



Meeting of the
PRIORITY SETTING AND RESOURCE ALLOCATION COMMITTEE

Marya Gilborn and Charles Shorter, Co-Chairs

January 9, 2009
The Family Center, 315 West 36th Street, 4th Floor
1:00-3:00 pm

Members Present: Victor Benadava (alt. for Antionettea Etienne), Sean Cahill, PhD, Terri Faulkner, Linda Fraser, Marya Gilborn, JoAnn Hilger, Peter Laqueur, Fabienne Laraque, MD, MPH, Hilda Mateo, Jan Carl Park, Tom Petro, Dena Rakower, Charles Shorter

Members Absent: Eli Camhi, Felicia Carroll, Alwyn Cohall, MD, Gerald DeYounge, Sharen Duke, Joan Edwards, Soraya Elcock, Kecia Gaither, MD, MPH, Terry Hamilton, Steve Hemraj, Jennifer Irwin, Matt Lesieur, Sharon Mannheimer, MD, Patrick McGovern, Reynolds Mulero, Diane Rudnick, John Samuels, Edward Telzak, MD

DOHMH Staff Present: David Klotz, Nina Rothschild, DrPH, Anthony Santella, DrPH

Public Health Solutions Staff Present: Bettina Carroll, Gucci Kaloo

Materials Distributed:

- Agenda
- Minutes from the previous PSRA Committee meeting on November 6, 2008
- Presentation by Anthony Santella on Developing and Implementing a User-Friendly Priority Setting Tool
- Planning Council FY 2009 priority setting tool
- 2009 Ryan White Part A BASE spending plan for grant application (approved by PC on July 24, 2008)
- Several scenario plans anticipating reductions to DOHMH's award from HRSA

Welcome and Introductions: Marya Gilborn and Charles Shorter welcomed participants. Members introduced themselves.

Moment of Silence: Jan Carl Park acknowledged the deaths of many members of the HIV community and asked Committee members to remember former DOHMH staff member Brett Larson.

Review of the Meeting Packet: Nina Rothschild reviewed the contents of the meeting packet.

Review of the Minutes: Marya Gilborn reviewed the minutes from the November meeting. The minutes were accepted by all present with no abstentions.

Priority Setting Tool: Anthony Santella gave a presentation on the development of the New York EMA's priority setting tool. The presentation included material on HIV/AIDS epidemiology in NYC, the EMA's background, priority setting principles and matrices, and the New York EMA priority setting process and tool development and implementation. A copy of the presentation is available from the office of the Ryan White Planning Council staff and can be obtained by contacting Nina Rothschild at (212) 788-4284 or at nrothsch@health.nyc.gov.

Dr. Cahill pointed out that, since the prioritization was done, the City and State's fiscal climate has changed considerably, which will have a negative impact on a range of programs, such as legal services.

FY 19 Scenario Planning: Mr. Park stated that the PSRA Committee would begin scenario planning in anticipation of a change in the size of the EMA's award from HRSA. The EMA will do proportional cuts based on the ranking of the service categories. Ms. Gilborn noted that the priority setting tool is used to determine the budget, but the PSRA Committee can change allocations to the service categories based on what members think is important. Dr. Fabienne Laraque noted that she would like to have more data for making decisions about the allocation of resources, but obtaining all the information we need is a tall order: in addition to information from the focus groups and from a CAB survey, we should know about other sources of funding such as State and Federal dollars for service categories.

Committee members examined the spreadsheet showing the Year 2009 (Year 19) Ryan White Base reduction to award spending plan scenario with a 5% cut to the award but no minimum cut to the individual service categories. This spreadsheet assumes that the total award from HRSA will be \$102,430,205. The dollar amounts are allocated to the various service categories based on their EMA priority scores (ranging from 8.0 to 2.9). On this spreadsheet,

service categories that receive a score of 8 (=100%) are not subject to reductions. This method, however, disproportionately burdens the low-scoring categories.

Committee members also examined a second spreadsheet showing the Year 2009 (Year 19) Base reduction to award spending plan scenario with a 5% cut to the total award and a 3.71% minimum cut to the service categories. (A minimum cut of 3.71% is needed in order to achieve the total 5% (or \$4,156,994) cut to the award.

Victor Benadava expressed concern that categories such as food and nutrition with low scores on the EMA's priority setting tool will receive even greater cuts. Dr. Laraque noted, however, that giving a smaller cut to a low-scoring category would undo the work of the priority setting process. Dr. Laraque also suggested looking at whether money is actually being spent in all service categories. Some money allocated to mental health services, for example, is not being spent – and this category could perhaps sustain a larger cut. Tom Petro commented that the Planning Council has always agreed to a spending plan with a minimum cut. Linda Fraser noted that poor utilization of mental health services may be related to stigma, but Dr. Laraque responded that this Bureau's mental health contractors are turning back money to Public Health Solutions because the services they offer are covered by Medicaid.

PSRA Committee members were encouraged to think about any additional information they'd like to have as they make their decisions about funding of the service categories.

Terri Faulkner asked to see the formula by which the minimum amount to be cut from each service category is calculated.

Public Comment: No members of the public made comments.

Next Meeting: Committee members agreed to meet again on February 5th from 9:45 to 11:45 and to continue to meet on the first Thursday of each month.

Adjournment: The meeting was adjourned.