by Recipient 01/27/22. \$15,000 decrease by Recipient 01/27/22.
Medical Case Management	5	1,268,338.00		1,268,338.00	
Non-Medical Case Management	6	392,021.00	-	392,021.00	
Case Management-Non-Medical for Housing NEW	7				
Housing: Emergency Housing	8	530,424.00	1,081,000.00	1,611,424.00	\$200,000 increase by HPG 07/28/21. \$320,000 FY20/21 carryover funds HPG 12/16/20. \$450,000 increase by HPG 12/15/21. \$111,000 decrease by Recipient 01/27/22.
Housing: Location, Placement and Advocacy Services NEW	9				
Housing: Partial Assistance Rental Subsidy (PARS)	10	522,507.00	305,000.00	827,507.00	\$63,090 increase HPG 03/24/21 \$3,910 increase Recipient 03/26/21 \$78,000 increase HPG 05/26/21 \$160,000 increase by HPG 07/28/21.
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF)	11	943,317.00	-	943,317.00	
Childcare Services	11a	-	-	-	
Early Intervention Services: Regional Services	12	800,386.00	-	800,386.00	
Health Education & Risk Reduction	12a	33,000.00	(33,000.00)	-	\$33,000 decrease by HPG 06/23/21.
Outreach Services	12b	-	-	-	
Referral Services	12c	-	-	-	
Health Education and Risk Reduction (Stand Alone)	13				
Referral to Health and Supportive Services (Peer Navigation)	14	300,000.00	-	300,000.00	
Mental Health: Counseling/Therapy & Support Groups	15	761,062.00	-	761,062.00	
Psychosocial Support Services	16	67,000.00	(37,000.00)	30,000.00	\$63,090 decrease HPG 03/24/21 \$3,910 decrease Recipient 06/26/21 \$30,000 increase by HPG 07/28/21.
Substance Abuse Services: Outpatient	17	269,959.00	-	269,959.00	
Substance Abuse Services: Residential	18	-	-	-	
Home-based Health Care Coordination	19	228,500.00	-	228,500.00	
Transportation: Assisted and Unassisted	20	127,830.00	-	127,830.00	
Food Services: Food Bank/Home-Delivered Meals	21	536,073.00	-	536,073.00	
Medical Nutrition Therapy	22	35,542.00		35,542.00	
Legal Services	23	285,265.00		285,265.00	
Emergency Financial Assistance	24	53,730.00		53,730.00	
Home Health Care	25	-		-	
Early Intervention Services: HIV Counseling and Testing	26	-		-	
Cost-Sharing Assistance	27	-	-	-	
Hospice	28	-		-	
Subtotal		9,362,134.00	277,388.00	9,639,522.00	
Ryan White Part A Minority AIDS Initiative (MAI)		RW 2021-22 Allocation as of 08/11/20	HPG Approved Actions +/-	RW 2021-22 MAI Total as of today	Comments
Case Management (Non-Medical)		662,901.00	(100,000.00)	120,848.00	\$100,000 decrease HPG 03/24/21.
Medical Case Management				240,013.00	
Mental Health Services				103,191.00	
Outreach Services				50,113.00	
Substance Abuse Services (Outpatient)				48,736.00	
Housing: Emergency Housing		-	100,000.00	100,000.00	\$100,000 increase HPG 03/24/21
Multi-Disciplinary Team					
Targeted Client Advocacy					
Subtotal		662,901.00	-	662,901.00	
TOTAL		10,025,035.00	277,388.00	10,302,423.00	

