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 / Fax: 954-561-9685

MEETING AGENDA

Committee: Priority Setting & Resource Allocation (PSRA)
Date/Time: Thursday, February 18, 2021 at 9:00 a.m.
Location: Virtual Meeting Room
Chair: Lorenzo Robertson **Vice Chair:** Vacant

PSRA Purpose: To develop integrated PSRA process using data with input from stakeholders and consumer forums

1. **CALL TO ORDER:**
   a. Welcome
   b. Ground Rules
   c. Statement of Sunshine
   d. Introductions
   e. Moment of Silence
   f. Public Comment

2. **APPROVALS:** 02/18/21 Agenda and 10/15/20 Meeting Minutes

3. **STANDARD COMMITTEE ITEMS**
   Monthly Expenditures/Utilization Report- by service category

4. **MEETING ACTIVITIES**
   I. **FY2020 Work Plan Review (Handout A)**
   Work Plan Activity 1.6: Review and approve FY2020 PSRA Work Plan.
   ACTION ITEM: Review PSRA's FY2020 Work Plan progress and approve the FY2021 Work Plan.
   II. **FY2022 PSRA Process Timeline (Handout B)**
   Work Plan Activity 1.1: Review data relevant to the PSRA process (including recommendations from QM, SOC, and CEC).
   ACTION ITEM: Review and approve the proposed FY2022 PSRA Process timeline.
   III. **REMINDER: PSRA Vice Chair Seat Vacancy**
   Work Plan Goal: Develop integrated PSRA process using data with input from stakeholders and consumer forums.
   ACTION ITEM: Discuss the Vice Chair vacancy and associated responsibilities.

5. **UNFINISHED BUSINESS**
   None

6. **RECIPIENT REPORT**

7. **PUBLIC COMMENT**

8. **AGENDA ITEMS/TASKS FOR NEXT MEETING:** **Date:** March 18, 2021 at 9:00 a.m. **Venue:** TBD

9. **ANNOUNCEMENTS**

10. **ADJOURNMENT**

FOR A DETAILED DISCUSSION ON ANY OF THE ABOVE ITEMS,

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PLEASE REFER TO THE MEETING MINUTES.

Meeting Packets are available at: [The HIV Planning Council Website](http://www.brhpc.org/programs/hiv-planning-council/)
(http://www.brhpc.org/programs/hiv-planning-council/)

PLEASE COMPLETE YOUR MEETING EVALUATIONS

THREE GUIDING IDEAS OF THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

• Linkage to Care •Retention in Care • Viral Load Suppression •

HIV HEALTH SERVICES PLANNING COUNCIL MEETING GROUND RULES

1. The Council, its members, and the public recognize and respect the committee process adopted by this Council. The Council, its members, and the public recognize that full discussion and analysis of issues occurs at the committee level rather than at Council meetings.

2. Before a member can make a motion or speak in debate, the member must be recognized by the Chair as having the exclusive right to be heard at that time.

3. All speakers are expected to address the Council in a respectful manner to respect time limits, to speak briefly and to the point, and to stay on agenda. All other persons in attendance should not interrupt the speaker who is recognized by the Chair as having the floor.

4. If the member who made the motion claims the floor and has not already spoken on the question, that member is entitled to be recognized in preference to other members.

5. No person is entitled to the floor a second time in debate on the same item as long as any other person who desires the floor has not spoken on the item.

6. Speakers should restrict comments and debate to the pending question or motion. Speakers must address their remarks to the Chair and maintain a courteous tone. The Chair may impose time limits on debate or discussion to ensure efficient conduct of Council business.

7. Members should not name service providers and/or persons during any discussion unless the service provider or person is identified in the subject of the motion or agenda item. Specific concerns regarding service providers should be directed towards the Grantee, outside of the meeting.

8. Members of the public may only address the Council upon recognition by the Chair. They are subject to the same rules of conduct expected of Council members.

9. No alcohol or drug use (unless prescribed by a licensed physician), is permitted at Council meetings, grantee or support staff offices.

10. No abusive language, threats of violence, or possession of weapons are permitted in Council meetings, grantee or staff offices.

11. Repeated violation of these meeting rules may result in no further recognition of the offending member or attendee by the Chair at that meeting. Any serious breach of conduct which disrupts the Council's meeting may subject the offender to removal from the meeting, administrative or legal process.

