Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / www.BRHPC.org

MEETING AGENDA

Committee: Priority Setting & Resource Allocation (PSRA)
Date/Time: Thursday, August 17, 2017, 9:00 a.m.
Location: Government Center Room A-337
Chair: Will Spencer **Vice Chair:** Rick Siclari

1. **CALL TO ORDER:** *Welcome, Ground Rules, Sunshine, Introductions, Moment of Silence, & Public Comment*
2. **APPROVALS:** 8/17/17 Agenda and 7/20/17 Meeting Minutes
3. **UNFINISHED BUSINESS**
4. **STANDARD COMMITTEE ITEMS**
   a. Monthly expenditure/utilization report by service category
5. **MEETING ACTIVITIES**

Goal/Work Plan Objective #:	*Accomplishments*
Food Bank Eligibility	ACTION ITEM: Review and discuss proposed changes to Food Bank/Food Voucher eligibility criteria

6. **PUBLIC COMMENT**
7. **AGENDA ITEMS/TASKS FOR NEXT MEETING:** October 19, 2017 **Time**: 9:00 a.m. **Venue:** Gov. Center A-337

Goal/Work Plan Objective #:	*Accomplishments*
Reallocations ("Sweeps")	ACTION ITEM: Recommend reallocations ("Sweeps") to ensure sufficient core funding and the distribution of additional funds.

8. **ANNOUNCEMENTS**
9. **ADJOURNMENT**

PLEASE COMPLETE YOUR MEETING EVALUATIONS

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MEETING MINUTES

Committee: Priority Setting & Resource Allocation (PSRA)
Date/Time: Wednesday, July 20, 2017, 9:00 a.m.
Location: Government Center A-337
Chair: Will Spencer **Vice Chair:** Rick Siclari

ATTENDANCE					
#	**Members**	**Present**	**Absent**		**Guests**
1	Barrientos, Y.	**X**			**HIVPC Staff**
2	DeSantis, M.	**X**			Johnson, B.
3	Barnes, B.	**X**			Ewart, L.
4	Grant, C.		**X**		Oratien, V.
5	Hayes, M.	**X**			Holloman, K.
6	Katz, H. B.	**X**			**Grantee Staff**
7	King, J.	**X**			Fender, T.
8	Lopes, R.	**X**			Jones, L.
9	Schickowski, K.	**X**			Anderson, T.
10	Shamer, D.	**X**			Drummond, K.
11	Siclari, R., *Vice Chair*	**X**			Wallace, C.
12	Spencer, W., *Chair*	**X**			
	Quorum = 7	**11**			

1. CALL TO ORDER:

The Chair called the meeting to order at 9:14 a.m. The Chair welcomed all present. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised that the meeting ground rules are present, for reference. In addition, attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. Chairs, committee members, guests, Grantee staff and HIVPC staff self-introductions were made.

2. APPROVALS:

Motion #1: To approve 7/20/17 meeting agenda
Proposed by: Barnes, B. **Seconded by:** Shamer, D.
Action: Passed Unanimously

Motion #2: To approve meeting minutes of 6/14/17.
Proposed by: Lopes, R. **Seconded by:** Hayes, M.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS:

a. The Grantee had two items of business, including the final notice of grant award with a $256,000 reduction. The program budget will take $56,000 of the reduction, and the rest will come from services. The Grantee gave a quick overview of notable expenditures for FY17. The Outpatient Ambulatory Medical Care service category has $800,000 projected to be unexpended with historic late billing. Pharmacy will drop based on expansion of the ADAP formulary with more expansions expected in the future. $1.2 million for HICP is calculated based on the transition of most clients to ADAP. After 3 months of expenditures with drop in near future expect total $500,000. There is some concern about food bank: expenditures are expected to run out before end of year, and the Grantee will make recommendations for lowering FPL for Food Bank from 250, or tiered eligibility based on FPL. Based on increased utilization as well as increased use of vouchers. Service is not need based but FPL based. A member had concerns about the wavering of criteria, suggested keeping FPL at 250 and making a tiered approach so as not to confuse clients. Food Bank is a

