



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

**THURSDAY, JULY 24, 2025, 1:00 PM – 4:00 PM  
Southeastern Live Well Center  
5101 Market St, San Diego, CA 92114  
Tubman Chavez Room A**

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

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Meeting Location & Directions:  
**Priority Setting & Resource Allocation**  
**(PSRAC)**

Thursday, July 24, 2025

1:00 PM - 4:00 PM

**Southeast Live Well Center**

5101 Market St.

San Diego, CA 92114 Tubman Chavez Rm A



Visitor/Employee parking available in parking structure. Main entrance can be accessed by exiting the parking structure on the 2nd floor and walking down the sidewalk to the left.

**FROM I-805 SOUTH:**

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

**FROM I-805 NORTH:**

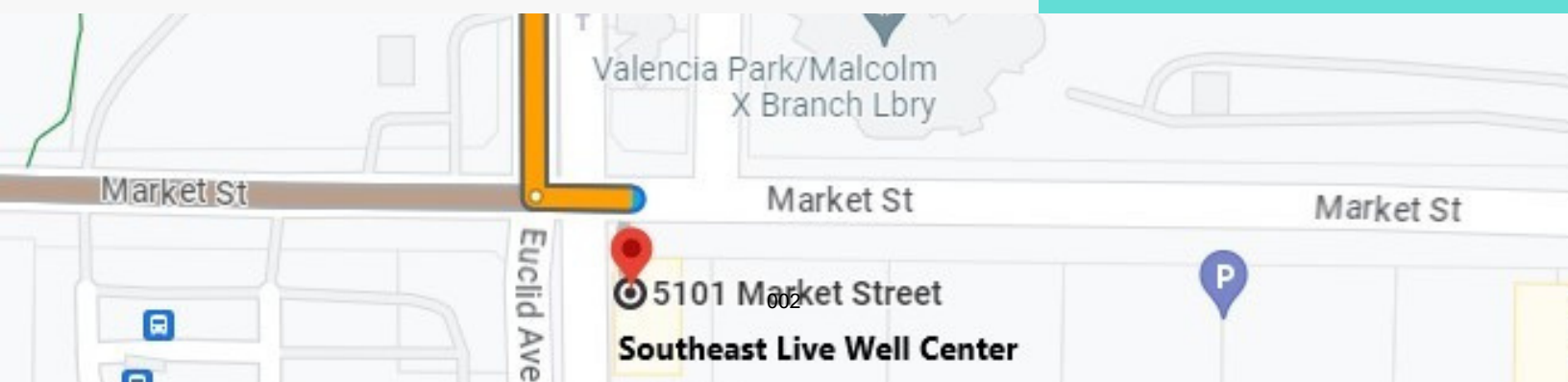
1. Head southeast on I-805 South.
2. Take exit 13A for CA-94-E/M L King Jr. Fwy.
3. Merge onto CA-94 E.
4. Take exit 4A for Euclid Ave.
5. Turn left onto Euclid Ave.
6. Use the left 2 lanes to turn left onto Market St.
7. The destination will be on your right.



**PUBLIC  
TRANSPORTATION**

**MTS Trolley:**  
Orange Line

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



# PSRAC CONFLICT OF INTEREST (COI) Sheet

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

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

\*\*Referral for Healthcare and Support Services

Fleming, Tyra  
Jacobs, Delores  
Kubricky, Cinnamen

Luna, Sergio  
Mendoza Aguirre, Marco

## PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)



Thursday, July 24, 2025, 1:00 PM – 4:00 PM  
Southeastern Live Well Center.  
5101 Market St, San Diego, CA 92114  
Tubman Chavez Room A

### To participate remotely via Zoom:

<https://us06web.zoom.us/j/82979385521?pwd=ucUoVVtBupxbdBxothszYHHIP2luoC.1>

**Join the meeting via phone:** 1-669-444-9171 United States Toll

**Meeting ID:** 829 7938 5521

**Password:** PSRAC

Language translation services are available upon request at least 96 hours prior to the meeting.

Please contact HPG Support Staff via e-mail at [hpg.hhsa@sdcounty.ca.gov](mailto:hpg.hhsa@sdcounty.ca.gov).

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

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

### ORDER OF BUSINESS

1. Call to order, roll call, comments from the chair
2. Reminders
  - a. **Review of Committee Charge**
  - b. **Committee members' Conflicts of Interest:** Disclose areas of financial interest (e.g., employment); Refrain from participation in related votes.
  - c. **Areas NOT the purview of this committee:** Selection of contractors; contract details; how contractors implement contracted services (e.g., staff salaries). These are the sole purview of the Recipient.
  - d. **Focus on service priorities, not on specific service providers.**
  - e. **Rules for the meeting** (as necessary): Committee members are limited to two (2) minutes per comment and limited to two (2) comments per item; public comments are welcome at the beginning and prior to each agenda item, limited to two (2) minutes so that all have an opportunity to participate.
3. Public comment on non-agenda items (for members of the public)
4. Sharing our concerns (for committee members)
5. **ACTION:** Approve the PSRAC agenda for July 24, 2025
6. Routine Business:
  - a. Review Monthly and Year-to-Date expenditures and assess for recommended reallocations
  - b. Partial Assistance Rent Subsidy (PARS) and Emergency Housing update
  - c. Review of the Monthly and Year-to-Date service utilization report
7. Old Business:

## PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

- a. None
8. New Business:
  - a. **ACTION:** Recommendations for reallocations for FY 25 (the current fiscal year, March 1, 2025 – February 28, 2026) (if needed).
  - b. **ACTION:** Summarize/Finalize Key Findings data on HIV Epidemiology
  - c. **ACTION:** Summarize/Finalize Key Findings data on HIV Care Continuum
  - d. **ACTION:** Recommendations with justifications to the HIV Planning Group for service priority ranking and how services should be organized and delivered in FY 26 (March 1, 2026 – February 28, 2027)
  - e. **ACTION:** Complete recommendations with justifications for changes in funding allocations in level and reduction-funding scenarios for FY 26 (March 1, 2026 – February 28, 2027).
9. Suggested items for the future committee agenda
10. Announcements

**Next meeting date:** July 31, 2025, from 1:00 PM – 4:00 PM  
**Location:** *Southeastern Live Well Center 5101 Market St, San Diego, CA 92114*  
*Tubman Chavez Room A and Remotely via Zoom*
11. Adjournment

