



Meeting of the  
**PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE**

April 29, 2010  
Cicatelli Associates, 505 Eighth Avenue, Oak Room  
3:15 pm – 5:00 pm

**MINUTES**

**Members Present:** Marya Gilborn (Chair), Victor Benadava, Sean Cahill, PhD, Felicia Carroll, Nancy Cataldi, Sharen Duke, Joan Edwards, Linda Fraser, Marya Gilborn, JoAnn Hilger, Judy Juster, Fabienne Laraque, MD, MPH, Amanda Lugg, Deb Marcano, Jan Carl Park, Tom Petro, Dena Rakower

**Members Absent:** Terry Hamilton, Steve Hemraj, Peter Laqueur, Matthew Lesieur, Sharon Mannheimer, MD, Hilda Mateo, Allan Vergara

**Staff Present:** David Klotz, Darryl Wong (NYC DOHMH); Gucci Kaloo, Bettina Carroll (Public Health Solutions); Christine Rivera (NYS DOH)

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

Ms. Gilborn opened the meeting followed by introductions. Ms. Edwards introduced the moment of silence. Mr. Park reviewed the meeting packet.

The minutes were approved with two changes: to reflect Dr. Cahill's recommendation on the use of the priority setting tool for proportionate increases, and to clarify that Ms. Miller had referred to a cost of living increase in a prior year.

**Agenda Item #2: Public Comment**

Heriberto Sanchez-Soto (Hispanic AIDS Forum): The Rental Assistance Program (RAP) – formerly known as the Sustainable Living Fund – is over-enrolled and, only a few months into the year, over-expended, even while using the HOPWA reimbursement formula, which is lower than HASA's. More money is needed for rental assistance, as well as for case management in the community setting.

Adolfo Campos: RAP kept me from becoming homeless, especially as I was not eligible for other services. There is a waiting list for people who need this program.

Joao Brandao: RAP has helped prevent homelessness, especially among the undocumented, who do not qualify for other services. Stable housing allows PLWHA to stay in medical care. Also, it is impossible to control the epidemic without properly housing HIV-positive people. One million dollars of additional funding for this program would house 60 additional families.

Sean Barry (NYCAHN): A \$3 million increase to RAP would fund at least 221 additional rental subsidies. Also, this program stretches dollars more than any other program and is particularly important for serving the undocumented. Reams of data support the need for stable housing in keeping people in medical care.

Javier Soriano (Mexicanos Unidos): RAP is essential for undocumented PLWHA, particularly given the stigma that many HIV-positive immigrants face in their own families.

Linder Ford: Funding should be restored to the Leadership Training Institute (LTI). Also, I support increased funding for Food & Nutrition and Housing services.

Myron Gold: I urge PSRA to enhance Food & Nutrition, Legal Services, LTI, and ADAP. Without Legal Services, I would have been evicted, and without proper nutrition, PLWHA can not survive. Providing proper nutrition also saves money by preventing hospitalizations. Also, ADAP helps get people on Medicaid by paying for the spend-down required for eligibility.

Rouguiatou Toukare: African Services Committee helped me get housing and medical care. RAP needs more money, especially to help undocumented immigrants.

James Powell: LTI was helpful in empowering me, but one class is not enough. Multiple trainings are needed.

### **Agenda Item #3: FY 2010 Spending Plan**

Mr. Park noted that the full Council must approve the FY 2010 budget at its May 20<sup>th</sup> meeting. Mr. Benadava noted that the Consumers Committee voted yesterday to support the PLWHA AG's recommendation to increase Legal, Food and ADAP, and not to increase Medical Case Management (MCM). They also ask that funding for LTI be maintained.

Mr. Park reviewed the first spending plan, showing the FY 2010 carrying costs, \$952,443 moved from MAI to base in ADAP Plus in order to offset the loss of MAI funding, and the \$600,000 increase to Food & Nutrition, as per the application spending plan approved by the Council in July 2009.

A discussion ensued concerning LTI. Dr. Laraque and Ms. Hilger noted that the program has been underutilized and that DOHMH is working with the contractor to improve its usefulness, such as using it to train all Council members. Also, LTI has other sources of

funding. Mr. Park noted that LTI falls under the administration portion of the grant, which is the sole responsibility of the grantee. Further discussion of LTI was tabled.

