FORT LAUDERDALE/BROWARD EMA
BROWARD HIV HEALTH SERVICES PLANNING COUNCIL
AN ADVISORY BOARD OF THE BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS
200 OAKWOOD LANE, SUITE 100, HOLLYWOOD, FL 33020
(954) 561-9681 • FAX (954) 561-9685

Priority Setting & Resource Allocation Committee Meeting

Thursday, October 21, 2021 - 9:00 AM
Meeting via WebEx Videoconference
Chair: Lorenzo Robertson • Vice Chair: Valery Moreno

Join the meeting via phone: 1-408-418-9388 US Toll (access code: 132 814 9177)

This meeting is audio and video recorded.

Quorum for this meeting is 7

DRAFT AGENDA

ORDER OF BUSINESS

1. Call to Order/Establishment of Quorum
2. Welcome from the Chair
    a. Meeting Ground Rules
    b. Statement of Sunshine
    c. Introductions & Abstentions
    d. Moment of Silence
3. Public Comment
4. **ACTION:** Approval of Agenda for October 21, 2021
5. **ACTION:** Approval of Minutes from September 16, 2021
6. Standard Committee Items
    a. Monthly Expenditure/Utilization Report – by service category (Handout A)
7. New Business
    a. **Action Item**: Reallocations/ "Sweeps" – Recommend reallocations ("Sweeps") to ensure sufficient core funding and the distribution of additional funds. (Handout A) Work Plan Activity 1.5: Monitor expenditures and allocations.
8. Recipient's Report
9. Public Comment
10. Agenda Items for Next Meeting
    a. Next Meeting Date: January 20, 2021, at 9:00 a.m. via TBD
11. Announcements
12. Adjournment

For a detailed discussion on any of the above items, please refer to the minutes available at:

HIV Planning Council Website

Please complete your meeting evaluation.
Three Guiding Principles of the Broward County HIV Health Services Planning Council
• Linkage to Care • Retention in Care • Viral Load Suppression •

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: (1) Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care, (2) Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments, (3) Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment.

BROWARD COUNTY
FLORIDA
Health Care Services
Ryan White Part A Program

Broward County Board of County Commissioners

Mark D. Bogen • Lamar P. Fisher • Beam Furr • Steve Geller • Dale V.C. Holness • Nan H. Rich • Tim Ryan • Barbara Sharief • Michael Udine

Broward County Website

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

Acronym List

ACA: The Patient Protection and Affordable Care Act 2010

ADAP: AIDS Drugs Assistance Program

AETC: AIDS Education and Training Center

AHF: AIDS Health Care Foundation

AIDS: Acquired Immuno-Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretrovirals

BARC: Broward Addiction Recovery Center

BCFHC: Broward Community and Family Health Centers

BH: Behavioral Health

BISS: Benefit Insurance Support Service

BMSM: Black Men Who Have Sex with Men

BRHPC: Broward Regional Health Planning Council, Inc.

