



CONSUMERS' COMMITTEE

Tuesday, November 15, 2016, 1:00 – 3:00 PM
FACES, 121 West 115th Street, Community Room, New York, NY

Planning Council Members Present: Katrina Balovlenkov (Co-Chair), Billy Fields (Co-Chair), Randall Bruce (Consumer At Large), Lisa Best, Maria Diaz, Saul Reyes, John Schoepp

Planning Council Members Absent: Altirik Harper, Harry Jackson, Jesus Maldonado, Antonio Munoz, Carlos Rosario, Kim Watson

Appointed Community Members: Yves Gebhardt, Ron Joyner, Mark Brown

Guests: William Bazemore, Paul Carr, Lawrence Francis, Brittany Moseley

NYCDOHMH: Jose Colon-Berdecia, Jennifer Carmona, Graham Harriman, Jan Carl Park, Darryl Wong

MEETING MATERIALS DISTRIBUTED:

- Meeting Agenda & Rules for Respectful Engagement;
- October 18, 2016 Meeting Minutes;
- Consumers' Committee Outreach Brochure (original);
- Consumers' Committee Brochure Narrative (2nd revision);
- 2016 DOHMH Health Alert: Potential Breakthrough Infection in Patient on PrEP, 10/27/16;
- Engaging Ryan White Consumers in Planning and Needs Assessment (Presentation), Berl, McKay, Vincent & Vargas, Ryan White 2016 Conference on HIV Care & Treatment;
- NYCDOHMH HIV/AIDS Bi-Weekly Update, 10/26/16;
- In a Trump Presidency, Portents of Stigma & Sickness for People Living with HIV, 11/11/16, The Body;
- President-elect Trump: Turnaround Time, Health Research Institute, Spotlight, November 2016, Price Waterhouse Coopers;
- NY HIV Planning Council November & December 2016 calendar;
- Consumers' Committee October 2016 Meeting Evaluation Results; and
- Consumers' Committee November 2016 Meeting Evaluation.

WELCOME/INTRODUCTIONS/REVIEW OF MINUTES

Katrina Balovlenkov and Billy Fields, Committee Co-Chairs, opened the meeting with Ms. Balovlenkov leading the group in a moment of silence, urging resolve and unity as we transition into a new political environment. Violet Tabor, Executive Director of FACES, welcomed the Committee to FACES and invited the Committee to avail itself of the Community Room as a meeting venue in the future. As the minutes from the October meeting were not distributed in advance, they were reviewed and accepted as presented. Meeting materials were reviewed.

PUBLIC COMMENTS

There was no public comment.

PRESENTATION & Q/A: RYAN WHITE PART A SYSTEM OF CARE

Graham Harriman, Director of the Care & Treatment Program in the Bureau of HIV/AIDS Prevention & Care noted that he has been a consumer of HIV/AIDS Services for nearly three decades.

The Ryan White Portfolio consists of 170 contracts, serving 44,507 clients across the NY Eligible Metropolitan Area (EMA), of which 16,349 are active clients living with HIV/AIDS. With a total grant award of \$100,650,936, ten (10) percent of the award is allocated to administration, whose principal responsibilities include procurement, monitoring, evaluation and reporting. This Administration portion of the portfolio also provides funding for CHAIN and the Office of the Planning Council, which supports and oversees the community planning process.

CLINICAL QUALITY MANAGEMENT

In addition, 5% or \$3 million, whichever is less, supports Clinical Quality Management initiatives. All Ryan White HIV/AIDS Program recipients are required to establish clinical quality management programs including infrastructure, performance measurement, and quality improvement. A large body of evidence has emerged suggesting that a robust and effective clinical quality management (CQM) program contributes to overall improvements in healthcare quality delivery. CQM is a major component in the National HIV/AIDS Strategy (NHAS), for both optimizing health outcomes and ultimately reducing HIV incidence. Importantly, all Ryan White HIV/AIDS Program recipients are required to establish CQM programs to assess the extent to which HIV health services are consistent with the most recent Public Health Service guidelines for the treatment of HIV disease and related opportunistic infections and to develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services. The research, activities, outcomes and impact components of the QM program were described, noting that QM planning and implementation activities now include the active participation of the Consumer Co-Chairs.

CLIENT DEMOGRAPHICS

The demographics of Ryan White Part A clients were described, noting that 57% of clients are: between 45 – 64 years old, Black (54%) and Hispanic (34%), 64% Male, 34% Female and 2% Transgender, with 46% reporting heterosexual transmission risk, 31% MSM and 10% IDU. Medicaid is the primary insurer for 65% of clients and 30% of clients reside in the Bronx, 25% in Brooklyn, 20% in Manhattan, 10% in Queens, 4% in Staten Island and 7% in the Tri-County Region.

