



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

MEETING PACKET

THURSDAY, JANUARY 9, 2025, 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, January 9, 2025
3:00 PM - 5:00 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:

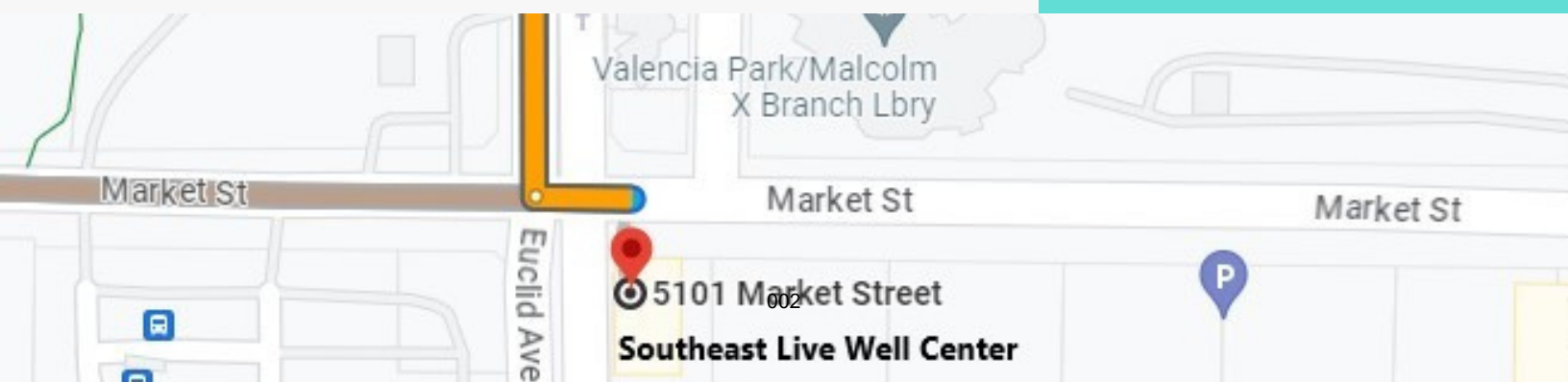
1. Head southeast on I-805 South.
2. Take exit 13A for CA-94-E/M L King Jr. Fwy.
3. Merge onto CA-94 E.
4. Take exit 4A for Euclid Ave.
5. Turn left onto Euclid Ave.
6. Use the left 2 lanes to turn left onto Market St.
7. The destination will be on your right.



**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 Dr. Delores	Kubricky, Cinnamen	Eva, Matthews	Mendoza Aguirre, Marco	Mueller, Chris	Van Brocklin, Rhea
CHS: WICYF*									
Emergency Financil Assistance									
Early Intervention Services: Regional Services									
Early Intervention Services: Minority AIDS Initiative									
Food Bank/Home Delivered Meals									
Home-Based Health Care Coordination									
Medical Case Management									
Mental Health: Groups / Therapy									
Mental Health: Counseling / Therapy									
Mental Health: Psychiatric Medication Management									
Medical Nutrition Therapy									
Non-Medical Case Management									
Oral Health									
Outpatient Ambulatory Health Services: Medical Specialty									
Outpatient Ambulatory Health Services: Primary Care									
Outreach Services									
Peer Navigation**									
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, January 9, 2025, 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 | 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 January 9, 2025
6. **ACTION:** Approve the PSRAC meeting minutes for November 14, 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)
 - b. Special data needs from the Recipients’ Office
- 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: March 13, 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

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

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)



Thursday, November 14, 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: Cinnamen Kubricky | Dr. Beth Davenport | Tyra Fleming (Co-Chair)
Dr. Delores Jacobs | Felipe Garcia-Bigley | Chris Mueller | Marco Aguirre Mendoza

Committee Members Absent: Rhea Van Brocklin (Chair)

