



CONSUMERS COMMITTEE

Thursday, January 15, 2014, 1 – 3:30 PM
NYCDOHMH, 42-09 28th Street, Conf Rm 18-25
Long Island City, NY

Planning Council Members Present: David Martin (Co-Chair), Billy Fields (Co-Chair), Randall Bruce (Consumer-At-Large), Muying Hunt-Chena, Deborah Marcano, Saul Reyes

Planning Council Members Absent: Victor Alvarez (Tri-County), Lotus Blackman, Felicia Carroll Kareem Clemons, Rev. Keith Holder, Antonio Munoz, Pastor Jerome Payne, Tracy Neil

Appointed Community Members: Jose Colon-Berdecia, Ron Joyner, Glen Phillip

NYCDOHMH: Rafael Molina, Jan Carl Park, Darryl Wong

Guests: Tim Duffy (HRA)

MEETING MATERIALS DISTRIBUTED:

- Meeting Agenda/Planning Council Ground Rules of Respectful Engagement;
- November 13, 2013 Draft Meeting Minutes;
- Ryan White Part A Community Advisory Board Best Practices & Recommendations, Nov 2013;
- Consumer Committee November 2013 Meeting Evaluation;
- NYC Online Client Satisfaction Surveys, Nov 2013;
- 2013-14 HIV Planning Council Workplan & Timeline;
- What would be the key elements of a New York Plan to End AIDS, Oct 2013, Treatment Action Group;
- Filling the Gaps in the US HIV Treatment Cascade, Dec 2013, AmfAR & Treatment Action Group;
- The Impact of Employment of HIV Treatment Adherence; 2013, International Labour Organization;
- Communication to the AIDS Budget & Appropriations Coalition, FY 2014 Funding for Domestic HIV/AIDS Programs, Dec 2013;
- Domestic HIV/AIDS Funding Cuts Partially Restored, January 2014, The AIDS Institute;
- New York EMA 2012-15 Comprehensive Strategic Plan Annual Update & Highlights, NYCDOHMH;
- HIV Health & Human Services Planning Council of New York, December 2013, NYCDOHMH;
- Updates on Healthcare Policy, NYCDOHMH;
- HIV Surveillance Annual Report, 2012, NYCDOHMH;
- Consumer Committee January 2014 Meeting Evaluation Form;
- January & February 2014 Planning Council Meeting Calendar;
- 2013-14 Consumers Committee Contact Sheet;
- POZ Magazine, December 2013, January/February 2014.

WELCOME & INTRODUCTIONS:

Committee Co-Chair David Martin presided over the meeting that was called to order at 1PM. He announced that Gregory Cruz had resigned his position as Committee Co-Chair effective immediately. Governmental Co-Chair Jan Park announced the appointment of Billy Fields as the new Co-Chair. Darryl Wong, Planning Council Staff Liaison, led the group in a moment of silence in honor of former Committee member Linder Ford, who passed away in April 2013 from cancer; a moment of silence in commemoration of Dr. Martin Luther King was also held. Following the group review of the Rules of Respectful Engagement, Darryl Wong reviewed the meeting agenda and materials. It was noted that there were no prepared minutes from the December 2013 meeting as attendance was poor with only the Co-Chairs, one public member and the Planning Council Staff in attendance. Leadership utilized the time for the meeting to revise the presentation of CAB recommendations.

PUBLIC COMMENT:

There was no public comment.

FEEDBACK ON THE CAB BEST PRACTICES SURVEY RECOMMENDATIONS (as presented to the Executive Committee on December 12):

Darryl Wong outlined the plan for moving the recommendations derived from the CAB Best Practices Survey from the Committee through the Executive Committee & Planning Council, in order for Public Health Solutions, upon NYCDOHMH recommendation, to incorporate these guidelines and recommendations into their contractual negotiations. The Consumer Committee presented its recommendations to the December 12 Executive Committee, which was approved for review by the full Planning Council body at the January 23rd meeting. *[Note: The January 23 meeting was cancelled and the recommendations will be presented to the full body on February 27].* Feedback from the committee indicated that there was confusion in following the presentation due to the inclusion of the presentation notes, without the written narrative being furnished for listeners to follow. It was decided that the narrative would be included in the Powerpoint presentation, as this is what the Planning Council will be voting to accept as recommendations.

DEVELOPMENT OF THE 2013-14 COMMITTEE WORKPLAN:

- *CONSUMER SATISFACTION SURVEY: VERSION 2 (ELECTRONIC)*
The joint Supercommittee, consisting of three representatives from both the Needs Assessment and Consumers Committee, Research and Evaluation staff and Planning Council staff liaisons met on November 15 in order to integrate Consumers and Needs Assessment Committee members' comments on the written client survey into the electronic version of the survey. After a brief review of pilot findings and an overview of implementation in 2014, participants reviewed questions to be revised, to be eliminated and to be kept. The handout, *Ryan White Part A Client Satisfaction Survey: Super Committee Workgroup*, summarizes the key takeaway points and the implementation timeline from the discussion.
- *PRESENTATIONS & SKILLS- BUILDING TRAININGS*
Committee members were queried as to suggestions for presentations and capacity/skills-building trainings in the current planning cycle. The issue will be revisited at the next meeting in order to develop a comprehensive list of issues to be addressed.
- *NEW MEMBERSHIP OUTREACH/STATEMENT OF NEED RE: AT RISK POPULATIONS*
The need for diverse, underserved and difficult-to-reach populations was underscored at this and several past meetings. Members were asked to formulate a list of possible venues, agencies and networks from which women, youth and transgenders can be targeted for membership in the committee.
- *2013/14 COMMITTEE PARTICIPATION & MENTORSHIP*
Several Planning Council members and appointed Community members have not attended committee meetings since the beginning of this current cycle. The committee has been asked to reflect on how member attendance can be increased. One possibility is to develop mentor/mentee relationships, where a seasoned member pairs with a new(er) member in order to overcome the logistic and informational barriers that a member may face in committing themselves to regular attendance.

UPDATE ON PRIORITY SETTING/RESOURCE ALLOCATION FY 14 SPENDING SCENARIO:

- *AIDS DRUG ASSISTANCE PROGRAM (ADAP)*
In a conference call with ADAP Director Christine Rivera on January 13, it was affirmed that a \$2.76M reduction in the NY EMA's contribution will not adversely affect the ADAP programs and their clients. It is preferable, for planning purposes, to know at the beginning of the year what the Part A contribution will be, with no additional reductions in the course of the year. The State does not yet know what its Part B federal allocation will be yet, but they prefer to plan on a stable funding stream from Part A. The total uninsured care pools are funded at around \$380M (for medications, primary care and insurance continuation), serving about 26,000 clients. Ninety percent of that goes towards medications (and 80% of that portion for ARVs). With full implementation of the Affordable

Care Act, overall expenses are expected to remain stable or possibly decline slightly. A bigger concern is for FY 2015-16, when manufacturer rebates from makers of ARVs will be re-negotiated nationally. In the meanwhile, ADAP, as always, maximizes resources by enrolling clients in Medicaid and other forms of insurance as soon as possible and remains a gap-filling safety net. Ms. Rivera affirmed that ADAP can still accept reprogramming funds that come late in the fiscal year.

A motion was made, seconded and approved unanimously to implement in a reduction scenario a \$2,768,244 targeted reduction to ADAP with no promise to restore it in the course of the year, leaving an ADAP/ADAP+ allocation of \$15,584,781 for FY 2014, with no further proportionate reduction.

▪ **EARLY INTERVENTION SERVICES (EIS)**

In FY2013, grantees were required to submit a prior approval request to their HRSA Project Officers justifying the use of EIS program funds on HIV testing. While HRSA ultimately approved the New York EMA's request, they expressed concern that the EMA had overcommitted funds to HIV testing. Specifically, they stated that they believe the city may be oversaturated with testing programs considering the low-positivity rate in both targeted and routine testing programs. CDC officials shared similar perceptions during the Prevention site visit.

In addition to recommendations from our federal partners, the implementation of the Affordable Care Act should expand public access to HIV testing opportunities either through primary health care services via private insurance or Medicaid. With the reasonable assumption of a reduction in future awards and the payer of last resort requirement, the Grantee and Planning Council must take these additional resources into consideration.

To this end, grantee staff analyzed positivity rates and linkage to care rates for service contracts and compared them to national and local standards. A summary of the entire portfolio of Part A HIV Testing contracts shows a number of contracts that are consistently underperforming in terms of both confirmatory testing (e.g., 0.51% compared to the 1% performance expectations) and linkage to care rates. In some cases, there were programs that did not link anyone to care over the review period of nearly two years. A \$3 million dollar reduction would focus resources on agencies that have a proven track record of identifying new positives and linking them to medical care.

Some members expressed the opinion that the cuts to EIS need to be even greater than the proposed \$3M, given the large number of contracts, the large non-Part A resources for testing, the new state testing law and other factors. A valuable part of the EIS program, such as those doing outreach to homeless youth or providing linkage services to those who know their status but have fallen out of care, needs to be kept.

PLANNING COUNCIL/CONSUMER COMMITTEE UPDATES

The meeting evaluation from the January 2013 meeting indicated a general level of agreement (Mean = 4.1, Range 3.6 - 4.6) with the statements in the evaluation instrument, with the exception of the agenda structure (3.6), the level to which information or content was understood and useful (3.6), meeting management (3.8), and thoughtful and constructive decision-making, including consumer input (3.9). David Martin reiterated the need for a prompt start time in order to avoid revisiting already addressed agenda items.

HRSA has notified the NY EMA that due to the end of the Hold Harmless (HH) provision in the current HATEM Act, funding is expected to be somewhat ameliorated because all hold harmless funding nationally will go into the pool of Part A supplemental funding. Also, the recent Congressional budget agreement will mean smaller sequestration effects. Thus, an 8% reduction scenario is prudent planning.

BOROUGH UPDATES/NEW BUSINESS

There were no new borough updates.

ADJOURNMENT

There being no further business, the meeting was adjourned a 3:30PM