CBO: Community-Based Organization

CDC: Centers for Disease Control and Prevention

CDTC: Children's Diagnostic and Treatment Center

CEC: Community Empowerment Committee

CIED: Client Intake and Eligibility Determination

CLD: Client Level Data

CM: Case Management

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

DCM: Disease Case Management

DOH-Broward: Florida Department of Health in Broward County

eHARS: Electronic HIV/AIDS Reporting System

EIIHA: Early Intervention of Individuals Living with HIV/AIDS

EFA: Emergency Financial Assistance

EMA: Eligible Metropolitan Area

FDOH: Florida Department of Health

FPL: Federal Poverty Level
FQHC: Federally Qualified Health Center
HAB: HIV/AIDS Bureau
HHS: U.S. Department of Health and Human Services
HICP: Health Insurance Continuation Program
HIV: Human Immunodeficiency Virus
HIVPC: Broward County HIV Planning Council
HMSM: Hispanic Men who have Sex with Men
HOPWA: Housing Opportunities for People with AIDS
HRSA: Health Resources and Service Administration
HUD: U.S Department of Housing and Urban Development
IW: Integrated Workgroup
IDU: Intravenous Drug User
JLP: Jail Linkage Program
LPAP: Local AIDS Pharmaceutical Assistance Program
MAI: Minority AIDS Initiative
MCDC: Membership/Council Development Committee
MCM: Medical Case Management
MH: Mental Health
MNT: Medical Nutrition Therapy
MOU: Memorandum of Understanding
MSM: Men Who Have Sex with Men
NBHD: North Broward Hospital District (Broward Health)
NGA: Notice of Grant Award
NHAS: National HIV/AIDS Strategy
NOFO: Notice of Funding Opportunity
nPEP: Non-Occupational Post Exposure Prophylaxis
NSU: Nova Southeastern University
OAHS: Outpatient Ambulatory Health Services
OHC: Oral Health Care
PE: Provide Enterprise

PLWH: People Living with HIV

PLWHA: People Living with HIV/AIDS

PrEP: Pre-Exposure Prophylaxis

PRISM: Patient Reporting Investigating Surveillance System

PROACT: *Participate, Retain, Observe, Adhere, Communicate and Teamwork is DOH-Broward's treatment adherence program.*

PSRA: Priority Setting & Resource Allocations

QI: Quality Improvement

QIP: Quality Improvement Project

QM: Quality Management

QMC: Quality Management Committee

RSR: Ryan White Services Report

RWHAP: Ryan White HIV/AIDS Program

RWPA: Ryan White Part A

SA: Substance Abuse

SBHD: South Broward Hospital District (Memorial Healthcare System)

SCHIP: State Children's Health Insurance Program

SDM: Service Delivery Model

SOC: System of Care

SPNS: Special Projects of National Significance

STD/STI: Sexually Transmitted Diseases or Infection

TA: Technical Assistance

TB: Tuberculosis

TGA: Transitional Grant Area

VA: United States Department of Veteran Affairs

VL: Viral Load

VLS: Viral Load Suppression

WMSM: White Men who have Sex with Men

WICY: Women, Infants, Children, and Youth

Frequently Used Terms

Recipient: Government department designated to administer Ryan white Part A funds and monitor contracts.

Planning Council Support (PCS) Staff/'Staff': Provides professional staff support, meeting coordination and information to the HIVPC, its standing and ad-Hoc Committees, Chair, and Recipient.

Clinical Quality Management (CQM) Support Staff: Provides professional support, meeting coordination and technical assistance to assist the Recipient through analysis of performance measures and other data with implementation of activities designed to improve patient's care, health outcomes and patient satisfaction throughout the system of care.

Provider/Sub-Recipient: Agencies contracted to provide HIV Core and Support services to consumers.

Consumer/Client/Patient: A person who is an eligible recipient of services under the Ryan White Act.

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(954) 561-9681 • FAX (954) 561-9685

Priority Setting and Resource Allocation Committee

Thursday, September 23, 2021 - 9:00 AM
Meeting via WebEx

DRAFT MINUTES

PSRA Members Present: L. Robertson (Committee Chair), B. Fortune-Evans, B. Barnes, B. Mester, C. Grant, D. Shamer, K. Schickowski, M. Schweizer, R. Lopes, V. Moreno

Members Absent: H. Bradley Katz

Ryan White Part A Recipient Staff Present: A. Tareq, D. Cunningham, G. James, J. Bell, K. Giglioli, N. Walker, S. Scott, W. Cius, V. Hornsey

Planning Council Support Staff Present: G. Berkley-Martinez, F. Ukpai, T. Williams, V. Oratien

Guests Present: C. Dumas, J. Saboe Rodriguez, K. Drummond, J. Rodriguez

1. Call to Order, Welcome from the Chair & Public Record Requirements

   The PSRA Chair called the meeting to order at 9:07 a.m. The PSRA Chair welcomed all meeting attendees that were present. Attendees were notified that the PSRA meeting is based on Florida's "Government-in-the-Sunshine Law and meeting reporting requirements, including the recording of minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by the PSRA Chair, committee members, Recipient staff, PCS staff, and guests by roll call, and a moment of silence was observed.

