



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

**THURSDAY, JULY 17, 2025, 1:00 PM – 4:00 PM
Southeastern Live Well Center
5101 Market St, San Diego, CA 92114
Tubman Chavez Room A**

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

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

Thursday, July 17, 2025

1:00 PM - 4:00 PM

Southeast Live Well Center

5101 Market St.

San Diego, CA 92114 Tubman Chavez Rm A



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

FROM I-805 SOUTH:

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

FROM I-805 NORTH:

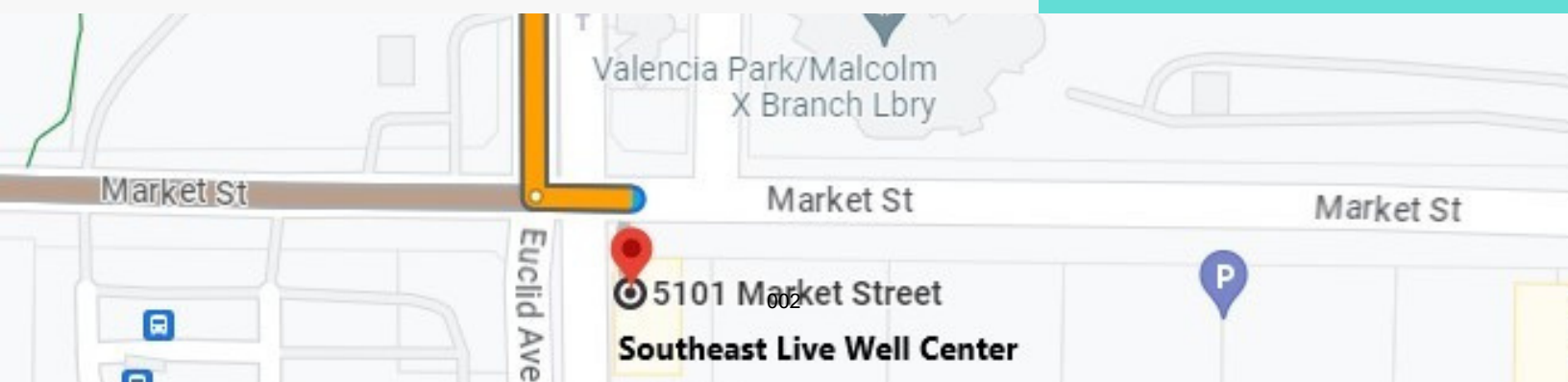
1. Head southeast on I-805 South.
2. Take exit 13A for CA-94-E/M L King Jr. Fwy.
3. Merge onto CA-94 E.
4. Take exit 4A for Euclid Ave.
5. Turn left onto Euclid Ave.
6. Use the left 2 lanes to turn left onto Market St.
7. The destination will be on your right.



**PUBLIC
TRANSPORTATION**

MTS Trolley:
Orange Line

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



PSRAC CONFLICT OF INTEREST (COI) Sheet

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

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

**Referral for Healthcare and Support Services

Fleming, Tyra
Jacobs, Delores
Kubricky, Cinnamen

Luna, Sergio
Mendoza Aguirre, Marco

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)



Thursday, July 17, 2025, 1:00 PM – 4:00 PM
Southeastern Live Well Center.
5101 Market St, San Diego, CA 92114.
Tubman Chavez Room A

To participate remotely via Zoom:

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

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

Meeting ID: 829 7938 5521

Password: PSRAC

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

Please contact HPG Support Staff via e-mail at hpg.hhsa@sdcounty.ca.gov.

A quorum for this meeting is six (6)

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

ORDER OF BUSINESS

1. Call to order, roll call, comments from the chair
2. Reminders
 - a. **Review of Committee Charge**
 - b. **Committee members' Conflicts of Interest:** Disclose areas of financial interest (e.g., employment); Refrain from participation in related votes.
 - c. **Areas NOT the purview of this committee:** Selection of contractors; contract details; how contractors implement contracted services (e.g., staff salaries). These are the sole purview of the Recipient.
 - d. **Focus on service priorities, not on specific service providers.**
 - e. **Rules for the meeting** (as necessary): Committee members are limited to two (2) minutes per comment and limited to two (2) comments per item; public comments are welcome at the beginning and prior to each agenda item, limited to two (2) minutes so that all have an opportunity to participate.
3. Public comment on non-agenda items (for members of the public)
4. Sharing our concerns (for committee members)
5. **ACTION:** Approve the PSRAC agenda for July 17, 2025
6. Routine Business:
 - a. Review Monthly and Year-to-Date expenditures and assess for recommended reallocations
 - b. Partial Assistance Rent Subsidy (PARS) and Emergency Housing update
 - c. Review the Monthly and Year-to-Date service utilization report

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

7. Old Business:
 - a. Review follow-up data requested
8. New Business:
 - a. **ACTION:** Recommendations for reallocations for FY 25 (the current fiscal year, March 1, 2025 – February 28, 2026) (if needed).
 - b. Presentation on **Minority AIDS Initiative (MAI) funding** and its uses for services in all regions
 - c. **ACTION:** Review and approve key data findings on **Co-occurring Conditions, Poverty, and Insurance**, and discuss findings
 - d. **ACTION: Review key findings on non-Ryan White Mental Health and Substance Use Treatment resources in the community with a focus on HIV/LGBT competencies**
 - e. Review of the **2024 Survey of HIV Impact of the Needs Assessment**
 - f. **ACTION:** Summarize/Finalize Key Findings data on HIV Epidemiology
 - g. **ACTION:** Summarize/Finalize Key Findings data on HIV Care Continuum
 - h. **ACTION:** Recommendations with justifications to the HIV Planning Group for service priority ranking and how services should be organized and delivered in FY 26 (March 1, 2026 – February 28, 2027)
 - i. **ACTION:** Complete recommendations with justifications for changes in funding allocations in level and reduction-funding scenarios for FY 26 (March 1, 2026 – February 28, 2027).
9. Suggested items for the future committee agenda
10. Announcements

Next meeting date: July 24, 2025, from 1:00 PM – 4:00 PM
Location: *Southeastern Live Well Center 5101 Market St, San Diego, CA 92114*
Tubman Chavez Room A and Remotely via Zoom
11. Adjournment

Principles for the PSRA Decision-Making Process	Criteria for the PSRA Decision-Making Process
Principles Guiding Decision Making (Priorities should reflect the Principles) <ol style="list-style-type: none"> 1. Decisions are made in an open, transparent process 2. Decisions are based on documented needs (Needs assessment, etc.) 3. Decisions are based on overall needs within the service area, not narrow, single-focus concerns 4. Decisions include reports from the Needs Assessment committee of the HIV Planning Group. 5. Services should be responsive to 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 <ol style="list-style-type: none"> 1. Documented Need based on: <ol style="list-style-type: none"> a. Epidemiology of San Diego epidemic (Epi data) b. Needs and unmet needs expressed in needs assessment, including the needs expressed by consumers, not in care, and/or from historically underserved communities (Needs assessment data) 2. Minimize disparities in the availability and quality of treatment for HIV/AIDS (Demographic service utilization data compared to the 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

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	50.40%	49.60%
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%	1,192,322.60	62%	736,419.40	
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%	13,712.08	79%	3,681.47	
Oral Health	1k	3	160,940.00	2%	80,631.00	241,571.00	2%	168,489.43	70%	73,081.57	
Medical Case Management	1h	4	1,151,853.00	12%	-	1,151,853.00	11%	1,128,936.90	98%	22,916.10	
Non-Medical Case Management for Housing		6	200,000.00	2%	(200,000.00)	-		-	0%	-	
Housing: Emergency Housing	2e	7	1,183,515.00	12%	(55,793.30)	1,127,721.70	11%	1,023,222.92	91%	104,498.78	
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%	627,611.60	74%	222,895.40	
Non-Medical Case Management	2h	5	392,021.00	4%	-	392,021.00	4%	363,421.47	93%	28,599.53	
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%	730,060.90	92%	59,939.10	
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%	664,090.16	91%	64,909.84	
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%	137,890.46	91%	13,939.54	
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			9,854,560.00	100%	332,483.25	10,187,043.25	100%	8,727,735.92	86%	1,459,307.33	
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%	511,851.17	86%	81,331.83	
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%	604,228.36	87%	88,954.64	
TOTAL			10,547,743.00		332,483.25	10,880,226.25		9,331,964.28	86%	1,548,261.97	

CORE and Support Services Allocation Breakdown					
Total Allocation			Total Expenditure		Total Balance
CORE Medical Services			5,186,313.55	4,091,224.76	1,095,088.79
Support Services			5,103,029.70	4,636,511.16	466,518.54
TOTAL			10,289,343.25	8,727,735.92	1,561,607.33

Other funding info

Month:

Feb-25

Part A & Part B Prevention Comp A/C

HRSA 20-078

YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN AS OF FEB 2025

RW 2024-25 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)	-	-	100.00%	0.00%	-	Part A Payment Summary (Part B funding)
Early Intervention Services (Expanded HIV Testing)	-	-	100.00%	0.00%	-	Part A Payment Summary (Part B funding)
Early Intervention Services (Focused Testing)	187,900.00	\$182,527.73	100.00%	97.14%	5,372.27	Part B Payment Summary
Medical Case Management (Emergency Financial Assistance)	177,600.00	\$116,327.33	100.00%	65.50%	61,272.67	Part B Payment Summary
Housing (Substance Abuse Services-Residential)	714,552.00	\$630,714.36	100.00%	88.27%	83,837.64	Part B Payment Summary
Non-medical Case Management (Rep Payee)	50,000.00	\$39,182.14	100.00%	78.36%	10,817.86	Part B Payment Summary
CoSD Medical Case Management	392,403.61	375,087.29	100.00%	95.59%	17,316.32	Part B Cost Report
CoSD Early Intervention Services	375,134.29	364,863.83	100.00%	97.26%	10,270.46	Part B Cost Report
Ryan White Part B Total	1,897,589.90	1,708,702.68			188,887.22	
Prevention (27-0047) - awaiting						
<i>Counseling and Testing</i>				0.00%	-	Payment Summary
<i>Evaluation/ Linkage Activities/ Needs Assessment</i>				0.00%	-	Payment Summary
Prevention Total	-	-		0.00%	-	
HRSA Ending the HIV Epidemic Total - 20-078 FY 24-25	4,061,078.00	785,388.39		19.34%	3,275,689.61	Payment Summary
TOTAL	5,958,667.90	2,494,091.07			3,464,576.83	

Ryan White Utilization Report

Summary of Services for FY 25

(March 1, 2025 - February 28, 2026)

HIV, STD and Hepatitis Branch



July 2025 Priority Setting and Resource Allocation Committee Meeting



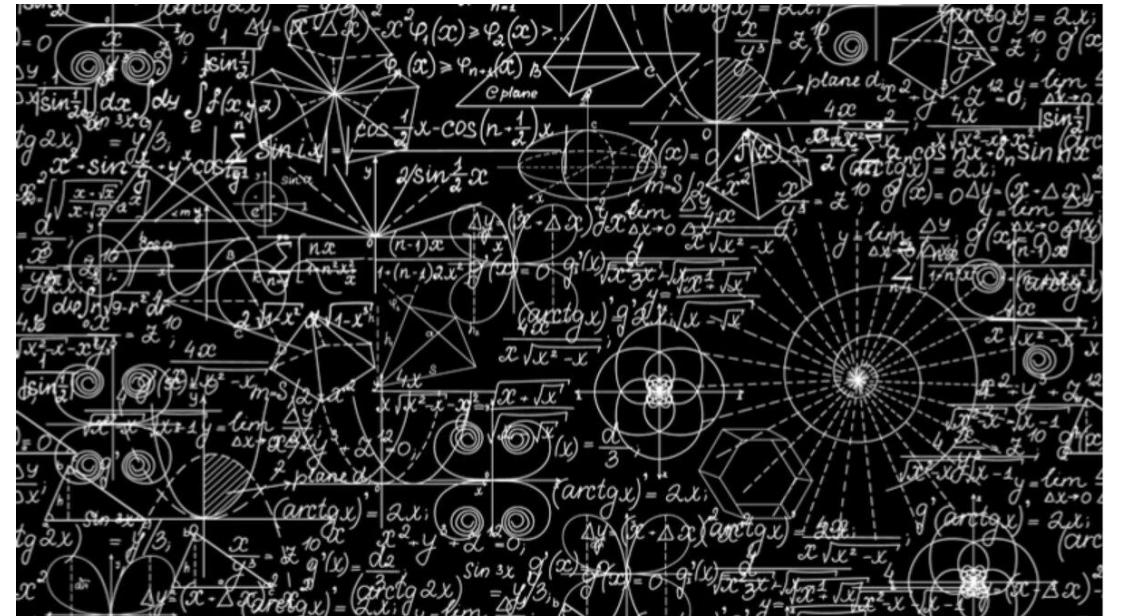
LIVE WELL
SAN DIEGO



Dustin Walker, PhD (*he/him*)
CQM Manager
HIV, STD & Hepatitis Branch
[SANDIEGOCOUNTY.GOV/HHSA](https://sandiegocounty.gov/hhsa)

