



Meeting of the

Priority Setting & Resource Allocation Committee

Jennifer Irwin & Eli Camhi, Co-Chairs

Wednesday, April 18, 2007 3:00–5:00 PM

GMHC, 119 W. 24th Street, New York, NY

Members Present: Jennifer Irwin (Co-Chair), Eli Camhi (Co-Chair), SJ Avery, Lloyd Bishop, Felicia Carroll, Linda Fraser, Steve Hemraj, Peter Laqueur (*for Bruce Agins, MD*), Hilda Mateo, Darryl Ng, Walter Okoroanyanwu, MD, Joanna Omi, Tom Petro, Joshua Sippen, Terry Troia

DOHMH Staff Present: JoAnn Hilger, Rafael Molina, Grace Moon, Nina Rothschild, Darryl Wong

MHRA Staff Present: Bettina Carroll, Rachel Miller

I. Welcome/Introductions: The meeting opened with a welcome from Eli Camhi and a round of introductions, after which Ms. Moon reviewed the contents of the meeting packet (agenda; minutes from the PSRA Committee meeting on 1/19/07; minutes from the joint PSRA-EC Committee Meeting on 3/13/07; memo from Co-Chairs Jennifer Irwin and Eli Camhi to members of the Needs Assessment, Integration of Care, and Consumers Committee concerning the FY 2007 reprogramming plan; New York City RW Title I Reprogramming Overview; FY 2007 Reprogramming Ideas; and FY 2007 Formula Award Listing for 56 EMAs and TGAs).

II. Review of Minutes: The minutes from the PSRA Committee meeting on 1/19/07 were accepted by all present with two abstentions, and the minutes from the joint PSRA-EC Committee meeting on 3/13/07 were accepted by all present with one abstention.

III. Prioritization of the Reprogramming Plan:

Mr. Camhi reviewed the memo on the FY 2007 reprogramming plan, emphasizing that reprogramming concerns unspent dollars accumulated over time and that the NY EMA puts itself at risk for a future reduction in its funding award if its grant is not spent by February 2008. In response to questions from Ms. Avery and Mr. Ng about the requirement that the final service budget maintain the 75% minimum core services distribution and about the waiver granted to another jurisdiction, Mr. Camhi and Ms. Hilger explained that because the EMA's grant application to HRSA for 2007 had a 77/23 core/non-core distribution, we are not eligible to apply for a waiver.

Ms. Miller reviewed the chart outlining the sources of money for reprogramming and noted that the EMA has to apply to HRSA for permission to use the carryover money. Mr. Camhi stated that the total amount of money available for reprogramming is a moving target and that the jurisdiction has been conservative about spending because it doesn't know the total amount of its award; we may have to spend a lot of money very rapidly because of the mandate to spend all of the award. Mr. Ng stated that other jurisdictions have no underspending because they use extra funding to buy HIV/AIDS medications, an option not available to the NY EMA because of the structure of its ADAP Program.

In response to a question from Ms. Avery about whether underspending refers to the grant as a whole or to specific service categories of the grant, Ms. Miller noted that the information is available to the Finance Committee, and Ms. Moon stated that the Finance Committee would provide that information to the Planning Council.

Ms. Hilger explained the FY 2007 reprogramming ideas, noting that the first priority is restoration of funding to the ADAP pools. Following this restoration, the next item proposed is the purchase of HIV testing kits and controls at a cost of \$909,000. Since they would be purchased with reprogramming dollars, these kits would have to be used by the end of February 2008. Ms. Hilger explained that the City doesn't have enough money to pay for all the test kits for its ramped-up testing program, and this funding would fill in the gap. When CBOs applied for grants from DOHMH to conduct testing, they were informed that test kits would be provided to them and, therefore, they did not include the cost of the kits in their budgets. Ms. Avery inquired about the cost of control kits for hospitals, and DOHMH staff responded that this information would be

provided at a later date. Regarding the third item on the list of reprogramming ideas – alleviating the impact of RW Title I (Part A) award cuts – Ms. Miller explained that predicting the amount of money available for this option is challenging because the EMA doesn't find out how much money will be available until late in the year. Mr. Hemraj noted that the EMA may see a lot of underspending in 2007 because this is a trial year for performance-based contracting. In response to a question about maintaining the 75/25 core/non-core allocation when enhancing contracts, PSRA Committee members were informed that, for example, if there is underspending in a non-core category, then non-core funding – either to another provider in the same service category or to another non-core service category – can be enhanced. Dr. Okoroanyanwu asked whether the assessment of performance is based on an organization's ability to spend down or to meet its objectives, in response to which Ms. Miller stated that DOHMH has criteria for both assessments.

Committee members discussed the option of using reprogramming dollars to purchase test kits and controls. In response to a question from Ms. Melor, Ms. Hilger stated that if the money for the test kits does not come from Ryan White, it would have to come from elsewhere within the Bureau of HIV/AIDS Prevention and Control's budget, such as from the Bureau's HIV prevention funding from CDC. Dr. Okoroanyanwu asked for clarification as to how Ryan White funds can pay for test kits, since Ryan White is the payer of last resort. Mr. Petro noted that the EMA may have to spend down a lot of money very rapidly so as not to be penalized by HRSA in future grant awards, and allocating almost \$1 million dollars for rapid test kits would be an efficient way to spend the money. By contrast, two other options for reprogramming dollars – granting MHRA the flexibility to move funds between service categories and alleviating the impact of RW Title I (Part A) award cuts – are more amorphous and have no specific dollar amounts attached to them. Mr. Camhi underscored that the PSRA Committee is just prioritizing the items and is not making recommendations to the Planning Council about funding.

Mr. Ng offered a friendly amendment to allot up to \$909,000 for testing kits. The PSRA Committee voted to maintain the reprogramming ideas in order of: 1) restoration of \$3.6 million in funding to the ADAP pools, 2) purchasing up to \$909,000 worth of test kits and controls, 3) providing the master contractor with the flexibility to move funds between service categories, 4) alleviating the impact of RW Title I (Part A) award cuts, and 5) enhancing the ADAP pools. The entire PSRA Committee voted in favor of this ranking, with one abstention.

Announcements: Darryl Ng is leaving GMHC but will remain a Planning Council member.

Public Comment:

Myron Gold spoke about a new listing of covered services from New York State. These services do not include holistic approaches such as acupuncture. Explaining to clients why these are not core services is challenging.

James Levigny noted that cranial massage therapy, another holistic service, has a positive outcome. He also commented on the importance of pre-and post-test counseling.

Mr. Petro noted that New York State has put out a guidance for Ryan White Part B contracts explaining how Ryan White Part B funding can be used while we await guidance from HRSA. Both the State and the NY EMA are reviewing their policy on providing funding for non-core services.

The meeting was adjourned. The next PSRA Committee meeting is scheduled for May 3rd, 2007 from 3:00-5:00.