



Meeting of the

FINANCE COMMITTEE

September 14, 2005, 3:10-4:05pm

40 Worth Street, Room 1519

MINUTES

Members in Attendance: Steve Hemraj (Chair), Orbit Clanton, Jason DeCuir, Sharen Duke, Patrick McGovern, Maija Neville, Fredrick Wilson

Staff in Attendance: David Klotz (DOHMH/OAPC), Rachel Miller (MHRA/HIV CARE Services), Gucci Kaloo (MHRA/HIV CARE Services), Jo Ann Hilger (DOHMH/Ryan White)

I. FY 2005 First Quarter Report

Mr. Hemraj welcomed everyone back and acknowledged MHRA's hard work in achieving record spending rates for FY 2004.

The Committee reviewed and approved the minutes of the June 1st meeting.

Ms. Miller presented on the first quarter spending for FY 2005 (through May 31st). Spending continues to be on a par with last year's record rate. This is mainly due to the fact that most contracts this year were renewals, rather than late start-ups. There was only \$264,000 in uncommitted funds, which is considerably lower than most years. The treatment adherence category was over-committed by about half a million dollars because treatment education contracts were extended through the year, but the Council eliminated half of the funding in that category. MHRA will be able to make up that amount by applying uncommitted funds in the Spending Plan.

Ms. Miller reported that MHRA continues to do a streamlined budget modification process and analysis of contractor spending levels at year-end to identify persistent underspenders. This year there were 11 contracts that were permanently taken down totaling \$197,768. There was no reduction in services, and contractors got a strong message that MHRA is serious about maximizing spending. The take-downs showed no discernable trends regarding agency characteristics.

Mr. Hemraj noted that there will likely be a strong impact on the EMA after CARE Act reauthorization, especially if there is a requirement to spend 75% of the grant on core services (still to be defined).

II. Assessment of the Administrative Mechanism

The Committee agreed that the survey instrument was not a useful tool, given the low response rate, and that its use can be revisited in future years. The Committee will review the results of MHRA's own internal evaluation of the RFP process at the next Finance Committee meeting for assessing the administrative mechanism for FY 2005.

III. New Business

Mr. Wilson reported that HRSA will be looking closely at the budget to make sure that money is spent on ensuring care for emerging populations with unmet need such as women and youth (also disabled), particularly MAI funds, which are targeted to reducing health disparities among people of color. It was noted that the EMA has always used a waiver to report on spending in the “WICY” categories, and that the Planning Council allocated additional funds this year to address unmet need in those populations.

Minutes approved at the December 7, 2005 meeting.