



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

MEETING PACKET

THURSDAY, NOVEMBER 14, 2024, 3:00 PM – 5:00 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, November 14, 2024

3:00PM-5:00PM

Southeastern Live Well Center
5101 Market St, San Diego, CA 92114
Tubman Chavez Room 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:

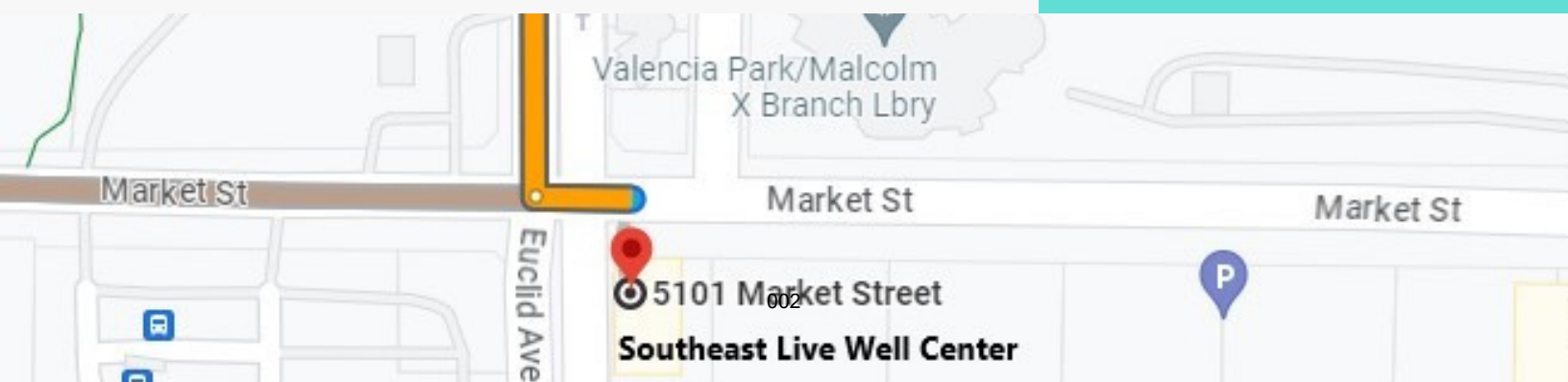
1. Head southeast on I-805 South.
2. Take exit 13A for CA-94-E/M L King Jr. Fwy.
3. Merge onto CA-94 E.
4. Take exit 4A for Euclid Ave.
5. Turn left onto Euclid Ave.
6. Use the left 2 lanes to turn left onto Market St.
7. The destination will be on your right.



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 Dr. Delores | Kubricky, Cinnamen | Mendoza Aguirre, Marco | Mueller, Chris | Van Brocklin, Rhea |
|--|--------------------|------------------|-----------------------------|-----------------------|-----------------------|------------------------------|-------------------|-----------------------|
| CHS: WICYF* | | | | | | | | |
| Early Intervention Services: Regional Services | | | | | | | | |
| Early Intervention Services: Minority AIDS Initiative | | | | | | | | |
| Home-Based Health Care Coordination | | | | | | | | |
| Medical Case Management | | | | | | | | |
| 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 | | | | | | | | |

NO CONFLICT OF INTEREST (COI)

Fleming, Tyra,

Jacobs, Delores A,

Kubricky, Cinnamen,

Aguirre Mendoza, Marco,

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)



Thursday, November 14, 2024, 3:00 PM – 5:00 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 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 | 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 November 14, 2024
6. **ACTION:** Approve the PSRAC meeting minutes for October 10, 2024
7. Old Business:
 - a. None

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

- 8. New Business:
 - a. **ACTION:** Recommendations for reallocations for FY 24 (the current fiscal year, March 1, 2024 – February 28, 2025).
- 9. Routine Business:
 - a. Committee Attendance
 - b. Review Monthly and Year-to-Date expenditures and assess for recommended reallocations
 - c. Partial Assistance Rent Subsidy Program (PARS) and Emergency Housing update
 - d. Review Monthly and Year-to-Date service utilization report
- 10. Suggested items for the future committee agenda
- 11. Announcements

