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3 Meeting of the
4 **PRIORITY SETTING AND RESOURCE ALLOCATION COMMITTEE**
5 Eli Camhi, Chair
6

7 July 9, 2008
8 3:00-7:00
9 GMHC, 119 West 24th Street, NY, NY
10

11 **Members Present:** Victor Benadava (alt. for Antionettea Etienne), Sean
12 Cahill, PhD, Eli Camhi, Felicia Carroll, Sharen Duke, Joan Edwards, Soraya
13 Elcock, Marya Gilborn, Steve Hemraj, Jennifer Irwin, Peter Laqueur, Fabienne
14 Laraque, MD, MPH, Hilda Mateo, Jan Carl Park, Tom Petro, Edward Telzak,
15 MD
16

17 **Members Absent:** Lloyd Bishop, Antionettea Etienne, Terri Faulkner, Linda
18 Fraser, Terry Hamilton, Patrick McGovern, Walter Okoroanyanwu, MD, MPH,
19 John Samuels
20

21 **DOHMH Staff Present:** Rafael Molina, Nina Rothschild, DrPH, Anthony
22 Santella, DrPH
23

24 **Public Health Solutions Staff Present:** Bettina Carroll, Gucci Kaloo
25

26 **Material Distributed:** Agenda; new PSRA tool; old PSRA tool; proposed Ryan
27 White Part A service category descriptions: 2009-10; HRSA service category
28 definitions; spreadsheet showing Ryan White Part A Base contracts from
29 March 2007-February 2008 (preliminary); Year 2009 (Year 19) Ryan White
30 Base spending plan; July 2008 Ryan White Planning Council calendar.
31

32 **Introductions/Review of the Meeting Packet:** PSRA Committee members
33 introduced themselves. Jan Carl Park reviewed the contents of the meeting
34 packet and stated that the group would continue ranking the service
35 categories and then vote on the spending plan.
36

37 **Public Comment:** Cynthia Knox, who is the Deputy Executive Director of the
38 HIV Law Project, spoke about the connection between legal services and
39 access to/maintenance in care: legal providers document at intake that a
40 client is in medical care or has refused medical care. Ms. Knox spoke about

1 the preliminary results of the consumer focus groups, noting that a very high
2 percentage of consumers ranked legal services as essential; Dr. Santella,
3 however, informed her that an error existed in the document to which she was
4 referring. Ms. Knox also noted that in February 2008, her organization was
5 unable to accommodate 89 callers who requested legal services. Adam
6 Halpern from The Family Center stated that legal service are not core medical
7 services but make the core services more effective. Lawyers help clients to
8 obtain Medicaid and to deal with housing issues in order to remain healthy.
9 He noted that clients may not rank legal services as a high-priority item until
10 they need legal services. Ms. Alanthia Pena, a consumer, noted that she has
11 three young children and that having legal services available helped to
12 reduce the stress associated with worrying about her kids. Rick Kahn of Bronx
13 AIDS Services stated that HIV legal services providers serve all demographic
14 groups and special populations throughout New York City, although most
15 clients are low income. Ramped-up testing in the City will identify new clients
16 who will need legal services. Felix Lopez noted that HIV is not just a medical
17 problem but also presents a panoply of social, economic, and mental health
18 issues. Legal services provide clients with a respite from the storm. Noemi
19 Nagy stated that some PWAs would be homeless and/or lose their kids
20 without legal serves. She also expressed concern that housing had received a
21 low score in the previous priority setting process and asked the PSRA
22 Committee to revisit this ranking. Beth Hay of the Harlem Community Law
23 Office noted that the funding for general legal services is inadequate to meet
24 client needs, and her office has to turn away 6 of every 7 eligible clients.
25 Legal services were cut in the recent City Budget and in the AIDS Institute
26 budget, and the NYC Department of Youth and Community Development
27 eliminated a \$600,000 funding stream. Unless Ryan White funding for this
28 service category increases, she will have to turn more people away.

29
30 **Priority Setting:** Eli Camhi set a 15-minute limit on debate per service
31 category. He noted that the goal of the meeting is to prioritize the service
32 categories and to vote on a budget.

33
34 **Food and Nutrition:** Victor Benadava remarked on the importance of food
35 and nutrition, noting that clients will not take their medications if they don't
36 have food and that food and nutrition are a form of linkage to care. Dr. Sean
37 Cahill acknowledged that GMHC receives food and nutrition grants and
38 stated that food costs have gone up. Mr. Camhi noted that some food
39 programs are a form of low-threshold engagement. Sharen Duke commented
40 that most Ryan White programs allocate money for meals associated with
41 group meetings and that additional resources for food are built into contracts,
42 but those resources for food do not include nutritional counseling. Soraya
43 Elcock stated that her organization, Harlem United, offers food at its primary
44 care services in the evening. Felicia Carroll noted that when she was
45 diagnosed with HIV, she received a referral to Momentum and was connected

