Meeting of the
PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE

Monday, January 13, 2020
Cicatelli Associates, 505 Eighth Ave., NYC
3:10 – 4:50pm

M I N U T E S

Members Present: Jeff Natt (Co-chair), Dorella Walters (Co-chair), Randall Bruce, Paul Carr, Joan Edwards, Steve Hemraj, David Klotz, Matthew Lesieur, John Schoepp, Claire Simon (by phone), Scott Spiegler (for Graham Harriman)

Members Absent: Broni Cockrell, Oscar Lopez, Jesus Maldonado, Leo Ruiz, Carmelo Cruz Reyes, Michael Rifkin, Terry Troia, Rob Walker, Barry Zingman, MD

Other Council Members Present: Maria Diaz (by phone)

Staff Present: Melanie Lawrence, Cristina Rodriguez-Hart, Dave Ferdinand, Karen Miller *(NYC DOHMH)*; Bettina Carroll (by phone), Gucci Kaloo *(Public Health Solutions)*

Agenda Item #1: Welcome/Introductions/Minutes

Mr. Natt and *Ms. Walters* opened the meeting, followed by introductions and a moment of silence. The minutes of the December 9, 2019 meeting were approved with no changes.

Agenda Item #2: FY 2020 Spending Scenario Plan

Mr. Klotz presented the draft FY 2020 spending scenario plan, which is a methodology for implementing a possible reduction to the award that the Recipient (Grantee) can use to quickly implement upon receipt of the grant award. The federal budget is final, which means we should get the entire award on time by the beginning of the fiscal year on March 1, 2020. The national Ryan White Part A (RWPA) appropriation is the same as last year's (and the several years before that). Given that our EMA's number of PLWH relative to other EMAs is declining, we expect about the same reduction as last year (close to 1.5%).

The spending scenario supposes a possible reduction of up to 3.5% of the Base award (or 3.1% of the total award). The enhancement of $175,000 to Tri-County Housing (approved by PSRA in December) is balanced by a reduction of $175K in ADAP (Base and MAI).

A total of $1,443,228 is added to Housing (divided between Base and MAI), which equals the amount taken out of Medical Case Management. This reflects the reallocation of Transitional Care Coordination funds that the Council approved in November 2019.

Mr. Kaloo explained that there is $298,268 in savings through permanent takedowns or contract terminations in the categories of Non-Medical Case Mgmt./Transitional Support for Inmates ($12,500), Non-Medical Case Mgmt./General Population ($35,000), Harm Reduction ($201,328), Mental Health ($36,940).

There is also a shift of funds in EIS funds between Base and MAI. This is just to balance the portfolio so that the allocations match exactly the award amounts and makes no changes to the allocation for that category.

The plan also includes the $50,000 that the PSRA approved last month for the Psycho-social Support for Transgender, Intersex, Non-binary, and Non-conforming (PSS TGINBNC) Resource Directory and Curriculum in FY 2020.

With a 3.5% reduction to the Base award, the enhancement to TC Housing, the new funds for PSS TGINBNC, minus the savings from the revised carrying costs, there would be a deficit of $2,411,131. This deficit is made up through a reduction to the ADAP allocation, which the AIDS Institute has assured us will not affect ADAP due to the availability of other funding resources (Part B, State, drug rebates). While we don't expect to actually have to reduce ADAP by that much, PSRA generally approves a spending scenario methodology up to that amount just in case the award reduction is higher than anticipated.

A motion was made, seconded and approved unanimously to approve the FY 2020 spending scenario plan as presented.

Agenda Item #3: Psycho-social Support Services for Transgender, Intersex, Gender Non-Binary and Non-Conforming Individuals (PSS TIGNBNC) Allocation for FY 2021

Mr. Spiegler gave an overview of the ADAP allocation history. For several years, the EMA has used a stepped down approach to using ADAP to cover reductions in the grant award. There has been a consensus to keep some money allocated to ADAP in both Base and MAI indefinitely; to continue to make changes in the portfolio based on need and performance, to continue to monitor the Part B and State contribution levels, as well as policies around 340b pricing to ensure ADAP service levels in NYC are not affected, and ensure continued access to ART for PLWH throughout the New York EMA.

