



Meeting of the
PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE

Monday, February 8, 2016
AIDS Service Center of NYC, 64 W. 35th St., 3rd Floor
3:05 – 5:00pm

MINUTES

Members Present: Sharen Duke (Co-Chair), Matthew Baney (Co-Chair), Victor Ayala (by phone), Randall Bruce, Amber Casey (for Graham Harriman), Jan Hudis (by phone), Joan Edwards, Amanda Lugg (by phone), Jesus Maldonado (by phone), L. Freddy Molano, M.D., Jan Carl Park, Claire Simon

Members Absent: Matthew Lesieur

Staff Present: David Klotz, John Rojas, Eleanora Jimenez-Levy (DOHMH);

Agenda Item #1: Welcome/Introductions

Ms. Duke and *Mr. Baney* opened the meeting, followed by introductions and a moment of silence. The minutes of the December 14, 2015 and January 11, 2016 meetings were approved with no changes.

Agenda Item #2: Review of Service Categories: Housing

Mr. Rojas presented the data on Housing Services (HOU). The Ryan White Part A Housing Program offers short-term rental assistance (SRA), short-term supportive housing services (STH), and housing placement assistance (HPA) to ensure eligible people living with HIV/AIDS and their families gain or maintain access to HIV-related medical care and treatment. Eight of the 15 NYC HOU contracts are for STH, which tries to move its clients onto HASA for payer of last resort reasons. There is one SRA program, which serves those who meet HASA eligibility criteria (low income, HIV symptomatic or AIDS diagnosed) but are not HASA eligible due to immigration status. Tri-County has its own Part A programs. STH is meant to be emergency/transitional (e.g., SRO, shelter) and for no longer than 90 days (with no support services). The intent is to place clients in permanent housing with wrap-around services (e.g., case management, treatment adherence, etc.).

The HOU portfolio was rebid with new contracts starting March 1, 2014. HPA (the only performance-based contracts in HOU and which acts like a real estate broker and navigates the entire process of placing a client in permanent housing) has had considerable underspending due to the difficulty in finding affordable units in NYC's difficult market (which has a 2% vacancy rate). Public Health Solutions has been able to reprogram the unspent funds to STH and SRA.

HOPWA provides permanent housing to low-income individuals living with HIV. The RW housing portfolio complements HOPWA by providing short-term housing services. In the past three years, the HOPWA NYC Eligible Metropolitan Statistical Area (EMSA) experienced a \$6.5M cut from the U.S. Department of Housing and Urban Development. In addition, the EMSA expanded in 2014 to include three counties in New Jersey with no additional funding. NYC anticipates additional cuts in 2016, the same

year in which Congress will review a HOPWA reauthorization proposal for the very first time. The Housing Opportunity through Modernization Act, which passed in the House on Feb. 2, 2016, includes a formula modernization proposal to distribute formula funding more equitably by counting confirmed living HIV/AIDS cases rather than cumulative AIDS cases. The allocation formula also considers housing costs (e.g., in NYC, the market rate for a studio is \$1280) and local poverty rates as formula factors. Implementation of the formula would take place gradually over five years and include a stop-loss provision to cap gains and losses by 10% and 5%. By adjusting the formula funding to living with HIV/AIDS cases, HOPWA will align with the Ryan White Care Act. The NY EMSA can expect to lose up to \$10.6M in HOPWA funds by the end of the 5th year. Current HOPWA funding is \$47M (down from over \$60M at its peak).

Half the HOPWA grant goes to HRA/HASA for permanent housing and case management services to low-income individuals living with AIDS in NYC. In 2015, the City Council introduced legislation that would expand HASA housing and other benefits to all low-income persons living with HIV and not just individuals diagnosed with CDC-defined AIDS. Similar State proposals are being explored in non-NYC counties.

Ms. Jimenez-Levy presented data that shows that HOPWA outcomes on the care continuum are similar to Ryan White and far exceed City averages (e.g., 73% virally suppressed for HOPWA, 70% for RW and 50% Citywide).

A summary of points raised in the ensuing discussion include:

- One HPA vendor voluntarily gave up their contract, emphasizing the difficulty of providing that service in the current NYC housing market. The funds from that contract were reallocated to other HOU programs.
- The underspending in HPA raises the question of whether this service is the best strategy for using limited funds, considering the need for other HOU services.
- Some HPA is still needed for those clients who only need to be housed and do not require additional support services.
- The Council makes an allocation for the HOU category without specifying which sub-service is funded. This gives the grantee and PHS the flexibility to move funds during reprogramming.
- If “HASA for All” is passed and new ETE funds are approved, there could be a large infusion of dollars into Housing for PLWHA. This may allow the Council to reallocate freed up funds for wrap around services such as case management and treatment adherence support.
- The housing need needs to be looked at in the context of the record homelessness in NYC and the dramatic increase in housing prices (which also makes landlords want to opt out of renting to people who receive government rent support).
- There is also a range of non-HIV-specific housing services that some PLWHA can access, although the NYC Dept. of Homeless Services’ signing bonus is an additional disincentive for landlords to rent to HOPWA and Ryan White clients.
- HOPWA is now doubling up clients with roommates, which presents additional problems.
- Most HOPWA and Ryan White housing clients have additional needs (e.g., mental health, substance use, disability) that present challenges.
- Westchester County is giving up administration of their portion of HOPWA funds (as they did with Ryan White), putting an additional burden on NYC DOHMH. Also, HOPWA allows for a very small portion of funds to be used for administration (7% for the grantee compared to 10% for Ryan White, only 3% for contractors).

Agenda Item #3: FY 2016 Spending Scenario Plan

Mr. Klotz explained that PSRA, in advance of the notice of grant award, annually approves a methodology for applying a potential reduction. Part A is flat funded nationally, and so we do not expect much change to the award, and HRSA has already provided 80% of the previous year's formula funding, but a spending scenario will allow the grantee to implement the final award without the delay of going back to the Council for a final spending plan. An increase to the award was already planned for in the application spending plan approved the previous summer.

A spending plan was presented with a theoretical 5% reduction (-\$4.63M). Targeted reductions were made in the application spending plan to Harm Reduction (HRR), Mental Health (MH) and Home and Community-based Services (HOM), based on trends in spending and the fact that HRR and MH are being re-bid. [In case of an increase in the award, the application spending plan calls for redistributing those funds equally to Housing and Food & Nutrition Services.] The rest of the reduction was applied proportionately to the remaining service categories (incl. HOM, whose targeted reduction was minimal), based on ranking scores. HRR and MH were held harmless from further reductions in order to avoid a "double hit" to those programs, and so that the grantee and master contractor can give precise amounts to providers who win contracts in the re-bidding process.

The overall theoretical reduction was taken from the Base award, but the spending plan assumes that all Base and MAI programs are one unified pot of money, as the services that overlap funding streams are identical, as well as the populations served.

A motion was made, seconded and approved unanimously to accept the methodology presented, up to a 5% reduction in the award. Any reductions beyond 5% will be revisited by PSRA, which has the option to make surgical cuts based on changes in carrying costs of programs.

Agenda Item #4: Public Comment

Mark B: Housing is one of the biggest consumer issues, and there is always a challenge due to supply and demand issues. We also have to help people who migrate to NYC for services from areas with fewer resources.

The next meeting will take place on Thursday, March 10, 2016, 3-5pm at ASCNYC.

There being no further business, the meeting was adjourned.