Revised 7/24/14

CONSEJO DE PLANEACIÓN DE SERVICIOS DE SALUD VIH REGLAS BÁSICAS DE LA REUNIÓN

1. Los miembros deberán aceptar y respetar el proceso de comité adoptado por este Consejo. Las discusiones y el análisis en pleno de los temas tendrán lugar a nivel de comité y no en las reuniones plenarias del Consejo.

2. Antes de que un miembro pueda iniciar una moción o de que una persona pueda hablar en un debate, el Presidente de la reunión deberá reconocer que él o ella tienen el derecho exclusivo de hablar en ese momento dado.

3. Se espera que todos los ponentes se dirijan al Consejo de una manera respetuosa, que no se interrumpa al ponente con derecho al habla en el momento, que cuando se hable se haga de forma clara y concisa, y que se mantenga la agenda.

4. Si el miembro que inicia una moción no ha hablado todavía y reclama su derecho a hablar sobre un asunto, él/ella tendrán el derecho a que con preferencia se les reconozca.

5. Nadie tendrá derecho a reclamar el habla por una segunda vez, en un debate sobre el mismo tema, cuando otra persona que no ha hablado todavía, desea hacerlo.

6. Los debates deben ceñirse a los asuntos o mociones que estén pendientes. Al hablar, los ponentes deben referirse al Presidente, y mantener un tono cortés.

7. Los miembros del público solo podrán dirigirse al Consejo cuando hayan sido reconocidos por el Presidente de la reunión. Estarán sujetos a las mismas reglas de conducta que se esperan de los miembros del Consejo. Se establecerán límites de tiempo según sea necesario para garantizar que los asuntos del Consejo cursen de manera eficiente.

8. Miembros del público sólo podrán dirigir el Consejo a partir del reconocimiento por el Presidente. Están sujetos a las mismas reglas de conducta que se espera de los miembros del Consejo.

9. No estará permitido el uso de bebidas alcohólicas o de drogas en las reuniones del Consejo y tampoco en las oficinas del personal de soporte y donatarios.

10. No está permitido el uso de lenguaje abusivo, amenazas de violencia y posesión de armas en las reuniones del Consejo ni en las oficinas del personal de soporte y donatarios.

11. La repetida violación de estas reglas básicas dará como resultado que el Presidente de la reunión deje de reconocer al derecho a participación del ofensor o miembro de la audiencia. Cualquier violación de conducta grave, que perturbe la reunión de Consejo, terminará en la remoción del ofensor, de la reunión.

Revised 7/24/14

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV RÈGLEMAN RANKONT-YO

1. Manm-yo dwe rekonèt epi respekte pwosesis komite-a ke Konsèy-la adopte. Diskisyon ak analiz total pwoblèm-yo fèt nan nivo komite-a; li pa fèt pandan rankont tout Konsèy-la.

2. Anvan yon manm ka fè yon pwopozisyon oswa nenpòt ki moun gen dwa pale pandan yon deba, fòk Prezidan Komite-a bali dwa esklizif pou fè moun tande-li nan moman sa-a.

3. Yo atann-yo aske tout moun k'ap pale ak Konsèy-la fè-li avèk respè, pou pèsonn pa koupe moun ke Konsèy-la bay dwa pale lapawòl, pou moun k'ap pale-a respekte kantite tan yo ba-li pou pale-a, pou li di sa l'ap di-a rapidman epi avèk presizyon, epi pou li respekte ajanda-a.

4. Si manm ki fè pwopozisyon-an mande pou li pale epi si li poko pale sou keksyon-an deja, li gen priyorite sou lòt manm-yo.

5. Pèsonn moun pa gen dwa pran lapawòl de fwa sou yon menm sijè si gen lòt moun ki poko pale epi ki vle esprime tèt-yo.

6. Deba-a dwe rete sou keksyon oswa pwopozisyon k'ap fèt-la. Moun k'ap pale-a dwe adrese sa l'ap di-a bay Prezidan Komite-a epi pale sou yon ton ki make ak respè.

7. Manm piblik-la dwe pale ak Konsèy-la sèlman si Prezidan Konsèy-la bay-yo lapawòl. Yo dwe respektè menm règleman kondwit avèk manm Konsèy-yo. Lè sa nesesè pou zafè Konsèy-la byen mache, yo gen dwa bay-yo yon limit tan pou yo pale.

