



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

January 5, 2010  
Cicatelli Associates, 505 Eighth Avenue, Oak Room  
3:00 pm – 5:00 pm

**Members Present:** Mulusew Bekele (alt. for Amanda Lugg), Victor Benadava, Sean Cahill, PhD, Felicia Carroll, Nancy Cataldi, Sharen Duke, Marya Gilborn, JoAnn Hilger, Judy Juster, Peter Laqueur, Fabienne Laraque, MD, MPH, Julie Lehane (alt. for Tom Petro), Matthew Lesieur, Sharon Mannheimer, MD, Deb Marciano, Hilda Mateo, Jan Carl Park, Dena Rakower, Allan Vergara, Susan Wayne

**Members Absent:** Florencio Cuevas, Joan Edwards, Linda Fraser, Terry Hamilton, Steve Hemraj, Charles Shorter

**NYC DOHMH Staff Present:** Sekai Chideya, MD, MPH, David Klotz, Nina Rothschild, DrPH

**Public Health Solutions Staff Present:** Gucci Kaloo

**Others Present:** Mallory Marcus, Terri Smith-Caronia

**Materials Distributed:**

- Agenda
- PSRA Committee Member Contact List
- Minutes from the December 2009 PSRA Committee Meeting
- Letter to HRSA re Carryover Waiver
- Spreadsheets:
  - NYC Ryan White Portfolio -- Year 2009 MAI: August 1, 2009 – July 31, 2010
  - NYC Ryan White Portfolio -- Year 2010 MAI: March 1, 2010 – February 28, 2011
  - Current MAI Award: August 1, 2009 – July 31, 2010
  - New MAI Funding: March 1, 2010 – February 28, 2011

- Tri-County MAI Budget (March 1, 2010 – February 28, 2011)
- January 2010 Planning Council Calendar

**Welcome/Announcements/Introductions/Moment of Silence/Review of the Meeting Packet:** Marya Gilborn welcomed meeting participants. Committee members were informed that Charles Shorter would no longer serve as PSRA Committee Co-Chair because he has been elected Community Co-Chair for the Planning Council. Members introduced themselves. Dr. Sean Cahill led the moment of silence. Nina Rothschild reviewed the contents of the meeting packet.

**Review of the Minutes from the December Meeting:** Marya Gilborn led the review of the meeting minutes. The minutes were approved with one adjustment by all present with no votes in opposition and five abstentions.

**Review of Conflict of Interest Guidelines:** Jan Carl Park explained to Committee members about conflicts of interest, noting that they would address a \$3 million increase in the EMA's MAI award because of overlap in funding cycles and that they should be mindful when voting on service categories in which their organization has one or more contracts. Members disclosed potential conflicts.

**Resource Allocation: 2010 Carryover Plan:** Ms. Hilger discussed the letter in the meeting packet to HRSA Grants Management Specialist Djuana Gibson estimating that \$3.7 million of the EMA's Part A grant would be unobligated after February 28, 2010. Ms. Hilger explained that DOHMH submits this estimate of underspending and includes an explanation of how this estimate was determined and the purpose for which the money will be used. Later in the Planning Council cycle, DOHMH will inform the PSRA Committee about the actual amount of underspending and the actual plan for how that money will be used. The amount of money mentioned in the letter is hypothetical; DOHMH used an estimate of 5% of its grant because that is the maximum amount of underspending permitted by HRSA. Allan Vergara asked whether this allocation of funding is consistent with previous years and was informed that it is indeed consistent. Victor Benadava motioned to accept the DOHMH's plan for underspending. All members voted yes with no votes in opposition and no abstentions.

**Resource Allocation: 2010 BASE and MAI Spending Plans:** Ms. Hilger explained that with reauthorization of Ryan White, the BASE and MAI funding cycles have been realigned effective March 1, 2010. This realignment creates a five-month overlap in funding. On January 15<sup>th</sup>, DOHMH will submit a plan to HRSA detailing how the EMA plans to spend the extra money. Today's session is to develop that plan.