		Ryan White Part A Allocations FY 22			Comments
Service Categories	FY 23 Priority Ranking	RW 2022-23 HPG Allocation as of 08/11/21	HPG Approved Actions +/-	RW 2022-23 HPG Total as of today	
Outpatient Ambulatory Health Services: Primary Care	1	1,307,630.00	\$ (475,000.00)	832,630.00	\$275,000 decrease by HPG 03/23/22 \$100,000 decrease by HPG 08/10/22 \$100,000 decrease by HPG 09/28/22
Outpatient Ambulatory Health Services: Medical Specialty	2	383,386.00	(190,000.00)	193,386.00	\$110,000 decrease by HPG 03/23/22 \$30,000 decrease by HPG 07/27/22 \$50,000 decrease by HPG 09/28/22
Psychiatric Medication Management	3	28,036.00	-	28,036.00	
Oral Health	4	300,940.00	(100,000.00)	200,940.00	\$100,000 decrease by HPG 07/27/22
Medical Case Management	5	1,268,338.00	93,512.00	1,361,850.00	\$50,000 increase by HPG 08/10/22 \$43,512 increase by HPG 10/26/22
Non-Medical Case Management	6	392,021.00	60,360.00	452,381.00	\$50,000 increase by HPG 08/10/22 \$10,360 increase by HPG 10/26/22
Case Management-Non-Medical for Housing NEW	7	250,000.00	(250,000.00)	-	\$250,000 decrease by HPG 10/26/22
Housing: Emergency Housing	8	280,000.00	798,235.00	1,078,235.00	\$250,000 increase by HPG 03/23/22 \$100,000 increase by HPG 07/27/22 \$150,000 increase by HPG 09/28/22 \$298,235 increase by HPG 10/26/22
Housing: Location, Placement and Advocacy Services NEW	9	100,000.00	(100,000.00)	-	\$100,000 decrease by HPG 10/26/22
Housing: Partial Assistance Rental Subsidy (PARS)	10	667,507.00	100,000.00	767,507.00	\$100,000 increase by HPG 06/22/22
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF)	11	943,317.00	50,000.00	993,317.00	\$50,000 increase by HPG 09/28/22
Childcare Services	11a	-	-	-	
Early Intervention Services: Regional Services	12	800,386.00	-	800,386.00	
Health Education & Risk Reduction	12a	-	-	-	
Outreach Services	12b	-	-	-	
Referral Services	12c	-	-	-	
Health Education and Risk Reduction (Stand Alone)	13	-	-	-	
Referral to Health and Supportive Services (Peer Navigation)	14	300,000.00	100,000.00	400,000.00	\$100,000 increase by HPG 06/22/22.
Mental Health: Counseling/Therapy & Support Groups	15	761,062.00	297,893.00	1,058,955.00	\$160,000 increase by HPG 03/23/22 \$140,000 increase by HPG 06/22/22 \$50,000 decrease by HPG 09/28/22 \$47,893 increase by HPG 10/26/22
Psychosocial Support Services	16	-	-	-	\$30,000 increase by HPG 06/22/22 \$30,000 increase by HPG 07/27/22 \$60,000 decrease by HPG 10/26/22
Substance Abuse Services: Outpatient	17	269,959.00	45,168.00	315,127.00	\$45,168 increase by HPG 06/22/22.
Substance Abuse Services: Residential	18	-	-	-	
Home-based Health Care Coordination	19	228,500.00	-	228,500.00	
Transportation: Assisted and Unassisted	20	127,830.00	25,000.00	152,830.00	\$15,000 increase by HPG 06/22/22 \$10,000 increase by HPG 10/26/22
Food Services: Food Bank/Home-Delivered Meals	21	536,073.00	-	536,073.00	
Medical Nutrition Therapy	22	35,542.00	-	35,542.00	
Legal Services	23	285,265.00	-	285,265.00	
Emergency Financial Assistance	24	53,730.00	(25,000.00)	28,730.00	\$25,000 decrease by HPG 03/23/22.
Home Health Care	25	-	-	-	
Early Intervention Services: HIV Counseling and Testing	26	-	-	-	
Cost-Sharing Assistance	27	-	-	-	
Hospice	28	-	-	-	
Subtotal		9,319,522.00	430,168.00	9,749,690.00	
Ryan White Part A Minority AIDS Initiative (MAI)		RW 2022-23 Allocation as of 08/11/21	HPG Approved Actions +/-	RW 2022-23 MAI Total as of today	Comments
Case Management (Non-Medical)		562,901.00	1,337.00	76,180.00	\$1,337 increase HPG
Medical Case Management				260,529.00	
Mental Health Services				149,066.00	
Outreach Services				42,892.00	
Substance Abuse Services (Outpatient)				35,572.00	
Housing: Emergency Housing		100,000.00	-	100,000.00	
Multi-Disciplinary Team					
Targeted Client Advocacy					
Subtotal		662,901.00	1,337.00	664,238.00	
TOTAL		9,982,423.00	431,505.00	10,413,928.00	

