



County of San Diego

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

Thursday, February 9, 2023 3:00 PM
Meeting by WebEx

This meeting is audio and video recorded.

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).

A quorum for this committee is seven (7)

Committee members: Beth Davenport, Alberto Cortes, Felipe Garcia-Bigley, Pam Highfill, Dr. Delores Jacobs (Chair), Cinnamon Kubricky, Chris Mueller, Raul Robles, James Rucker (co-chair), Karla Quezada-Torres, Regina Underwood, Rhea Van Brocklin, Freddy Villafan

Participants Requesting Spanish Translation: (Must notify support staff 96 hours in advance). You will receive an email with the number to call in.

Participantes que soliciten interpretacion en español: (debe notificar al personal de apoyo con 96 horas de antelacion). Recibiran un correo electronico con el numero de llamada designado.

1. Call to order; introductions; comments from the Chair
2. Continuance of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e)
 - a) Find that the HPG has reconsidered the circumstances of the State of Emergency
 - b) Find that State and local officials continue to recommend measures to promote social distancing.
3. Reminders:
 - **Review of committee charge**
 - **Committee members Conflicts of interest:** disclose areas of financial interest (e.g., employment); refrain from participation in related votes
 - **Areas that are NOT the purview of this committee:** selection of contractors;

contract details; how contractors implement contracted services (staff salaries, etc.)
These are the sole purview of the Recipient.

- **Focus on service priorities, not on specific service providers**
 - **Rules for the meeting** (as necessary): committee members are limited to 2 minutes per comment and limited to two comments per item; public comments are welcome at the beginning and prior to each agenda item, limited to two minutes so that all have an opportunity to participate
4. Public comment on non-agenda items (for members of the public)
 5. Sharing our concerns (for committee members)
 6. Approve the meeting agenda for February 9, 2023.
 7. Approve the meeting minutes from January 12, 2023 and Review follow-up items from the minutes
 8. Review committee attendance
 9. Old Business:
 - a) Getting to Zero (GTZ) Community Action Plan:
 1. Expand Ryan White funded mental health services capacity: Increasing rapid access to regional availabilities, decreasing wait times
 2. Explore the feasibility and cost of creating walk-in medical services, mental health services, and substance use treatment services
 - b) **Expenditure data review for the PSRAC process for FY23-24 is now complete.**
(Process for review of previous year (FY22-23) reallocations and data upon which they were based compared to approved budget for upcoming ((FY23-24) year and accompanying data to address potential needs/changes which may be required). Recipient reallocations reviewed and approved by HPG.
 10. Routine Business
 - a) Review Monthly and YTD expenditures and examine for any recommended reallocations. (FYI: This step is for reallocations before November of each year and begins again in March of each year.)
 - i. Review of over/under spending
 - b) Review Monthly and YTD service utilization report
 - c) COVID-19/Monkeypox update
 - d) Affordable Care Act (ACA) update
 - e) HIV Prevention update
 - f) PARS Report
 - g) Review the PSRAC FY 23 Work Plan
 11. New Business
 - a) **Action Item:** Approve the recommendation(s) for the reallocation of Part A funds in FY FY 23-24 (the fiscal year beginning March 1st).
 - b) Review **Co-occurring conditions, poverty, and insurance data** and discuss findings
 12. Suggested items for the PSRAC agenda
 13. Next Meeting: Thursday, **March 9, 2023** Location: TBD
 14. Announcements
 15. 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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