



MEETING AGENDA

Committee: Priority Setting & Resource Allocation (PSRA)

Date/Time: Thursday, January 18, 2018, 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:** 1/18/18 Agenda and 11/16/17 Meeting Minutes
3. **UNFINISHED BUSINESS**
4. **STANDARD COMMITTEE ITEMS**
 - a. Monthly expenditure/utilization report by service category

5. MEETING ACTIVITIES

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

6. PUBLIC COMMENT

7. **AGENDA ITEMS/TASKS FOR NEXT MEETING:** February 15, 2018 **Time:** 9:00 a.m. **Venue:** A-337

<i>Goal/Work Plan Objective #:</i>	<i>Accomplishments</i>
FY17 PSRA Committee Evaluations	ACTION ITEM: Discuss progress toward FY17 Committee goals, complete Committee evaluation, and determine goals for FY18

8. ANNOUNCEMENTS

9. ADJOURNMENT

PLEASE COMPLETE YOUR MEETING EVALUATIONS



MEETING MINUTES

Committee: Priority Setting & Resource Allocation (PSRA)

Date/Time: Thursday, November 16, 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	Carter, J.
2	DeSantis, M.	X		Mastor, B.
3	Barnes, B.	X		Pietrogallo, T.
4	Grant, C.	X		
5	Hayes, M.	X		HIVPC Staff
6	Katz, H. B.	X		Ewart, L.
7	King, J.		X	Oratien, V.
8	Lopes, R.	X		Holloman, K.
9	Schickowski, K.	X		
10	Shamer, D.	X		Grantee Staff
11	Siclari, R., <i>Vice Chair</i>	X		Wallace, C.
12	Spencer, W., <i>Chair</i>		X	Jones, L.
	Quorum = 7			Anderson, T.
		9		Fender, T.

1. CALL TO ORDER:

The HIVPC Vice Chair called the meeting to order at 9:13 a.m. The HIVPC Vice 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 11/16/17 meeting agenda.
Proposed by: Hayes, M. **Seconded by:** Shamer, D.
Action: Passed Unanimously

Motion #2: To approve the 10/19/17 meeting agenda.
Proposed by: Hayes, M. **Seconded by:** Shamer, D.
Action: Passed Unanimously

Motion #3: To approve meeting minutes of 10/19/17.
Proposed by: Hayes, M. **Seconded by:** Shamer, D.
Action: Passed Unanimously

3. UNFINISHED BUSINESS

None.

4. STANDARD COMMITTEE ITEMS

Monthly Expenditure/Utilization Report: At the last PSRA meeting, the Recipient reported a \$600,000 award received by the County. Since that meeting, it has been clarified that the funds could not be used as intended, so those funds will be utilized toward current services. This award will go toward Food Bank and Dental services in order to provide those service categories with short-term relief. This money was initially designated for housing and peers, but these rebate



dollars must be expended by April, so the Recipient’s Office is currently working with the state so that money will be available next year for those services.

The recipient reviewed current expenditures which should be at 66.6%. The only service category which has yet to reach that benchmark is Pharmacy (45%) due to the way the service bills. Once providers are able to bill for services, the service category’s expenditure percentage will increase. The MAI Centralized Intake and Eligibility service category shows as 100% expended due to the way the service category is billed.

5. MEETING ACTIVITIES

Food Bank Eligibility: The PSRA Committee received a presentation regarding its data request from the previous meeting. Members wanted to know how many units clients were using, and Handout A (on file) illustrated that breakdown. The consistent trend with this data was that majority of clients only used 1-12 units. Less clients used 13-17 units, and even less used 18-24 units. It was uncommon for clients to use all 24 units. It was noted that in two of the fiscal years reviewed cost containment strategies were implemented. An example of a cost containment strategy being employed was making vouchers available only on Mondays and Thursdays from 1-3 p.m. Also noted from this handout was that in general, the majority of clients (70-80%) use 1-12 boxes annually. This information was used to create the recommendation for Food Bank and Voucher.

