



Meeting of the
PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE

Monday, June 8, 2015
AIDS Service Center of NYC, 64 W. 35th St., 3rd Floor
2:15 – 5:05 pm

MINUTES

Members Present: Sharen Duke (Co-Chair), Matthew Baney, Victor Ayala, Randall Bruce, Amber Casey (for Graham Harriman), Joan Edwards, Jan Hudis, Matthew Lesieur, Jan Carl Park, Tom Petro, Claire Simon, Lyndel Urbano

Other Planning Council Members Present: Lisa Zullig

Members Absent: Steve Hemraj, Amanda Lugg, Jesus Maldonado, L. Freddy Molano, M.D., Lazara Paz-Gonzalez, Sam Rivera

Staff Present: David Klotz, Darryl Wong (DOHMH); Rachel Miller, Gucci Kaloo (Public Health Solutions)

Agenda Item #1: Welcome/Introductions/Moment of Silence/Minutes

Ms. Duke opened the meeting, followed by introductions. *Mr. Park* led a moment of silence. The draft minutes of the May 11, 2015 meeting were approved with no changes. *Mr. Klotz* reviewed the meeting packet.

Agenda Item #2: Public Comment

David Hine (GMHC, NYCHANS) urged the PSRA to maintain the high ranking for Food and Nutrition Services (FNS) and to increase the FNS allocation. He cited recent data which finds that FNS has almost universally high need and low utilization, and very consistently low under-spending. He cited the effectiveness of FNS in improving health outcomes, lowering healthcare costs for PLWHA, improving treatment adherence, and advancing prevention goals.

Agenda Item #3: FY 2015 Reprogramming Plan

Ms. Duke presented the draft FY 2015 reprogramming plan, which (as in previous years), gives the grantee the latitude to shift funds between service categories in order to enhance contracts that are performing above or show potential to perform above the maximum reimbursable amount. No service category will be enhanced by more than 15% of its original allocation in the spending plan, unless the Council approves an increase above 15%. ADAP will be included as a category for enhancement after other service categories have been considered for enhancement. ADAP will not be subject to the 15% cap on enhancements.

In response to questions from Mr. Park, it was reiterated that program enhancements and takedowns by service category are reported in detail to the Finance Committee (FC). The report cards also show both under- and over-spending over time, which shows trends (more useful for PSRA's planning than a one-year snapshot, as there are many causes for under-performing). *Ms. Miller* and *Ms. Casey* discussed the grantee's criteria and process for implementing the reprogramming plan, which is needed to maximize spending of the award and has been the key to the EMA's record low under-spending. The use of performance-based contracts allows for this kind of reprogramming, rather than scrambling to develop a list of items to purchase late in the fiscal year.

A motion was made, seconded and approved unanimously to accept the FY 2015 reprogramming plan as presented.

Agenda Item #4: FY 2015 Final Spending Plan

Mr. Klotz presented the final 2015 spending plan, which applied HRSA's grant award to the spending scenario methodology approved by PSRA and the Council in January. There was a reduction of \$1,825,279 in total funding – all of it in formula funding, which is out of our control. There was a slight increase in supplemental funding, reflecting the stellar score (99/100) of our grant application. The reduction was spread out proportionately across service categories, based on the ranking assigned by PSRA, and ranged from 1.3% (ADAP) to 2.7% (Home and Community-based Services).

In response to a question about the implementation of the reduction on a service category level, *Ms. Miller* and *Ms. Casey* explained that With last year's targeted cut to Early Intervention Services (EIS), all programs have essentially been "right sized", and multi-year spending trends are examined so that the cut can be absorbed as much as possible by programs that are under-spending. The priority in Housing is to keep people housed.

Agenda Item #4: FY 2016 Application Service Category Ranking

Ms. Duke opened the discussion by noting how the ranking scores, while required for the application in September, are actualized in the winter when doing scenario planning for a possible reduction to the award. Major changes were made in the rankings in the previous two years (e.g., adjusting how the Access to Care/Maintenance in Care criteria is judged; increasing Housing's rank due to the new data and the loss of HOPWA funds). The data and environment is relatively unchanged this year, with the effects from the Affordable Care Act, DSRIP and the Governor's Plan to End AIDS still to be truly felt. There was a discussion of whether or not to reaffirm last year's rankings by going category-by-category, criterion-by-criterion, or just to review the PSRA tool for any specific areas where there might be new data.

Mr. Petro raised the issue of how committee votes are tallied when deciding rankings. The Tri-county Steering Committee uses a weighted voting system, so that minority votes for rankings figure in to the final score. After some discussion, there was a consensus that the scores can be reaffirmed for the purposes of the FY 2016 grant application, and that the PSRA can spend the fall reexamining how the ranking tool is used and doing a thorough, considered re-ranking before scenario planning is done in anticipation of the FY 2016 award.

A motion was made, seconded and approved unanimously to reaffirm all current ranking scores for the purposes of the FY 2016 grant application.

The discussion turned to the allocations for the FY 2016 grant application spending plan. A summary of the discussion follows:

- *Ms. Edwards* reported that ADAP (which took a large targeted reduction this year with no restoration planned) expects to continue to need its current allocation. The State also had a reduction in its Part B award.
- PSRA should consider EIS-style cost analyses for deciding on all allocations going forward, rather than starting with the carrying cost of existing programs.
- Zero-based budgeting can destabilize the entire system. Deciding on funding amounts based on need could justify spending the entire grant on Housing or any of a number of other categories.
- The EIS cost analysis comes in very close to the actual current allocation (+\$49K).
- Using primary care status measures data is problematic, as certain providers, esp. hospitals, have access to more comprehensive records.
- A local pharmacy assistance program (LPAP) for hep C meds would not be ready until at least FY 2017, as Needs Assessment and IOC must first determine needs and develop a service directive.
- There are no grantee recommendations this year on increases or decreases, as for last year in EIS.
- There is a continued need for increased housing and food, as determined in last year's funding request. This should be reconsidered for this year's application.
- Expansion of legal services to include eviction protection services will not begin until FY 2017.

Ms. Duke presented a draft EIS cost analysis spreadsheet as an illustration of revised service amounts, utilizing the service costs developed by DOHMH but altering the balance between different parts of the model. Changing only the amounts per service would feed formulas to show differential scenarios. This is a possibility to explore for future allocations planning.

There was a consensus to re-examine the additional funding requests from the FY 2015 application spending plan, and to discuss the overall direction of asking for additional funds, given the likelihood of generally flat funding for Part A nationally.

The next meeting will take place on Tuesday, July 7th, 3-5pm.

There being no further business, the meeting was adjourned.