1 to a primary care doctor and obtained food. Dr. Fabienne Laraque referred
2 Committee members to a document distributed at the previous PSRA
3 Committee meeting on July 7th, according to which 16% of CHAIN
4 respondents at the most recent interview reported a need for food in the last
5 six months. Ms. Mateo stated that her organization sees more people in the
6 food pantry and the soup kitchen. Tom Petro noted that consumers may not
7 have ranked food very high when asked about the importance of services
8 because they are already receiving it; they may only realize its importance
9 when they do not have it. Bettina Carroll stated that any provider of food
10 services must document linkage to care. JoAnn Hilger reminded the group
11 that HRSA does not object to the serving of food but that the essential service
12 is linkage to and maintenance in care. Mr. Camhi suggested examining the
13 payer of last resort tool in relation to food and nutrition. Other sources of
14 funding for/providers of food and nutrition include food stamps, food banks,
15 and WIC, and ADAP+ provides nutrition counseling. Committee members
16 voted and assigned the following scores:

17
18 Payer of Last Resort: 5
19 Access to Care/Maintenance in Care: 5
20 Consumer Priority: 5
21 Specific Gaps/Emerging Needs: 5
22 (Core Services: 0)
23 Total Score: 4.5
24

25 **Harm Reduction, Recovery Readiness, Relapse Prevention (Substance**
26 **Abuse Services):** Committee members noted that funding for harm reduction
27 in New York City has been reduced and acknowledged that harm reduction
28 programs provide low-threshold services which engage hard to reach clients.
29 Mr. Benadava stated that harm reduction helped him to become sober and get
30 into care. Low-threshold services tend to be highly utilized. Moreover, the
31 model also allows for treatment of significant others who are affected even if
32 not infected. Ms. Duke commented that not all harm reduction specialists are
33 certified, meaning that staff for the programs can be indigenous to the target
34 populations. The programs work to connect clients to other services in a
35 supportive environment. Committee members voted and assigned the
36 following scores:

37
38 Payer of Last Resort: 5
39 Access to Care/Maintenance in Care: 8
40 Consumer Priority: 5
41 Specific Gaps/Emerging Needs: 5
42 (Core Services: 8)
43 Total Score: 6.35
44

1 **Housing Services (including Housing Placement and Transitional**
2 **Services):** Mr. Benadava noted the contribution of housing to treatment,
3 noting that a PLWHA who has a refrigerator can store his or her medications.
4 Over and over, housing comes up as the #1 priority with consumers.
5 Committee members noted that housing remains a high priority for
6 consumers and that various programs provide housing for PLWHAs, including
7 HASA and HOPWA. Ryan White Part A funding only pays for transitional
8 housing for a maximum of 24 months per lifetime and is not building new
9 housing. The number of patients served by Ryan White housing funds is fairly
10 small relative to the numbers served in other service categories. Rental
11 assistance has been removed from the Ryan White portfolio and is now
12 provided by HOPWA. Committee members voted and assigned the following
13 scores:

14
15 Payer of Last Resort: 3
16 Access to Care/Maintenance in Care: 8
17 Consumer Priority: 8
18 Specific Gaps/Emerging Needs: 5
19 (Core Services: 0)
20 Total Score: 6.0
21

22 **Legal Services:** Ms. Hilger noted the contribution of legal services to health
23 and advocacy. Lawyers help PLWHAs to access benefits such as housing and
24 health care; if someone has a housing problem and that problem is having an
25 impact on his or her health, legal services can step in. Legal services funded
26 by Ryan White are limited to HIV, discrimination, and planning for the future
27 and do not help with eviction. Dr. Cahill noted that a lot of mainstream legal
28 services providers do not focus on HIV. Jennifer Irwin asked whether Ryan
29 White-funded legal services can help with transgender issues and foster care
30 issues. Ryan White can, indeed, help with these issues, but only if they are
31 related to a person's HIV status. Mr. Camhi remarked that Ryan White legal
32 services cannot help, for example, with attaining immigration status. Dr.
33 Santella stated that consumers ranked legal services 10th out of 16 options.
34 Committee members voted and assigned the following scores:

35
36 Payer of Last Resort: 5
37 Access to Care/Maintenance in Care: 5
38 Consumer Priority: 5
39 Specific Gaps/Emerging Needs: 5
40 (Core Services: 0)
41 Total Score: 4.5
42

43 **Medical Case Management (including Maintenance in Care, Treatment**
44 **Adherence, Transitional Support for Inmates, Drop-In Center for**
45 **Releasees):** Ms. Hilger described the transitional services for Rikers Island

