Meeting of the
PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE

March 14, 2012
Cicatelli Associates, 505 Eighth Avenue
3:05 – 4:40 pm

M I N U T E S

Members Present: Marya Gilborn (Co-chair) , Allan Vergara (Co-chair), Victor Benadava, Nancy Cataldi, Joan Edwards, Graham Harriman, Peter Laqueur, Deb Marcano, Hilda Mateo, Tracy Douglas Neil, Jan Carl Park, Tom Petro, Dena Rakower, Leonardo Vicente III, Dorella Walters

Members Absent: Felicia Carroll, Robert Cordero, Sharen Duke, Steve Hemraj, Amanda Lugg

Staff Present: David Klotz, JoAnn Hilger, Mary Kay Diakite, Darryl Wong, Rafael Molina, (DOHMH); Gucci Kaloo, Bettina Carroll (Public Health Solutions)

Agenda Item #1: Welcome/Introductions/Moment of Silence/Minutes

Mr. Vergara and *Ms. Gilborn* opened the meeting followed by introductions and a moment of silence. The minutes of the February 17, 2012 meeting were approved with no change.

Agenda Item #2: Final FY 2012 Spending Plans

Mr. Klotz and *Mr. Kaloo* reviewed the final FY 2012 spending plans. There was a decrease of $571,960 in the base award and an increase of $199,092 in the MAI award. There are slight further modifications to the FY 2011 carrying cost from what was presented during the scenario planning due to the completion of contract renewals: an additional $62,339 in savings in the base Medical Case Management (MCM) category, and an increase of $7,451 in MAI MCM.

The uncommitted funds in MAI will be committed by transferring a portion ($374,786) of the ADAP+ carrying coast from base to MAI. The reduction in the base award will be absorbed by ADAP, with no proportionate reductions necessary to any other programs. Balancing the base spending plan was achieved by the aforementioned transfer of a portion of the ADAP+ carrying cost to MAI and making an upfront reduction to ADAP of $2,768,244. The upfront reduction to ADAP consists of two parts: 1) $2,277,726 which will be made up through reprogramming and 2) $490,518, the reduction to the award, represents a one-time reduction to the ADAP allocation for which there is no guarantee of restoration.

Mr. Petro reported that the Tri-county (TC) percentage, which had been declining in recent years, is held steady at 4.71% at the TC Steering Committee's request. NYC DOHMH has

agreed to cover the TC administrative shortfall. The TC Steering Committee earlier today approved a new spending plan that re-allocates funds from Early Intervention to Food & Nutrition and Housing.

Mr. Klotz pointed out that due to the TC reallocation, the total core/non-core percentage is now 75.78/24.22%, which is the closest it has ever been to the legal limit. This means that a shift of only $816,000 from core to non-core would leave the EMA out of compliance with the law. This needs to be discussed during the reprogramming process.

A motion was made, seconded and approved to accept the spending plan as presented and to forward it to the EC and full Council for approval.

Agenda Item #3: Ryan White-Funded Training for NYC Programs

Ms. Diakite presented on Ryan White-funded training for programs in FY 2011 and 2012. Trainings for providers are being offered in the following service categories: Medical Case Management (MCM) - Care Coordination (CC), Transitional Care Coordination (TCC), Early Intervention (EIS), and Harm Reduction, Recovery Readiness, Relapse Prevention (HRR). A total of $386,621, or 1.17% of program dollars in those categories were used for training in FY 2011. For FY 2012, the training plan calls for $727,047, or 1.7%. There were a total of 533 training participants in FY 2011.

The MCM trainings, provided by outside vendors (PACT, NDRI), include: 10 day training on MCM program and protocol; 1 day refresher course; 3-half-day Training of Trainers (TOT) on Health Promotion Model; and half-day on Clinical Supervision. The TOT trainings will build capacity for others to conduct the training in the future requiring fewer Ryan White resources. Ms. Diakite discussed the details of the trainings and the number of participants in each component. The MCM training plan for FY 2012 calls for $247,126 to have PACT and NDRI train participants from 33 providers.

The trainings received by EIS programs are not paid from Ryan White funds and cover facilitating entry into HIV primary medical care, dried blood spot confirmatory testing, and motivational interviewing. Trainings for HRR, which are new for FY 2012, calls for spending $363,000 to prepare providers to implement evidence-based interventions: Motivational Interviewing, Seeking Safety, Healthy Living Project, and Therapeutic Education System. These EBIs are options for providers, based on the scope of services in their contracts.

The following is a summary of the ensuing discussion:

- Health Homes are for Medicaid-eligible clients only. Also, the State will assess who is eligible for Health Homes, and so it is unclear how much of an impact it will have on MCM clients.
- There are other providers of training on motivational interviewing (MI), but the Ryan White-funded trainings are specialized and specific to the Part A programs and include additional components, such as booster sessions and coaching. This is based on best practices as identified in the literature.

- DOHMH should try to reduce the cost per trainee as the program matures. [TOT is one way of achieving this.]
- The funds for training are considered programmatic dollars, as they assist the provider to directly serve clients. eShare trainings can also be considered programmatic for the same reason.
- Rather than having providers procure trainings on the open market, DOHMH chooses one vendor to provide the trainings in order to standardize them across all programs.
- There should be a presentation to the relevant committee or full Council on the Positive Life Workshop (an EIS program to help clients self-manage their health care).

The monthly meetings were scheduled for the second Wednesday of each month, 3-5pm beginning on April 11th.

There being no further business, the meeting was adjourned.