		Ryan White Part A Allocations FY 23			Comments
Service Categories	FY 23 Priority Ranking	RW 2023-24 HPG Allocation as of 08/11/22	HPG Approved Actions +/-	RW 2023-24 HPG Total as of today	
Outpatient Ambulatory Health Services: Primary Care	1	962,630.00			
Outpatient Ambulatory Health Services: Medical Specialty	2	273,386.00			
Psychiatric Medication Management	3	28,036.00			
Oral Health	4	300,940.00			
Medical Case Management	5	1,268,338.00			
Non-Medical Case Management	6	392,021.00			
Case Management-Non-Medical for Housing NEW	7	250,000.00			
Housing: Emergency Housing	8	530,000.00			
Housing: Location, Placement and Advocacy Services NEW	9	100,000.00			
Housing: Partial Assistance Rental Subsidy (PARS)	10	807,507.00			
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF)	11	943,317.00			
Childcare Services	11a				
Early Intervention Services: Regional Services	12	800,386.00			
Health Education & Risk Reduction	12a				
Outreach Services	12b				
Referral Services	12c				
Health Education and Risk Reduction (Stand Alone)	13	-			
Referral to Health and Supportive Services (Peer Navigation)	14	400,000.00			
Mental Health: Counseling/Therapy & Support Groups	15	1,061,062.00			
Psychosocial Support Services	16	60,000.00			
Substance Abuse Services: Outpatient	17	315,127.00			
Substance Abuse Services: Residential	18	-			
Home-based Health Care Coordination	19	228,500.00			
Transportation: Assisted and Unassisted	20	142,830.00			
Food Services: Food Bank/Home-Delivered Meals	21	536,073.00			
Medical Nutrition Therapy	22	35,542.00			
Legal Services	23	285,265.00			
Emergency Financial Assistance	24	28,730.00			
Home Health Care	25	-			
Early Intervention Services: HIV Counseling and Testing	26	-			
Cost-Sharing Assistance	27	-			
Hospice	28	-			
Subtotal		9,749,690.00	-	-	
Ryan White Part A Minority AIDS Initiative (MAI)		RW 2022-23 Allocation as of 08/11/21	HPG Approved Actions +/-	RW 2022-23 MAI Total as of today	Comments
Case Management (Non-Medical)		574,238.00			
Medical Case Management					
Mental Health Services					
Outreach Services					
Substance Abuse Services (Outpatient)					
Housing: Emergency Housing		100,000.00	-		
Multi-Disciplinary Team					
Targeted Client Advocacy					
Subtotal		674,238.00			
TOTAL		10,423,928.00	-	-	

RW 2022-23 PART A AWARD INFORMATION				RW 2022-23	
Funding Source			Total RW 2022-23 Award	YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN AS OF Aug 2022	
Part A			11,183,176.00		
Part A MAI			793,221.00		
TOTAL AWARD AMOUNT			11,976,397.00		