difficult subject. The service category is supposed to be emergency based, but is used as a supplement (24 weeks of food), trying to stabilize allocations and expenditure. A member asked about PAC waivers' impact on Case Management (CM), and another member asked why there might be a reduction in CM, rather than Disease Case Management (DCM). There may be additional reallocations at next sweeps in October. Benefit Insurance Support Services (BISS) is a new service and, as such, will take some time to pick up clientele. The service has been billing but is not expected to expend what was originally allocated to it. A provider of the service agreed to this point. All suggested sweeps are based on projections, historical trends and the need to make budget cuts based on FY17 lowered grant award. The Grantee was on a call with ADAP which has a lot of rebate dollars, and is considering allowing Part A Programs to request rebate dollars. The Grantee would like to look at requests for funding to support housing or other services that need one-time funding support. DIS also has more funding based on Test and Treat and no need for Outreach.

Motion #3: To move $50,000 from the OAMC service category.
Proposed by: Lopes, R. **Seconded by:** Schikowski, K.
Action: Passed Unanimously

Motion #4: To move $50,000 from the DCM service category.
Proposed by: Hayes, M. **Seconded by:** Lopes, R.
Action: Passed Unanimously

Motion #5: To move $50,000 from the BISS service category.
Proposed by: DeSantis, M. **Seconded by:** Shamer, D.
Action: Passed Unanimously

Motion #6: To move $50,000 from the Outreach service category.
Proposed by: Barnes, B. **Seconded by:** Hayes, M.
Action: Passed Unanimously

4. MEETING ACTIVITIES

a. FY2018 Allocations:

The group discussed how best to allocate funding, based on FY16/FY17 trends or a wish list for grant writing purposes. The Grantee recognized the difficulty in finding the delicate balance between a fantasy budget and realistic funding streams. HRSA has not given feedback on what should be requested; the general guide is to request what you think you need. Staff writes the Committee's allocations into the grant proposal to HRSA, but ultimately HRSA provides funding based on its capability. The PSRA Committee reviewed scorecard data on client utilization, initial allocations and final expenditures. With 1,200 clients currently on ACA the cost is $1,300. If ACA is repealed, these clients may return to OAMC resulting in an additional $1.5 million need, but no co-pays or HICP expenditures. The Committee first discussed each service category then motioned to allocate funding.

The PSRA Committee allocated 15% more funding to OAMC to account for the potential loss of the Affordable Care Act.

For Pharmacy, PSRA chose to allocate 5% more funding because while mitigating factors may decrease due to ADAP and Formulary changes, utilization may increase.

One member stated that the funder presentation regarding Oral Health made a case for increased funding, but usage does not reflect the stated need. The Committee decided to increase funding by 15% because there are more access points and providers for the service category. Also, with more people on maintenance care than before, spending will increase—possibly more than what has been projected.

For the Health Insurance Continuation Program, the Committee noted that the service was tracking but spends at a faster pace at the beginning of the year. Keeping in mind that current numbers reflect Part A carrying the majority of the cost, and ADAP will take on much of this responsibility, PSRA allocated 5% more funding for utilization of this service category.

The Disease Case Management service category had no change in funding, despite having been reduced by $50,000 earlier in the meeting. This decision was made in order to accommodate a new provider and maintain stability in the service category.

For Mental Health, PSRA allocated 5% more funding for utilization to account for increased access points.

Substance Abuse was allocated 20% more funding, 10% for factors and 10% for utilization. The Committee considered the rise in substance abuse, the opioid epidemic, and the utilization of the service category.

Centralized Intake and Eligibility (CIED) will be streamlined in the future by partnering with Part B to decrease the amount of documentation needed, etc. Considering the service category as it is, PSRA allocated an additional 10% to CIED.

PSRA considered how Non-Medical Case Management may be impacted by Broward's Test and Treat Program, increased access to care, and more clientele in general. Given this information, the Committee allocated -5% factors and 5% utilization, leaving the service category with 0% overall change.

