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, February 17, 2022 - 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: 2634 811 7993)

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 February 17,2022
5. **ACTION:** Approval of Minutes from January 20, 2022
6. Standard Committee Items
    a. Monthly Expenditure/Utilization Report – by service category (Handout A)
7. New Business
    a. **Action Item**: Review PSRA's FY2021 Work Plan progress and approve the FY2022 Work Plan. (Handout B)
    Work Plan Activity 1.6 Review and approve FY2021 PSRA Work Plan annually.
    b. **Action Item:** Review and approve the proposed FY2022 PSRA Process timeline. (Handout C)
    Work Plan Activity 1.1 Review data relevant to the PSRA process (including recommendations from QMC, SOC, and CEC) on an ongoing basis.
8. Recipient's Report
9. Public Comment
10. Agenda Items for Next Meeting
    a. Next Meeting Date: March 17, 2022, at 9:00 a.m. via WebEx

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.

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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Priority Setting and Resource Allocation Committee

Thursday, January 20, 2022- 9:00 AM
Meeting via WebEx

DRAFT MINUTES

PSRA Members Present: L. Robertson (PSRA Chair), B. Fortune-Evans, B. Barnes, B. Mester, D. Shamer, K. Schickowski, R. Lopes, V. Moreno (PSRA Vice-Chair), D. Dumas, R. Jimenez, E. Dsouza

PSRA Members Absent: M. Schweizer

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

PCS/CQM Present: G. Berkley-Martinez, T. Williams, W. Rolle B. Miller, J. Rohoman

Guests Present: J. Wynn, K. Drummond, J. Castillo, S. Cook, K. Kish, R. Louis XVI

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

   The PSRA Chair called the meeting to order at 9:02 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, CQM 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 January 20, 2022, Priority Setting and Resource Allocation Committee meeting was proposed by R. Lopes, seconded by K. Schickowski, and passed unanimously. The approval for the minutes of the October 21, 2021, meeting was proposed by B. Mester, seconded by R. Lopes, and approved with no further corrections.

Motion #1: Dr. Lopes, on behalf of PSRA, made a motion to approve the January 20, 2022, Priority Setting and Resource Allocation Committee agenda as presented. The motion was adopted unanimously.

Motion #2: Mr. Mester, on behalf of PSRA, made a motion to approve the October 21, 2021, Priority Setting and Resource Allocation meeting minutes as presented. The motion was adopted unanimously.

4. Standard Committee Items

   D. Cunningham, the Part A Recipient Community Partnerships Division Director, reviewed expenditures and utilization through December of FY2021. Part A service categories have expended 83% of service category funding at this point in the fiscal year, and MAI funds have been 81% utilized. V. Moreno questioned the Recipient's recommended reallocation for the Substance Abuse- Outpatient service category based on its 57% utilization at this point in the fiscal year. The Recipient advised the Committee that previous utilization trends show that this service is more heavily utilized toward the end of the fiscal year. As such, it is expected that this category will be fully expended contingent on the approval of the recommended reallocation. C. Dumas expressed concern about the current utilization for Substance Abuse Outpatient compared to the anticipated need for it by PWH. The Recipient advised the Committee that they are only reporting on RWPA service utilization, and other organizations that operate outside of the RWPAP also provide similar services. Thus, utilization may be higher once those organizations are taken into consideration. J. Rodriguez was also concerned that LPAP had expended 100% of its funding allocation. The Committee was advised that a large portion of the funding has been used to pay for ARVs for test and treat clients. There was some concern from the Committee regarding this based on HRSA guidelines for Test and Treat and LPAP. The Recipient advised that they have been analyzing this issue and will provide an update to the Committee at the next scheduled meeting.

5. New Business

   The Part A Recipient's Office provided a line-by-line overview of the basis for the recommended reallocations. After some discussion, the members voted on funding reallocations for FY2021-2022.

   Motion #3: K. Schickowski made a motion to reallocate $441,270 from Oral Health care for FY2021-2022. R. Lopes seconded the motion. The motion was adopted unanimously.

   Motion #4: K. Schickowski a motion to reallocate $21,580 from Mental Health-Trauma Informed for FY2021-2022. C. Dumas seconded the motion. The motion was adopted with three abstentions.

   Motion #5: V. Moreno made a motion to reallocate $24,754 from Substance Abuse- Outpatient for FY2021-2022. C. Dumas seconded the motion. The motion was adopted with one abstention.

   Motion #6: C. Dumas made a motion to reallocate $571,347 from Total Part A Funds for FY2021-2022. V. Moreno seconded the motion. The motion was adopted unanimously.

   Motion #7: K. Schickowski made a motion to reallocate $322,605 to Outpatient Ambulatory Health Services for FY2021-2022. B. Fortune-Evans seconded the motion. The motion was adopted with one rejection.

   Motion #80: K. Schickowski made a motion to reallocate $160,743 to AIDS Pharmaceutical Assistance for FY2021-2022. V. Moreno seconded the motion. The motion was adopted with three abstentions.

