



Meeting of the  
**Priority Setting & Resource Allocation Committee**  
Hilda Mateo & Joe Pressley, Co-Chairs

Wednesday, June 29, 2005  
9:30–11:30 AM  
GMHC, Room 405 (119 West 24<sup>th</sup> Street)

**Members Present:** Hilda Mateo & Joe Pressley (Co-Chairs), Rafael Abadia, Bruce Agins MD, S.J. Avery, Eli Camhi LMSW, Steve Hemraj, JoAnn Hilger, Laviniva Morrison (alt. for H. Cruz), Darry Ng, Joshua Sippen LCSW, Edward Telzak MD

**Members Not Present:** Kenneth Butler, Felicia Carroll, Ryan Chavez, Brenda Lee Curry, Daliah Heller, Patrick McGovern, Walter Okoroanyanwu MD MPH, Tom Petro, Rev. Terry Troia

**OAPC Staff Present:** Grace Moon, Rafael Molina, Robert Shiau, Clarissa Silva

**MHRA Staff Present:** Bettina Carroll, John Rojas, Ryan Rasmussen

**Guests:** Peter Laqueur

**Materials Distributed:**

- June 29, 2005 Meeting Agenda
- Task Force on Ranking Priorities Meeting Attendance Record
- Task Force on Ranking Priorities Meeting Ground Rules
- Task Force on Ranking Priorities “Development of a Priority Setting Tool for the New York EMA”
- Priority Setting Tool Criteria Matrix (Green-Shaded Table)
- Planning Council Data Sources for Consumer Priority
- Task Force on Ranking Priorities – Table of Member Conflicts of Interest
- Task Force on Ranking Priorities Draft Summary of Service Category Rankings – Ranked HRSA Service Categories By Average of NY EMA Service Categories
- Task Force on Ranking Priorities Draft Summary of Service Category Rankings – Ranked HRSA Service Categories By Leading NY EMA Service Category
- Task Force on Ranking Priorities – Service Category Criteria Analysis Grid
- Mitton C, Donaldson C. **Health care priority setting: principles, practice and challenges.** *Cost Effectiveness and Resource Allocation* 2004, 2:3

**I. Welcome/Introductions**

Hilda Mateo opened the meeting and introductions were made. The contents of the meeting packets were reviewed.

**II. Review: Task Force on Ranking Priorities**

The PS&RA Committee reviewed the work of the Task Force on Ranking Priorities, focusing on the final rankings and recommendations that were developed. Key points of discussion:

- The Task Force decided to not apply the Priority Setting Tool to the Technical Assistance (Program Support) service categories, since the tool was designed to assess direct service categories rather than indirect services such as technical assistance. TA was recognized as valuable but supportive, and as a result the TF felt that the TA (Program Support) services should be ranked after all of the direct service categories.
- The two different methodologies for ranking the HRSA Service Categories were presented and considered. Both methods grouped the NY EMA Service Categories within each HRSA Service Category, then ranked the HRSA Service Categories based upon:
  1. The average of the scores of each constituent NY EMA Service Category.
  2. The score of the highest-scoring NY EMA Service Category (e.g., within the HRSA Service Category “Outreach Services,” there are 2 NY EMA Service Categories, “24-Drop-in Center for HIV+ Prison Releasees” and “Access To Care/Promoting Access To Early Intervention” that were scored 45.5 and 24.0, respectively. For the purposes of ranking, the score for the HRSA Service Category “Outreach Services” is 45.5.

After reviewing and discussing the two different methodologies, a motion was proposed:

**Motion:** *To rank the HRSA Service Categories using the score of the highest-scoring constituent NY EMA Service Category (as described in #2 above).* **Approved.**

- Conflict of interest was also examined with respect to the rankings. Committee members reviewed the conflicts of the Task Force members and discussed how to appropriately follow the PC’s conflict of interest guidelines. As the scores of the NY EMA Service Categories were to be applied to a broad group of service providers, the following motion was proposed:

**Motion:** *To use the Service Category scores that included all member votes.* **Approved.**

- Based upon the current needs of the community and the role of Title I within the context of other HIV/AIDS funding, there were four service categories that the Task Force determined were no longer appropriate to continue funding: Adult Day Programs, Housing Enhancements for Special Populations, Buddy Services, and Air Bridge. It was noted that the recommendation was based solely on the criteria as defined by the “priority-setting tool,” and the findings had no relation to the effectiveness or benefits that might be obtained from those service categories. Based on the Task Force’s recommendations, four motions were put forth:

**Motion:** *To discontinue funding of Adult Day Programs (Day or Respite Care) and reallocate the resources to other service categories.* **Approved.**

**Motion:** *To discontinue funding of Housing Enhancements for Special Populations (Housing Related Services) and reallocate the resources to other service categories.* **Approved.**

**Motion:** *To discontinue funding of Buddy Services (Buddy/Companion Services) and reallocate the resources to other service categories.* **Approved.**

**Motion:** *To discontinue funding of Air Bridge (Ambulatory Outpatient Care) and reallocate the resources to other service categories.* **Approved.**

### **III. Next Steps: Resource Allocation**

The PS&RA Committee discussed how best to allocate the funds that will be released by the discontinuation of the four service categories. Suggestions were made, including enhancing services to the formerly incarcerated as well as funding some of the new programs from the recent RFP. Members of the committee

agreed that the EMA needed to focus more resources on services that would address unmet need, including programs that provided outreach, engagement, and retention services. A motion was proposed:

***Motion:*** *Increase funding for Early Intervention Services in a range of appropriate settings, including harm reduction, emergency rooms, substance use programs, and other settings with high HIV prevalence.* **Approved**

#### **IV. Adjournment**

There being no further business, the meeting was adjourned.