Benefit Insurance Support Services was allocated the same funding because funds were swept out of the category earlier in the meeting, but the Committee felt it was sound practice to provide the same initial allocation in the next fiscal year.

PSRA chose to allocate 10% more funding to Emergency Financial Assistance due to increased utilization. Test and Treat is expected to impact the utilization of this service category.

Food Bank and Voucher was allocated 10% funding for factors and 5% utilization, totaling a 15% increase in funding. The funding is higher because of bulk purchasing.

The Legal service category received an overall 15% increase in funding, 10% factors and 5% utilization. This service category has increased very close numbers historically.

The Committee used the same logic as was used in Part A allocations when making the Minority AIDS Initialive (MAI) allocation decisions.

For MAI Outpatient Ambulatory Medical Care (OAMC), PSRA allocated 10% more for factors and 5% more for utilization, totaling a 15% increase in funding for the service category.

MAI Disease Case Management was allocated less for factors and more for utilization due to increased access points, resulting in a net change of 0%.

MAI Mental Health was allocated an additional 5% for utilization. The category is currently ahead of tracking, but this is artificial as the category does the majority of its spending earlier in the fiscal year.

MAI Substance Abuse received an additional allocation of 20% (10% for factors and 10% for utilization) reflecting the 20% increase for the Part A Substance Abuse service category.

The MAI Centralized Intake and Eligibility D (CIED) was allocated an additional 10% overall funding, 5% factors and 5% utilization. This allocation was based on the projected impact of Broward County's Test and Treat Program and reengagement of clients in care.

Motion #7: To allocate $5,911,635 to OAMC
Proposed by: Siclari, R. **Seconded by:** Hayes, M.
Action: Passed Unanimously

Motion #8: To allocate $639,921 to Pharmacy
Proposed by: Katz, H.B. **Seconded by:** Lopes, R.
Action: Passed Unanimously

Motion #9: To allocate$2,944,564 to Oral Health
Proposed by: Katz, H.B. **Seconded by:** Shamer, D.
Action: Passed Unanimously

Motion #10: To allocate $525,000 to HICP
Proposed by: Barnes, B. **Seconded by:** Hayes, M.
Action: Passed Unanimously

Motion #11: To allocate $507,000 to Disease Case Management
Proposed by: Lopes, R. **Seconded by:** Hayes, M.
Action: Passed Unanimously

Motion #12: To allocate $386,860 to Mental Health
Proposed by: Katz, H.B. **Seconded by:** Siclari, R.
Action: Passed Unanimously

Motion #13: To allocate $280,512 to Substance Abuse
Proposed by: Katz, H.B. **Seconded by:** DeSantis, M.
Action: Passed Unanimously

Motion #14: To allocate $616,564 to Case Management (CIED)
Proposed by: Siclari, R. **Seconded by:** Katz, H.B.
Action: Passed Unanimously

Motion #15: To allocate $1,353,263 to Case Management (non-medical)
Proposed by: Katz, H.B. **Seconded by:** Shamer, D.
Action: Passed Unanimously

Motion #16: To allocate $150,000 to Case Management (Benefit Insurance Support Service)
Proposed by: Lopes, R. **Seconded by:** Katz, H.B.
Action: Passed Unanimously

Motion #17: To allocate $128,872 to Emergency Financial Assistance
Proposed by: Katz, H.B. **Seconded by:** Siclari, R.
Action: Passed Unanimously

Motion #18: To allocate $1,070,566 to Food Bank/Voucher
Proposed by: Katz, H.B. **Seconded by:** Siclari, R.
Action: Passed Unanimously

Motion #19: To allocate $139,640 to Legal
Proposed by: Barnes, B. **Seconded by:** Katz, H.B.
Action: Passed Unanimously

Motion #20: To allocate $335,419 to MAI OAMC
Proposed by: Katz, H.B. **Seconded by:** Shamer, D.
Action: Passed Unanimously

