



Meeting of the
PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE

May 4, 2010
Cicatelli Associates, 505 Eighth Avenue, Oak Room
3:15 pm – 5:00 pm

MINUTES

Members Present: Marya Gilborn (Chair), Victor Benadava, Sean Cahill, PhD, Felicia Carroll, Nancy Cataldi, Sharen Duke, Linda Fraser, JoAnn Hilger, Judy Juster, Peter Laqueur, Matthew Lesieur, Mulusew Bekele (for Amanda Lugg), Deb Marcano, Hilda Mateo, Jan Carl Park, Tom Petro, Dena Rakower, Allan Vergara

Members Absent: Joan Edwards, Terry Hamilton, Steve Hemraj, Fabienne Laraque, MD, MPH, Sharon Mannheimer, MD

Staff Present: David Klotz, John Rojas, Darryl Wong (NYC DOHMH); Rachel Miller, Gucci Kaloo, Bettina Carroll (Public Health Solutions)

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

Ms. Gilborn opened the meeting followed by introductions. Ms. Mateo introduced the moment of silence. Mr. Park reviewed the meeting packet.

The minutes were approved with one change to reflect that the spending plan showing proportionate increases the priority setting tool stands as a formal recommendation, along with the other recommendations presented in the PowerPoint.

Agenda Item #2: Public Comment

Myron Gold: I urge PSRA to enhance Food & Nutrition, Legal Services, LTI, and ADAP. Without Legal Services, I would have been evicted, and without proper nutrition, PLWHA can not survive.

Cynthia Knox (HIV Law Project): Conflicts of interest guidelines should also apply to governmental agencies that would benefit from a funding decision. \$2.5 million in funding for legal services has been lost over the past several years. Also, the new HRSA guidance on allowable legal services should be interpreted broadly to allow programs to meet the large need for the services.

Cathy Bowman (South Brooklyn Legal Services): Eviction prevention is directly related to the health status of PLWHA, even if the person is being evicted for income reasons and not HIV status. Also, Ryan White-funded legal services at my agency overspent by 30% last year and additional funds would allow us to provide more services.

Sean Barry (NYC AIDS Housing Network): The Rental Assistance Program underperforming is not the same as unmet need for housing services, especially among undocumented immigrants who are not eligible for HASA and other services. The program has received no increases in years, which is essentially a cut in funding.

Felix Lopez (GMHC): According to our AIRS data, the demand for legal services has greatly increased (a 285% increase in clients at GMHC from 2007 to 2010). This strain on legal services is exacerbated by cuts in other sources of funding and by the restrictions on allowable Ryan White services.

Gregory Cruz (Cicatelli): True community planning requires empowered consumers, and LTI ensures that consumers are part of the process.

Agenda Item #3: FY 2010 Spending Plan

Mr. Park re-reviewed the Part A award and presented the following proposals that were not presented at the previous meeting:

Food & Nutrition Services (FNS): Increase funding to current FNS programs by \$600,000 (on-going) to address waiting lists and increased costs. Funding to this category was increased by \$600,000 for the FY10 plan in anticipation of the re-solicitation of FNS.

Legal Services: Increase funding to current Legal programs (amount TBD, on-going) to better meet demand and new allowable services. According to the revised HRSA policy effective April 8, 2010, Ryan White funds should be used only for legal services that are directly necessitated by an individual's HIV status. In addition, permanency planning is now specifically allowed

It was clarified that an increase in FNS would be effective in FY 2010. The \$600,000 amount was put in the preliminary spending plan for the application as a placeholder. As is done every year, including in FY 2003 when there was a large increase in the award that had not been planned for, the PSRA and Council reconsider the allocations based on the actual award.

Mr. Lesieur reported that Doug Morgan, a high official at the HRSA HIV/AIDS Bureau, had informed him that RW legal funds can not be used for immigration services. Use of legal funds for evictions can be interpreted locally.

Ms. Hilger noted that the grantee has not issued any written guidance yet on allowable legal services, but that the HRSA guidance states that it must be directly related to a client's HIV status. Dr. Cahill described a situation where a client is facing eviction due to loss of income, which in turn is a result of HIV-related disability, thus the eviction is indirectly related to HIV status. Ms. Gilborn stated that this is not the forum for resolving the issue of allowable services, and recommended that the committee focus on the proposed allocation.

