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3 Meeting of the
4 **PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE**

5
6 Monday, December 14, 2015
7 AIDS Service Center of NYC, 64 W. 35th St., 4th Floor
8 3:10 – 4:45pm
9

10 **MINUTES**

11
12 **Members Present:** Sharen Duke (Co-Chair), Matthew Baney (Co-chair), Victor Ayala, Randall Bruce,
13 Graham Harriman, Jan Hudis, Julie Lehane, PhD., Matthew Lesieur, Amanda Lugg, Jesus Maldonado, Jan
14 Carl Park, Claire Simon

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16 **Other Planning Council Member Present:** Lisa Zullig

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18 **Members Absent:** Joan Edwards, Steve Hemraj, L. Freddy Molano, M.D.

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20 **Staff Present:** David Klotz, Nasra Aidarus (DOHMH); Bettina Carroll (Public Health Solutions)
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23 **Agenda Item #1: Welcome/Introductions/Re-thinking the PSRA Methodology**
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25 *Ms. Duke* opened the meeting, followed by a moment of silence. The minutes of the November 16th
26 meeting were approved with no changes.
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28 *Mr. Klotz* reviewed the timeline of regular tasks that PSRA must complete (scenario planning,
29 reprogramming plan, carry-over plan) while undertaking its review of all service categories for the FY
30 2017 plan.
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32 **Agenda Item #2: Review of Service Categories**
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34 The Committee discussed the order of the next categories for review. Large service categories (ADAP,
35 Medical Case Management) will need to be reviewed for possible cost savings (in light of ACA and
36 DSRIP), should the Council decide to fund new initiatives (e.g., Hep C treatment, financial assistance).
37 There was a consensus to tackle Harm Reduction in January and Housing in February (particularly in light
38 of the possible loss of up to \$10M in HOPWA funding to the NY EMA as well as the Mayor's affordable
39 housing initiative and local initiatives such as "HASA for All").
40

41 *Ms. Aidarus* presented the revised overview of data on Legal Services (ADV), with the changes requested
42 at the previous meeting, including an overview of the service category definition and more detailed service
43 unit and client data by specific topic. It was noted that there is no change in the reported amount of
44 immigration-related services due to the fact that the President's initiative is stalled in the courts, making it
45 still difficult to apply for PRUCOL status.
46

47 *Ms. Aidarus* then presented the data on Food and Nutrition Services (FNS). In the payer of last resort
48 section, it will be added that federal dollars only pay for nutritional counseling for eligible people with

1 diabetes and renal disease. While Congress has cut funds for SNAP, NY State has maintained eligibility
2 for about 300,000 people through a loophole using an expanded heating assistance program, but that
3 loophole may disappear in the future. FNS has historically overspent its original allocation, with a 5-year
4 average of 101% (104% in the past two years).

5
6 The summary sheet also provided data on client numbers by service types ranging from intake to
7 congregate meals to nutritional education and pantry bag distribution (FY 2014 unduplicated count =
8 3,850).

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10 The following is a summary of the ensuing discussion:

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- 12 • Intake and assessment should be counted separately from nutritional re-assessment and update of a
- 13 comprehensive nutritional plan, as the latter are done by a registered dietician (RD).
- 14 • Emergency food vouchers are given in the RD determines that the client lacks food and needs it to
- 15 tide themselves over in the short term, while supplemental vouchers are done after the assessment
- 16 is complete.
- 17 • Client usage numbers for certain topics changes dramatically in FY 2011-12 to 2013 due to
- 18 changes in rules over the first two years of the new contracts.
- 19 • In Tri-County programs, vouchers and pantry bags are determined based on assessment and
- 20 evaluation, and clients are graduated out of most programs, as they are meant to be an enhancement
- 21 to what they have and not a full food subsidy. This way, the program can serve more clients with
- 22 its limited amount of funding.
- 23 • *Ms. Zullig* reported that at God's Love We Deliver, during assessments, RDs examine lab reports,
- 24 clinical markers (medications, etc.) and home facilities, customize a diet tailored to the client, and
- 25 provide nutritional counseling and education in English, Spanish and Chinese.
- 26 • A CHAIN fact sheet reports high food insecurity among PLWHA in NYC and that food insecurity
- 27 is associated with poor health outcomes.
- 28 • There is no data on waiting lists, since most agencies who reach capacity refer clients elsewhere.
- 29 • *Ms. Zullig* noted that a recent report estimates that there are about 1.4M food insecure people in
- 30 NYC (including about 25% of children), a number that has increased in recent years.
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32 **Agenda Item #3: Public Comment**

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34 *Mark B:* GNHC has a waiting list for its congregate meal program, but will give those clients a quarterly
35 pantry bag and refer them to other agencies in the interim.

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37 In response to a question from Mark, it was explained that Ryan White eligibility is based on HRSA
38 mandates (income, etc.) and clients are screened for food insecurity, but receiving food stamps would not
39 disqualify someone for RW FNS.

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41 *Corey T:* The system is not working, as I have experienced the loss of housing and other disruptions in
42 services due to issues with HASA and other providers, who need to be held accountable.

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44 The next meeting will take place on Monday, January 11, 2016, 3-5pm at ASCNYC.

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46 There being no further business, the meeting was adjourned.