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2
3 Meeting of the
4 **PRIORITY SETTING AND RESOURCE ALLOCATION COMMITTEE**

5
6 October 22, 2008
7 GMHC, 119 West 24th Street, 9th Floor Board Room
8 10:00 am-11:00 am
9

10 **Members Present:** Victor Benadava (alt. for Antionettea Etienne), Sean
11 Cahill, PhD, Felicia Carroll, Sharen Duke, Soraya Elcock, Marya Gilborn,
12 Jennifer Irwin, Peter Laqueur, Fabienne Laraque, MD, MPH, Julie Lehane, PhD,
13 Matt Lesieur, Hilda Mateo, Reynolds Mulero, Jan Carl Park, Dena Rakower,
14 Charles Shorter

15
16 **Members Absent:** Eli Camhi, Joan Edwards, Antionettea Etienne, Terri
17 Faulkner, Linda Fraser, Terry Hamilton, Steve Hemraj, Patrick McGovern, John
18 Samuels, Edward Telzak, MD

19
20 **NYC DOHMH Staff Present:** JoAnn Hilger, David Klotz, Nina Rothschild,
21 DrPH, Anthony Santella, DrPH, Elys Vasquez, Darryl Wong
22

23 **Public Health Solutions Staff Present:** Bettina Carroll, Gucci Kaloo
24

25 **Others Present:** Guillermo Garcia-Goldwyn
26

27 **Welcome/Introductions:** Jan Carl Park, Planning Council Governmental Co-
28 Chair, welcomed participants and noted that NYC DOHMH is still waiting to
29 hear from the Mayor's office regarding new Planning Council appointees for
30 2008-9. The PSRA Committee does not yet have an official roster of new
31 members or new co-chairs. In the absence of new co-chairs, Mr. Park and
32 Soraya Elcock, Community Co-Chair of the Planning Council, will chair the
33 meeting. Committee members observed a moment of silence in honor of
34 individuals active in the fight against AIDS and, in particular, in honor of
35 Sharon Perkins of Bailey House. Committee members introduced themselves.
36

37 **Policies on Attendance and on Selection of Alternates:** Jan Park discussed
38 the Planning Council policy on attendance at Committee meetings, reminding
39 members that they commit themselves to the process and to being present.
40 Attendance is a matter of integrity. He also informed attendees that they need

1 to designate an alternate for occasions when they cannot attend. Priority
2 Setting and Resource Allocation (PSRA) is a key Committee, and members
3 must be present for discussions of financial matters such as the allocation of a
4 \$90 million dollar budget. Ms. Elcock noted that members' participation is
5 critical and that members need to select alternates who have full knowledge
6 of the issues.

7
8 **Review of the Contents of the Meeting Packet:** Nina Rothschild reviewed
9 the contents of the meeting packet.

10
11 **Review of Member Responsibilities:** Jan Park read the section from the
12 Planning Council bylaws concerning the role and function of the PSRA
13 Committee. This Committee establishes priorities and ranks service
14 categories; directs funds and unobligated dollars; develops a budget; and
15 plans for spending in the event of receipt of more or less funding than
16 requested from HRSA. The Committee engages in a parallel process for funds
17 received from the Minority AIDS Initiative award. Allocating and distributing
18 these funds requires continuous monitoring and adjustment. Last year, the
19 PSRA Committee made the priority setting tool more friendly.

20
21 **MAI Spending Plan:** Soraya Elcock opened the discussion of the MAI
22 spending plan. The Committee needs to allocate \$302,222 dollars. JoAnn
23 Hilger noted that the spending plan is reviewed periodically by the Planning
24 Council's Finance Committee. Services funded by MAI include ADAP-Plus,
25 maintenance in care, the 24-hour drop-in center for HIV+ prison releasees,
26 treatment adherence, early intervention services, and housing placement.
27 MAI services are similar to base services but are targeted specifically to
28 minority populations.

29
30 Public Health Solutions serves as the master contractor for Ryan White
31 services funded by NYC DOHMH and reviews contracts, modifies budgets,
32 and sometimes does takedowns. Committee members were informed that
33 some agencies may have higher rates of underspending when they are
34 implementing new programs because of start-up issues. The total takedown
35 for the year for MAI programs during the period 8/1/07-7/31/08 is \$1,048,771.
36 With MAI funds, there is no penalty for underspending, but DOHMH tries to
37 spend as much as possible of its award.