Mr. Kaloo explained the second spending plan, which is based on a recommendation at the previous meeting from Dr. Cahill to show the increase in the award spread over all categories proportionally, based on their rank from the PSRA tool. The plan also shows decreases in Mental Health and Outpatient Medical Care (Bridge Care) due to those programs inability to sustain any increase in funding. Mr. Petro noted that not all service categories will require increases in funding.

Mr. Park presented the other spending plan proposals discussed at the previous meetings.

**1. ADAP Plus.** In addition to the one-time transfer of funds from MAI to base, there would be an increase of \$377,633 reallocated from the MAI quality management portion of the award.

**2. ADAP.** This category would be fully funded at the beginning of the year. Thus, \$2M that would have been deducted from the allocation and given back through reprogramming later in the year will now be restored on a one-time basis. In addition, an on-going amount, to be determined, would be allocated as an increase in the category to offset the loss of \$6M in Part B funding. Ms. Rivera noted that losses from Part B, as well as anticipated drug rebates, may add up to \$14M over the next several years. A \$3M increase this year will help prevent the program from reaching deeper into its cost-containment plan.

**3. Medical Case Management (MCM): Additional Contracts.** \$4M (annualized) for four new MCM contracts, which would be awarded based on proposal rank and geography. As the programs may not start until August 1<sup>st</sup>, there will be approximately \$1.7M available for one-time reprogramming in FY 2010, but the full amount would be committed in the following year.

**4. MCM: Expanded Client Capacity.** \$500,000 in on-going funds would allow MCM contracts who exceed their capacity to expand the number of clients served. Dr. Laraque noted that no programs were funded at capacity, and that seven programs have already surpassed their planned enrolment targets for the first quarter. Ms. Duke suggested that this proposal is covered under the proposed increase to high performing contracts, and thus does not have to be a separate proposal, in spite of the different methodology used in determining increases. In response to a question from Ms. Cataldi, Dr. Laraque explained that proposal #3 would expand the number of total service sites, and this proposal would expand the number of clients in existing sites.

**5. MCM: Print Materials.** \$50,000 in one-time funds is proposed to reproduce 4,000 health education and promotion workbooks in English, Spanish and Haitian Creole for MCM client. A discussion ensued on the need for materials in French, particularly for African immigrants. It was noted that the materials in the three aforementioned languages already exist and that translation is expensive.

**6. Early Intervention/Harm Reduction: Rapid Test Kits.** \$147,776 in on-going funds is proposed to purchase test kits to support rapid testing efforts in these two service categories.

**7. EIS: Education Program.** \$500,000 in on-going funds is proposed to provide HIV education and support to newly diagnosed PLWHA using a standardized curriculum. In response to questions from Mr. Benadava, Dr. Laraque explained that components would be peer-based. Also, it is not within the Council's purview to discuss which contractors would provide the service. The program would be open to all newly diagnosed PLWHA and others who would benefit from the program, not just clients of RW-funded EIS and other testing programs.

**8. Increases to High-performing Contracts.** The amount would depend on a complete analysis of contracts, looking at spending and performance data, and possibly other criteria. Dr. Cahill said that demand for the service should also be considered, as there is data documenting increased demand for some services, such as Food and Legal.

**9. Housing Services.** An amount to be determined would be used to increase services in this category. Preliminary spending data suggest that RAP may not need an increase, as there has been two years of under-spending in this program. The grantee agreed to bring more data to the next meeting.

**10. Cost of Living Adjustment (COLA).** A COLA would be applied to all categories, except MCM and Mental Health and Harm Reduction (which had recent rate increases). Ms. Cataldi explained that she had proposed an increase in the maximum reimbursement amount (MRA) to allow for higher budgets, thus allowing programs that received rate increases to keep the same number of client served. This will be broken out as a separate proposal.

The presentation of proposals to increase Food & Nutrition and Legal Services was tabled until the next meeting.

The next meeting will take place on Tuesday, May 4<sup>th</sup> from 2:00-5:00 pm, at Cikatelli, 505 Eighth Avenue, Oak Room.

There being no further business, the meeting was adjourned.