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

MEETING PACKET

THURSDAY, JUNE 12, 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, June 12, 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.

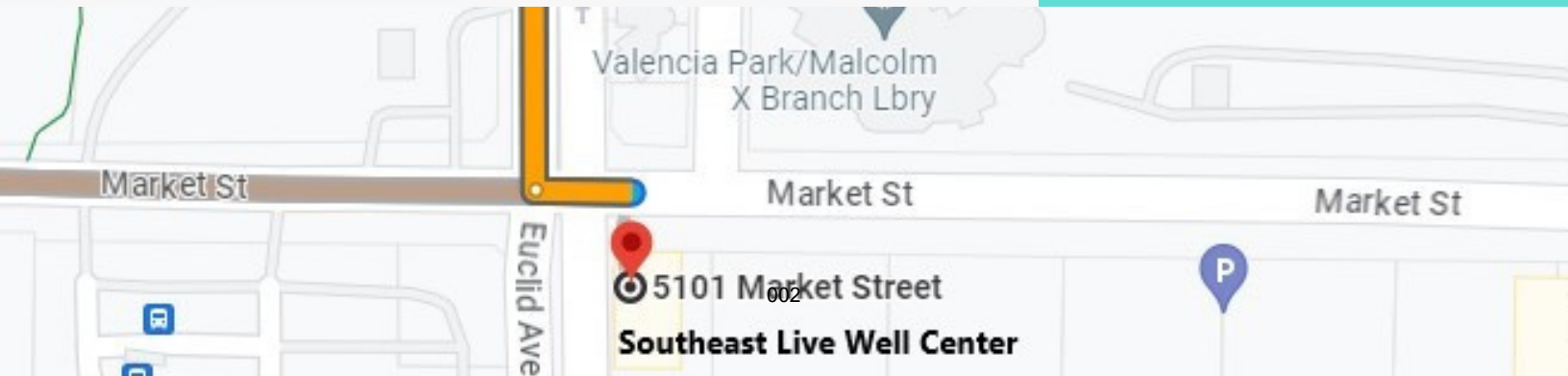
FROM I-805 NORTH:

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*										
Emergency Financil Assistance										
Early Intervention Services: Regional Services										
Early Intervention Services: Minority AIDS Initiative										
Food Bank/Home Delivered Meals										
Home-Based Health Care Coordination										
Medical Case Management										
Mental Health: Groups / Therapy										
Mental Health: Counseling / Therapy										
Mental Health: Psychiatric Medication Management										
Medical Nutrition Therapy										
Non-Medical Case Management										
Oral Health										
Outpatient Ambulatory Health Services: Medical Specialty										
Outpatient Ambulatory Health Services: Primary Care										
Outreach Services										
Peer Navigation**										
Subtance Use Disorder Treatment: Outpatient										
Subtance Use Disorder Treatment: Residential										
Transportation: Assisted and Unassisted										
*Coordinated HIV Services for Women, Infants, Children, Youth and Families										
**Referral for Healthcare and Support Services										
NO CONFLICT OF INTEREST (COI)										
	Fleming, Tyra		Jacobs, Delores A		Kubricky, Cinnamen		Aguirre Mendoza, Marco		Luna, Sergio	

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

Thursday, June 12, 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 Microsoft Teams:
Join the meeting now
Meeting ID: 236 006 374 012 **Password:** xt9vG6BY

Language translation services are available upon request at least 96 hours prior to the meeting. Please contact HPG Support Staff at 619-403-8809 or via e-mail at hpg.hhsa@sdcounty.ca.gov.

A quorum for this meeting is five (5)

Committee Members: Dr. Beth Davenport | Tyra Fleming (Co-Chair) | Felipe Garcia-Bigley | Dr. Delores Jacobs | Cinnamen Kubricky | 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 June 12, 2025
6. **ACTION:** Approve the PSRAC meeting minutes for March 13, 2025
7. Old Business:
    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. Review the Statewide Integrated Plan goals related to PSRAC – Felipe Ruiz

c. Review the status of the goals in the Getting to Zero (GTZ) Community Engagement Plan related to PSRAC- Felipe Ruiz
d. Review updated **HIV/AIDS Epidemiology Data** and discuss findings – Dr. Tweeten
e. **ACTION:** Review and approve key data findings on **Co-occurring Conditions, Poverty, and Insurance,** and discuss findings – Ken Riley
f. **ACTION:** Review and approve key data findings on **the regional distribution of RWTEA Part A/B services** and discuss findings – Maritza Herrera
g. **ACTION:** Review and approve key data findings on **Ryan White's service eligibility criteria & other service guidelines** and discuss findings – Maritza Herrera

9. Routine Business:
   a. Review Monthly and Year-to-Date expenditures and assess for recommended reallocations
   b. Review the Monthly and Year-to-Date service utilization report
   c. Partial Assistance Rent Subsidy (PARS) and Emergency Housing update
   d. Committee Attendance
10. Suggested items for the future committee agenda
   a. Review 2025 Workplan
11. Announcements

    Next meeting date: June 26, 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 Via Zoom
12. Adjournment

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

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

Thursday, March 13, 2025, 3:00 PM – 5:00 PM
5101 Market Street, San Diego, CA 92114
(Tubman Chavez Room A)

A quorum for this meeting is five (5)

Committee Members Present: Cinnamen Kubricky | Dr. Beth Davenport | Tyra Fleming (Co-Chair) | Felipe Garcia-Bigley | Dr. Delores Jacobs | Chris Mueller Rhea Van Brocklin (Chair)

Committee Members Joining Virtually: Eva Matthews (JC) | Marco Aguirre Mendoza (JC)

MEETING MINUTES

Agenda Item	Action	Follow-up
1. Call to order	Rhea Van Brocklin called the meeting to order at 3:02 PM and noted an in-person quorum was established.	
2. Reminders		
3. Public Comment on non-agenda items (for members of the public)	A member of the public stated	
4. Sharing our concerns (for committee members)	Community Members expressed the following concerns and recommendations: • Anxiety over potential federal budget cuts affecting local funding streams. • Specific concerns about Ryan White funding, which is crucial for healthcare for people living with HIV in many states. • The county has received no immediate cuts; operations are continuing as usual. • Monitoring ongoing legislative developments, particularly Congress's budget decisions, with a	

Agenda Item	Action	Follow-up
	critical deadline by the following day. • Potential implications of a budget freeze if Congress does not pass the budget.	
5. **Action:** Review and approve the agenda for March 13, 2025	**Motion:** Approve the March 13, 2025 Meeting agenda as presented. **Motion/Second/Count (M/S/C): Jacobs/ Mueller 7/0** **Abstentions**: Van Brocklin **Motion**	
6. **Action:** Review and approve the meeting minutes for January 9, 2025	**Action:** Review and approve the meeting minutes for January 9, 2025 **M/S/C: Garcia-Bigley/ Davenport 6/0** **Abstentions**: Kubricky/Jacobs/ Van Brocklin/ **Motion carries**	
7. **New Business**		
a. None		
8.		
a. Presentation: Core Medical Services Waiver and the 75% grant funding spending requirement	**Purpose:** Discussed that 75% of funding must go towards core medical services. **Background:** The organization has requested a waiver for this requirement for about 12 years and received it for the current year. **Core Medical Services:** Included medical, dental, medical case management, mental health services, early intervention services, home and community-based health services, and outpatient substance use disorder treatment. **Impact of Legislation:** The Affordable Care Act and the Portable Care Act have reduced	

Agenda Item	Action	Follow-up
	the need for funding for core medical services. **Current Allocation:** Approximately 48% of funds are allocated to core services, below the required 75%. **Compliance Requirements:** No waiting list for the AIDS Drug Assistance Program (ADAP). Availability and accessibility of core medical services within 30 days. Evidence of a public process. **Future Allocation:** Estimate of $1.9 million in expenditures for primary care for fiscal year 24-25	
b. ACTION: Recommendations for reallocations for FY 25 (the next fiscal year, March 1, 2025 – February 28, 2026)	**Members discussed the following:** • Unexpended Funds: Consider funneling savings from underspent categories to overspent ones such as primary care. • Administrative Process: Reallocating funds mid-year requires a six-week administrative process, involving pulling money from one contract and allocating it to another. • Alternative Approach: Proposal to wait and assess savings later in the year to potentially minimize mid-year reallocations **Challenges Identified:** • Difficulty in identifying actual expenditures early in the year.	

Agenda Item	Action	Follow-up
	• Ongoing procurements and absence of current contracts in certain categories. • Concerns about the impact of budget cuts on essential services and consumers relying on them.	
	Action: Reduce all categories except primary care by 9% and increase primary care according to **M/S/C:** Jacobs/ Kubricky 2/**1 Abstentions**: Davenport/ Garcia-Bigley/ Matthews/ Aguirre-Mendoza/ Mueller/ Van Brocklin/ **Motion:** carried, but the motion was withdrawn due to a lack of voting	
	Action: Group smaller budget categories (under $300,000) and reduce them by 5% instead of 9%. Categories included medical specialty, oral health, non-medical case management for housing, psychiatric services, peer navigation, psychosocial support, home-based healthcare, transportation, medical nutrition therapy, legal services, and emergency financial assistance. **M/S/C: Fleming/Jacobs 4/0 Abstentions**: Davenport/ Garcia-Bigley/ Mueller/ Matthews/ Van Brocklin **Motion: carries**	
	Action: Reduce remaining categories by 9% and increase primary care by $787,000. **M/S/C:** Jacobs/ Fleming 4/0 **Abstentions**: Davenport/ Garcia-Bigley/ Mueller/ Matthews/ Van Brocklin **Motion: carries**	
c. Review the Statewide Integrated Plan goals related to PSRAC	Tabled	

Agenda Item	Action	Follow-up
d. Review the status of the goals in the Getting to Zero (GTZ) Community Engagement Plan related to PSRAC	Tabled	
9. **Routine Business**		
a. Review Monthly and Year-to-Date expenditures and assess for recommended reallocations	Tabled	
b. Partial Assistance Rent Subsidy Program (PARS) and Emergency Housing update	Tabled	
c. Review Monthly and TYD service utilization report	QR code	.
d. Committee Attendance	**Update:** Under the provisions of AB 2302, which modifies AB 2449, a Just Cause or Emergency Circumstance designation is limited to a maximum of two occurrences within a rolling 12-month timeframe. Consequently, the count resets at the beginning of each calendar year; thus, any instances recorded in the prior year (e.g., 2024) are not factored into the current year's limitations.	
10. Suggested items for the PSRAC agenda		
11. Announcements	HIV Planning Group Retreat: • Date: March 26, 2025 • Time: 1:00 PM - 5:00 PM • Location: Southeastern LiveWell Center A Woman's Voice Conference: • Date: March 15, 2025 • Location: UCSC Park and Market, Downtown Theme: The Evolution of Women and HIV	

Agenda Item	Action	Follow-up
	Clerk of the Board Orientation: May 29, 2025 • New members are required to attend the Clerk of the Board orientation Annual HPG Documentation: Reminder for members to submit Form 700 and other annual documents	
12. Next Meeting:	**Date:** Thursday, May 8, 2025, 3:00 PM - 5:00 PM **Location:** County Operations Center, 5570 Overland Ave, San Diego, CA 92123, Room 1047 - Medical Examiner's Office	
13. Adjournment	The meeting adjourned at 4:55 PM.	

PSRAC: Statewide Integrated Plan and GTZ Community Engagement Updates

HIV, STD and Hepatitis Branch of Public Health Services

Priority Setting and Resource Allocation Committee

Thursday, May 8th, 2025

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Today's Agenda

- Introductions
- Statewide Integrated Plan Updates: Using Results Based Accountability (RBA) to Improve Syndemic Response
- Statewide Integrated Plan Updates: Implementing Status Neutral/Whole Person Approaches
- Getting to Zero (GTZ): Community Engagement Updates
- Closing and Q&A

Statewide Integrated Plan Updates: Using Results Based Accountability (RBA) to Improve Syndemic Response

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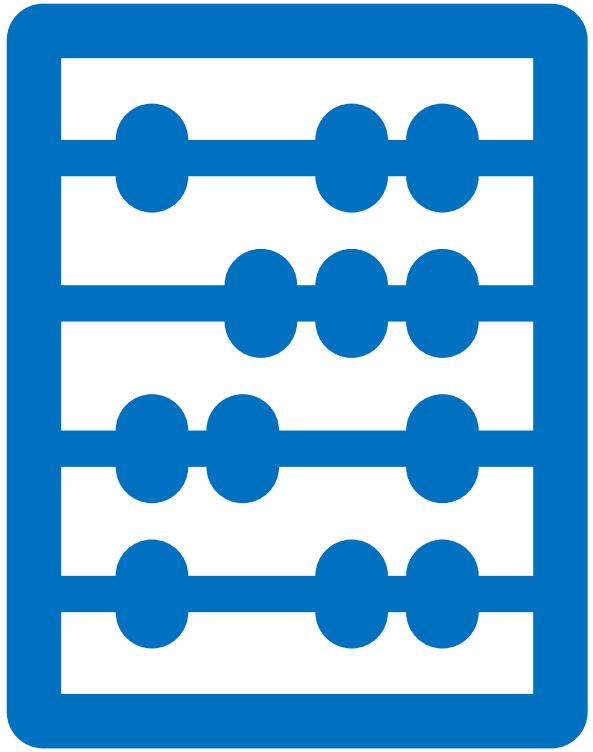
RBA Overview

Results-Based Accountability™

Framework (Clear Impact) that focuses on demonstrating the impact of programs and initiatives (repackaging of evaluation)

- A disciplined way of thinking and acting to improve entrenched and complex social programs
- Used by organizations to improve the effectiveness of their programs
- Focusess on data-driven decision-making process to help organizations get beyond talking about problems to taking action to solve problems



RBA Planning

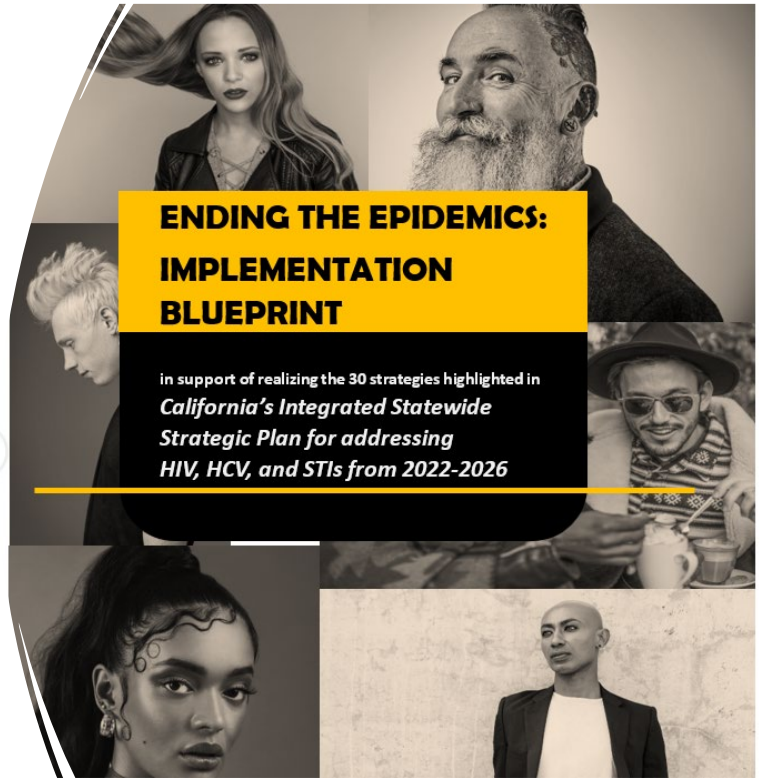
HSHB Profile of Funding Sources

Ryan White Part A (HRSA)	Ryan White Part B (HRSA)	High Impact Prevention/Ending the HIV Epidemic (CDC/CDPH 24-047)	Ending the HIV Epidemic (HRSA 20-078)
Status Neutral Approaches (HRSA 23-126)	STD Prevention and Control/STD Collaboration Grant	DIS Workforce Development (CDC/CDPH)	PrEP and PEP Initiation and Retention (CDPH)
Syphilis Outbreak Strategy (CDPH)	HCV Collaboration Grant (CDPH)	Opioid Settlement Funds	Healthcare Realignment and General-Purpose Revenue

RBA Planning (cont'd)

2022 California Integrated Strategic Plan

- 30 Strategies organized across six selected social determinants of health: Racial Equity, Housing First, Health Access for All, Mental Health and Substance Use, Economic Justice, Stigma Free
- Released in January 2022
- Co-authors: Alameda/Contra Costa, Sacramento, San Bernardino/Riverside, San Diego, San Francisco, Santa Clara
- Submitted to HRSA/HAB/CDC, Dec 2022
- Community engagement that developed an accompanying document: Implementation Blueprint (Draft Dec 2022)



RBA Planning

HSHB Process

HSHB RBA Process

1. Leverage existing capacity building resources and ground setting (Facente Consulting): September 2023 – February 2024

Agenda: San Diego Syndemic Evaluation Planning Group

September 13, 2023
2:00-4:00 PM

PURPOSE: Developing Evaluation Metrics for Syndemic Response Activities

Desired Outcomes:

By the end of this meeting, we will have had:

1. Understand the purpose of this planning group.
2. Propose framework to complete this work.
3. Review HIV Prevention, Care, and Treatment evaluation approaches in San Diego.
4. Agree on next steps.