From 2010 to 2019, the Part A ADAP allocation has dropped from slightly over $18M to $7,761,924. An analysis showing the NYC program dollars, ADAP allocation and non-ADAP service dollars was shown from 2017 through 2019 (actual) plus 2020 (estimated, based on the spending scenario just approved). Projections were made of the ADAP allocation in 2020 and 2021 using the three funding scenarios for PSS TIGNBNC (one, two and three programs). The estimates do not account for continued reductions in the grant award. Without accounting for reductions in the award or other future initiatives, the ADAP allocation could drop as low as $4.1M.

As requested by the Committee, statistics on the geographic distribution of transgender PLWH were presented. From 2014-18, Bronx had the highest number of newly diagnosed TG women PLWH (76), with Manhattan at 66, Brooklyn at 65, Queens at 46 and Staten Island at 7. Citywide, a total of 6 TG men were diagnosed during that period. Maps show a close correlation in the distribution of TG PLWH as in PLWH in general (Upper Manhattan, Chelsea/Hell's Kitchen, Bronx, central Brooklyn), plus northern Queens. In FY 2018, there were a total of 541 TG clients served by RWPA programs. 38% of them lived in the Bronx, 22% each in Manhattan and Brooklyn, 12% in Queens, and 4% in Staten Island.

Considerations for PSRA include: Cost estimates in year 2020 and 2021 do not take into account any increased programmatic need or reductions to the award. For example, to cover additional needs (i.e. housing, FNS), we pull from ADAP. This helps ensure programs are paid for their work and can provide services necessitated by the community. PSS TIGNBNC is a brand new service category and we need to ensure there is capacity to provide enhanced technical assistance to agencies we contract with. It is easier to scale up a pilot program as opposed to scaling back if numbers are not reached. Finally, the PC will introduce more brand new service categories in FY 2022 and beyond (e.g., Oral Health Services in FY 2022)

A summary of the discussion follows:

- Given the fact the ADAP will eventually be depleted, PSRA will need to look at current programs to see where allocations can be adjusted to reflect need.
- In the spring, when the PSRA begins planning for the FY 2021 application spending plan, there will be updated fact sheets and other data to help assess the allocations of other programs.
- The data elements in the revised Fact Sheets were derived from the old fact sheets and score cards by a sub-committee of PSRA and approved by the full committee last spring.
- HRSA allows sub-contractors to use 10% of program dollars for administration (e.g., rent, utilities, salaries for data entry or accounting). Since ADAP uses no administrative dollars, the ADAP allocation has allowed the EMA to let programs spend up to 11% or more on indirect costs. This amount has fallen to 10.5% and will eventually decrease to 10%, which is difficult for many programs to sustain.
- The PC-approved service directive guides the work of the Recipient in implementing the program through an RFP. The directive gives preference to TG-led organizations, but does not exclude others. There may be TG-led programs within larger non-TG-led agencies that have the capacity to manage RWPA contracts.
- Given the depletion of ADAP funds and the fact that new service categories are in the pipeline, it is better to have to scale up a new program than reduce one that is not meeting expected needs.
- The program services will be listed in a separate line item on the FY 2021 spending plan (rather than rolled into the Supportive Counseling line), so that it is clear to the Recipient that the funds are earmarked for this specific service directive.
- The State's HIV Uninsured Care Program (HUCP), which oversees ADAP, works to enroll clients in Medicaid. All program services are subject to payer of last resort rules and must first bill other funding streams before using RW resources.

A motion was made and seconded to fund the PSS TIGNBNC program services in FY 2021 at $847,000. The motion was adopted unanimously.

There being no further business, the meeting was adjourned.