
Meeting of the

Priority Setting & Resource Allocation Committee

Jennifer Irwin & Eli Camhi, Co-Chairs

Thursday, July 12, 2007 3:00–5:00 PM

GMHC, 119 W. 24th Street, New York, NY

Members Present: Jennifer Irwin (Co-Chair), Eli Camhi (Co-Chair), Soraya Elcock (alt. for Patrick McGovern), Steve Hemraj, Peter Laqueur, Hilda Mateo, Darryl Ng, Walter Okoroanyanwu, MD, Joanna Omi, Jan Carl Park, Tom Petro, Terry Troia

Members Absent: Bruce Agins, MD, SJ Avery, Lloyd Bishop, Felicia Carroll, Humberto Cruz, Linda Fraser, Joshua Sippen, Edward Telzak, MD

DOHMH Staff Present: JoAnn Hilger**,** David Klotz, Fabienne Laraque, MD, Rafael Molina, Nina Rothschild, Daniel Weglein, MD

MHRA Staff Present: Bettina Carroll, Stefani Janicki, Gucci Kaloo

Others Present: Terri Smith-Caronia

Material Distributed: Agenda; minutes from July 5, 2007 PSRA Committee meeting; year 17 spending plan, prepared by MHRA; year 18 base application spending plan, prepared by MHRA.

I. Introduction and Review of Minutes from July 5, 2007 PSRA Committee Meeting: Meeting attendees introduced themselves, and Jennifer Irwin led the review of the minutes. The minutes were accepted with three changes. No one was opposed, and two people abstained.

II. Review of Contents of Meeting Packet: Mr. Park reviewed the two spreadsheets showing the spending plans for year 17 and year 18. He reminded PSRA Committee members that medical nutrition therapy and food and nutrition had been combined, and that the combined category is reflected in both spending plans. He also noted that Committee members will continue the conversation initiated on July 5th concerning outpatient medical care in September. This discussion is a part of the process of re-RFPing our portfolio.

III. Discussion of Year 17 Spending Plan: Mr. Park stated that one of the meeting's goals is to examine how the 2007 spending plan has been structured, obtain a full understanding of how the EMA has dealt with the reduction in its award, and affirm the plan. For year 18, the EMA will apply for a restoration of the funding lost in year 17. After termination of a small number of agencies, DOHMH has 245 contracts for treatment and care services. Letters have been sent to those agencies announcing funding cuts. One factor ameliorating the impact of the cuts is the staggering of start dates of contracts, with some beginning on March 1st and some beginning on July 1st. Three contracts were identified as persistently underperforming and were terminated. The funding provided for tuberculosis services is less than $200,000 and was not touched. Next year, the EMA will not bear the expense of supporting five months of MAI contracts with base funding. The $3 million allotted for quality management includes work at the New York State AIDS Institute and evaluation activities within DOHMH. The final breakout is 76.6% of funds in core medical services and 23.4% of funds in non-core services. The percentages of cuts within service categories ranges from 6.7% to 15.12% (not including cuts to ADAP and ADAP-Plus). Some agencies will find these cuts challenging. The percentage cut for a particular service category is based on each category's EMA priority score in the service category criteria analysis grid. This spending plan recognizes that the EMA has not received any MAI funding since March. When the EMA receives its MAI award on August, we will have to revisit this spending plan to see if it fits. Contracts already operating at a reduced level may see a further reduction in funding in the Fall. Although the Planning Council voted to de-fund oral health, a small amount of money remains in this service category in the year 17 spending plan to provide for a one-month closeout. The EMA is on two different fiscal calendars – Base, running from March through February, and MAI, running from August through July. Mr. Camhi commented that this spending plan in based on the Planning Council's logic and that the cuts are actually considerably less severe than had been anticipated.

Ms. Omi noted that a 7% cut of a large program can have a different impact than a 7% cut of a smaller program. Mr. Camhi inquired rhetorically whether we want to revisit the tool for the 2009 budget. Mr. Park noted that many small contracts may find it hard to absorb the cut. He noted that the House has marked up the appropriations budget (including money for Ryan White), but the Senate has not followed suit. Ms. Omi requested that MHRA provide members of the PSRA Committee with feedback from the contractors on how these cuts affect them.