Agenda:

What (Content)	How (Process)	Who	Time (Minutes)
Start-Up	• Introductions • Agenda review	Facente Consulting	20 Minutes 2:00-2:20
Topic 1: Purpose	• Purpose of the Syndemic Response Evaluation Planning Group • Key Questions: o Why does San Diego want to take a syndemic approach to evaluation? o How would this support the county's efforts to getting to zero/ending hep c/etc.? o What are some primary outcomes we expect because of this workgroup?	Felipe Ruiz	20 Minutes 2:20-2:40
Topic 2: San Diego Syndemic Evaluation Development Process	Proposing a 5 Meeting Framework: 1. Orienting ourselves to HIV measures. 2. Orienting to HCV and STI measures. 3. Prioritize Syndemic measures. 4. Identify what is missing. 5. Agree on finishing details (tidying up).	Facente Consulting	20 Minutes 2:40-3:00
Break	• Mute/Camera Off	All	5 Minutes 3:00-3:05
Topic 3: Review HIV Prevention Measures	• Orienting to Current HIV Prevention Measures	Lisa Asmus	20 Minutes 3:05-3:25
Topic 4: Review HIV Care and Treatment Measures	• Orienting to Current HIV Care and Treatment Measures	Dusting Walker	20 Minutes 3:25-3:45
Closing & Next Steps	• Meeting Times/Follow up contacts	Facente Consulting	15 minutes 3:45-4:00

Agreements/Notes:

Topic	Agreements/Notes
Topic 1: Purpose	Describe any agreements/notes related to Topic 1:

Agenda: San Diego Syndemic Evaluation Planning Group

November 30, 2023
1:30-3:00 PM

PURPOSE: To develop an Evaluation Plan for Syndemic Response Activities.

Desired Outcomes

By the end of this meeting, we will:

1. Review goals and deliverables for this workgroup.
2. Review evaluation efforts for Ryan White services and hepatitis C services.
3. Discuss proposed integration strategy.

Agenda:

What (Content)	How (Process)	Who	Time (Minutes)
Welcome	• Welcome • Agenda review	Facente Consulting (FC)	5 minutes 1:30-1:35
Recap	• Review of last meeting • Goals and deliverables (*Presentation/see below*)	FC	10 minutes 1:35-1:45
Current evaluation review	• Review HIV Care and Treatment Measures (*Presentation*) • Review measures and evaluation in the Hep C elimination plan (*Presentation*)	Dustin Walker, Andrea Tomada	35 Minutes 1:45-2:20
Proposed integration strategy	• Proposal for developing a plan (*Presentation followed by discussion*)	Facente Consulting	30 Minutes 2:20-2:50
Closing & Next Steps	• Meeting Times/Follow up contacts	Facente Consulting	10 minutes 2:50-3:00

Goals:

1. Identify current evaluation elements and systems so as to build a syndemic evaluation framework.
2. Develop a roadmap to establish a comprehensive evaluation framework.
3. Generate sufficient understanding to develop a procurement to create data visualization.

Deliverables:

1. A list of measures in Excel to include funding source, measure, database (where), agencies that provide data to this measure, and notes.
2. A roadmap document that includes current measures and helps to identify alignment and gaps.
3. Language to be used for County procurement for data visualization services.

Agenda: San Diego Syndemic Evaluation Planning Group

February 5, 2024
1:30-3:00 PM

PURPOSE: To develop an Evaluation Plan for Syndemic Response Activities.

Desired Outcomes

By the end of this meeting, we will:

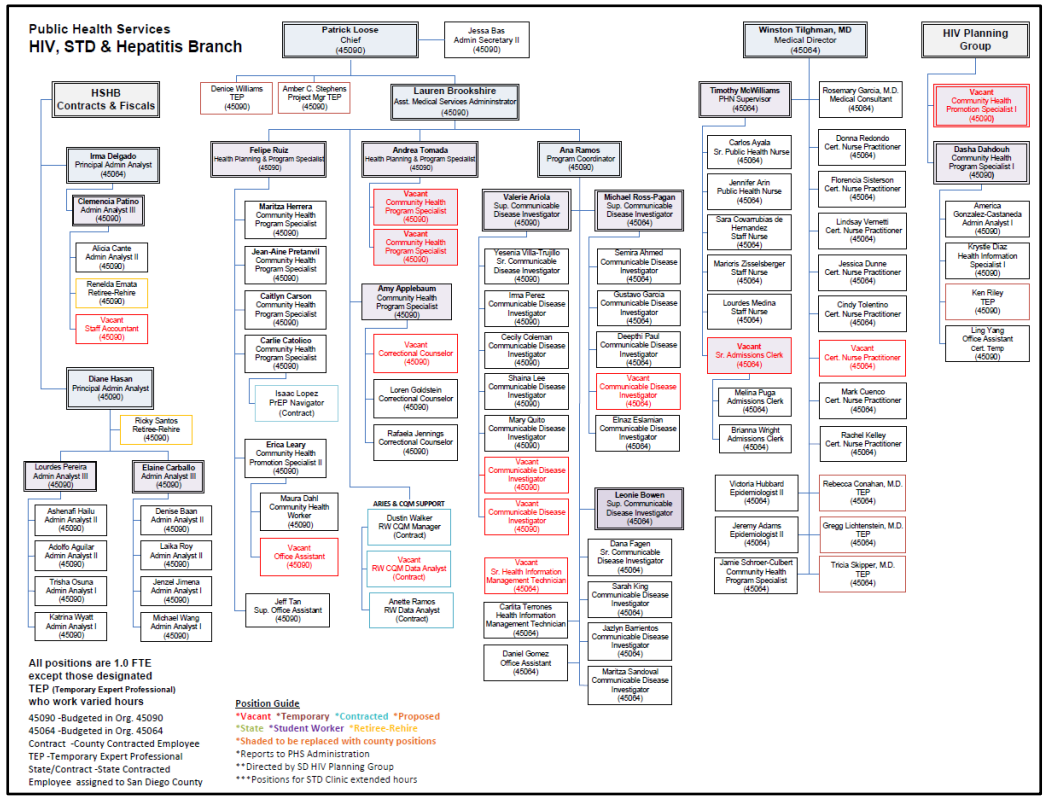
1. Review goals and deliverables for this workgroup.
2. Review evaluation efforts for Ryan White services and hepatitis C services.
3. Discuss proposed integration strategy.

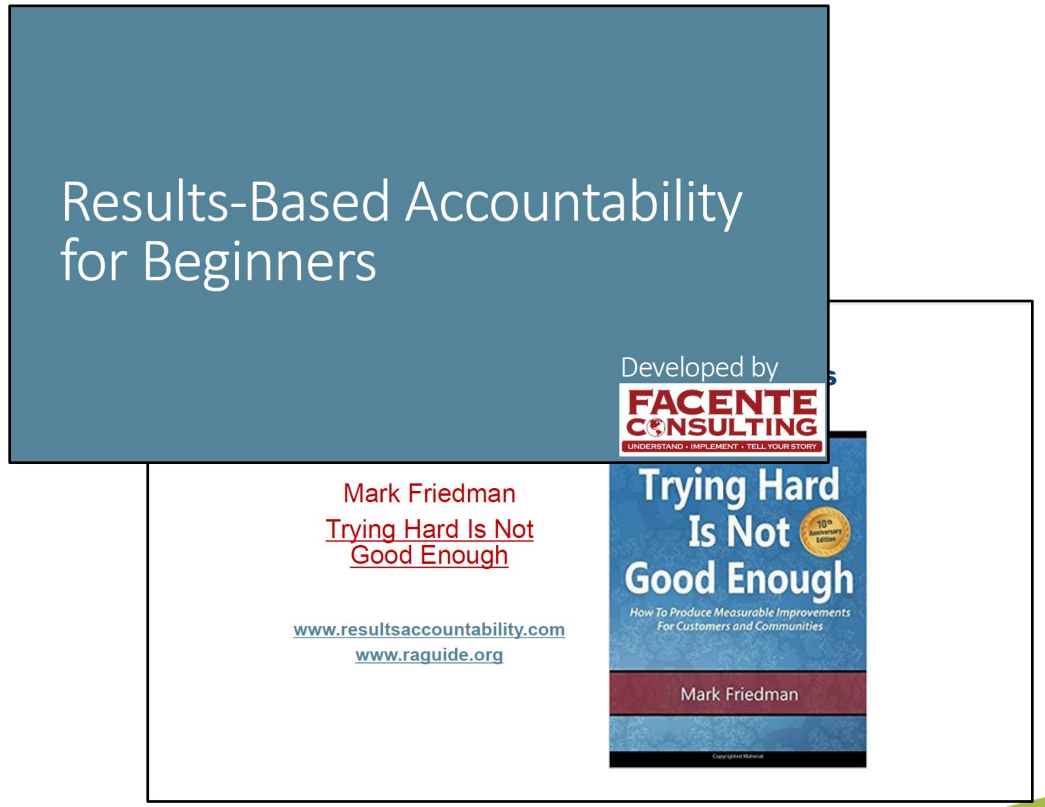
Agenda:

What (Content)	How (Process)	Who	Time (Minutes)
Welcome	• Welcome • Agenda review • Recap	Facente Consulting (FC)	5 minutes 1:30-1:35
Decision point	• Is Results-Based Accountability (RBA) the right choice for HSHB to move the work forward?	All	15 minutes 1:35-1:50
If yes…	• Discussion on important questions to consider: • Will this transition happen all at once or over the next several years? For example, will it happen with new programs only as they are developed/funded, with a particular program, or will the whole system be expected to transition to RBA? • What does it mean long-term if we move towards RBA? • What support will we need to be successful in transitioning to RBA? (Discuss how much support FC can provide in this process.) • What resources are needed to transition to RBA? • Does anyone else need to be bought in? If so, who and how might this happen? • What are next steps? • Who will need to be involved in these next steps?	All	60 Minutes 1:50-2:50
OR			
If no…	• Review other proposals presented in December (*Presentation followed by discussion*) • Is there an option here that meets HSHB's needs? If not, are there thoughts on how to meet your needs? • What support will we need to be successful in this approach? (Discuss how FC can support in this process.)	All	60 Minutes 1:50-2:50
Closing & Next Steps	• Closing and review of next steps	Facente Consulting	10 minutes 2:50-3:00

HSHB RBA Process

2. RBA Introduction to HSHB Program Staff: February 2024 – April 2024





HSHB RBA Process

3. RBA Implementation Planning: April 2024 – October 2024

RBA Implementation

San Diego HSHB **Project lead:** **Project start:** **Display week:**

TASK	ASSIGNED TO	PROGRESS	START	END
Planning and design				
Work with lead/consultant to **create process for developing measures**		0%	7/1/24	8/1/24
Develop a **plan to obtain data** that is more difficult to obtain		0%	7/1/24	8/16/24
Develop **financial information** to more easily include RBA in budgets		0%	7/15/24	8/16/24
Decide what **'story'** we want **to share**		0%	8/1/24	8/16/24
Determine the **infrastructure for RBA** - where data/measures live and how it will get there		0%	8/19/24	9/13/24
Develop an **inventory of all databases** in which data we might utilize exists (if desired)		0%	8/19/24	9/13/24
Identify **gaps** in data sources and program data		0%	9/16/24	10/11/24
Determine if there is a way to **export data from multiple systems** and integrate into one system (if desired)		0%	9/16/24	10/11/24

Initation (May-June) | Planning & Design (July-March) | Implementation (April-July) | Don't forget about this

San Diego RBA Planning Meeting
April 18, 2024, 1-4 pm
County Operations Center (5560 Overland Ave.) - Training Room 172 - 1st Floor

Topic	Content	Time
Welcome	Welcome and introductions (if needed)	1-1:15pm
Implementation Plan	World Café: • Resources • Coordination for measure development and data collection • Integration • Training	1:15-2:15pm
Break	Refreshments	2:15-2:30pm
Communication Plan	Complete template and discuss • Audience • Roles/responsibilities • Key message	2:30-3:30pm
Next Steps	Discuss: • What are next steps from here? • Who is responsible? • Timeline?	3:30-3:45pm
Closing	Thank you!	3:45-4:00pm

HSHB RBA Process

4. RBA Implementation: October 2024 – Ongoing

San Diego RBA Implementation Me
October 5, 2024, 2 - 3 PM

Topic	Content	
Welcome	**Welcome**	
Results and Indicators Primer	**"Anywhere leads to everywhere"** – start you will impact far more than just that on	
7 Population Accountability Questions	1. What are the quality-of-life condit for the children, adults, and famil our community? 2. What would these conditions look could see them? 3. How can we measure these cond 4. How are we doing on the most important of these measures? 5. Who are the partners that have a role to play in doing better? 6. What works to do better, including no cost and low-cost ideas? 7. What do we propose to do?	
Results	**Determine RBA results**	2:20 pm
Indicators	**Determine RBA indicators** **Consider:** • **Communication power** • **Proxy power** • **Data power**	2:35 pm
Closing	Thank you! **Next meeting: Finalize Results and Indicators (if needed) and Begin Performance Measures**	3 pm

Statewide Integrated Plan Updates: Implementing Status Neutral/Whole Person Approaches

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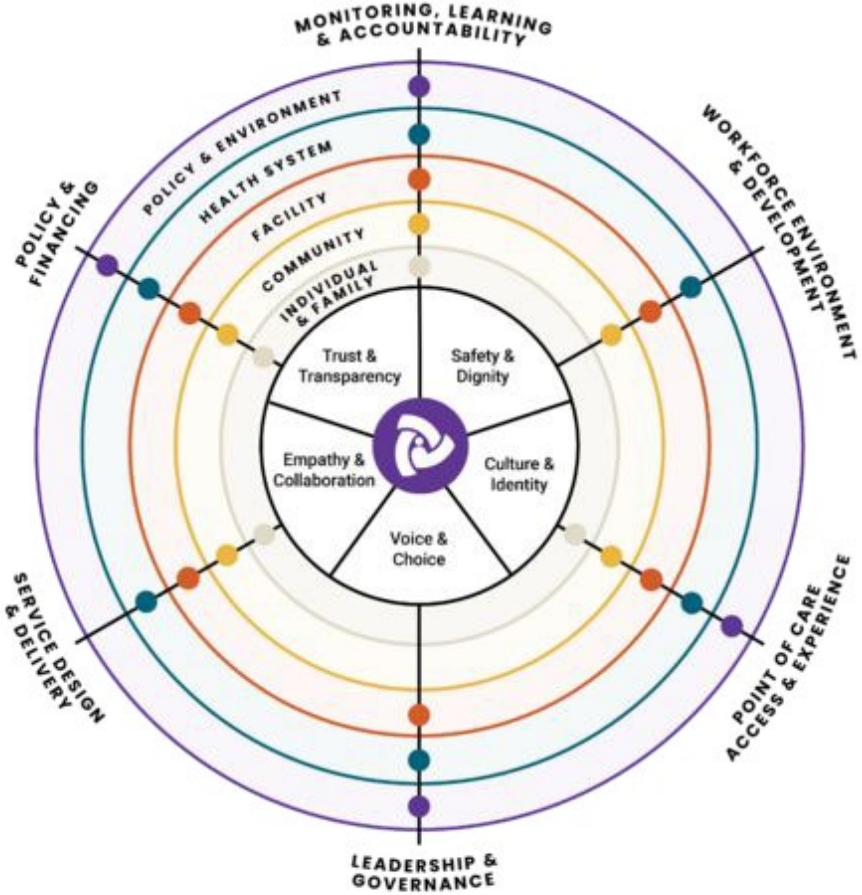
SNA/WPC Implementation