Next meeting date: January 9, 2025, from 3:00 PM – 5:00 PM
Location: Southeastern Live Well Center 5101 Market Street, San Diego, CA 92114
 (Tubman Chavez Room A)
- 12. Adjournment

| Principles for PSRA Decision-Making Process | Criteria for the PSRA Decision-Making Process |
|---|--|
| <p>Principles Guiding Decision Making (Priorities should reflect the Principles)</p> <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 | <p>Criteria for Priority Setting</p> <ol style="list-style-type: none"> 1. Documented Need based on: <ol style="list-style-type: none"> a. Epidemiology of San Diego epidemic (Epi data) b. Needs and unmet needs expressed in needs assessment, including the needs expressed by consumers, not in care and/or from historically underserved communities (Needs assessment data) 2. Minimize disparities in the availability and quality of treatment for HIV/AIDS (Demographic service utilization data compared to HIV/AIDS demographic) 3. Quality, outcome effectiveness, and cost-effectiveness of services (Measured by service category outcomes, CQM, 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 |

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PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)



Thursday, October 10, 2024, 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: Dr. Beth Davenport | Tyra Fleming (Co-Chair) | Felipe Garcia-Bigley | Marco Aguirre Mendoza | Chris Mueller | Rhea Van Brocklin (Chair)

Committee Members Absent: | Pam Highfill | Dr. Delores Jacobs | Cinnamen Kubricky

MEETING MINUTES

| Agenda Item | Action | Follow-up |
|---|--|-----------|
| 1. Call to order | Rhea Van Brocklin called the meeting to order at 3:01 PM and noted an in-person quorum was established. | |
| 2. Reminders | | |
| 3. Public Comment on non-agenda items (for members of the public) | <ul style="list-style-type: none"> • A member of the public noted issues with past meeting minutes and the importance of service recommendations. • A member of the public expressed concerns about navigating Ryan White's services and a perceived lack of response to recommendations submitted for budget allocations. • A member of the public shared frustrations with navigating medical services and the complexity of the service delivery system, emphasizing a desire for services to be more relational than transactional. | |
| 4. Sharing our concerns (for committee members) | <p>A committee members mentioned the following concerns:</p> <ul style="list-style-type: none"> • Consumers need assistance navigating the medical system, especially | |

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You may also visit our website at sdplanning.org

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

| Agenda Item | Action | Follow-up |
|--|--|-----------|
| | <p>when there is no communication between insurance companies, medical facilities, and patients.</p> <ul style="list-style-type: none"> • General Members are the voice of consumers who lose hope in the system. We must help them seek more support and learn how to navigate the medical system. • Medical Case Management helps persons living with HIV (PLWH) get back into care after falling out of care. | |
| <p>5. Action: Review and approve the agenda for October 10, 2024</p> | <p>Motion: Approve the October 10, 2024 meeting agenda as presented. Motion/Second/Count (M/S/C): Mueller/ Fleming 5/0 Abstentions: Van Brocklin Motion: carries</p> | |
| <p>6. Action: Review and approve the meeting minutes for June 6, June 13, July 11, July 18, and July 25, 2024. Click or tap to enter a date.</p> | <p>Action: Review and approve the meeting minutes for June 6, June 13, July 11, July 18, and July 25, 2024. M/S/C: Davenport/ Aguirre Mendoza 5/0 Abstentions: Van Brocklin Motion: Carries</p> | |
| <p>7. Old Business</p> | | |
| <p>a. ACTION: Recommendations for how services should be delivered (service delivery recommendations/service directives) in FY 25 (March 1, 2025 – February 28, 2026)</p> | <p>Motion: The committee presented eight (8) recommendations for how services should be delivered (service delivery recommendations/ service directives) in FY 25 (March 1, 2025 – February 28, 2026) to be presented to the Steering Committee:</p> <p>1. Review PARS Enrollment Priorities: Examine strategies to reduce the waitlist for PARS.</p> | |