Today

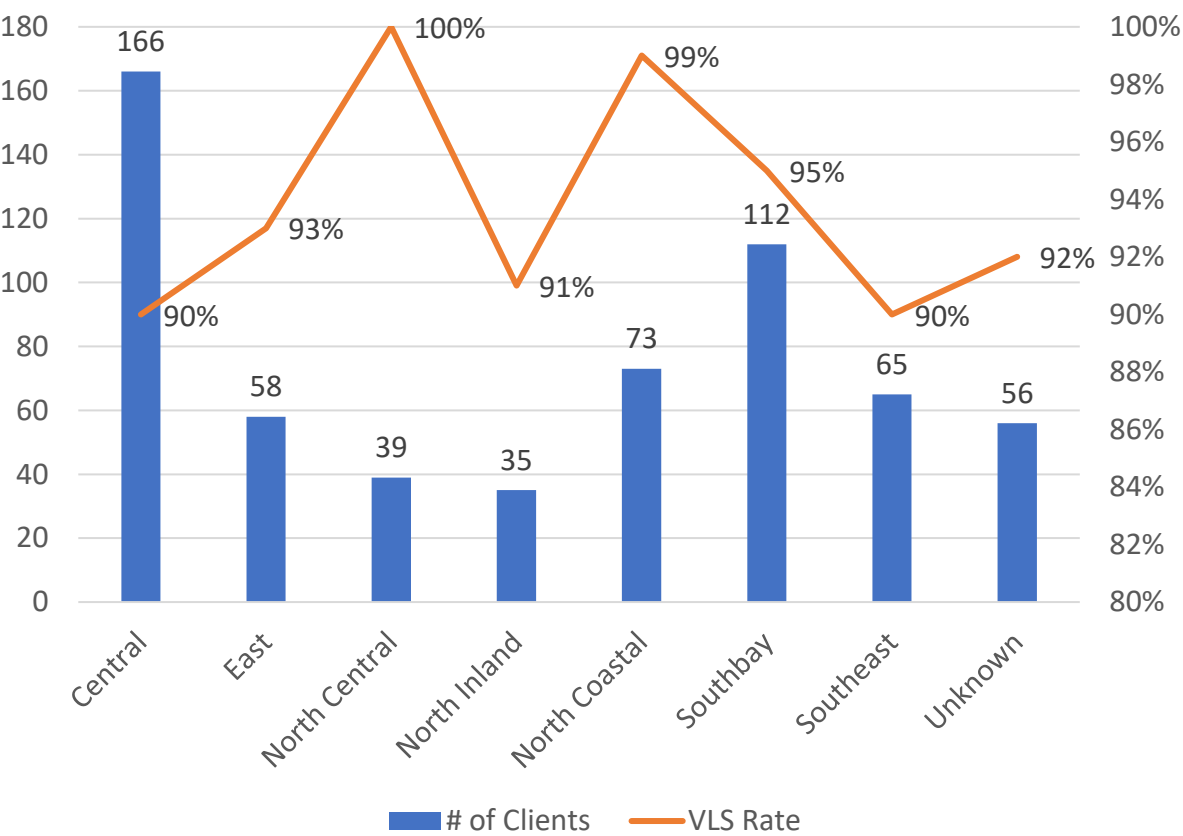
1. Data to share
 - a. FY24 Female poverty and viral suppression by SD region
 - b. FY24 monthly utilization
 - c. FY24 “in care” and “retention in care” rates
2. FY24 = Mar 2024 – Feb 2025
3. Ryan White Parts A and B
4. Please feel free to stop me and ask questions at any time 😊



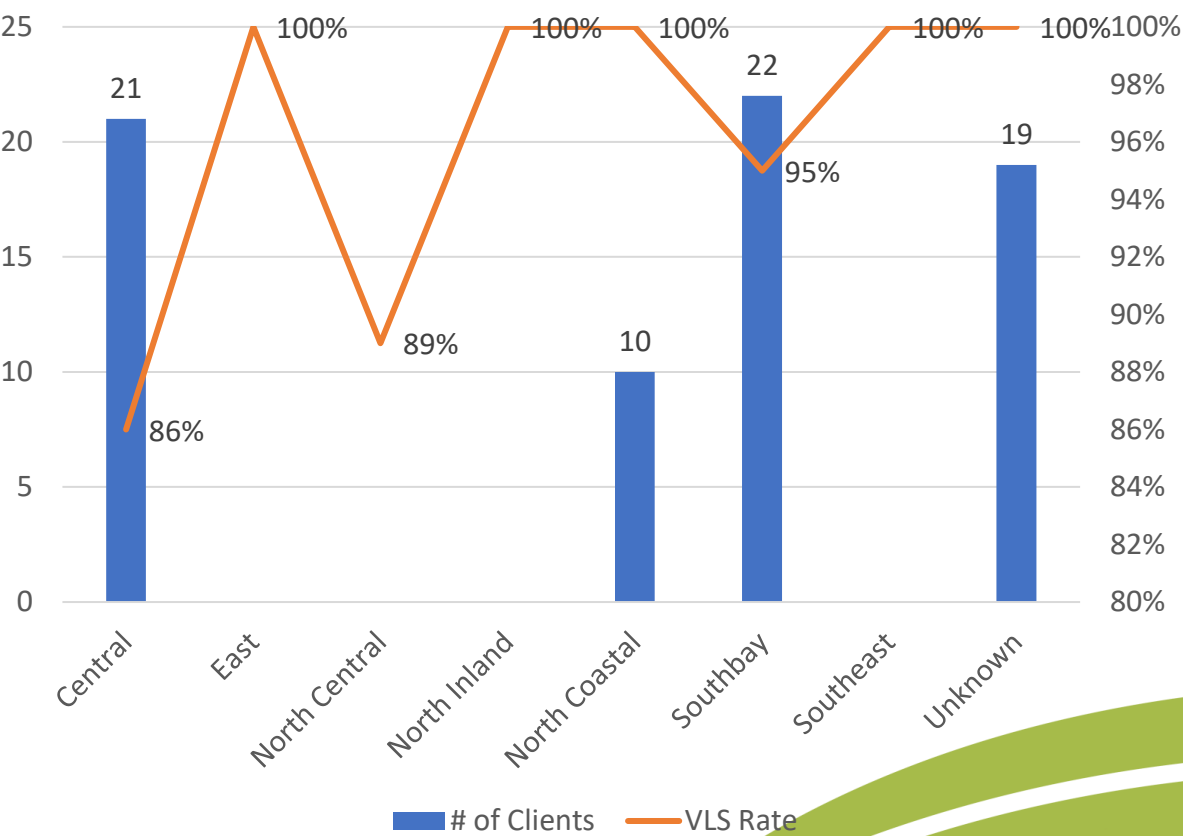
FY24 Female Federal Poverty Level (FPL) and Viral Load Suppression (VLS), by SD region (n=703)



Below 138% FPL



Above 138% FPL





FY24 Unit of Service (UOS) Analysis, by primary service category

UOS Monthly Sum

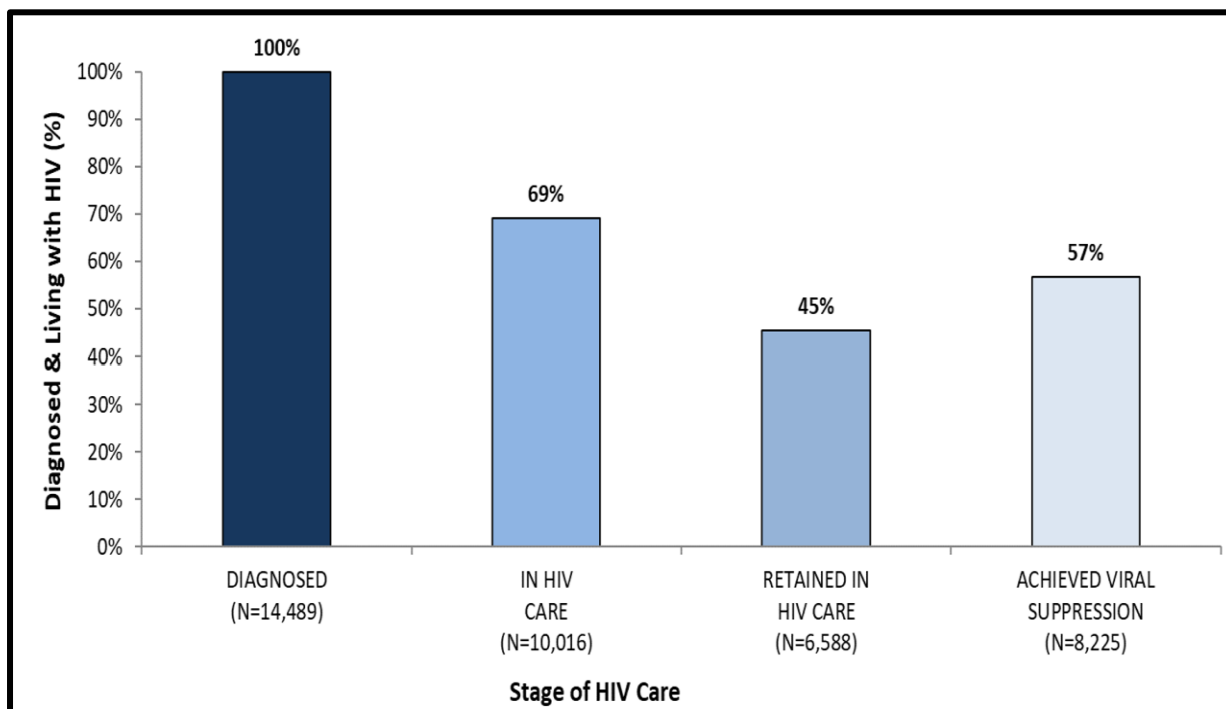
Primary Service Category	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Child Care Services	7	59	7	9	33	261	6	12	19	121	31	16
Early Intervention Services	1,307	1,610	1,568	1,331	1,464	1,796	1,644	1,537	1,452	1,238	1,569	1,669
Emergency Financial Assistance	515	437	422	437	476	409	483	390	360	488	597	395
Food Bank/Home-Delivered Meals	2,904	2,982	3,070	2,996	3,140	4,157	3,347	3,031	3,276	3,217	4,005	3,533
Home and Community-Based Health Services	14	12	11	3	-	-	-	-	-	-	8	-
Housing Services	2,542	2,550	2,449	2,400	2,418	2,232	2,160	2,325	2,190	2,232	2,511	2,072
Medical Case Management Services	3,656	4,044	3,524	3,281	3,668	3,422	3,157	3,633	2,743	2,697	3,119	2,725
Medical Nutrition Therapy	25	22	24	23	25	23	21	21	34	24	23	36
Medical Transportation Services	574	621	596	540	612	657	599	652	508	557	557	495
Mental Health Services	1,569	1,364	1,438	1,208	1,533	1,667	1,187	1,631	1,189	1,137	806	971
Non-Medical Case Management Services	1,119	1,332	1,151	1,122	1,183	1,159	946	1,158	1,006	829	909	660
Oral Health Care	101	90	100	118	92	93	95	98	79	90	87	61
Other Professional Services	84	66	64	58	54	58	58	62	58	50	63	75
Outpatient/Ambulatory Health Services	317	360	351	327	363	405	328	364	252	230	299	297
Substance Abuse Services - Outpatient	1,992	2,309	2,183	2,026	1,987	2,326	2,057	2,134	1,915	1,928	1,942	2,047
Substance Abuse Services - Residential	476	405	348	367	446	361	309	358	412	380	403	349

UOS Monthly Avg.

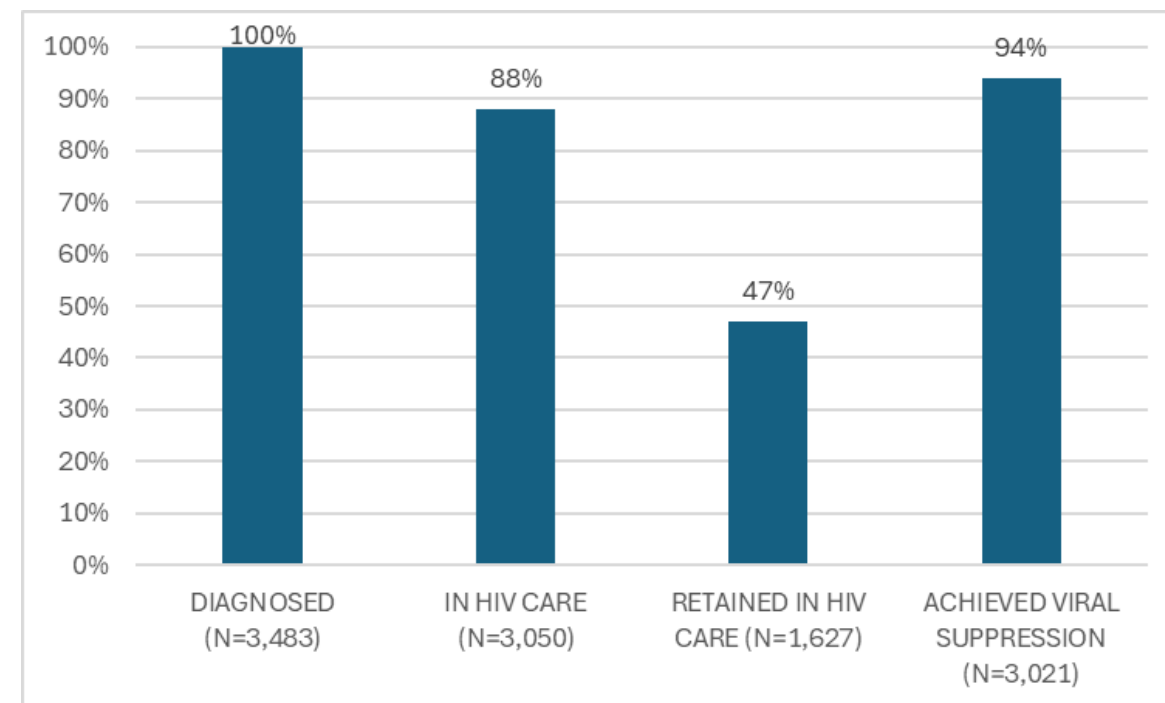
Primary Service Category	UOS Monthly Average
Child Care Services	48
Early Intervention Services	1,515
Emergency Financial Assistance	451
Food Bank/Home-Delivered Meals	3,305
Home and Community-Based Health Services	10
Housing Services	2,340
Medical Case Management Services	3,306
Medical Nutrition Therapy	25
Medical Transportation Services	581
Mental Health Services	1,308
Non-Medical Case Management Services	1,048
Oral Health Care	92
Other Professional Services	63
Outpatient/Ambulatory Health Services	324
Substance Abuse Services - Outpatient	2,071
Substance Abuse Services - Residential	385