Person-Centered Care Framework

- Places individual at the center and accounts for different perspectives on healthcare and wellness
- Supports a trauma-informed lens
- Engages stakeholders as active contributors
- Considers system, service delivery, and client levels
- Six domains:
  - Service design and delivery
  - Policy and financing
  - Monitoring, learning, and accountability
  - Workforce environment and development
  - Point of care access and experience
  - Leadership and governance



SNA/WPC Implementation

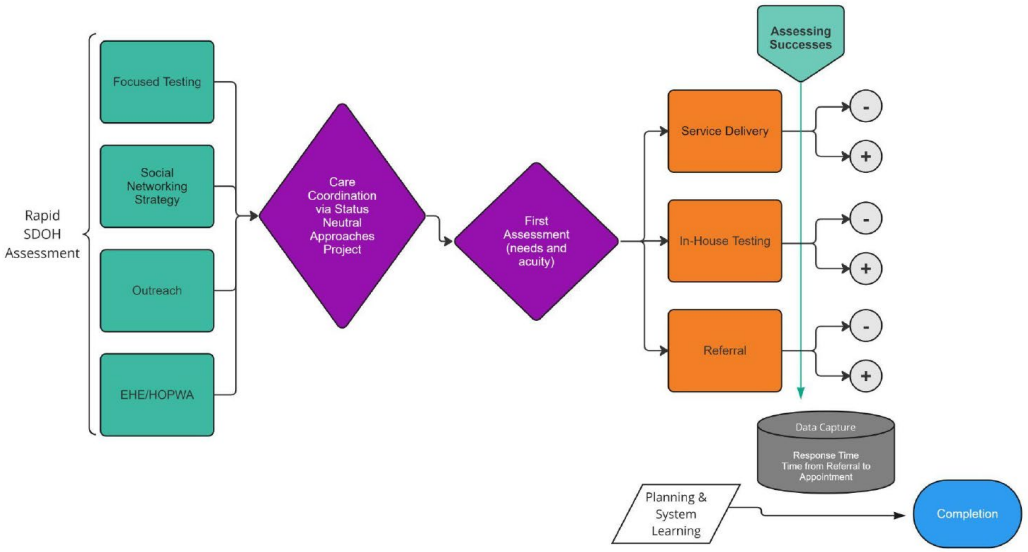
San Diego Priority Population & Partners

- The priority population served will focus on the Southeastern region of the county and include:
  - Monolingual Spanish speaking gay, bisexual, and other men who have sex with men (MSM)
  - Transgender individuals
- Partners:
  - Family Health Centers of San Diego
  - San Ysidro Health

SNA/WPC Implementation

Strategies

- Expand existing non-medical case management to include PrEP support
- Deploy Social Network Strategy (SNS) to expand outreach and testing
- Revise service standards that were co-created by the HIV planning group and county staff to reflect status neutral approach
- Examine Medicaid systems to support whole person care coordination



Getting to Zero (GTZ): Community Engagement Updates

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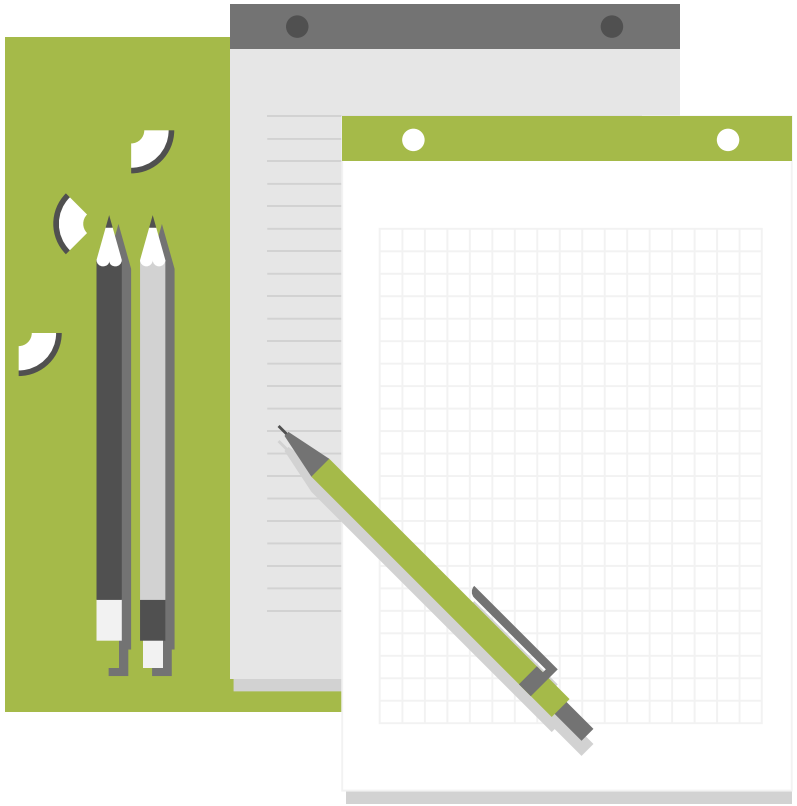
Ongoing Engagement Efforts: EHE Highlight

Goal: Treat people living with HIV rapidly and effectively to reach sustained viral suppression.					
Strategy: Engage San Diego County communities disproportionately impacted by HIV so that they fully participate in community engagement, medical advocacy, planning, deployment, evaluation, and continuous quality improvement of Ending the HIV Epidemic activities					
Objective	**Activities**	**Process / Outcome Metrics**	**Data Sources / Management**	**Program Reports**	**Goal**
Objective 1: Conduct community engagement activities to provide opportunities for persons disproportionately impacted by HIV to engage in the care process in efforts to identify and address any barriers to care and ensure appropriate linkages to improve retention in care and viral suppression.	Community engagement services for: (1) People living with HIV (PLWH) over the age of 50 (2) Asian American and Pacific Islanders (AAPI) living with HIV	Number of advisory meetings, community meetings, and forums; number of individuals linked to care system and to support services; attendance at meetings/forums; description of new innovative strategies utilized	Meeting/Forum Form completed immediately following activity; sign-in sheets collected at time of activity; participant linkage data entered into internal data system and the AIDS Regional Information and Evaluation System (ARIES)/HIV Care Connect (HCC) as appropriate at the time of service	Information summarized and reported monthly to the HIV, STD and Hepatitis Branch (HSHB) in the Monthly Progress Report (MPR)	Increased viral suppression rates among PLWH age 50 and over, and among AAPI living with HIV
Objective 2: Recruit and train persons living with HIV (PLWH) through Leadership Training and Development and Community-Based Projects.	Leadership training and development for PLWH	Number of cohorts, participants, graduates; number completing community-based project; change in knowledge and confidence levels related to leadership	Registration and attendance sheets updated as participants register/attend sessions (Excel tracking system and ARIES/HCC); anonymous post surveys self-administered (on paper) at the end of each session (surveys collected by program staff and entered into Qualtrics)	Attendance information summarized and reported monthly to HSHB in the MPR; survey reports generated from Qualtrics and submitted at end of each cohort	Increases in PLWH in leadership roles
Objective 3: Leverage the role of peers and people with lived experience to serve as medical advocates to ensure better patient care and utilization of the healthcare system.	Provide medical advocacy to persons living with HIV (PLWH) to ensure better navigation and access to health care services	Number of trained advocates; number of PLWH accompanied to medical, medical case management, and non-medical case management appointments; number accompanied who achieve viral suppression, receive mental health services, substance use disorder treatment	Advocate Training Log updated as advocates completed training occurs; accompaniment and linkage to services entered into internal data system at time of services; viral suppression rates entered into internal data system as information becomes available (from medical provider during accompaniment or participant self-report, medical providers enter into ARIES/HCC)	Advocate training and accompaniment data reported monthly to HSHB in the MPR; linkages to services and number viral suppression reported annually to HSHB via a Yearly Report Template	Increased viral suppression rates

2027 Integrated HIV Prevention and Care Plan

HSHB Rough Timeline

- May 2025
  - Develop high-level plan based upon guidance, including refreshing the GTZ plan
  - Assign responsibilities for all components of the plan
- June – August 2025
  - Develop details of the plan, including SMART objectives
  - Develop presentations regarding NHAS goals and the goals of the integrated plan.
  - Align efforts with CDPH
- September 2025 – February 2026
  - Complete activities
- March 2026
  - Finalize draft plan
- April 2026
  - Present draft plan to communities and stakeholders
- May 2026
  - Incorporate feedback
  - Finalize plan and present to HPG
- June 2026
  - Submit plan



THANK YOU

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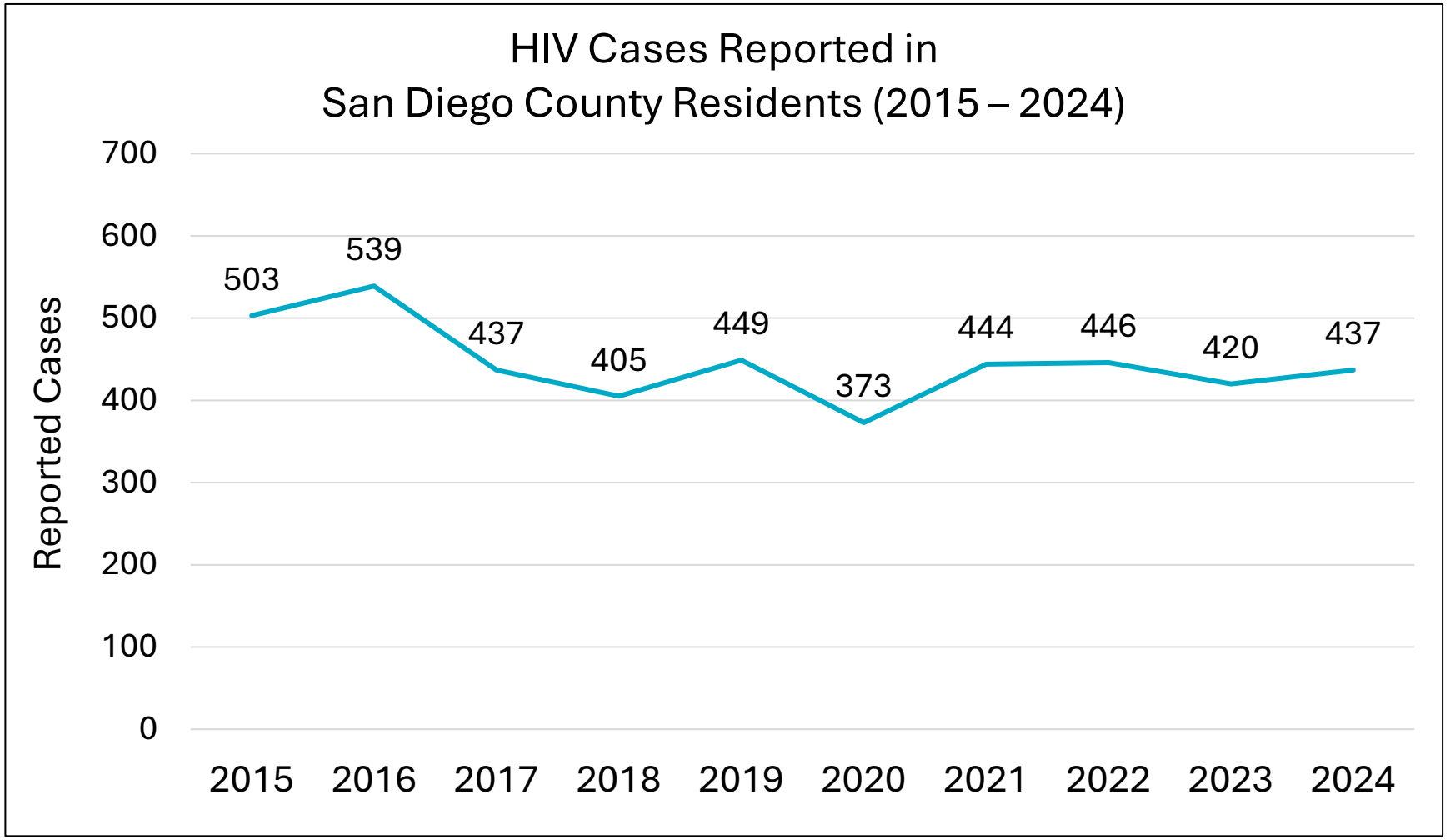
Priority Setting & Resource Allocation Committee

HIV and HCV Epidemiology Surveillance Program 06/12/2025
Public Health Services – Epidemiology & Immunization Services Branch
Dr. Samantha Tweeten, PhD
Cesar Arevalo, MPH
Garrett McGaugh, MPH



Data as of 12/31/2024

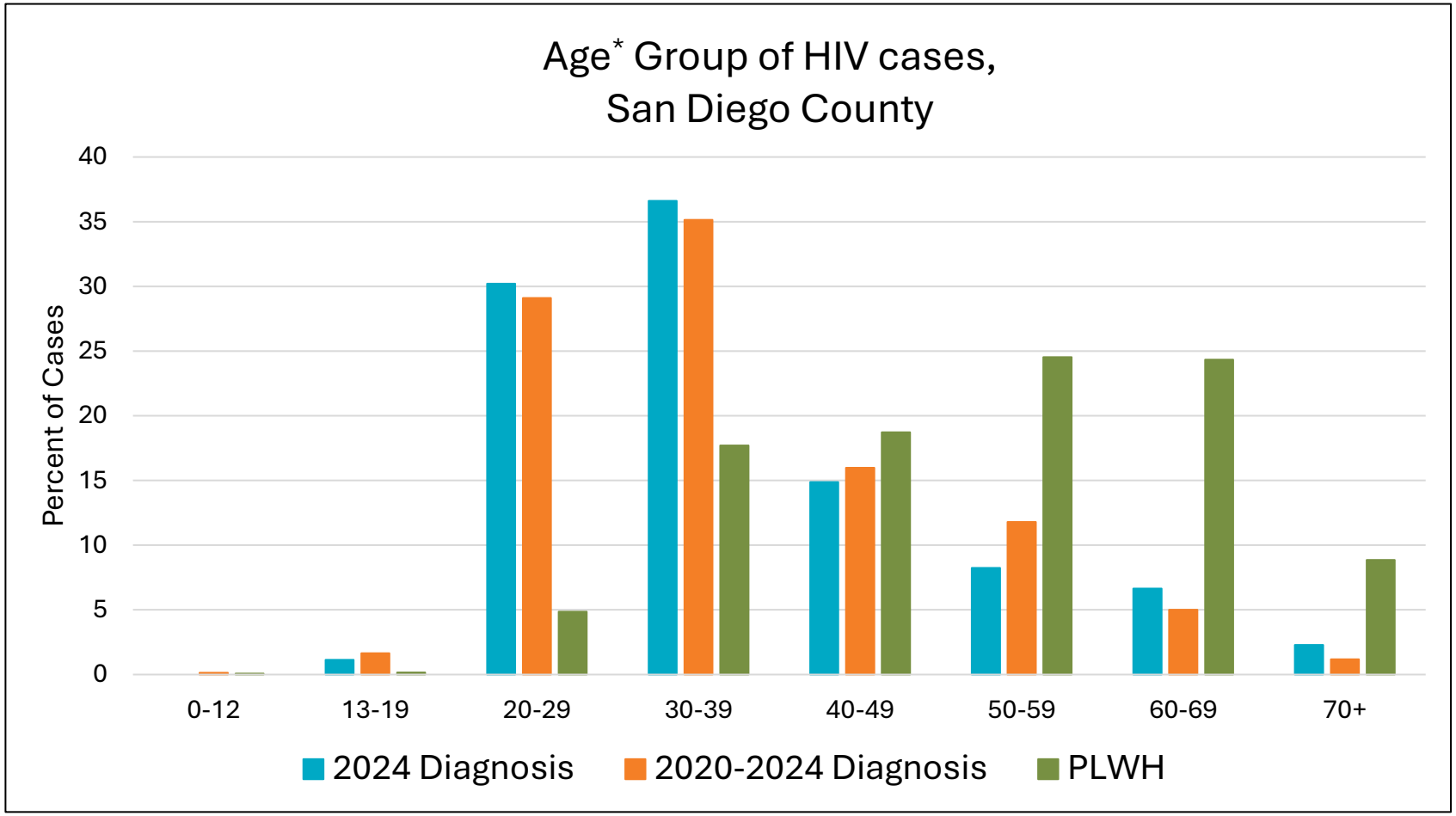
Data Sources

- San Diego County system, eHARS
- California Department of Public Health (CDPH), Office of AIDS (OA)
  - For Care Continuum