This year, Ms. Hilger noted that the EMA has been unable to do reprogramming because it has spent its award so efficiently. We are, therefore, concerned that we will not be able to honor our commitment to the AIDS Drug Assistance Program (ADAP). In our 2009 MAI plan, funding was allocated to only three service categories: medical case management, early intervention services, and housing placement. A small increase in funding of \$79,776 went to housing. No contracts have been reduced. We now have two pools of MAI funding: the “old” MAI money, running through July 2010, and the “new” MAI money, beginning in March 2010. The five-month overlap leaves us with \$3.2 million to spend. In the beginning of the year, we took down the allocation to ADAP and can now pay it back. Ms. Rakower asked whether there are any risks associated with allocating the money to ADAP: might HRSA take back the money from the overlap? Ms. Hilger responded that this prospect is very unlikely.

Members discussed potential uses for the new MAI funding. Mr. Lesieur expressed concern about the New York State budget and advocated for putting all the extra money into ADAP. The housing programs cannot use anything extra and are not an appropriate site for the money. Dr. Fabienne Laraque and Ms. Hilger advocated for using some of the money to cover the training for the care coordination program at NDRI on a one-time basis and to give the rest of the money to ADAP. Members noted, however, that MAI funding comes with a requirement to report client-level outcomes, and reporting client-level outcomes is tough if the money is being spent on training. Mr. Lesieur recalled questions about the performance of some EIS contracts and asked whether giving money to EIS makes sense or whether all the money should, rather, go to ADAP. Mr. Kaloo noted that EIS is making changes to its programs and will benefit from technical assistance and quality management.

Ms. Hilger reminded Committee members that they can revisit the decision when the EMA receives its actual award but need to submit a plan to HRSA now. Mr. Park reminded the group that all but approximately \$300,000 of the \$3.82 million is already going to ADAP and that the proposed movement of roughly \$300,000 will go to cover the cost of training. As Committee members debated the allocation of the money, Ms. Gilborn noted that no one is questioning the value of the care coordination/case management training but that she is surprised that we can pay for it with this money.

Mr. Lesieur made a motion to put all the extra MAI money into ADAP. Mr. Benadava expressed his feeling that DOHMH makes decisions in advance of meetings and arrives with an agenda in its pocket. Ms. Rakower responded that DOHMH has ideas, comes with a proposal, and has shown a willingness to make modifications. Mr. Park reminded Committee members that this is a proposed budget and that we don't yet know what our award will be. Ms.

Gilborn reminded the group that we will have this discussion again when the EMA receives its actual award. Mr. Lesieur motioned to approve the revised 2009 MAI plan and preliminary 2010 plan to fully allocate the 2010 MAI funds (which overlap with 2009 funds for five months). All members present voted in favor of this plan with no votes in opposition and one abstention.

**Tri-County Update:** Dr. Julie Lehane presented the Tri-County MAI budget for March 1, 2010 through February 28, 2011. The plan is to permanently move one base-funded medical case management program into MAI funding in March 2010, and to extend the three MAI-funded EIS programs from August 1, 2010 through February 28, 2011. Mr. Benadava motioned to accept the Tri-County plan as presented. All members present voted to accept the plan with no votes opposed and two abstentions.

**Discussion:** Mr. Park explained that the group is addressing an unanticipated dynamic and needs further clarification about the care coordination program but that the Department's does not intend to demonstrate disrespect by coming to the PSRA meeting with proposals. Mr. Benadava advocated for more input from consumers into the care coordination program. Ms. Mateo reminded Committee members that everyone contributes to this process. Consumers spend their lives dealing with this illness, and both sides must demonstrate respect for each other. Ms. Gilborn reminded the group about the need for data and to be prepared to fully explain proposals. Mr. Lesieur thanked the Department for its work, noting that a lot of creativity went into the proposal. Ms. Rakower underscored the importance of finding a simply way to explain this material to the full Planning Council at its meeting on January 7<sup>th</sup>. Mr. Laqueur suggested providing a presentation on the care coordination training to the full Planning Council

**Public Comment:** Terri Smith-Caronia expressed concern about the potential for underspending because so much money is going to care coordination. New York State is in bad shape financially, the AIDS Institute has taken a hit, and using the money directly for consumers makes the most sense.

**Adjournment:** The meeting was adjourned.