“In Care” and “Retained in Care” Comparison

San Diego County

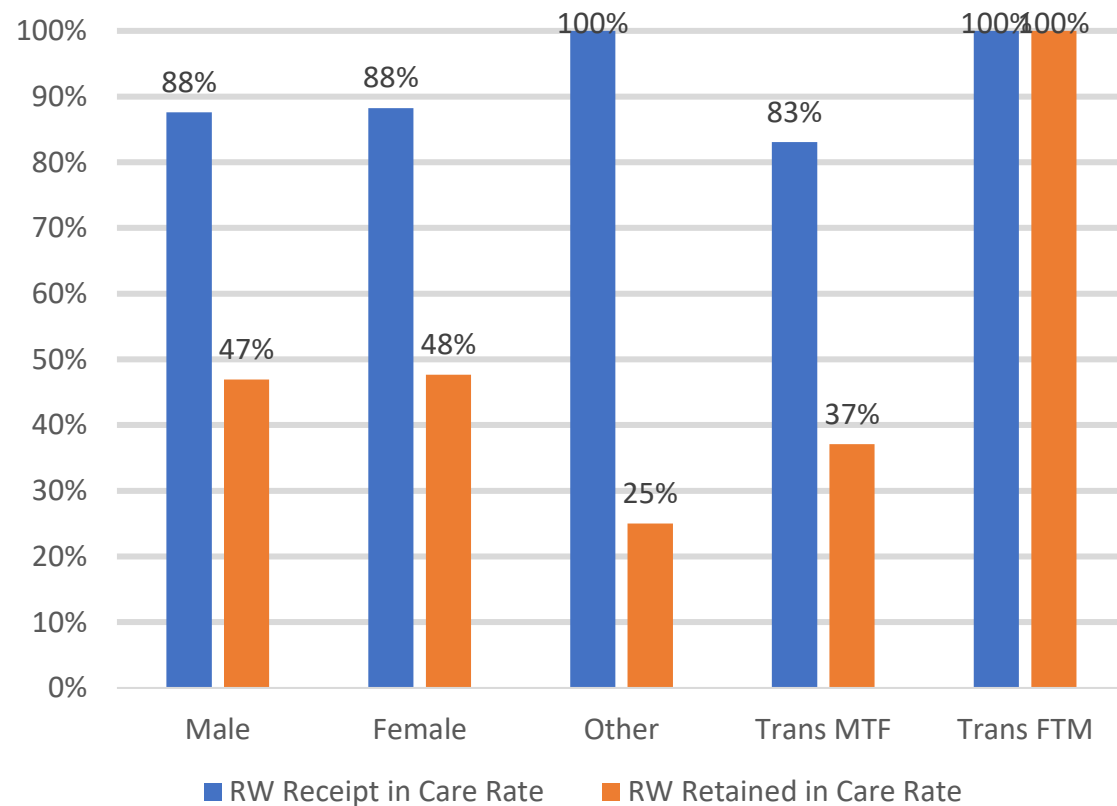


FY24 Ryan White

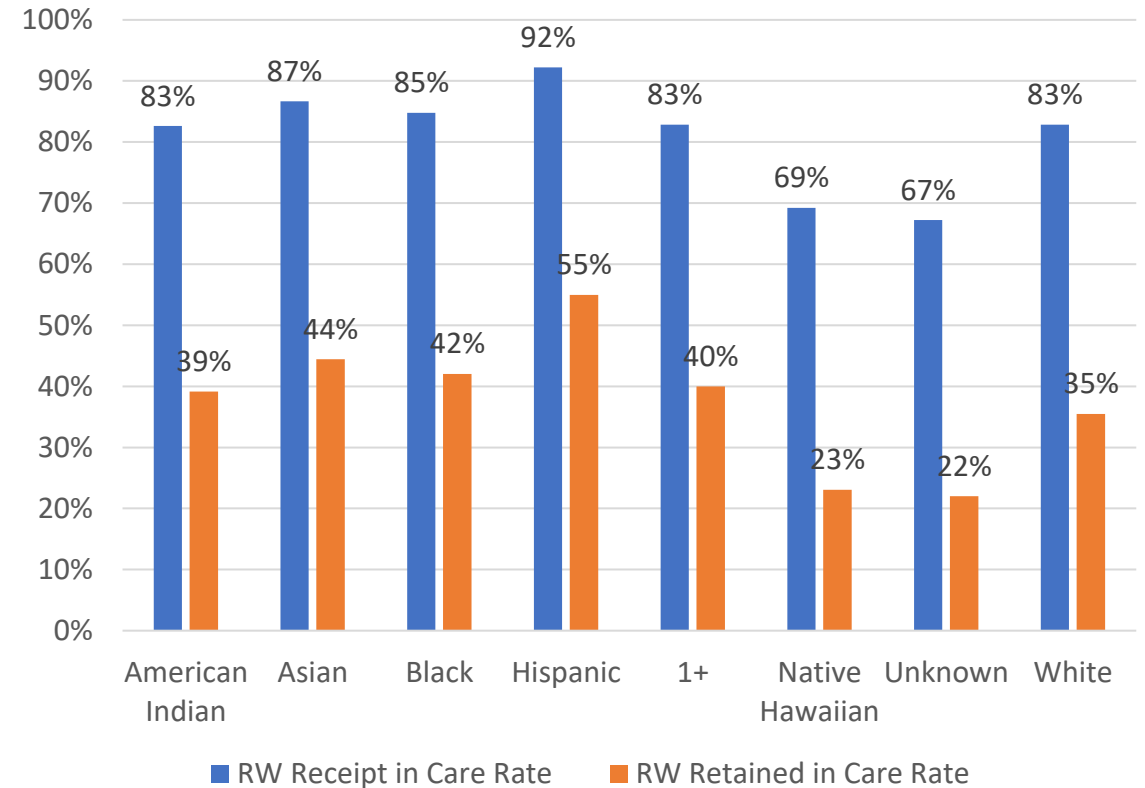


FY24 RW Receipt and Retained in Care Rates

By Gender

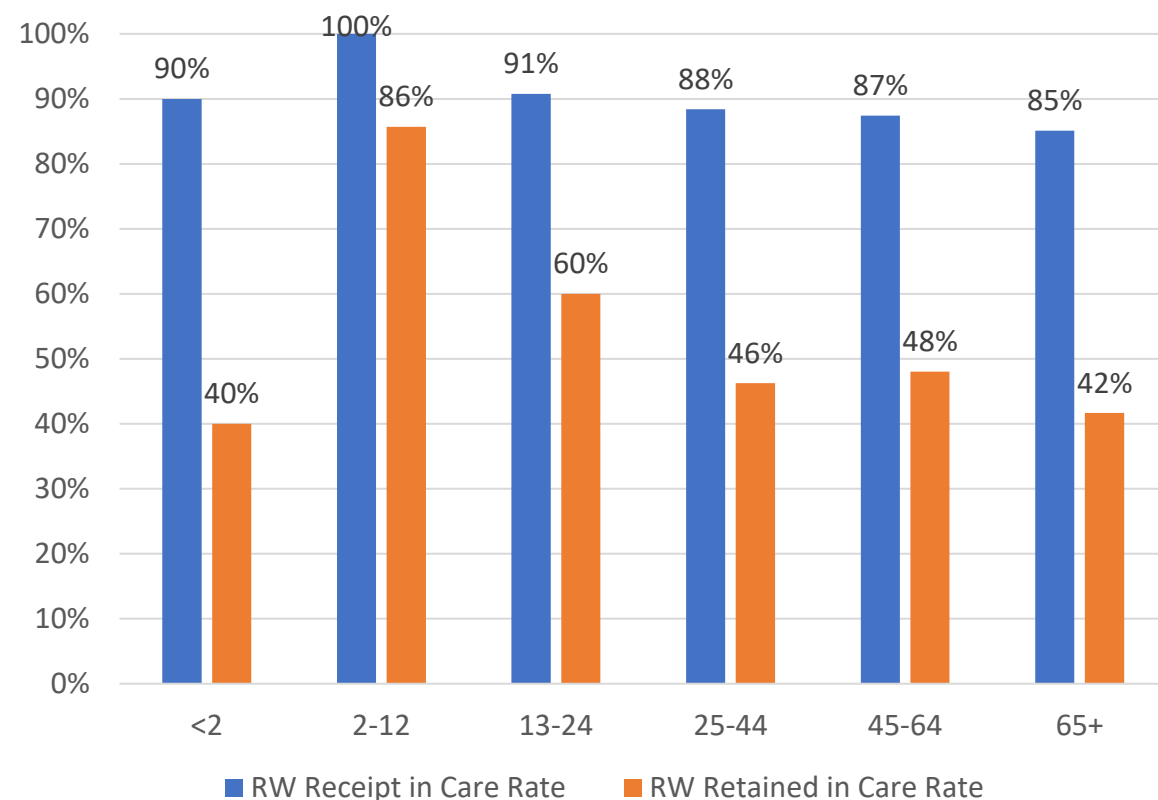


By Race

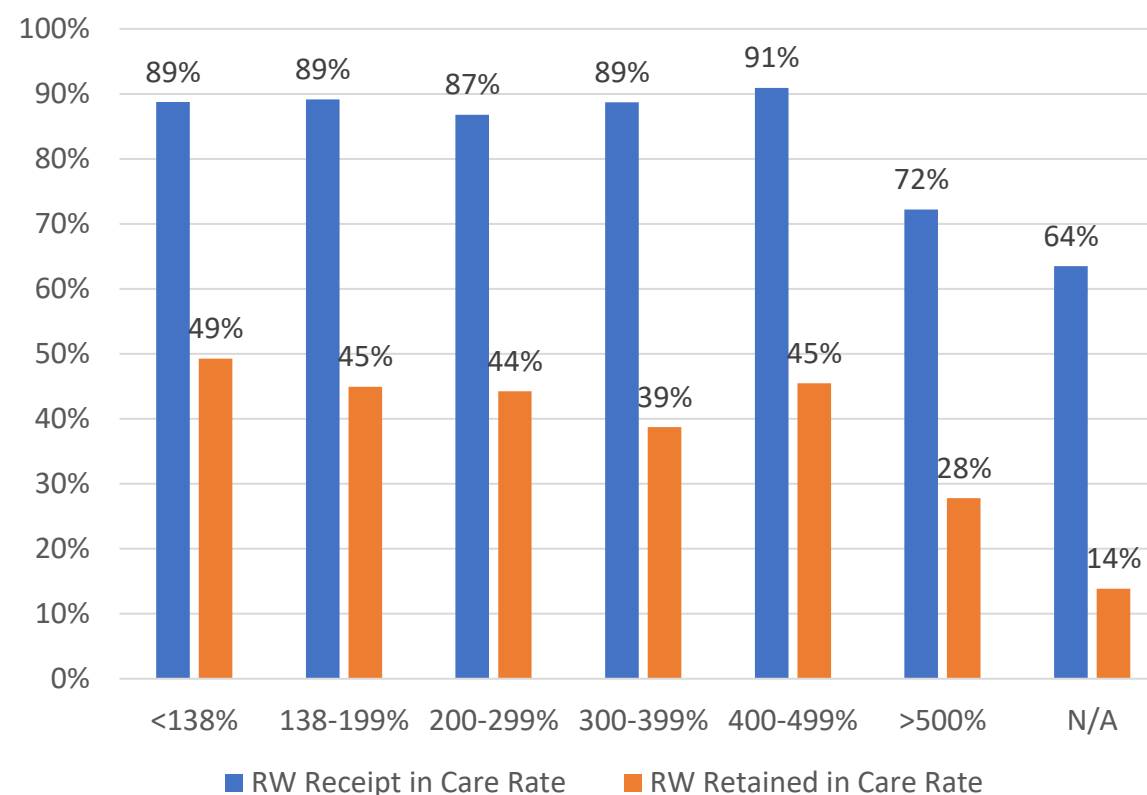


FY24 RW Receipt and Retained in Care Rates

By Age



By Federal Poverty Level



QUESTIONS

Minority AIDS Initiative (MAI)