8. Manm nan piblik la sèlman pou adrese a konsèy sou rekonèsans sou chèz la. Yo ka tonbe anba menm lòd de kondwit ki te espere nan manm konsèy yo.

9. Itilizasyon alkòl ak dwòg (sòf si se yon doktè lisansye ki preskri-li), entèdi nan rankont Konsèy-la oswa nan biwo estaf sipò-a oswa Resevè-a.

10. Vye langaj, menas vyolans, oswa posesyon zam entèdi nan rankont Konsèy-la oswa nan biwo estaf-la oswa Resevè-a.

11. Vyolasyon repete règleman rankont-yo ap lakòz yon manm oswa lòt moun k'ap asiste rankont-lan pa kapab patisipe ankò. Nenpòt ki move kondwit serye ki twouble rankont-la ap lakòz yo mete moun-nan deyò.

Revised 7/24/14

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MEETING MINUTES

Committee: Priority Setting & Resource Allocation (PSRA)
Date/Time: Thursday, October 15, 2020 9:00 a.m.
Location: Virtual Meeting Room
Chair: Lorenzo Robertson **Vice-Chair:** Vacant

ATTENDANCE

#	Member	Present	Absent
1	Barnes, B.	X	
2	Biggs, V.	X	
3	Fortune-Evans, B.	X	
4	Grant, C.	X	
5	Katz, H. B.	X	
6	Lopes, R.	X	
7	Mester, B.	X	
8	Moreno, V.	X	
9	Robertson, L., Chair	X	
10	Schickowski, K.	X	
11	Schweizer, M.	X	
12	Shamer, D.	X	
13	Siclari, R.	X	
	Quorum = 8	**13**	

Recipient Staff
Giglioli, K.
Tariq, A.
Cius, W.
Scott, S.
Thompson, T.
HIVPC Staff
Oratien, V.
Martinez, G.
Ukpai, F.
Seitchick, J.
Guice, M.
Guest
Drummond, K.
Rodriguez, J.
Cook, S.
Quintero, S.
Pabon, N.

1. CALL TO ORDER:

The PSRA Chair called the meeting to order at 9:01 a.m. The Chair welcomed all present and apologized for the technical difficulties, which delayed the meeting start time. 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 acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Chairs, committee members, guests, Recipient staff, and HIVPC staff self-introductions were made.

2. APPROVALS:

Motion #1: To approve today's meeting agenda
Proposed by: Schweizer, M. **Seconded by:** Mester, B.
Action: Passed Unanimously

Motion #2: To approve the meeting minutes of 07/23/2020
Proposed by: Lopes, R. **Seconded by:** Schickowski, K.
Discussion: A member noted a discrepancy in the last meeting minutes, where it stated that they proposed the allocation for a service category; however, they were the abstention from the motion. At the beginning of every PSRA meeting, where allocations or sweeps occur, members are to state their conflicts for the record and abstain from voting for funding in any service category that their organization provides services.
Friendly Amendment: To amend motion #15 under Part 4: Meeting Activities/New Business to reflect that K. Schickowski abstained from the vote and therefore was not the member who proposed the allocation.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS

Monthly Expenditures/Utilization Report: The Recipient Fiscal Manager reviewed service category expenditures. At this point in the fiscal year, 50% of service category funding is expected to be utilized. The report showed MAI Ambulatory was only 6% expended. Many services have been underutilized in the current fiscal year, likely due to the impact of COVID-19. Overall, funds are reported to be 32% expended.

4. MEETING ACTIVITIES/NEW BUSINESS

Reallocations "Sweeps": Members reviewed reallocation recommendations provided by the Recipient. Some categories showed recommended reallocation, from one service category to another. This is because, within those categories, some service providers have returned funds while others have requested funds. The Committee had an in-depth discussion of how the recommendations were derived. Members also expressed concern about the size of sweep recommendations. A member noted that some providers have billed for allowable costs for the six months and will see higher expenditure rates once those costs have been measured; therefore, the proposed sweep recommendations should be revised. After much discussion, the Committee voted to table reallocations until November.