MEETING MINUTES

Agenda Item	Action	Follow-up
1. Call to order	Tyra Fleming called the meeting to order at 3:01 PM and noted an in-person quorum was established.	
2. Reminders	Reviewed	
3. Public Comment on non-agenda items (for members of the public)	<ul style="list-style-type: none"> A member of the public expressed concerns about Health Insurance Issues and personal challenges with insurance issues, highlighting the risk of clients feeling overwhelmed and considering quitting care—the importance of supporting clients with limited resilience in navigating medical coverage. Continued awareness and assistance are needed to prevent clients from abandoning care due to insurance complexities. 	
4. Sharing our concerns (for committee members)	<ul style="list-style-type: none"> A committee member congratulated all the Truax nominees. 	
5. Action: Review and approve the agenda for November 14, 2024	<p>Motion: Approve the November 14, 2024 meeting agenda as presented. Motion/Second/Count (M/S/C): Garcia-Bigley/Kubricky/6-0 Abstentions: Fleming Motion carries</p>	
6. Action: Review and approve the meeting	Motion: Review and approve the meeting minutes for October 10, 2024	

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You may also visit our website at sdplanning.org

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

Agenda Item	Action	Follow-up
minutes for October 10, 2024	M/S/C: Mueller/Davenport/6-0 Abstentions: Fleming Motion carries	
7. Old Business		
a. None		
8. New Business		
<p>a. ACTION: Recommendations for reallocations for FY 24 (the current fiscal year, March 1, 2024 – February 28, 2025).</p>	<p>Motion: 1. Action Item: Decrease Non Medical Case Management for Housing by \$200,000 from \$200,000 to \$0.</p> <p>Motion/Second/Count (M/S/C): Davenport/Garcia-Bigley/6-0 Abstentions: Fleming Motion: Carries Discussion: A committee member expressed concern about decreasing housing funding with the current state of the County.</p> <p>Motion: 2. Action Item: Decrease Housing: Location, Placement, and Advocacy Services by \$100,000 from \$100,000 to \$0. M/S/C: Jacobs/Davenport /6-0 Abstentions: Fleming Motion: Carries</p> <p>Motion: 3. Action Item: Decrease Psychosocial Support Services by \$28,940 from \$28,940 to \$0. M/S/C: Davenport/Garcia-Bigley/6-0 Abstentions: Fleming Motion: Carries</p> <p>Motion: 4. Action Item: Increase Outpatient Ambulatory Health services: Primary Care by \$328,940 from \$1,102,630 to \$1,431,570 M/S/C: Kubricky/Jacobs/5-0 Abstentions: Fleming & Garcia-Bigley Motion: Carries</p>	

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PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

Agenda Item	Action	Follow-up
9. Routine Business		
a. Committee Attendance	<p>The committee members discussed the following:</p> <ul style="list-style-type: none"> • It is important to increase member attendance and recruit new members. • Some members mentioned that due to financial constraints and medical issues, it's difficult to participate in the in-person meetings • Encourage members to recruit individuals interested in participating. • Explore strategies to incentivize attendance and participation. 	
b. Review Monthly and Year-to-Date expenditures and assess for recommended reallocations	<p>Patrick Loose briefly reported the following:</p> <ul style="list-style-type: none"> • Service Utilization: • Total Clients Served: 2,939 (up from 2,871 in the same period the previous year). • Viral Suppression Rate: 94% for documented viral loads in October. • Financial Assessment: • Savings were noted in medical case management due to staff turnover. • Emergency housing funds are also underutilized due to past contracting challenges. 	
c. Partial Assistance Rent Subsidy Program (PARS) and Emergency Housing update	<p>As of November 6, 2024, PARS report:</p> <ul style="list-style-type: none"> • 74 currently on the waitlist • 15 previously enrolled • 0 new applicants this past month • Demographics of clients on the waitlist: 74 <ul style="list-style-type: none"> ○ Gender: 50 male, 17 female, 7 transgender ○ Race/ethnicity: 12 Black, 41 Hispanic/Latino, 16 white, 3 Asian, 2 American Indian ○ Age: 45 over 45, 27 ages 31-44, 2 ages 18-30 ○ Central Region 48, East 12, South 6, North 8 • 73 currently enrolled 	

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PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