FY22-23 ALLOCATION BREAK DOWN											
Funding Source	Admin. \$		Admin. %	CQM \$		CQM %	RW 2022-23 Service dollars	Total	CORE Medical Services	Support Services	
Part A	1,118,316.00	1,118,316.00	10%	315,170.00		2.818%	9,749,690.00	11,183,176.00	70%	30%	
Part A MAI	79,321.00	79,321.00	10%	39,661.00		5.0%	674,239.00	793,221.00	70%	30%	
TOTAL	1,197,637.00			354,831.00			10,423,929.00	11,976,397.00	70%	30%	
Ryan White Part A Allocations											
Service Categories	HRSA Ranking	Priority Ranking	RW 2022-23 HPG Allocation as of 08/11/21	%	HPG Approved Actions +/-	RW 2022-23 HPG Total as of today	%	RW 2022-23 Year to Date Expenditure	RW 2022-23 Year-to-Date - The % below is the % of the Budget Spent 58.33% of Year Elapsed/Invoiced	RW 2022-23 Balance	Comments
Outpatient Ambulatory Health Services: Primary Care	1l	1	1,307,630.00	14%	\$ (475,000.00)	832,630.00	9%	400,655.45	48%	431,974.55	\$275,000 decrease by HPG 03/23/22 \$100,000 decrease by HPG 08/10/22 \$100,000 decrease by HPG 09/28/22
Outpatient Ambulatory Health Services: Medical Specialty	1l	2	383,386.00	4%	(190,000.00)	193,386.00	2%	84,285.98	44%	109,100.02	\$110,000 decrease by HPG 03/23/22 \$30,000 decrease by HPG 07/27/22 \$50,000 decrease by HPG 09/28/22
Psychiatric Medication Management	1j	3	28,036.00	84%	-	28,036.00	0%	3,091.00	11%	24,945.00	
Oral Health	1k	4	300,940.00	84%	(100,000.00)	200,940.00	2%	67,584.96	34%	133,355.04	\$100,000 decrease by HPG 07/27/22
Medical Case Management	1h	5	1,268,338.00	14%	93,512.00	1,361,850.00	14%	654,733.49	48%	707,116.51	\$50,000 increase by HPG 08/10/22 \$43,512 increase by HPG 10/26/22
Case Management-Non-Medical for Housing NEW		7	250,000.00	3%	(250,000.00)	-					\$250,000 decrease by HPG 10/26/22
Housing: Emergency Housing	2e	8	280,000.00	3%	798,235.00	1,078,235.00	11%	556,182.94	52%	522,052.06	\$250,000 increase by HPG 03/23/22 \$100,000 increase by HPG 07/27/22 \$150,000 increase by HPG 09/28/22 \$298,235 increase by HPG 10/26/22
Housing: Location, Placement and Advocacy Services NEW		9	100,000.00	1%	(100,000.00)	-					\$100,000 decrease by HPG 10/26/22
Housing: Partial Assistance Rental Subsidy (PARS)	2e	10	667,507.00	100%	100,000.00	767,507.00	8%	433,185.41	56%	334,321.59	\$100,000 increase by HPG 06/22/22
Non-Medical Case Management	2h	6	392,021.00	4%	60,360.00	452,381.00	5%	200,443.29	44%	251,937.71	\$50,000 increase by HPG 08/10/22 \$10,360 increase by HPG 10/26/22
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF)	1c	11	943,317.00	10%	50,000.00	993,317.00	10%	522,848.86	53%	470,468.14	\$50,000 increase by HPG 09/28/22
Childcare Services	2a	11a	-	0%		-	0%	-	0%	-	
Early Intervention Services: Regional Services	1c	12	800,386.00	9%	-	800,386.00	8%	479,774.31	60%	320,611.69	
Health Education & Risk Reduction	2d	12a	-	0%		-	0%	-	0%	-	
Outreach Services	2j	12b	-	0%		-	0%	-	0%	-	
Referral Services	2l	12c	-	0%		-	0%	-	0%	-	