General Data Layout

- Most slides depict
  - 2024 Diagnoses in San Diego County residents
  - 2020-2024 Diagnoses in San Diego County residents
  - People Living with HIV Disease (PLWH) – Resident in San Diego County and alive as of December 31, 2024
  - The three different categories help compare the most recent years cases with the 5-year period and the prevalent cases
- Other tables are labeled with specific case sets

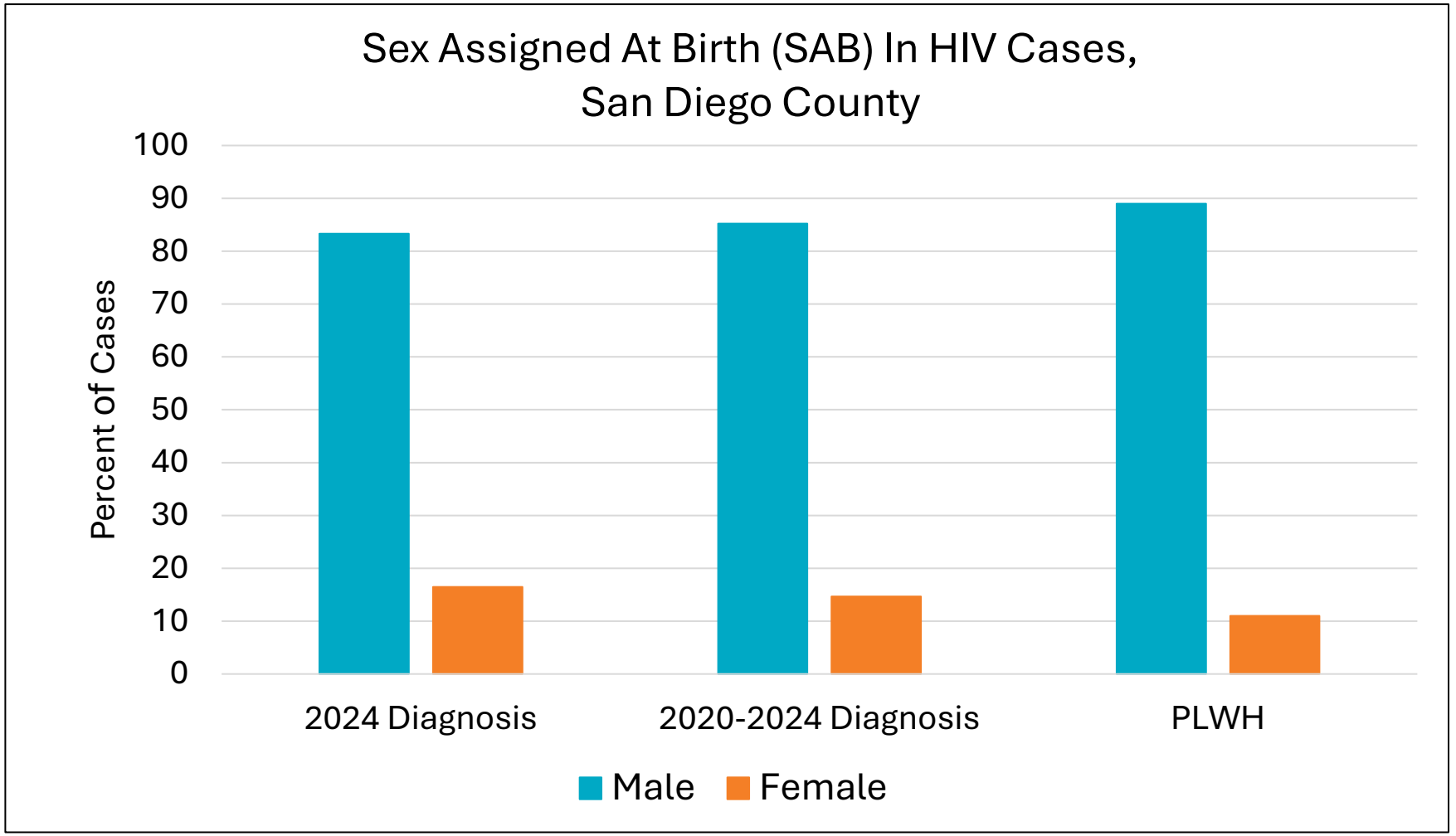
Demographics



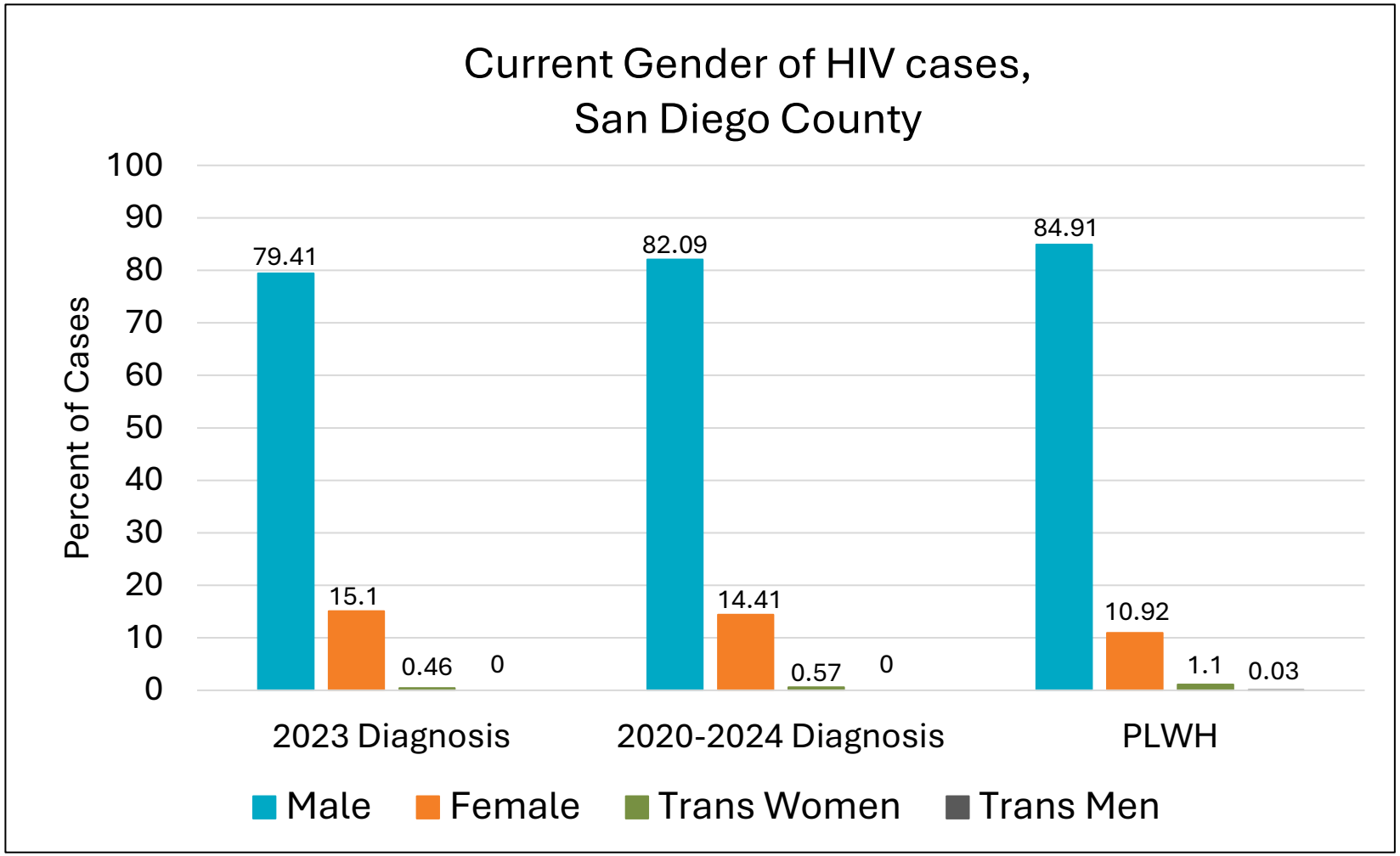
Data as of 12/31/2024

*Age at diagnosis is used for 2024 and 2020 – 2024 cases. Current Age in 2024 is used for PLWH

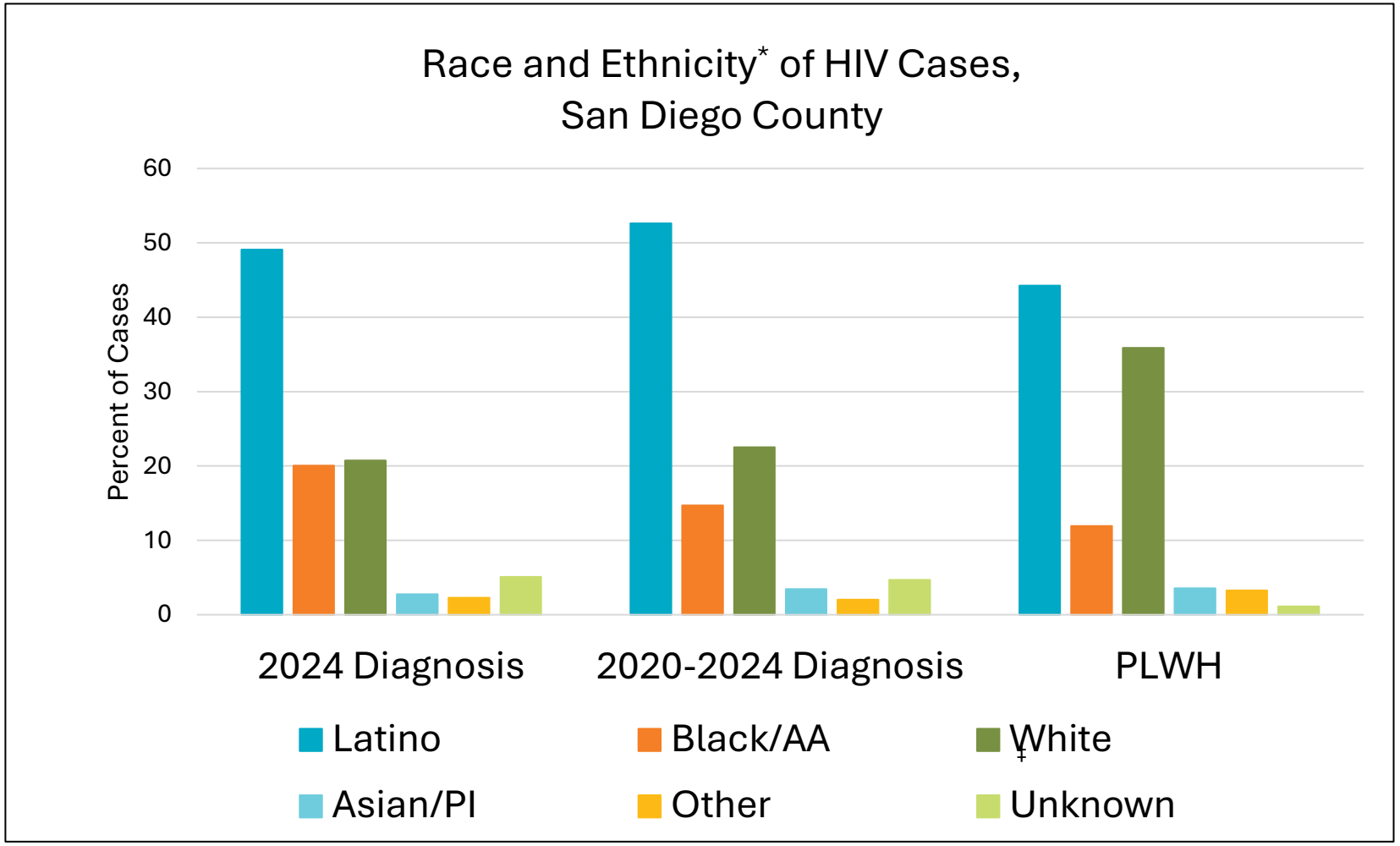
†People Living with HIV



Data as of 12/31/2024



Data as of 12/31/2024



Data as of 12/31/2024

*Persons of Latino/Hispanic ethnicity may belong to any race group. All categories except Latino/Hispanic include persons for whom race is known but ethnicity is non-Hispanic or unknown

†Includes Asian and Native Hawaiian and Pacific Islander

‡Includes American Indian/ Alaskan Native and Other Races

Race and Ethnicity* of HIV Cases, San Diego County

	2024 Diagnosis			Recent Diagnosis (2020 - 2024)			PLWH	
Race/Ethnicity*	n	%	Rate†	n	%	Rate†	n	%
Latino/Hispanic‡	213	49%	18.98	1,114	53%	19.85	6,459	44%
Black	87	20%	60.70	311	15%	43.40	1,742	12%
White	90	21%	6.44	477	23%	6.83	5,240	36%
Asian & PI§	12	3%	2.80	73	3%	3.40	519	4%
AIAN & Other¶	10	2%		43	2%		474	3%
Unknown	25	6%		102	5%		169	1%
Total	437			2,120			14,603	

Data as of 12/31/2024

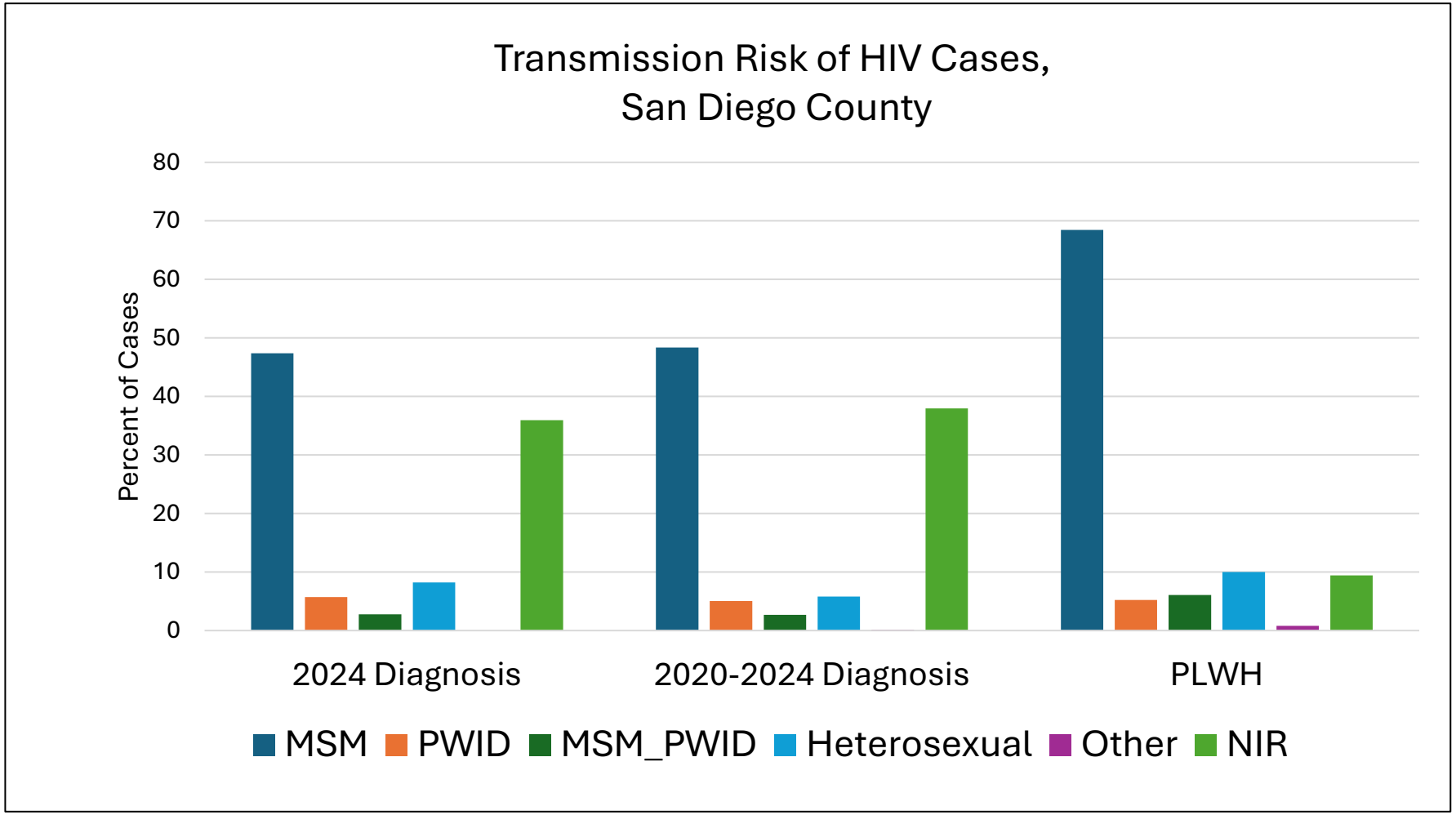
*All categories except Latino/Hispanic include persons for whom race is known but ethnicity is non-Hispanic or unknown

†Per 100,000 population, SANDAG 2022 Population Estimates

‡Persons of Latino/Hispanic ethnicity may belong to any race group.