Motion #9: C. Dumas made a motion to reallocate $88,000 to Disease Case Management for FY2021-2022. K. Schickowski seconded the motion. The motion was adopted with one rejection.

Motion #10: D. Shamer made a motion to reallocate $3,000 from FY20-21 MAI Carryover and unallocated funding to MAI Core and Support Services for FY2021-2022. R. Lopes seconded this motion. The motion was adopted unanimously.

Motion #11: K. Schickowski made a motion to reallocate $3,000 to MAI-Medical Case Management FY2021-2022. R. Lopes seconded the motion. The motion was adopted with one abstention.

6. Recipient's Report

   There was no Recipient report provided.

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 February 17, 2022, 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 9:56 a.m.

PSRA Attendance for CY 2022

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	20												
0	1	0	**1**	Barnes, B.	X												
0	0	0	**2**	Fortune-Evans, B.	X												
0	0	0	**3**	Lopes, R.	X												
0	0	0	**4**	Mester, B.	X												
0	0	0	**5**	Moreno, V.	X												
0	1	0	**6**	Robertson, L. *Chair*	X												
0	0	0	**7**	Schickowski, K.	X												
0	0	1	**8**	Schweizer, M.	A												
1	1	0	**9**	Shamer, D.	X												
0	0	0	**10**	Dsouza, E.	X												
0	1	0	**11**	Dumas, C.	X												
0	0	0	**12**	Jimenez, R.	X												
				Quorum = 7	11	0	0	0	0	0	0	0	0	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 – January 20, 2022
Minutes prepared by PCS Staff

HANDOUT A

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

	Service Category		Contract/ Allotted Amount	Expended Amount As of January Invoice	Expended % As of January Invoice	Unexpended Amount	Average Monthly Expenditures	FY 2021-22 Projected Expenditures
Core Medical Services	Ambulatory- Integrated Primary Care and Behavioral Health Services (6)		$ 5,809,133	$ 5,295,420	91%	$ 513,713	$ 481,402	$ 5,776,822
	AIDS Pharmaceutical Assistance (2)		$ 261,940	$ 164,444	63%	$ 97,496	$ 14,949	$ 179,393
	Oral Health Care	Routine (4)	$ 1,365,167	$ 1,125,483	82%	$ 239,684	$ 102,317	$ 1,227,799
		Specialty (1)	$ 736,489	$ 680,224	92%	$ 56,265	$ 61,839	$ 742,062
	Medical Case Management	Case Management (7)	$ 1,648,830	$ 1,483,057	90%	$ 165,773	$ 134,823	$ 1,617,880
		Disease Case Management (5)	$ 497,578	$ 394,903	79%	$ 102,675	$ 35,900	$ 430,803
	Mental Health- Trauma-Informed (2)		$ 120,472	$ 114,328	95%	$ 6,144	$ 10,393	$ 124,721
	Health Insurance Premium & Cost Sharing Assistance		$ 709,641	$ 589,396	83%	$ 120,245	$ 53,581	$ 642,978
	Substance Abuse-Outpatient (1)		$ 285,030	$ 200,835	70%	$ 84,195	$ 18,258	$ 219,093
Support Services	Case Management	Centralized Intake and Eligibility Determination (1)	$ 582,488	$ 582,481	100%	$ 7	$ 52,953	$ 635,434
	Food Services	Food Bank (1)	$ 700,000	$ 545,051	78%	$ 154,949	$ 49,550	$ 594,601
		Food Voucher (1)	$ 82,586	$ 82,573	100%	$ 13	$ 7,507	$ 82,586
	Legal Assistance (1)		$ 129,151	$ 118,226	92%	$ 10,925	$ 10,748	$ 128,974
	Emergency Financial Assistance (1)		$ 115,872	$ 115,872	100%	$ -	$ 10,534	$ 115,872
	Total Part A Funds		**$ 13,044,377**	**$ 11,492,292**	**88%**	**$ 1,552,085**	**$ 1,044,754**	**$ 12,537,046**
	Bulk - Food Voucher (1)		**$ 306,397**	**$ 306,397**	**100%**			
	Bulk - AIDS Pharmaceutical Assistance (1)		**$ 90,517**	**$ 61,613**	**68%**			
	Service Category		**Contract/ Allotted Amount**	**Expended Amount As of January Invoice**	**Expended % As of January Invoice**	**Unexpended Amount**	**Average Monthly Expenditures**	**FY 2021-22 Projected Expenditures**
Core Medical Services	MAI Ambulatory (1)		$ 116,092	$ 106,170	91%	$ 9,922	$ 9,652	$ 115,822
	MAI Medical Case Management (2)		$ 138,997	$ 80,159	58%	$ 58,838	$ 7,287	$ 87,446
	MAI Mental Health (1)		$ 62,469	$ 28,576	46%	$ 33,893	$ 2,598	$ 31,174
	MAI Substance Abuse-Outpatient (1)		$ 575,000	$ 519,473	90%	$ 55,527	$ 47,225	$ 566,698
Support Services	MAI Centralized Intake and Eligibility Determination (1)		$ 390,956	$ 384,745	98%	$ 6,211	$ 34,977	$ 419,722
	Total MAI Initial Allocation		**$ 1,283,514**	**$ 1,119,123**	**87%**	**$ 164,391**	**$ 101,738**	**$ 1,220,862**
	**** This reflects MAI FY20-21 Carryover and unallocated funding.**		$ 381,134					
	Total MAI Funds		$ 1,664,648					
	Total Part A and MAI Funding		**$ 14,327,891**	**$ 12,611,415**	**88%**	**$ 1,716,476**	**$ 1,146,492**	**$ 13,757,907**

