



Meeting of the
PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE

July 27, 2011
LGBT Center, 208 W. 13th St.
2:05 – 4:00 pm

MINUTES

Members Present: Marya Gilborn (Co-chair), Victor Benadava, Felicia Carroll, Nancy Cataldi, Sharen Duke, Joan Edwards, Steve Hemraj, JoAnn Hilger, Matthew Lesieur, Deb Marcano, Hilda Mateo, Jan Carl Park, Tom Petro, Dena Rakower, Leonardo Vicente III

Members Absent: Sean Cahill, Linda Fraser, Kali Lindsey, Amanda Lugg, Allan Vergara

Staff Present: David Klotz, John Rojas, Nina Rothschild, Darryl Wong, Rafael Molina (DOHMH); Rachel Miller, Gucci Kaloo, Nagla Bayoumi, Peter Chea (Public Health Solutions)

Agenda Item #1: Welcome/Introductions/Moment of Silence/Minutes

Ms. Gilborn opened the meeting followed by introductions. *Mr. Vicente* introduced the moment of silence. *Mr. Klotz* reviewed the meeting packet. The minutes of the July 13, 2011 meeting were approved with no changes.

Agenda Item #2: FY 2012 Service Category Ranking: Substance Abuse Services

Dr. Rothschild presented the revised service category guidance for Substance Abuse Services and described the process by which the Integration of Care Committee developed it. IOC began to reexamine the Harm Reduction, Recovery Readiness, and Relapse Prevention (HRR) service category in the winter/spring of 2010 after the grantee was informed by HRSA that we could no longer serve high-risk HIV-negative and status-unknown individuals within this service category. IOC developed a revised services directive which was brought to the Executive Committee and accepted by the full Planning Council on July 29, 2010. That directive was revised after the community expressed concern about DOHMH's proposed interpretation of the category's allowable evidence-based behavioral interventions.

On July 8, 2011, IOC approved a revised service guidance with the following features:

- Optionally, outreach and clinical providers in co-located and affiliated medical and mental health settings may choose to use a standardized brief intervention for referral and treatment.
- Use of standard measurement tool for AOD assessment for providers and patients.
- Organizations must provide medication-assisted interventions, either directly or through formal linkages. Methadone services should be available through linkages.

- All newly funded programs are required to incorporate evidence-based practices including motivational interviewing, stages of change, and contingency management into their service delivery.
- Agencies may, but are not required to, use an evidence based intervention. Trainings on Seeking Safety, Therapeutic Education System, Healthy Living, and Matrix will utilize a train-the-trainer model and will be coordinated by the DOHMH.
- The requirement that clients should progress toward program graduation was removed.
- Providers are required to ensure that their clients are also linked to other needed services and are enrolled in a medical case management program if needed.

This revised and approved guidance will be brought to the EC and full Council. The new service will be RFPed in fall 2011 for programs starting during the FY 2012 program year.

Ms. Duke raised the concern that the client eligibility in the service model might preclude providing services for client who do not have recent substance abuse. She pointed out that even people in long-term recovery can benefit from interventions that help maintain that recovery. *Dr. Rothschild* clarified that these services are not limited to clients who have used substances only within the previous 12 months.

It was pointed out that, with interventions no longer limited to harm reduction, there is the potential for more services to be reimbursed by other funding streams such as Medicaid. The Committee voted to maintain the current ranking scores and to revisit them after the new model has been implemented and data is available.

Agenda Item #3: Final FY 2011 Base and MAI Spending Plans

Mr. Kaloo introduced the spread sheets showing the draft FY 2011 base and MAI spending plans. Based on the calculation of the FY 2011 award using the numbers relayed to the EMA by HRSA over the phone, there is a total of \$111,354,790 in base and \$9,507,230 in MAI funding. After deducing for Tri-county (4.71%), grantee administration (10%) and quality management (\$3M – base only), that leaves \$92,498,981 for NYC base programs and \$8,153,495 for NYC MAI programs. Given the carrying cost from FY 2010, this means that there is a \$2,885,435 deficit in base and an additional \$824,457 to plan for in MAI. The State has agreed to reduce its allocation by \$2,885,435. \$1.968M is the standard upfront reduction to be restored as the first item through reprogramming, and \$917,079 is an actual cut to their allocation (which will likely be also able to be restored through reprogramming under-spending before the end of the year).

A proposal was presented to transfer one Transitional Housing program from base to MAI, which would free up base funds to be used for Emergency Rental Assistance (ERA). *Mr. Rojas* reported that ERA is overcommitted by \$174,000 and can add an additional \$172,000 (annualized), allowing for the maintenance of 14 households and the addition of 13 households in the program. There would be no net change to the allocation to the base Housing category, and it addresses a critical housing need brought to the Committee's attention at the previous meeting. The remaining uncommitted funds in MAI can be used to fund additional Early Intervention programs from the recent RFP in that category.

Ms. Gilborn asked if the additional MAI funds could be used for ADAP instead of EIS. *Ms. Edwards* responded that it was an insignificant amount, and would trigger MAI outcome reporting

requirements. *Ms. Hilger* pointed out that there will likely be a significant amount for reprogramming available for ADAP later in the year.

Ms. Rakower pointed out that City testing contracts have reduced funds to reconnect known HIV-positives to care and that there is no other way to pay for this service. It was noted that this can be reimbursed through Medical Case Management or EIS.

A motion was made and seconded to move one Transitional Supportive Housing contract from base to MAI, to use the freed up base dollars for Emergency Rental Assistance, and to use the remaining MAI funds for additional EIS programs. A friendly amendment was accepted that the grantee have flexibility with the freed up housing funds to adjust rates for other housing programs, in addition to increasing ERA funding. The motion, as amended, was approved unanimously.

A motion was made and seconded to approve the FY 2011 base and MAI spending plans as adjusted. A friendly amendment was accepted to allow the grantee, should the actual award change up to \$128,000, to apply that amount for additional Housing Services. The motion, as amended, was approved unanimously.

Agenda Item #4: FY 2012 Application Base and MAI Spending Plans

The proposed FY 2012 preliminary spending plans for the application were presented. The base plan was the FY 2011 carrying cost, with an additional request to restore the entire reduction to ADAP (\$2.9M). The MAI plan was the FY 2011 carrying costs, showing the additional \$579,000 in Housing Services and \$263,000 in EIS as approved by PSRA earlier in the meeting. A question was raised about whether any requests should be added for newly identified needs, such as support for the State's Insurance Continuation Program (APIC). *Ms. Edwards* reported that, according to Christine Rivera, the State expects a 6-8% deficit in that program. A motion was made, seconded and approved unanimously to approve the preliminary FY 2012 base spending plan as presented, while allowing the Executive Committee or full Council to make an adjustment to request support for APIC after finding out more information from the State on their needs. A motion was made, seconded and approved unanimously to approve the preliminary FY 2012 MAI spending plan as presented.

Agenda Item #5: Public Comment

There were two public comments expressing support for legal services and its importance to preserving housing for PLWHA, and for testing, especially in immigrant communities.

Mr. Klotz thanked the chairs for the leadership and the committee and staff for their hard work.

There being no further business, the meeting was adjourned.