HIV Health & Human Services
PLANNING COUNCIL OF NEW YORK
A Mayoral Council established by the Ryan White C.A.R.E. Act of 1990

Meeting of the
**NEEDS ASSESSMENT COMMITTEE**
Carrie Davis and Daniel Castellanos, DrPH

June 16, 2016
LGBT Community Center
208 West 13th Street, Rm 101, New York, NY
9:30 am – 11:30 am

**Members Present**: Angela Aidala, PhD. Fay Barrett, Maria Caban, PhD, Amber Casey (alt. for Graham Harriman), Daniel Castellanos, DrPH (Co-Chair), Carrie Davis (Co-Chair), Sabina Hirshfield, PhD, Julie Lehane, PhD, Jan Carl Park, Glen Phillip, John Schoepp, Robert Steptoe (alt. for Rosemary Lopez), Marcy Thompson, Maiko Yomogida PhD)
**Members Absent**: Randall Bruce, Pedro Carneiro, Jeanine Costley, Timothy Frasca, Guillermo Garcia-Goldwyn, , Jennifer Irwin, Anne Lyster, Frank Machlica, Antonio Munoz, Mary Poupon
**NYC DOHMH Staff Present**: Nasra Aidarus, David Klotz, Kate Penrose, Darryl Wong
**WCDOH:** Julie Lehane
**Public Health Solutions Staff Present**: Derek Coursen
**Material Distributed**:

- June 16, 2016 Meeting Agenda
- Minutes from May 12, 2016 meeting
- *Demographic & Clinical Characteristics of 2015 Part A Clients in Non-EIS Programs by Country of Birth and Incarceration History*, HIV Care & Treatment Program, NYCDOHMH
- *CY 2015 Ryan White Part A Clients by Incarceration History and Country of Birth*, 2015, HIV Care & Treatment Program, NYCDOHMH,
- *Incarceration & Immigration Rates among CHAIN participants*, Yomogida & Aidala, CHAIN data, Columbia University Mailman School of Public Health, 2016
- *Hepatitis C Lifetime Prevalence and Treatment*, NYC & Tri-County, 2009-15, Messeri & Ball, CHAIN Briefing 2015-3, Columbia University Mailman School of Public Health, 2/24/2016
- *Housing Need and Housing Assistance in NYC & Tri-County Region*, Aidala, Yomogida & Kim, CHAIN Briefing 2016, Columbia University School of Public Health, 3/2016
- Community Briefing Recommendations, Needs Assessment Committee, NY HIV Planning Council, 6/16/2016;
- June 2016 Planning Council Calendar

**Welcome/Introductions/Moment of Silence/Review of the Meeting Packet/Review of the Minutes:** Co-Chairs *Carrie Davis* and *Dr. Daniel Castellanos* opened the meeting, after which attendees introduced themselves. A moment of silence was led by Glen Phillip in honor of the victims and survivors of the recent Orlando attacks. The meeting packet was reviewed by *Darryl Wong* and the minutes from May 12 were accepted as presented.

**Presentation & Discussion: Incarceration History & Country of Birth**

*Kate Penrose* from the NYCDOHMH Research & Evaluation Unit presented on client demographics and clinical characteristics of CY2015 Part A non-EIS clients with incarceration history and by country of birth from eSHARE data. Of the 15,555 clients enrolled in both NYC and Tri-County who had received at least one Part A service,

- Country of birth was complete for 99% of 2015 clients, with 69% of clients reporting US born,6% in a US territory (of whom 97% were born in Puerto Rico) and the remaining 24% from other countries (Dominican Republic, Mexico, Jamaica and Haiti were the most common countries reported.)
- Primary language was complete for 99% of 2015 Ryan White clients, with English (78%), Spanish (17%) and French/Haitian Creole/French Creole (2%) most often reported.
- The year of arrival in the US was missing for 55% of clients
- 75% of clients were born in the USA/US territories and 17.6% were born in the Caribbean, Central America and South America
- Ryan White clients born **outside** of the US/US territories are more likely than other Ryan White clients to be Hispanic or Asian, between 30 and 59 years old, stably housed, uninsured or insured through ADAP only, diagnosed in or after 2005, better off immunologically (with a CD4 count >350) and virally suppressed
- With respect to incarceration history (missing for 10% of 2015 clients), this was not a required variable for Riker's Island clients. It was noted that stigma may result in non-reporting or under-reporting
- 39% of clients used Ryan White services on Riker's Island or reported any incarceration history; of these 33% had used Ryan White services on Riker's or reported recent incarceration
- Current parole or probation status is missing for 19% of clients, with 1% of clients reporting being currently on parole or probation in 2015.