Agenda Item	Action	Follow-up
d. Review Monthly and TYD service utilization report	<p>Utilization report</p> <ul style="list-style-type: none"> • A committee member would like to understand the increases and decreases better. • A committee member mentioned that we are seeing an increase because of people returning to care from COVID-19. 	.
10. Suggested items for the PSRAC agenda	<ul style="list-style-type: none"> • A member mentioned the concern of pulling funding from areas of social support that are so important. 	
11. Announcements	Truax Awards Ceremony is Friday, December 6, 2024, 3:00 – 5:00 PM	
12. Next Meeting:	<p>Date: Thursday, January 9, 2025, 3:00 - 5:00 PM</p> <p>Location: Southeastern Live Well Center 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room A)</p>	
13. Adjournment	The meeting adjourned at 4:06 PM.	

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County of San Diego

KIMBERLY GIARDINA, DSW, MSW
DEPUTY CHIEF ADMINISTRATIVE OFFICER

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PUBLIC HEALTH SERVICES
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ANKITA S. KADAKIA, M.D.
INTERIM PUBLIC HEALTH OFFICER

ELIZABETH A. HERNANDEZ, Ph.D.
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: January 9, 2025

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

BACKGROUND:

The HIV, STD, and Hepatitis Branch (HSHB) continues to see high utilization of Outpatient Ambulatory Health Services: Primary Care, Oral Health and Psychiatric Medication Management. We are recommending an increase to avoid potential interruption of the availability of these key services.

The reduction to Emergency Housing Services is recommended because this service category received carryover funding that was not expended. The allocations to this service category can be reduced without impacting the availability of services. The savings identified can be deployed to meet the high utilization of Outpatient Ambulatory Health Services: Primary Care, Oral Health and Psychiatric Medication Management.

RECOMMENDATIONS:

- Action Item:** Decrease Emergency Housing by **\$332,483** from **\$1,515,998** to **\$1,183,515**.
- Action Item:** Increase Psychiatric Medication Management by **\$5,600** from **\$11,793** to **\$17,393**.
- Action Item:** Increase Oral Health by **\$30,631** from **\$210,940** to **\$241,571**.
- Action Item:** Increase Outpatient Ambulatory Health Services: Primary Care by **\$296,252** from **\$1,632,490** to **\$1,928,742**.

