



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

Monday, July 18, 2016  
ASCNYC, 64 W. 35<sup>th</sup> Street, 3<sup>rd</sup> Floor  
3:20 – 4:45pm

**MINUTES**

**Members Present:** Matthew Baney (Co-chair), Sharen Duke (Co-chair), Randall Bruce, Graham Harriman, Jan Hudis, Jan Carl Park, Claire Simon

**Members Absent:** Victor Ayala, Joan Edwards, Daphne Hazel, Steve Hemraj, Matthew Lesieur, Amanda Lugg, Jesus Maldonado, L. Freddy Molano, M.D.,

**Other Planning Council Members Present:** Billy Fields, Lisa Zullig

**Staff Present:** David Klotz, Nasra Aidarus (NYC DOHMH); Christine Nollen, Bettina Carroll (Public Health Solutions); Julie Lehane, PhD (Westchester Department of Health)

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**Agenda Item #1: Welcome/Introductions/Minutes**

*Mr. Baney* and *Ms. Duke* opened the meeting, followed by introductions and a moment of silence. *Ms. Duke* spoke about the recent loss of two ASCNYC peer educators and the need to continue our work. There were no changes to the minutes of the June 13, 2016 meeting, although they could not be approved due to lack of a quorum.

**Agenda Item #2: Public Comment**

*Danielle Kirschenson (God's Lover We Deliver):* Food and Nutrition programs (FNS) stand out as having high need and low utilization in the CHAIN study. FNS programs consistently are able to spend additional funds. Given the importance of FNS in supporting medical care and improving health outcomes, the NY Coalition of HIV/AIDS Nutrition Services (NYCHANS) recommends that PSRA increase the ranking of FNS and allocate additional resources to this category. Provision of FNS lowers health care costs for PLWHA and improves treatment adherence (thus advancing prevention goals). NYCHANS recommends increasing the allocation for FNS, particularly at a time when food costs are rising steadily and so many PLWHA are coming to providers for assistance.

*Mark Brown:* The sudden passing of otherwise healthy PLWHA such as the ASCNYC peer educators who recently passed away shows the need for more research into the health needs of PLWHA.

### Agenda Item #3: FY 2017 Service Category Rankings

The Committee continued the service category ranking process left off from the previous meeting. Mr. Klotz gave a brief overview of the ranking tool's scoring system. The following summarizes the discussion on the service category rankings not previously decided upon:

*ADAP (Gaps/Needs):* While there is no Service Category Scorecard for ADAP, Christine Rivera's PowerPoint provides more information that appears on the Scorecards. Mr. Park argued that the lack of HCV DAAs on the formulary shows that ADAP is not meeting all service gaps. Some slides from Ms. Rivera's presentation were reviewed, particularly those showing that Part A contributes about 5-6% of the total ADAP budget, and that the vast majority of ADAP funds pay for HIV anti-retrovirals (ARVs). ARVs are the single most important intervention that can be provided to keep PLWHA healthy and prevent them from transmitting the virus. There was some discussion about the possibility of allocating funds to address the cost of HCV medications. It was the feeling of the PSRA, in a "straw poll" vote of 4-3 that the Gaps/Needs score for ADAP should remain an 8.

*Transitional Care Coordination (Gaps/Needs):* ASCNYC has a SAMHSA grant and there is OMH funds for this type of service, but there is an expanding population. This service is mostly provided in jails, not prisons, and the State is working to ensure that prison inmates get the same health care after discharge. A change in the score of this category should be based on any new information about the service category. Also, a change in this score would put TCC above Housing, which is not the long standing intention of the PSRA. There was a consensus to maintain the current score.

*FNS (ATC/MIC):* The current score was based on the PSRA's previous assessment that the highest ranking for ATC/MIC should be reserved for services who have as their core function linking people to medical care (e.g., EIS). Many medications cannot be taken on an empty stomach, and if people are hungry, they will not go to the doctor. Food should be considered on a par with Housing as a core needed service for maintenance in care, and they both have a dramatic impact on facilitating access. There was a consensus to increase the ATC/MIC score for FNS to an 8.

*Mental Health (Gaps/Needs):* All new Ryan White MH providers can now bill Medicaid. The State does not fund clinical services, and there is a deficit in providers who speak languages other than English. Medicaid expansion includes behavioral health in Health Homes. Parity in MH services is a focus of the Affordable Care Act, which is creating capacity needs. There was a consensus to keep the MH Gaps/Needs ranking at its current score.

*Supportive Counseling (SCF) (POLR):* SCF was always meant to be a lower threshold service for people who may not meet a DSM diagnosis. SCF is a crucial non-Medicaid reimbursable service. There was a consensus to leave the SCF POLR score at its current level.

*Legal (Gaps/Needs):* Even though the President's DACA initiative struck down in the courts, immigration-related services can still be provided by Ryan White programs, just not in the context of DACA. Also, the additional of housing-related services (e.g., eviction prevention), while a crisis for a long time, is being exacerbated by the housing market. There are also a number of new Mayoral initiatives around housing-specific legal services, with many new lawyers being hired by Legal Aid. There was a consensus to leave the Legal Gaps/Needs score at its current level.

*Health Education/Risk Reduction (HERR) (POLR):* the State has 45 Part B programs across the state that provide group- and individual-level health education as part of case management services, tailored to clients (e.g., adherence, transmission, stigma). HERR targets clients who are unconnected through case management programs and focuses on medical care self-management. While clients may not be

identifying this as a high priority service, through test scores on assessments it has been seen that this is crucial. There was a consensus to keep the HERR POLR score the same.

#### **Agenda Item #4: FY 2017 Application Spending Plan**

*Mr. Klotz* presented the Tri-County Steering Committee's (TCSC) draft spending plan for the FY 2017 grant application (all Base funds). Based on the data from the February Community Briefing, the Needs Assessment Committee recommended that there be an increase in short-term housing assistance in the TC region. This data was supported by information on waiting lists from the TC housing providers, where there are 66 people on a waiting list for Ryan White housing at one agency (with no more people being accepted onto the list). The SC estimated the cost of providing housing assistance (which can pay for rent, utilities and one-time expenses such as broker's fees) at \$10,000 per year per client. The request for an additional \$300,000 will serve 20-30 more clients and was considered an amount that could be absorbed by the TC providers. The SC also recommends incorporating upfront reduction that was made in the current year to the carrying cost of Medical Transportation. With an additional 10% for administration, the total additional funds requested for the TC spending plan is \$392,639. There was a consensus from the PSRA members to accept this amount and forward the recommendation to the Executive Committee.

There was a consensus to request the current carrying cost for MAI programs in FY 2017 (with \$574,969 switched between ADAP Base and MAI to balance the portfolio).

For the FY 2017 Base application spending plan, there is \$572,325 in unobligated funds left over from the elimination of Home and Community-based Services. After the TC increase is factored in, there is \$179,686 in unobligated funds (should the EMA receive flat funding) in FY 2017. There was a brief discussion on the process for creating a spending request, with the Committee agreeing that any increases should be targeted to priority categories, rather than an across-the-board weighted increase. Also, PSRA needs to wait until IOC completes its deliberations on the creation of an LPAP before deciding on allocating funds to that category. It was noted that there are many places in the care continuum, from testing to linkage to care, where money can be effectively used short of paying for expensive medications. PSRA should look at the whole care system and the smartest way to use limited funds for community health.

The next meeting will take place on Monday, July 25<sup>th</sup>, 2016, 3-5pm at ASCNYC.

There being no further business, the meeting was adjourned.