Service Categories	HRSA Ranking	Priority Ranking	RW 2022-23 HPG Allocation as of 08/11/21	%	HPG Approved Actions +/-	RW 2022-23 HPG Total as of today	%	RW 2022-23 Year to Date Expenditure	RW 2022-23 Year-to-Date - The % below is the % of the Budget Spent 58.33% of Year Elapsed/Invoiced	RW 2022-23 Balance	Comments
Referral to Health and Supportive Services (Peer Navigation)		14	300,000.00	3%	100,000.00	400,000.00	4%	151,198.52	38%	248,801.48	\$100,000 increase by HPG 06/22/22.
Home-based Health Care Coordination	1e	19	228,500.00	2%		228,500.00	2%	95,150.12	42%	133,349.88	
Mental Health: Counseling/Therapy & Support Groups	1j	15	761,062.00	8%	297,893.00	1,058,955.00	11%	391,229.85	37%	667,725.15	\$160,000 increase by HPG 03/23/22 \$140,000 increase by HPG 06/22/22 \$50,000 decrease by HPG 09/28/22 \$47,893 increase by HPG 10/26/22
Substance Abuse Services: Residential	2o	18	-	0%	-	-	0%	-	0%	-	
Substance Abuse Services: Outpatient	1m	17	269,959.00	3%	45,168.00	315,127.00	3%	156,696.44	50%	158,430.56	\$45,168 increase by HPG 06/22/22.
Transportation: Assisted and Unassisted	2g	20	127,830.00	1%	25,000.00	152,830.00	2%	67,600.60	44%	85,229.40	\$15,000 increase by HPG 06/22/22 \$10,000 increase by HPG 10/26/22
Food Services: Food Bank/Home-Delivered Meals	2c	21	536,073.00	6%	-	536,073.00	5%	272,282.61	51%	263,790.39	
Medical Nutrition Therapy	1i	22	35,542.00	0%		35,542.00	0%	20,375.06	57%	15,166.94	
Legal Services	2i	23	285,265.00	3%		285,265.00	3%	164,753.20	58%	120,511.80	
Emergency Financial Assistance	2b	24	53,730.00	1%	(25,000.00)	28,730.00	0%	12,191.23	42%	16,538.77	\$25,000 decrease by HPG 03/23/22.
Home Health Care	1f	25	-	0%		-	0%	-	0%	-	
Early Intervention Services: HIV Counseling and Testing	1c	26	-	0%		-	0%	-	0%	-	
Cost-Sharing Assistance	1d	27	-	0%	-	-	0%	-	0%	-	
Hospice	1g	28	-	0%		-	0%	-	0%	-	
Psychosocial Support Services		16	-	0%	-	-	0%	-	0%	-	\$30,000 increase by HPG 06/22/22 \$30,000 increase by HPG 07/27/22 \$60,000 decrease by HPG 10/26/22
Subtotal			9,319,522.00	357%	430,168.00	9,749,690.00	100%	4,734,263.32	49%	5,015,426.68	
Ryan White Part A Minority AIDS Initiative (MAI)			RW 2022-23 Allocation as of 08/11/21		HPG Approved Actions +/-	RW 2022-23 MAI Total as of today	%	RW 2022-23 Year to Date Expenditure	RW 2022-23 Year-to-Date - The % below is the % of the Budget Spent 58.33% of Year Elapsed/Invoiced)	RW 2022-23 Balance	Comments
Case Management (Non-Medical)			562,902.00		1,337.00	76,180.00	11%	38,323.73	50%	37,856.27	\$1,337 increase HPG
Medical Case Management				260,529.00		39%	100,185.34	38%	160,343.66		
Mental Health Services				149,066.00		22%	105,875.14	71%	43,190.86		
Outreach Services				42,892.00		6%	12,222.97	28%	30,669.03		
Substance Abuse Services (Outpatient)				35,572.00		5%	14,980.29	42%	20,591.71		
Housing: Emergency Housing				100,000.00		15%	97,982.07	98%	2,017.93		
Subtotal			662,902.00		1,337.00	664,239.00	100%	369,569.54	56%	294,669.46	
TOTAL			9,982,424.00		431,505.00	10,413,929.00		5,103,832.86	49%	5,310,096.14	
CORE and Support Sevices allocation break-down											
Services	Total Allocation			Total Expenditure		Total Balance					
CORE Medical Services	4,858,364.00			2,053,262.68		2,527,696.32					
Support Services	5,241,326.00			2,681,000.64		2,092,850.36					
TOTAL			10,099,690.00	4,734,263.32		4,620,546.68		-744,880.00 variance			

-744,880.00 variance

YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN AS OF SEPTEMBER 2022

RW 2223 SERVICE DOLLAR ALLOCATIONS AND EXPENDITURES

Funding Source	RW 2022/2023 Service Dollars	Contract Year	Contract YTD Expenditure	% of Year Invoiced	% Spent	Balance	Comments
Ryan White Part B							
Outpatient Ambulatory Health Services (Medical)	407,426.00	April 2022-March 2023	317,604.20	50%	78%	89,821.80	Part A Payment Summary, Part B tracking as of September 2022 invoices.
Early Intervention Services (Expanded HIV Testing)	-		-	50%	-	-	
Early Intervention Services (Focused Testing)	187,900.00		85,925.11	50%	46%	101,974.89	Part B Payment Summary as of September 2022 invoices.
Medical Case Management (Emergency Financial Assistance)	177,716.00		134,381.60	50%	76%	43,334.40	Part B Payment Summary as of September 2022 invoices.
Housing (Substance Abuse Services-Residential)	518,632.00		316,535.21	50%	61%	202,096.79	Part B Payment Summary as of September 2022 invoices.
Non-medical Case Management (Rep Payee)	50,000.00		24,231.84	50%	48%	25,768.16	Part B Payment Summary as of September 2022 invoices.
CoSD Medical Case Management	403,173.24		117,843.27	50%	29%	285,329.97	Per Q1 Apr-Jun Qtrly invoice
CoSD Early Intervention Services	396,483.18		131,680.25	50%	33%	264,802.93	Per Q1 Apr-Jun Qtrly invoice
Ryan White Part B Total	2,141,330.42		1,128,201.48		53%	1,013,128.94	
Ryan White Part B-MAI Bridge	97,277.00	April 2022-March 2023	52,708.63	50%	54%	44,568.37	Part B-MAI Payment Summary as of September 2022 invoices.
Prevention 2022							
<i>Counseling and Testing</i>	180,000.00	January -December 2022	135,421.10	75%	75%	44,578.90	Prevention Payment Summary as of September 2022 invoices.
<i>Evaluation/ Linkage Activities/ Needs Assessment</i>	813,315.00		556,423.19	75%	68%	256,891.81	Prevention Payment Summary as of September 2022 invoices.
Prevention Total	993,315.00		691,844.29			301,470.71	
CDPH Ending the HIV Epidemic- Component A	\$4,496,525	August 2022- July 2023	3,625.00	17%	0.08%	4,492,900.00	Only one contract - 211SD. Payment Summary as of September invoices.
CDPH Ending the HIV Epidemic- Component C	\$240,000	August 2021- July 2022	-	0%	0.00%	240,000.00	CDPH EHE Comp C No Contract.
HRSA Ending the HIV Epidemic- 20-078	\$1,800,360	March 2022 - February 2023	660,180.27	58%	36.67%	1,140,179.73	HRSA EHE Payment Summary as of September 2022 invoices.
TOTAL	9,768,807.42		2,536,559.67			7,232,247.75	

**YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN
AS OF September 2022 FOR PRIMARY CARE**

RW 2223 SERVICE DOLLAR ALLOCATIONS AND EXPENDITURES

Funding Source	RW 22/23 Service Dollars	Contract Year	Contract YTD Expenditure	% of Year Invoiced	% Spent	Balance	Comments
RW-Part A	932,630.00	March 2022/February 2023	400,655.45	58.31%	43%	531,974.55	Part A Payment Summary as of September 2022 invoices.
RW-Part B	407,426.00	April 2022/March 2023	317,604.20	49.98%	78%	89,821.80	Part A Payment Summary, Part B tracking as of September 2022 invoices.
TOTAL	1,340,056.00		718,259.65	58.30%		621,796.35	

SUMMARY OF SERVICES FOR FY22

Mar. 1, 2022- Feb. 28, 2023

RYAN WHITE SERVICES		Oct	End of Year Total	Prior Year Total
FY 2022-2023				
Total clients served each month	Clients	1,377		
New clients in FY22	Clients	123	2,929	3,126
Returning FY22 clients	Clients	1,254		
VIRAL LOAD SUPPRESSION				
Virally suppressed	Clients	1,048		
% Virally suppressed		91%		
With Test	Tests	1,150		
Without Test	Tests	227		
PART-A SERVICES				
Outpatient Ambulatory Health Services: HIV Primary Care*	Visits	112	1,081	1,124
	Clients	100	595	607
Outpatient Ambulatory Health Services: Medical Specialty Care	Visits	10	238	91
	Clients	9	117	61
Psychiatric Medication Management	Visits	0	11	32
	Clients	0	8	20
Oral Health Care: Dental Care	Visits	74	752	608
	Clients	57	326	258
Early Intervention/Integrated Services for Women, Children & Families: Coordinated Care	Visits	48	1,470	1,334
	Clients	23	149	125
Early Intervention/Integrated Services for Women, Children & Families: Childcare	Visits	3	53	65
	Clients	3	41	52
Early Intervention Services: Regional Services	Visits	945	5,790	5,552
	Clients	410	993	1,108
Early Intervention Services: Peer Navigation Services	Visits	54	842	754
	Clients	27	177	161
Early Intervention Services: Outreach Services	Visits	0	0	0
	Clients	0	0	0
Medical Case Management Services	Visits	831	6,867	7,726
	Clients	355	737	833

*Includes Part B funded services

SUMMARY OF SERVICES FOR FY22

Mar. 1, 2022- Feb. 28, 2023

RYAN WHITE SERVICES		Oct	End of Year Total	Prior Year Total
Home-based Health Care Coordination	Visits	64	536	602
	Clients	22	42	47
Case Management -Non-Medical	Visits	403	3,421	4,528
	Clients	180	319	457
Mental Health Services: Counseling/Therapy	Visits	289	2,178	2,277
	Clients	128	239	264
Substance Abuse Treatment Services – Residential*	Visits	0	107	0
	Clients	0	30	0
Substance Abuse Treatment Services - Outpatient	Visits	318	2,548	1,927
	Clients	46	88	59
Housing Services: Partial Assistance Rental Subsidy	Visits	115	884	999
	Clients	115	130	149
Medical Transportation Services - Assisted	Visits	9	42	11
	Clients	9	32	7
Medical Transportation Services - Unassisted	Visits	218	2,314	2,132
	Clients	145	399	441
Housing Services: Emergency Housing Assistance	Visits	53	615	801
	Clients	44	368	349
Food Services: Food Bank/ Home Delivered Meals	Meals	3272	24,319	30,842
	Clients	134	200	317
Medical Nutrition Therapy	Visits	11	102	112
	Clients	11	71	76

