



Meeting of the
PRIORITY SETTING AND RESOURCE ALLOCATION COMMITTEE
Marya Gilborn, Chair

April 13, 2010
The Family Center, 315 West 36th Street, 4th Floor Conference Room
3:00 pm – 5:00 pm

MINUTES

Members Present: Kim Atkins (alt. for Sharen Duke), Victor Benadava, Sean Cahill, PhD, Felicia Carroll, Nancy Cataldi, Joan Edwards, Marya Gilborn, JoAnn Hilger, Judy Juster, Peter Laqueur, Fabienne Laraque, MD, MPH, Matthew Lesieur, Amanda Lugg, Sharon Mannheimer, MD, Hilda Mateo, Jan Carl Park, Tom Petro, Dena Rakower, Allan Vergara

Members Absent: Florencio Cuevas, Linda Fraser, Terry Hamilton, Steve Hemraj, Deb Marcano, Charles Shorter

NYC DOHMH Staff Present: David Klotz, Nina Rothschild, DrPH, Darryl Wong

Public Health Solutions Staff Present: Gucci Kaloo, Rachel Miller

Others Present: Ivy Gamble-Cobb, Gerald DeYounge, Linder Ford, James Powell, Marcelo Soares

Materials Distributed:

- Agenda
- Minutes from the March 4th PSRA Committee Meeting
- FY 2010 Ryan White Part A Spending Plan Proposals for Discussion
- Service Category Scorecards
- Year 2010 Ryan White Base Spending Plan
- Year 2010 Ryan White MAI Spending Plan Scenario
- April 2010 Planning Council Calendar

Welcome/Introductions/Moment of Silence: Marya Gilborn welcomed meeting participants. Members introduced themselves and observed a moment of silence in recognition of individuals who have lost the struggle

with HIV and individuals who are still fighting. Ms. Gilborn informed participants that today's meeting would consist of a discussion of proposals for allocating the EMA's award from HRSA, including an increase of \$9.4 million, and would not include a vote. Data from 2009 will be complete on April 23rd and will help to inform the Committee's decisions at subsequent meetings. After PSRA approves a budget, it will go to the full Planning Council for a vote in May. Committee members were reminded that they may have conflicts of interest if their organization has a contract in a service category under discussion.

Review of the Meeting Packet/Review of the Minutes: Jan Carl Park reviewed the contents of the meeting packet. The minutes from the March 4th PSRA Committee were accepted by all present with four abstentions and no votes in opposition.

Public Comment: Marcelo Soares recommended that the extra money received from HRSA (\$9.4 million) go to legal services, food and nutrition, and housing. He also recommended that the AIDS Institute change the definition of AIDS to include anyone infected with HIV so that people would not have to wait until their immune system is thoroughly comprised and they develop AIDS before qualifying for housing.

Ryan White FY 2010 Award: Committee members discussed the Base spending plan. The total increase in the award is \$10,519,330. A fixed percentage of that amount goes to administration, leaving \$9,178,517 for program services. The spreadsheet included in the packet shows an increase of \$600,000 for food and nutrition. This amount was allocated last year in anticipation of re-bidding this service category, but this service category will not be re-bid this year, meaning that this amount of money can also be reallocated. The spreadsheet also shows an allocation of \$2 million to make ADAP whole. Although the EMA gained money overall, it lost \$1 million in MAI funding and will need to cover some MAI costs with Base dollars. No information has been published to date on other cities' awards. The major focus for the next three years nationally will be on identifying people who are infected but don't know their status and linking them to care.

Felicia Carroll stated that the Advisory Group urges the PSRA Committee to use the money for legal services, food and nutrition, and housing and also recommends that no new funds be allocated to case management/care coordination until we have had sufficient time to evaluate the success of the initiative.

Dr. Sean Cahill noted that the EMA received clarification from HRSA regarding legal services paid for by Ryan White. He also noted that Congress will probably allocate much less money for Ryan White next year.