HPG FY 25 Part A & MAI Allocation Worksheet

Level Scenario Remaining Balance													
\$0		FY 20 Final Expenditures			FY 21 Final Expenditures			FY22 Final Expenditures			FY23 Final Expenditures		
SERVICE CATEGORY	FY 25 Priority Rank	FY 20			FY 21			FY 22			FY 23		
		Allocated	Expended	% Budget Spent <i>(Expended vs Allocated)</i>	Allocated	Expended	% Budget Spent <i>(Expended vs Allocated)</i>	Allocated	Expended	% Budget Spent <i>(Expended vs Allocated)</i>	Allocated	Expended	% Budget Spent <i>(Expended vs Allocated)</i>
OAHS: Primary Care	1	937,762	730,209	78%	828,630	788,573	95%	1,307,630	1,058,990	103%	1,102,630	1,104,470	100%
OAHS: Medical Specialty	2	234,292	128,990	55%	165,962	129,963	78%	383,386	194,080	80%	374,097	127,702	34%
Oral Health	3	159,877	158,453	99%	175,940	158,676	90%	300,940	151,952	76%	174,728	171,165	98%
Medical Case Management	4	1,416,922	1,394,275	98%	1,262,830	1,165,953	92%	1,268,338	1,313,568	94%	1,352,083	1,310,697	97%
Non-Medical Case Management	5	415,674	407,111	98%	390,717	358,043	92%	392,021	407,487	85%	437,236	419,105	96%
Non-Medical Case Management for Housing	6	-	-	-	-	-	-	250,000	-	0%	-	-	-
Housing: Partial Assistance Rental Subsidy (PARS)	7	715,507	675,991	94%	827,507	770,230	93%	667,507	772,975	97%	807,506	749,109	93%
Housing Location, Placement and Advocacy Services	8	-	-	-	-	-	-	100,000	-	0%	-	-	-
Housing: Emergency Housing	9	1,325,424	1,291,275	97%	1,611,424	1,533,763	95%	280,000	1,044,260	97%	1,250,000	1,177,673	94%
Mental Health: Counseling/Therapy & Support Groups	10	811,724	792,549	98%	761,062	717,510	94%	761,062	736,499	95%	975,970	877,060	90%
Substance Use Tx Services: Outpatient	11	276,404	269,262	97%	269,959	259,043	96%	269,959	255,037	81%	288,587	267,982	93%
Mental Health: Psychiatric Medication Management	12	28,036	14,321	51%	28,036	8,867	32%	28,036	5,486	20%	13,036	7,466	57%
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (CHS: WICYF) <i>(Formerly "Early Intervention Services (EIS): Countywide Services for Women, Children & Families)</i>	13	991,457	991,433	100%	943,317	943,261	100%	943,317	993,157	100%	993,327	993,294	100%
<i>*Early Intervention Services</i>													
<i>*Medical Case Management</i>													
<i>*Non-Medical Case Management</i>													
<i>*Mental Health</i>													
<i>*Childcare services</i>	13a												
<i>*Outreach to WICYF</i>													
<i>*Peer Navigation for WICYF</i>													
<i>*Transportation for WICYF</i>													
Early Intervention Services (EIS): Regional Services	14	772,784	760,631	98%	800,386	752,432	94%	800,386	833,533	97%	860,304	818,327	95%
<i>*Health Education & Risk Reduction</i>	14a												
<i>*Outreach Services</i>	14b												
<i>*Referral Services</i>	14c												
Health Education and Risk Reduction	15	-	-	-	-	-	-	-	-	-	-	-	-
Peer Navigation (Referral for Health Care and Support Svcs.)	16	303,633	291,007	96%	300,000	285,961	95%	300,000	248,378	78%	402,231	307,871	77%
Psychosocial Support Services	17	-	-	-	-	-	-	-	-	-	-	-	-
Substance Use Tx Services: Residential	18	-	-	-	-	-	-	-	-	-	-	-	-

HPG FY 25 Part A & MAI Allocation Worksheet

Level Scenario Remaining Balance		FY 20 Final Expenditures			FY 21 Final Expenditures			FY22 Final Expenditures			FY23 Final Expenditures		
\$0													
SERVICE CATEGORY	FY 25 Priority Rank	FY 20			FY 21			FY 22			FY 23		
Home-based Health Care Coordination	19	234,500	234,498	100%	228,500	217,608	95%	228,500	193,490	85%	228,500	207,239	91%
Transportation - Assisted & Unasst.	20	131,196	98,616	75%	134,642	111,686	83%	127,830	121,345	79%	169,057	126,021	75%
Food Services: Food Bank/Home Delivered Meals	21	567,585	567,585	100%	543,551	543,548	100%	536,073	530,043	100%	531,573	467,213	88%
Medical Nutrition Therapy	22	35,542	35,542	100%	35,542	35,507	100%	35,542	35,319	99%	35,542	34,397	97%
Legal Services	23	285,265	285,265	100%	285,265	285,265	100%	285,265	279,142	98%	285,265	284,652	100%
Emergency Financial Assistance	24	38,550	20,670	54%	46,252	23,180	50%	53,730	33,833	100%	68,356	57,486	84%
Home Health Care	25	-	-		-	-		-	-		-	-	
Early Intervention Services: HIV Counseling and Testing	26	-	-		-	-		-	-		-	-	
Cost-Sharing Assistance	27	-	-		-	-		-	-		-	-	
Hospice	28	-	-		-	-		-	-		-	-	
Part A TOTALS		9,682,134	9,147,683		9,639,522	9,089,070	94%	9,319,522	9,208,574	94%	10,350,028	9,508,928	92%
Minority AIDS Initiative (MAI)		-	-		-	-		-	-		-	-	
Multi-Disciplinary Team		666,551	609,554		562,901	527,717	94%	562,902	469,826	82%	573,246	498,266	87%
Targeted Client Advocacy					-	-		-	-		-	-	
Emergency Housing					100,000	99,054	99%	100,000	99,455	99%	100,000	52,722	53%
MAI TOTALS		666,551			662,901	626,771	95%	662,902	569,280	85%	673,246	550,988	82%
GRAND TOTALS		10,348,685			10,302,423	9,715,841	94%	9,982,424	9,777,854	94%	11,023,274	10,059,915	91%