2. Public Comment

   The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or to raise other matters pertaining to HIV/AIDS and services in Broward County. There were no public comments.

3. Meeting Approvals

   The approval for the agenda of the September 23, 2021, Priority Setting and Resource Allocation Committee meeting was proposed by B. Barnes, seconded by B. Mester, and passed unanimously. The approval for the minutes of the August 2, 2021, meeting was proposed by B. Mester, seconded by R. Lopes, and approved with no further corrections.

   Mr. Barnes, on behalf of PSRA, made a motion to approve the September 23,

2021, Priority Setting and Resource Allocation Committee agenda as presented. The motion was adopted unanimously.

Mr. Mester, on behalf of PSRA, made a motion to approve the August 2, 2021, Priority Setting and Resource Allocation meeting minutes as presented. The motion was adopted unanimously.

4. Standard Committee Items

A. Tareq, the Part A Recipient Fiscal Manager, reviewed expenditures, and utilization through Quarter 2 of FY2021. Part A service categories have expended 48% of their service category funding at this point in the fiscal year, and MAI funds have been 71% utilized. Mr. Tareq provided a line-by-line breakdown of expenditures and utilization to date. There was some concern that the average monthly expenditures may not be accurate. Mr. Tareq advised the committee that the expenditures are calculated based on current information when the form is being prepared. Therefore, there may be some variation, but overall, the value for the expenditures is correct. There was also concern that since MAI CIED and Food vouchers appear to be 100% expended, will clients who attempt to access these services still be served. S. Scott reassured the committee that agencies would continue to provide services for MAI clients using regular Part A funds after all MAI funds have been expended. The committee requested that in the future, the utilization report includes the bulk purchase. After some discussion, the Recipient advised the committee that they would find a way to include bulk purchases in future reports.

The PCS Staff Health Planner presented the PSRA meeting evaluation results from the second quarter to the committee. Meeting evaluations are used as a tool to provide ongoing feedback to the Planning Council and its committees as to the quality and effectiveness of meetings, and they identify strengths, deficiencies, and potential training/development needs. The PSRA had 14 completed surveys out of a potential total of 41, with a 100% completion rate for the surveys received.

5. New Business

Planning Council Support Staff gave a presentation on the results of the FY20 Assessment of the Administrative Mechanism. The purpose of the Assessment of the Administrative Mechanism is to assess the efficiency of the administrative mechanism in allocating funds to the areas of greatest need within the HIV community. The survey is distributed annually to the Recipient, subrecipients, the HIVPC and covers topics relating to the procurement process, contracts, reimbursements of subrecipients, use of funds, and engagement with the HIVPC in the planning process. For FY20, 19 out of 21 HIVPC members participated, 8 out of 11 providers participated, and the Recipient also completed the survey.

Overall, the administrative mechanism functions effectively and efficiently, and no substantial problems were identified through its assessment. However, comments from the HIVPC, Recipient, and Provider surveys spurred recommendations for future actions to make the funding process even more effective. A committee member was concerned that the report did not include information on when contracts were uploaded to Provide Enterprise (PE). PCS staff advised the committee that based on the response from the Recipient, contracts were uploaded to PE March 2, 2020. Additionally, due to barriers from the COVID-19 pandemic, there were delays in executing provider contracts, resulting in the Recipient issuing a six-month extension on contracts. Contracts that were extended were executed between March 1-5, 2020, and new contracts were executed between November 2020 and

February 2021. The recipient advised that they would review the full report and provide a response. A member was concerned that the report stated that meetings are only cancelled due to lack of quorum as this comment is not accurate. The committee member stated that meetings have been cancelled in the past for reasons beyond those given in the report, such as those meetings that are cancelled in the month of August while PCS staff complete the Ryan White Part A Grant Application. The motion to table approving the recommendations until the next scheduled PSRA meeting was proposed by B. Barnes, seconded by V. Moreno, but failed by three yes votes and five no votes. The motion to approve the recommendations from the Assessment of the Administrative Mechanism as presented was proposed by B. Barnes, seconded by R. Lopes, and passed with one opposed.