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

| Agenda Item | Action | Follow-up |
|-------------|---|-----------|
| | <p>2. Adjust Subsidy Structure: For better financial predictability, consider shifting to a fixed amount for PARS rather than a percentage of fair market rent.</p> <p>3. Improve Housing Transitions: Enhance housing case management to support individuals transitioning from temporary to permanent housing. Prioritize individuals in their last year of PARS assistance.</p> <p>4. Emergency Financial Assistance: Explore additional funding or limits for emergency financial assistance, specifically for those on the PARS waitlist, to offset housing costs.</p> <p>5. Simplify Access to Care Systems: Research enhanced care management systems within Medi-Cal/Medicare to streamline access and eligibility for qualified clients and ensure Ryan White is the payer of last resort.</p> <p>6. Barriers for Women in Healthcare: Investigate and prioritize understanding women's barriers to seeking and retaining medical care.</p> <p>7. Commitment to Anti-Racism and Health Equity: Operationalize planning group strategies for anti-racism and health equity.</p> <p>8. Address Social Needs of Aging with HIV: Continue learning about and addressing the social and health needs of aging individuals with HIV, with a specific focus on the impact of social isolation.</p> <p>M/S/C: Fleming/Muller 5/0 Abstentions: Van Brocklin Motion: Carries</p> | |

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PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

| Agenda Item | Action | Follow-up |
|---|---|-----------|
| 8. New Business | | |
| <p>a. Debrief the FY 25 priority setting and budget allocation process.</p> | <p>The committee noted the following for the FY 25 priority setting and budget allocation process (the one completed June – August 2025):</p> <p>Real-Time Data Availability:</p> <ul style="list-style-type: none"> Emphasized the difficulty of making decisions with delayed data and recommended improving data availability. <p>Meeting Materials and Formats:</p> <ul style="list-style-type: none"> Suggestions include providing printed copies of budgets in larger sizes. Recommendations for using binders or folders to organize documents effectively. <p>Support for New Members:</p> <ul style="list-style-type: none"> Suggested providing more hands-on assistance and real-time guidance for new committee members during meetings. Proposed pre-meeting sessions to address questions and clarify budget-related issues. <p>Public comments: A member of the public stated that the difference between the Standards and Strategies Committee and the Priority Setting and Resource Allocation Committee (PSRAC) is being miscommunicated. They also recommended a multiple-motion choice option for voting.</p> | |
| <p>b. ACTION: Review and approve the 2025 PSRAC work plan</p> | <p>The committee reviewed the draft 2025 PSRAC work plan and noted some items/data presentation may change based on data availability.</p> <p>Motion: Approve the 2024 PSRAC work plan as presented.</p> <p>M/S/C: Mueller/ Garcia-Bigley, 5/0</p> | |

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PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

| Agenda Item | Action | Follow-up |
|---|---|-----------|
| | <p>Abstentions: Van Brocklin Motion: Carries</p> | |
| <p>9. Routine Business</p> | | |
| <p>a. Committee Attendance</p> | <p>HPG Support Staff reported the following:</p> <ul style="list-style-type: none"> • There is a decrease in committee size due to resignations and members' seats turning out. • Emphasized the importance of quorum. | |
| <p>b. Review Monthly and Year-to-Date expenditures and assess for recommended reallocations</p> | <p>Patrick Loose briefly reported the following:</p> <ul style="list-style-type: none"> • The Recipient's Office will present the budget report at the HPG meeting. • In the December meeting, there will be a recommendation to reallocation additional funding to Outpatient Ambulatory Health Care due to the increase in pricing. • Future budget reports will include pie charts and additional charts for ease of viewing. • After Congress passes its budget, we anticipate approximately thirty-seven million dollars will be awarded for the next three years in February or June 2025. • Discussed the process changes for submitting waiver requests alongside funding applications and expressed optimism regarding waiver approvals based on past success in the San Diego Eligible Metropolitan Area (EMA) | |