PSRA Committee members discussed several proposals from the grantee and from Committee members for use of the additional funding:

Medical Case Management: The grantee cannot make awards to new programs other than care coordination. An additional \$4 million could be given to several proposals which were considered fundable but did not receive awards. The four new contracts would be ongoing. If the EMA receives a lower award next year, the amount going to case management and the other service categories would be adjusted with proportionate cuts. Dr. Cahill noted that he has a conflict because GMHC did not receive a case management contract but provided case management services through November and could do so again. Mr. Park, however, noted that the nature of the services has changed. Committee members also discussed the possibility of expanding capacity in care coordination programs or reducing staffing ratios to improve the quality of care. These programs are in the start-up phase, and data will not be available from these programs to address the AG's request not to increase the allocation to this funding category in time for the next PSRA. The grantee will provide data on the number of additional clients who would be served by new programs at the next meeting and on the proposed new staffing ratios. The grantee informed PSRA that materials for the MCM initiative would be available in English and Spanish.

Early Intervention Services: Dr. Fabienne Laraque stated that Bureau staff have discussed the possibility of a one-day intensive education session for newly diagnosed PLWHA. This initiative could take place via the allocation of additional money to an already existing testing program. It would not be limited to people diagnosed through programs receiving Early Intervention Services funding but could include people diagnosed through other programs. Matt Lesieur suggested that a one-day session may not be the best approach. Victor Benadava commented that the HIV Training Institute already offers a program similar to this proposal. Hilda Mateo commented that some people are not ready to deal with their diagnosis and may not have a sufficient literacy level to derive much benefit. Marya Gilborn commented that the Committee needs to figure out what data it needs and who can provide that data. Fabienne Laraque agreed to provide additional data on this proposed initiative at the next meeting.

ADAP: Joan Edwards noted that the AIDS Institute lost \$8 million from its Part B award and is anticipating not receiving \$6 million in its supplemental award. She asked the Committee to increase the amount of money allocated to ADAP, which is funded by Part A and Part B. The AIDS Institute will provide data on the consequences to the program of cuts in Part B and State funding at the next PSRA meeting.

Using the Priority Setting Tool as a Guide: Dr. Cahill stated that the priority setting tool provides guidance for spending and asked the Committee to use the percentages in column P of the spreadsheet and apply them to the increase in the award. Column P states, for example, that 11.34% of program funds go to ADAP; can 11.34% of the increase go to ADAP? Mr. Park noted that using this proposal, every service category would receive an increase. Some of these categories, however, such as mental health, cannot spend the money. JoAnn Hilger stated that the tool is for setting priorities, not for making allocations. Dr. Cahill proposed retaining the ADAP, ADAP-Plus, and food and nutrition funding at the levels on the spreadsheet and distributing the rest of the money based on the rankings for the service categories in the priority setting tool. Gucci Kaloo agreed to prepare a draft spending plan to see what this would look like. Staff will bring copies of the priority setting tool to the next meeting. Kim Atkins (alt. for Sharen Duke) proposed leaving food and nutrition at the \$600,000 funding level, as they appear on the spreadsheet, and putting ADAP and ADAP+ back into the mix because they are the top priority.

Cost of Living Adjustments: Rachel Miller noted that in a prior year in which the EMA received an increased award, it made a cost-of-living adjustment to contracts. Nancy Cataldi stated that some programs cannot sustain themselves because they have not received a cost-of-living increase and proposed a cost-of-living increase. Dena Rakower commented that sustaining the cost of the programs over time is challenging because salaries increase, and programs don't always have enough money for supplies.

Borough-Specific Allocations: Victor Benadava stated that the borough of Staten Island does not receive enough HIV treatment and care services and asked whether the amount of money allocated to various boroughs could be increased. Dr. Laraqe noted, however, that Queens has only one case management contract because only one organization applied. DOHMH distributes the funds across the boroughs according to the epidemiology.

Legal Services: Committee members discussed the Advisory Group's proposal to increase the allocation to legal services. The grantee will analyze HRSA's policy letter regarding legal services (received April 9th) and obtain feedback from programs on how much more services they can provide. Dr. Cahill will provide information on cuts in other funding sources for legal services.

Food and Nutrition Services: Committee members discussed the Advisory Group's proposal to increase food and nutrition services. Matt Lesieur agreed to bring information from Momentum on increased need for services and reduced funding from other sources.

Housing: Members considered the proposal by the AG and Mr. Lesieur to increase the allocation for housing. Public Health Solutions will provide data from the housing program (a single contractor) on unmet need for rental assistance.

Increasing Funding to High Performing Contracts: DOHMH agreed to provide more information after the FY 2009 close-out is complete later in the month.

Mr. Petro said that the PSRA Committee should consider how the spending plan will interact with the FY 2010 reprogramming plan that needs to be developed.

Next Meeting: Committee members agreed to meet again on April 29th from 2:00-5:00 pm.