Principles for the PSRA Decision-Making Process	Criteria for the PSRA Decision-Making Process
<b>Principles Guiding Decision Making</b> (Priorities should reflect the Principles) <ol style="list-style-type: none"><li>1. Decisions are made in an open, transparent process</li><li>2. Decisions are based on documented needs (Needs assessment, etc.)</li><li>3. Decisions are based on overall needs within the service area, not narrow, single-focus concerns</li><li>4. Decisions include reports from the Needs Assessment committee of the HIV Planning Group.</li><li>5. Services should be responsive to the epidemiology of HIV in San Diego, including demographics and region</li><li>6. Services must be culturally and linguistically appropriate and responsive</li><li>7. Services should focus on the needs of low-income, underserved, and disproportionately impacted populations</li><li>8. Services should minimize disparities in the availability and quality of treatment for HIV/AIDS</li><li>9. Equitable access to services should be provided across subpopulations and regions</li></ol>	<b>Criteria for Priority Setting</b> <ol style="list-style-type: none"><li>1. Documented Need based on:<ol style="list-style-type: none"><li>a. Epidemiology of San Diego epidemic (Epi data)</li><li>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)</li></ol></li><li>2. Minimize disparities in the availability and quality of treatment for HIV/AIDS (Demographic service utilization data compared to the HIV/AIDS demographic)</li><li>3. Quality, outcome effectiveness, and cost-effectiveness of services (Measured by service category outcomes, CQM, and client satisfaction data by service category)</li><li>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</li><li>5. Consistency with the continuum of care</li></ol>

For more information, visit our website at [www.sdplanning.org](http://www.sdplanning.org)

# HSHB Report to HPG

July 2025



**COUNTY OF SAN DIEGO**  
HEALTH AND HUMAN SERVICES AGENCY



**LIVE WELL**  
SAN DIEGO



# July 2025 HSHB Report



## Categories where HSHB recommends increases:

- Oral Health
- Psychiatric Medication Management
- Peer Navigation

## Categories where HSHB recommends decreases:

- Medical-Case Management (one-time)
- Non-Medical Case Management (one-time)

# July 2025 HSHB Report



## Categories HSHB is Watching

- Medical Specialty (medium risk of underspending)
- Emergency Housing (medium risk of not having enough \$)
- EIS Regional (medium risk of underspending)
- SUD Outpatient (small risk of underspending)
- Home-Based Care Coordination (medium risk of underspending)
- MAI Mental Health (medium risk of underspending)
- Peer Navigation (small risk of not having enough \$)
- Oral Health (small risk of not having enough \$)
- Psychiatric Medication Management (small risk of not having enough \$)



# July 2025 HSHB Report



## Service Utilization

- Overall, we are about 10% below last year in terms of clients served
- Viral suppression is at 95%

## Ryan White Utilization Report

### Summary of Services for FY 25

*(March 1, 2025 - February 28, 2026)*

HIV, STD and Hepatitis Branch



# July 2025 HSHB Report



## Service categories where utilization differs from last year:

- Primary care (↓13% fewer clients)
- Oral health (↓ 45%)
- WCF (↑ 20%)
- Peer Navigation (↓ 29%)
- Medical Case Management (↓ 25%)
- Non-Medical Case Management (↓ 34%)
- Mental Health Services (↓ 34%)
- Home-Delivered Meals (↓ 31%)
- Medical Nutrition Therapy (↑ 39%)
- Legal Services (↓ 45%)

# July 2025 HSHB Report



## PARS REPORT

### Waiting List

- 50 currently on the waitlist
  - 21 on waitlist previously enrolled in PARS
  - 29 are new applicants
  - Demographics of clients on the waitlist:
    - Gender: 31 male, 13 female, 6 transgender
    - Race/ethnicity: 13 Black, 25 Hispanic/Latino, 10 white, 1 Asian, 1 American Indian
    - Age: 37 over 45, 11 ages 31-44, 2 ages 18-30
    - Central region 35, East 12, South 1, North 2

### Current Clients

- 90 currently enrolled
  - Demographics of clients currently enrolled:
    - Gender: 67 male, 14 female, 9 transgender
    - Race/ethnicity: 10 Black, 48 Hispanic/Latino, 29 white, 2 Asian, 1 American Indian
    - Age: 59 over 45, 28 ages 31-44, 3 ages 18-30
    - Central region 57, East 9, South 19, North 5

RW 2025-26 PART A AWARD INFORMATION	
Funding Source	Total RW 2025-26 Award
Part A	11,667,474.00
Part A MAI	784,859.00
<b>TOTAL AWARD AMOUNT</b>	<b>12,452,333.00</b>

<b>RW 2025-26</b>
<b>YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN</b>
<i>Through June 2025</i>

FY25-26 ALLOCATION BREAK DOWN								
Funding Source	Admin. \$	Admin. %	CQM \$	CQM %	RW 2025-26 Service dollars	Total	CORE Medical Services	Support Services
Part A	1,131,364	10%	349,067	3%	10,187,043	11,667,474	48.88%	51.12%
Part A MAI	78,486	10%	32,933	4%	673,440	784,859		
<b>TOTAL</b>	<b>1,209,850.19</b>		<b>381,999.55</b>		<b>10,860,483.00</b>	<b>12,452,332.74</b>	<b>49%</b>	<b>51%</b>