FY 25 Service Priority Ranking Worksheet

Categories in **BOLD** = core services

Categories in Light Blue = service categories with \$0 allocation

SERVICE CATEGORY	HPG Approved FY 23 Priority Ranking	HPG Approved FY 24 Priority Ranking	FY25 PSRAC Recommendations
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: Emergency Housing	8	7	9
Housing Location, Placement and Advocacy Services	9	8	8
Housing: Partial Assistance Rental Subsidy (PARS)	10	9	7
Mental Health: Counseling/Therapy & Support Groups	15	10	10
Substance Use Treatment Services: Outpatient	17	11	11
Mental Health: Psychiatric Medication Management	3	12	12
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (CHS: WICYF) <i>(Formerly "Early Intervention Services (EIS): Countywide Services for Women, Children & Families" (WCF))</i>	11	13	13
* <i>Early Intervention Services for WICYF</i>			
* <i>Medical Case Management for WICYF</i>			
* <i>Non-Medical Case Management for WICYF</i>			
* <i>Mental Health for WICYF</i>			
* <i>Childcare services</i>	11a	13a	13a
* <i>Outreach to WICYF</i>			
* <i>Peer Navigation for WICYF</i>			
* <i>Transportation for WICYF</i>			
Early Intervention Services (EIS): Regional Services	12	14	14
* <i>Health Education and Risk Reduction</i>	12a	14a	14a
* <i>Outreach Services</i>	12b	14b	14b
* <i>Referral Services</i>	12c	14c	14c
Health Education & Risk Reduction	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
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

**HIV PLANNING GROUP
6-MONTH COMMITTEE TRACKING
January 2023 - December 2024**

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE																
PSRAC	Jan	Feb	Mar	Apr	May	6-Jun	13-Jun	11-Jul	18-Jul	25-Jul	Aug	Sep	Oct	Nov	Dec	#
Total meetings	1		0	1	1	1	1	1	1	1		0	1	1	0	7
(8) Members																
Aguirre Mendoza, Marco			NQ	*	*	*	1	*	*	*		NM	*	*	NM	0
Jacobs, Dr. Delores	*		NQ	*	*	*	*	*	*	*		NM	1	*	NM	1
Davenport, Beth	*		NQ	1	*	*	*	*	*	*		NM	*	*	NM	1
Fleming, Tyra ^{cc}			NQ	*	*	*	JC	*	*	*		NM	*	*	NM	0
Garcia-Bigley, Felipe	*		NQ	*	*	*	*	*	1	*		NM	*	*	NM	0
Kubricky, Cinnamen	*		NQ	*	*	*	1	*	*	*		NM	1	*	NM	1
Mueller, Chris	*		NQ	*	*	*	*	*	*	*		NM	*	*	NM	0
Van Brocklin, Rhea ^c	*		NQ	*	*	*	*	*	*	*		NM	*	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
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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											
										% Elapsed	83%
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%	529,860.00	1,632,490.00	16%	1,063,516.39	65%	568,973.61	
Outpatient Ambulatory Health Services: Medical Specialty	1l	2	195,000.00	2%	-	195,000.00	2%	115,070.40	59%	79,929.60	
Psychiatric Medication Management	1j	12	6,000.00	0%	5,793.55	11,793.55	0%	8,696.83	74%	3,096.72	
Oral Health	1k	3	160,940.00	2%	50,000.00	210,940.00	2%	123,597.01	59%	87,342.99	
Medical Case Management	1h	4	1,151,853.00	12%	-	1,151,853.00	12%	856,933.90	74%	294,919.10	
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%	-	1,183,515.00	12%	775,986.34	66%	407,528.66	
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%	439,874.50	52%	410,632.50	
Non-Medical Case Management	2h	5	392,021.00	4%	-	392,021.00	4%	286,545.87	73%	105,475.13	
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF)	1c	13	993,157.00	10%	-	993,157.00	10%	739,002.75	74%	254,154.25	
Childcare Services	2a		-	0%	-	-	0%	-	0%	-	
Early Intervention Services: Regional Services	1c	14	810,000.00	8%	(20,000.00)	790,000.00	8%	568,035.11	72%	221,964.89	
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%	137,759.45	65%	75,440.55	
Mental Health: Counseling/Therapy & Support Groups	1j	10	900,000.00	9%	(171,000.00)	729,000.00	7%	497,819.64	68%	231,180.36	