Mr. Barnes, on behalf of the PSRA committee, made a motion to approve the recommendations from the Assessment of the Administrative Mechanism as presented. The motion was adopted with one rejection.

6. Recipient's Report

   The Recipient reported the following:

   a) They are finalizing their grant application which is due October 6, 2021. They will be doing final edits before they send the final draft to the County Administrators for the final approval for submission. The Recipient confirmed that they would not have to submit a proposal for the next three years after the grant proposal is submitted. However, they may have to submit additional documentation at the end of each fiscal year at the behest of HRSA, but clear directives are pending for this. Committee members questioned if the funding award would be the same for the next three years. At this time, HRSA has not specified how funding will be award in the subsequent years. The Recipient advised that the committee's first round of funding sweeps is expected to begin in October 2021.
   b) They have launched their SAFE Syringe Exchange Program in collaboration with Care Resource.
   c) They have recently received approval for their carry forward, so they will look at how best to expend those funds and bring those recommendations back to the PSRA committee.

7. Public Comment

   The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or to raise other matters pertaining to HIV/AIDS and services in Broward County. There were no public comments.

8. Agenda Items for Next Meeting

   The next PSRA meeting will be held on October 21, 2021, at 9:00 a.m. via WebEx Videoconference.

9. Announcements

   There were no announcements for this meeting.

10. Adjournment

    There being no further business, the meeting was adjourned at 10:34 a.m.

11. PSRA Attendance for CY 2021

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	C	18	18	15	20	17	15	2	23				
0	1	0	**1**	Barnes, B.		X	X	X	X	X	X	X	X				
0	0	0	**2**	Fortune-Evans, B.		X	X	X	X	X	X	X	X				
0	0	0	**3**	Grant, C.		X	X	X	E	E	E	E	X	Z-9/30			
1	1	1	**4**	Katz, H.B.		X	E	X	X	X	X	X	A				
0	0	1	**5**	Lopes, R.		X	A	X	X	X	X	X	X				
0	0	1	**6**	Mester, B.		X	X	X	A	X	X	X	X				
0	0	1	**7**	Moreno, V.		X	X	X	X	X	A	X	X				
0	1	0	**8**	Robertson, L. *Chair*		X	X	X	X	X	X	X	X				
0	0	1	**9**	Schickowski, K.		X	X	X	X	X	X	A	X				
0	0	1	**10**	Schweizer, M.		X	X	X	A	X	X	X	X				
1	1	1	**11**	Shamer, D.		X	X	X	E	X	A	X	X				
0	0	1	**12**	Siclari, R.		X	X	A	E	X	X	X	R - 8/1				
				Quorum = 6	0	12	10	11	7	11	9	10	10	0	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**

Priority Setting and Resource Allocation Committee Meeting Minutes – September 23, 2021
Minutes prepared by PCS Staff