July 2025



COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY



LIVE WELL
SAN DIEGO



MAI Background



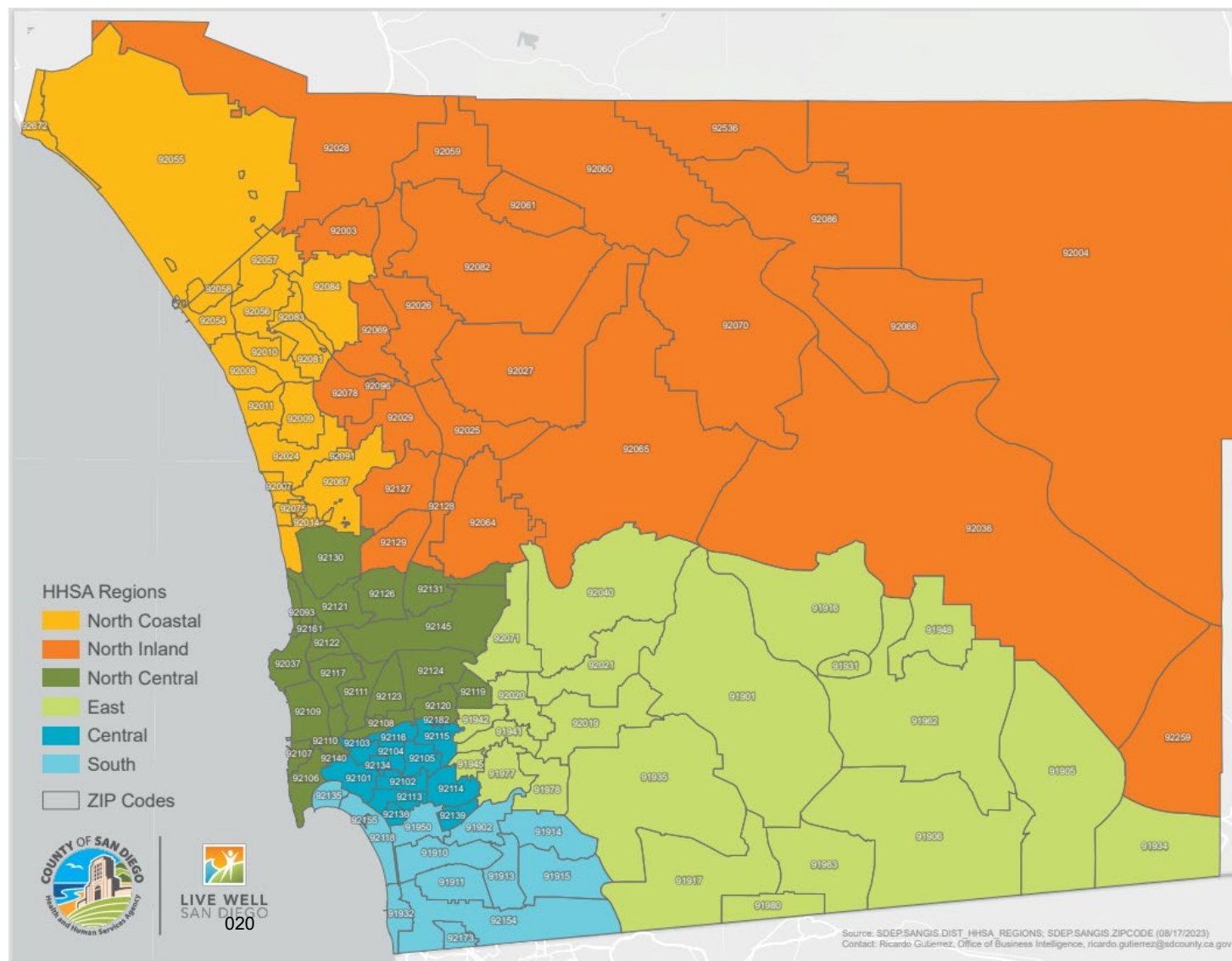
- MAI provides additional funding under the Ryan White HIV/AIDS Program Parts A, B, C, D, and F to improve access to HIV care and health outcomes for racial and ethnic minority populations disproportionately affected by HIV.
- Under Part A, MAI formula grant amount is based upon the number of people living with HIV who are Black, Hispanic, Asian, Pacific Islander, Native American/Native Alaskan or whose ancestry includes more than one race.

MAI Regions



LIVE WELL
SAN DIEGO

- Central
- North Central
- South
- Southeast



MAI Funding Levels



Year	MAI	Expended
22-23	\$793,221	\$672,011
23-24	\$773,155	\$616,923
24-25	\$784,859	\$604,228
25-26	\$674,238*	TBD

*Pending Final Notice of Award

MAI Services



- Multi-Disciplinary Team approach
 - Coordinated services include:

CORE MEDICAL SERVICES

- **Medical case management-** directly supports clients in achieving their medical outcomes through development and execution of individual care plans, and promotes treatment adherence
- **Mental health-** outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services
- **Outpatient substance use-** outpatient services for the treatment of drug or alcohol use disorders

SUPPORT SERVICES

- **Non-medical case management-** accessing medical, social, community, legal, financial and other service needed by people living with HIV
- **Medical transportation-** assisted or non-assisted transportation
- **Outreach-** promote access to and engagement in appropriate services for people vulnerable to HIV infection, people newly diagnosed or identified as living with HIV and those lost or returning to HIV medical care

- Emergency Housing Assistance (EHA)
 - FY2019 HPG approved a \$100,000 reduction in Multi-Disciplinary Teams to allocate to EHA





THANK YOU!

Maritza Herrera

Maritza.Herrera@sdcounty.ca.gov



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.

 = updated data  = signif. changed data  = previous data  = pending data



San Diego HIV Planning Group
Priority Setting and Resource Allocation Committee



Key Data Findings
2025 Co-Occurring Conditions/Poverty/Insurance
Draft February 13, 2025

Data regarding co-morbidities or co-occurring disorders is important to the delivery of services for people living with HIV disease (PLWH) for all the following reasons:

- Co-occurring health conditions make providing medical care more complex, require greater provider expertise, and **increase the cost of care** for PLWH.
- PLWHs who live with other health conditions often have many service needs, so case managers and other service providers may need to spend more time with fewer clients.
- Substance use, homelessness, and mental illness can **interfere with HIV care**, treatment, and medication adherence.
- When a PLWH has tuberculosis (TB), a sexually transmitted infections (STI), or hepatitis, both the person's HIV and the other disease(s) can **progress faster** and have more serious effects.
- STDs make it easier for a PLWH to **transmit HIV** to someone else.
- Support services keep PLWH in care and improve medical outcomes, especially those of women, African Americans, and persons with lower incomes.

2024 findings are self-report by HIV-positive respondents to the 2024 Survey of HIV Impact: ⁽²⁾

- Total sample: 310
- People living with HIV: 202

2017 findings are self-report by HIV-positive respondents to the 2017 Survey of HIV Impact:** ⁽³⁾

- Total sample: 1,038
- People living with HIV: 781

Condition	<i>Estimated prevalence within the general population*</i> (Population = 3,290,423; Males = 1,655,200 Female = 1,635,223) ⁽¹⁾		<i>Estimated prevalence based on self-report by people living with HIV from the 2024** Survey of HIV Impact</i> ⁽²⁾	
	<i>Number</i>	<i>Percentage</i>	<i>Number</i>	<i>Percentage</i>
Tuberculosis	247 ⁽⁴⁾	Less than 0.01%	32	16% ⁽²⁾
Syphilis*	2,431 female: 561 male: 1,870 ^(5,6)	0.074% female: 0.034% male: 0.10%	309, est. Female male: 8 ⁽³⁾	2.2% female: 0.07 male: 2.4
Gonorrhea	6,651 female: 1,687 male: 4,936 ^(5,6)	0.20% female: 0.10% male: 0.30%	93 est. female: 0 male:93 ⁽³⁾	10.7% female: 0% male: 10.7%
Chlamydia	17,720 female: 10,807 male: 7,542 ^(5,6)	0.54% female: 0.62% male: 0.46%	98 est. female: 2 male: 96 ⁽³⁾	1.4% female: 3.5% male: 12.3%
Hepatitis B (HBV)	232 (est)	0.007% ⁽⁵⁾	28	14% ⁽³⁾
Hepatitis C (HCV)	2,205	1.1% ⁽⁶⁾	25	12% ⁽²⁾
Mental Illness/Mental Health Challenges	752,400 ⁽⁷⁾ (method of estimating combines serious and chronic)	22.8%	121	60% ⁽²⁾ (ever diagnosed or treated)
Opioid Overdose Deaths	Rate 20/100,000 (CDPH)			

Condition	Estimated prevalence within the general population* (Population = 3,290,423; Males = 1,655,200 Female = 1,635,223) ⁽¹⁾		Estimated prevalence based on self-report by people living with HIV from the 2024** Survey of HIV Impact ⁽²⁾	
	Number	Percentage	Number	Percentage
Emergency Dept. visits related to any opioid overdose	Rate: 42.9/100,000 (CDPH)			
Hospitalizations related to any opioid overdose	Rate 16.5/100,000 (CDPH)			
Homelessness	10,264 ⁽¹²⁾	0.31%	Unstable housing: 29 Unsheltered: 7 ⁽³⁾	Unstable housing: 14% Unsheltered: 3% ⁽³⁾
Poverty Level (Threshold = \$1,215 /month)	518,219 ⁽¹³⁾	15.5% below poverty level	72	35% below poverty level 36% ⁽³⁾
Lack of Insurance	223,229	6.8% ⁽¹³⁾	7	3% ⁽³⁾
Incarceration	10,842 est. pop. (in county jails and state prison system) ⁽¹⁴⁾	0.3% ⁽¹⁴⁾	72 (formerly incarcerated)	36%
Cardiovascular Disease	227,039 (est)	6.9%	14	7%
Diabetes	289,557	8.8% ⁽²³⁾	31	15% ⁽¹⁶⁾
Coronavirus (COVID19)	1,046,329 ⁽¹⁷⁾	31.8% ⁽¹⁷⁾	187 est.	Increased risk of (hospitalization, increased risk of death ⁽¹⁸⁾ RR = 1.24 ⁽¹⁸⁾
MPOX	61 ⁽⁶⁾	0.002%	Of pts with MPOX, 40% are PLWH	65.6%

*Detailed data for sexually transmitted infections, including data by race/ethnicity and gender can be found at https://www.sandiegocounty.gov/hhsa/programs/phs/hiv_std_hepatitis_branch/reports_and_statistics.html

** 2017 Survey of HIV Impact data used for some detailed data for PLWH.

Notes:

- Research reveals higher incidences of additional co-occurring conditions for PLWH, including gastrointestinal diseases, circulatory diseases, endocrine/nutritional/metabolic diseases (including diabetes), nervous system diseases, and neoplastic diseases (cancer, lymphoma).
- Women living with HIV experience an increased incidence of some HIV-related conditions, including gynecological conditions such as genital herpes, pelvic inflammatory disease, human papillomavirus, and candida; additionally, there is an increased incidence of diabetes, heart disease, hepatitis C, cancer, mental illness, and substance abuse.
- PLWH 50 years of age or greater experience an increase in age-related diseases; causes of morbidity and mortality for older PLWH include non-infectious comorbidities, such as cardiovascular disease, hypertension, bone fractures, chronic kidney disease, liver disease, diabetes mellitus, and non-AIDS-defining cancers. Many of the age-related diseases are seen in the population of greater than 50 years of age PLWH approximately 10 years earlier than in the general population. ^{21, 22, 23}

Data Sources:

Draft 02.13.2025

1. San Diego Association of Governments (SANDAG). Vintage 2023 population estimates, data from January 9, 2025.
2. County of San Diego HIV, STD, and Hepatitis Branch: San Diego 2024 Survey of HIV Impact (N=310, 202 of which identify as living with HIV in San Diego County): proportions applied to estimated PLWH/A population.
3. County of San Diego HIV, STD, and Hepatitis Branch and Hepatitis 2017 Survey of HIV Impact where N=1,038 of which 781 identify as living with HIV): proportions applied to estimated PLWH population.
4. County of San Diego Tuberculosis Program, 2024 Fact Sheet, prepared 03/15/2025.
5. County of San Diego, Health and Human Services Agency, Department of Public Health Services, HIV, STD, and Hepatitis Branch. April 2025. Sexually Transmitted Infections in San Diego County, 2023 Data Slides. Accessed 07/10/2025 from www.STDSanDiego.org.
6. County of San Diego 2023 Reportable Diseases and Conditions, from [Reportable Diseases and Conditions SDC 2018-2023.pdf \(sandiegocounty.gov\)](https://www.sandiegocounty.gov/content/dam/sdc/2018-2023.pdf), data as of July 6, 2024
7. National Alliance on Mental Illness. Mental Health by the Numbers. (2021). <https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers>
8. California Health Care Foundation. California Health Care Almanac. Substance Use in California: A Look at Addiction and Treatment. Website accessed 07/10/2024. <https://www.chcf.org/wp-content/uploads/2022/01/SubstanceUseDisorderAlmanac2022.pdf>
9. SAMHSA, Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health <https://www.samhsa.gov/data/sites/default/files/reports/rpt42731/2022-nsduh-nnr.pdf>
10. Lansky A, Finlayson T, Johnson C, Holtzman D, Wejnert C, Mitsch A, et al. (2014) Estimating the Number of Persons Who Inject Drugs in the United States by Meta-Analysis to Calculate National Rates of HIV and Hepatitis C Virus Infections. PLoS ONE 9(5): e97596. <https://doi.org/10.1371/journal.pone.0097596>.
11. County of San Diego Epidemiology and Immunizations Branch, enhanced HIV/AIDS Reporting System (eHARS) data, percent of IDU among all living with HIV, data through year end 2018.
12. Regional Task Force on the Homeless; San Diego Continuum of Care 2023 We All Count Regional Totals – <https://www.rtfhsd.org/wp-content/uploads/2023-San-Diego-Region.pdf>
13. U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates, Table B27001. Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2025.
14. Vera Institute of Justice. California: The State of Incarceration – San Diego County (2023). https://vera-ca-data.s3.us-west-1.amazonaws.com/curated_data/factsheet/San_Diego_County_fact_sheet.pdf
15. UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2003-2023. Ever diagnosed with diabetes. Available at <http://ask.chis.ucla.edu>. Exported on March 7, 2025. Prepared by County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 03/2025. https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/CHS/Chronic_Disease_Prevalence_and_Health_Behaviors_Slide_Set_2025_Update_FINAL.pdf [BMJ Open Diabetes Res Care](https://doi.org/10.1136/bmj-2021-032304) 2017; 5(1): e000304, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5293823/>
- 16.
17. County of San Diego COVID-19 Cases, Hospitalizations, and Deaths by Demographics. COVID-19 Confirmed Cases by Episode Date. Data as of October 31, 2024. https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/community_epidemiology/dc/2019-nCoV/status/COVID19_Cases_Hospitalizations_Deaths_by_Demographics.html#how
18. Danwang et al, Outcomes of patients with HIV and COVID-19 coinfection (2022), AIDS Research and Therapy,
19. Center for Disease Control and Prevention: Monkeypox and HIV <https://www.cdc.gov/poxvirus/monkeypox/prevention/hiv.html>
20. Medical Examiner, Fentanyl Caused Accidental Drug-Medication Deaths (Quarterly Comparison) <https://data.sandiegocounty.gov/Safety/Medical-Examiner-Fentanyl-Caused-Accidental-Drug-M/nbbh-6m92> and the San Diego County Substance Use and Overdose Prevention Task Force Annual Report Card, <https://www.suopt.org/report-cards>
21. Gooden TE, Wang, Zemedikun DT, et al, A matched cohort study investigating premature, accentuated, and accelerated aging in people living with HIV. HIV Med. 2023;24(5):640-647. doi:10.1111/hiv.13375
22. Baribeau V., Kim, CJ, Lorgeoux, RP, et al; Healthcare resource utilization and costs associated with renal, bone and cardiovascular comorbidities among persons living with HIV compared to the general population in Quebec, Canada; PLOS ONE | <https://doi.org/10.1371/journal.pone.0262645> July 11, 2022
23. Ssentongo, P.S., Heilbrunn, E., Ssentongo, A.E., et al, Epidemiology and outcomes of COVID-19 in HIV-infected individuals: a systematic review and meta-analysis, Scientific Reports (2021) www.nature.com/scientificreports 11 (6283) 2021
24. UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2003-2023. Ever diagnosed with diabetes. Available at <http://ask.chis.ucla.edu>. Exported on March 7, 2025. Prepared by County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 03/2025.