Handout B (on file) outlined the recommendations of the provider and the Recipient based on PSRA’s direction and recommendations. They did not look at food stamp utilization, as previously suggested, because it could not provide an accurate picture of the individual using food stamps in addition to Ryan White food services. The only eligibility for this service category currently is FPL. The issue is food security, so the Recipient would like to begin assessment of a year’s worth of data to make refinements to the approved recommendations. The present recommendation is to scale back significantly because, unfortunately, the funds needed to serve the full need of the county are not available. The Recipient used a calculator to determine expenditures for projected clients by unit cost, excluding administrative costs. The estimates are shown as they are, despite most clients not using all units available to them, because utilization is trending higher than usual and this way that trend is accounted for. Each unit represents \$35 (Food Bank) - \$45 (Food Voucher) in reimbursement for the provider.

The Recipient stated that focus groups should take place so that PSRA has the necessary information to make decisions related to this category. A Committee member requested information from original focus groups and interviews.

ACTION ITEM: Provide original focus group and interview data to the PSRA Committee.

After discussing their concerns regarding the current recommendation, members voted to approve the recommendation including a maximum amount of vouchers at each FPL. This included a directive that no more than one unit could be provided in a seven-day period. The difference between the Recipient and provider’s recommendation and that of the PSRA Committee is that instead of offering 6 vouchers, it provides 3 or 50%.

Motion #4: To change the eligibility for Food Bank/Voucher to 12 units per year (up to 50% vouchers) for 0-150% FPL, 6 units per year (up to 50% vouchers) for 151-200% FPL, and 3 units per year (box or voucher) for 251-300% FPL.
Proposed by: Hayes, M. **Seconded by:** Shamer, D.
Action: Passed with 1 opposition and 2 abstentions

PSRA discussed how best to provide this information to HIVPC and decided that it should be in presentation format with the most compelling rationale for the recommendation. It should include cost analysis, the amount of meals in a food box versus what clients can receive with a food voucher, clients affected by the changes, and average unit utilization. If the recommendation is voted down at HIVPC, it will return to PSRA.

A member asked about the MAI funding scope of services for the coming fiscal year. The Recipient’s Office is developing RFPs based on principles put together by the Committee, so there would have to be a December PSRA meeting to make changes to the previous recommendations.

ACTION ITEM: Provide an overview of MAI discussions.



6. PUBLIC COMMENT

The provider thanked the Committee for hearing provider concerns which were relevant to the issue, but not germane to the topic at hand.

7. AGENDA ITEMS/TASKS FOR NEXT MEETING: January, 18 2018 Time: 9:00 a.m. Venue: TBD

<i>Goal/Work Plan Objective #:</i>	<i>Accomplishments</i>
Food Bank/Voucher Eligibility	ACTION ITEM: Provide original focus group and interview data to the PSRA Committee.
MAI Services	ACTION ITEM: Provide an overview of MAI discussions.

8. ANNOUNCEMENTS

None.

9. ADJOURNMENT

The meeting was adjourned at 11:10 a.m.

PSRA Attendance CY2017



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



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	17	C	19	16			
	Bell, J.	NQX	X	NQA	Z- 3/13										
1	1	Barrientos, Y.	N- 3/23		X	X	X	X	X		X	A			
	2	2	DeSantis, M.	NQA	A	NQX	X	X	E	X	X		X	X	W-2/16
1	2	3	Barnes, B.	NQA	X	NQA	X	X	X	X		X	X		
	2	4	Grant, C.	NQX	X	NQX	A	X	X	A	X		X	X	
	2	5	Hayes, M.	NQX	A	NQX	X	X	X	X	A		X	X	
1	0	6	Katz, H.B.	NQE	X	NQE	X	X	X	X		X	X		
	4	7	King, J.	NQX	A	NQA	X	X	A	X	X		X	A	W- 3/17, 6/15, R-11/22
	2	8	Lopes, R.	NQA	X	NQA	X	X	X	X		X	X		
	0	9	Schickowski, K.	NQX	X	NQX	X	X	X	X		X	X		
1	2	10	Shamer, D.	NQA	X	NQX	X	X	A	X	X		X	X	
	3	11	Siclari, R., V. Chai	NQA	X	NQA	X	X	X	X	A		X	X	W-8/22
1	1	12	Spencer, W. Chai	NQX	X	NQX	X	X	X	X		X	A		
			Quorum = 7	6	9	6	11	12	9	11	10		12	9	

Legend:	
X	- present
A	- absent
E	- excused
NQA	- no quorum absent
NQX	- no quorum present
NQE	- no quorum excused
N	- newly appointed
Z	- resigned
C	- cancelled
W	- warning letter
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