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PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

| Agenda Item | Action | Follow-up |
|--|---|-----------|
| c. 2024 Needs Assessment Survey of HIV Impact Update | Dasha Dahdouh reported on the following: <ul style="list-style-type: none"> • The Survey of HIV Impact of the Needs assessment was closed after the HIV Resource Chat and Connect event. • Collected 310 surveys and began analyzing data, including trends over the past ten years | |
| d. Partial Assistance Rent Subsidy Program (PARS) and Emergency Housing update | As of September 30, 2024, on PARS t: <ul style="list-style-type: none"> • 87 currently on the waitlist • 15 previously enrolled • 6 new applicants • Demographics of clients on the waitlist: 87 <ul style="list-style-type: none"> ○ Gender: 60 male, 19 female, 8 transgender ○ Race/ethnicity: 14 Black, 46 Hispanic/Latino, 22 white, 3 Asian, 2 American Indian ○ Age: 50 over 45, 33 ages 31-44, 4 ages 18-30 ○ Central region 59, East 12, South 6, North 10 • 71 currently enrolled | |
| e. Review Monthly and TYD service utilization report | Reviewed | |
| 10. Suggested items for the PSRAC agenda | None | |
| 11. Announcements | <ul style="list-style-type: none"> • HPG Orientation is via Zoom on Tuesday, October 29, 2024, 2:00 – 4:00 p.m.. • Truax Awards Ceremony is Friday, December 6, 2024, 3:00 – 5:00 p.m. | |
| 12. Next Meeting: | Date: Thursday, November 14, 2024, 3:00 - 5:00 PM | |

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PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

| Agenda Item | Action | Follow-up |
|-----------------|---|-----------|
| | Location: Southeastern Live Well Center 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room A) | |
| 13. Adjournment | The meeting adjourned at 4:55 PM. | |

DRAFT

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County of San Diego

KIMBERLY GIARDINA, DSW, MSW
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INTERIM PUBLIC HEALTH OFFICER

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PUBLIC HEALTH SERVICES DIRECTOR

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

ACTION ITEM INFORMATION SHEET

RECOMMENDATIONS FOR RE-ALLOCATION FOR FY 24-25 (03-01-2024 TO 02-28-2025)

DATE: November 14, 2024

ITEM: Approve the Recipient recommendations for re-allocating Part A funds in fiscal year 2024-2025.

BACKGROUND:

The HIV, STD, and Hepatitis Branch (HSHB) is seeing high utilization of Outpatient Ambulatory Health Services: Primary Care. We are recommending an increase to avoid any future potential interruption of the availability of this key service.

The reduction to Non-Medical Case Management for Housing, Housing: Location, Placement and Advocacy Services, and Psychosocial Support Services is recommended because these service categories will not be deployed until FY25. The savings identified can be deployed to meet the high utilization of Outpatient Ambulatory Health Services: Primary Care.

RECOMMENDATIONS:

1. **Action Item:** Decrease Non-Medical Case Management for Housing by **\$200,000** from **\$200,000** to **\$0**.
2. **Action Item:** Decrease Housing: Location, Placement and Advocacy Services by **\$100,000** from **\$100,000** to **\$0**.
3. **Action Item:** Decrease Psychosocial Support Services by **\$28,940** from **\$28,940** to **\$0**.
4. **Action Item:** Increase Outpatient Ambulatory Health Services: Primary Care by **\$328,940** from **\$1,102,630** to **\$1,431,570**.

