



Meeting of the
PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE

Monday, January 11, 2016
AIDS Service Center of NYC, 64 W. 35th St., 4th Floor
3:10 – 4:45pm

MINUTES

Members Present: Sharen Duke (Co-Chair), Victor Ayala (by phone), Randall Bruce, Amber Casey (for Graham Harriman), Jan Hudis, Matthew Lesieur, Jan Carl Park

Other Planning Council Member Present: Billy Fields

Members Absent: Matthew Baney, Joan Edwards, Steve Hemraj, Amanda Lugg, Jesus Maldonado, L. Freddy Molano, M.D., Claire Simon

Staff Present: David Klotz, Nasra Aidarus (DOHMH); Christine Nollen, Bettina Carroll, Gucci Kaloo (Public Health Solutions); Julie Lehane, PhD. (WCDOH)

Agenda Item #1: Welcome/Introductions

Ms. Duke opened the meeting, followed by a moment of silence. There were no changes to the minutes of the December 14th meeting, but they were not approved due to lack of a quorum.

Mr. Park asked if there was follow up to the issue raised at the last meeting regarding tracking waiting lists. It was reiterated that the grantee does not require reporting of waiting list, as they are difficult to maintain and change under different circumstances. Most programs refer clients who they cannot accommodate to other services.

Ms. Nollen introduced herself as the new Vice President of Contract and Management Services (formerly HIV Care Services) at Public Health Solutions.

Agenda Item #2: Review of Service Categories

PSRA reviewed the data on Supportive Counseling and Family Stabilization Services (SCF). Clarifications were made about the nature of the program, which provides counseling to clients who do not require the licensed mental health care that would come with a DSM diagnosis (and are thus not Medicaid billable). The counseling services offered aim to assist with emotional barriers to accessing and maintaining care, including stigma, disclosure, family issues, stress, etc. *Ms. Hudis* added that they are contextual and not necessarily tied to a diagnosis, and may include home-based support, which is helpful with families. There are no large federal payers for this service, and the implementation of NYS Health and Recovery Plans (HARPs) will have no effect, and there are limited NYS OTDA services. SCF consistently performs above their original allocation (averaging 26% in FY 2010-14) and is routinely capped due to limits on available reprogramming funds. The number of unduplicated clients has remained consistent.

A summary of points raised in the ensuing discussion include:

- Contractors take a risk when providing services above the original allocation amount that there will not be funds available for reimbursement. Some programs can more easily serve additional clients (e.g., a lawyer may add additional hours, but a housing provider is not able to add additional units).
- Part A providers can experiment with value-based payments, such as Medicare is implementing, to get better at estimating their expenditures.
- After reviewing all categories, PSRA will look in context at all of them and reassess allocations.
- SCF clients average 14 months in the program, but may come in and out of care as a crisis arises.
- Since FY 2012, SCF providers have had to institute a new assessment tool (SF12) with outcome measures on level of functioning. It would be helpful to see how these compare across programs.
- Treatment plan goals and family assessment is also used to measure success.

PSRA then reviewed data on Harm Reduction Services (HRR). There are no large federal payers. NYS OASAS offers crisis and methadone services, as well as addiction treatment centers. City Council funds have been reduced. The State plan to get a Medicaid waiver for harm reduction services has stalled and there is no movement seen. HARP's have no role yet, but the Ryan White population is mostly in SNPs, and would not be eligible for HARP's. Historical performance for HRR is generally on target with the original allocation (with some under-performing in FY 2010). After FY 2011, the number of low threshold services fell off dramatically due to the HRSA policy change that no longer allowed harm reduction services for HIV-negatives. Some unduplicated clients carried over into the next year, but the number has levelled out and remained relatively steady, with a drop after the large cut in the award in FY 2013.

A summary of points raised in the ensuing discussion include:

- Success is measured over stages of change (e.g., using less, sobriety).
- This category is being re-bid for FY 2016. The revised service model allows for more use of peers, which can expand access to lower threshold services.
- The lack of lower-performing may be related to the way providers manage their services. Also, there are other resources available for this service. Also, the performance in spending is aggregated across the category. Some individual contractors may be over- and some under-performing.
- With the elimination of low threshold services for HIV-negatives and the cut in the award, there is more of a focus of higher need clients, which may account for the lower number of units of intakes and higher use of EBIs.

The next meeting will focus on Housing, followed by Home and Community-based Services and Mental Health in March, and Medical Case Management in April. In addition, PSRA will complete its scenario planning for FY 2016. While this is usually just an application of the ranking scores, PSRA might want to consider holding HRR and MH harmless from further cuts, as they sustained targeted reductions in the FY 2016 application spending plan.

Mr. Park raised the possibility of increasing the allocation to Housing for the Tri-County (TC) region, which does not have a HASA-type resource. It was pointed out that the Council's By-laws give the TC Steering Committee the authority to set priorities for that region, and may make any recommendation for changes in allocations, based on an evidence-based needs assessment. When PSRA does its allocation process later in the year, it may recommend re-directing resources to Housing in the TC region.

The next meeting will take place on Monday, February 8, 2016, 3-5pm at ASCNYC.

There being no further business, the meeting was adjourned.