*Dr. Castellanos* reiterated the need to bring clients who can speak to the above characteristics and gathering research to further explore these and other issues in the next planning cycle.

**Needs Assessment Community Briefing Recommendations**

*Jan Park* reviewed the Committee process over the past several months of arriving at the formal recommendations to be presented and voted upon at this meeting. If approved, these recommendations will then be discussed at the Integration of Care Committee, where a service directive addressing the service model and components, client and agency eligibility will be developed. The service directive will then move to the Priority Setting/Resource Allocation (PSRA) Committee, which will arrive at the amount of funding needed to implement the directive. The full Planning Council will then vote upon the recommendation; if approved, the Grantee will be charged with implementing the recommendation(s).

***Recommendation # 1:***
***Establish a Local Pharmaceutical Assistance Program (LPAP) to expand access to Hepatitis C direct acting antiviral medications (DAAs) for Ryan White Part A eligible HIV/HCV co-infected clients***

*Jan Park* opened the discussion by noting that the NYS ADAP program does not provide DAA medications in its formulary and cited the following:

- *3.5 million Americans currently live with chronic HCV infection*
- *Between 2010 and 2013, 32,388 people were reported to be living with chronic hepatitis C in New York City*
- *As of Dec. 2014 there were approximately 11,049 HIV/HCV co-infected individuals living in NYC, of whom 3,977 were Ryan White Part A clients*
- *Less than five years ago, drug manufacturers flooded the market with new drugs that cure the hepatitis C virus*
- *As of December 2015, 33 state ADAPs included at least one HCV medication in their formularies, including 19 who have added at least one curative DAA treatment to their formularies. New York State ADAP does not provide HCV DAA treatment for co-infected PLWHA*
- *Although HCV is curable and preventable, the number of Americans dying as a result of HCV reached an all-time high in 2014*
- *The number of deaths in the U.S. due to HCV in 2014 was 19,659, a 78% increase from 2003*
- *Between 2000 and 2011, in New York City, 5,475 adults co-infected with HCV/HIV died*
- *Among 706 NYC CHAIN participants interviewed between November 2009 and December 2015, 38% (n=207) tested positive for HCV*
- *Among NYC CHAIN participants with lifetime HCV co-infection, 44% (n=119) have been treated for the infection since 2009.*
- *Among 366 Tri-County participants interviewed between Mar. 2010 and Dec. 2015, 32% (n=118) tested HCV positive*
- *Among co-infected Tri-County participants, 50% (n-59) have been treated for the infection since 2010*

*Jan Park* notified the Committee that the Planning Council has received a request for paper ballots when voting on these recommendations; consequently, voting will be conducted using secret ballots. Dr. Castellanos agreed that each recommendation should be voted upon sequentially and not as a slate. Comments from the ensuing discussion include:

- If this recommendation were to be adopted it would be implemented by FY18, at which point these medications may still not be available through ADAP
- The grantee does not view the creation of an LPAP as the solution to addressing the HCV epidemic; there is a lack of evidence that the barrier is paying for the medications, but rather in addressing the many barriers, which include HCV prevention, HCV testing including follow-up RNA testing, prior approval/authorization and medication access. It is the grantee's view that these barriers can be addressed by enhancing services within our existing programs without de-stabilizing our existing portfolio of services.