SUMMARY OF SERVICES FOR FY22

Mar. 1, 2022- Feb. 28, 2023

RYAN WHITE SERVICES		Oct	End of Year Total	Prior Year Total
PART-A SERVICES continued				
Legal Services	Visits	10	116	148
	Clients	10	82	81
Emergency Financial Assistance	Visits	7	204	399
	Clients	7	69	83
Internet Access	Visits	0	1	2
	Clients	0	1	2
Internet Equipment	Visits	3	7	21
	Clients	3	5	12
Collateral Contacts	Visits	244	1,921	2,716
	Clients	154	497	539
MAI SERVICES				
Medical Case Management Services	Visits	137	842	1,412
	Clients	63	140	159
Mental Health Services: Therapy/Counseling	Visits	72	636	385
	Clients	31	80	72
Substance Abuse Treatment Services - Outpatient	Visits	26	179	116
	Clients	11	27	29
Faciliated Referrals	Visits	0	0	0
	Clients	0	0	0
Outreach Encounters	Visits	0	0	0
	Clients	0	0	0
Medical Transportation Services - Assisted	Visits	0	0	0
	Clients	0	0	0
Medical Transportation Services - Unassisted	Visits	0	0	0
	Clients	0	0	0
Case Management -Non-Medical	Visits	81	696	595
	Clients	40	85	55

SUMMARY OF SERVICES FOR FY22

Mar. 1, 2022- Feb. 28, 2023

CLIENT DEMOGRAPHICS	Number of Clients	% of Client Total	Client Total
FY 2022-2023			
Race/Ethnicity			
White (not Hispanic)	710	24.24%	
Black or African American (not Hispanic)	373	12.73%	
Hispanic or Latino(a)	1603	54.73%	
Asian/Pacific Islander, not Hispanic	51	1.74%	
American Indian/Alaska Native, not Hispanic	15	0.51%	
Multi-Race, not Hispanic	44	1.50%	
Unknown	13	0.44%	
Race data not in ARIES	120	4.10%	2,929
Gender			
Male	2353	80.33%	
Female	476	16.25%	
Transgender FTM	3	0.10%	
Transgender MTF	96	3.28%	
Other	1	0.03%	
Client Refused to Report	0	0.00%	2,929
Age Categories			
< 2	22	0.75%	
02-12	9	0.31%	
13-24	63	2.15%	
25-44	1100	37.56%	
45-64	1415	48.31%	
65 and over	320	10.93%	2,929
Poverty Level			
<138%	2321	79.24%	
138-199%	319	10.89%	
200-299%	207	7.07%	
300-399%	55	1.88%	
400-499%	14	0.48%	
>500%	13	0.44%	
Financial data not in ARIES	0	0.00%	2,929
HRSA Housing Status			
Stable/Permanent	1554	53.06%	
Temporary	867	29.60%	
Unstable	320	10.93%	
Unknown	188	6.42%	
Housing Status not in ARIES	0	0.00%	2,929
Insurance Status			
Private	95	3.24%	
Medicaid	572	19.53%	
Other	9	0.31%	
No Insurance	2034	69.44%	
Insurance not in ARIES	219	7.48%	2,929
San Diego Region			
Central	1015	34.65%	
East	206	7.03%	
South Bay	521	17.79%	
Southeast	244	8.33%	
North Coastal	317	10.82%	
North Inland	143	4.88%	
North Central	203	6.93%	
Zip Code may be outside SD County	117	3.99%	
Zip Code not in ARIES	163	5.57%	2,929