Ryan White Part A Allocations						% Elapsed		33%			
Service Categories	HRSA Ranking	Priority Ranking	RW 2025-26 HPG Initial Allocation	%	HPG & Recipient Approved Actions +/-	RW 2025-26 HPG Adjusted Allocation	%	RW 2025-26 Year to Date Expenditure	RW 2025-26 Year-to-Date - % Expenditure/Budget)	RW 2025-26 Balance	Comments
Outpatient Ambulatory Health Services: Primary Care	1l	1	1,102,630.00	11%	718,407.00	1,821,037.00	18%	590,114.42	32%	1,230,922.58	
Outpatient Ambulatory Health Services: Medical Specialty	1l	2	195,000.00	2%	-	195,000.00	2%	19,455.14	10%	175,544.86	
Psychiatric Medication Management	1j	12	6,000.00	0%	-	6,000.00	0%	3,471.58	58%	2,528.42	
Oral Health	1k	3	160,940.00	2%	-	160,940.00	2%	87,446.10	54%	73,493.90	
Medical Case Management	1h	4	1,151,853.00	12%	-	1,151,853.00	12%	276,598.16	24%	875,254.84	
Non-Medical Case Management for Housing		6	200,000.00	2%	-	200,000.00		-	0%	-	
Housing: Emergency Housing	2e	9	1,183,515.00	12%	(250,000.00)	933,515.00	9%	343,430.06	37%	590,084.94	
Housing: Location, Placement and Advocacy Services		8	100,000.00	1%	(100,000.00)	-		-	0%	-	
Housing: Partial Assistance Rental Subsidy (PARS)	2e	7	850,507.00	9%	-	850,507.00	9%	271,284.56	32%	579,222.44	
Non-Medical Case Management	2h	5	392,021.00	4%	-	392,021.00	4%	80,201.98	20%	311,819.02	
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF)	1c	13	993,157.00	10%	-	993,157.00	10%	327,097.45	33%	666,059.55	
Childcare Services	2a		-	0%	-	-	0%	-	0%	-	
Early Intervention Services: Regional Services	1c	14	790,000.00	8%	-	790,000.00	8%	221,240.21	28%	568,759.79	
Health Education & Risk Reduction	2d	14a	-	0%	-	-	0%	-	0%	-	
Outreach Services	2j	14b	-	0%	-	-	0%	-	0%	-	
Referral Services	2l	14c	-	0%	-	-	0%	-	0%	-	
Referral to Health and Supportive Services (Peer Navigation)		16	260,000.00	3%	(88,407.00)	171,593.00	2%	73,830.01	43%	97,762.99	

Ryan White Part A Allocations						% Elapsed		33%			
Service Categories	HRSA Ranking	Priority Ranking	RW 2025-26 HPG Initial Allocation	%	HPG & Recipient Approved Actions +/-	RW 2025-26 HPG Adjusted Allocation	%	RW 2025-26 Year to Date Expenditure	RW 2025-26 Year-to-Date - % Expenditure/Budget)	RW 2025-26 Balance	Comments
Mental Health: Counseling/Therapy & Support Groups	1j	10	810,000.00	8%	(230,000.00)	580,000.00	6%	176,005.38	30%	403,994.62	
Psychosocial Support Services		17	46,744.00	0%	-	46,744.00	0%	-	0%	-	
Substance Abuse Services: Outpatient	1m	11	313,127.00	3%	-	313,127.00	3%	82,659.24	26%	230,467.76	
Substance Abuse Services: Residential	2o	18	-	0%	-	-	0%	-	0%	-	
Home-based Health Care Coordination	1e	19	228,500.00	2%	-	228,500.00	2%	55,981.85	24%	172,518.15	
Transportation: Assisted and Unassisted	2g	20	151,830.00	2%	(50,000.00)	101,830.00	1%	22,868.62	22%	78,961.38	
Food Services: Food Bank/Home-Delivered Meals	2c	21	536,073.00	5%	-	536,073.00	5%	129,391.26	24%	406,681.74	
Medical Nutrition Therapy	1i	22	35,542.00	0%	-	35,542.00	0%	10,345.33	29%	25,196.67	
Legal Services	2i	23	285,265.00	3%	-	285,265.00	3%	93,290.68	33%	191,974.32	
Emergency Financial Assistance	2b	24	61,856.00	1%	-	61,856.00	1%	17,466.70	28%	44,389.30	
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%	-	
Subtotal			9,854,560.00	100%	-	9,854,560.00	98%	2,882,178.73	29%	6,972,381.27	
Ryan White Part A Minority AIDS Initiative (MAI)			RW 2025-26 HPG Initial Allocation		HPG & Recipient Approved Actions +/-	RW 2025-26 HPG Adjusted Allocation	%	RW 2025-26 Year to Date Expenditure	RW 2025-26 Year-to-Date - % Expenditure/Budget)	RW 2025-26 Balance	Comments
Multi-Disciplinary Team			576,970.90		-	576,970.90	86%	125,468.99	22%	451,501.91	
Housing: Emergency Housing			97,267.10		-	97,267.10	14%	-	0%	97,267.10	
Subtotal			674,238.00		-	674,238.00	100%	125,468.99	19%	548,769.01	
TOTAL			10,528,798.00		-	10,528,798.00		3,007,647.72	29%	7,521,150.28	

CORE and Support Services Allocation Breakdown						
	Total Allocation	% Allocated	Total Expenditure	% Spent	Total Balance	% Balance
CORE Medical Services	4,816,621.00	48.9%	1,441,585.43	29.9%	3,375,035.57	70.07%
Support Services	5,037,939.00	51.1%	1,455,815.00	28.9%	3,582,124.00	71.10%
TOTAL	9,854,560.00		2,897,400.43		6,957,159.57	

Other funding info

Month: Jun-25

Part A & Part B Prevention Comp A/C

HRSA 20-078

YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN AS OF JUNE 2025						
RW 2024-25 SERVICE DOLLAR ALLOCATIONS AND EXPENDITURES						
Funding Source	RW 2025/2026 Service Dollars	Contract YTD Expenditure	% of Year Invoiced	% Spent	Balance	Comments
<b>Ryan White Part B</b>						
Outpatient Ambulatory Health Services (Medical)	-	-	25.00%	0.00%	-	Part A Payment Summary (Part B funding)
Early Intervention Services (Expanded HIV Testing)	-	-	25.00%	0.00%	-	Part A Payment Summary (Part B funding)
Early Intervention Services (Focused Testing)	187,900.00	\$40,772.45	25.00%	21.70%	147,127.55	Part B Payment Summary
Medical Case Management (Emergency Financial Assistance)	403,510.00	\$31,121.03	25.00%	7.71%	372,388.97	Part B Payment Summary
Housing (Substance Abuse Services-Residential)	421,512.00	\$141,613.37	25.00%	33.60%	279,898.63	Part B Payment Summary
Non-medical Case Management (Rep Payee)	38,098.00	\$10,746.26	25.00%	28.21%	27,351.74	Part B Payment Summary
CoSD Medical Case Management	392,403.61	-	25.00%	0.00%	392,403.61	Part B Cost Report
CoSD Early Intervention Services	375,134.29	-	25.00%	0.00%	375,134.29	Part B Cost Report
<b>Ryan White Part B Total</b>	<b>1,818,557.90</b>	<b>224,253.11</b>			<b>1,594,304.79</b>	
<b>Prevention (27-0047) - awaiting</b>						
Counseling and Testing				0.00%	-	Payment Summary
Evaluation/ Linkage Activities/ Needs Assessment				0.00%	-	Payment Summary
<b>Prevention Total</b>	<b>-</b>	<b>-</b>		<b>0.00%</b>	<b>-</b>	
<b>HRSA Ending the HIV Epidemic Total - 25-063 FY 25-26</b>	<b>2,559,215.00</b>	<b>539,626.00</b>		<b>19.34%</b>	<b>2,019,589.00</b>	Payment Summary
<b>HRSA Ending the HIV Epidemic- 20-063 TOTAL</b>	<b>2,559,215.00</b>	<b>539,626.00</b>		<b>19.34%</b>	<b>2,019,589.00</b>	
<b>TOTAL</b>	<b>4,377,772.90</b>	<b>763,879.11</b>			<b>3,613,893.79</b>	