**HIV PLANNING GROUP
6-MONTH COMMITTEE TRACKING
November 2023 - October 2024**

| PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE | | | | | | | | | | | | | | | | |
|--|-----|-----|-----|-----|-----|-----|-----|-------|--------|--------|--------|--------|-----|-----|-----|---|
| PSRAC | Nov | Dec | Jan | Feb | Mar | Apr | May | 6-Jun | 13-Jun | 11-Jul | 18-Jul | 25-Jul | Aug | Sep | Oct | # |
| Total meetings | 1 | | 1 | | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | 0 | 1 | 7 |
| Member | | | | | | | | | | | | | | | | |
| Aguirre Mendoza, Marco | | | | | NQ | * | * | * | 1 | * | * | * | | NM | * | 0 |
| Jacobs, Dr. Delores | * | | * | | NQ | * | * | * | * | * | * | * | | NM | 1 | 1 |
| Davenport, Beth | 1 | | * | | NQ | 1 | * | * | * | * | * | * | | NM | * | 2 |
| Fleming, Tyra^{cc} | | | | | NQ | * | * | * | JC | * | * | * | | NM | * | 0 |
| Garcia-Bigley, Felipe | 1 | | * | | NQ | * | * | * | * | * | 1 | * | | NM | * | 1 |
| Highfill, Pam | * | | * | | NQ | * | 1 | * | * | * | * | * | | NM | 1 | 2 |
| Kubricky, Cinnamen | 1 | | * | | NQ | * | * | * | 1 | * | * | * | | NM | 1 | 2 |
| Mueller, Chris | * | | * | | NQ | * | * | * | * | * | * | * | | NM | * | 0 |
| Van Brocklin, Rhea^c | 1 | | * | | NQ | * | * | * | * | * | * | * | | NM | * | 1 |
| Villafan, Freddy | 1 | | * | | NQ | * | * | * | * | * | * | 1 | | NM | * | 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

| 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 AS OF OCT 2024 |
|--|

| 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 | 70% | 30% |
| 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 | | | | | | | | | | | |
|--|--------------|------------------|-----------------------------------|-----|--------------------------------------|------------------------------------|-----|-------------------------------------|--|--------------------|----------|
| Service Categories | HRSA Ranking | Priority Ranking | RW 2024-25 HPG Initial Allocation | % | HPG & Recipient Approved Actions +/- | RW 2024-25 HPG Adjusted Allocation | % | % Elapsed | | RW 2024-25 Balance | Comments |
| | | | | | | | | RW 2024-25 Year to Date Expenditure | RW 2024-25 Year-to-Date % Expenditure/Budget | | |
| Outpatient Ambulatory Health Services: Primary Care | 1l | 1 | 1,102,630.00 | 11% | - | 1,102,630.00 | 11% | 821,575.36 | 75% | 281,054.64 | |
| Outpatient Ambulatory Health Services: Medical Specialty | 1l | 2 | 195,000.00 | 2% | - | 195,000.00 | 2% | 83,910.58 | 43% | 111,089.42 | |
| Psychiatric Medication Management | 1j | 12 | 6,000.00 | 0% | - | 6,000.00 | 0% | 4,913.98 | 82% | 1,086.02 | |
| Oral Health | 1k | 3 | 160,940.00 | 2% | - | 160,940.00 | 2% | 100,947.48 | 63% | 59,992.52 | |
| Medical Case Management | 1h | 4 | 1,151,853.00 | 12% | - | 1,151,853.00 | 12% | 662,668.16 | 58% | 489,184.84 | |
| 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% | - | 1,183,515.00 | 12% | 579,309.03 | 49% | 604,205.97 | |
| 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 | 9% | 291,786.48 | 34% | 558,720.52 | |
| Non-Medical Case Management | 2h | 5 | 392,021.00 | 4% | - | 392,021.00 | 4% | 222,623.16 | 57% | 169,397.84 | |
| Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF) | 1c | 13 | 993,157.00 | 10% | - | 993,157.00 | 10% | 572,685.80 | 58% | 420,471.20 | |
| Childcare Services | 2a | | - | 0% | - | - | 0% | - | 0% | - | |
| Early Intervention Services: Regional Services | 1c | 14 | 810,000.00 | 8% | (20,000.00) | 790,000.00 | 8% | 448,344.98 | 57% | 341,655.02 | |
| 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% | (40,000.00) | 260,000.00 | 3% | 102,939.48 | 40% | 157,060.52 | |

