



**JOINT MEETING OF THE  
NEEDS ASSESSMENT, INTEGRATION OF CARE AND  
CONSUMERS COMMITTEES**

April 11, 2007  
2 – 4 PM  
LGBT Center, 208 W. 13<sup>th</sup> Street

**MINUTES**

**NAC Members Attending:** I. Gamble-Cobb (Co-chair), A. Palermo (Co-chair), A. Aidala, PhD, G. Garcia-Goldwyn, M. Gold, J. Goldberg, R. Lopez, F. Machlica, H. Marcus, C. Numa, L. Scaccabarozzi, H. Schwartz, S. Self, PhD,

**IOC Members Attending:** J. Grimaldi, MD (Co-chair), R. Canosa, V. Jarvis, MD, P. Laqueur, E. Levine, J. Matsuyoshi, J. Omi, A. Richardson, J. Shields

**CC Members Attending:** F. Carroll (Co-chair), O. Clanton (Co-chair), M. Gold, G. Philip, A. Richardson

**Other Planning Council Members Attending:** J. C. Park (Governmental Co-chair), S. Hemraj (Community Co-chair)

**Staff Present:** DOHMH: D. Klotz, G. Moon, D. Wong, C. Silva, N. Rothschild, J. Hilger;  
MHRA: R. Miller

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**I. Meeting Opening**

Mr. Park explained the purpose of the meeting, to create an FY 2007 reprogramming plan in order to maximize spending of the annual grant award. This is particularly important this year, as the reauthorized Ryan White HIV/AIDS Treatment Modernization Act now stipulates that EMAs spend 98% of their program dollars or risk having that amount deducted from the

- FY 2006 Carry-over (available in the fall or one-time use)
- FY 2007 Uncommitted Funds (from new contracts that have a late start date and are available for one-time use; or from permanent contract reductions/terminations available for on-going use)
- FY Accruals (from one-time reductions of contracts due to under-spending available for one-time use; or on-going reductions of existing contracts due to a history of under-spending available for on-going use).

Dr. Grimaldi explained the criteria for reprogramming items:

- Existing service categories should be enhanced if needs are identified.
- Identify one-time, non-recurring initiatives that reflect FY 2007 service priorities.
- Develop ongoing initiatives that reflect FY 2007 service priorities.
- Implementation must not require a full solicitation.
- Funds may not be used for capital construction or other expenses prohibited by federal rules.
- Funds should be used only for direct program services (not program support or activities that fall under the 10% grant administration cap).
- Funds must be spent by February 28, 2008.
- The final service budget must maintain the 75% minimum core services requirement.

Mr. Klotz explained the reprogramming timeline: items approved at this meeting will be forwarded to the Priority Setting & Resource Allocation for review and ranking, then to the Executive Committee and full Council for final approval. Items will be funded in rank order as funds are available, after the first \$3.6 million, which is earmarked for restoration of the ADAP pools, as per the Council's FY 2007 spending plan.

### **III. Reprogramming Items**

Mr. Hemraj introduced the first proposed item: Giving the grantee the latitude to shift funds between service categories in order to enhance contracts that are performing or who show potential to perform above their maximum reimbursable amount, up to 10% of a service category's allocation. This is similar to flexibility given by the Council in previous years within groupings of service categories and obviates the need for the grantee to get monthly Council permission for each change in a category's allocation.

Highlights of the discussion included lengthy discussion of the sources of funds and the options for reallocation. For example, MHR A can fund live proposals that were not funded through the

A motion was made, seconded and approved to forward this item to the PSRA.

Ms. Hilger presented a reprogramming proposal to purchase rapid test kits for Early Intervention and Harm Reduction programs. Rapid test kits were not built into the rates in the Yr. 16 RFP. Approximately 65,847 rapid tests will be performed by these contracts in 2007. \$909,000 is needed to cover the cost of test kits and controls (it costs approximately \$12 per kit inflated 15% for the cost of controls for CBOs, and a higher inflator percentage for hospitals since their permit requirements demand a more intensive control process).

Highlights of the discussion included: providers comply with the current state testing protocols; CHAIN data shows that services provided at the point of testing is highly predicative of timely entry into care; without these funds, some contractors would have to restructure their programs and reduce their deliverables; the grantee will work to ensure that these costs are built into the program from the beginning in the future. A motion was made, seconded and approved to forward this item to the PSRA.

Ms. Miller introduced reprogramming proposal to use reprogramming funds to alleviate the impact of potential cuts to the grant award. The current plan for absorbing funding cuts includes a reduction in the number of contracts or reducing contract awards, depending on the magnitude of the cut. Reprogramming would restore as much of the across-the-board cuts as funds would permit, with allowances for MHRA to establish performance criteria for restoration. It was clarified that across-the-board cuts are within categories and that the grantee is developing criteria for cutting whole programs should that be necessary. This proposal is just for restoration of cuts, not enhancements of contracts, as in the first proposal. A motion was made, seconded and approved to forward this item to the PSRA.

Mr. Klotz explained the final reprogramming proposal, identical to one from the previous year, to enhance the ADAP pools with any under-spending left over after all other reprogramming items have been completed. A motion was made, seconded and approved to forward this item to the PSRA.

There was public comment from M. Gold and J. Livigni concerning the need for legal services and more activism from the Council.

There being no further business, the meeting was adjourned.