Meeting of the

PRIORITY SETTING AND RESOURCE ALLOCATION COMMITTEE

Eli Camhi, Chair

Thursday, April 3, 2008

GMHC, 119 West 24th Street, NY, NY

Members Present: Victor Benadava (alt. for Antionettea Etienne), Sean Cahill, PhD, Eli Camhi, Joan Edwards, Linda Fraser, Marya Gilborn, JoAnn Hilger, Jennifer Irwin, Peter Laqueur, Fabienne Laraque, MD, MPH, Hilda Mateo, Patrick McGovern, Jan Carl Park, Tom Petro, Ed Telzak, MD

DOHMH Staff Present: David Klotz, Todd Noletto, Nina Rothschild, DrPH, Anthony Santella, DrPH, Darryl Wong

Public Health Solutions Staff Present: Bettina Carroll, Rachel Miller

Others Present: Glen Philip

Material Distributed: Agenda; minutes from the previous meeting of the PSRA Committee on March 11, 2008; MAI spending plan for FY 2007 (8/1/07-7/31/08); NYC Ryan White Title I reprogramming overview; FY 2007 ranked reprogramming plan; proposed FY 2009 PSRA tool; old PSRA tool; handout of presentation on prioritization matrices; April Planning Council calendar.

Welcome/Introductions: Mr. Camhi welcomed all participants. Members introduced themselves.

Review of the Meeting Packet: Dr. Rothschild reviewed the meeting packet.

Review of the Minutes: Members engaged in a brief discussion about one item in the minutes – namely, whether a CBO could have a subcontract for working with a hospital and receive a percentage of the fee awarded to the hospital for finding and returning a client to care. Dr. Laraque noted that the both CBOs and hospitals can receive funding for Maintenance in Care programs from DOHMH.

2008 MAI Reprogramming: Mr. Park initiated the discussion of MAI reprogramming by calling Committee members' attention to the MAI spending plan included in the meeting packet. MAI is on a different cycle than the rest of the EMA's award and is

currently in the middle of its funding year. The total amount of money available for program costs is $7,516,547. The current distribution of the MAI portfolio is 93.3% core and 6.7% non-core. Several documents related to reprogramming in 2007 were included in today's material for background information. MAI dollars come with some conditions: they are restricted to certain service categories and have an evaluation component.

MAI funding, unlike Base funding, can be carried over – but we would prefer to spend it on a timely basis, given the high level of need in the New York EMA, and need to operationalize a plan. Mr. Benadava asked whether specific programs in any of the service categories currently funded with MAI dollars have specific needs, but we do not have information on specific needs. Dr. Telzak asked whether other programs that just missed the cutoff for funding during the last application could be given money at this time. Mr. Camhi urged consistency between the Base and MAI portfolios and suggested rewarding high performing MAI contracts as an incentive, as we did with Base dollars. Dr. Laraque acknowledged that the grantee is asking for flexibility but noted that the Committee may want to park the money somewhere. Mr. Benadava asked about putting the money into the prison release program, but Ms. Hilger responded that the prison release program cannot use the additional funding at this time. Mr. Petro formally proposed using the money for two purposes: 1) enhancing high-performing contracts and 2) providing funding to unfunded but promising proposals from the last RFP. All present voted in favor of this proposal with 1 vote in opposition and 0 abstentions.

Priority Setting Tool: Dr. Laraque noted that the old PSRA tool was good and that we are now considering enhancements. Dr. Santella spoke about potential revisions. The draft version incorporating the proposed revisions includes the service categories in column A, the decision criteria in columns B through H, and uses a 100-point scale (as opposed to the previous tool, where the maximum score was 58.5). Different service categories could receive scores of 0, 1, 3, or 9 (with a maximum of two scores of 9). The tool provides information on the previous year's funding level for each service category, but that information would be purely for background and would not factor into the score for each service category. The tool includes a column labeled Emerging Needs; examples of emerging needs are the rise in infections among young MSM and the possibly de-funding by Medicare/Medicaid of escort services. The tool would, of course, rely on epi data.

PSRA Committee members discussed elements of the tool. Dr. Cahill, for example, noted that giving two scores of 9 might overstate the importance of the category to which that score was assigned. Ms. Mateo asked whether the Planning Council will again need to develop a task force, as it did when the first PSRA tool was created. Mr. Camhi suggested that members of such a task force (or whatever subgroup is convened to provide the scores) might want to score the categories at home in advance and then come to the meeting to discuss the scores. Dr. Telzak noted the problem with assigning 0 to any category – namely, anything multiplied by 0 yields 0 for that category. He also mentioned that task force members might have to struggle between categories, many of which may appear to deserve high scores, if they are only allowed to assign a score of 9

twice. Ms. Irwin asked how we would factor emerging need into the score; if the need is, indeed, emerging, will we have access to enough data to support it? Ms. Gilborn pointed out that the use of data in the proposed tool is an improvement over the previous tool. Concern was expressed about the potential big jump from a score of 3 to a score of 9. Mr. Petro also noted that legal services are critical – but for a relatively small number of persons. This category might receive a score of 3, but some people would be lost without it. Ms. Hilger noted that having a Planning Council guidance or recommendations or a column for comments might be helpful. Mr. Camhi stated that the Planning Council already has a portfolio, and this is a gradualist approach to making adjustments.

Dr. Laraque asked whether the group in principle approves the tool with the addition of emerging needs and the suggested scoring system of 0, 1, 3, and 9 and whether the group wants to look at service categories as they are currently being used or as HRSA defines them. Mr. Camhi simplified the question: does the group wish to continue to pursue a revision of the current tool? Mr. Benadava suggested bringing in an example of what the tool would look like with scores filled in. Dr. Telzak returning to the topic of Emerging Needs, noting that it is a critically important subcategory of Specific Gaps but may not be easy to manage. Dr. Laraque suggested combining Specific Gaps and Emerging Needs into one criteria factor. Ms. Miller commented that when the initial version of the tool was developed, members of the task force agreed on a number of data sources and had the data available at all times. Ms. Hilger suggested incorporating Emerging Needs into the narrative or notes accompanying the tool but not giving it a score. Mr. Laqueur motioned to combine Specific Gaps with Emerging Needs in one column. All present voted in favor of this proposal with none opposed and no abstentions.

Mr. Camhi asked about retaining Core Services as a criteria factor. Ms. Hilger noted that in the past, a Core Service designation meant that HRSA highly valued the particular category. Dr. Telzak raised the possibility of including a measure of the size of the population to which a particular category might be important; an individual service category might target a vital service need for a very small population. Mr. Camhi reminded the group that they inherited the portfolio that was developed in a very different time and place in the epidemic. The last tool provided a direction for funding, but large chunks of the portfolio have been frozen in time. Dr. Laraque reminded the group that at the present time, medications are available and patients are living longer. Does this situation open up the possibility of cutting some categories?

The group decided to remove the Emerging Need category and to leave in the Specific Gaps category and to continue to explore using the tool. Dr. Santella agreed to provide a working Excel model and e-mail it to Committee members.

Mr. Laqueur requested the inclusion of definitions of service categories in the tool.

Public Comment: Terry Troia noted the importance of including the Emerging Need column; we are seeing heart disease and diabetes emerge in the PLWHA population as the members live longer. She also encouraged PSRA Committee members to look at integrated models of care.

Next Meeting: The PSRA Committee will meet again on May 1st from 3:00-5:00.