§Includes Asian and Native Hawaiian and Pacific Islander

¶Includes American Indian/ Alaskan Native and Other Races



Data as of 12/31/2024
MSM = Men who have sex with men
PWID = Persons who inject drugs

HIV Cases by HHSA Region

HIV Cases by Race and Ethnicity

	2024 Diagnosis			Recent Diagnosis (2020 - 2024)			PLWH	
Race/Ethnicity	n	%	Rate	n	%	Rate	n	%
Hispanic	213	49%	18.98	1,114	53%	19.85	6,459	44%
Black	87	20%	60.70	311	15%	43.40	1,742	12%
White	90	21%	6.44	477	23%	6.83	5,240	36%
Asian/PI	12	3%	2.80	73	3%	3.40	519	4%
Other	10	2%		43	2%		474	3%
Unknown	25	6%		102	5%		173	1%
Total	437			2,120			14,607	

Data as of 12/31/2024

HIV Cases by HHSA Region and Demographics (2020-2024)

HIV Cases by HHSA Region and Age at Diasnosis

	HHSA Region							
Age at Diagnosis	Central	East	South	North Coastal	North Inland	North Central	Unknown	All Cases
13-19	1.3%	1%	1%	4%	1%	3%	0%	2%
20-29	25.4%	34%	27%	32%	38%	32%	0%	29%
30-39	38.5%	30%	37%	31%	25%	34%	50%	35%
40-49	17.1%	17%	15%	15%	14%	14%	50%	16%
50-59	10.9%	13%	12%	13%	15%	11%	0%	12%
60+	6.5%	4%	6%	5%	8%	6%	0%	6%
Total	836	220	428	191	178	265	2	2,120

Data as of 12/31/2024

HIV Cases by HHSA Region and Demographics (2020-2024)

HIV Cases by HHSA Region and Race/Ethnicity

	HHSA Region							
Race/Ethnicity*	Central	East	South	North Coastal	North Inland	North Central	Unknown	All Cases
Latino/Hispanic†	45.2%	42%	77%	54%	58%	40%	0%	53%
Black/AA	22%	20%	7%	6%	3%	14%	0%	15%
White	23%	28%	8%	29%	29%	29%	100%	23%
Asian/PI‡	3%	2%	3%	4%	3%	7%	0%	3%
Other§	2%	3%	0%	2%	2%	3%	0%	2%
Unknown	4%	5%	4%	4%	5%	6%	0%	5%
Total	836	220	428	191	178	265	2	2,120

Data as of 12/31/2024.
*All categories except Latino/Hispanic include persons for whom race is known but ethnicity is non-Hispanic or unknown
†Persons of Latino/Hispanic ethnicity may belong to any race group.
‡Includes Asian and Native Hawaiian and Pacific Islander
§Includes American Indian/ Alaskan Native and Other Races

HIV Cases by HHSA Region and Demographics (2020-2024)

HIV Cases by HHSA Region and Transmission Risk Category

	HHSA Region							
Risk Category	Central	East	South	North Coastal	North Inland	North Central	Unknown	All Cases
MSM	49%	42%	47%	49%	46%	53%	100%	48%
PWID	5%	5%	5%	6%	3%	6%	0%	5%
MSM+PWID	3%	2%	2%	4%	2%	4%	0%	3%
Heterosexual	6%	6%	6%	5%	4%	4%	0%	6%
Other	0%	0%	0%	0%	0%	0%	0%	0%
Unknown/NIR	36%	41%	41%	36%	45%	34%	0%	38%
Total	836	220	428	191	178	265	2	2,120

Data as of 12/31/2024

Late Testing

Late Testing

- Having an AIDS diagnosis soon after HIV diagnosis
- Assumes patient is further along in infection process
- Three time frames used between HIV and AIDS diagnosis
  - <12 months
    - Originally used
  - ≤3 months
    - More commonly used
  - ≤30 days
    - Simultaneous diagnosis
    - Delay is usually due to labs needing more time.

Late Testing Demographics (2020-2024)

Late Testing by Sex at Birth (2020 – 2024)

Sex at Birth	0 Month	< 4 month	>12Month	HIV Only	Total
Male	12.1%	14.4%	16.0%	75.8%	1,803
Female	13.2%	15.8%	17.7%	75.8%	310
Unknown	0.0%	14.3%	28.6%	71.4%	7
All Cases, n	260	310	346	1607	2,120
All Cases, %	12.3%	14.6%	16.3%	75.8%	100%

Data as of 12/31/2024

Late Testing Demographics (2020-2024)

Late Testing by Age Group (2020 – 2024)

Age Group	0 Month	< 4 month	>12Month	HIV Only	Total
0-12	33.3%	33.3%	33.3%	66.7%	3
13-19	0.0%	0.0%	2.9%	94.3%	35
20-29	6.6%	8.6%	9.6%	85.6%	617
30-39	10.2%	12.3%	14.1%	78.7%	745
40-49	18.9%	21.5%	22.7%	65.2%	339
50-59	18.4%	21.6%	25.6%	63.2%	250
60-69	23.6%	26.4%	28.3%	63.2%	106
70+	28.0%	36.0%	36.0%	48.0%	25
All Cases, n	260	310	346	1607	2,120
All Cases, %	12.3%	14.6%	16.3%	75.8%	100%

Data as of 12/31/2024

Late Testing Demographics (2020-2024)

Late Testing by Race/Ethnicity (2020 – 2024)

Race/Ethnicity	0 Month	< 4 month	>12Month	HIV Only	Total
Latino/Hispanic	13.6%	16.5%	18.1%	72.3%	1,114
Black	9.6%	12.2%	18.1%	81.4%	311
White	11.9%	13.2%	18.1%	77.1%	477
Asian/PI	11.0%	13.7%	18.1%	78.1%	73
AIAN	18.6%	20.9%	18.1%	76.7%	43
Unknown	4.9%	5.9%	18.1%	89.2%	102
All Cases, n	260	310	346	1607	2,120
All Cases, %	12.3%	14.6%	16.3%	75.8%	100%

Data as of 12/31/2024
*All categories except Hispanic/Latino include persons for whom race is known but ethnicity is non-Hispanic or unknown
†Persons of Hispanic/Latino ethnicity may belong to any race group.
‡Includes Asian and Native Hawaiian and Pacific Islander
§American Indian/ Alaskan Native and Other Races

Late Testing Demographics (2020-2024)

Late Testing by Transmission Risk Category (2020 – 2024)

Risk Category	0 Month	< 4 month	>12Month	HIV Only	Total
MSM	9.2%	10.9%	12.5%	81.2%	1,025
PWID	15.0%	15.9%	16.8%	70.1%	107
MSM_PWID	1.8%	3.5%	3.5%	86.0%	57
Heterosexual	9.8%	17.1%	19.5%	72.4%	123
Other	33.3%	33.3%	33.3%	66.7%	3
NIR	16.9%	19.5%	21.5%	69.6%	805
All Cases, n	260	310	346	1607	2,120
All Cases, %	12.3%	14.6%	16.3%	75.8%	100%

Data as of 12/31/2024

Late Testing Demographics (2020-2024)

Late Testing by HHSA Region (2020 – 2024)

HHSA Region	0 Month	< 4 month	>12Month	HIV Only	Total
Central	9.2%	11.8%	13.6%	79.3%	836
East	12.7%	14.5%	16.4%	77.3%	220
South	17.1%	18.9%	21.0%	70.8%	428
North Coastal	12.0%	14.7%	16.8%	74.9%	191
North Inland	14.0%	17.4%	18.0%	70.2%	178
North Central	12.8%	14.7%	15.8%	76.2%	265
Unknown	0.0%	0.0%	0.0%	100.0%	2
All Cases, n	260	310	346	1607	2,120
All Cases, %	12.3%	14.6%	16.3%	75.8%	100%

Data as of 12/31/2024

Viral Suppression

Viral Load<200 copies/mL

Demographics of HIV Cases by Viral Suppression

Sex at Birth of HIV Cases by Viral Suppression

	All Cases				All With Viral Load		
	Virally Supressed				Virally Supressed		
Sex	Yes	No	No Viral Load Test	Total	Yes	No	Total
Male	71.4%	5.0%	23.6%	11,414	93.5%	6.5%	8,717
Female	66.5%	7.4%	26.1%	1,427	90.0%	10.0%	1,055
Total	70.7%	5.4%	23.9%	12,942	93%	7%	9,855

Data as of 12/31/2024
Only includes individuals with an updated address in the past 10 years
Viral suppression is defined as a viral load count less than 200 (<200)

Demographics of HIV Cases by Viral Suppression

Table 5. Race/Ethnicity of HIV Cases by Viral Suppression

	All Cases				All With Viral Load		
	Virally Supressed				Virally Supressed		
Race/Ethnicity	Yes	No	No Viral Load Test	Total	Yes	No	Total
Hispanic/Latino	69.7%	5.8%	24.5%	5,551	92.3%	7.7%	4,192
Black	63.0%	8.2%	28.9%	1,520	88.5%	11.5%	1,081
White	74.8%	4.1%	21.1%	4,761	94.9%	5.1%	3,755
Asian/PI	74.5%	2.3%	23.2%	478	97.0%	3.0%	367
Other**	74.5%	6.5%	19.0%	459	91.9%	8.1%	372
Unknown	39.9%	10.4%	49.7%	163	79.3%	20.7%	82
Total	70.7%	5.4%	23.9%	12,942	93%	7%	9,855

Data as of 12/31/2024
Only includes individuals with an updated address in the past 10 years
Viral suppression is defined as a viral load count less than 200 (<200)
*All categories except Latino/Hispanic include persons for whom race is known but ethnicity is non-Hispanic or unknown
† Persons of Latino/Hispanic ethnicity may belong to any race group
‡Includes Asian and Native Hawaiian and Pacific Islander
§Includes American Indian/ Alaskan Native and Other Races

Demographics of HIV Cases by Viral Suppression

Current Age of HIV Cases by Viral Suppression

	All Cases				All With Viral Load		
	Virally Suppressed				Virally Supressed		
Current Age	Yes	No	No Viral Load Test	Total	Yes	No	Total
0-12	100.0%	0.0%	0.0%	11	100.0%	0.0%	11
13-19	77.3%	9.1%	13.6%	22	89.5%	10.5%	19
20-29	67.9%	10.6%	21.5%	701	86.5%	13.5%	550
30-39	65.8%	6.7%	27.5%	2,523	90.7%	9.3%	1,829
40-49	65.4%	6.9%	27.7%	2,459	90.5%	9.5%	1,777
50-59	71.8%	4.4%	23.8%	3,077	94.2%	5.8%	2,344
60+	77.1%	3.1%	19.8%	4,043	96.1%	3.9%	3,242
Total	70.7%	5.4%	23.9%	12,942	93%	7%	9,855

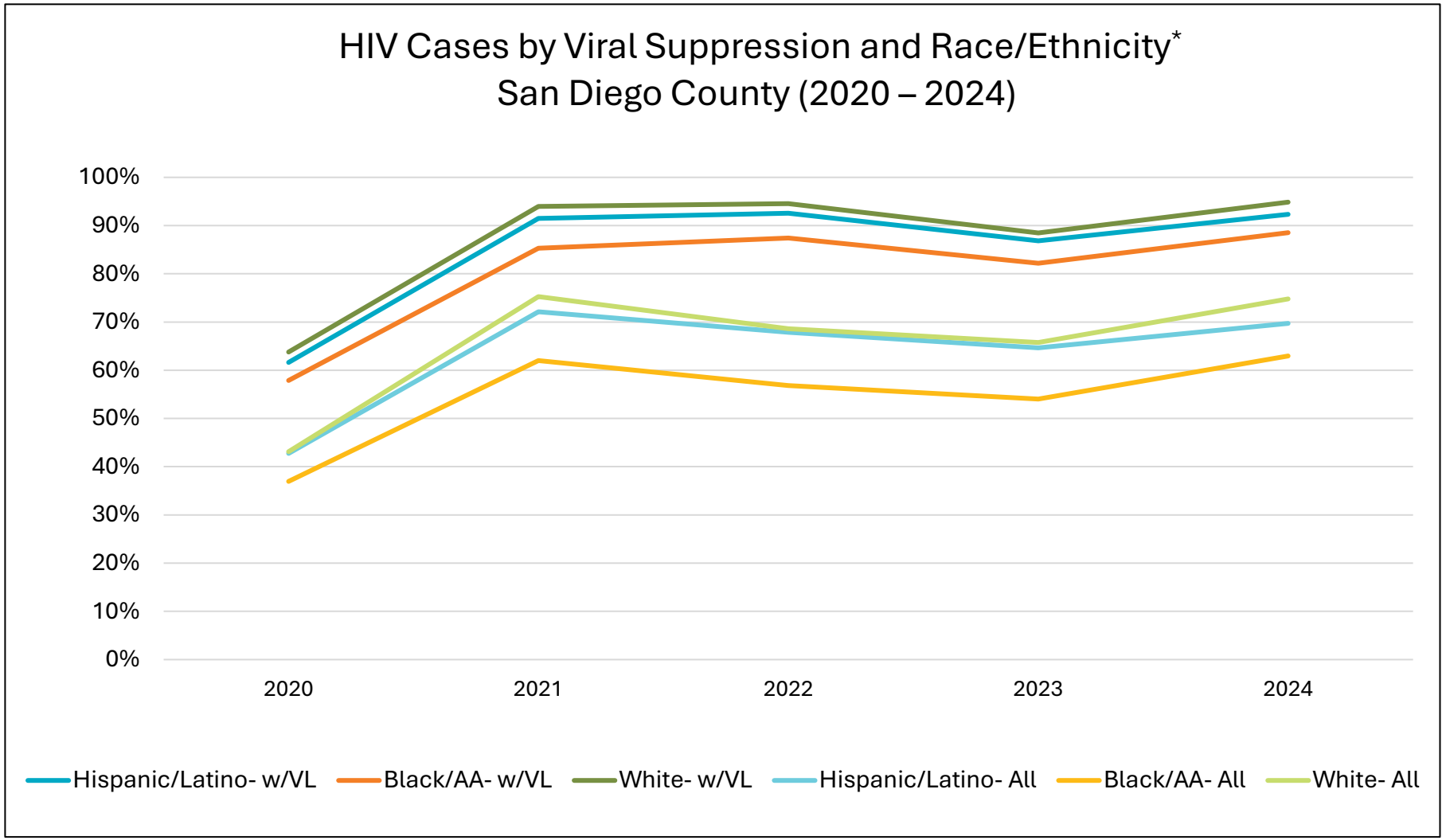
Data as of 12/31/2024
Only includes individuals with an updated address in the past 10 years
Viral suppression is defined as a viral load count less than 200 (<200)

Demographics of HIV Cases by Viral Suppression

Transmission Risk of HIV Cases by Viral Suppression

	All Cases				All With Viral Load		
	Virally Supressed				Virally Supressed		
Risk Category	Yes	No	No Viral Load Test	Total	Yes	No	Total
MSM	73.4%	4.2%	22.4%	8,823	94.6%	16.7%	6,846
PWID	60.1%	10.3%	29.6%	609	85.3%	5.4%	429
MSM_PWID	70.4%	8.5%	21.2%	780	89.3%	14.7%	615
Heterosexual	69.5%	5.7%	24.8%	1,277	92.4%	10.7%	960
Other	80.6%	6.8%	12.6%	103	92.2%	7.6%	90
NIR	58.6%	9.0%	32.4%	1,336	86.7%	7.8%	903
Total	70.7%	5.4%	23.9%	12,942	93%	7%	9,855

Data as of 12/31/2024
Only includes individuals with an updated address in the past 10 years.
Viral suppression is defined as a viral load count less than 200 (<200).



Data as of 12/31/2024

*All categories except Latino/Hispanic include persons for whom race is known but ethnicity is non-Hispanic or unknown

†Persons of Latino/Hispanic ethnicity may belong to any race group.