San Diego HIV Planning Group
Priority Setting and Resource Allocation Committee



2025 Key Data Findings



**SAN DIEGO COUNTY MENTAL HEALTH AND SUBSTANCE USE
TREATMENT SERVICES WITH A PARTICULAR FOCUS ON
HIV/PLWH/LGBTQ COMPETENCIES**





Draft July 17, 2025






The following is a list of some **non-Ryan White** mental health and substance use treatment service providers in San Diego County (SDC). Some of the providers on this list also receive Ryan White funds for services and may also provide services using non-Ryan White funds.

In addition to the programs listed below, all programs operated or contracted through the COUNTY OF SAN DIEGO'S BEHAVIOR HEALTH SERVICES (BHS) are required to provide services and support that respect diverse beliefs, identities, cultures, preferences, and linguistic diversity of those served. Programs are responsible for evaluating the need for culturally/linguistically specialized services, linking individuals with those services, or making appropriate referrals.

(See attachment on County Behavior Health Services)

<p>1.</p> 	<p><u>FAMILY HEALTH CENTERS OF SAN DIEGO, INC. SOLUTIONS FOR RECOVERY</u> Address: 4094 4th Ave. San Diego, CA 92103 (Hillcrest location providing LGBTQ-focused services) Phone: 619-515-2300 Website https://www.fhcsd.org/lgbtq-services/</p> <ul style="list-style-type: none">• Outpatient alcohol and other drug treatment, recovery, ancillary, and supportive services for individuals who identify as lesbian, gay, bisexual, transgender, or questioning/queer (LGBTQ). Additional special early intervention casework is also provided for clients who voluntarily disclose that they are HIV positive.
<p>2.</p> 	<p><u>SAN YSIDRO HEALTH (SYH):</u> Address: CASA 3045 Beyer Blvd., Suite D-101, San Diego, CA 92154 Phone: (619) 662-4161 Address: Our Place 286 Euclid Ave., Suite 309, San Diego, CA 92114 Phone:(619) 527-7390 Website: https://www.syhealth.org/lgbtq</p> <ul style="list-style-type: none">• San Ysidro Health offers an array of support and clinical services for people who identify as LGBTQ+, people living with HIV, and people who use substances. Services include patient navigation, case management, counseling, primary care, gender-affirming care, and medication-assisted treatment for substance use disorders.

<p>3.</p> 	<p><u>THE SAN DIEGO LESBIAN GAY BISEXUAL TRANSGENDER (LGBT) COMMUNITY CENTER:</u> Address: 3909 Centre St, San Diego, CA 92103 Phone: (619) 692-2077, Website: The San Diego LGBT Community Center (thecentersd.org)</p> <ul style="list-style-type: none"> • Non-Ryan White (RW) mental health and substance use relapse prevention services (support group) at the main site (Central) and two youth centers (Central and South). They also have two new grants (SAMHSA and Sierra Health Foundation) to address stigma related to opioid and stimulant use in the LGBTQ community and substance misuse prevention in the LGBTQ community.
<p>4.</p> 	<p><u>SAN DIEGO YOUTH SERVICES OUR SAFE PLACE:</u> Address: 3255 Wing Street, San Diego, CA 92110 Phone: 619-221-8600 Website: www.sdyouthservices.org</p> <ul style="list-style-type: none"> • Individual/group/family services provided at schools, homes, drop-in centers, or office/clinic locations. Utilizing a team approach that, when indicated, offers case management, family or youth partner support, and/or co-occurring substance treatment. Supportive services at 4 drop-in centers. Our Safe Place provides necessary mental health services and drop-in centers for LGBTQ+ youth up to age 21 and their families.
<p>5.</p> 	<p><u>YMCA YOUTH AND FAMILY SERVICES: OUR SAFE PLACE NORTH:</u> Address: 1050 N Broadway, Escondido, CA, 92026 Phone: (760) 271 – 4855 Hours: Monday-Friday, 2:00 - 6:00 pm and Saturday-Sunday, 4:00 - 8:00 pm.</p> <ul style="list-style-type: none"> • A certified outpatient behavioral health program that provides a welcoming and supportive environment for LGBTQ+ youth, ages 12-21, and their families. Services include support groups for youth and family members, case management, mentorship, community outreach, training, skill development, and educational workshops. We also have opportunities for experienced individuals to work as Connection Coaches and Support Specialists. Services include: • Individual and group psychotherapy • Psychiatric services • Case management for children, adolescents, young adults, and their families and guardians <p>Our Safe Place has five drop-in centers throughout San Diego County, two of which are operated by the YMCA TAY Academy. Centers are open midday during the week and some hours on weekends, with extended evening and holiday hours. Edwin Camacho taysupports@ymcasd.org (760) 908-9647</p>
<p>6.</p> 	<p><u>SOUTH BAY COMMUNITY SERVICES (SBCS) Trolley Trestle Youth Hub</u> Address: 746 Ada Street, Chula Vista, CA 91911 Phone: 619-628-2444 Website: https://sbcssandiego.org/our-safe-place/ Email: OurSafePlace@csbcs.org Instagram: @sbcs.ospsouth</p>
<p>7.</p>	<p><u>VISTA COMMUNITY CLINIC (VCC):</u></p>

	<p>Address: 1000 Vale Terrace Dr Vista Ca 92084, Phone: (760) 631-5000 HIV Clinical Manager - Teresa Gomez ext.7194 Website: https://www.vistacommunityclinic.org/</p> <ul style="list-style-type: none"> • VCC – Valuable Connected Care: Meeting community our community health and wellness needs.
<p>8.</p> 	<p><u>UNIVERSITY OF CALIFORNIA, SAN DIEGO (UCSD): OWEN CLINIC</u> Address: 4168 Front St 3rd Floor, San Diego, CA 92103, phone: 619-543-3995, Website: HIV Care Owen Clinic UC San Diego Health (ucsd.edu)</p> <ul style="list-style-type: none"> • At the Owen Clinic, care is delivered by doctors and nurses who specialize in HIV treatment. The clinic provides on-site counseling for substance use disorders and has access to a part-time psychologist. Additionally, there are support groups for co-occurring conditions that meet twice a week, along with available psychiatry support.
<p>9.</p> 	<p><u>STEPPING STONE OF SAN DIEGO INC. STEPPING STONE OF SAN DIEGO</u> Address: 3767 Central Avenue San Diego, CA 92105 Phone: 619-278-0777 Website: https://steppingstonesd.org/</p> <ul style="list-style-type: none"> • This program is licensed by the State DHCS for residential alcohol and other drug (AOD) treatment, recovery, case management, and mental health counseling for adults (18+) facing alcohol and drug-related issues. Stepping Stone has been serving the LGBTQ community since 1976.
<p>10.</p> 	<p><u>CHOICES IN RECOVERY:</u> Address: 733 S Santa Fe Ave, Vista, CA 92083 Phone: (760) 945-5290 Website: Choices in Recovery (choicesinrecoveryvista.org)</p> <ul style="list-style-type: none"> • This program offers residential placements for men living with HIV in North County, including long-term residential treatment and outpatient services. A case manager is assigned through the County of San Diego for people living with HIV.
<p>11.</p> 	<p><u>SUBSTANCE USE DISORDER INTENSIVE OUTPATIENT MCALISTER INSTITUTE FOR TREATMENT AND EDUCATION (MITE) - NORTH CENTRAL TEEN RECOVERY CENTER (TRC)</u> Address: 7625 Mesa College Drive, Ste. 115b, San Diego, CA 92111 Phone: 858-277-4633 Website: www.mcalisterinc.org/ programs/</p> <ul style="list-style-type: none"> • This program provides outpatient substance abuse treatment and education for adolescents aged 12 to 17. Services offered include individual counseling, family counseling, family group sessions, random drug testing, and educational classes. The educational classes cover a variety of topics, including life skills, relapse prevention, goal setting, crisis intervention, conflict resolution for teens, an introduction to recovery, health and recovery issues, employment preparation, HIV/AIDS awareness, and nutrition.

2024 HPG Needs Assessment



Dasha Dahdouh, Community Health Program Specialist

Virginia Suarez, Community Health Program Specialist

[SANDIEGOCOUNTY.GOV/HHSA](https://sandiegocounty.gov/hhsa)





Needs Assessment Overview

- 310 responses collected between March and September 2024
- 87 total questions across 10 sections:

HIV Status	Other Health Concerns	Mental Health and Substance Use Concerns	Criminal Justice History	Employment and Income
Housing	Access to Treatment & Basic Needs Services	Prevention Needs	Demographics	Services for Adults 50 Years of Age and Older

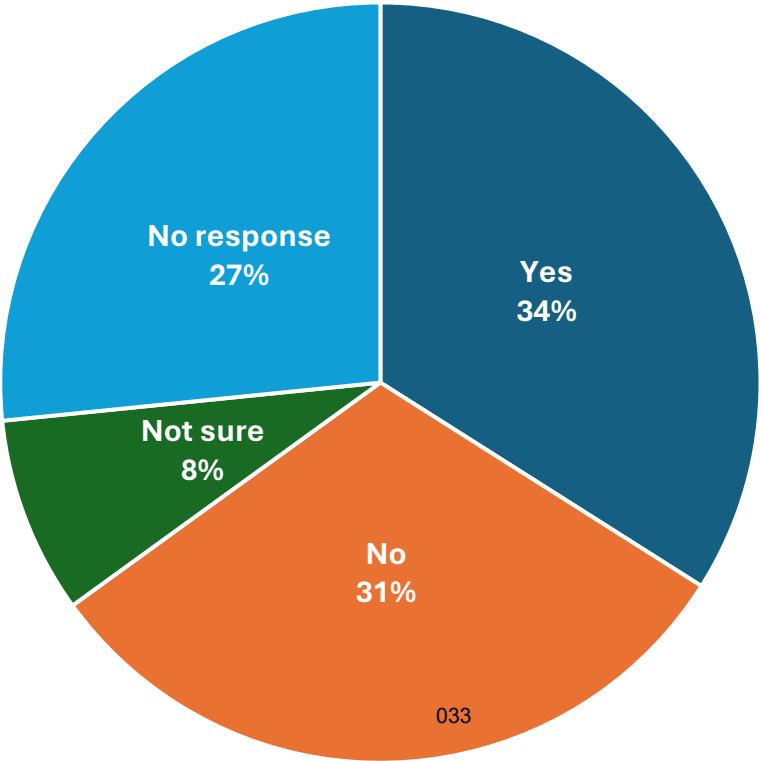
- Surveys were administered in English and Spanish; results were combined unless stated otherwise
- n refers to the total number of responses used in analysis