Motion #3: To move sweeps to November and return with a revised plan to spend down funding this fiscal year.
Proposed by: Barnes, B. **Seconded by:** Mester, B.
Discussion: A member stated that all providers were presented an opportunity to project their anticipated utilization and request additional funding should they need it. It was noted that delaying the sweep process may negatively impact the subsequent sweeps for this fiscal year.

Action: Passed with 1 Opposed

ACTION ITEM: Recipient to provide a six-month projection of each category and the recommendations from the close of 2019 (September-February).

FY2019 Assessment of the Administrative Mechanism (HANDOUT A): The Committee reviewed the results of the FY2019 Assessment of the Administrative Mechanism and made recommendations. Historically, PCS elicits survey participation from HIV Planning Council members and the Recipient. It was recommended that next year's survey include when the contracts were loaded into Provide Enterprise to initiate billing. Another recommendation was to include some of the survey questions to providers for their monthly reporting to inform the Planning Council in their decision-making.

PSRA Leadership: The Committee Chair announced the vacancy of the PSRA Vice-Chair position. The Chair encouraged members to take on the leadership role and shared his own experiences since stepping into the Chair position. He noted coordination meetings organized and facilitated by PCS staff as being helpful in preparing for upcoming Committee meetings.

5. UNFINISHED BUSINESS

None.

6. RECIPIENT REPORT

- The Recipient requested that the Committees review the Mental Health & Substance Abuse FPL. Based on conversions between other Part A and Part B offices, the recommendation will be brought forth.
- The Recipient will be speaking with their Project Officer to see if any consideration has been given to additional carryover and if there will be a special allowance made due to COVID-19.
- There was a question raised regarding the continuation of virtual meetings, as the Executive Order to meet virtually will expire at the end of October. Clarification on quorum mandates will be reviewed to determine if quorum must still be met in the room before virtual participation is considered.
- Within the next 30 days, the Recipient plans to be disseminating new contracts that started on September 1st.
- The new Ending the HIV Epidemic (EHE) project commenced on September 1st. Contracts are still with the Chief Accounting Officer (CAO); however, the CAO has assured the Recipient's office that contracts will be forthcoming.

7. PUBLIC COMMENT

None.

8. AGENDA ITEMS/TASKS FOR NEXT MEETING: November 12, 2020 **Time:** 9:00 a.m. **Venue:** TBD

9. ANNOUNCEMENTS

- Request made for the Executive Committee to review the November calendar to determine the best dates for Committees to meet with consideration of the Thanksgiving holiday.

10. ADJOURNMENT

The meeting was adjourned without objection at 10:08 a.m.

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PSRA Attendance CY2020

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	16	20	C	C	21	18	23	C	C	15			
0	1	0	**1**	Barnes, B.	X	X			X	X	X			X			
1	1	0	**2**	Biggs, V	N - 6/19						X			X			
0	0	0	**3**	Fortune-Evans, B.	X	X			X	X	X			X			
0	0	0	**4**	Grant, C.	X	X			X	X	E			X			
0	0	0		Hayes, M., *V. Chair*	X	X			Z - 5/21								
1	1	0	**5**	Katz, H.B.	X	X			X	X	X			X			
0	0	1	**6**	Lopes, R.	X	A			X	X	X			X			
0	0	0	**7**	Mester, B.	X	X			X	X	X			X			
0	0	0	**8**	Moreno, V.	X	X			E	E	X			X			
0	1	0	**9**	Robertson, L. *Chair*	X	X			X	X	X			X			
0	0	0	**10**	Schickowski, K.	X	X			X	X	X			X			
0	0	1	**11**	Schweizer, M.	X	A			X	X	X			X			
1	1	0	**12**	Shamer, D.	N - 6/19						X			X			
0	0	1	**13**	Siclari, R.	X	A			X	X	E			X			
				Quorum = 8	12	9	0	0	10	10	11	0	0	13	0	0	

Legend:

X - present	**N - newly appointed**
A - absent	**Z - resigned**
E - excused	**C - canceled**
NQA - no quorum absent	**W - warning letter**
NQX - no quorum present	**Z - resigned**
CX - canceled due to quorum	**R - removal letter**

VISION: To ensure the delivery of high-quality comprehensive HIV/AIDS services to low income and uninsured Broward County residents living with HIV, by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care

MISSION: We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In so doing, we: Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care
Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments
Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment

Ft. Lauderdale/Broward EMA
Ryan White Part A and MAI
FY 20-21 Allocations

	Service Category		Allocations	Expended Amount	Expended %	Unexpended Amount	Average Monthly Expenditures	FY 2020-21 Projected Expenditures	Potential Unexpended Dollars
Core Medical Services	Ambulatory- Integrated Primary Care and Behavioral Health Services (6)		4,868,552	3,469,118	71%	1,399,435	346,912	4,162,941	737,150
	MAI Ambulatory (1)		100,000	81,044	81%	18,956	8,104	97,253	2,747
	AIDS Pharmaceutical Assistance (3)		872,940	496,067	57%	376,873	49,607	595,280	407,631
	Oral Health Care	*Routine (4)*	1,041,438	937,718	90%	103,720	93,772	1,125,261	(22,212)
		Specialty (1)	451,489	394,054	87%	57,435	39,405	472,865	21,612
	Medical Case Management	*MAI Medical Case Management (1)*	182,823	171,879	94%	10,944	17,188	206,254	(4,681)
		Case Management (7)	1,759,423	1,374,192	78%	385,231	137,419	1,649,031	147,459
		Disease Case Management (5)	582,020	421,123	72%	160,897	42,112	505,348	44,332
	Mental Health- Trauma-Informed (2)		172,053	131,189	76%	40,864	13,119	157,426	27,774
	MAI Mental Health (1)		62,469	31,386	50%	31,083	3,139	37,663	24,806
	Health Insurance Premium & Cost Sharing Assistance		873,877	600,401	69%	273,476	60,040	720,481	73,342
	Substance Abuse-Outpatient (1)		410,030	285,026	70%	125,004	28,503	342,031	99,093
	MAI Substance Abuse-Outpatient (1)		467,000	466,996	100%	4	46,700	560,395	(42,450)
Support Services	*Case Management*	*Centralized Intake and Eligibility Determination (1)*	582,488	384,265	66%	198,223	38,427	461,118	121,370
		MAI Centralized Intake and Eligibility Determination (1)	290,956	290,954	100%	2	29,095	349,145	(96,983)
	Food Services	*Food Bank (1)*	700,000	601,725	86%	98,275	60,172	722,070	43,573
		Food Voucher (1)	382,586	-	0%	382,586	-	82,586	382,586
	Legal Assistance (1)		129,151	117,346	91%	11,805	11,735	140,816	1,137
	Emergency Financial Assistance (1)		115,872	-	0%	115,872	-	115,872	115,872
	Total Part A Funds		**12,941,919**	**9,212,224**	**71%**	**3,729,695**	**921,222**	**11,054,668**	**2,200,718**
	FY19-20 Carryover MAI Fund		**419,000**						**419,000**
	Total MAI Funds		**1,522,248**	**1,042,259**	**68%**	**479,989**	**104,226**	**1,250,711**	**302,439**
	Total Funds		**14,464,167**	**10,254,483**	**71%**	**4,209,684**	**1,025,448**	**12,305,379**	**2,922,156**

HANDOUT A

FY 2020-21 Priority Setting/Resource Allocations Committee Work Plan

The work plan is intended to help guide the work of the committee and to assist the Priority Setting/Resource Allocations Committee in achieving its objectives in the coming year.

For each activity, the time period of activity is highlighted in blue and the completion date is noted with an "X".

GOAL: Develop integrated PSRA process using data with input from stakeholders and consumer forums

Objective 1: Plan, prioritize, allocate and monitor available resources and expenditures

Activities	Frequency	Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Review data relevant to the PSRA process (including recommendations from QM, SOC, and CEC)	Ongoing	Staff/ PSRA	Data driven PSRA process	a. PSRA Service Category Scorecards (utilization, expenditures, etc.) b. Community input (through focus groups, CEC rankings and community forums, Integrated Committee forums, etc.) c. Epidemiology (including incidence, prevalence, co-morbidities, etc.) d. Unmet Need e. EIIHA f. Implementation Plan g. Cost data (other funders) h. QM Care Continuum measures i. NHAS j. Anticipated changes due to the ACA			X	X	X							
1.2 Review How Best to Meet the Need language recommendations from SOC committee.	Annually	PSRA/ SOC	Data driven PSRA process	Review and update How Best to Meet the Need language recommendations from SOC committee.					X							
1.3 Priority rank Part A and MAI service categories	Annually	PSRA/ CEC	Complete PSRA process	Use data elements to inform priority ranking process.				X								
1.4 Allocate Part A and MAI funds by service category	Annually	PSRA	Complete PSRA process	Allocate Part A and MAI funds based on priority ranking process.					X							
1.5 Monitor expenditures and allocations	Bi-Annually	PSRA/ Recipient	Appropriate funding	Recommend reallocations ("Sweeps") to ensure sufficient core funding and the distribution of additional funds.								X*			X*	
1.6 Review and approve FY2020 PSRA Work Plan	Annually	PSRA	Process Planning													

