



Joint Meeting of the

**EXECUTIVE COMMITTEE**  
and  
**PRIORITY SETTING AND RESOURCE ALLOCATION  
COMMITTEE**

June 15, 2006  
2:30 – 4:10 PM  
Friends House, 130 E. 25<sup>th</sup> Street

**MINUTES**

**EC Members Present:** J. C. Park (Governmental Co-chair), S. Hemraj (Community Co-chair), E. Camhi, F. Carroll, O. Clanton, I. Gamble-Cobb, J. Grimaldi, MD, J. Hilger, R. Johnson, T. Petro

**PS&RA Members Present:** E. Camhi (Co-chair), F. Carroll, S. Hemraj, J. Hilger R. Johnson, M. Lesieur (for J. Pressley), D. Ng, J. C. Park, T. Petro, E. Telzak

**Staff Present:** *OAPCP:* D. Wong, D. Klotz, C. Silva, S. Bailous; *DOHMH:* D. M. Miles, G. Moon, R. Shiao; *MHRA:* J. Verdino

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**Agenda Item #1: Welcome/Introductions/Minutes**

*Mr. Park* opened the meeting followed by introductions.

The April 13<sup>th</sup> EC and May 25<sup>th</sup> PS&RA minutes were approved with no changes.

**Agenda Item #2: FY 2006 Reprogramming**

*Mr. Camhi:* We need to approve a reprogramming plan for funds to be spent by February 28, 2007. We closed the last Priority Setting & Resource Allocation Committee (PSRA) meeting with some suggestions, and circulated a request for proposals to other committee co-chairs, as well as approached MHRA for suggestions, which have been compiled.

*Ms. Verdino:* The carry-over from FY 2004 is \$2.3 million, all which goes to the ADAP pools as per the Council's spending plan. Uncommitted funds available on a one-time basis are: \$100,000 (base), \$1.1 million (MAI). The MAI amount is larger because those contracts started up due to the unexpected increase in the award. Then, there will be a small amount for one-time reallocation due to take-downs to be done three quarters of the way through the year.

*Mr. Camhi:* The proposals on the table are: 1) Study of Payor of Last Resort. There was a concern from Patrick McGovern that there is no thorough way to know about all the other possible funding vehicles for

Title I services. This would help in the priority setting process. The study would be done once, and can be updated every year. 2) Replacing the Transportation Fleet. The fleet has not been replaced in many years and the vehicles are aging. One thing to consider with this proposal is that we do not know yet how reauthorization will affect this program.

*Mr. Park:* This is a sole-source contract, which the current provider inherited from a previous contractor (American Red Cross) that decided to no longer provide the service. Some of the vans have over 100,000 miles on them and have severe maintenance problems. Six of 9 vehicles in the fleet need replacement. Our concern is that we do not know how the 75% core medical services requirement would affect our ability to fund this service in the future. Thus, this is an opportunity to do this proactively while it is still allowable.

*Ms. Verdino (in response to questions from Dr. Telzak and Mr. Camhi):* The program provides trips all over city for non-Medicaid reimbursed visits. It prioritizes medical visits, as there is more demand than what they can provide. In FY 2004, there were 401 clients from all over the city (129 new that year), who took about 11,500 trips. We make sure that they prioritize non-Medicaid visits. I urge you not to consider the 75%/25% issue, since it will take time for HRSA to implement it, plus there is the possibility of the EMA being granted a waiver. The real question is, do you want to use scarce resources for this?

*Mr. Clanton:* The Consumers Committee listed this as an important priority for them.

*Ms. Hilger:* We have to use base funding for this. Also, we will have to get approval from HRSA, which will ask if we can maintain the vehicles, who will use them, etc.

*Mr. Camhi:* Are there restrictions on how we will use them if we can not fund the program anymore? Will we have to return them to HRSA?

*Ms. Hilger:* In the past, when programs have been closed out, we have been able to keep vehicles if we demonstrate that they will be used for PLWHA.