HIV & Ryan White Status

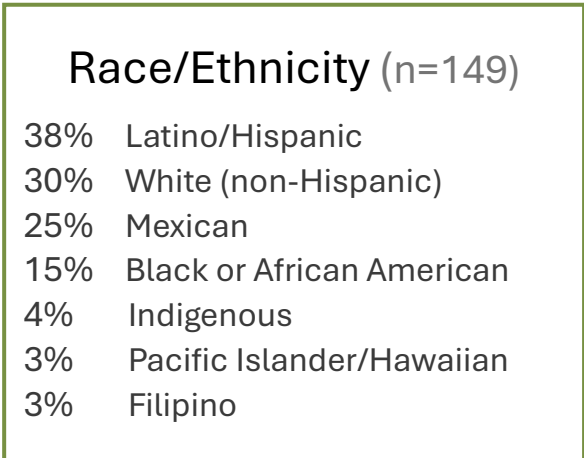
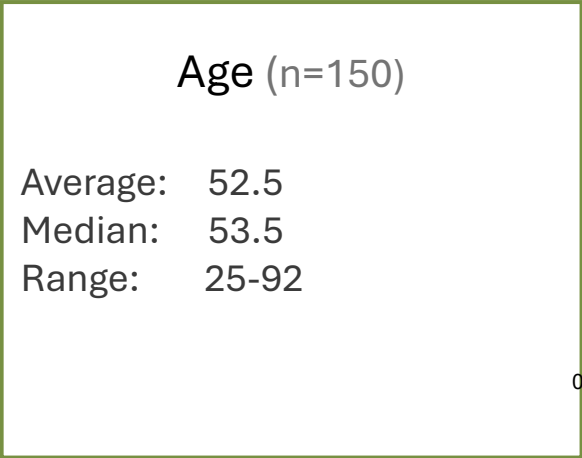
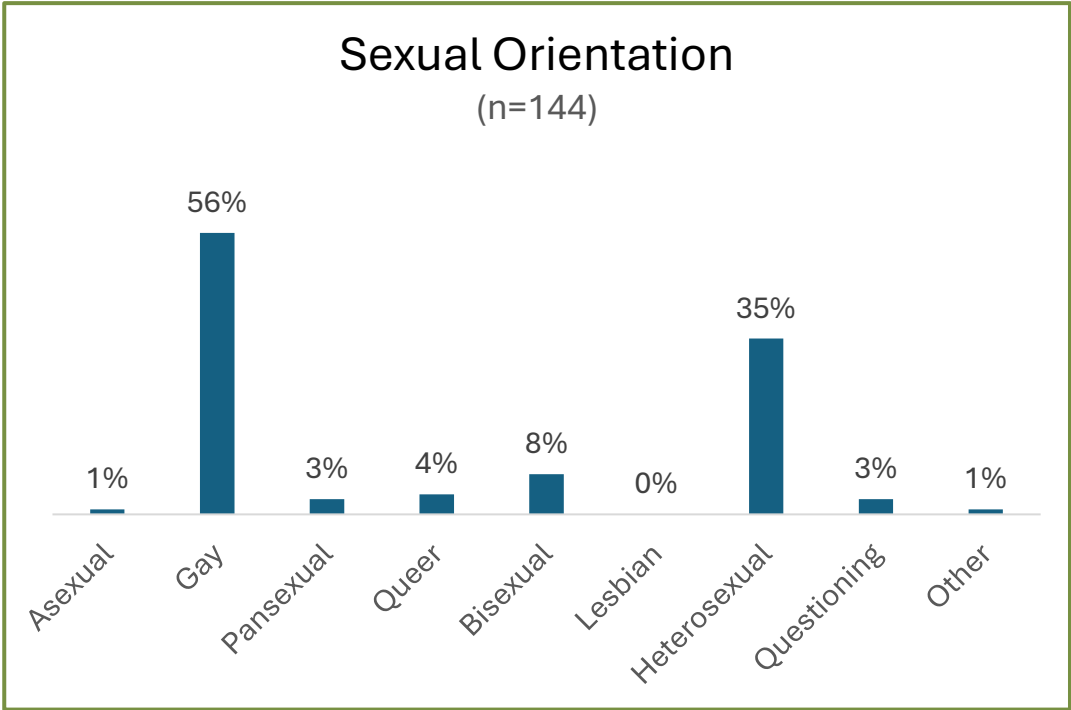
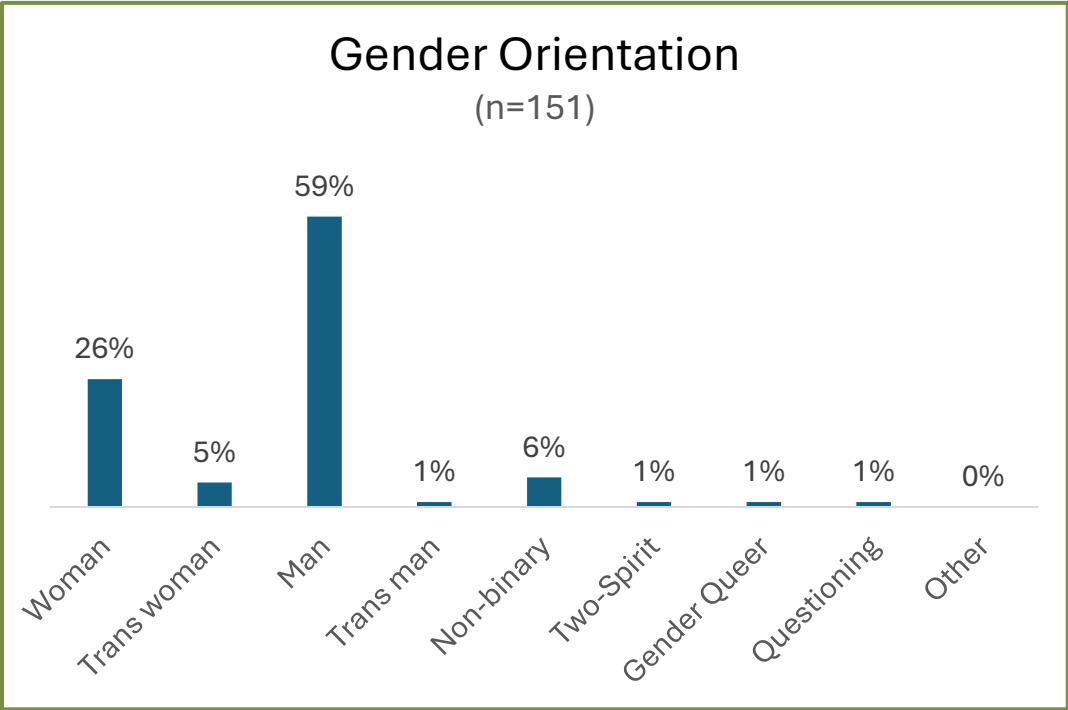
66% of all survey respondents reported living with HIV/AIDS (PLWHA) (203 of 310)

Do you receive medical care through the Ryan White HIV/AIDS Program?
(n=203)





Demographics – PLWHA

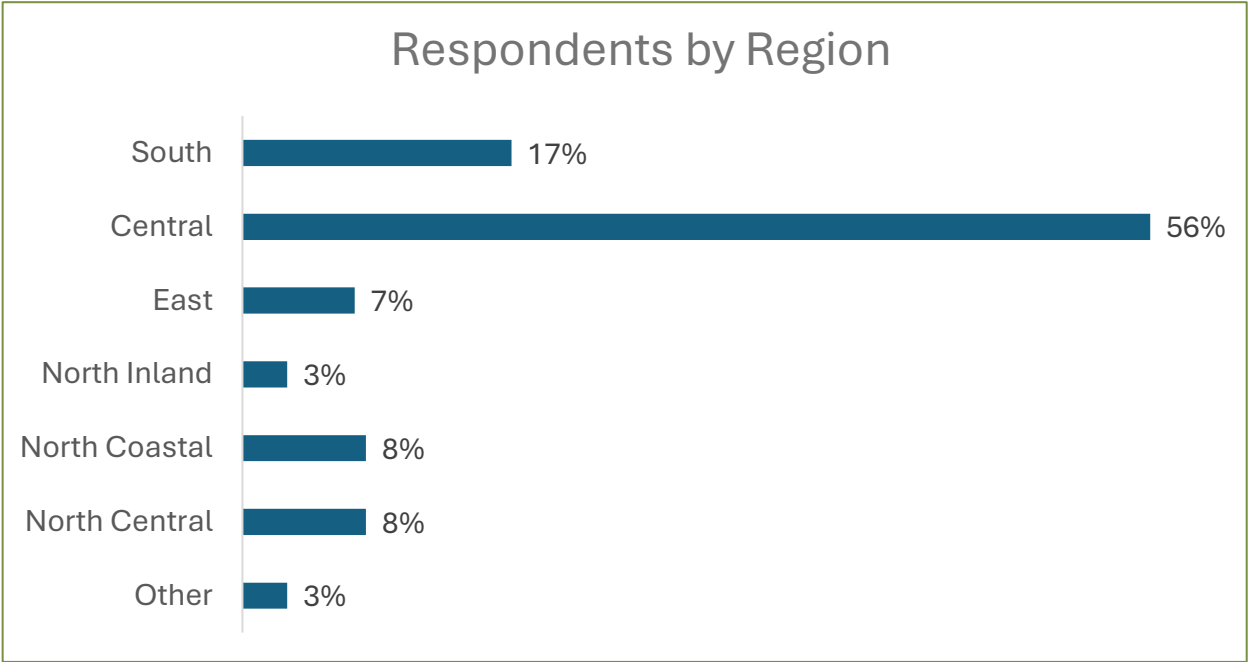




Residence – PLWHA



What is the ZIP code where you live or stay most nights? (n=145)



- 40 different ZIP codes listed
- Top 5 ZIP codes:
 - 92104 (Central) – 26 respondents
 - 92103 (Central) – 14 respondents
 - 92101 (Central) – 13 respondents
 - 91910 (South) – 7 respondents
 - 92114 (Central) – 7 respondents



Common Themes

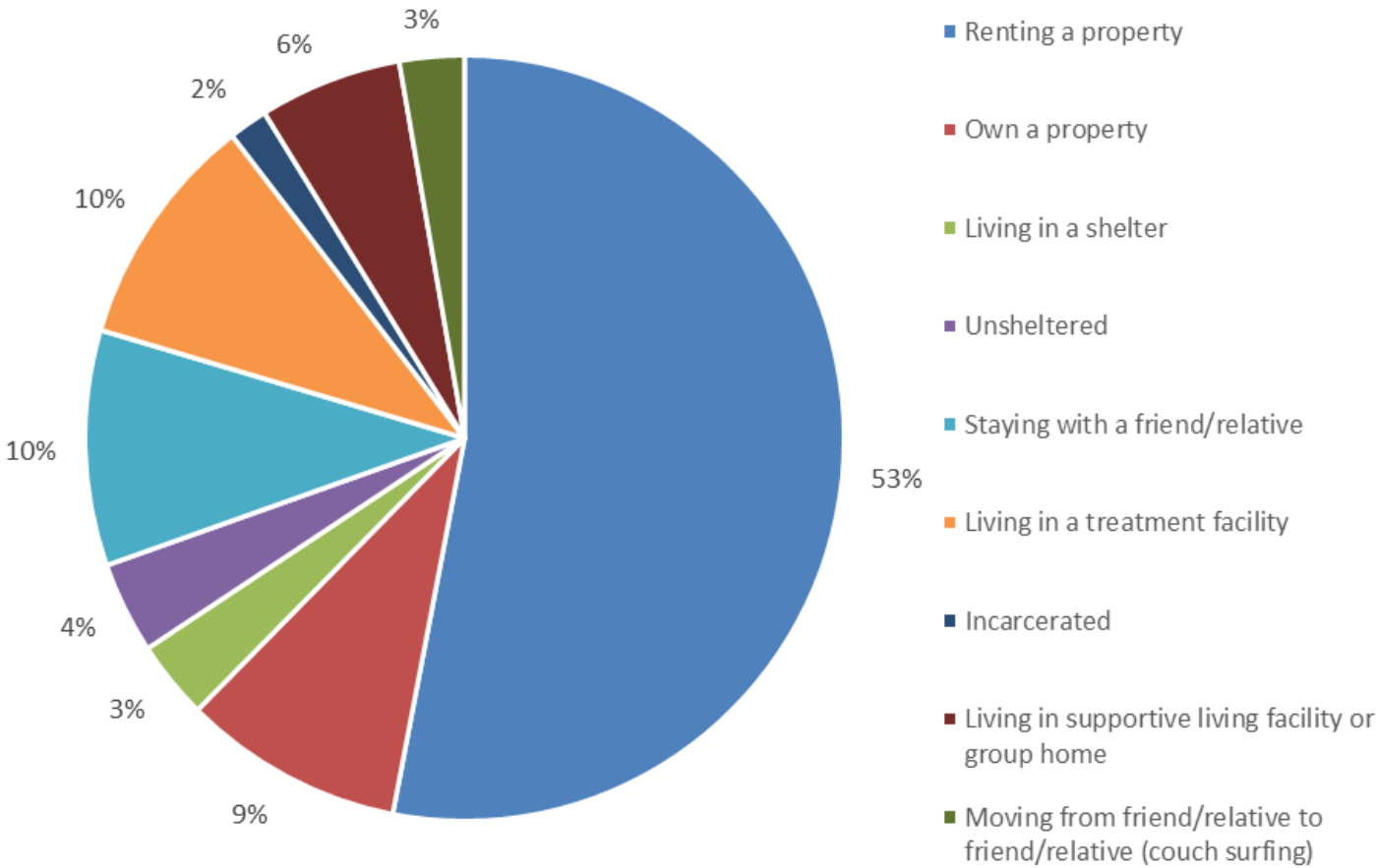




Housing – PLWHA



Current Housing Status (n=181)



- 20% reported unstable housing, down from 26% in 2021
- 47% reported lack of housing impacting their decision to stop HIV medication in the future (n=159)
- Top 3 common reasons for being unable to obtain and retain housing:
 1. Cost: 47%
 2. Insufficient monthly income: 45%
 3. Lack of available housing: 29%





Housing *(continued)*



- Help paying rent was the #1 unmet need across health, basic needs, and support services (n=239-252)
- When asked “what matters most to you right now?”, the most common response was housing (n=96)
- Homelessness/unstable housing was named as the most common reason for respondents being off HIV medication for more than 6 months (n=35)
- When asked what changes they would recommend to HIV services, several respondents mentioned housing, including *“more and better low housing opportunities”* (n=51)

“Getting off the street and being able to take care of myself [matters most]”

“Affordability of housing is a huge concern. Hoping to be accepted into HOPWA.”

“Housing is the most important issue right now.”