San Diego HIV Planning Group  
Priority Setting and Resource Allocation Committee

2025 Key Data Findings  
HIV EPIDEMIOLOGY

Draft July 24, 2025

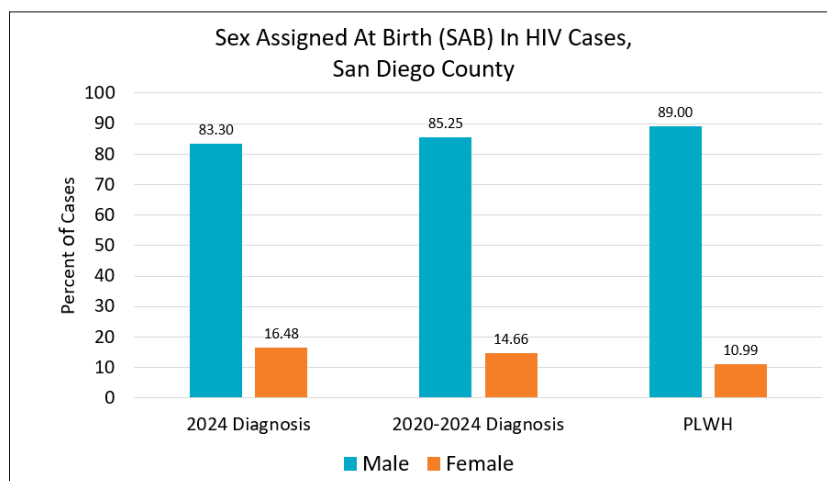


## OVERALL

- **Total Persons Living with HIV disease (PLWH)** in San Diego County (Prevalent cases) = **14,607**
- **Recent Cases** (2020 – 2024) = **2,120** (this is a subset of the total or prevalent cases)

## BIRTH SEX

- The proportion of **female HIV** cases in San Diego County is **14.7% (n =310)** for the **Recent Cases time period (2020-2024)**. The number of females who are living with HIV (PLWH) is **1,594**, or **10.9%**. While **16.5%** of cases from 2024 were female, interpretation of one year's data should be done with caution. Historically, 5-year time periods are analyzed to smooth out trends.



Data as of 12/31/2024

## HHSA REGION

- Central Region contains the most cases from 2020-2024 (**836, 39.4%**) as well as PLWH (**5,318, 36.4%**). The South Region contains the second most cases from 2020-2024 (**428, 20.2%**) and for PLWH (**2,206, 15.1%**).

Table 2. HIV Cases by HHSA Region

HHSA Region	2024 Diagnosis		Recent Diagnosis (2020 - 2024)		PLWH	
	n	%	n	%	n	%
Central	169	38.7%	836	39.4%	5,318	36.4%
East	45	10.3%	220	10.4%	895	6.1%
South	94	21.5%	428	20.2%	2,206	15.1%
North Coastal	31	7.1%	191	9.0%	815	5.6%
North Inland	45	10.3%	178	8.4%	604	4.1%
North Central	53	12.1%	265	12.5%	1,330	9.1%
Unknown			2	0.1%	3,439	23.5%
Total	437		2,120		14,607	

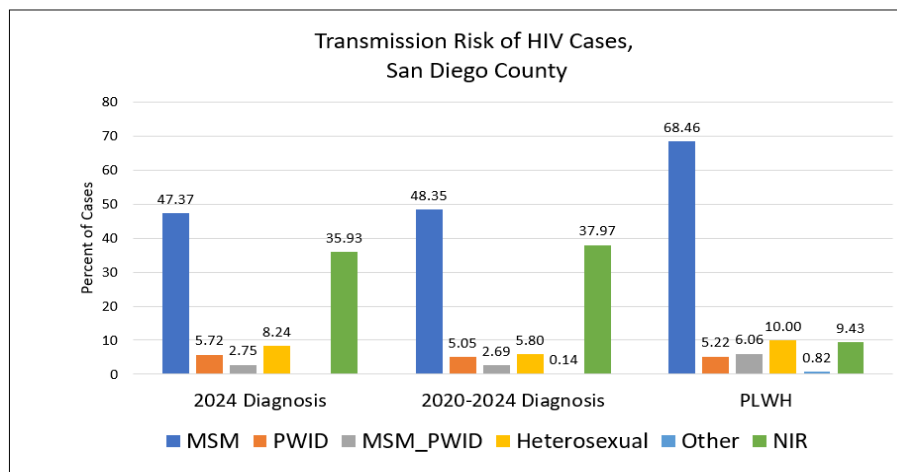
Data as of 12/31/2024

<sup>1</sup> **Recent Cases** = HIV disease diagnosis, regardless of stage of disease, between 2019 – 2023 while residing in San Diego County **Persons Living with**

<sup>2</sup>**HIV disease (PLWH)** = Residing in San Diego County and alive as of December 31, 2023