In Care

Having one or more labs in 2023-2024

In Care by Age Category, 2023-2024

Current Age (years)	In Care 2023-2024	
	Yes	No
Less than 13	100.0%	0.0%
13-19	86.7%	13.0%
20-29	84.9%	15.2%
30-39	79.9%	20.1%
40-49	73.8%	26.3%
50-59	73.9%	26.1%
60-69	75.8%	24.2%
70+	71.4%	28.6%
All	75.8%	24.2%
N	11,073	3,534

Data as of 12/31/2024

In Care by Race/Ethnicity, 2023-2024

Race/Ethnicity*	In Care 2023-2024	
	Yes	No
Hispanic/Latino†	72.1%	27.9%
Black/AA	72.0%	28.0%
White	80.5%	19.5%
Asian/PI‡	79.9%	20.1%
American Indian/Alaska Native	89.0%	11%
Other		
Unknown	59%	41.0%
All	75.8%	24.2%
N	11,073	3,534

Data as of 12/31/2024
*All categories except Hispanic/Latino include persons for whom race is known but ethnicity is non-Hispanic or unknown
†Persons of Hispanic/Latino ethnicity may belong to any race group.
‡Includes Asian and Native Hawaiian and Pacific Islander
§Includes American Indian/ Alaskan Native and Other Races

In Care by Transmission Risk , 2023-2024

Transmission Risk	In Care 2023-2024	
	Yes	No
MSM	77%	23%
PWID	66%	34%
MSM + PWID	79%	22%
Heterosexual	73%	27%
Unknown	76%	24%
All	76%	24%
N	11,073	3,534

Data as of 12/31/2024

In Care by HHSA Region, 2023-2024

Region	In Care 2023-2024	
	Yes	No
Central	73.3%	26.7%
East	73.3%	26.7%
South	69.1%	30.9%
North Coastal	76.7%	23.3%
North Inland	78.2%	21.8%
North Central	73.9%	26.1%
Unknown	84.8%	15.2%
All	75.8%	24.2%
N	11,073	3,534

Data as of 12/31/2024

THANK YOU

SANDIEGOCOUNTY.GOV/HHSA

The Public Health Services department, County of San Diego Health and Human Services Agency, has maintained national public health accreditation, since May 17, 2016, and was re-accredited by the Public Health Accreditation Board on August 21, 2023.

Contact Us

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The Public Health Services department, County of San Diego Health and Human Services Agency, has maintained national public health accreditation, since May 17, 2016, and was re-accredited by the Public Health Accreditation Board on August 21, 2023.

San Diego HIV Planning Group
Priority Setting and Resource Allocation Committee

2025 Key Data Findings: Ryan White Programs (RWP) Parts A/B Regional Service Availability

Draft May 6, 2025

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

A RWP service is considered to be *not available* in a region if it is 1) not available at a provider site in the region; 2) Not out stationed in the region; and 3) The service is not available in a client's home; The following RWP services are currently ***not*** available in the given regions:

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

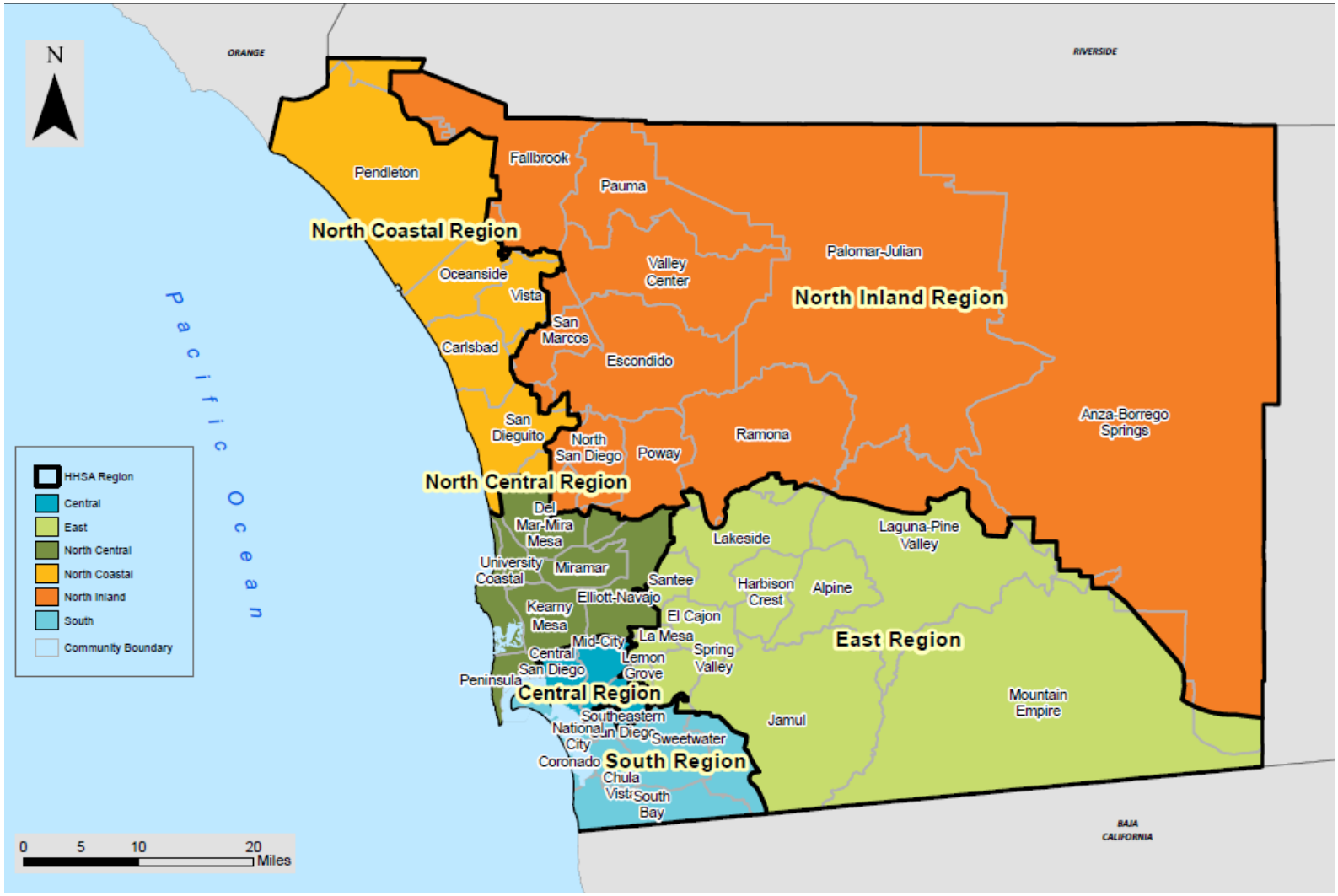
v

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

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

- Non-Medical Case Management for Housing, Housing Location, Placement and Advocacy Services, and Psycho-social Support Services are awaiting full procurement.

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



San Diego HIV Planning Group
Priority Setting and Resource Allocation Committee

2025 Key Data Findings

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

Draft May 6, 2025

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

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

- Live in San Diego County
- Have an income at or below 600% Federal Poverty Level (FPL)* ($93,900 annually for a household of one)
- Have a confirmed HIV diagnosis (except in service categories that permit services to HIV-negative and unaware)
- Have no other payer for the service

All clients must be reassessed for eligibility every twelve months

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

*The FPL for changes every year and is usually published within the first few months of each calendar year. The 2025 600% FPL is $93,900 annually for a household of one (adjusted for additional family members).

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

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

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

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

© = Core Medical Service

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

San Diego County EMA Ryan White Treatment Extension Act (RWTEA) Parts A/B
SERVICE SPECIFIC CRITERIA
Draft May 6, 2025

FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
1. © Outpatient Ambulatory Health Services (Primary Care)	No additional guidelines	Emergency room or urgent care services are not considered outpatient settings. There are no annual limits on the number of services provided.	
2. © Medical Specialty	Must have a referral from Ryan White HIV Primary Care provider	Requests triaged based on medical necessity, HIV relatedness and urgency. Limited to those services authorized by the County of San Diego HSHB specialty services provider.	• Medical provider
3. © Oral Health Care (Dental Care)	Must have a referral from Ryan White Primary Care provider	Primary dental services are available as medically necessary or as required to treat pain. Dental specialty is limited to procedures to support palliative and medically necessary dental care outside of primary dental care setting. Service specifically excludes dental implants (with four specific exceptions)	• Medical provider • Dental provider for dental specialty service
4. © Medical Case Management Services	Limited to individuals who are unable to access or remain in HIV medical care as determined by medical care managers based on whether: • Client is currently enrolled in outpatient/ambulatory health services • Client is following his/her medical plan • Client is keeping medical appointments • Client is taking medication as prescribed	Services are not intended for individuals who are able to access and remain in HIV medical care. Case is closed when all action items on the care plan are competed, and medical care is stabilized There are no annual limits on the number of services provided.	
5. Non-Medical Case Management Services	Must demonstrate ability to access or remain in HIV medical care	Services are not intended for individuals who are unable to access or remain in HIV medical care. Case is closed when all action items on the care plan are competed, and medical care is stabilized. There are no annual limits on the number of services provided.	
6. Non-Medical Case Management for Housing	Eligible to receive Ryan White services Upon intake, all eligible clients will be required to enroll in all available housing assistance waiting lists, including Section 8, Housing Opportunities for	Housing case management does not provide support or guidance for accessing other services, and it is required that housing case managers closely coordinate client needs outside of housing	•

FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
	Persons with AIDS (HOPWA), and Tenant-Based Rental Assistance (TBRA). A housing plan must be developed within 60 days of enrolling in housing case management and no later than 90 days after enrolling in PARS. The client & case manager should review the plan regularly, and at least every quarter.	with medical or non-medical case managers as part of a treatment team approach.	
7. Housing: Partial Assistance Rental Subsidy (PARS)	Must not receive other subsidized housing, either tenant-based or project-based Because all housing support provided under Ryan White is temporary, a housing transition plan is required to ensure clients maintain housing self-sufficiency at the conclusion of assistance. All clients enrolled in the Partial Assistance Rental Subsidy (PARS) program must also enroll in housing case management.	Provides 40% of a client's monthly rental costs not to exceed 40% of the fair-market rent for San Diego County as determined by the U.S. Department of Housing and Urban Development (HUD). Clients shall not receive PARS if they receive tenant-based or project-based rent subsidy including, but not limited to, subsidized low-income housing, or subsidized independent housing associated with any program such as Public Housing, Affordable Housing, HOPWA, or Section 8. Housing services may not: • Be used for mortgage payments • Be in the form of direct cash payments to clients • Be used for rental or security deposits. Such deposits are typically returned to clients as cash which would violate the prohibition on providing cash payments to clients.	• Case manager
8. Housing: Emergency Housing	Eligible to receive RW services. Because all housing support provided under Ryan White is temporary, a housing transition plan is required to ensure clients maintain housing self-sufficiency at the conclusion of assistance.	Services prioritize hotel/single room occupancy (SRO) vouchers over rental assistance. Service can be used once in a 12-month period. Service is not available to individuals who: • Receive Housing Opportunities for People with AIDS (HOPWA) funds. • Receive a tenant-based or project-based rent subsidy including, but not limited to, subsidized low-income housing, or subsidized independent housing associated with any program such as Public Housing, Affordable Housing, Section 8, HOPWA, or PARS rental assistance. • Have previously been terminated from receiving emergency housing assistance	• Case manager

FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
		or tenant-based rental assistance, have violated program guidelines in their use of emergency housing funds, or have been identified as ineligible for services. • Can include sober living and assisted living. Housing services may not: • Be used for mortgage payments • Be in the form of direct cash payments to clients • Be used for rental or security deposits. Such deposits are typically returned to clients as cash which would violate the prohibition on providing cash payments to clients.	
9. **Housing Location, Placement and Advocacy Services**	(The Strategies and Standards Committee will draft service standards for this service category)		
10. **© Mental Health: Counseling, Therapy/Support Groups**	May request or be referred by providers or case manager	Case is closed when all action items on the care plan are competed, and medical care is stabilized. There are no annual limits on the number of services provided.	
11. **© Substance Use Treatment: Outpatient Care**	Cannot currently be in a residential substance abuse treatment program	Case is closed upon successfully completion of treatment and client chooses not to participate in any other aftercare program activities. There are no annual limits on the number of services provided.	
12. **© Mental Health: Psychiatric Services**	Must have a confirmed mental health diagnosis, and/or referral for specialized psychiatric care from a medical provider or mental health provider	There are no annual limits on the number of services provided.	• Medical provider • Mental health provider
13. **© Coordinated HIV Services for Women, Infants, Children, Youth and Families (CHS:WICYF)**	Services focus on linkage or re-engagement in care and are not intended to be ongoing.	Limited to: • Individuals who do not know their HIV status and need to be referred to counseling and testing • Individuals who know their status and are not in care and need assistance to enter or re-enter HIV-related medical care	
a. **Childcare Services (A subcategory of CHS:WICYF)**	Available for children living in the household of individuals with a confirmed HIV diagnosis and their affected family members while attending medical visits, related appointments, and/or Ryan White-funded meetings, groups, or training sessions.	For children from infancy through 12 years of age. Services are also available, if permitted at the appointing clinic, for parents and caregivers attending medical, dental, and mental health care appointments, including support groups, on-site childcare is prioritized for appointments, so family members can access support service needs. It	• Case manager

FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
		may be available for other purposes as determined appropriate. For parents and caregivers utilizing on-site services, at least one parent or caregiver must remain on-site.	
14. © Early Intervention Services: Regional Services (EIS:RS)	Services focus on linkage or re-engagement in care and are not intended to be ongoing.	Limited to: • Individuals who do not know their HIV status and need to be referred to counseling and testing • Individuals who know their status and are not in care and need assistance to enter or re-enter HIV-related medical care	•
a. Outreach Services (a subcategory of EIS:RS)	Services focus on linkage or re-engagement in care and are not intended to be ongoing.	Limited to: • Individuals who do not know their HIV status and need to be referred to counseling and testing • Individuals who know their status and are not in care and need assistance to enter or re-enter HIV-related medical care	
15. Health Education and Risk Reduction (stand-alone service, not part of CHS:WICFY or EIS:RS)	Eligible to receive Ryan White funded care The provision of education and information to clients living with HIV and how to reduce the risk of HIV transmission. It includes education, referral and related service navigation to clients living with HIV to improve their health and their partners to prevent HIV transmission.	Services are intended to complement and not replace other funded HIV prevention activities Exclusions: • Affected individuals (partners and family members not living with HIV) are only eligible if receiving services concurrently with the client. • Health Education/Risk Reduction may not be delivered anonymously. However, all information is confidential.	
16. Referral to Health and Care and Support Services (Peer Navigation)	Must currently be receiving case management, non-case management, mental health, substance abuse or outreach services	Services focus on linkage or re-engagement in care and are not intended to be ongoing.	• Self-Referral • Case manager • Early Intervention Services
17. Psychosocial Support Services	Available to clients living with HIV; may include support groups and may be provided by a trained staff or volunteer, including peers.	Funds under this service category may not be used to pay for food, transportation or for professional mental health services.	
18. Substance Use Treatment: Residential Care	Must have a written referral from the clinical provider as part of a substance use disorder	Case is closed upon completion of treatment program. There are no annual limits on the number of services provided.	• Clinical provider

FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
	treatment program funded under the Ryan White program		
19. © Home and Community Based Health Services	Must be at risk for hospitalization or entry into a skilled nursing facility. Must also: • Have a health condition consistent with in-home services • Have a home environment that is safe for both the client and the service provider • Have a score of 70 or less on the Cognitive and Functional Ability (Karnofsky) Scale	Service specifically excludes: • Emergency room services • In-patient hospital services • Nursing homes • Other long-term care facilities Case is closed when all action items on the comprehensive service plan are complete and medical care is stabilized. There are no annual limits on the number of services provided.	• Medical provider • Case manager
20. Transportation Pool – Assisted & Unassisted	Individuals shall be eligible for transportation only if they would not otherwise have access to core medical and support services and only if they do not qualify for other transportation assistance programs.	Specific eligibility criteria for **assisted transportation***: • Used for transport to and from various core medical and support service providers. • Assisted transportation, consisting of ADA Para-Transit Passes and certified medical transport may be used if a client is unable to access unassisted transportation. • Contractor shall refer all clients requesting assisted transportation for screening and potential eligibility for AIDS Waiver program. • Clients are not eligible for RW assisted transportation services if they receive or are eligible for other public transportation benefits such as, but not limited to, ADA Para-Transit, AIDS Waiver Transportation Assistance, Home and Community-based Health Services, or Medi-Cal reimbursed medical transport. Specific eligibility criteria for **unassisted transportation**: • Reserved for individuals unable to access or stay in core medical and support services. • Disabled monthly passes may be issued for individuals who qualify for the disabled monthly pass and have more than three medical visits per month. • Day passes may be issued for individuals who do not qualify for the disabled monthly	• Case manager • Any service provider

FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
		passes and for those eligible for disabled monthly passes who have fewer than three medical visits per month. ○ Individuals who receive day passes can be issued two extra day passes to cover unexpected or emergency medical visits. Clients are limited to two unused emergency day passes at a time. • Monthly passes may be issued to clients in lieu of day passes if a client's predetermined number of day-passes for a month equals or exceeds the cost of a standard monthly pass. • Other forms of transportation may include but are not limited to: taxis, ride sharing programs and/or mileage reimbursement. Transportation services are limited to travel to and from core medical and support service appointments only; however, clients traveling with legal dependents are permitted to make stops at childcare facilities to drop children off before appointments and to pick children up after appointment. Unallowable services include: 1. Direct cash payment or reimbursements to clients 2. Direct maintenance expenses of personally owned vehicles (tires, repairs, etc.) 3. Payment of other cost associate with a personally owned vehicle (insurance, license, etc.)	
21. Food Services/Home Delivered meals	Must be physically and/or mentally incapable of preparing own meals to qualify for home delivered meal services. Individuals who can prepare meals may still be eligible for food vouchers and food bank services	Services do not provide: • Permanent water filtration systems for water entering a home; • Household appliances; • Pet foods • Other non-essential products. Case is closed when the service is deemed no longer medically necessary. There are no annual limits on the number of services provided.	• Case manager • Medical provider
22. © Medical Nutrition Therapy	Must be referred by a medical provider	Case is closed when all action items on the nutrition plan are competed, and medical care is	• Medical provider

FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
		stabilized. There are no annual limits on the number of services provided.	
23. **Legal Services (Other Professional Services)**	Services can also be provided to family members and others affected by a client's HIV disease when the services are specifically necessitated by the person's HIV status	Excludes criminal defense and class-action suits unless related to access to services eligible for funding under the Ryan White program. Case is closed when the legal matter has been resolved. There are no annual limits on the number of services provided.	
24. **Emergency Financial Assistance**	Eligible to receive RW services.	The maximum amount for each item per year per client are as follows: • Clients are eligible to receive up to $1,000/year to use for utility payments. • Food bags: Each client is allowed a maximum of 12 weeks of emergency food bags per 12 months. • Medication: Covers prescription medication (1) not available through the AIDS Drug Assistance Program (ADAP) and (2) only intended for short term need. • Eyeglasses: One set of lenses per year, one set of frames every other year; one opportunity to replace if lost/stolen/damaged. • Eviction prevention: Limited to $1,490/year. Electronic devices (tablets, small laptops, etc.) can be provided to assist clients access virtual environments/telehealth appointments/RW planning meetings.	• Case manager
25. **Home Health Care**	Must be deemed medically homebound by a medical provider	Home settings do not include nursing facilities or inpatient mental health/substance use treatment facilities. Case is closed when all services are completed, and medical care is stabilized. There are no annual limits on the number of services provided.	• Medical provider • Case manager
26. **Early Intervention Services: HIV Counseling and Testing**	Services focus on linkage or re-engagement in care and are not intended to be ongoing.	Limited to: • Individuals who do not know their HIV status and need to be referred to counseling and testing	

FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
		• Individuals who know their status and are not in care and need assistance to enter or re-enter HIV-related medical care	
27. **Cost-Sharing Assistance**	(The Strategies and Standards Committee will draft service standards for this service category)		
28. **Home Hospice**	Must be certified as terminally ill by a physician and have a defined life expectancy of six months or less	Case is closed upon death. This service category does not extend to skilled nursing facilities or nursing homes. There are no annual limits on the number of services provided.	• Medical provider • Case manager

RW 2024-25 PART A AWARD INFORMATION	
Funding Source	Total RW 2024-25 Award
Part A	11,667,474.00
Part A MAI	784,859.00
TOTAL AWARD AMOUNT	**12,452,333.00**

RW 2024-25

YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN

Through February 2025

FY24-25 ALLOCATION BREAK DOWN

Funding Source	Admin. $	Admin. %	CQM $	CQM %	RW 2024-25 Service dollars	Total	CORE Medical Services	Support Services
Part A	1,131,364	10%	349,067	3%	10,187,043	11,667,474	49.96%	50.04%
Part A MAI	78,486	10%	32,933	4%	673,440	784,859		
TOTAL	**1,209,850.00**		**382,000.00**		**10,860,483.00**	**12,452,333.00**	**70%**	**30%**

Ryan White Part A Allocations — **% Elapsed** **100%**

Service Categories	HRSA Ranking	Priority Ranking	RW 2024-25 HPG Initial Allocation	%	HPG & Recipient Approved Actions +/-	RW 2024-25 HPG Adjusted Allocation	%	RW 2024-25 Year to Date Expenditure	RW 2024-25 Year-to-Date % Expenditure/Budget	RW 2024-25 Balance	Comments
Outpatient Ambulatory Health Services: Primary Care	1l	1	1,102,630.00	11%	826,112.00	1,928,742.00	19%	1,352,778.91	70%	575,963.09	
Outpatient Ambulatory Health Services: Medical Specialty	1l	2	195,000.00	2%	-	195,000.00	2%	147,641.00	76%	47,359.00	
Psychiatric Medication Management	1j	12	6,000.00	0%	11,393.55	17,393.55	0%	12,709.03	73%	4,684.52	
Oral Health	1k	3	160,940.00	2%	80,631.00	241,571.00	2%	161,407.62	67%	80,163.38	
Medical Case Management	1h	4	1,151,853.00	11%	-	1,151,853.00	11%	1,191,561.25	103%	(39,708.25)	
Non-Medical Case Management for Housing		6	200,000.00	2%	(200,000.00)	-		-	0%	-	
Housing: Emergency Housing	2e	7	1,515,998.00	15%	(332,483.00)	1,183,515.00	12%	1,082,734.18	91%	100,780.82	
Housing: Location, Placement and Advocacy Services NEW		8	100,000.00	1%	(100,000.00)	-		-	0%	-	
Housing: Partial Assistance Rental Subsidy (PARS)	2e	9	807,507.00	8%	43,000.00	850,507.00	8%	574,011.60	67%	276,495.40	
Non-Medical Case Management	2h	5	392,021.00	4%	-	392,021.00	4%	361,648.82	92%	30,372.18	
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF)	1c	13	993,157.00	10%	-	993,157.00	10%	992,942.19	100%	214.81	
Childcare Services	2a		-	0%	-	-	0%	-	0%	-	
Early Intervention Services: Regional Services	1c	14	810,000.00	8%	(20,000.00)	790,000.00	8%	695,543.64	88%	94,456.36	
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	300,000.00	3%	(86,800.00)	213,200.00	2%	195,353.42	92%	17,846.58	

Ryan White Part A Allocations								% Elapsed	100%		
Service Categories	HRSA Ranking	Priority Ranking	RW 2024-25 HPG Initial Allocation	%	HPG & Recipient Approved Actions +/-	RW 2024-25 HPG Adjusted Allocation	%	RW 2024-25 Year to Date Expenditure	RW 2024-25 Year-to-Date % Expenditure/Budget	RW 2024-25 Balance	Comments
Mental Health: Counseling/Therapy & Support Groups	1j	10	900,000.00	9%	(171,000.00)	729,000.00	7%	649,405.81	89%	79,594.19	
Psychosocial Support Services		17	46,744.00	0%	(46,744.00)	-	0%	-	0%	-	
Substance Abuse Services: Outpatient	1m	11	260,127.00	3%	53,000.00	313,127.00	3%	312,837.94	100%	289.06	
Substance Abuse Services: Residential	2o	18	-	0%	-	-	0%	-	0%	-	
Home-based Health Care Coordination	1e	19	228,500.00	2%	(73,120.00)	155,380.00	2%	107,676.90	69%	47,703.10	
Transportation: Assisted and Unassisted	2g	20	122,830.00	1%	29,000.00	151,830.00	1%	140,770.99	93%	11,059.01	
Food Services: Food Bank/Home-Delivered Meals	2c	21	536,073.00	5%	-	536,073.00	5%	535,362.04	100%	710.96	
Medical Nutrition Therapy	1i	22	35,542.00	0%	-	35,542.00	0%	33,693.12	95%	1,848.88	
Legal Services	2i	23	285,265.00	3%	-	285,265.00	3%	285,232.84	100%	32.16	
Emergency Financial Assistance	2b	24	36,856.00	0%	42,804.00	79,660.00	1%	67,237.95	84%	12,422.05	
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			10,187,043.00	100%	55,793.55	10,242,836.55	100%	8,900,549.25	87%	1,342,287.30	
Ryan White Part A Minority AIDS Initiative (MAI)			RW 2024-25 HPG Initial Allocation		HPG & Recipient Approved Actions +/-	RW 2024-25 HPG Adjusted Allocation	%	RW 2024-25 Year to Date Expenditure	RW 2024-25 Year-to-Date % Expenditure/Budget	RW 2024-25 Balance	Comments
Multi-Disciplinary Team			593,183.00		-	593,183.00	86%	511,851.00	86%	81,332.00	
Housing: Emergency Housing			100,000.00		-	100,000.00	14%	92,377.19	92%	7,622.81	
Subtotal			693,183.00		-	693,183.00	100%	604,228.19	87%	88,954.81	
TOTAL			10,880,226.00		55,793.55	10,936,019.55		9,504,777.44	87%	1,431,242.11	

CORE and Support Sevices Allocation Breakdown			
Total Allocation		Total Expenditure	Total Balance
CORE Medical Services	5,186,313.55	4,291,536.21	894,777.34
Support Services	5,103,029.70	4,609,013.04	494,016.66
TOTAL	10,289,343.25	8,900,549.25	1,388,794.00

Month: Feb-25 Part A & Part B Prevention Comp A/C HRSA 20-078

YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN AS OF DEC 2024						
RW2425 SERVICE DOLLAR ALLOCATIONS AND EXPENDITURES						
Funding Source	**RW 2024/2025 Service Dollars**	**Contract YTD Expenditure**	**% of Year Invoiced**	**% Spent**	**Balance**	**Comments**
Ryan White Part B						
Outpatient Ambulatory Health Services (Medical)	-	-	91.60%	0.00%	-	Part A Payment Summary (Part B funding)
Early Intervention Services (Expanded HIV Testing)	-	-	91.60%	0.00%	-	Part A Payment Summary (Part B funding)
Early Intervention Services (Focused Testing)	187,900.00	$164,126.51	91.60%	87.35%	23,773.49	Part B Payment Summary
Medical Case Management (Emergency Financial Assistance)	177,600.00	$99,170.74	91.60%	55.84%	78,429.26	Part B Payment Summary
Housing (Substance Abuse Services-Residential)	589,552.00	$512,534.77	91.60%	86.94%	77,017.23	Part B Payment Summary
Non-medical Case Management (Rep Payee)	50,000.00	$31,160.91	91.60%	62.32%	18,839.09	Part B Payment Summary
CoSD Medical Case Management	392,403.61	272,862.43	91.60%	69.54%	119,541.18	Part B Cost Report
CoSD Early Intervention Services	375,134.29	333,475.31	91.60%	88.89%	41,658.98	Part B Cost Report
Ryan White Part B Total	**1,772,589.90**	**1,413,330.67**			**359,259.23**	
Prevention (27-0047) - awaiting						
Counseling and Testing				0.00%	-	Payment Summary
Evaluation/ Linkage Activities/ Needs Assessment				0.00%	-	Payment Summary
Prevention Total	-	-		**0.00%**	-	
HRSA Ending the HIV Epidemic Total - 20-078 FY2324	**4,061,078.00**	**624,269.73**		**15.37%**	**3,436,808.27**	Payment Summary
TOTAL	**5,833,667.90**	**2,037,600.40**			**3,796,067.50**	

RYAN WHITE SUMMARY OF SERVICES FOR FY24

Mar. 1, 2024 - Feb. 28 2025

RYAN WHITE SERVICES

		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	End of Year Total	Prior Year Total
FY 2024-2025															
Total clients served each month	Clients	1,334	1,489	1,483	1,464	1,528	1,508	1,496	1,550	1,402	1,390	1,481	1,260		
New clients in FY24	Clients	1,334	487	315	241	205	173	146	154	108	99	112	76	**3,450**	**3,363**
Returning FY24 clients	Clients	-	1,002	1,168	1,223	1,323	1,335	1,350	1,396	1,294	1,291	1,369	1,184		
VIRAL LOAD SUPPRESSION															
Virally suppressed	Clients	1,147	1,307	1,308	1,198	1,356	1,197	1,350	1,383	1,265	1,250	1,320	1,109		
% Virally suppressed		92%	93%	93%	94%	94%	94%	95%	94%	95%	94%	95%	94%		
With Test	Tests	1,241	1,401	1,400	1,279	1,447	1,276	1,416	1,473	1,335	1,325	1,392	1,178		
Without Test	Tests	93	88	83	185	81	232	80	77	67	65	89	82		
PART-A SERVICES															
Outpatient Ambulatory Health Services: HIV Primary Care*	Visits	115	276	271	246	275	314	249	267	195	174	223	197	**2,802**	**2,760**
	Clients	98	251	239	222	241	277	221	237	181	166	205	175	**1,031**	**988**
Outpatient Ambulatory Health Services: Medical Specialty Care	Visits	10	9	15	18	19	15	15	18	10	4	3		**136**	**0**
	Clients	10	9	14	17	18	15	14	15	10	4	3	-	**106**	**0**
Psychiatric Medication Management	Visits	3	1	3	2	6	6	4	7	9	6	5	5	**57**	**36**
	Clients	3	1	3	2	6	4	4	2	6	3	4	5	**26**	**26**
Oral Health Care: Dental Care	Visits	94	86	91	108	85	85	87	94	75	84	86	39	**1,014**	**1,006**
	Clients	78	74	69	83	71	58	73	79	63	74	73	34	**387**	**359**
Early Intervention/Integrated Services for Women, Children & Families: Coordinated Care	Visits	260	327	223	222	248	394	267	278	332	236	375	48	**3,210**	**2,843**
	Clients	86	100	75	71	71	101	87	85	101	92	112	27	**207**	**180**
Early Intervention/Integrated Services for Women, Children & Families: Childcare	Visits	2	13	2	1	9	45	2	3	3	16	5		**101**	**90**
	Clients	2	13	1	1	3	36	2	2	2	16	4	-	**45**	**53**
Early Intervention Services: Regional Services	Visits	629	691	722	703	809	793	751	857	598	656	741	636	**8,586**	**9,537**
	Clients	259	292	288	291	326	327	351	374	292	275	334	299	**1,160**	**1,171**
Early Intervention Services: Peer Navigation Services	Visits	253	330	335	210	259	270	233	146	200	183	202	8	**2,629**	**3,494**
	Clients	91	114	118	76	89	77	77	48	82	83	91	8	**297**	**385**
Early Intervention Services: Outreach Services	Visits	-	-	-	-	-	-	-	-	-	-	-	-	**0**	**0**
	Clients	-	-	-	-	-	-	-	-	-	-	-	-	**0**	**0**
Medical Case Management Services	Visits	1,212	1,229	1,189	1,120	1274	1186	1004	1128	894	899	989	687	**12,811**	**13,231**
	Clients	484	504	494	477	489	444	439	452	403	421	390	337	**899**	**958**
Home-based Health Care Coordination	Visits	32	42	32	26	28	24	13	14	33	25	42	47	**358**	**642**
	Clients	13	13	12	12	10	11	7	9	14	14	19	16	**31**	**44**
Case Management -Non-Medical	Visits	345	361	336	364	336	336	328	383	329	318	310	238	**3,984**	**4,754**
	Clients	181	175	175	169	174	171	169	170	173	166	150	127	**346**	**363**
Mental Health Services: Counseling/Therapy	Visits	207	186	222	226	236	265	191	254	162	195	124	137	**2,405**	**3,938**
	Clients	96	94	92	101	110	108	97	104	83	86	65	65	**270**	**376**
Substance Abuse Treatment Services – Residential*	Visits	20	15	18	15	19	15	14	16	14	14	16		**176**	**182**
	Clients	20	15	17	15	19	15	14	16	14	14	16	-	**57**	**49**
Substance Abuse Treatment Services - Outpatient	Visits	330	380	361	354	364	407	329	356	325	349	352	368	**4,275**	**3,643**
	Clients	54	53	56	58	61	58	54	54	54	57	56	59	**111**	**109**
Housing Services: Partial Assistance Rental Subsidy	Visits	81	84	78	79	77	71	71	74	72	71	79	70	**907**	**1,122**
	Clients	81	84	78	79	77	71	71	74	72	71	79	70	**115**	**121**
Medical Transportation Services - Assisted	Visits	2	7	3	1		1	1			1	6	1	**23**	**20**
	Clients	2	7	3	1	-	1	1	-	-	1	6	1	**19**	**17**
Medical Transportation Services - Unassisted	Visits	350	373	343	335	376	383	376	416	325	345	338	260	**4,220**	**3,248**
	Clients	239	254	248	246	268	270	267	271	250	252	255	195	**559**	**440**
Housing Services: Emergency Housing Assistance	Visits	69	52	59	65	58	60	59	59	55	82	89	67	**774**	**989**
	Clients	61	51	58	63	58	59	59	57	55	75	81	60	**519**	**501**
Food Services: Food Bank/ Home Delivered Meals	Meals	2,904	2,982	3,070	2,996	3,140	4,157	3,347	3,041	3,276	3,217	4,005	3,515	**39,650**	**33,677**
	Clients	118	120	118	125	131	151	140	118	121	122	146	146	**287**	**259**
Medical Nutrition Therapy	Visits	13	12	11	12	12	12	10	8	12	11	9	12	**134**	**156**
	Clients	13	12	11	12	11	12	10	8	12	11	9	12	**65**	**71**