HANDOUT B1

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.	**Baseline**	**Target**	**Q1**		**Q2**		**Q3**		**Q4**	

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

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Review data relevant to the PSRA process (including recommendations from QMC, SOC, and CEC) on an ongoing basis.	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		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	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	X	X	X		X	X			X	
1.6 Review and approve FY2021 PSRA Work Plan annually.	PSRA	Process Planning		X	X										

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 Steps	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				X		X		X				

Objective 3: Assess the Administrative Mechanism.

Activities	Responsible Party	Outcomes	Action Steps	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											

HANDOUT B2

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.	**Baseline**	**Target**	**Q1**		**Q2**		**Q3**		**Q4**	

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

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Review data relevant to the PSRA process (including recommendations from QMC, SOC, and CEC) on an ongoing basis.	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												
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.												
1.3 Priority rank Part A and MAI service categories annually.	PSRA/ CEC	Complete PSRA process	Use data elements to inform priority ranking process.												
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.												
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.												
1.6 Review and approve PSRA Work Plan annually.	PSRA	Process Planning													

Objective 2: Assess the Administrative Mechanism.

Activities	Responsible Party	Outcomes	Action Steps	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.												
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.												

HANDOUT C

Timeline for Priority Setting and Resource Allocation Process

DATE	TASK	ACTION ITEM
Thursday, February 17, 2022 9:00 A.M. to 11:00 A.M. WebEx Videoconference	**Review and approve the proposed PSRA Timeline**	PCS Team **Vote to Approve:** Take a vote to establish the PSRA Process
Thursday, March 17, 2022 9:00 A.M. to 11:00 A.M. WebEx Videoconference	1. **Begin PSRA Process**: Review the purpose of PSRA, PSRA timeline with an overview of data, PSRA Committee Member Manual, and sign PSRA Member Agreement Estimated Time: (30 minutes) 2. **Review Part A Eligibility of service categories** including the scope of service and data relating to the previous year's utilization of services Estimated Time: (30 minutes)	PSRA Committee: To review the PSRA guidelines and sign their member agreements and return to PCS staff PCS Team
Thursday, April 21, 2022 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 d. Notable Trends e. Recommendations for Part A Estimated Time: (1 hour 20 minutes)	Funders/Stakeholders (20 minutes each)
Thursday, May 19, 2022 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 Estimated Time: (30 minutes)	FLDOH-BC: HIV Surveillance Office

Timeline for Priority Setting and Resource Allocation Process

	2. Notable trends **Needs Assessment/Community Input**: Discussion of community needs and feedback from needs assessment activities. Estimated Time: (30 minutes) 3. **Part A Client Health Outcomes Presentation:** Analysis of Part A client continuum of care health outcomes including: a. Viral Load Suppression b. Retention in Care; Variations by gender, race/ethnicity, service category c. Review FY2021 – March 1, 2021 – February 28, 2022, Expenditure & Allocations Estimated Time: (30 minutes)	BRHPC Needs Assessment Consultant CQM Team
Thursday, June 16, 2022 9:00 A.M. to 1:00 P.M. WebEx Videoconference	1. **Discuss How Best To Meet The Need** a. Justification for recommendations b. Discussion for additional revisions to the language Estimated Time: (30 minutes) 2. **PSRA Scorecards** a. CQM Team reports on service category expenditures Estimated Time: (60 minutes) 3. **Broward EHE Activities Presentation** a. Overview of all EHE activities occurring in Broward County Estimated Time: (30 minutes) 4. **Review Community Empowerment Committee's (CEC) Rankings of Part A Services**	SOC Committee Chair: Provide directives to Recipient CQM Team Julia Hidalgo PCS Team

Timeline for Priority Setting and Resource Allocation Process

	Estimated Time: (30 minutes) 5. **Priority Setting:** a. Rank Part A services based on community needs, CEC recommendations, funder recommendations, and data presentations. b. Review live results of PSRA's ranking of core and support services Estimated Time: (30 minutes)	PCS Team/PSRA Committee: Rank Core & Support Services
Thursday, July 21, 2022 9:00 A.M. to 11:00 A.M. WebEx Videoconference	**Resource Allocations:** Allocate Part A & MAI funding based on FY2021 expenditures, FY 2022 projections, factors to consider, and funder presentation. Estimated Time: (40 minutes) **PSRA Process Completed**	Recipient/PSRA Committee **Vote to Approve:** Take a vote to allocate funds to core medical and support services categories