Meeting of the

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE

Monday, May 8, 2017
ASCNYC, 64 W. 35th Street, 3rd Floor
3:05 – 5:00pm

M I N U T E S

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

Members Absent: Joan Edwards, Steve Hemraj, Kimberleigh Smith

Other Council Members Present: Paul Carr, Broni Cockrell, Billy Fields, Tim Frasca

Staff Present: David Klotz, Melanie Lawrence, Ashley Azor, Christina Rodriguez-Hart *(NYC DOHMH)*; Bettina Carroll, Gucci Kaloo *(Public Health Solutions)*; Julie Lehane, PhD *(Westchester Department of Health)*

Agenda Item #1: Welcome/Introductions/Minutes

Mr. Baney and *Ms. Duke* opened the meeting, followed by introductions and a moment of silence in memory of Council and PSRA member Daphne Hazel, who served on PSRA and IOC and was chair of the Rules & Membership Committee. Daphne had a long history as an advocate, including through her work at Planned Parenthood and Ryan-NENA. The minutes of the April 17, 2017 meeting were approved with no changes. *Mr. Klotz* reviewed the conflicts of interest sheet and guidelines.

Agenda Item #2: FY 2017 Reprogramming Plan

Mr. Klotz presented a draft FY 2017 reprogramming plan, based on previous years' plans. Reprogramming plans instruct the grantee on how to use funds that become uncommitted during the course of the year (e.g., due to contract underperformance). The Council's standard reprogramming plan authorizes the Grantee (DOHMH) and Master Contractor (Public Health Solutions) to first move uncommitted funds within a category. However, if there are not enough over-performing contracts within the category to fully absorb the amount freed up (be "enhanced"), DOHMH and PHS may move funds between categories up to a maximum increase to a category of 20% of the original amount allocated to that service category in the spending plan. Any reprogramming funds lefts over after all contract enhancements have been done is earmarked for ADAP, but this is unlikely to occur.

In reprogramming plans from 2013 and before, the first item was restoration of an upfront reduction to ADAP, made at the beginning of the grant year to offset cuts to other service categories. For 2017, PSRA

and the Council approved an upfront reduction to ADAP for the first time since 2013 to account for a reduction in the grant award up to 1.75%, with the promise to restore the funds through reprogramming. A portion of the restoration can be done through the carry-over from FY 2016. As aggressive reprogramming maximizes spending, there is typically only about $200,000 in carry-over (a miniscule amount of around 0.2% of the award). Underspending freed up for reprogramming during the course of the year (which includes funds from programs, administration and QM) are typically between $1-2 million. Also, underspending from Tri-County programs are kept separate and used as carry-over the following year in the TC region to offset cuts to the award.

After much discussion and clarification, there was a motion made to recommend an FY 2017 reprogramming plan that first restores the upfront cut to ADAP (up to $756,445, depending on the final grant award) in conjunction with FY 2016 carry-over, followed by giving the Grantee and Master Contractor the flexibility to enhance over-performing contracts and move funds between service categories up to 20% of the service category allocation in the final spending plan. Tri-County underspending will be kept for carry-over in the TC region. **The motion was seconded and approved unanimously.**

Agenda Item #3: Long-term Scenario Planning/FY 2018 Application Spending Plan

Mr. Harriman recapped the discussion at the previous meeting concerning planning for large cuts to the award and considering the elimination of two service categories: Transitional Care Coordination (TCC) and Health Education/Risk Reduction (HER). As a follow up to information requested by PSRA, he presented a side-by-side comparison of TCC with other models of Case Management (MCM/Care Coordination, Non-Medical Case Management/General Population), nMCM/Rikers, and Medicaid Health Homes. Virtually all of the service elements provided under TCC (e.g., health promotion, care plan development, patient navigation, entitlements assistance, coordination with service providers) are provided under other programs. Mr. Harriman also referred Committee members to the CCP and TCC fact sheets prepared for last year's priority setting process (nMCM sheets were not available, as they are new programs, but enrollment numbers were provided for these programs).

The following is a summary of the ensuing discussion on TCC:

- TCC was developed to address housing needs, however since its inception there have been other mechanisms developed to address the need for housing: HOPWA, HASA, Health Homes.
- It should be kept in mind that TCC was developed for a reason, to reach a specific sub-population.
- When TCC was first developed, Health Homes and Ryan White Non-Medical Case Management (nMCM) did not exist.
- While there is data that TCC has over-performed for reimbursement, but this does not necessarily mean that it is meeting the goals of finding housing for more clients.
- The health promotion model in TCC is, like CCP, based on the PACT model.
- More data is needed on the impact of TCC services on client outcomes, particularly housing placement.
- PSRA should examine conclusions that come out of the Housing Community Briefing before making a decision to eliminate this category.
- Service types are similar across categories, but are tailored in each one. More information is needed to compare service types that are "apples to apples".
- More feedback from the TCC providers and clients is needed.
- Given limited and decreasing resources, PSRA may want to consider redirecting funds from TCC to direct housing services (rental assistance, short-term housing, etc.).

- More data is needed on outreach components to homeless/unstably housed in other categories, and a better understanding of homeless and unstably housed is needed (including SES criteria).
- Data is needed on current TCC providers matched to other services in the same location.

The PSRA will continue this discussion at the next meeting, with the additional data requested. The Committee needs to develop an application spending request before the July Council meeting. HRSA has indicated that there will be a cap for the amount an EMA can request above its current award.

The next meeting will be held on June 12th. There being no further business, the meeting was adjourned.