Ms. Miller noted that preliminary FY 2009 close-out data suggests that the Legal Category had a 15% increase through re-programming money, based on an analysis of performance, resulting in an additional \$600,000 allocated in the course of the year. Dr. Cahill suggested that up to \$1 million might be needed to meet the need for the service. Ms. Hilger stated that there needs to be a rational basis for proposed allocation amounts. Mr. Park stressed that there is an inherent unfairness in the process when only representatives from select service categories are present to advocate for increases or present data. He and Ms. Hilger pointed out that needs assessments have not been done for all categories, and that the priority setting tool was created in a lengthy process in order to provide a more rational, data-driven basis for funding decisions. Ms. Duke and Ms. Mateo added that special circumstances need to be taken into account, such as the large cut in funding to ADAP.

Mr. Kaloo presented the proposed spending plan showing proportionate increases based on the priority setting tool. There was discussion to clarify that the plan does not show the \$2M in the base ADAP allocation that would be restored through reprogramming later in the year. The proportional increase plan provides ADAP with \$2.69M in completely new funding. Mental Health Services would receive no additional funding, as that category is unable to absorb more funds.

Ms. Rakower stated that the increased allocations could cover many of the other proposals presented, such as cost of living adjustment and increases to high performing contracts. There was a discussion on how the increases would be applied. How the increase would be applied would depend on an analysis of each category and could include new programs, increased MRAs, COLA and other initiatives.

Mr. Benadava moved that no increase be given to Medical Case Management (MCM), and that the increase in the award be applied proportionately to the rest of the categories (excluding Mental Health). Mr. Kaloo adjusted the spending plan to show the result. Ms. Hilger, in response to a question from Ms. Cataldi, stated that the Harm Reduction category is not able to absorb such a large increase. Also, some of the funds could be used to purchase new test kits.

Ms. Miller stressed that Mr. Benadava's proposal disregards the priority setting tool, which ranks MCM as the third highest ranked category. Ms. Duke stressed that there are elements of the proposed increase to MCM that will benefit clients and suggested that half of the increase allocated to MCM under the original proportionate allocation be preserved. Mr. Benadava restated his motion, which was seconded. Ms. Duke offered a

friendly amendment to allocate \$1.5M to MCM, which Mr. Benadava accepted. Mr. Lesieur offered a friendly amendment to limit the increase in Harm Reduction to \$800,000, which was accepted. Ms. Hilger noted that the new calculations show that ADAP will receive more than the \$3M that Christine Rivera said was needed at the previous meeting. In addition, ADAP will receive funds through reprogramming. Ms. Cataldi proposed a friendly amendment to cap the increase to ADAP at \$3M, which was accepted. Mr. Klotz restated the motion:

- Allocate \$3M in additional funds to ADAP
- Allocate \$1.5M in additional funds to MCM
- Allocate \$800,000 in additional funds to Harm Reduction
- Allocation no additional funds to Mental Health
- Distribute the remainder of the increase proportionately using the priority setting tool, which results in the following increases:
 - Housing - \$1,517,513
 - Early Intervention - \$660,108
 - Legal Services - \$505,941
 - Food & Nutrition - \$693,258
 - Supportive Counseling - \$253,130
 - Outpatient Medical Care - \$40,353
 - Outreach - \$142,296
 - Home Care - \$120,060

A roll call vote was taken and the motion carried 14Y-2A.

Agenda Item #4: FY 2010 Reprogramming Plan

Ms. Hilger presented the proposed FY 2010 reprogramming plan, which is identical to the FY 2009 plan. The first \$2M of reprogramming dollars are allocated to restore the funds reduced at the beginning of the year to the ADAP program. The second item gives the grantee flexibility to move funds between service categories, up to 15% of the category's amount, to enhance high performing contracts. A small amount is then allocated to buying test kits, and the remainder allocated to ADAP.

A motion was made and seconded to approve the reprogramming plan. The motion carried unanimously.

The next meeting will take place on Tuesday, June 3rd from 3:00-5:00 pm, location TBD.

There being no further business, the meeting was adjourned.