| Ryan White Part A Allocations | | | | | | | | | | | |
|---|--------------|------------------|-----------------------------------|------|--------------------------------------|------------------------------------|------|-------------------------------------|--|--------------------|----------|
| % Elapsed 67% | | | | | | | | | | | |
| 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% | (90,000.00) | 810,000.00 | 8% | 388,826.76 | 48% | 421,173.24 | |
| Psychosocial Support Services | | 17 | 46,744.00 | 0% | - | 46,744.00 | 0% | - | 0% | 46,744.00 | |
| Substance Abuse Services: Outpatient | 1m | 11 | 260,127.00 | 3% | 53,000.00 | 313,127.00 | 3% | 169,564.07 | 54% | 143,562.93 | |
| Substance Abuse Services: Residential | 2o | 18 | - | 0% | - | - | 0% | - | 0% | - | |
| Home-based Health Care Coordination | 1e | 19 | 228,500.00 | 2% | - | 228,500.00 | 2% | 45,581.14 | 20% | 182,918.86 | |
| Transportation: Assisted and Unassisted | 2g | 20 | 122,830.00 | 1% | 29,000.00 | 151,830.00 | 2% | 88,431.94 | 58% | 63,398.06 | |
| Food Services: Food Bank/Home-Delivered Meals | 2c | 21 | 536,073.00 | 5% | - | 536,073.00 | 5% | 295,666.52 | 55% | 240,406.48 | |
| Medical Nutrition Therapy | 1i | 22 | 35,542.00 | 0% | - | 35,542.00 | 0% | 21,020.71 | 59% | 14,521.29 | |
| Legal Services | 2i | 23 | 285,265.00 | 3% | - | 285,265.00 | 3% | 173,471.56 | 61% | 111,793.44 | |
| Emergency Financial Assistance | 2b | 24 | 36,856.00 | 0% | 25,000.00 | 61,856.00 | 1% | 42,744.55 | 69% | 19,111.45 | |
| Home Health Care | 1f | 25 | - | 0% | - | - | 0% | - | 0% | - | |
| Early Intervention Services: HIV Counseling and Testing | 1c | 26 | - | 0% | - | - | 0% | - | 0% | - | |
| Cost-Sharing Assistance | 1d | 27 | - | 0% | - | - | 0% | - | 0% | - | |
| Hospice | 1g | 28 | - | 0% | - | - | 0% | - | 0% | - | |
| Subtotal | | | 9,854,560.00 | 100% | - | 9,854,560.00 | 97% | 5,117,011.74 | 52% | 4,737,548.26 | |
| 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% | 316,514.24 | 53% | 276,668.76 | |
| Housing: Emergency Housing | | | 100,000.00 | | - | 100,000.00 | 14% | 84,340.74 | 84% | 15,659.26 | |
| Subtotal | | | 693,183.00 | | - | 693,183.00 | 100% | 400,854.98 | 58% | 292,328.02 | |
| TOTAL | | | 10,547,743.00 | | - | 10,547,743.00 | | 5,517,866.72 | 52% | 5,029,876.28 | |

| CORE and Support Sevcies Allocation Breakdown | | | | |
|---|--|-------------------|--------------|---------------|
| Total Allocation | | Total Expenditure | | Total Balance |
| CORE Medical Services | | 4,325,474.00 | 2,470,770.95 | 1,854,703.05 |
| Support Services | | 5,200,146.00 | 2,646,240.79 | 2,553,905.21 |
| TOTAL | | 9,525,620.00 | 5,117,011.74 | 4,408,608.26 |

Ryan White Utilization Report

Summary of
Services for FY 24

*(March 1, 2024 - February
28, 2025)*

HIV, STD and Hepatitis Branch





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

APPENDIX

(Page 019-023)

ASSEMBLY BILL (AB) 2449: JUST CAUSE AND EMERGENCY CIRCUMSTANCES (2023)

If the physical attendance quorum requirement is met, AB 2449 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 | <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• 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 two (2) virtual attendances based on "just cause" per calendar year |
| Emergency Circumstances | <p>"A physical or family medical emergency that prevents a member from attending the meeting in person."</p> <p>A member is not 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 make a request to the body to allow the member to meet remotely due to an emergency circumstance, and further must provide a general description of the circumstance justifying such attendance.</p> <p>A request from a member to attend remotely due to an emergency circumstance requires that the legislative body take action and approve the remote attendance at the start of the meeting for the member to be allowed to participate remotely for that meeting*.</p> |