Motion #21: To allocate $50,956 to MAI Disease Case Management
Proposed by: Katz, H.B. **Seconded by:** DeSantis, M.
Action: Passed Unanimously

Motion #22: To allocate $27,861 to MAI Mental Health
Proposed by: Katz, H.B. **Seconded by:** Lopes, R.
Action: Passed Unanimously

Motion #23: To allocate $480,000 to MAI Substance Abuse
Proposed by: Katz, H.B. **Seconded by:** Lopes, R.
Action: Passed Unanimously

Motion #24: To allocate $320,124 to MAI Case Management (CIED)
Proposed by: DeSantis, M. **Seconded by:** Katz, H.B.
Action: Passed Unanimously

5. PUBLIC COMMENT
None.

6. AGENDA ITEMS/TASKS FOR NEXT MEETING: August 17, 2017 **Time:** 9:00a.m., **Venue:** A-337

Goal/Work Plan Objective #:	*Accomplishments*

7. ANNOUNCEMENTS
None.

8. ADJOURNMENT

The meeting was adjourned at 1:26 p.m.

PSRA Attendance CY2017

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date:	CX	15	CX	20	25	14	20						
		1		Bell, J.	NQX	X	NQA	Z- 3/13									
		0	**1**	Barrientos, Y.	N- 3/23			X	X	X	X						
		2	**2**	DeSantis, M.	NQA	A	NQX	X	X	E	X						W-2/16
1		2	**3**	Barnes, B.	NQA	X	NQA	X	X	X	X						
		2	**4**	Grant, C.	NQX	X	NQX	A	X	X	A						
		1	**5**	Hayes, M.	NQX	A	NQX	X	X	X	X						
1		0	**6**	Katz, H.B.	NQE	X	NQE	X	X	X	X						
		3	**7**	King, J.	NQX	A	NQA	X	X	A	X						W- 3/17, 6/15
		2	**8**	Lopes, R.	NQA	X	NQA	X	X	X	X						
		0	**9**	Schickowski, K.	NQX	X	NQX	X	X	X	X						
1		2	**10**	Shamer, D.	NQA	X	NQX	X	X	A	X						
		2	**11**	Siclari, R., *V. Chai*	NQA	X	NQA	X	X	X	X						
		0	**12**	Spencer, W. *Chair*	NQX	X	NQX	X	X	X	X						
				Quorum = 7	6	9	6	11	12	9	11						

Food Services

PSRA -August 2017

Food Services

- Overview/ History -Eligibility throughout the years
- Growths Trends
- Proposal/Recommendation

Overview/History

March 2012

Food Bank:

- One box per month, with a maximum of **12** boxes per year.
- 150% FPL

Food Vouchers:

- Maximum **3** vouchers per year (emergency only).
- 151- 300% FPL

August 2012

Food Bank/Food Vouchers:

- **12** Food Bank allotments per year; may choose food boxes or vouchers *(Maximum of 3 vouchers per year).*
- 150% FPL

Emergency Provision:

- Maximum of **3** food bank allotments per year (food box or food voucher).
- 151- 300% FPL

Overview/History

January 2013

Food Bank/Food Vouchers:

- **15** Food Bank allotments per year. A maximum of **3** allotments may be vouchers. A single voucher can be provided simultaneously with a box.
- 150% FPL

Emergency Provision:

- Maximum of **3** food bank allotments per year (food box **or** food voucher).
- 151- 300% FPL

July 2013

Food Bank/Food Vouchers:

- **24** Food Bank allotments per year. A maximum of **3** allotments may be vouchers. A single voucher can be provided simultaneously with a box.
- 150% FPL

Emergency Provision:

- Maximum of **3** food bank allotments per year (food box or food voucher).
- 151- 300% FPL

Overview/History

December 2013

Food Bank/Food Vouchers:

- **30** Food Service units per year. Only **2** can be dispensed per visit. A unit of food is either a food box or a food voucher.
- 250% FPL

Emergency Provision:

- Maximum of **3** food bank allotments per year (food box or food voucher).
- 251-300% FPL

May 2014

Food Bank/Food Vouchers:

- **2** Food Service units per month (24 food service units per year). Only **2** can be dispensed per visit. One unit must be a food box, and one unit may be a food voucher (only 1 voucher per month). A unit of food is either a food box or a food voucher.
- 250% FPL

Emergency Provision:

- Maximum of 3 food bank allotments per year (food box or food voucher).
- 251-300% FPL

Client Utilization Trends

Federal Poverty Level	Annual Income	Clients 2015	Clients 2016	% Change 15-16	Clients 2017	% Change 16-17	% Change 15-17
0 - 50%	$0-$6,030	617	518	-16%	625	21%	1.3%
51 - 100%	$6,031-12,060	900	736	-18%	759	3%	-15.7%
101 - 150%	$12,061-$18,090	526	389	-26%	435	12%	-17.3%
151 - 300%	$18,091-$36,180	383	310	-19%	337	9%	-12%
Totals		**2,426**	**1,953**		**2,156**		**-11.1%**

***Utilization based on March 1st through August 15th of each FY

Trends in Client Utilization:

- Client utilization from **FY15-16 decreased** for all FPLs
- Client utilization for **FY16-17 increased** for all FPLs
- However, overall client utilization from **FY15-17 decreased for clients 151-300% FPL** and remained **steady for clients 0-50% FPL**

Unit Trends

Federal Poverty Level	Annual Income	Units 2015	Units 2016	% Change 15-16	Units 2017	% Change 16-17	%Change 15-17
0 - 50%	$0-$6,030	1,886	1,673	-11%	3,572	114%	89.4%
51 - 100%	$6,031-12,060	3,289	2,795	-15%	5,092	82%	54.8%
101 - 150%	$12,061-$18,090	1,845	1,578	-14%	3,012	91%	63.3%
151 - 300%	$18,091-$36,180	1,284	1,120	-13%	2,385	113%	85.7%
Totals		**8,304**	**7,166**		**14,061**		**69.3%**

*Units based on March 1st through August 15th of each FY

Unit Trends:

- While overall client utilization from FY15-17 has decreased by 11.1%, the **amount of units has increased by a total of 69.3%**
- While clients from **0-50% FPL remained steady from FY15-17**, the amount of expended units **increased significantly by 89%**
- **Trends show decreased utilization and significantly increased units in all FPL categories**

Expenditure Trends

Federal Poverty Level	Annual Income	Cost 2015	Cost 2016	% Change 15-16	Cost 2017	% Change 16-17	%Change 15-17
0 - 50%	$0-$6,030	$69,608.00	$61,593.00	-12%	$141,541.51	130%	103.3%
51 - 100%	$6,031-12,060	$121,681.00	$103,187.00	-15%	$203,786.34	97%	67.5%
101 - 150%	$12,061-$18,090	$67,949.00	$57,358.00	-16%	$120,766.41	111%	77.7%
151 - 300%	$18,091-$36,180	$46,732.00	$39,872.00	-15%	$95,921.65	141%	105.3%
Totals		**$305,970.00**	**$262,010.00**		**$562,015.91**		**83.7%**

*Expenditures based on March 1st through August 15th of each FY

Expenditure Trends:

- While overall client utilization from FY15-17 has decreased by 11.1%, the **amount of expenditures have increased by a total of 83.7%**
- While clients from **0-50% FPL have only increased by 1.3% from FY15-17**, the overall expenditures have **increased significantly by 103%**
- **Trends show decreased utilization and significantly increased expenditures in all FPL categories**

Recommendation

Federal Poverty Level	Annual Income	Current Units/Year	Proposed Units/Year
0 - 50%	$0-$6,030	24	24
51 - 100%	$6,031-$12,060	24	24
101 - 150%	$12,061-$18,090	24	12
151 - 250%	$18,091-$30,150	24	12
251-300%	$30,151-$36,180	3	3

Questions?

Food Bank Eligibility Trends and Recommendations