



Meeting of the
PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE

Monday, June 13, 2016
ASCNYC, 64 W. 35th Street, 3rd Floor
3:10 – 5:05pm

MINUTES

Members Present: Matthew Baney (Co-chair), Sharen Duke (Co-chair), Victor Ayala, Randall Bruce, Daphne Hazel (by phone), Amber Casey (for Graham Harriman), Jan Hudis, Amanda Lugg, Jesus Maldonado, L. Freddy Molano, M.D., Jan Carl Park, Claire Simon

Members Absent: Joan Edwards, Steve Hemraj, Matthew Lesieur

Other Planning Council Members Present: Billy Fields

Staff Present: David Klotz, Nasra Aidarus (NYC DOHMH); Christine Nollen, Gucci Kaloo (Public Health Solutions); Julie Lehane, PhD (by phone, Westchester Department of Health)

Agenda Item #1: Welcome/Introductions/Minutes

Mr. Baney and *Ms. Duke* opened the meeting, followed by introductions and a moment of silence in memory of the victims of the tragedy in Orlando. The minutes of the June 6, 2016 meeting were approved with no changes.

Agenda Item #2: FY 2017 Service Category Rankings

Ms. Aidarus recapped the service category fact sheets that were distributed and reviewed over the course of the planning cycle. The Committee reviewed the priority ranking sheet for areas where the data may indicate a change in rank may be warranted. It was noted that the Consumer Priority criterion was based on a CHAIN report presented to PSRA last year on perceived need and gaps in service, as well as older consumer focus group and survey data. New data for this criterion should be collected for the next planning cycle, including consumer input from the Ending the Epidemic blueprint process.

There was a discussion on the Housing fact sheet with the following points raised:

- The PC combined three separate service categories into one unified Housing category a number of years ago to allow for flexibility, particularly in reprogramming dollars from one component to another to maximize spending and meet demand for the service.
- Housing Placement Assistance (HPA) has been under-spending more and more due to the lack of affordable units in which people can be placed.
- Money for short-term housing services includes wrap-around services (e.g., health education) on top of actual housing.

- 24-month caps on housing services are set according to HOPWA and other federal guidelines. It is difficult to track clients after the 24-month period.
- Ryan White Housing services target the non-HASA eligible. The goal of short-term assistance is to keep people housed until they can be moved onto HASA or made eligible.

Mr. Park stated that the Specific Gaps/Emerging Needs score for ADAP could be lower, as the program does not fill the gap in need for hepatitis C drugs. It was pointed out that the core function of all ADAP programs is to provide HIV anti-retroviral (ARV) drugs and drugs for HIV-related opportunistic infections. 97% of ADAP funds go to pay for ARVs, which would be otherwise unavailable to the recipients of this service.

With further impact from implementation of the Affordable Care Act (ACA), the PSRA might consider making reductions to the allocation for ADAP. While Part A is a relatively small slice of the entire ADAP budget, and given the uncertain political situation and the fact that ACA plans have high co-pays and premiums, there will likely continue to be high need to continue support for ADAP.

There was a discussion on the Gaps/Needs score for non-Medical Case Management/Transitional Care Coordination (TCC). Given that this program serves a specific population (inmates) and fills a specific gap for that population, there is some justification for raising the score to 8. There is some chance in the future for Medicaid coverage of this services, but likely not until the far future, and so the Payer of Last Resort (POLR) score for this category should stay unchanged.

There was discussion on the Access to Care/Maintenance in Care (ATC/MIC) criterion for Food and Nutrition Services (FNS). It was pointed out that the PSRA decided in 2014 that that the highest score is reserved for service categories whose core goal is ATC/MIC and have a direct link to primary medical care (e.g., EIS, MCM). FNS still has a high score as a service that tracks primary care status measures, but not the highest possible.

For Mental Health (MH), *Ms. Simon* reported that State programs are seeing higher need and utilization, and there are access issues around language and Medicaid reimbursement.

For Supportive Counseling Services (SCF), *Ms. Casey* noted that clients with a DSM diagnosis can transition to a MH program, which would mean a lower POLR score.

It was noted that Legal Services have an expanded directive that includes housing and immigration services, which may affect the Gaps/Needs score.

For Health Education and Risk Reduction (HERR), there are few federal payers, although the POLR criterion looks at all payers, including local resources (e.g., Exponents has a similar program).

Early Intervention Programs (EIS), which has a with sharply reduced allocation, will be re-bid soon under its strongly revised directive that reduces the amount of testing and concentrates more on linkage to care. Also, the CDC will be issuing a new cooperative agreement (Part A and CDC EIS programs are bid out jointly).

In response to a question concerning issues that providers may be bringing to their DOHMH project officers, *Ms. Casey* reported that Legal providers are stressing the importance of preventing eviction given the difficulty of finding affordable housing in the market. Also, EIS programs are concentrating on finding the remaining 5-10% of those who are undiagnosed. Otherwise, providers are talking about service model issues such as making services trauma-informed.

There was a consensus to maintain the current scores for the following categories: Medical Case Management; non-Medical Case Management/General Population (a new category); Harm Reduction; and Early Intervention Services.

The PSRA agreed to review the following scores at the next meeting:

- ADAP (Gaps/Needs)
- TCC (Gaps/Needs)
- FNS (ATC/MIC)
- MH (Gaps/Needs)
- SCF (POLR)
- Legal (Gaps/Needs)
- HERR (POLR)

The PSRA will also develop an allocation plan, which will partially depend on the recommendations forwarded by the Needs Assessment Committee.

The next meeting will take place on Monday, July 11th, 2016, 2-5pm at ASCNYC.

There being no further business, the meeting was adjourned.