



Meeting of the
PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE

Monday, April 20, 2020
By Zoom Videoconference
3:10 – 5:00pm

MINUTES

Members Present: Jeff Natt (Co-chair), Dorella Walters (Co-chair), Randall Bruce, Paul Carr, Broni Cockrell, Joan Edwards, Graham Harriman, Steve Hemraj, David Klotz, Matthew Lesieur, Jesus Maldonado, Carmelo Cruz Reyes, Michael Rifkin, Leo Ruiz, John Schoep, Claire Simon, Terry Troia, Rob Walker, Barry Zingman, MD

Members Absent: Oscar Lopez

Other Planning Council Members Present: Tim Frasca, Marcy Thompson

Staff Present: Scott Spiegler, Melanie Lawrence, Kimbirly Mack, Guadalupe Dominguez-Plummer, Ashley Azor, Dalveer Panesar, Johanna Acosta, Eleanora Jimenez-Levi, Giovanna Navoa, Karen Miller (*NYC DOHMH*); Bettina Carroll, Gucci Kaloo (*Public Health Solutions*)

Agenda Item #1: Welcome/Introductions/Minutes

Mr. Natt and Ms. Walters opened the meeting, followed by a roll call and a moment of silence. The minutes of the March 9, 2020 meeting were approved with no changes.

Agenda Item #2: COVID-19 Allocations

Mr. Spiegler presented on proposed enhancements to the EMA's allocations to address needs arising from the COVID-19 outbreak. Last week the EMA received \$1M from the CARES Act to address COVID-19 related issues (\$900,000 for programs, \$100,000 for administration). In addition, we will be able to leverage additional funds to address the crisis arising from COVID-19. There is \$177K uncommitted to programs due to an EIS contract that was returned. We also expect about \$400,000 in carry-over from last year. Finally, as the cut to our regular FY 2020 grant award came in at less than what we planned for in our spending scenario, we only had to reduce ADAP by \$961,306. ADAP had originally said that we could reduce them by as much as \$2,461,131. Julie Vara, the ADAP Director, has agreed to allow us to use the balance (\$1,499,825) to fund COVID-19 emergency needs. This adds up to a total of \$2,997,305 to address COVID-19 emergency needs.

CARES funding was allocated by HRSA to the EMA using a data-driven methodology based on 2018 Ryan White Services Report (RSR) data and the number of clients served by each RWPA jurisdiction as reported to HRSA HAB. The funds must be used for "preventing, preparing for, and responding to COVID-19 for PLWH" and may support a wide range of in-scope (allowable RWPA) activities/programs. The EMA has 30 days from the notification of award on April 15th to generate a spending plan for the funds.

The four areas with enhanced need due to COVID-19 are: Short Term Rental Assistance (SRA); Emergency Financial Assistance (EFA); Food and Nutrition Services (FNS); and Short Term Housing (STH). SRA serves undocumented people who are not HASA-eligible, many of whom work in the gig economy and have lost their source of income due to COVID-19.

The Grantee recommends that \$1.9M be allocated to SRA, based on a six-month projection as we are uncertain at this time when the moratorium of non-essential businesses closures will be lifted by the Governor and Mayor. We also anticipate that many of the businesses where clients were employed may close permanently, which would further impact consumers and housing programs' ability to meet their operating expenses. Clients enrolled in the SRA program have leases in their name in the open rent market unlike the short-term housing programs; therefore, they are at greatest risk to become unstably housed.

CHAIN data shows that the most needed linkages for PLWH were housing and financial assistance, even before COVID-19. As of March 22nd, nearly 144,000 unemployment claims were made in New York City, a 2637% increase from last year. With 89% of PLWH already living below 132% of federal poverty level, we expect that PLWH will need short term financial assistance to pay for utilities, housing, food, medications and other essential needs. The current EFA allocation is \$250,000 which funds one program located in Tri-County that serves up to 100 clients with short-term, limited assistance with utilities, housing, food (including groceries and food vouchers), or medications up to \$2000 per household over a 12 month period. An additional \$499,825 would to build capacity and provide EFA to clients throughout NY EMA. The amount would require the program to hire 1-2 additional staff.

Many additional services to provide food to those in need throughout the NY EMA have been created to respond to COVID19 burden. All New Yorkers can access the food they need through the many grab-and-go and food pantry sites, as well as SNAP benefits and Meal Hubs, where all New Yorkers may pick up 3 free meals a day at more than 400 Meal Hubs open Monday through Friday across all of NYC. Given the current FNS allocation of \$9.9M and the expanded resources, the Grantee recommends using the \$177,480 in uncommitted EIS funds for FNS.

STH programs, currently funded at \$6,158,658, have purchased a larger quantity of cleaning supplies to address COVID-19. Clients have needed to be re-housed due to housing violations relating to COVID-19, and many clients have lost employment post COVID-19 and are unable to contribute typical 30% of household income to rental payment. Housing providers have been burdened as a result, paying 100% of rent, instead of the typical 70%. The Grantee recommends allocating the estimated \$400,000 in carry-over to STH.

A summary of the discussion follows:

- The amount for FNS is small and can be put to better use, especially given the large number of new resources, that RWPA providers are making referrals to those resources), and that EFA funds can be used for food.
- FNS needs have been greatly magnified by COVID-19. God's Love We Deliver and other RWPA FNS providers are trying to adequately serve existing clients, as well as enroll a wave of new clients. The other resources cited are also stretched with the demand. The additional funds, while small, will enable RWPA providers to keep serving immune-compromised people with medically tailored meals.
- The Executive Committee added to the reprogramming plan that FNS be given first priority in enhancements, which means that FNS programs already stand to receive substantial additional funds over the course of the year.

- A survey of clients is not feasible – it would take many months, given the need for IRB approval. More timely information can be gleaned by asking providers.
- Both RWPA and the additional COVID-19 funds can be used for personal protective equipment and other supplies if the providers request it.
- As these are emergency funds, the dollars must go to existing RWPA contractors. Doing a solicitation would take too long. Contractors can team up with other providers (e.g., faith-based organizations), but the money still has to be routed through existing contracts.
- The COVID-19 crisis has made increased housing instability because repairs and remediation of unsafe conditions (e.g., mold) is currently not possible, making some units unsuitable for PLWH. Also, there has been an increase in domestic violence during quarantine.

Mr. Lesieur made a motion, which was seconded by Mr. Walker, to approve the COVID-19 emergency allocations as presented.

A summary of the ensuing discussion follows:

HRSA is giving EMAs 30 days from the notification of award (April 15) to develop an allocation plan. The Tri-County-based EFA provider has said that they are able expand operations, and if case managers are proactive with paperwork, the process should be relatively easy. Allocation of funds to specific programs will be data-driven, based on need. The BHIV Housing unit has already developed a plan.

A vote was taken by roll call and the motion was adopted 19Y-0N.

Dr. Zingman noted that medical providers are being required to change their telehealth from phone to video due to reimbursement rules. This may present a burden to providers and consumers who do not have appropriate technology to support video. *Mr. Harriman* replied that EFA funds can be used to support a phone plan for consumers. Also, HRSA has a program to supply phones to Medicaid-eligible clients.

Agenda Item #3: New Business

Mr. Klotz noted that the Committee will return to planning for the FY 2021 grant application at the May PSRA meeting, which like all May meetings, will be conducted by videoconference using the Cisco WebEx platform. The data that was requested at the March meeting for non-Medical Case Management will hopefully be available, and PSRA will also continue with review of the other service category fact sheets, starting with Mental Health and Harm Reduction.

There being no further business, the meeting was adjourned.