Mr. Camhi noted that we are six months into the year and have to be aggressive about spending. He called Committee members' attention to the second spreadsheet, showing the proposed spending plan for 2008. Some priority scores, including treatment adherence, early intervention, and home care, were adjusted because they represent service categories newly considered to be core under RW HATMA. The EMA is asking for $113 million (not including MAI) for 2008 – enough money to restore the cuts sustained in 2006. In the proposed plan, which does not contain any new initiatives, 78.4% of services are core and 21.6% are non-core. We assume that we cannot underspend by more than 2%. Mr. Camhi reminded PSRA Committee members that they need to vote and to make recommendations to the Executive Committee, which will in turn make a recommendation to the full Planning Council. The application is probably due at the end of September.

Darryl Ng stated that in the past, the EMA always asked for more money than its level of funding at the time when the application was submitted. This year, we are just requesting a restoration of funding back to our former level. Steve Hemraj mentioned that we are projecting an increase in the number of new cases, and people are living longer than in the past. He inquired whether the EMA actually faces a need for more than just a restoration of lost funding. Mr. Camhi noted that the way in which reauthorization redistributed money across the country was more restricted than in the past and asked whether we want to send a message that we need more money. Ms. Hilger noted that New York State has said that it does not need more money. Ms. Omi underscored Mr. Ng's point about being more consistent with what the EMA has done in the past, when we always advocated for more money for new service needs. Mr. Camhi inquired whether we can demonstrate an increased demand for services. If we request additional funding, it would go not to adding service categories but, rather, to meeting increased demand. Do we actually have an increase in the number of unduplicated clients?

Ms. Hilger suggested that we could ask for more money for early intervention services, as there may be some fundable grant applications left over. Ms. Irwin noted that the EMA has placed a strong emphasis on routinizing rapid testing; given the City's efforts in this area, asking for more money makes sense. PSRA Committee members engaged in a discussion of the number of people who are newly identified as HIV-positive and in need of services. Ms. Omi mentioned that HHC has found roughly 2000 more seropositive individuals. Together with DOHMH, HHC is examining whether these 2000 are in fact newly infected and not reported elsewhere. Putting the number of new infections into our request for additional funds would

send a message. Mr. Laqueur noted that the State is finding more people, and also people are growing older and need more services. The model currently in operation is static. Mr. Camhi underscored the importance of guiding HIV-positive individuals into EIS earlier, before they progress to AIDS. Mr. Camhi made a motion to approve the proposed budget for year 18 and to ask for more money for EIS.

The proposed spending plan for 2008 distributed to PSRA Committee members lists approximately $4.4 million for EIS. Ms. Troia asked how many people are actually being served with that money. Having this information will help Mike Isbell, the grant writer, to rationalize the request; he can make the argument based on evidence that there is greater demand for service. Ms. Hilger stated that the EMA will not have data on the demand for EIS and will have to provide epi data. She also noted that the EMA used carryover to pay for rapid testing. Receiving this extra funding for EIS would make the allotment for rapid testing permanent and would broaden it. Ms. Omi stated that there's a case to be made for asking for more money for testing and for services. She understands the concern that there isn't enough history, but she believe that Mike Isbell could use Part C data and epi data and construct a reasonable request.

Mr. Hemraj asked about the people released from prison this year and their need for services. Ms. Troia informed Committee members about the severe crunch in housing for PLWHAs. HASA is reconsidering how it does housing, and people are falling out of their leases. Mr. Laqueur offered a friendly amendment: $1 million for rapid testing, $500,000 for mental health services, and $500,000 for outpatient medical care. New people coming into the system will need new services. Ms. Irwin asked how the Planning Council will know which programs are operating at capacity and which ones need more money. Ms. Troia noted that HOPWA took a cut this year. We might make some of that money up by giving money from our Ryan White grant to housing. Mr Camhi suggested placing the request for $2 million in EIS as a placeholder. If the EMA receives this money, it will develop a process for using it based on the overall needs of the portfolio. PSRA Committee members voted to ask for $2 million dollars. No one was opposed, and one person abstained.

Mr. Petro noted that HRSA has never compared our application with our spending plan. HRSA just compares our current allocation and the requested amount.

Public Comment: Terri Smith-Caronia stated that if the EMA tells the federal government not to flat-fund Ryan White, then the EMA should, in fact, ask for more money.