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE 2023 WORKPLAN

<p><u>January 12, 2023</u></p> <ul style="list-style-type: none"> • Discuss and plan for the three components of the Needs Assessment process <ul style="list-style-type: none"> ○ Regional Community Meetings (timeframe) ○ Survey of HIV Impact planning (2023) ○ Provider Survey (timeframe) • Special data needs from the Recipient • Review service categories that underspend (monthly) • Service utilization report (monthly report) 	<p><u>June 15, 2023</u></p> <ul style="list-style-type: none"> • Review data on HIV Care Continuum/ Unaware Estimate & discuss finding <ul style="list-style-type: none"> ○ incl. data on RW clients vs. all clients ○ Incl. data on viral suppression rates in the African American/Black population (incl. of RW clients vs. all clients) • Annual report on percent of individuals linked to care, and retention rates and viral suppression (at this time it is unknown when report will be ready) • Review service categories that underspend (monthly) • Service utilization report (monthly report)
<p><u>February 9, 2023</u></p> <ul style="list-style-type: none"> • Review Co-occurring conditions, poverty, and insurance • Review service categories that underspend(monthly) • Service utilization report (monthly report) 	<p><u>June 22, 2023</u></p> <ul style="list-style-type: none"> • Review YTD data on service utilization and discuss findings • Summarize/Finalize data on HIV Care Continuum/Unaware Estimate • Summarize/Finalize data on regional focus groups • Review service categories that underspend(monthly) • Service utilization report (monthly report)
<p><u>March 9, 2023</u></p> <ul style="list-style-type: none"> • Review Integrated (Comprehensive) Plan/Getting to Zero Plan goals related to PSRAC • Summarize/finalize data on co-occurring conditions, poverty, and insurance. • Address change in FY 23 Part A funding (if needed) • PARS Report • Review service categories that underspend(monthly) • Service utilization report (monthly report) 	<p><u>June 29, 2023</u></p> <ul style="list-style-type: none"> • No meeting (Thursday before Independence Day weekend)
<p><u>April 13, 2023</u></p> <ul style="list-style-type: none"> • Address change in FY 23 Part A funding (if needed) • Review regional distribution of RWTEA Part A services & discuss findings • Review data on Ryan White service eligibility criteria & other service guidelines and discuss findings • PARS Report 	<p><u>July 6, 2023</u></p> <ul style="list-style-type: none"> • Review any additional data that is available • Review/finalize summary data findings Recommendations with justifications to HIV Planning Group for service priority ranking, and how services should be organized and delivered in FY 24 • Review updated HIV/AIDS Epidemiology data & discuss findings (if available)

<ul style="list-style-type: none"> Review service categories that underspend(monthly) Service utilization report (monthly report) 	<ul style="list-style-type: none"> PARS Report Review service categories that underspend (monthly) Service utilization report (monthly report)
<u>May 11, 2023</u> <ul style="list-style-type: none"> Review HIV/AIDS Epidemiology data & discuss findings PARS Report Review 2021 Survey of HIV Impact data & discuss findings, esp. Out-Of-Care data Summarize/Finalize data on regional distribution of RWTEA Part A services Summarize/Finalize data on Ryan White service eligibility criteria and other service guidelines Review service categories that underspend(monthly) Service utilization report (monthly report) 	<u>July 13, 2023, July 20, 2022 and July 27, 2023 (if needed)</u> <ul style="list-style-type: none"> Summarize updated HIV/AIDS Epidemiology data (if available) Review all data findings and summaries Complete recommendations with justifications for changes in funding allocations for FY 24
<u>June 1, 2023</u> <ul style="list-style-type: none"> Review HRSA and Ryan White Part A guidelines (PCN 1602) Summarize/finalize data on HIV Epidemiology Review service categories that underspend(monthly) Service utilization report (monthly report) 	<u>August 3 and/or 10, 2023 (if needed)</u> <ul style="list-style-type: none"> As needed for FY 24 priority setting and budget allocation process (next fiscal year) and/or FY 23 reallocations (current fiscal year) PARS Report Review service categories that underspend (monthly) Service utilization report (monthly report)
<u>June 8, 2023</u> <ul style="list-style-type: none"> Review information on non-Ryan White services in the community, esp. mental health and drug and alcohol services. (County's budget includes some of this detail) https://www.sandiegocounty.gov/openbudget/ Review data on regional focus groups and GTZ Action Plan Community Feedback Report and discuss findings PARS Report 	<u>September 7 and/or October 12, 2023</u> <ul style="list-style-type: none"> Debrief the FY 24 priority setting and budget allocation process Develop 2024PSRAC work plan PARS Report Review service categories that underspend(monthly) Service utilization report (monthly report)