*Mr. Camhi:* Proposal 3) Consumer Satisfaction Survey. We currently solicit consumer feedback through the CAB survey and CHAIN. This proposes directly surveying consumers on satisfaction with Title I services. The AIDS Institute is possibly interested in this as part of the Quality Management program. The remaining proposals are: 4) Enhancement to ADAP; 5) Enhancement to Food and Nutrition programs; 6) Enhancement to the Leadership Training Institute (LTI); 7) Transitioning HIV+ Adolescents into Adult Medical Care Services; and 8) Training for Performance-based Contracting.

*Ms. Verdino:* The recent (as well as future) RFP requires performance-based contracting. Also, we will transition other contractors to this way of doing business. FITA, with City funds, is training prevention contractors to prepare them for this. There are serious infrastructure needs around this, such as tools for tracking. This proposal would extend the training to Title I contractors. The training tools have already been developed, and so this would pay directly for training. Contractors will only be paid for the services they provide, rather than their expenditures, thus is important that contractors are prepared so that they do not lose funds.

*Mr. Lesieur:* How is Transitioning Adolescents a one-time expense, or different from case management?

*Ms. Verdino:* This is actually a "train the trainer" model so that providers can work with youth to ensure that they stay in care. Many youth, if they can no longer see their pediatrician, will fall out of care. We will train those working with teens to help prepare them for transition to adult care.

*Mr. Ng:* As this is a result of aging out, it is a continuous process, and I would have thought had we had already prepared for this.

*Dr. Grimaldi:* From experience, I know that adult providers that will treat adolescents would also need to be involved in the training.

*Ms. Verdino:* They would be part of it.

*Mr. Camhi:* We will rank these proposals today so that they can go to the full Council next week. Please circle which dollar amount you prefer for transportation.

*Mr. Camhi (in response to a question from Dr. Grimaldi):* When we did the priority ranking last year, we used mostly anecdotal evidence for assessing payor of last resort. The study would provide useful data.

*Ms. Verdino:* MHRA did a manual like that a long time ago to help my staff assess what contractors can be reimbursed for, and it can help the planning process also. Right now, we do not have much ready information beyond Medicaid and COBRA.

*Mr. Camhi:* I think we will have to increasingly defend our assessment of this. We can also put it in the proposed budget for next year.

*Dr. Telzak:* Is there already someone on the City payroll who can put this document together, instead of using Title I funds?

*Mr. Camhi:* It is probably not just one document, but requires wide collaboration.

*Dr. Grimaldi:* It would be easier to think of in terms of the range of the Council's data needs, rather than an isolated study.

*Mr. Clanton (in response to questions from Mr. Park and Mr. Lesieur):* The Consumer Satisfaction Survey, if well done, would capture clients' own thinking about services and be a useful tool in planning. Many consumers felt that CHAIN was not capturing this well enough, and the CAB survey identifies needs, but does not ask what consumers feel about services they are receiving.

*Dr. Grimaldi:* Like the Payor study, this should be considered in the context of the Council's overall needs for data. We need to better think out our comprehensive data needs.

*Dr. Telzak:* The consumer view is a major factor in how we rank services, and the available data is not adequate to help us in this decision making factor. It would help to get a more representative consumer survey.

*Mr. Camhi:* Let's say there are about 30,000 Title I consumers. This would mean a large scope and a complicated process to implement.

*Ms. Hilger:* The Quality Management committee has been talking about this issue. Also, the CAB Survey is more of a needs assessment, not a satisfaction survey. This would require reaching out to Title I consumers to see how they feel about the services they receive. We would have to develop a tool. We could reduce the amount, but it would still be a very involved process.

*Mr. Clanton:* We can reduce the consumer survey amount to \$75,000.

*Mr. Petro:* This should be considered "last chance funding" to pay for items that we may not have the luxury to pay for in future years (e.g., infrastructure needs).

*Mr. Camhi:* I would like to propose allowing MHRA to adjust the dollar amount of these proposals as needed, in order to maximize funding of proposals further down list. We do not need to be wedded to the exact amount.

*Mr. Lesieur:* HOPWA did a consumer satisfaction survey and it was very expensive – several hundred thousand dollars.