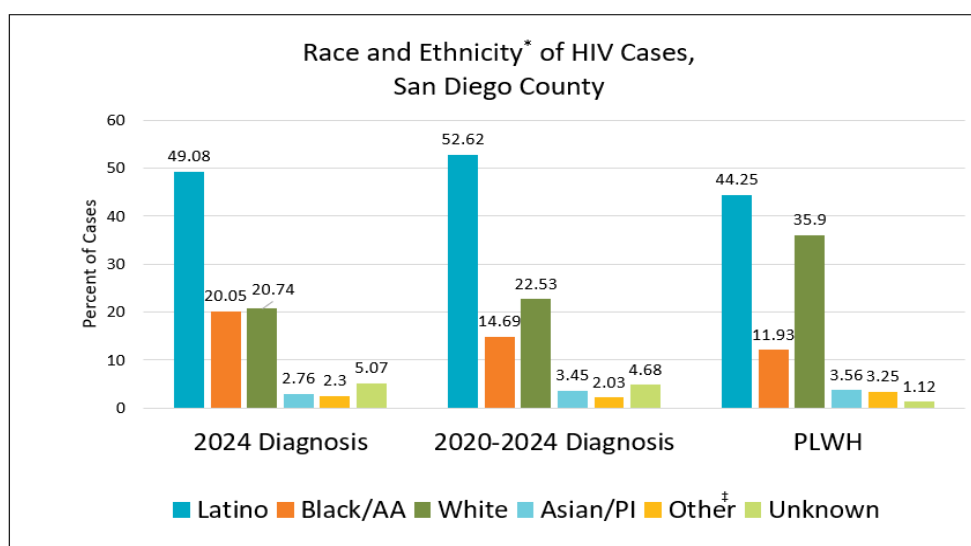
## MODE OF TRANSMISSION

- The majority of people living with HIV disease (PLWH) through year-end 2024 were men who have sex with men. For PLWH and MSM, it's 68.6% and 9,964 persons. In the recent case period of 2020-2024, MSM made up 48.3% of the population and 1,025 persons.



## RACE/ETHNICITY

- The majority of recent HIV disease diagnoses for over ten years were **people of color**. The proportion of Non-Hispanic White cases decreased over time, while the proportion of Hispanic/Latino cases increased over time.



- Latino cases make up the majority of cases from 2024 and 2020-2024-time span (49% and 53% respectively). However, the percentage difference between Latino and White for PLWH is smaller. Latinos PLWH make up 44% of cases, while Whites make up 36% of PLWH cases.

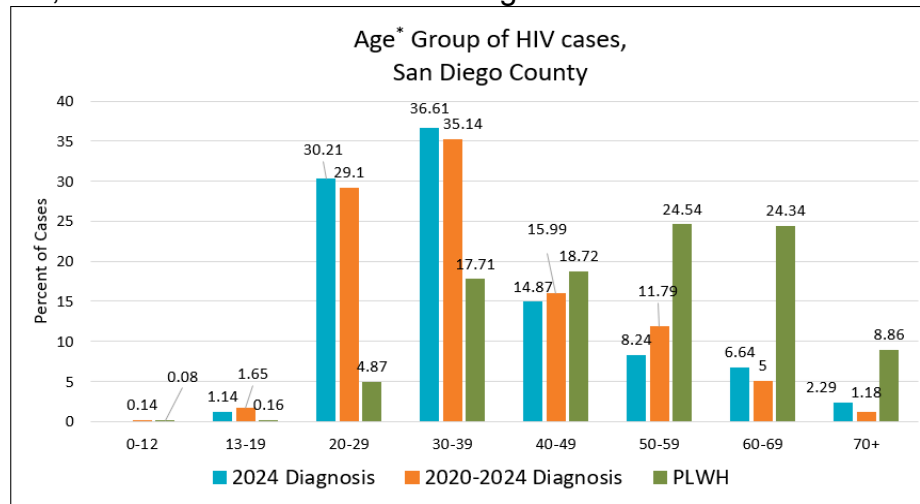
<sup>1</sup> **Recent Cases** = HIV disease diagnosis, regardless of stage of disease, between 2019 – 2023 while residing in San Diego County

<sup>2</sup> **Persons Living with HIV disease (PLWH)** = Residing in San Diego County and alive as of December 31, 2023. Age is calculated at 12/31/2023.



## AGE

- The **20 – 29 years** and **30 – 39 years** age groups make up the most cases in the county for the recent cases time (29%, n=617 and 35%,n=745)
- Notably, an increase in age for PLWH is being observed, depicted by the green bars. Over 50% of PLWH are aged 50-69, and almost 9% of PLWH are aged 70+.



<sup>1</sup> **Recent Cases** = HIV disease diagnosis, regardless of stage of disease, between 2019 – 2023 while residing in San Diego County

<sup>2</sup> **Persons Living with HIV disease (PLWH)** = Residing in San Diego County and alive as of December 31, 2023. Age is calculated at 12/31/2023.



San Diego HIV Planning Group  
Priority Setting & Resource Allocation Committee  
2025 Key Data Findings  
Care Continuum/Viral Suppression  
Approved July 24, 2025

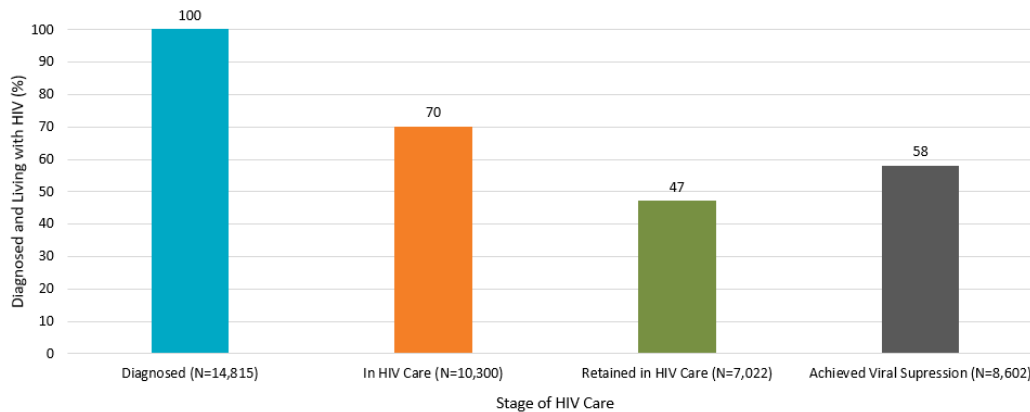


Data Source: Data is provided from CDPH, Office of AIDS, and contains data up to 12/31/2023.

