

## PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)



Thursday, February 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:

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Meeting ID: 236 006 374 012      Password: xt9vG6BY

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**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 February 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. **ACTION:** Recommendations for reallocations for FY 25 (the next fiscal year, March 1, 2025 – February 28, 2026)
- c. **Presentation:** Core Medical Services Waiver and the 75% grant funding spending requirement
- d. Update: Special data requests from the Recipients' Office

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: 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

<b>Principles for PSRA Decision-Making Process</b>	<b>Criteria for the PSRA Decision-Making Process</b>
<p><b>Principles Guiding Decision Making</b> (Priorities should reflect the Principles)</p> <ul style="list-style-type: none"> <li>1. Decisions are made in an open, transparent process</li> <li>2. Decisions are based on documented needs (Needs assessment, etc.)</li> <li>3. Decisions are based on overall needs within the service area, not narrow single focus concerns</li> <li>4. Decisions include reports from the Needs Assessment committee of the HIV Planning Group.</li> <li>5. Services should be responsive to the epidemiology of HIV in San Diego, including demographics and region</li> <li>6. Services must be culturally and linguistically appropriate and responsive</li> <li>7. Services should focus on the needs of low-income, underserved, and disproportionately impacted populations</li> <li>8. Services should minimize disparities in the availability and quality of treatment for HIV/AIDS</li> <li>9. Equitable access to services should be provided across subpopulations and regions</li> </ul>	<p><b>Criteria for Priority Setting</b></p> <ul style="list-style-type: none"> <li>1. Documented Need based on:               <ul style="list-style-type: none"> <li>a. Epidemiology of San Diego epidemic (Epi data)</li> <li>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)</li> </ul> </li> <li>2. Minimize disparities in the availability and quality of treatment for HIV/AIDS (Demographic service utilization data compared to HIV/AIDS demographic)</li> <li>3. Quality, outcome effectiveness, and cost-effectiveness of services (Measured by service category outcomes, CQM, and client satisfaction data by service category)</li> <li>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</li> <li>5. Consistency with the continuum of care</li> </ul>

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