*Mr. Camhi:* Also, it is very time consuming, and we may not get done in time. There is no way to know the exact cost until it is put out to bid. Our ranking today is to recommend a plan to the full Council. We need to have a plan in place so that MHRA can spend the funds as they become available and finish spending them by February 28, 2007.

*Mr. Clanton:* Keeping that in mind, ADAP can readily absorb left over funds.

*Mr. Ng:* It is a good idea to give MHRA flexibility. Also, we can give them the flexibility to not fund a proposal if the staff finds that it is not feasible after a good faith effort to implement it.

*Ms. Verdino:* If you rank these in priority order, then MHRA will automatically use the unspent funds for the next proposal on the list. We will negotiate to get the best price for each service, with your amount as a cap.

*Mr. Camhi:* We will put forward all the proposals in rank order, with the understanding that lower ranked proposals will probably not be funded.

*Ms. Verdino:* When ranking these, you should think about how long each will take. If funds are not available until the fall, then things that take longest to implement will not be done.

*Ms. Carroll (in response to a question from Mr. Hemraj):* At the last Consumer Committee meeting, we recommended that LTI needs additional core trainings because there are many consumers who do not understand the planning process, and funds are decreasing for this.

*Mr. Hemraj:* We held LTI harmless last year, and it was not cut.

*Mr. Clanton:* There was a feeling in the committee that there was a need for additional training.

*Ms. Carroll:* We learned that LTI has discontinued its “train the-trainers” module.

*Mr. Hemraj:* It should be clear that there was no cut in funding for LTI this year.

*Mr. Park:* We should look at other possible funding sources. There are other avenues to meet this need. For example, Council staff can discuss the process with consumers.

*Ms. Hilger (in response to a question from Mr. Camhi):* Programs are managing their money much better now, and so there are fewer and fewer take-downs, thus we can not say exactly how much will be available in the fall.

[Ranking ballots were completed, followed by a five minute break.]

*Mr. Camhi:* In rank order, the Committee recommends: 1) Transportation, 2) Consumer Satisfaction Survey, 3) Payor of Last Resort Survey, 4) ADAP Enhancement, 5) Food & Nutrition Enhancement, 6) Fiscal Management Training, 7) Adolescents Aging Out Training, 8) LTI enhancement.

*Mr. Park:* Thanks to everyone for helping to make these difficult decisions.

### **Agenda Item #3: New Business**

*Mr. Hemraj:* PSRA made the decision last year to review the rest of the portfolio while the current Council is in place.

*Mr. Camhi:* We will do that at the next PSRA meeting on July 6<sup>th</sup>. We need a targeted review of those categories, especially those that are lowest ranked. We will probably also need to meet again on July 13<sup>th</sup>.

*Mr. Klotz:* The spending plan and re-ranking must be completed by the July 27<sup>th</sup> Council meeting for the application. Also, PSRA should consider changes in program guidance to some service categories made by the Integration of Care Committee, as that may affect rankings.

*Mr. Johnson:* We heard this morning that the latest mark up of reauthorized CARE Act that we were anticipating for next week was cancelled. The stumbling block is the formula issue and a lack of data from the General Accounting Office. They want to move towards living AIDS cases, but no one has data on it, and so they can not do scenarios on what it would mean.

*Mr. Lesieur:* Fortunately, we are in the same boat as the state of Texas, and the chair of the House Committee is from Texas.

*Mr. Park:* At the CAEAR Coalition this weekend, we will get a fuller briefing and will give an update at the Council next week. Also I want to acknowledge Ms. Moon, who is now in my old role as deputy to the Assistant Commissioner for HIV Prevention and Control. She has been very helpful to me in my new role.

*Mr. Johnson:* The Florida delegation is not engaged in this fight, but they will be hurt like New York and Texas, and so I encourage anyone who knows people in Florida to contact their representatives.

*Mr. Clanton:* Former Council member Rafael Abadia lives in Florida and is working to engage them.

There being no further business, the meeting was adjourned.

Minutes approved by the PSRA on July 6, and the Executive Committee on July 20, 2006.