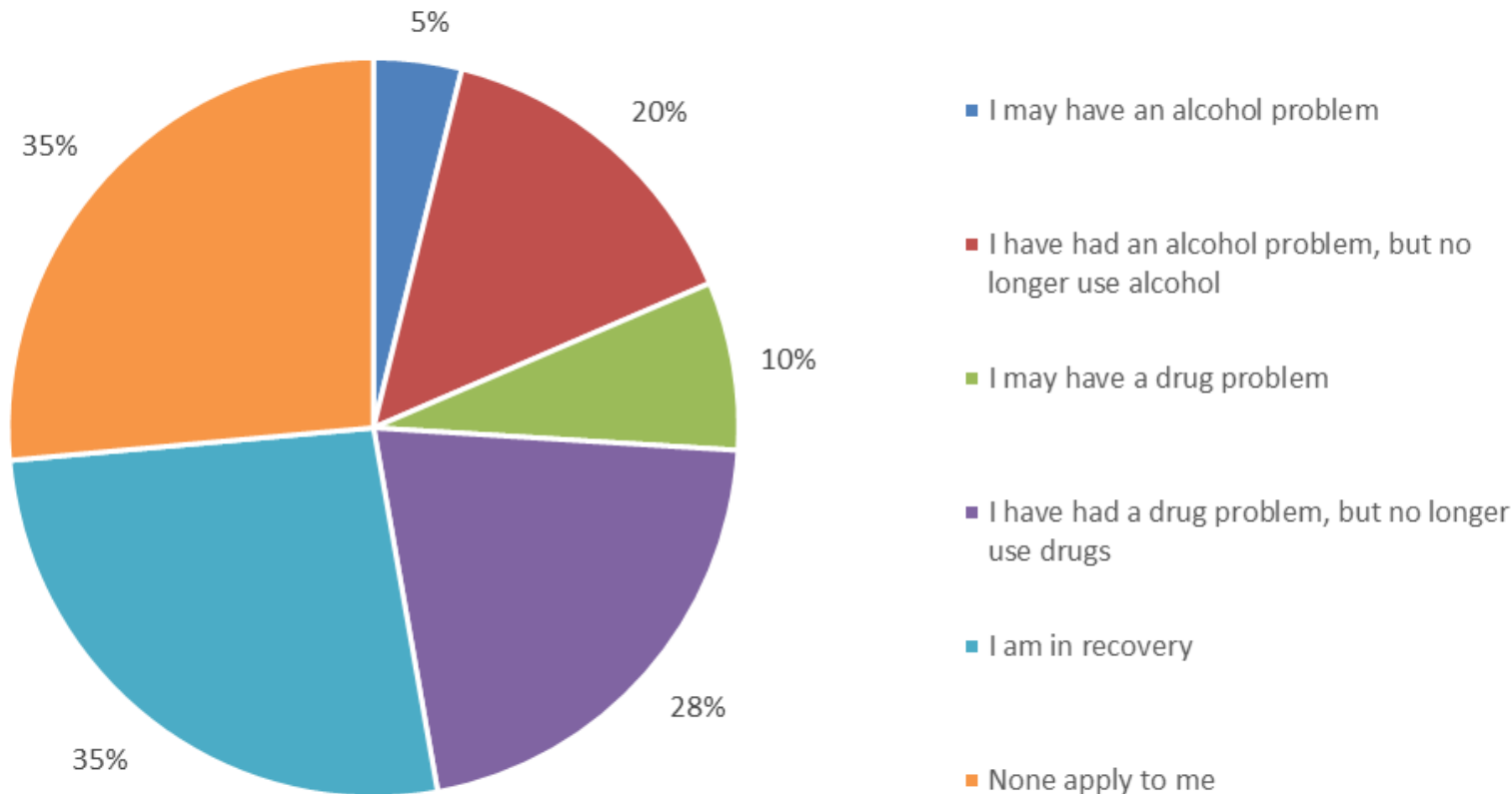
“Housing is a big problem due to its cost.”

“I feel very depressed with lack of housing...”
[Translated from Spanish]



Substance Use & Sobriety – PLWHA

Current and Past Substance Use (n=174)



- 15% reported current issues with alcohol or drugs.
- 48% reported past issues.
- One in three respondents (35%) reported being in recovery.
- 12% PLWHA reported having injected illicit and non-prescribed drugs in the past 12 months.
 - Crystal meth was reported most frequently (41%), followed by heroin (18%).





Substance Use & Sobriety *(continued)*

- Substance use was listed as the second most common reason for respondents being off HIV medication for more than 6 months (n=35)
- Substance use was listed by several respondents as a reason that would impact their decision to stop taking HIV medication in the future (n=84)
- When asked “what matters most to you right now” many respondents stated sobriety (n=96)

“When I was using drugs I didn’t bother with to take my meds.”

“I should meet more sober people and develop friendships.”

“I was a heavy drug user so I was never adhering to my medication”

“Becoming drug free permanently [matters most]”

“was using drugs so didn't think [supportive services] was important enough to try to get”

“completing SUD program [matters most]”



Social Support



- When asked “what matters most to you right now”, many respondents listed personal relationships (romantic love, friendship, family, support groups, etc.) (n=96)
- When asked what recommendations they had for HIV services, respondents shared ideas like social gatherings, support groups, online support, and town meetings (n=51)
- When asked what social support needs are not being met, respondents shared wanting better support groups and social connections, including those that encourage sobriety (n=10)

“My family and my friends that [are] like family [matter most]”

“Stigma against trans and intersex people (especially the pervasive view of trans men as not really men, even in the gay and trans communities) has impaired forming new support networks.”

“NO family to provide support”

“I am the support for several, including my elderly mother, but do not feel I have any support myself.”



English vs Spanish Differences

- Spanish survey respondents ranked food and medical specialty services in their top 5 most important services
- Spanish speaking respondents were more likely to mention mental/emotional health and mental health services, including:
 - When recommending changes to HIV services
 - When describing what matters most right now
- 10% of Spanish respondents say that they had trouble accessing services because they needed someone who spoke their language

Ranking of Most Important Services				
Category	Spanish n=64		English n=159	
Dental	#1	47%	#1	54%
HIV/AIDS Medications	#2	44%	#2	47%
Food (home delivered meals, food bank, food pantry)	#3	38%	#10	18%
Medical specialist other than HIV specialist	#4	33%	#8	25%
HIV Primary Care	#5	30%	#3	47%
Help to pay rent	#5	30%	#5	30%

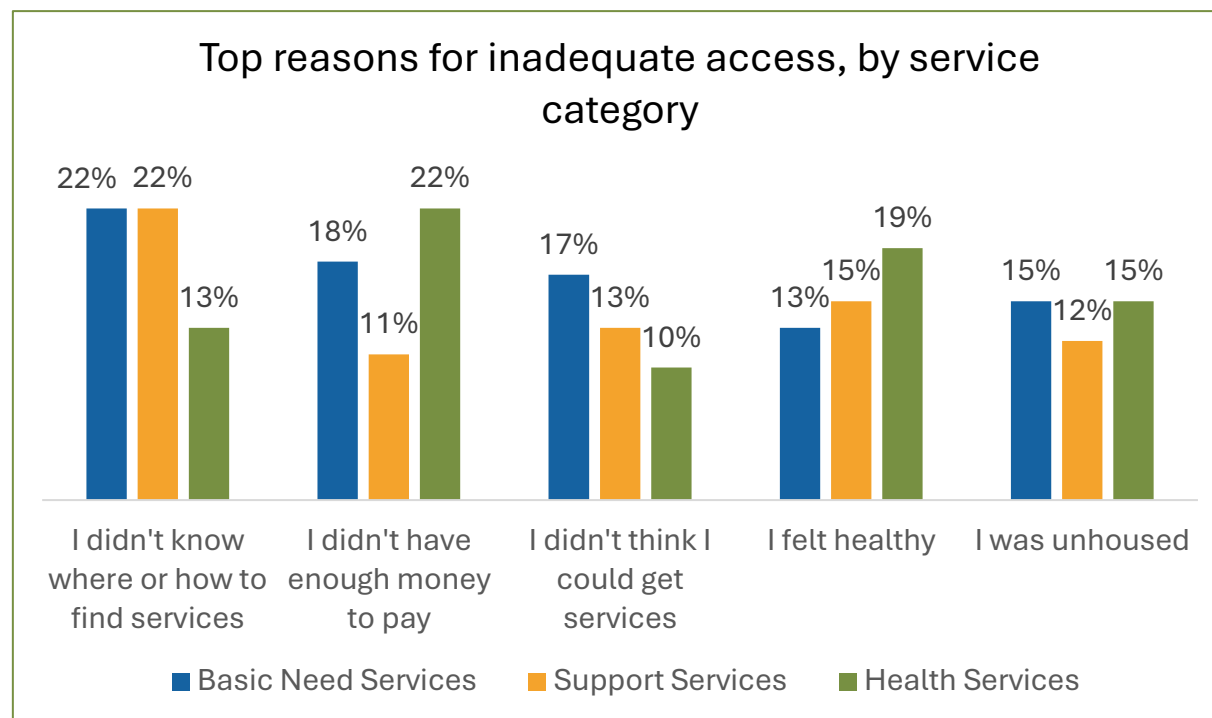
Note: Percentages reflect the total share of question respondents who selected each need as one of the top five most important



Trouble Accessing Services

If you responded “I received this service, but it was hard to access” or “I needed this service, but couldn’t get it” for any of the [HEALTH, BASIC NEEDS, SUPPORT] SERVICES listed above, why did you have trouble accessing this/these service(s)?

Health (n=174), Basic Needs (n=150), Support (n=142)



“Keep in mind a lot of people refuse help when transgender is involved --passive discrimination of never replying to [texts], [calls], emails and not following through when I go in person”

Support Services

“I tried but no one called me back”

Basic Needs Services

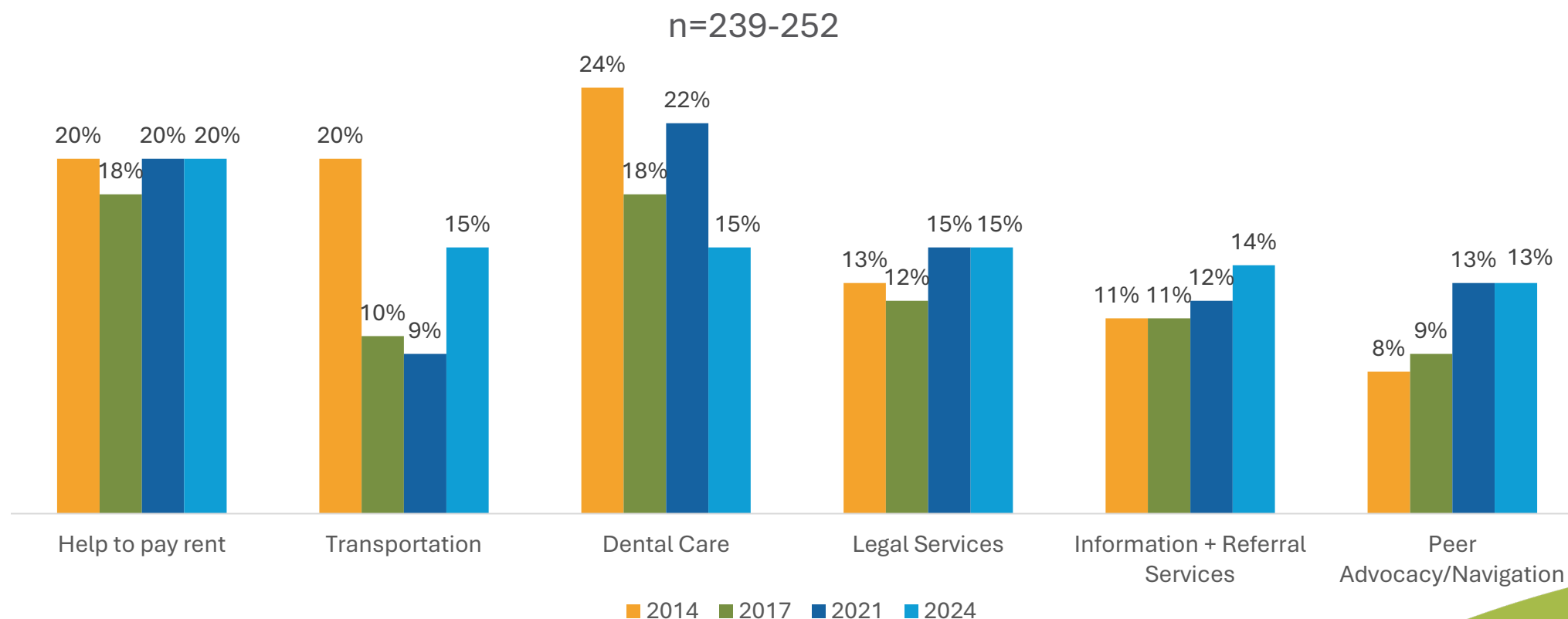
“...It has been VERY DIFFICULT to find a psychologist that understands my language and that understands the situation of HIV.”

Health Services [Translated from Spanish]



Top Unmet Needs – All Respondents

Top services that respondents indicated they “need but can’t get”, across health, basic needs, and support service categories

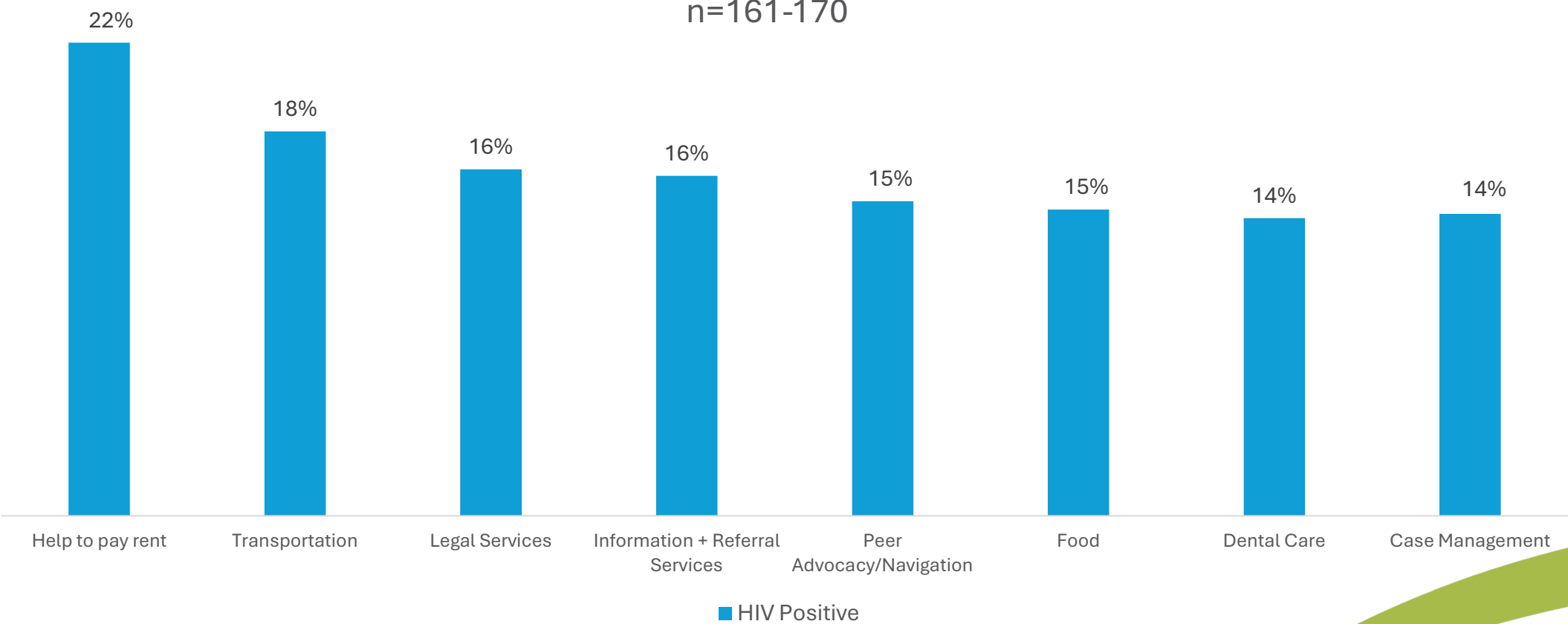




Top Unmet Needs – PLWHA

Top services that respondents indicated they “need but can’t get”, across health, basic needs, and support service categories