38
39 Ms. Elcock and Mr. Park informed Committee members of the Planning
40 Council's conflict of interest policy: everyone should participate in
41 discussions, but Committee members should refrain from voting if they have a
42 financial stake in the outcome of the vote.

43
44 PSRA Committee members discussed the MAI spending plan and what to do
45 with the extra money. Matt Lesieur asked about the substantial amount of

1 underspending in quality management (\$294,658). Ms. Hilger responded by
2 noting that hiring delays led to underspending but that this should not be a
3 problem going forward. Ms. Hilger also informed the group that HRSA has
4 made clear that the Base and MAI awards will continue to have different grant
5 years, a situation which complicates the administration of the awards. Mr.
6 Park informed Committee members that MAI funds have different evaluation
7 requirements than Base funds.
8

9 Committee members discussed the treatment adherence pilot project, funded
10 only by MAI (not by Base) funds. The project is based on a pilot program in
11 Boston. Meetings of providers involved in the treatment adherence project
12 have made clear that these programs are very complicated and that
13 additional funding (\$300,000 or \$500,000) may be needed.
14

15 Committee members also discussed challenges confronting the maintenance
16 in care service category. Maintenance in care programs are performance-
17 based. If a program enrolls 20 clients but only succeeds in returning 5 clients
18 to care, then the program is only paid for those 5 clients.
19

20 One option for the MAI underspending is to place the bulk of the money in
21 treatment adherence and maintenance in care and the remainder in ADAP.
22 Ms. Elcock asked about using the money for housing placement services or
23 the drop-in center, but Ms. Hilger responded that one-time funds cannot be
24 used for housing placement. Dr. Fabienne Laraque supported using the
25 money for treatment adherence, noting that the allocation would enable
26 DOHMH to increase the reimbursement rates. Victor Benadava suggested
27 putting the money into early intervention services, as EIS is the beginning of
28 maintenance in care. Dena Rakower noted that this is one-time money and
29 that the underspending occurred because there were new programs and
30 asked whether there would be less underspending going forward. Gucci
31 Kaloo of Public Health Solutions stated that the spending now is better and that
32 contractors are receiving technical assistance to help them to improve their
33 performance.
34

35 Dr. Julie Lehane moved to take the unspent money (\$302,222) and put the bulk
36 of it in maintenance in care and treatment adherence and the remainder in
37 ADAP. Mr. Lesieur seconded the motion. Ms. Elcock suggested that the
38 group move by consensus, rather than taking a formal vote, because the full
39 PSRA Committee has not yet been assembled. Consensus was achieved. A
40 clarification that the unspent money is ongoing, not one-time, was added to
41 the motion to put the bulk of the unspent money in MIC and treatment
42 adherence and the remainder in ADAP. Consensus on the motion was
43 retained with the clarification.
44

1 Sharen Duke stated that last year, Ryan White and HOPWA had an agreement
2 regarding emergency rental assistance. When the Planning Council agreed
3 to the exchange of funds, it made a clear commitment to two populations in
4 particular – adolescents and SRO residents. Dr. Laraque noted that HOPWA
5 had to move funds to cover housing units, and the City of New York made a
6 decision to eliminate outreach, rather than to eliminate some portion of
7 housing services and put people in the street. Ms. Elcock stated that we want
8 to continue to reach adolescents and youth and SRO residents and that
9 Integration of Care is the appropriate committee to discuss this issue. After
10 IOC discusses, PSRA can make a decision about the allocation of money.

11
12 Committee members reviewed the minutes from the two previous PSRA
13 Committee meetings on July 7th and July 9th, 2008. Dr. Santella requested that
14 the minutes present not only total score for each service category but also the
15 percentage (out of 100) earned by that service category. For example, a total
16 score of 4.2 (out of a maximum possible of 8) translates to 52.5%. Ms. Gilborn
17 drew the group's attention to the statement in the July 9th minutes (page 6,
18 lines 25 and following) about achieving group consensus and requested that
19 the minutes be revised to state that PSRA Committee did, in fact, revisit the
20 assigned scores. The minutes from July 7th and July 9th were approved by
21 consensus with the requested amendments.

22
23 **Planning Council:** Mr. Park stated that the full Planning Council would
24 probably have its first meeting on October 30th from 3:00-5:00.

25
26 **Adjournment:** The meeting was adjourned.