Ft. Lauderdale/Broward EMA
Ryan White Part A and MAI
FY 21-22 Reallocations

HANDOUT A

	Service Category	Initial Allocation	Expended Amount As of August Invoice	Expended %	Providers' Request	Providers' Return	Staying With Category	Recommended Sweep To	Recommended Sweep From	Grantee Recommended Sweep Amount	Funding Allocation Recommendation
Core Medical Services	Ambulatory- Integrated Primary Care and Behavioral Health Services (	$ 5,436,529	$ 3,338,036	61%	$2,128,548	$ (756,339)	$ 756,339				$ 5,436,529
	AIDS Pharmaceutical Assistance (2)	$ 357,057	$ 108,587	30%	$ -	$ (255,860)		$ -	$ (255,860)	$ (255,860)	$ 101,197
	Oral Health Care Routine (4)	$ 1,856,437	$ 599,995	32%	$ 47,974	$ (50,000)		$ -	$ (100,000)	$ (100,000)	$ 1,756,437
	Specialty (1)	$ 736,489	$ 347,205	47%	$ -	$ -		$ -	$ -	$ -	$ 736,489
	Medical Case Management Case Management (7)	$ 1,198,830	$ 685,991	57%	$ 529,472	$ (48,450)	$ 48,450	$ 450,000		$ 401,550	$ 1,600,380
	Disease Case Management (5)	$ 410,022	$ 238,036	58%	$ 180,079	$ (82,444)	$ 82,000		$ (444)	$ (444)	$ 409,578
	Mental Health- Trauma-Informed (2)	$ 182,052	$ 49,887	27%	$ -	$ (38,968)		$ -	$ (40,000)	$ (40,000)	$ 142,052
	Health Insurance Premium & Cost Sharing Assistance	$ 739,641	$ 282,912	38%	$ -	$ -		$ -	$ (30,000)	$ (30,000)	$ 709,641
	Substance Abuse-Outpatient (1)	$ 285,030	$ 107,360	38%	$ 125,000	$ -		$ 24,754	$ -	$ 24,754	$ 309,784
Support Services	Case Management Centralized Intake and Eligibility Determination (1	$ 582,488	$ 356,800	19%	$ 55,000	$ -		$ -	$ -	$ -	$ 582,488
	Food Services Food Bank (1)	$ 700,000	$ 196,795	28%	$ -	$ -		$ -	$ -	$ -	$ 700,000
	Food Voucher (1)	$ 82,586	$ 82,573	100%	$ -	$ -		$ -	$ -	$ -	$ 82,586
	Legal Assistance (1)	$ 129,151	$ 77,383	60%	$ -	$ -		$ -	$ -	$ -	$ 129,151
	Emergency Financial Assistance (1)	$ 115,872	$ -	0%	$ -	$ -		$ -	$ -	$ -	$ 115,872
	Total Part A Funds	**$ 12,812,184**	**$ 6,471,560**	**51%**	**$3,066,073**	**$ (1,232,061)**	**$ 886,789**	**$ 474,754**	**$ (426,304)**	**$ -**	**$ 12,812,184**
	*** Part A FY20-21 Carryover Funding of $287,524 is reflected in the Total Part A Funds of $12,812,184.**										
											-

	Service Category	Initial Allocation	Expended Amount As of August Invoice	Expended %	Providers' Request	Providers' Return	Staying With Category	Recommended Sweep To	Recommended Sweep From	Grantee Recommended Sweep Amount	Funding Allocation Recommendation
Core Medical Services	MAI Ambulatory (1)	$ 116,092	$ 30,141	26%	$ -	$ (47,092)		$ -	$ -	$ -	$ 116,092
	MAI Medical Case Management (2)	$ 55,997	$ 30,971	55%	$ 74,060	$ -		$ 80,000	$ -	$ 80,000	$ 135,997
	MAI Mental Health (1)	$ 62,469	$ 13,567	22%	$ -	$ (24,079)		$ -	$ -	$ -	$ 62,469
	MAI Substance Abuse-Outpatient (1)	$ 400,000	$ 297,346	74%	$ 119,000	$ -		$ 175,000	$ -	$ 175,000	$ 575,000
Support Services	MAI Centralized Intake and Eligibility Determination (1)	$ 290,956	$ 290,954	100%	$ -	$ -		$ 100,000	$ -	$ 100,000	$ 390,956
	Total MAI Initial Allocation	**$ 925,514**	$ 662,979	72%	**$ 193,060**	**$ (71,171)**	**$ -**	**$ 355,000**	**$ -**	**$ 355,000**	**$ 1,280,514**
	**** This reflects MAI FY20-21 Carryover and unallocated funding.**	$ 648,775									
	Total MAI Funds	$ 1,574,289	**$ 662,979**		**$ 193,060**	**$ (71,171)**	**$ -**	**$ 355,000**	**$ -**	**$ 355,000**	**$ 1,280,514**
	Total Part A and MAI Funding	**13,737,698**	**7,134,539**	**52%**	**3,259,133**	**(1,303,232)**	**886,789**	**829,754**	**(426,304)**	**355,000**	**14,092,698**