### PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)



Thursday, July 31, 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 <a href="https://hpg.hhsa@sdcounty.ca.gov">hpg.hhsa@sdcounty.ca.gov</a>.

# A quorum for this meeting is six (6)

**Committee Members:** Dr. Beth Davenport | Tyra Fleming (Co-Chair) | Felipe Garcia-Bigley | Dr. Delores Jacobs | Cinnamen 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 31, 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 of the Monthly and Year-to-Date service utilization report

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- 7. Old Business:
  - a. None
- 8. New Business:
  - a. **ACTION:** Recommendations for FY 25 reallocations (current fiscal year, March 1, 2025 February 28, 2026)
  - b. **ACTION:** Recommendations for budget allocations in level-funding and reduction-funding scenarios for (next fiscal year, FY 26, March 1, 2026 February 28, 2027)
  - c. **ACTION:** Recommendations for how services should be organized and delivered in FY 26 (March 1, 2026 February 28, 2027)
  - d. Review service categories that underspend (monthly)
- 9. Suggested items for the future committee agenda
- 10. Announcements

Next meeting date: August 7, 2025, from 1:00 PM – 4:00 PM (if needed) Location: County Operations Center, 5560 Overland Ave, San Diego, CA 92123.

Conference Room 171 and Via Zoom

11. 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                 |                               | b.  | Needs and unmet needs expressed in needs              |  |
|   | assessment, etc.)  |                               |   | assessment, including the needs expressed by          |  |
| 3.  | Decisions are based on overall needs within the service        |                               |   | consumers, not in care and/or from historically       |  |
|   | area, not narrow single focus concerns                         |                               |   | underserved communities (Needs assessment             |  |
| 4.  | Decisions include reports from the Needs Assessment            |                               |   | data)   |  |
|   | committee of the HIV Planning Group.                           | 2.                            |   | e disparities in the availability and quality of      |  |
| 5.  | Services should be responsive to the epidemiology of HIV in    |                               |   | nt for HIV/AIDS (Demographic service utilization data |  |
|   | San Diego, including demographics and region                   |                               |   | ed to HIV/AIDS demographic)                           |  |
| 6.  | Services must be culturally and linguistically appropriate and | 3.                            |   | outcome effectiveness, and cost-effectiveness of      |  |
|   | responsive   |                               |   | (Measured by service category outcomes, CQM,          |  |
| 7.  | Services should focus on the needs of low-income,              |                               |   | nt satisfaction data by service category)             |  |
|   | underserved, and disproportionately impacted populations       | 4.                            |   | er 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                              |                               | historica                                     | illy underserved communities, or those who know       |  |
| 9.  | Equitable access to services should be provided across         |                               | their sta                                     | tus but are not in care                               |  |
|   | subpopulations and regions                                     | 5.                            | Consiste                                      | ency with the continuum of care                       |  |

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