1 releasees, noting that a combination of City and CBO workers screen and do
2 discharge planning. Mr. Camhi reminded the group that members were
3 guided by HRSA when they decided to focus on medical case management.
4 Dr. Laraque stated that clients need care coordination and support and that
5 case management is important to maintenance in primary care. She
6 mentioned that the *New England Journal of Medicine* stated that case
7 management should be provided for any chronic disease and that case
8 management encompasses medical, social, and treatment adherence issues.
9 Ms. Gilborn asked how supportive social services will be incorporated into
10 medical case management. Will case managers be trained to provide skilled
11 interventions? Dr. Laraque stated that medical case management will focus
12 not just on medical care but also on linkage to services such as housing.
13 These other services will have to be provided in conjunction with medical
14 care. Dr. Telzak noted that providing medical services without psychosocial
15 support is a losing proposition. Ms. Irwin asked whether DOHMH is looking
16 for a one-stop-shopping model with co-located services. Mr. Camhi
17 responded that no-show rates for first appointments are very high but that
18 with a support such as an escort, the show rate is much higher. Dr. Laraque
19 also noted that DOHMH data shows that patients are more likely to return for
20 care if they are tested at a place offering comprehensive services. Speaking
21 from personal experience, Steve Hemraj commented that when his case
22 manager was located six blocks from the City hospital where he received
23 care, he never saw the case manager. Co-location is really an improvement.
24 Mr. Laqueur requested that the notes accompanying the tool reflect that the
25 case management model is not set. Tom Petro noted that case management
26 programs have evolved and that many are now collaborating and case
27 conferencing. The Committee agreed to consolidate the components of
28 medical case management and to emphasize a stronger link with primary care
29 while continuing to address the psychosocial needs of clients. Committee
30 members voted and assigned the following scores:

31
32 Payer of Last Resort: 5
33 Access to Care/Maintenance in Care: 8
34 Consumer Priority: 8
35 Specific Gaps/Emerging Needs: 5
36 (Core Services: 8)
37 Total Score: 7.1

38 **Supportive Counseling and Family Stabilization Services:** Ms. Hilger
39 noted that the services provided within this category are not mental health
40 and are not case management. Ms. Gilborn cited her CBO, The Family
41 Center, as a provider of these services. Her program serves undocumented
42 individuals and is staffed by Master's-level professionals. The program also
43 provides home-based services. For a lot of clients, it is a gateway to formal
44 mental health services and may also help clients to deal with issues involving
45 disclosure, parenting, and permanency planning, helping mothers to have

1 discussions with families regarding caring for children. These programs are
2 required to collect primary care status measures. Bettina Carroll stated that
3 programs in this service category are for people with psychological issues but
4 without a DSM-IV diagnosis. Such programs can help, for example, with
5 family stabilization and can work with a school when a child is having trouble.
6 Dr. Telzak noted that his program provides many of these services within a
7 case management context. Mr. Laqueur noted that fewer funding sources for
8 this category exist now than in the past. Ms. Duke, finally, noted that 60% of
9 people who access Ryan White services are men. While men may not
10 consider this service category overwhelmingly important, other demographic
11 groups would probably rank it considerably higher. Committee members
12 voted and assigned the following scores:

13
14 Payer of Last Resort: 5
15 Access to Care/Maintenance in Care: 5
16 Consumer Priority: 5
17 Specific Gaps/Emerging Needs: 5
18 (Core Services: 0)
19 Total Score: 4.5
20

21 **Review of Populated Tool:** Committee members expressed interest in
22 comparing service category ranks from the previous tool with ranks on this
23 tool. As Mr. Camhi noted, we have to be prepared to defend our process
24 when we present the populated tool to the Executive Committee and to the full
25 Planning Council. Dr. Cahill raised the issue of group consensus on several
26 categories, including legal services. On some of these categories, a score
27 such as 3 may have won the largest number of votes within a criteria, but more
28 people (total) may have wanted to give one of the higher scores – i.e., either a
29 5 or an 8. Should we revisit these service categories? Mr. Benadava
30 advocated for revisiting the service categories for the integrity of the process.
31

32 Mr. Camhi reviewed the BASE spending plan included in the packet. All
33 numbers appearing in red were taken out of the service category to which
34 they were originally allotted and incorporated into case management.
35 Mr. Camhi noted that during a previous planning process, the Planning
36 Council came up with a formula to determine which service category would
37 receive what portion of the EMA's award. If, for example, the EMA receives a
38 10% cut in its total award, cutting 10% across the board in all service
39 categories doesn't make sense; rather, categories which are ranked higher
40 should receive less of a cut. Mr. Camhi expressed concern about the
41 possibility of making a radical change from historical allotments to service
42 categories because programs newly flush with cash might be unable to spend
43 the money, and the EMA faces a substantial penalty for underspending. Mr.
44 Petro suggested continuing with the carrying costs of the programs and
45 revisiting the issue of ranking when we receive our award. We have always

1 applied the rankings to the award and should use the priority scores for
2 incremental increases and decreases to the award. Committee members
3 voted in favor of accepting the spending plan with one objection and no
4 abstentions. Mr. Hemraj noted that giving the grantee the flexibility to move
5 money between categories is practical and important. Mr. Camhi suggested
6 that next year's PSRA Committee engage in a full review of the portfolio.

7
8 Mr. Camhi noted that the PSRA Camhi did not rank the service categories
9 funded by MAI. Ms. Hilger stated that DOHMH wants approval on the MAI
10 spending plan before August. The important categories are Medical Case
11 Management, Early Intervention Services, and Housing, and they should
12 receive the same scores as these categories received in today's process.
13 PSRA Committee members decided to leave to the Executive Committee the
14 decision as to whether to ask for additional funding. Group members agreed
15 that Dr. Santella would redo the tool and then distribute to the PSRA
16 Committee and to the Executive Committee.

17
18 **Adjournment:** The meeting was adjourned.