## DEFINITIONS:

Care Continuum (aka Continuum of Care), includes:

1. **Receipt of care** (sometimes called “Linkage to Care” or “In Care”): Of those diagnosed with HIV disease, persons who had  $\geq 1$  CD4 or viral load tests during 2023
2. **Retention in care**: Of those diagnosed with HIV disease, persons who had  $\geq 2$  CD4 or viral load tests at least 3 months apart during 2023
3. **Viral suppression**: Of those diagnosed with HIV disease, persons virally suppressed ( $<200$  copies/mL) at most recent test during 2023



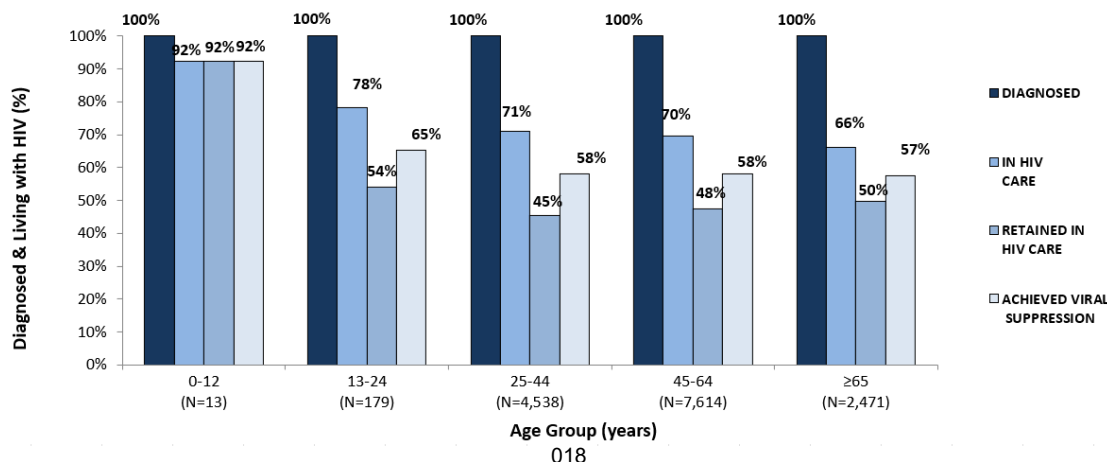
## CARE CONTINUUM/VIRAL SUPPRESSION OVERALL

“In care” for all PLWH = **70%** and “Retained in care” for all PLWH = **47%**. **Viral Suppression** of all persons living with HIV (PLWH) in San Diego County was **58%** which includes those without a viral load (VL) test on record.

For **Ryan White (RW)** clients, viral suppression was **93%** (for those who had a VL test on record).

## AGE

Those aged  $>65$  showed to have the lowest percentage in care (**66%**), while those aged 13-24 showed to have the highest percentage (**78%**). While the age group of 13-24 had the highest percentage of viral suppression at **65%**, there was very little difference in viral suppression for the remaining older age categories. Only **1%** separated the three older age categories with those aged  $>65$  had the lowest at **57%**.



## **GENDER**

There was a negligible difference in viral suppression between cis men (58%) and cis women (56%). Trans women showed 53% viral suppression (n=229), while trans men indicated a viral suppression percentage of 60% (n=5). However, the number of trans men is so low that no conclusions can be made about statistical significance.

## **RACE/ETHNICITY**

For all PLWH African Americans/Blacks had a lower viral suppression percentage (**48%**), compared to both White (**61%**) and Latinx (**57%**). A similar trend was observed in RW Data – African American/Black (89%), White (93%) and Latinx (94%).

Although a relatively small population among PLWH (**n=474**), Asians indicated the best care percentage with 73%. African American/Blacks (1,809) had the lowest percentage in care at 61%, while Latinx (n=6,301) and White (n=5,698) had care percentages of **68%** and **72%**, respectively.

Among RW Clients, African American/Black had the lowest percentage of viral suppression (11%).

## **TRANSMISSION RISK CATEGORY**

The following risk categories had significantly lower viral suppression compared to all PLWH (58%): **Persons Who Inject Drugs (PWID)** (46%), **Men who have sex with men (MSM) + PWID** (55%), **Heterosexual contact** (55%), and **Unknown risk** (51%).

\*\*Risk category for persons in "Unknow risk" may change as additional information becomes available.

## HIV PLANNING GROUP FY 26 SERVICE PRIORITY RANKING WORKSHEET

SERVICE CATEGORY	HPG Approved FY 23 Priority Ranking	HPG Approved FY 24 Priority Ranking	HPG Approved FY 25 Priority Ranking	PSRAC Recommendations for FY 26 Priority Ranking
☉ Outpatient Ambulatory Health Services: Primary Care	1	1	1	
☉ Outpatient Ambulatory Health Services: Medical Specialty	2	2	2	
☉ Oral Health	4	3	3	
☉ Medical Case Management	5	4	4	
Non-Medical Case Management	6	5	5	
Non-Medical Case Management for Housing	7	6	6	
Housing: Partial Assistance Rental Subsidy (PARS)	10	9	7	
Housing Location, Placement and Advocacy Services	9	8	8	
Housing: Emergency Housing	8	7	9	
☉ Mental Health: Counseling/Therapy	15	10	10	
☉ Substance Use Treatment Services: Outpatient	17	11	11	
☉ Mental Health: Psychiatric Medication Management	3	12	12	

## HIV PLANNING GROUP FY 26 SERVICE PRIORITY RANKING WORKSHEET

SERVICE CATEGORY	HPG Approved FY 23 Priority Ranking	HPG Approved FY 24 Priority Ranking	HPG Approved FY 25 Priority Ranking	PSRAC Recommendations for FY 26 Priority Ranking
☉ Coordinated HIV Services for Women, Infants, Children, Youth, and Families (CHS: WICYF)	11	13	13	
* <i>Childcare services</i> (subcategory of CHS: WICYF)	11a	13a	13a	
☉ Early Intervention Services: Regional Services	12	14	14	
* <i>Health Education and Risk Reduction</i> (subcategory of EIS:RS)	12a	14a	14a	
* <i>Outreach Services</i> (subcategory of EIS:RS)	12b	14b	14b	
* <i>Referral Services</i> (subcategory of EIS:RS)	12c	14c	14c	
Health Education & Risk Reduction (stand-alone)	13	15	15	
Peer Navigation (Referral for Health Care and Support Services)	14	16	16	
Psychosocial Support Services	16	17	17	
Substance Use Treatment Services: Residential	18	18	18	
☉ Home-based Health Care Coordination	19	19	19	

## HIV PLANNING GROUP FY 26 SERVICE PRIORITY RANKING WORKSHEET

SERVICE CATEGORY	HPG Approved FY 23 Priority Ranking	HPG Approved FY 24 Priority Ranking	HPG Approved FY 25 Priority Ranking	PSRAC Recommendations for FY 26 Priority Ranking
Transportation: Assisted and Unassisted	20	20	20	
Food Services: Food Bank/Home-Delivered Meals	21	21	21	
© Medical Nutrition Therapy	22	22	22	
Legal Services	23	23	23	
Emergency Financial Assistance	24	24	24	
Home Health	25	25	25	
© Early Intervention Services: HIV Counseling and Testing	26	26	26	
Cost-Sharing Assistance	27	27	27	
© Hospice	28	28	28	