n=161-170

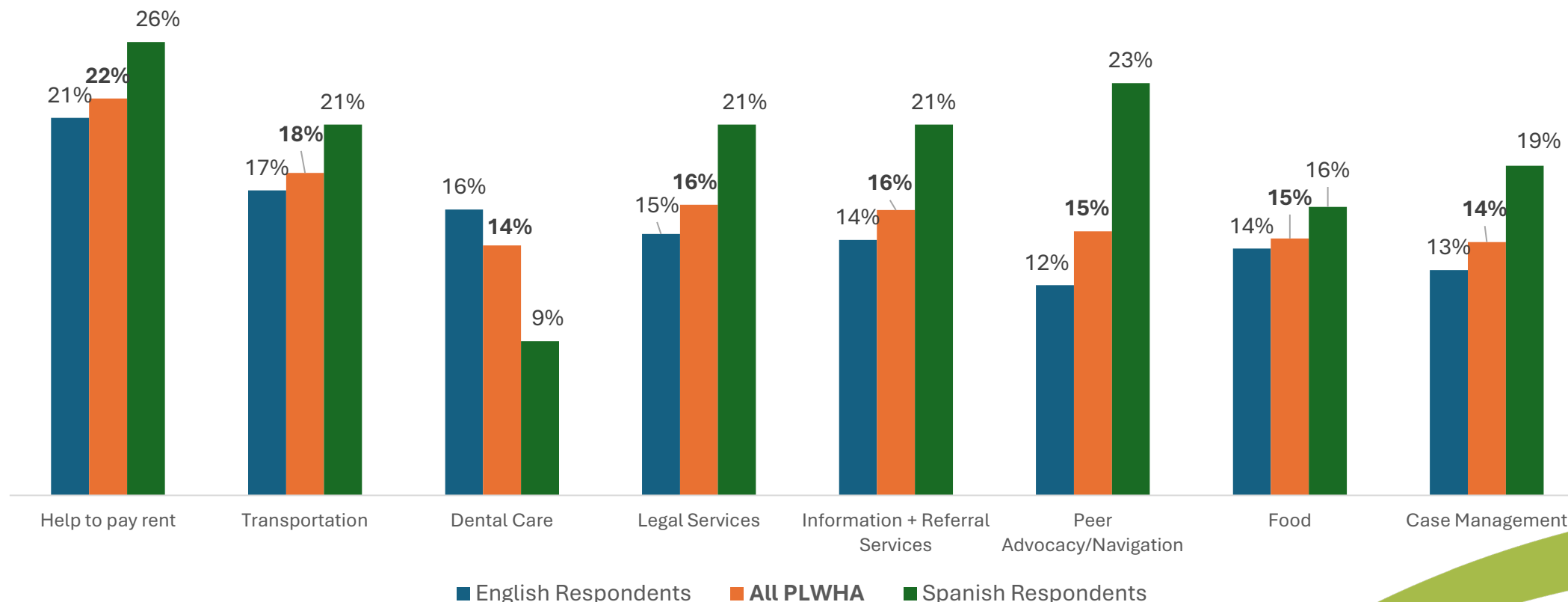




Top Unmet Needs – PLWHA

Top services that respondents indicated they “need but can’t get”, across health, basic needs, and support service categories

n=161-170





10-Year Trend: Top 5 Most Important Services



From the list below, which of the services are most important to you today? Only select TOP 5 and rank them from 1 (most important) to 5 by checking the corresponding box.

n=223 (159 English, 64 Spanish)

2024	2021	2017	2014
#1. Dental Care	#1. HIV/AIDS medication	#1. HIV/AIDS medication	#1. HIV/AIDS medication
#2. HIV/AIDS medication	#2. HIV primary care	#2. HIV primary care	#2. HIV primary care
#3. HIV primary care	#3. Dental care	#3. Dental care	#3. Dental care
#4. Counseling/therapy	#4. Medical specialist other than HIV	#4. Case management	#4. Case management
#5. Help to pay rent	#5. Case management	#5. Medical specialist other than HIV	#5. Transportation



Recommended Changes to HIV Services

Services for Adults 50+



What changes, if any, would you recommend related to HIV services? What would help make it easier for you to use the different services that are available?

n=51 (42 English, 9 Spanish)

- Most respondents were satisfied with services or did not have suggestions
- Recommendations included:
 - Better access/provider responsiveness (more appointments, reduced wait times, better scheduling, more responsive in answering phone calls, punctuality)
 - More information or knowledge about existing services, with specific reference to a centralized website for HIV services
 - Housing
 - Transportation support, including gas cards
 - Inclusivity – for older adults, but open to all people, including trans/intersex individuals

“More access, someone answering the phone”

"There are services that I didn't know there was. Maybe a webpage with everything is available"

“More social gatherings, more info and services available”



What Matters Most

Services for Adults 50+



What matters most to you right now?

n=96 (72 English, 24 Spanish)

“Getting off the street and being able to take care of myself.”

“Housing currently in unstable housing and there is no affordable housing available.”

“My mental health as well as my physical health.”

“Better support group meetings, more advocacy programs for those living with HIV and need support, resources, better access.”

Top themes:

- Housing (32% of respondents)
- Staying healthy
- Finances/employment
- Mental health
- Medical care
- Community and close relationships
- Sobriety
- Fulfillment (happiness, purpose, living life)

“Making lifestyle changes that will promote long-term health as I age”

“My health, my emotional state, having access to my medications, housing, transportation and gas cards”
[Translated from Spanish]

“Becoming drug free permanently.”

“Learn more about this issue and be able to have more knowledge to be safe”
[Translated from Spanish]



San Diego HIV Planning Group 2024 Needs Assessment Survey Key Data Findings

310

Total
respondents

203
66%

Living with HIV/AIDS
(68% of respondents)

97
31%

Not living with
HIV/Unaware
(up from 22 in 2021)

Demographics

Out of people living with HIV/AIDS (PLWHA) who responded to the survey:

62%

Men
(n=151)

27%

Women
(n=151)

52

Average age
(n=150)

25 - 92

Age range
(n=150)

76%

LGBTQIA+
(n=144)

25%

Some high school or less
(n=181)

32%

Income from social security
(n=181)

15%

No income
(n=181)

6%

Undocumented and asylum
seekers/refugees (n=146)

48%*

Disabled/unable to work and
unemployed (n=182)

*Excludes retired respondents, includes not working and not looking, not working but looking, and being full/part-time family caregiver.

Access to Care

Out of people living with HIV/AIDS (PLWHA) who responded to the survey:

64%

Had a case manager
(n=197)

90%

Had a health care provider who offers HIV
treatment (n=189)
Down from 98% in 2021

72%

Were insured
(n=152)

1%

Out of care for at least 1 year
(n=191)
Down from 13% in 2021



San Diego HIV Planning Group 2024 Needs Assessment Survey Key Data Findings

Mental Health

More than half (58%) of the PLWHA (n=185) reported having seen a therapist or received counseling in the past 6 months, up from 37% in 2021.

Substance Use

Out of 174 PLWHA:

- 15% reported current alcohol or drug issues.
- 48% reported past issues.
- One in three PLWHA (35%) reported being in recovery.

**A combined 58% increase
from 2021**

Out of 176 PLWHA:

- 12% reported having injected illicit and non-prescribed drugs in the past 12 months.
 - Nearly half of these respondents shared needles or works about half the time or more frequently.

Out of 107 PLWHA, methamphetamine (Crystal) was reported most frequently (41%), followed by heroin (18%).

Housing

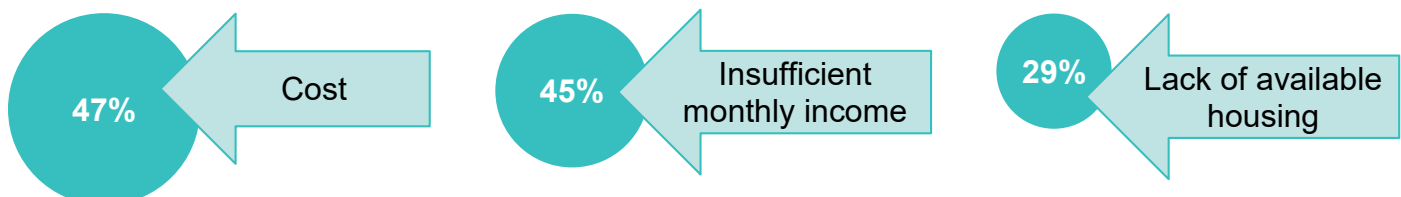
47%

Reported lack of housing impacting their decision to stop HIV medication in the future (n=159)

20%

Reported unstable housing (n=181)
Down from 26% in 2021

Top three common reasons for PLWHA being unable to obtain and retain housing (n=181):





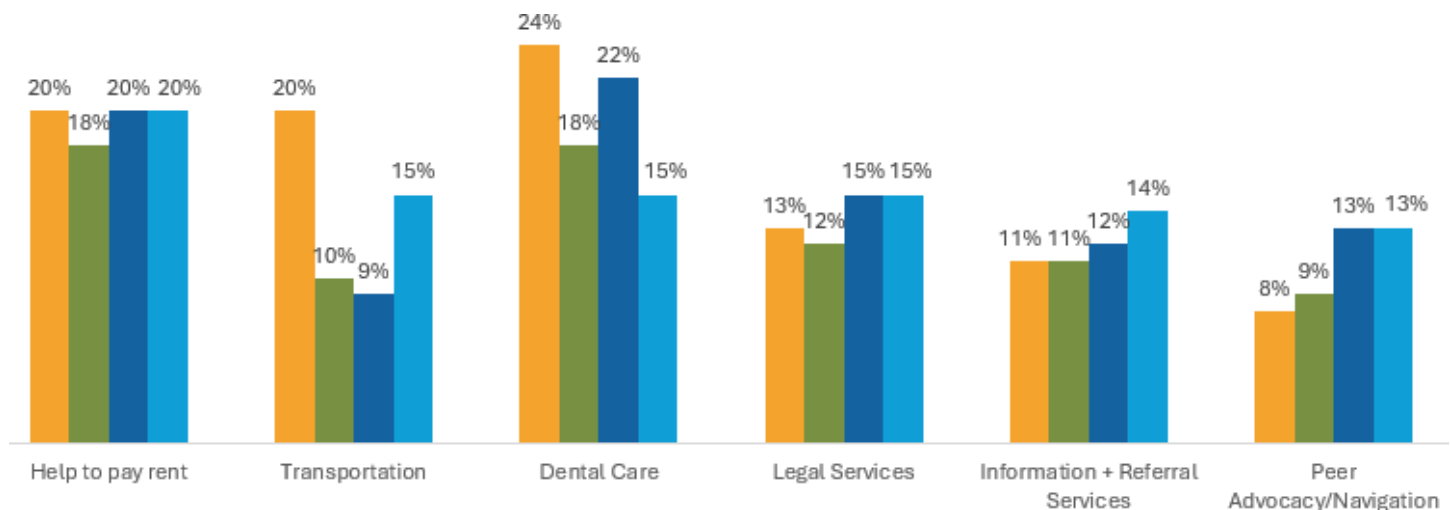
San Diego HIV Planning Group 2024 Needs Assessment Survey Key Data Findings

Top 5 Most Important Services: 10-Year Trend

2024	2021	2017	2014
#1. Dental Care	#1. HIV/AIDS medication	#1. HIV/AIDS medication	#1. HIV/AIDS medication
#2. HIV/AIDS medication	#2. HIV primary care	#2. HIV primary care	#2. HIV primary care
#3. HIV primary care	#3. Dental care	#3. Dental care	#3. Dental care
#4. Counseling/therapy	#4. Medical specialist other than HIV	#4. Case management	#4. Case management
#5. Help to pay rent	#5. Case management	#5. Medical specialist other than HIV	#5. Transportation

Top Unmet Needs: 10-Year Trend

The 10-year trend below summarizes the top services that respondents indicated they “need but can’t get,” across health, basic needs, and support service categories (n=239-252):



HIV PLANNING GROUP FY 26 SERVICE PRIORITY RANKING WORKSHEET

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

HIV PLANNING GROUP FY 26 SERVICE PRIORITY RANKING WORKSHEET

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

HIV PLANNING GROUP FY 26 SERVICE PRIORITY RANKING WORKSHEET

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

© = Core Service

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



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

APPENDIX

(Page 057)

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

(An Amendment to AB 2449)

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

Qualifying Reason	Provisions to Attend Remotely	Requirements/Limitations
<p>“Just Cause”</p>	<ul style="list-style-type: none"> 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. 	<p>A member is limited to <u>two (2)</u> virtual attendances due to “just cause” per calendar year.</p>
<p>“Emergency Circumstances”</p>	<p><i>“A physical or family medical emergency that prevents a member from attending the meeting in person.”</i></p> <p>A member is <i>not</i> required to disclose any medical diagnosis or disability, or any personal medical information that is already exempt from existing law.</p>	<p>A member of the legislative body must:</p> <ol style="list-style-type: none"> Make a request to the body to allow the member to meet remotely due to an emergency circumstance; and Provide a general description of no more than 20 words of the circumstance justifying such attendance. <p>A request from a member to attend remotely requires that the legislative body take action and <u>approve</u> the remote attendance at the start of the meeting for the member to be allowed to participate remotely for that meeting¹.</p>

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

Additional Requirements for a Member Participating Remotely

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

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

Some Tips on RW Budgeting Process

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