**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 2449 imposes the following three (3) additional requirements on legislative body members seeking to appear remotely at public meetings:

1. Before any action is taken during the meeting, the member **must** publicly disclose 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.
2. A member of the legislative body participating from a remote location must participate through both audio **and** visual technology.
3. A member's remote participation cannot be for more than three (3) consecutive months or 20 percent of the regular meetings for the local agency within a calendar year. And if the legislative body regularly meets fewer than ten (10) times per calendar year, a member's participation from a remote location cannot be for more than two meetings.

AB 2449 Checklist

(Applicable January 1, 2023 to December 31, 2025)

Procedures for Public Participation

- Public must be able to remotely hear, visually observe, and address the legislative body either remotely or in person in real time
- Public must have the opportunity to participate via: 1) two-way audio or 2) a telephonic service with a webcasting service
- Public cannot be required to submit comments prior to the meeting

Procedures for Member to Teleconference from a Remote Location

- Member must participate through both audio and visual technology
- Member must disclose adults who are present in the room at the remote location with the member and the general nature of the relationship with those individuals
- Member must submit a general description of the need to teleconference to the legislative body at the earliest opportunity (do not disclose any medical diagnosis or disability)
- Member may teleconference for just cause. Just cause is limited to 2 meetings per calendar year (see "Limits per Member" below). Just cause is defined as:
 - Child care or caregiving need of a child, parent, grandparent, grandchild, sibling, spouse or domestic partner
 - Contagious illness that prevents member from attending in person
 - A need related to a physical or mental disability
 - Travel on official business of the legislative body or another state or local agency
- Member may teleconference due to emergency circumstances, which requires approval of the legislative body and which is defined as a physical or family medical emergency that prevents a member from participating in person
- Limits per Member: Just cause and emergency circumstances cannot be invoked collectively for more than: 1) two meetings if the legislative body has fewer than 10 meetings per calendar year, or 2) three consecutive months or 20 percent of regular meetings per calendar year if the legislative body has 10 or more meetings per year. Just cause cannot be invoked more than twice per calendar year.

Procedures for the Board/Commission/Committee/Group

- Include instructions on the agenda how the public can participate remotely
- A quorum of the members of the legislative body must participate in person at the noticed location that is open to the public
- A majority of the membership must approve a request by a member to teleconference due to emergency circumstances; include the request on the agenda if received in time
- All votes must be taken by roll call
- Meeting must be stopped and no action taken if the broadcast of the meeting or ability of the public to comment is disrupted

TELECONFERENCING RULES UNDER THE BROWN ACT

| | Default Rule | Declared Emergency (AB 361) | Just Cause (AB 2449) | Emergency Circumstance (AB 2449) |
|--|-----------------------|---|---|---|
| In person participation | Required | Not Required | Required | Required |
| Member participation via teleconferencing | Audio or Audio-visual | Audio or Audio-visual | Audio-visual | Audio-visual |
| Required (minimum) opportunities for public participation | In-Person | Call-In or internet-based | Call-in or internet-based <u>and</u> in person | Call-in or internet-based <u>and</u> in person |
| Disruption of broadcast or public's ability to comment | Meeting can proceed | No further action taken | No further action taken | No further action taken |
| Reason must be approved by legislative body | No | Yes (Initial findings and renewed findings every 30 days) | No, but general description to be provided by legislative body | Yes and general description to be provided to legislative body |
| Votes must be taken by roll call | Yes | Yes | Yes | Yes |
| Member's remote location included on agenda | Yes | No | No | No |
| Declared emergency and health official's recommendations for social distancing | No | Yes | No | No |
| Annual limits | None | None | Twice per calendar year (limits for emergency circumstances also apply for collective number of times AB 2449 can be used per year) | 3 consecutive months/ 20% of regular meetings per calendar year; or 2 meetings per calendar year if body meets less than 10 times per year (collectively with just cause) |
| Effective Dates | Ongoing | Expires 12/31/2023 | Expires 12/31/2025 | Expires 12/31/2025 |