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		
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%	214,462.86	68%	98,664.14	
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%	71,652.17	46%	83,727.83	
Transportation: Assisted and Unassisted	2g	20	122,830.00	1%	29,000.00	151,830.00	2%	111,858.71	74%	39,971.29	
Food Services: Food Bank/Home-Delivered Meals	2c	21	536,073.00	5%	-	536,073.00	5%	390,888.35	73%	145,184.65	
Medical Nutrition Therapy	1i	22	35,542.00	0%	-	35,542.00	0%	28,212.09	79%	7,329.91	
Legal Services	2i	23	285,265.00	3%	-	285,265.00	3%	211,294.64	74%	73,970.36	
Emergency Financial Assistance	2b	24	36,856.00	0%	42,804.00	79,660.00	1%	53,029.40	67%	26,630.60	
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%	55,793.55	9,910,353.55	100%	6,694,236.41	68%	3,216,117.14	
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%	401,133.43	68%	192,049.57	
Housing: Emergency Housing			100,000.00		-	100,000.00	14%	87,611.55	88%	12,388.45	
Subtotal			693,183.00		-	693,183.00	100%	488,744.98	71%	204,438.02	
TOTAL			10,547,743.00		55,793.55	10,603,536.55		7,182,981.39	68%	3,420,555.16	

CORE and Support Services Allocation Breakdown			
Total Allocation		Total Expenditure	Total Balance
CORE Medical Services	4,757,007.55	3,219,104.16	1,537,903.39
Support Services	5,153,346.00	3,475,132.25	1,678,213.75
TOTAL	9,910,353.55	6,694,236.41	3,216,117.14

Other funding info

Month: Dec-24 Part A & Part B Prevention Comp A/C HRSA 20-078

YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN AS OF DEC 2024**RW2425 SERVICE DOLLAR ALLOCATIONS AND EXPENDITURES**

Funding Source	RW 2024/2025 Service Dollars	Contract YTD Expenditure	% of Year Invoiced	% Spent	Balance	Comments
Ryan White Part B						
Outpatient Ambulatory Health Services (Medical)	-	-	24.99%	0.00%	-	Part A Payment Summary (Part B funding)
Early Intervention Services (Expanded HIV Testing)	-	-	24.99%	0.00%	-	Part A Payment Summary (Part B funding)
Early Intervention Services (Focused Testing)	187,900.00	\$106,472.00	24.99%	56.66%	81,428.00	Part B Payment Summary
Medical Case Management (Emergency Financial Assistance)	177,600.00	\$79,728.04	24.99%	44.89%	97,871.96	Part B Payment Summary
Housing (Substance Abuse Services-Residential)	589,552.00	\$443,296.00	24.99%	75.19%	146,256.00	Part B Payment Summary
Non-medical Case Management (Rep Payee)	50,000.00	\$24,775.00	24.99%	49.55%	41,431.00	Part B Payment Summary
CoSD Medical Case Management	193,656.51		24.99%	0.00%	403,173.24	Part B Cost Report
CoSD Early Intervention Services	244,203.98		24.99%	0.00%	396,482.82	Part B Cost Report
Ryan White Part B Total	1,442,912.49	654,271.04			1,166,643.02	
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- 20-078 FY2324						
HRSA Ending the HIV Epidemic- 20-078 FY2324	508,240.00	390,819.51	33.32%	76.90%	117,420.49	Payment Summary
HRSA Ending the HIV Epidemic- 20-078 TOTAL	508,240.00	390,819.51	33.32%	76.90%	117,420.49	
TOTAL	2,312,948.06	387,957.35	0.58	0.46	1,924,990.71	

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 019-021)

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