- ADAPs and LPAPs must offer universal access throughout the State and cannot be limited to solely the NY EMA

- What are NYCDOHMH plans to address these barriers? It would be useful to have a more comprehensive presentation addressing these issues in the fall.
- Regarding costs, discussions need not be limited to negotiating with one sole pharmaceutical company as there are other manufacturers offering treatment alternatives.
- Christine Rivera from the NYS ADAP program met with the PSRA Committee in May; her comments have been transcribed and are available for review
- It would be useful to look at the costs of implementing LPAPs in other jurisdictions
- Getting through the medication approval process, appealing denials and client navigation can be set up more quickly than establishing an LPAP
- Can the LPAP, once established, also include other medications?
- An LPAP is established through a formulary committee, through the grantee, which reviews cost benefit analyses and medication efficacy, among other factors, and is very resource intensive.

The recommendation was moved to a vote.

***ACTION:*** ***The vote, by paper ballot, was taken on Recommendation # 1. The recommendation was approved, with 8 approving and 4 dissenting.***

The approved recommendation will now move to the Integration of Care Committee for further discussion.

***Recommendation # 2:***
***Increase Funding for Short-Term Rental Assistance for Ryan White Part A eligible clients living in the Tri-County Region (Putnam, Rockland & Westchester Counties)***

*Jan Park* opened the discussion noting that PLWHAs in the Tri County region do not have access to HASA and cited the following:

- *When considering income to rent disparities, housing costs in the Tri-County Region are out of reach for the great majority of PLWHA in the CHAIN cohort*
- *Participants with housing needs in the Tri-County region are more likely to be doubled up or be street or shelter homeless than to be in temporary/transitional housing programs*
- *Among Tri-County CHAIN participants interviewed in 2008-2012 (n=1,000) 34% were in need of rental assistance and did not receive it*
- *In 2013 there were 4,182 PLWHA in the Tri-County region. Using this as a base, CHAIN researchers estimate the 965 PLWHA residing in the Tri-County region currently need rental assistance but are not receiving any.*
- *Receipt of housing assistance to secure and maintain stable and adequate housing improves retention in HIV care, adherent ART use, and health outcomes.*
- *In the Tri-County Region rates of viral suppression were 10% to 20% lower among PLWHA with housing needs compared to those with no need.*

Comments/Questions from the ensuing discussion include:

- Can short term rental assistance be extended (beyond 24 months), if the client is unable to locate housing?

- Since housing services exist in the Tri County region, it is not necessary to create a separate service directive for this recommendation; an increase in the NY EMA's Tri County allocation of 4.71% can be used to enhance funding for rental assistance
- For immediate enhancement, this recommendation can go directly to the Tri County Steering Committee for housing services to be enhanced.
- In the Tri County region, there are few shelters; fixed eligibility requirements for homelessness preclude many clients from accessing housing services and contribute to falling out of care
- It was recommended that the language of the original recommendation be changed to reflect the request of an increase in funding for rental assistance

The recommendation was moved to a vote:

***ACTION:*** ***The vote, by paper ballot, was taken on Recommendation # 2. The recommendation was approved unanimously.***

***Recommendation #3:***
***Amend RW Part A service directives to require that providers be trained in the impact of financial hardship, including unemployment and inadequate access to benefits, in order to link clients to financial counseling, peer certification and employment and educational services.***

Jan Park opened the discussion noting that many PLWHA who desire to return to work do not have access to consistent and accurate information regarding employment and impact on entitlements and benefits. Several questions were elicited:

- Can I return to work without losing my benefits (HASA, SSDI/SSI, Medicaid/Medicare)?
- Am I eligible for return-to-work programs for people with disabilities?
- Can I return to school without losing my benefits (HASA, SSDI/SSI, Medicaid/Medicare)?
- Are there no-cost, low-cost educational programs for people with disabilities that will not affect my benefits?

Comments/questions from the ensuing discussion include:

- Will there be an evaluation of this initiative?
- The Bureau's CDC Grant 1509 addresses socio-economic vulnerability as a service component of the award
- Peer certification should be added to the recommendation
- There are no peer certification programs in Brooklyn

The recommendation was moved to a vote:

**ACTION:** **The vote, by paper ballot, was taken on Recommendation # 3. The recommendation was approved unanimously.**

**Public Comment**:
The Manhattan HIV Care Network will be hosting a meeting with HASA and Social Security Administration on June 21.

**Adjournment**: There being no further business, the meeting was adjourned at 11:30AM.