PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)



Thursday, March 13, 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 Microsoft Teams:

Join the meeting now

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 https://mee.upon.new.co.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 March 13, 2025
- 6. **ACTION:** Approve the PSRAC meeting minutes for January 9, 2025
- 7. Old Business:
 - a. None

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8. New Business:

- a. **ACTION:** Recommendations for reallocations for FY 24 (the current fiscal year, March 1, 2024 February 28, 2025) (if needed)
- b. **Presentation:** Core Medical Services Waiver and the 75% grant funding spending requirement
- c. **ACTION:** Recommendations for reallocations for FY 25 (the next fiscal year, March 1, 2025 February 28, 2026)
- d. Review the Statewide Integrated Plan goals related to PSRAC
- e. Review the status of the goals in the Getting to Zero (GTZ) Community Engagement Plan related to PSRAC.

9. 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 Monthly and Year-to-Date service utilization report
- d. Committee Attendance
- 10. Suggested items for the future committee agenda
- 11. Announcements

Next meeting date: May 8, 2025, from 3:00 PM - 5:00 PM

Location: County Operations Center, 5570 Overland Ave, San Diego, CA 92123,

Room 1047 - Medical Examiner's Office

12. Adjournment

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

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