



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

June 24, 2010  
Cicatelli Associates, 505 Eighth Avenue  
3:20 – 5:00 pm

**MINUTES**

**Members Present:** Marya Gilborn (Chair), Victor Benadava, Joan Edwards, Judy Juster, Fabienne Laraque, MD, MPH, Frank Machlica (for Linda Fraser), Hilda Mateo, Jan Carl Park, Tom Petro, Dena Rakower, Lyndel Urbano (for Sean Cahill, PhD), Allan Vergara

**Members Absent:** Felicia Carroll, Nancy Cataldi, Sharen Duke, Terry Hamilton, Steve Hemraj, Peter Laqueur, Matthew Lesieur, Amanda Lugg, Sharon Mannheimer, MD, Deb Marcano

**Staff Present:** David Klotz, Graham Harriman (DOHMH); Rachel Miller, Bettina Carroll (Public Health Solutions)

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

Ms. Gilborn opened the meeting followed by introductions. Ms. Edwards introduced the moment of silence. The minutes of the June 11, 2010 meeting were approved with one change from Mr. Vergara, to reflect a comment on the epidemiological presentation.

**Agenda Item #2: Review of the FY 2011 Priority Setting Tool**

Mr. Klotz reviewed the answers to the questions raised by the Committee at the previous meeting:

- **PSRA Tool Scoring System:** The reason we have 0 (only used for core/non-core)-1-3-5-8 is so the scores do not clump together. In the old system, where the scoring was 0-1-2-3, the majority of service categories received approximately the same scores, which is not very useful in the priority setting process. As seen in the new system there is a wide range of scores. Dr. Laraque said that a briefing sheet on the development of the ranking tool will be created for PSRA members.

- Outpatient Medical Care: Payer of last resort (PoLR) score could be increased because real medical care (as opposed to the supportive/wraparound services) is now a major component of the service.
- Harm Reduction: The new model being developed by IOC will not be implemented until FY 2012, thus the current model will be in place for FY 2011.
- Food & Nutrition Services: Nutritional counseling is not the same as the HRSA core service “medical nutritional therapy”. If there are programs selected through the RFP to provide nutritional therapy meeting the HRSA criteria for a core service then those programs and funding amounts could be separated into a core service category. The award information will not be available for this planning cycle, but the PSRA could revisit this for the final 2011 spending plan after we receive the award.
- Youth Outreach Services: The outreach to youth programs will include testing and engagement in care so they should be moved to EIS, as testing is not allowed in outreach (HRSA policy).
- Legal Services: There has been no change in any of the State and City programs listed on the PoLR tool. Any changes in ranking based on the PoLR should be considered across all service categories, not a single category.

Discussion ensued with a review of the rankings in all categories, as follows (all votes in bold):

- The Needs Assessment Committee has not identified any emerging needs.
- Collapsing EIS and Youth Outreach will not change the configuration of the programs. There will still be dedicated Youth Outreach EIS programs, as per the recently released RFP, with the allocation previously assigned to that service by the Council. Those programs will be tracked separately from the other EIS programs.
- The name of the Outpatient Medical Care (OMC) category should include, in parentheses, “Bridge Medical Care” to make it more explicit what is being provided.
- **The Committee voted to change the PoLR and Access to Care/Maintenance in Care (ATC/MIC) criteria scores for OMC from 5 to 8, giving the category a new score of 6.3.**
- **The Committee reaffirmed the previous year’s scores for ADAP, ADAP+, Medical Case Management, Mental Health, Harm Reduction and Housing.**
- Mr. Petro reported that Doug Morgan of HRSA said that any Food & Nutrition (FNS) program that provides food is a non-core service. Ms. Miller noted that the newly released FNS RFP allows programs to provide only nutritional counseling and assessment, and so, after the awards are made, it will be possible to split out any qualifying program into a new core service.
- There is no new data that can be used to assess consumer priority, and so those scores should remain the same as the previous year.
- It was explained that the FNS RFP has a greater emphasis on ATC/MIC, requiring quarterly self-reported assessment for medical care in order to retain food services, but this is indirect ATC/MIC activity, unlike the intensive service provided in MCM programs.

- **The Committee reaffirmed the previous year's scores for Food & Nutrition Services.**
- **The Committee voted to subsume Youth Outreach into EIS (to be noted in parentheses in the category's name).**
- **The Committee voted to increase the ATC/MIC criterion score for EIS from 5 to 8,** reflecting the nature of the service and the reauthorized Ryan White Act's emphasis on engagement in care.
- **The Committee reaffirmed the previous year's scores for Supportive Counseling & Family Stabilization Services, Legal Services and Home Care.**

### **Agenda Item #3: Public Comment**

M. Ducret: Harm Reduction and Mental Health are closely linked and could be considered as one large category.

The next meeting will take place on Thursday, July 8<sup>th</sup>, 2:30-5:00 pm, at Cikatelli Associates, 505 Eighth Avenue.

There being no further business, the meeting was adjourned.