© = Core Service

Light Blue lettering = service categories with \$0 allocated currently or not presently procured/deployed

## HIV PLANNING GROUP FY 26 SERVICE PRIORITY RANKING WORKSHEET

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☉ Outpatient Ambulatory Health Services: Medical Specialty	2	2	2	
☉ Oral Health	4	3	3	
☉ Medical Case Management	5	4	4	
Non-Medical Case Management	6	5	5	
Non-Medical Case Management for Housing	7	6	6	
Housing: Partial Assistance Rental Subsidy (PARS)	10	9	7	
Housing Location, Placement and Advocacy Services	9	8	8	
Housing: Emergency Housing	8	7	9	
☉ Mental Health: Counseling/Therapy	15	10	10	
☉ Substance Use Treatment Services: Outpatient	17	11	11	
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Emergency Financial Assistance	24	24	24	
Home Health	25	25	25	
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Cost-Sharing Assistance	27	27	27	
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HPG FY 26 Part A & MAI Allocation Worksheet

HPG FY 26 Part A & MAI Allocation Worksheet														Level Scenario Remaining Balance 0			Reduction Scenario Amount			
Level Scenario Remaining Balance \$0																				
		FY22 Final Expenditures			FY23 Final Expenditures			FY24 Final Expenditures			FY25 Allocations			FY26 PSRAC Recommendations			PSRAC Recommendations for FY 26 Reduced Funding Scenario			
SERVICE CATEGORY		FY 26 Priority Rank	FY 22			FY 23			FY 24			FY 25			FY 26			FY 26		
			Allocated	Expended	% Budget Spent (Expended vs Allocated)	Allocated	Expended	% Budget Spent (Expended vs Allocated)	Allocated	Expended	% Budget Spent (Expended vs Allocated)	Allocated	Expended through June 2025	% Budget Spent (Expended vs Allocated)	Approved FY 25 Allocations	PROPOSED CHANGES (+ / -)	Proposed Revisions to FY 25 Allocations	Approved Allocations (based on FY 25)	PROPOSED REDUCTIONS	Approved FY 26 Allocations (if funding is reduced)
OAHS: Primary Care			1,307,630	1,058,990	103%	1,102,630	1,104,470	100%	1,928,742	1,192,323	62%	1,821,037	590,114	32%	1,821,037		1,821,037	1,821,037		1,821,037
OAHS: Medical Specialty			383,386	194,080	80%	374,097	127,702	34%	195,000	147,641	76%	195,000	19,455	10%	195,000		195,000	195,000		195,000
Oral Health			300,940	151,952	76%	174,728	171,165	98%	241,571	168,489	70%	160,940	87,446	54%	160,940		160,940	160,940		160,940
Medical Case Management			1,268,338	1,313,568	94%	1,352,083	1,310,697	97%	1,151,853	1,128,937	98%	1,151,853	276,598	24%	1,151,853		1,151,853	1,151,853		1,151,853
Non-Medical Case Management			392,021	407,487	85%	437,236	419,105	96%	392,021	363,421	93%	392,021	80,202	20%	392,021		392,021	392,021		392,021
Non-Medical Case Management for Housing			250,000	-	0%	-	-		-	-		200,000	-		200,000		200,000	200,000		200,000
Housing: Partial Assistance Rental Subsidy (PARS)			667,507	772,975	97%	807,506	749,109	93%	850,507	627,612	74%	850,507	271,285	32%	850,507		850,507	850,507		850,507
Housing Location, Placement and Advocacy Services			100,000	-	0%	-	-		-	-		-	-		-		-	-		-
Housing: Emergency Housing			280,000	1,044,260	97%	1,250,000	1,177,673	94%	1,127,722	1,023,223	91%	933,515	343,430	37%	933,515		933,515	933,515		933,515
Mental Health: Counseling/Therapy & Support Groups			761,062	736,499	95%	975,970	877,060	90%	729,000	664,090	91%	580,000	176,005	30%	580,000		580,000	580,000		580,000
Substance Use Tx Services: Outpatient			269,959	255,037	81%	288,587	267,982	93%	313,127	312,838	100%	313,127	82,659	26%	313,127		313,127	313,127		313,127
Mental Health: Psychiatric Medication Management			28,036	5,486	20%	13,036	7,466	57%	17,394	13,712	79%	6,000	3,472	58%	6,000		6,000	6,000		6,000
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (CHS: WICYF) (Formerly "Early Intervention Services (EIS): Countywide Services for Women, Children & Families)			943,317	993,157	100%	993,327	993,294	100%	993,157	992,942	100%	993,157	327,097	33%	993,157		993,157	993,157		993,157
*Early Intervention Services																				
*Medical Case Management																				
*Non-Medical Case Management																				
*Mental Health																				
*Childcare services																				
*Outreach to WICYF																				
*Peer Navigation for WICYF																				
*Transportation for WICYF																				
Early Intervention Services (EIS): Regional Services			800,386	833,533	97%	860,304	818,327	95%	790,000	730,061	92%	790,000	221,240	28%	790,000		790,000	790,000		790,000
*Health Education & Risk Reduction																				
*Outreach Services																				
*Referral Services																				

