



Meeting of the
PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE

Wednesday, July 11, 2012
Cicatelli Assoc., 505 Eighth Avenue, 20th floor
2:15– 5:00 pm

MINUTES

Members Present: Allan Vergara (Co-chair), Victor Benadava, Graham Harriman, Amanda Lugg, Deb Marcano, Hilda Mateo, Tracy Douglas Neil, Jan Carl Park, Tom Petro, Dena Rakower, Leonardo Vicente III, Dorella Walters

Other Council Member Present: Randall Bruce, Lisa Zullig

Members Absent: Felicia Carroll, Nancy Cataldi, Robert Cordero, Sharen Duke, Joan Edwards, Marya Gilborn, Peter Laqueur

Staff Present: David Klotz, Darryl Wong, Nina Rothschild, Rafael Molina (DOHMH); Rachel Miller, Bettina Carroll, Gucci Kaloo (Public Health Solutions)

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

Mr. Vergara opened the meeting followed by introductions and a moment of silence. The minutes of the June 27, 2012 meeting were approved with no change. *Mr. Klotz* reviewed the meeting packet, including the priority ranking tool as revised at the previous meeting.

Agenda Item #2: Public Comment

Mr. Klotz reminded the Committee that letters from clients of various food and nutrition programs (FNS), were available to read.

Maya Feller (CAMBA): While there are other sources of funding for food banks, only Ryan White pays for HIV-specific food and nutritional counseling provided by a registered dietician. DOHMH requires the verification of maintenance in care every 90 days for clients of our programs. Consumers continue to consistently cite food as a very high priority. FNS providers have seen demand for services grow. For these reasons, FNS should be assigned the highest priority ranking.

Agenda Item #3: FY 2013 Priority Setting Tool

The Committee continued its review by service category:

Housing Services: Additional data on the HOPWA and Ryan White Housing programs was presented. The HOPWA allocation for the entire EMA (NYC and Tri-county) was reduced in FY 2012 by \$1.7M to \$54.2M. Of that amount, in NYC \$43.6M goes to Supportive Housing (permanent and transitional), \$3.7M to Rental Assistance, \$1.7M to Housing Placement Assistance, and \$1M to Case Management. HOPWA was unable to ascertain waiting list data. Service performance for Ryan White was high for all three components, ranging from 90% for Emergency Rental Assistance to over 120% for Housing Placement Assistance. Spending for all Housing services was over 99%; there is a difference between services and spending due to the fact that these are cost- or unit-based programs. The reduction in HOPWA funding is more than offset by a large new Medicaid program that will provide \$60M for homeless housing, some of which will be for PLWHA. It was noted that Ryan White serves a large proportion of immigrants for whom there is no other payer for these services.

The Committee voted to maintain the current rankings for Housing Services.

Food and Nutrition Services: The Committee discussed the strong relation between FNS programs and access to and maintenance in medical care. It was noted that many health clinics have nutritional counseling, but not food programs linked specifically to counseling for PLWHA. AIDS Institute Part B FNS programs have been reduced in the City, leaving only 3 current programs.

The Committee voted to increase the score for ATC/MIC to 8 and to maintain the other scores for FNS.

Harm Reduction Services (HRR): This category previously included testing in HRR programs, but those services are now counted as part of EIS. Medicaid will not reimburse for non-abstinence-based substance abuse treatment (i.e., harm reduction, which is the core of Part A programs). Syringe exchange programs, which are funded through City and State funds, are harm reduction programs. There is a strong tie to medical care in HRR programs.

The Committee voted to maintain the current rankings for HRR.

Early Intervention Services (EIS): *Ms. Carroll* explained that when this category was ranked previously it included additional services, including the category now separated out as Health Education. The category is now primarily HIV testing using different models, including outreach and social networking (non-Medicaid reimbursable) as well as clinic-based testing. The category also has Youth Outreach programs that include testing readiness. This is the only Ryan White service that can serve people with unknown HIV status. Since the category's re-bid there has been a strong focus on conducting only non-reimbursable tests, and some providers have struggled to find non-reimbursable clients. Many tests conducted at HHC facilities are not reimbursable (e.g., immigrants). There has been a huge push by the CDC and City to test, with introduction of new treatment guidelines, but the testing system has not changed. It is unknown what the effect of the newly approved OraSure home test will be. There was a discussion on how to assess the consumer priority criterion for this category since the data for this asked people who already knew their status what their need for the service was. For many PLWHA, getting

testing was critical to getting into treatment and also changing risk behaviors. For many people in high risk groups who do not know their status, testing is a low priority compared to food and housing. It is estimated that about 20,000 HIV+ people in NYC do not know their status, which indicates a high emerging need.

The Committee voted to increase the score for consumer priority to 5 and to keep the remaining scores the same.

Legal Services: There has been no substantive change in the data for this service.

The Committee voted to maintain the current rankings for Legal Services.

Supportive Counseling and Family Stabilization Services (SCF): Ms. Carroll explained that this service includes non-clinical mental health counseling, as well as services that help families with an HIV+ member deal with various life issues through services such as counseling, case management and custody planning. It was noted that there is a focus on collecting primary care status measures, which indicates a strong link to ATC/MIC. As this is not clinical MH or COBRA case management, it serves a niche population. Services connect clients to clinical MH services and some services are home-based.

The Committee voted to increase the ATC/MIC score to 8 and to maintain the current rankings for the other criteria for SCF.

Home Care: For those who receive the service it is a very high priority, but for PLWHA as a whole, the need for this service has declined markedly. As the epidemic ages, more PLWHA will become Medicare eligible. Medicaid expansion and Health Homes will cover many of these already reimbursable services.

The Committee voted to rank Home Care: 1 (POLR), 5 (ATC/MIC), 5 (Consumer Priority) and 1 (Emerging Gaps).

The next meeting, on July 18th, will begin with consideration of the Health Education and Risk Reduction category (Positive Life Workshop). PSRA will also finalize the FY 2013 preliminary spending plan at that meeting and approve a FY 2011 carry-over plan.

There being no further business, the meeting was adjourned.