



Meeting of the  
**PRIORITY SETTING AND RESOURCE ALLOCATION COMMITTEE**  
Marya Gilborn and Charles Shorter, Co-Chairs

May 28, 2009  
William F. Ryan Community Health Center  
9:30 am – 11:30 am

**Members Present:** Felicia Carroll, Daryl Cochrane (alt. for Sean Cahill, PhD), Sharen Duke, Joan Edwards, Terri Faulkner, Marya Gilborn, Jennifer Irwin, Sharon Mannheimer, MD, Jan Carl Park, Dena Rakower, Charles Shorter

**Members Absent:** Sean Cahill, PhD, Soraya Elcock, Antionettea Etienne, Linda Fraser, Terry Hamilton, Steve Hemraj, Peter Laqueur, Fabienne Laraque, MD, MPH, Matthew Lesieur, Hilda Mateo, Reynolds Mulero, Tom Petro

**DOHMH Staff Present:** JoAnn Hilger, Nina Rothschild, DrPH, Anthony Santella, DrPH

**Public Health Solutions Staff Present:** Bettina Carroll, Grace Hui Shin

**Others Present:** Victor Benadava, Mallory Marcus

**Materials Distributed:**

- Agenda
- Minutes from Three Previous Meetings (February 5, March 5, May 7)
- Ryan White Part A Service Category Scorecards 2006-2008
- Proposed Ryan White Part A Service Categories Description: 2009-10 (updated June 2008)
- Planning Council Bylaws on Conflicts of Interest

**Welcome/Introductions/Moment of Silence:** Charles Shorter welcomed meeting participants. Members introduced themselves. Felicia Carroll led the moment of silence.

**Overview of Activity:** Jan Carl Park explained that Committee members are beginning their work of setting priorities and allocating resources for the 2010 budget. Today, members are focusing on scorecards for Part A Base and MAI spending. Public Health Solutions, in collaboration with staff from the Care, Treatment and Housing Program of the Bureau of HIV/AIDS Prevention and Control, have modified the Baltimore model scorecards and condensed a lot of information into a user-friendly format. The scorecards provide a wealth of data on each service category in 2006, 2007, and 2008 including:

- Number of Contracts
- Ranking
- Ryan White Part A Program Allocation
- Percent of Total
- Service Category Allocation
- Carryover
- Modifications
- Modified Spending Plan
- YTD Expenditures
- Percent Expenditures
- YTD Unexpended
- Percent Unexpended
- Projected Units of Service, Actual Units, and Variance
- Frequency of Contractor Issues (FY2008 only)
- Clients by Special Populations
- Clients by Gender
- Clients by Race and Ethnicity
- Clients by Age

**Review of the Meeting Packet:** Mr. Park reviewed the contents of the meeting packet.

**Review of the Minutes:** The minutes from February 2009 were adopted as amended. The March minutes were already approved. The May minutes were approved with no votes in opposition and two abstentions.

**Ryan White FY 2009 Award:** JoAnn Hilger stated that the Ryan White Planning Council approved a tentative spending plan but subsequently learned that the EMA's award was slightly higher than initially reported. Essentially, the EMA received flat funding this year. The total amount of the award is approximately \$102 million. In response to some confusion regarding the source of the additional money, Mr. Park explained that the additional dollars are from money not expended by other jurisdictions and are not Pelosi dollars. (Pelosi dollars are for jurisdictions with mature epidemics. Such jurisdictions are held harmless from drastic cuts in their awards that would destabilize the system of care. Jurisdictions with newer

epidemics have argued against this hold harmless provision, but it protects EMAs such as New York.)

**Service Category Scorecards:** Mr. Park stated that Grace Shin of Public Health Solutions and Dr. Anthony Santella of DOHMH would lead PSRA Committee members through the scorecards. The review would provide Committee members with additional information about each category and show that DOHMH and the Planning Council use data appropriately and efficiently.