HPG FY 26 Part A & MAI Allocation Worksheet

														Level Scenario Remaining Balance 0			Reduction Scenario Amount		
Level Scenario Remaining Balance \$0																			
														FY26 PSRAC Recommendations			PSRAC Recommendations for FY 26 Reduced Funding Scenario		
SERVICE CATEGORY	FY 26 Priority Rank	FY22 Final Expenditures			FY23 Final Expenditures			FY24 Final Expenditures			FY25 Allocations			FY 26			FY 26		
Health Education and Risk Reduction		-	-		-	-		-	-		-	-		-		-	-		-
Peer Navigation (Referral for Health Care and Support Svcs.)		300,000	248,378	78%	402,231	307,871	77%	213,200	195,353	92%	171,593	73,830	43%	260,000		260,000	260,000		260,000
Psychosocial Support Services		-	-		-	-		-	-		46,744	-	0%	46,744		46,744	46,744		46,744
Substance Use Tx Services: Residential		-	-		-	-		-	-		-	-		-		-	-		-
Home-based Health Care Coordination		228,500	193,490	85%	228,500	207,239	91%	155,380	107,677	69%	228,500	55,982	24%	228,500		228,500	228,500		228,500
Transportation - Assisted & Unasst.		127,830	121,345	79%	169,057	126,021	75%	151,830	137,890	91%	101,830	22,869	22%	151,830		151,830	151,830		151,830
Food Services: Food Bank/Home Delivered Meals		536,073	530,043	100%	531,573	467,213	88%	536,073	535,362	100%	536,073	129,391	24%	536,073		536,073	536,073		536,073
Medical Nutrition Therapy		35,542	35,319	99%	35,542	34,397	97%	35,542	33,693	95%	35,542	10,345	29%	35,542		35,542	35,542		35,542
Legal Services		285,265	279,142	98%	285,265	284,652	100%	285,265	285,233	100%	285,265	93,291	33%	285,265		285,265	285,265		285,265
Emergency Financial Assistance		53,730	33,833	100%	68,356	57,486	84%	79,660	67,238	84%	61,856	17,467	28%	61,856		61,856	61,856		61,856
Home Health Care		-	-		-	-		-	-		-	-		-		-	-		-
Early Intervention Services: HIV Counseling and Testing		-	-		-	-		-	-		-	-		-		-	-		-
Cost-Sharing Assistance		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hospice		-	-		-	-		-	-		-	-		-		-	-		-
Part A TOTALS		9,319,522	9,208,574	94%	10,350,028	9,508,928	92%	10,187,043	8,727,736	86%	9,854,560	2,882,179	29%	9,992,967	-	9,992,967	9,992,967	-	9,992,967
Minority AIDS Initiative (MAI)		-																	
Multi-Disciplinary Team		562,902	469,826	82%	573,246	498,266	87%	593,183	511,851	86%	576,971	125,469	22%	574,238	-	574,238	574,238		574,238
Targeted Client Advocacy		-	-											-		-	-		
Emergency Housing		100,000	99,455	99%	100,000	52,722	53%	100,000	92,377	92%	97,267	-	0%	100,000	-	100,000	100,000		100,000
MAI TOTALS		662,902	569,280	85%	673,246	550,988	82%	693,183	604,228	87%	674,238	125,469	19%	674,238	-	674,238	674,238	-	674,238
GRAND TOTALS		9,982,424	9,777,854	94%	11,023,274	10,059,915	91%	10,880,226	9,331,964	86%	10,528,798	3,007,648	29%	10,667,205	-	10,667,205	10,667,205	-	10,667,205



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

# APPENDIX

(Page 029)

# ASSEMBLY BILL (AB) 2302: THE USE OF JUST CAUSE AND EMERGENCY CIRCUMSTANCES (2025)

## (An Amendment to AB 2449)

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

Qualifying Reason	Provisions to Attend Remotely	Requirements/Limitations
<p><b>“Just Cause”</b></p>	<ul style="list-style-type: none"> <li>There is a childcare or caregiving need (for a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner) that requires the member to participate remotely.</li> <li>A contagious illness prevents the member from attending the meeting in person.</li> <li>There is a need related to a defined physical or mental disability that is not otherwise accommodated for.</li> <li>Traveling while on official business of the legislative body or another state or local agency.</li> </ul>	<p>A member is limited to <u>two (2)</u> virtual attendances due to “just cause” per calendar year.</p>
<p><b>“Emergency Circumstances”</b></p>	<p><b><i>“A physical or family medical emergency that prevents a member from attending the meeting in person.”</i></b></p> <p>A member is <u>not</u> required to disclose any medical diagnosis or disability, or any personal medical information that is already exempt from existing law.</p>	<p><b>A member of the legislative body must:</b></p> <ol style="list-style-type: none"> <li>Make a request to the body to allow the member to meet remotely due to an emergency circumstance; and</li> <li>Provide a general description of no more than 20 words of the circumstance justifying such attendance.</li> </ol> <p>A request from a member to attend remotely requires that the legislative body take action and <u>approve</u> the remote attendance at the start of the meeting for the member to be allowed to participate remotely for that meeting<sup>1</sup>.</p>

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

### Additional Requirements for a Member Participating Remotely

In addition to making a request either for “just cause” or due to an “emergency circumstance” for remote appearance, AB 2302 imposes the following three (3) additional requirements on legislative body members seeking to appear remotely at public meetings:

- The member:
  - Notifies the legislative body at the earliest opportunity possible, including at the start of a regular meeting, of their need to participate remotely for just cause, including a general description of the circumstances relating to their need to appear remotely at the given meeting. **OR**
  - Requests the legislative body to allow them to participate in the meeting remotely due to emergency circumstances and the legislative body takes action to approve the request. (See “requirements/limitations” for the use of emergency circumstances.)
- The member shall publicly disclose at the meeting before any action is taken, whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member’s relationship with any such individuals.
- The member shall participate through both audio and visual technology.

# Some Tips on RW Budgeting Process

1. Take a look at how categories spent out during the last fiscal year. In our case, this would be FY24.
2. Take a look at how the category is currently spending during this current fiscal year, FY25.
3. Compare the historical spending of the category FY20-23. Has more utilization occurred? This would show the category increasing in expenses as the years progress. Or has utilization declined and the funding has not been expended as the years progress?
4. What other factors from all the data reviewed could be affecting the monetary changes? Look at the RW Key Findings documents for data points as to why utilization has increased/decreased.
5. If you need clarification about spending levels or have additional questions about the data, you can request a point of information and ask the recipient, planning group support staff, or other committee members (if they are not conflicted).
6. Remember that if your agency receives Ryan White funding for a service category, you are conflicted and should abstain from voting on that category.
7. When you are ready to make a motion, please state the funding amount (Dollar Amount) you are recommending the category to be, and the justification for your motion. Include in your justification specific data in the key findings spreadsheet, as well as any data regarding previous years' spend out of that category.
8. It is okay to group multiple categories together per motion if it is presumed the funding level will stay the same. You will still need to include the data justification and funding amounts in that motion.



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



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

## MEETING SCHEDULE

### Priority Setting & Resource Allocation Committee

1:00 PM - 4:00 PM

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

### HIV Planning Group

2:00 PM - 5:00 PM

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

**For Locations and More Information**



Visit Our Website  
[www.SDPlanning.org](http://www.SDPlanning.org)

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Or email us at  
[HPG.HHSA@sdcounty.ca.gov](mailto:HPG.HHSA@sdcounty.ca.gov)

