



Meeting of the  
**Priority Setting & Resource Allocation Committee**  
 Hilda Mateo & Eli Camhi LMSW, Co-Chairs

Friday, December 29, 2006 9:30–1:30 PM  
**Harlem United**

**Members Present:** Eli Camhi LMSW (Co-Chair), Humberto Cruz, Felicia Carroll, Patrick McGovern, Steve Hemraj, JoAnn Hilger, Tom Petro, Peter Laqueur, B. Agins MD, Darryl Ng, Walter Okoroanyanwu MD MPH, Edward Telzak MD, Rev. Terry Troia, Joshua Sippen LCSW

**Members Not Present:** Kenneth Ashley, Lloyd Bishop, S.J. Avery, Linda Fraser, Paul Stabile, Wesley Tashir-Rodriguez,

**OAPC Staff Present:** Clarissa Silva MSW, David Klotz, Jan Carl Park MPA, Nina Rothschild

**MHRA Staff Present:** Gucci Kaloo, Stefani Janecki, and Alison Jordan

**Materials Distributed:**

- December 29, 2006 Agenda
- December 07, 2006 Meeting Minutes
- Revised November 9, 2006 Meeting Minutes
- FY 17 Proposed Scenario Planning Principles
- 2006-2007 Scenario Planning Addendum & Explanatory Notes
- FY 17 Spending Plan
- 2006-2007 Scenario Planning Descending Order Spread Sheet
- 2007-2008 Funding Scenarios Summary
- Table IIIb from the Program Summary Report
- Ryan White HIV/AIDS Treatment Modernization Act comparison and EMA impact tables
- CHAIN’s Service Gaps and Utilization in the Continuum of Care in New York City Report

**Welcome/Introductions**

Eli Camhi opened the meeting and introductions were made. The 12.07 minutes were approved with no changes. The contents of the meeting packet were reviewed.

**FY 17 Scenario Planning**

The committee reviewed the scenario planning documents and arrived at the proposed % reductions that are subject to a final vote, should not be viewed as recommendations and decisions must be data-driven:

Service Category	Proposed Reduction Amount (%)	Proposed Reduction Amount (\$)
<b>ADAP</b>	<b>20%</b>	<b>\$2,000,000 (new funding request)</b>
<b>ADAP</b>	<b>25%</b>	<b>\$2,500,000</b>
<b>Client Advocacy</b>	<b>50%</b>	<b>\$2,082,933</b>
<b>Case Management</b>	<b>25%</b>	<b>\$1,330,915</b>
<b>Oral Health</b>	<b>100%</b>	<b>\$655,562</b>
<b>Planning &amp; Evaluation</b>	<b>7%</b>	<b>\$178,000</b>
<b>Actual Money Total= \$6,747,410</b>		

Additionally, the committee suggested applying the formula-based reductions to all of the service categories. The committee established 15% to be the reduction factor in the formula:

$$\text{“Reduction Factor”} = 15\% - \frac{\text{NY EMA Service Category Score}}{\text{Maximum Priority Setting Tool Score (58.5)}}$$

A methodology would have to be developed for the non-ranked (indirect) service categories.

The committee charged the Integration of Care Committee with the task of reviewing the following service categories: Supportive Counseling & Family Stabilization, Case Management & Home Care.

The committee requested the following data elements from MHRA:

~What (if any) differences exist between the Case Management and Outpatient med care categories, in terms of case management service delivery models?

~What are we actually funding under client advocacy, food & nutrition, & psychosocial support?

~What are the elements of f/u encounters for: Case Management, Substance Abuse: HR/RR/RP, & outpatient medical care?

~What dollar amounts and percentages of food & nutrition do we provide for pantry bags, home-delivered meals, congregate meals and nutritional counseling?

~What are we actually funding under CM, HC & psychosocial support (clarification of service elements)?

~Under the Home Care category, the committee is interested in knowing the percentages of homebound mental health services.

**I. Actions/Decisions**

<input checked="" type="checkbox"/>	MHRA to provide the committee with additional data (PSR)
<input checked="" type="checkbox"/>	C. Silva to prepare the scenario planning spreadsheets
<input checked="" type="checkbox"/>	Next meeting: 1.19.06, 1-5, GMHC, Rm 230.