Ms. Shin explained many of the terms in the scorecards:

- YTD unexpended refers to the amount of money not yet spent from the allocation to the particular service category
- HRI (with the New York State AIDS Institute) has some subcontracts with Public Health Solutions, and the HRI data has been added to the scorecards
- PCD, or Primary Care Development, is a component of Outpatient Medical Care
- The numbers in the scorecards are URNs (Unique Record Numbers). Each Ryan White client is assigned a unique code, or URN. Although URNs are used in order to provide an unduplicated client count, the URNs in fact include duplicates, have an 8-10% error rate, and also include some people who are HIV-negative or are of unknown HIV serostatus.

Dena Rakower underscored the importance of separating out the HIV-negative clients, most of whom just receive one-shot HIV-testing. Bettina Carroll of Public Health Solutions, however, noted that such contact is not always one-shot: CBOs and other contracted organizations may work with an HIV-negative client for up to 90 days. She also explained that services to HIV-negative individuals include not just testing but also services provided to the uninfected family members of a positive client.

**Base Overall and MAI Overall Scorecards:** On the scorecard showing Base Overall, the green line (YTD expenditures) and the black line (modified spending plan) reflect the expenditure of funds over time and are virtually the same. In FY 2008, a total of 232 contracts were in place (with a smaller total number of agencies, because a single agency may have several contracts). A total of approximately \$85 million, or 82.7% of the award, goes to services. During the course of explaining the scorecard, a number of errors were detected. Committee members agreed to skip the two particularly problematic scorecards showing Base Overall and MAI Overall. Public Health Solutions agreed to correct the errors, add material in the Notes section regarding whether the contracts in a particular service category are cost-

based or performance-based, and re-present the data for the next PSRA meeting.

**Treatment Adherence Support:** Mr. Park noted the importance of looking for patterns in the data in order to determine whether the Planning Council is allocating resources appropriately. Ms. Irwin noted that the scorecards only present three years' worth of data – a length of time insufficient to show a trend. PSRA Committee members discussed why the number of contracts in the Treatment Adherence Support service category jumped from 18 in 2006 to 31 in 2007, given that 6% of funds were unexpended in 2006. Ms. Rakower commented that the apparently substantial amount of unexpended funds could, in fact, be connected to gross underspending by one or two programs. She argued that although PSRA Committee members do not examine the data from particular contracts but, rather, look at data on service categories as a whole, Committee members should have access to information on variation within service categories in order to have a full picture.

Committee members discussed performance issues, noting that underspending means underperforming for performance-based contracts. Performance issues may be related to serious infrastructure issues. Public Health Solutions takes a semi-formal look at performance every quarter. If a contractor is not able to turn a contract around, then termination is a possibility. Sometimes a contractor will voluntarily turn back a contract to Public Health Solutions. Committee members agreed that the Notes box on the scorecard would be a good place to state if a service category has a number of new contracts, as new contracts often encounter start-up and performance issues.

Public Health Solutions staff explained that the second page of the scorecard for each service category presents data for special populations as designated by the Needs Assessment Committee (young MSM of color, LGBT, women of color, immigrants, and age 50+). These Needs Assessment Committee-designated special populations are not all the same populations that were used in previous HRSA applications. The categories are not mutually exclusive; for example, a client can be LGBT and 50+. Mr. Park inquired why having this information about these special populations is important: why, for example, is it necessary to know whether clients are LGBT? Ms. Rakower suggested comparing the data in the scorecard (e.g., number of LGBT clients) with New York City epidemiology data on the HIV-infected population in order to see whether emerging needs are being addressed. Mr. Park explained that the Planning Council can identify special populations and direct resources to them. The Planning Council can also choose to direct resources according to other factors, such as geographic area. He noted that at other times, the Council has examined mapping data showing where clients and services are located.

**Legal Services:** PSRA Committee members turned their attention to the scorecard on legal services. In FY 2008, legal services received 4.5% of program dollars. The graphs clearly show that legal services is spending the dollars allocated to this service category and suggest that we may want to allocate more money this year. Mr. Park reminded Committee members to be mindful of what the data tells us in an emotionally charged environment when service providers attend the resource allocation meetings and plead for dollars for their service categories.

**Public Comment:** No members of the public offered comments.

**Conclusion/Adjournment:** Marya Gilborn suggested that Committee members continue to look through the scorecards during the coming week as they prepare to review them again on June 4<sup>th</sup>. Ms. Duke requested a copy of Appendix B and of the consumer focus group facilitation tool. The meeting was adjourned.