Objective 2: Establish a seamless system between testing and care and treatment to facilitate access and ensure linkage and retention (Integrated Plan Strategy 2.1.a)

Activities		Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Develop targeted strategies and interventions for vulnerable populations who may not seek care or who may have fallen out of care **(YEAR 1-2)**	As Needed/ Recommended	PSRA	Increase access to care and improve health outcomes	Review recommendations from QMC, Integrated Work Group, SOC Committee and other relevant data sources to identify and develop strategies to address the needs of clients who may not seek care or who have fallen out of care. Implement identified strategies for MAI funded services in the EMA through Service Delivery Models, programs, interventions, enhanced service categories, and/or HBTMTN												

Objective 3: Assess the Administrative Mechanism

Activities		Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
3.1 Assessment of the Administrative Mechanism training	Annually	Staff/ PSRA	Ensure compliance	Receive training to review the required components and purpose of the assessment.			X									
3.2 Assessment of the Administrative Mechanism recommendations	Annually	PSRA	Ensure compliance	Make recommendations for activities to include in the assessment of the Administrative Mechanism.			X					X				

HANDOUT B

Timeline for Priority Setting and Resource Allocation Process

DATE	TASK	ACTION ITEM
Thursday, February 18, 2021 9:00 A.M. to 11:00 A.M. WebEx Videoconference	**Review and Approve Proposed PSRA Timeline**	To establish the PSRA Process
Thursday, March 18, 2021 9:00 A.M. to 11:00 A.M. WebEx Videoconference	1. **Begin PSRA Process**: Approve condensed PSRA timeline, Review purpose of PSRA, Sign PSRA Agreement 2. **Review Part A Eligibility of service categories** including data relating to previous year's utilization of services.	PSRA Committee: To review the PSRA guidelines, and approve the PSRA timeline PCS Team
Thursday, April 15, 2021 9:00 A.M. to 11:00 A.M. WebEx Videoconference	1. **Ryan White Funder and Stakeholders (Part B, C, D, F and HOPWA)** including data related to: a. Client utilization b. Budget c. Provided services	Funders/Stakeholders
Thursday, May 20, 2021 9:00 A.M. to 1:00 P.M. WebEx Videoconference	1. **HIV Surveillance Epidemiological Data** Presentation focused on: a. Trends in new infections b. Current and emerging priority populations c. Changes in demographics of the EMA's HIV/AIDS cases 2. Notable trends **Needs Assessment /Community Input**: Discussion of community needs and feedback from needs assessment activities. 3. **Part A Client Health Outcomes Presentation:** Analysis of Part A client	FLDOH-BC CQM Team CQM Team

Timeline for Priority Setting and Resource Allocation Process

	continuum of care health outcomes including: a. Viral Load Suppression b. Retention in Care; Variations by gender, race/ethnicity, service category c. Review FY2020 – March 1, 2020 – February 28, 2021 (PSRA Scorecard) Expenditure & Allocations	
Thursday, June 17, 2021 9:00 A.M. to 1:00 P.M. WebEx Videoconference	1. **Discuss How Best To Meet The Need** 2. **Review Community Empowerment Committee's (CEC) Rankings of Part A Services** 3. **Priority Setting:** a. Rank Part A services based on community needs, CEC recommendations, funder recommendations, and data presentations. b. Review Results of PSRA's ranking of core and support services	SOC Committee PCS Team PCS Team/PSRA Committee
Thursday, July 15, 2021 9:00 A.M. to 11:00 A.M. WebEx Videoconference	**Resource Allocations:** Allocate Part A & MAI funding based on FY2020 expenditures, FY 2021 projections. **PSRA Process Completed**	Recipient/ PSRA Committee