



Meeting Agenda

Committee: Priority Setting & Resource Allocation

Date/Time: Wednesday, December 11, 2013; 12:30 p.m. **Location:** BRHPC

Part A Co-Chair: Carla Taylor-Bennett **Part B Co-Chair:** Vacant

- 1. Call To Order:** Welcome, Ground Rules, Sunshine, Introductions, Moment of Silence, & Public Comment
- 2. Approvals:** 12/11/13 Agenda and 11/20/13 Meeting Minutes
- 3. Standard Committee Items:**
- 4. Unfinished Business:**
- 5. Meeting Activities**

| Work Plan Objectives | Today's Meeting Goals |
|---|---|
| 1. Food Bank Eligibility | 1. Review and revise the previous motions made regarding the eligibility criteria for food bank and food voucher. |
| 2. MAI Case Management Analysis | 2. Review PowerPoint presentation from the previous PSRA meeting and continue discussion on analysis of MAI Case Management (utilization and outcomes) (Handout A) |
| 3. Review ACA Impact on Allocations (1.9) | 3. Continue review and discussion of allocations to ensure that allocations meet clients' needs transitioning into ACA (Handout B) |

- 6. Grantee Reports:**
- 7. Public Comment:** (Please sign up on the Public Comment Sheet)
- 8. Agenda Items/Tasks For Next Meeting:** (January 15, 2014 at 12:30 p.m. **Venue:** BRHPC)

| Agenda Items/Work Plan Item | Information requested/Action To Be Taken |
|--|---|
| Review Expenditures Reallocations (2.1, 2.2) | Monitor expenditure vs. allocation and recommend strategies to address identified issues. Recommend reallocations to ensure sufficient core funding is distributed appropriately. |

- 9. Announcements:**
- 10. Adjournment:**

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