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2 Meeting of the
3 **Priority Setting and Resource Allocation Committee**
4 March 11, 2008
5 Eli Camhi, Chair
6

7 **Members Present:** Sean Cahill, PhD, Eli Camhi, Sharen Duke, Joan Edwards, Linda
8 Fraser, Marya Gilborn, Steve Hemraj, JoAnn Hilger, Jennifer Irwin, Peter Laqueur,
9 Fabienne Laraque, MD, MPH, Patrick McGovern, Jan Carl Park, Tom Petro
10

11 **DOHMH Staff Present:** David Klotz, Rafael Molina, Nina Rothschild, DrPH, Anthony
12 Santella, DrPH, Daniel Weglein, MD
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14 **Public Health Solutions Staff Present:** Bettina Carroll (alt. for Rachel Miller), Gucci
15 Kaloo
16

17 **Others Present:** Victor Benadava, Freddy Molano, MD, Sean Robin
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19 **Material Distributed:** Agenda; minutes from the previous meeting of the Committee on
20 February 7, 2008; Year 2008 (Year 18) Ryan White BASE spending plan; HRSA Notice
21 of Grant Award; *Federal Register* announcement of the 24-month cumulative lifetime
22 cap on Ryan White housing services; draft of proposed revisions to the PSRA tool; old
23 PSRA tool; Planning Council calendar for March, 2008.
24

25 **Review of the Meeting Packet:** Jan Park reviewed the contents of the meeting packet.
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27 **Review of the Agenda:** Eli Camhi reviewed the agenda, noting that the EMA has
28 received an increase of \$1.5 million in Part A funding and now needs to identify
29 enhancements in service categories the 2008 Spending Plan.
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31 **Review of the Minutes:** The minutes were reviewed and approved with one abstention.
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33 **Notice of Grant Award:** Ms. Hilger stated that the increase of approximately \$1.5
34 million is in the EMA's supplemental award. The formula portion of the award remains
35 the same as last year. Committee members engaged in an extensive discussion of what to
36 do with the newly available funds. Four proposals under discussion were the following:
37 1) using the additional funds to cover the costs of emergency transitional housing that
38 were borne on a one-year basis by HOPWA; 2) using the additional funds for mental
39 health services; 3) using the additional funds to purchase HIV testing kits; and 4) using
40 the additional funds to scale up the Maintenance in Care service category.
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1 **Proposal to Scale Up Maintenance in Care:** Dr. Daniel Weglein, Director of Public
2 Health Initiatives in the Care, Treatment, and Housing Program of the Bureau of
3 HIV/AIDS Prevention and Control, gave a presentation on a proposal to scale up
4 Maintenance in Care (MIC). This service category involves returning PLWHA to care
5 and maintaining them in care. The MIC contracts currently have an incentivized
6 reimbursement system structured around the successful return to and maintenance of
7 PLWHAs in care. According to data through November 2007 (and some December
8 data), 13 contracts returned 321 clients who had been out of care. Many additional
9 PLWHAs are out there who could benefit from this service. Eleven of the 13 contracts
10 are located in health care settings (mostly in hospitals), and two are located in community
11 settings in collaboration with hospitals.

12
13 The Bureau of HIV/AIDS Prevention and Control estimates that there are approximately
14 98,000 PLWHAs in New York City, of whom roughly 35,000 are out of care. Between
15 51,000 and 52,000 persons are participating in New York State's HIVQUAL program.
16 Nine-thousand of those individuals had fewer than 2 encounters per year. Of these 9,000
17 individuals, 2600 are accounted for in. Dr. Weglein gave a ballpark estimate of \$3.9
18 million for the costs of returning individuals who are out of care to care.

19
20 Dr. Telzak stated that his hospital, Bronx Lebanon, has a Maintenance in Care contract.
21 He noted that to date, these contracts have not enjoyed a high level of success. Dr.
22 Weglein responded that issues related to the ramping up of programs have prevented the
23 contracts from achieving greater effectiveness. Ms. Duke asked whether the model being
24 presented to the group is the most effective. Hospitals don't usually go outside their own
25 walls to find clients. Moreover, how might Medicaid's proposal to disallow escorts
26 within case management programs impact on the Bureau's plans? Dr. Weglein
27 acknowledged that his proposal is not the absolute best model and that the challenge for
28 2008 is to make do with a good-enough model. He is proposing to enhance contracts
29 with the newly available money and return 1,000 patients to care. He stated that the
30 counts of those who are not in care are quite accurate and that we have a demonstrated
31 need for service.

32
33 Ms. Duke asked about the likelihood of finding and returning 1,000 PLWHAs to care and
34 recommended putting the extra money into case management services. She also
35 commented that implementing Dr. Weglein's program solely in hospital sites doesn't
36 make sense. Dr. Laraque commented that a lot of the money which Dr. Weglein is
37 proposing to use is from reductions to the ADAP pools. If contracts don't succeed in
38 locating clients, they will not be paid. Mr. Kaloo noted that the Maintenance in Care
39 programs are new and are in start-up mode, meaning that they may not yet have achieved
40 maximum efficiency. Dr. Weglein noted that attempting to predict success based on one-
41 quarter's worth of data is not a good strategy.

42
43 Mr. Petro asked whether a CBO could have a subcontract for working with a hospital and
44 receive 20% of the fee. DOHMH will check with Procurement as to whether this is a
45 possibility. Mr. Camhi advocated for having models that work in sync to achieve the
46 goals of return to care and maintenance in case. Dr. Telzak noted that case management

1 has not really been involved in tracking down patients but, rather, works with patients
2 who are already in the system. Dr. Weglein stated that his proposal enables us to put the
3 money where we can have the greatest impact in a short period of time. Dr. Laraque
4 noted that the grantee was trying to be pragmatic for one year and is working on a long-
5 range plan incorporating the points that Committee members have make.
6

7 Mr. Camhi formally proposed moving \$1.5 million into Maintenance in Care in order to
8 enhance existing programs. Dr. Telzak noted that we are currently spending \$1.5 million
9 on this service category and are being asked to double that amount, to which Dr. Weglein
10 responded that the total need is significantly in excess of \$1.5 million. His objective is to
11 have the most substantial impact in a short period of time. Ms. Gilborn raised the option
12 of giving money to some service categories that received higher scores on the PSRA tool.
13 Mr. Camhi noted that some of the allocation to service categories is historical. Dr.
14 Telzak mentioned the benefit of putting money into fee-for-service programs, meaning
15 that the money would be available for redistribution if it is not spent. John Rojas,
16 Director of Housing in the Bureau of HIV/AIDS Prevention and Control, suggested
17 putting the money into housing in order to prevent homelessness. This service category
18 has a new urgency to it because of HRSA's approaching implementation of a 24-month
19 lifetime cap on HRSA-funded housing services for PLWHAs.
20

21 Mr. Camhi suggested that the PSRA Committee recommend the following allocation:
22 \$1.5 million for Maintenance in Care; \$900,000 for test kits; \$625,185 for Mental Health
23 Services; \$168,855 for Early Intervention Services; and \$554,239 for Housing (to cover
24 the costs of the contracts that were carried by HOPWA during the past year and will now
25 return to Ryan White). All members present voted in favor of this proposal, with one
26 abstention.
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28 The function of the PSRA Committee in this debate is to make a recommendation to the
29 Executive Committee, which will in turn make a recommendation to the full Planning
30 Council.
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32 **Public Comment:** There was no public comment.
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34 **Next Meeting:** The PSRA Committee will meet again on April 3rd.