



Meeting of the
Priority Setting & Resource Allocation Committee

Hilda Mateo & Eli Camhi LMSW, Co-Chairs

Friday, January 12, 2007 1:00–5:00 PM

NYSDOH AIDS Institute, 90 Church Street, 4E03/04, New York, NY

Members Present: Eli Camhi LMSW (Co-Chair), Jennifer Irwin (Co-chair), S.J. Avery, Felicia Carroll, Humberto Cruz, Linda Fraser, Steve Hemraj, JoAnn Hilger, Patrick McGovern, Peter Laqueur (*for B. Agins MD*), Hilda Mateo, Darryl Ng, Jan Carl Park, Tom Petro, Wesley Tashir-Rodriguez, Edward Telzak, MD., Rev. Terry Troia,

Members Not Present: Lloyd Bishop, Walter Okoroanyanwu MD MPH, Joshua Sippen.

OHAPCP Staff Present: Clarissa Silva, Darryl Wong

MHRA Staff Present: Rachel Miller, Bettina Carroll, Allison Chi, Stefani Janicki, Gucci Kaloo

Materials Distributed:

- January 12, 2007 Agenda
- December 29, 2006 Meeting Minutes
- HIV Planning Council Amended By-Laws/

Article IX- Conflicts of Interest

- Preliminary 2006 YTD Data
- Core/Non Core Services Spreadsheet
- 2006 Preliminary Encounter and Service Details for Follow-up Service Type
- MHRA/HIVCS Yr 16 Food & Nutrition Enhancement Awards
- CHAIN Data – Summary Tables

Welcome/Introductions

Eli Camhi opened the meeting and introductions were made. The 12/29/06 minutes were approved with minor changes,



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i.e., p. 1 proposed % reductions are subject to a final vote, should not be viewed as recommendations and decisions must be data-driven. The contents of the meeting packet were reviewed; the meeting goal was re-stated that in the face of cuts, discussion would focus on core (75%)/non-core services (25%) and not re-setting of priorities. Underlying assumptions were noted: NYC may not receive the waiver re: 75/25; there is no service category not subject to reduction; we are not able to enter into discussions re: contracts (MHRA responsibility); DOHMH is actively pursuing the granting of the waiver.

Public Comments

Service providers and consumers of legal services and bricks and mortar TA advocated for continued funding.

FY 17 Scenario Planning

Eli Camhi presented the spreadsheets, restating that the formula results in target reductions (\$18.063M) which represent 15% of the original \$120.423M, although \$11,316,089 is what is needed. All categories would get reduced, but higher-ranked categories receive less of a reduction. DOHMH stated that there should be two plans developed to address rankings and core/non-core services. Mr. Camhi stated that P&E and Program Support should be subjected to cuts and not be held harmless, which would increase the available funds to the remaining service categories. Mr. Cruz stated that categories funded at less than \$200K should be left intact. The spreadsheet was modified to arrive at an \$11.316M reduction.

I. Actions/Decisions

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Mr. Camhi made the motion to accept Mr. Messeri's calculation method as the agreed upon format for the basis of recommendations; Mr. Cruz offered an amendment that service categories funded <\$300K should not be subject to formula reduction; clarification that this should be after funds for P&E are calculated.; EMA rankings of 46.0 (Harm Reduction Clinic, Female-focused Ambulatory Care, Ambulatory OP care for >50 yrs and TB services (37.0 EMA) should be excluded.

Motion was seconded, vote taken: (10) in favor, (0) opposed, (6) abstentions.

Next Steps: examine line item spreadsheet, service categories, range of ratios, determine included/excluded categories and clarify core/non core service definitions.

Next meeting: January 19, 2007, 1-5PM.