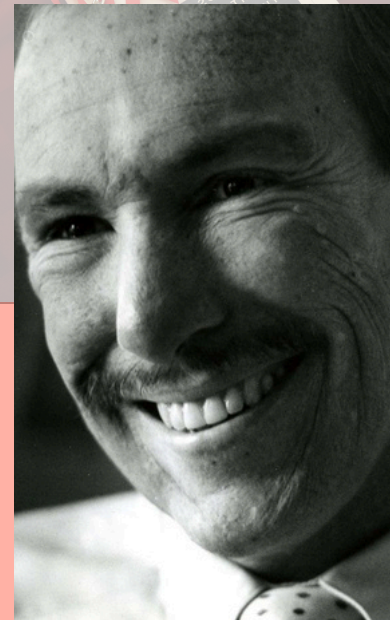
DR. A. BRAD TRUAX AWARDS

Presented by the San Diego HIV Planning Group

THE 35TH ANNUAL DR. A. BRAD TRUAX AWARDS

FRIDAY, DECEMBER 6, 2024 FROM 3PM - 5PM

3909 CENTRE ST., SAN DIEGO, CA 92103



The Dr. A. Brad Truax Award was created to honor the memory of Dr. Truax and his tireless dedication to the prevention and treatment of HIV/AIDS in San Diego.

The award is given annually to recognize a person who has served the community and made outstanding overall contributions to the fight against the HIV/AIDS epidemic.



Three (3) additional awards are given in each of the following categories:

- HIV Education, Prevention, and/or Counseling and Testing
- HIV Care, Treatment, and/or Support Services
- HIV Planning, Advocacy, and/or Policy Development

Each nominee is acknowledged as a Community Award Recipient.

To register or volunteer
scan the QR code



or email

HPG.HHSA@sdcounty.ca.gov

Spanish interpretation will be provided



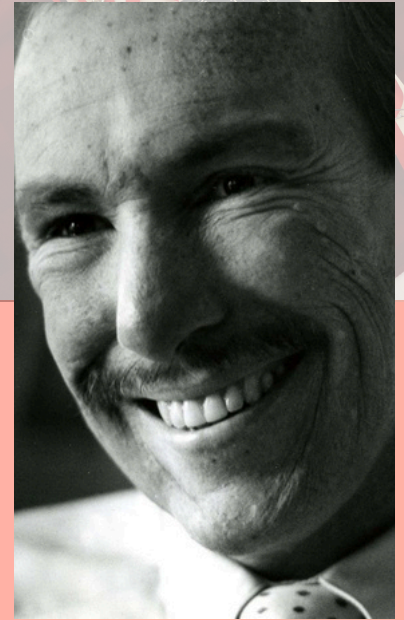
DR. A. BRAD TRUAX AWARDS

Presentado por el Grupo de Planificación del VIH de San Diego

LA 35TH ENTREGA ANUAL DE LOS PREMIOS DR. A. BRAD TRUAX

VIERNES, 6 DE DICIEMBRE DEL 2024 DE 3PM - 5PM

3909 CENTRE ST., SAN DIEGO, CA 92103



El premio Dr. A. Brad Truax fue creado para honrar la memoria del Dr. Truax y su incansable dedicación a la prevención y el tratamiento del VIH/SIDA en San Diego.

El premio se otorga anualmente para reconocer a una persona que ha servido a la comunidad y ha hecho contribuciones generales sobresalientes a la lucha contra la epidemia del VIH/SIDA.



Se otorgan tres (3) premios adicionales en cada una de las siguientes categorías:

- Educación, prevención y/o consejería y pruebas del VIH
- Servicios de atención, tratamiento y/o apoyo para el VIH
- Planificación, promoción y/o desarrollo de políticas sobre el VIH

Cada nominado es reconocido como un Destinatario del Premio de la Comunidad.

Se proporcionará interpretación en español



Para registrarse o ser voluntario
escanee el código QR

o envíe un correo electrónico
HPG.HHSA@sdcounty.ca.gov