*Includes Part B funded services

RYAN WHITE SUMMARY OF SERVICES FOR FY24

Mar. 1, 2024 - Feb. 28 2025

RYAN WHITE SERVICES

		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	End of Year Total	Prior Year Total
PART-A SERVICES continued															
Legal Services	Visits	22	15	15	12	11	12	16	16	9	7	11	15	**161**	**184**
	Clients	22	15	15	12	9	12	15	16	9	7	11	15	**133**	**147**
Emergency Financial Assistance	Visits	90	105	103	87	85	82	97	89	83	72	70	62	**1,025**	**901**
	Clients	69	74	80	75	66	65	76	75	70	57	59	50	**229**	**187**
Internet Access	Visits	-			1									**1**	**1**
	Clients	-	-	-	1	-	-	-	-	-	-	-	-	**1**	**1**
Internet Equipment	Visits	4	5	5	7	4	2	2	1	3		1		**34**	**78**
	Clients	4	5	3	5	4	2	2	1	3	-	1	-	**16**	**31**
Collateral Contacts	Visits	244	281	208	215	198	141	130	225	163	157	176	158	**2,296**	**2,517**
	Clients	130	159	124	131	113	77	76	109	93	91	105	84	**412**	**479**
MAI SERVICES															
Medical Case Management Services	Visits	148	165	166	159	156	112	121	118	106	95	120	119	**1,585**	**1,664**
	Clients	60	60	64	68	70	55	51	61	57	48	55	49	**137**	**161**
Mental Health Services: Therapy/Counseling	Visits	43	34	32	26	26	46	25	37	22	25	25	18	**359**	**539**
	Clients	29	22	21	21	20	27	17	19	14	18	16	11	**69**	**95**
Substance Abuse Treatment Services - Outpatient	Visits	57	65	79	53	53	76	73	79	69	57	79	59	**799**	**805**
	Clients	32	32	34	24	31	33	41	39	38	38	34	30	**82**	**114**
Outreach Encounters	Visits	-	-	-	-	-	-	-	-	-	-	-	-	**0**	**0**
	Clients	-	-	-	-	-	-	-	-	-	-	-	-	**0**	**0**
Case Management -Non-Medical	Visits	70	69	71	61	68	62	38	62	49	34	37	21	**642**	**896**
	Clients	30	29	29	24	27	24	26	32	18	16	16	12	**67**	**92**

*Includes Part B funded services

SUMMARY OF SERVICES FOR FY24
Mar. 1, 2024 - Feb. 28, 2025

UNDUPLICATED CLIENT DEMOGRAPHICS

	Number of Clients	% of Client Total	Client Total
FY 2024-2025			
Race/Ethnicity			
White (not Hispanic)	808	23.42%	
Black or African American (not Hispanic)	409	11.86%	
Hispanic or Latino(a)	1,945	56.38%	
Asian	43	1.25%	
American Indian/Alaska Native	23	0.67%	
Multi-Race	34	0.99%	
Native Hawaiian/Pacific Islander	13	0.38%	
Race data not in ARIES	175	5.07%	**3,450**
Gender			
Male	2,751	79.74%	
Female	573	16.61%	
Transgender FTM	2	0.06%	
Transgender MTF	120	3.48%	
Other	4	0.12%	
Client Refused to Report	0	0.00%	**3,450**
Age Categories			
< 2	23	0.67%	
02-12	5	0.14%	
13-24	65	1.88%	
25-44	1,315	38.12%	
45-64	1,563	45.30%	
65 and over	479	13.88%	**3,450**
Poverty Level			
<138%	2,574	74.61%	
138-199%	397	11.51%	
200-299%	240	6.96%	
300-399%	61	1.77%	
400-499%	11	0.32%	
>500%	16	0.46%	
Financial data not in ARIES	151	4.38%	**3,450**
HRSA Housing Status			
Stable/Permanent	1,270	36.81%	
Temporary	253	7.33%	
Unstable	227	6.58%	
Housing Status not in ARIES	1,700	49.28%	**3,450**
Insurance Status			
Private	61	1.77%	
Medicaid	495	14.35%	
Medicare	63	1.83%	
Other	511	14.81%	
No Insurance	273	7.91%	
Insurance not in ARIES	2,047	59.33%	**3,450**
San Diego Region			
Central	1,156	33.51%	
East	232	6.72%	
South Bay	670	19.42%	
Southeast	306	8.87%	
North Coastal	361	10.46%	
North Inland	162	4.70%	
North Central	252	7.30%	
Zip Code may be outside SD County	20	0.58%	
Zip Code not in ARIES	291	8.43%	**3,450**

Ryan White Utilization Report

Summary of Services for FY 24

(March 1, 2024 - February 28, 2025)

HIV, STD and Hepatitis Branch

HIV PLANNING GROUP
6-MONTH COMMITTEE TRACKING
June 2024 - May 2025

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE																
PSRAC	**6-Jun**	**13-Jun**	**11-Jul**	**18-Jul**	**25-Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**April**	**May**	**#**
Total meetings	1	1	1	1	1		0	1	1		1	0	1	0	0	**6**
(9) Members																
Aguirre Mendoza, Marco	*	**1**	*	*	*		NM	*	*		**JC**	NQ	**JC**	NM	NQ	**0**
Jacobs, Dr. Delores	*	*	*	*	*		NM	**1**	*		**1**	NQ	*	NM	NQ	**2**
Davenport, Beth	*	*	*	*	*		NM	*	*		*	NQ	*	NM	NQ	**0**
Fleming, Tyra [cc]	*	**JC**	*	*	*		NM	*	*		*	NQ	*	NM	NQ	**0**
Garcia-Bigley, Felipe	*	*	*	**1**	*		NM	*	*		*	NQ	*	NM	NQ	**0**
Kubricky, Cinnamen	*	**1**	*	*	*		NM	**1**	*		**JC**	NQ	*	NM	NQ	**1**
Matthews, Eva											*	NQ	**JC**	NM	NQ	**0**
Mueller, Chris	*	*	*	*	*		NM	*	*		*	NQ	*	NM	NQ	**0**
Van Brocklin, Rhea [c]	*	*	*	*	*		NM	*	**1**		*	NQ	*	NM	NQ	**1**

To remain in good standing and eligible to vote, the committee member may not miss 3 consecutive meetings or 6 meetings within 12 months.

***** = Present

1 = Absent for the month

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

JC = Just Cause

EC = Emergency Circumstance

NM = No Meeting

NQ = No Quorum

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

CY 2025 WORKPLAN

MEETING DATE	GOAL	• OBJECTIVES
January 9, 2025	**Reports:** 1. PARS Report 2. Monthly Report Review	• Special data needs from the Recipients' Office • Partial Assistance Rental Subsidy (PARS) report • Review service categories that underspend (monthly) • Review YTD data on **service utilization** and discuss findings.
February 13, 2025 **Canceled**	**Reports**: 1. PARS Report 2. Monthly Report Review	• Address change in FY 25 Part A funding (if needed) • Special data needs from the Recipients' Office • Partial Assistance Rental Subsidy (PARS) report • Review service categories that underspend (monthly) • Review YTD data on **service utilization** and discuss findings.
March 13, 2025	**Data:** 1. Integrated/Getting to Zero Plan **Reports:** 1. PARS Report 2. Monthly Report Review	• Address change in FY 25 Part A funding (if needed) • Core Medical Services Waiver and the 75% grant funding spending requirement • Review the Statewide Integrated Plan goals related to PSRAC • Review the status of the goals in the Getting to Zero (GTZ) Community Engagement Plan related to PSRAC. • Partial Assistance Rental Subsidy (PARS) report • Review service categories that underspend (monthly) • Review YTD data on **service utilization** and discuss findings. • Special data needs from the Recipients' Office
April 10, 2025	*No meeting scheduled*	
May 8, 2025	*No Meeting Due to Quorum*	
June 12, 2025	**Data:** **1. HIV/AIDS Epidemiology**	• Address change in FY 25 Part A funding (if needed) • Review the Statewide Integrated Plan goals related to PSRAC • Review the status of the goals in the Getting to Zero (GTZ) Community Engagement Plan related to PSRAC.

Updated 04.11.2025

	2. Co-occurring Conditions, Poverty, and Insurance 3. Regional distribution of **RWTEA Part A/B Services** **4. Ryan White Service Eligibility Criteria** 5. Regional distribution of **RWTEA Part A/B Services** **Reports:** 6. PARS Report 7. Monthly Report Review	• Review updated **HIV/AIDS Epidemiology Data** and discuss findings (if available) • Review and approve key data findings on **Co-occurring Conditions, Poverty, and Insurance,** and discuss findings • Review and approve key data findings on **the regional distribution of RWTEA Part A/B services** and discuss findings • Review and approve key data findings on **Ryan White's service eligibility criteria & other service guidelines** and discuss findings • Special data needs from the Recipients' Office • Partial Assistance Rental Subsidy (PARS) report • Review service categories that underspend (monthly) • Review YTD data on **service utilization** and discuss findings.

June 26, 2025
 	
3 hours
	Data:
	1. HIV/AIDS Epidemiology
	2. Co-occurring Conditions, Poverty, and Insurance
	3. Regional distribution of **RWTEA Part A/B Services**
	4. Ryan White Service Eligibility Criteria
	Reports:
	1. PARS Report
		• Address change in FY 25 Part A funding (if needed)
		• Review data on the **HIV Care Continuum/Unaware Estimate** and discuss findings
		  ○ Include data on **RW clients vs. all clients**
		  ○ Include data on **viral suppression rates** (include RW clients vs. all clients)
		  ○ **RW Client Homelessness**
		• Review data on **Unmet Need Estimate and Unaware Estimate and** discuss findings
		• Partial Assistance Rental Subsidy (PARS) report
		• Review service categories that underspend (monthly)
		• Review YTD data on **service utilization** and discuss findings.

	2. Monthly Report Review	
July 10, 2025 **3 hours**	**Data:** 1. HIV Care Continuum 2. Unmet Needs Estimate/Unaware Estimate **Reports:** 1. PARS Report 2. Monthly Report Review	• Summarize/Finalize Key Findings data on HIV Epidemiology • Summarize/Finalize Key Findings data on regional distribution of Ryan White Part A/B services • Summarize/Finalize Key Finding data on Service Eligibility Criteria • Presentation on **Minority AIDS Initiative (MAI) funding** and its uses for services in all regions • **Review key findings on non-Ryan White Mental Health and Substance Use Treatment resources in the community with a focus on HIV/LGBT competencies** • (The county's budget includes some of this detail) https://www.sandiegocounty.gov/openbudget/Review data on **Ryan White's service eligibility criteria & other service guidelines** and discuss findings (including Out-Of-Care data) • Review **HRSA and Ryan White Part A guidelines (PCN 1602)** • Review the full (Qualitative and Quantitative) **2024 Survey of HIV Impact of the Needs Assessment** • Review YTD data on **service utilization** and discuss findings.

July 17, 2025 **3 hours**	**Data:** 1. **Non-RW Services in the Community** 2. **2024 Survey of HIV Impact from the Needs Assessment** 3. **Regional Focus Groups data** 4. **HIV Care Continuum / Unaware Estimate/Unmet Need Estimate** 5. RWTEA Part A Services **Reports**: 1. PARS Report 2. Monthly Report Review	• Summarize/Finalize Key Findings data on HIV Care Continuum/Unaware Estimate • Summarize/Finalize Key Finding data on **Unmet Need Estimate and Unaware Estimate** • Review, summarize, and finalize data on **regional focus groups** and the **GTZ Action Plan Community Feedback Report,** and discuss findings • Summarize YTD data on service utilization and discuss findings • PARS Report criteria and other service guidelines • Review service categories that underspend (monthly) • Review YTD data on • **service utilization** and discuss findings.
July 24, 2025 **3 hours**	**Data:** 1. HIV/AIDS Epidemiology 2. All data findings/ Overall Summary and KF by service category 3. FY 26 Service Priority Ranking 4. FY 26 Funding Allocation Recommendations	• Review/summarize any additional data that is available, including key findings by service category and Overall summary of data. • 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) • Complete recommendations with justifications for changes in funding allocations in level and reduction-funding scenarios for FY 26 (March 1, 2026 – February 28, 2027). • Recommendations for how services should be organized and delivered in FY 26 (March 1, 2026 – February 28, 2027
July 31, 2025	**Data:**	• Recommendations for FY 25 reallocations (current fiscal year, March 1, 2025 – February 28, 2026)

3 hours	1. All data findings/summaries, including KF by service category **Reports:** 1. Monthly Report Review 2. Other Business as Needed (FY 25 Reallocations)	• As needed to complete the FY 26 priority setting and budget priority ranking and funding allocation process (next fiscal year, March 1, 2026 – February 28, 2027) • Recommendations for how services should be organized and delivered in FY 26 (March 1, 2025 – February 28, 2026) • Review/summarize additional available data • Partial Assistance Rental Subsidy (PARS) report • Review service categories that underspend (monthly) • Review YTD data on **service utilization** and discuss findings.
August 14, 2025 **3 hours (If Needed)**	**Data:** 1. All data findings/summaries, including KF by service category **Reports**: 2. Monthly Report Review 3. Other Business as Needed (FY 25 Reallocations)	• Recommendations for FY 25 reallocations (current fiscal year, March 1, 2025 – February 28, 2026) • As needed to complete the FY 26 priority setting, budget priority ranking and funding allocation process (next fiscal year, March 1, 2026 – February 28, 2027) • Recommendations for how services should be organized and delivered in FY 26 (March 1, 2025 – February 28, 2026) • Review/summarize additional available data • Partial Assistance Rental Subsidy (PARS) report • Review service categories that underspend (monthly) • Review YTD data on **service utilization** and discuss findings.
September 11, 2025	**Data:** 1. Debrief PSRA process 2. CY 2026 Work Plan **Reports:** 1. PARS Report 2. Monthly Report Review	• Debrief the FY 26 priority setting and budget allocation process • Develop CY2026 PSRAC work plan • Partial Assistance Rental Subsidy (PARS) report • Review service categories that underspend (monthly) • Review YTD data on **service utilization** and discuss findings.
October 9, 2025	*No meeting scheduled*	

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

CY 2025 WORKPLAN

November 13, 2025	**Reports:** 1. PARS Report 2. Monthly Report Review	• Partial Assistance Rental Subsidy (PARS) report • Review service categories that underspend (monthly) • Review YTD data on **service utilization** and discuss findings.
December 11, 2025	• *No meeting scheduled*	

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

APPENDIX

(Page 092)

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

(An Amendment to AB 2449)

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

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

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

Additional Requirements for a Member Participating Remotely

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

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

LIVE WELL SAN DIEGO

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

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

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