CONTINUUM OF SERVICES

ADAP, the highest ranked priority with a \$15.1 million allocation, provides free medications for the treatment of HIV/AIDS and opportunistic infections. ADAP can help people with partial insurance and those who have a Medicaid spend down requirement.

Housing, which is the third highest priority, is funded at \$10.7 million with 16 contracts and comprises a comprehensive portfolio of housing services, coordinated to avoid duplication with HOPWA and HASA. Services include *Short-Term Rental Assistance*, providing rental subsidies designed to help persons establish and/or maintain permanent, stable housing, *Short-Term Housing Services* which offer low threshold, safe and appropriate short term, including emergency and transitional housing services. Housing Placement Assistance offers information and referral services to assist persons to locate, acquire, finance, and maintain permanent housing.

Non-Medical Case Management, priority #4/7, receives an allocation of \$5.7 million with 6 contracts. There are two models for delivery of n-MCM services: *Transitional case management* services for PLWH about to be released and recently released from NYC Corrections and programs for individuals who reside in areas of *high prevalence for HIV and in need of case management services*. Services offered include linkages to community-based organizations for ongoing case management and assistance to clients in transitioning to community-living.

Medical Case Management, priority #5, receives an allocation of \$24.4 million with 42 contracts. *Transitional Care Coordination* provides stabilizing case management for homeless and unstably housed individuals. The *Care Coordination Program (CCP)* provides Medical Case Management services, which is a comprehensive program that includes treatment adherence, health promotion, patient navigation, accompaniment, modified Directly Observed Therapy (m-DOT), and assistance with entitlement and benefits.

Food & Nutrition Services, priority # 6, receives an allocation of \$6.4 million with 13 contracts. Services provided in this category include *Food Services* such as: home-delivered meals, congregate meals, pantry bag services, and food vouchers and *Nutritional Services* such as individual and group nutritional counseling and provision of nutritional supplements.

Harm Reduction Services, priority # 8, receives an allocation of \$7.7 million with 17 contracts. Service elements include *individual or group harm reduction counseling*; training and provision for overdose prevention with Narcan; and *peer navigation services*. A number of providers have also implemented evidence-based interventions that have demonstrated significant decreases in self-reported risk behaviors, including *Healthy Living Program, Seeking Safety, Therapeutic Education System, and Motivational Interviewing*. The focus of the program is on current, active users.

Mental Health Services, priority #9, receives an allocation of \$4.3 million with 12 contracts. This service category provides comprehensive mental health programs in health centers and community-based organizations that are co-located with HIV primary care services or have established linkages with HIV primary care providers. Services may also be provided in the home, as necessary, to meet a client's needs. The focus of the program is on engagement in care for mental health needs.

Supportive Counseling & Family Stabilization, priority #10, receives an allocation of \$2.8 million with 16 contracts. These services provide supportive counseling specifically targeted to those individuals whose need for mental health services does not result in a DSM-V diagnosis and thus would not be eligible for licensed mental health services that are reimbursable by Medicaid. Half of the awarded contracts in this category focus on clients of syringe exchange programs and their family

Legal Services, priority #12, receives an allocation of \$3.8 million with 13 contracts. These services provide culturally and linguistically appropriate comprehensive civil legal and health-related advocacy services that assist clients in removing barriers and gaining access to primary care.

Health Education & Risk Reduction, priority # 13, receives an allocation of \$0.98 million with 3 contracts. Services include a peer-delivered, evidence-based self-management health education curriculum seeking to increase knowledge about HIV care, health topics important to people living with HIV, and medical and psycho-social support services to support and empower people living with HIV to improve their physical and mental health status.

Early Intervention Services, priority # 14, receives an allocation of \$4.4 million with 22 contracts. These services includes several HIV testing strategies to reach at-risk HIV negative individuals, as well as services to re-engage out of care individuals, such as Social Networking Strategy in Non-Clinical Settings, Priority Population Testing in Non-Clinical Settings (incl. Outreach and HIV Testing to Homeless and/or Street Youth), HIV Testing in Routine Clinical Settings, Rapid HIV testing in Harm Reduction programs and targeted re-engagement using surveillance field services data and staff to locate out of care individuals.

Oral Health Care, priority # 15, receives an allocation of \$0.18 million with 1 contract. This program offers comprehensive and emergency dental treatment to adult, adolescent and pediatric HIV infected individuals, in Rockland, Putnam and Westchester counties for HIV+ persons in need of oral health care.

Medical Transportation, priority #16, receives an allocation of \$0.34 million with 1 contracts. Hudson Valley Community Services (HVCS) subcontracts for transportation services with vendors in Westchester, Rockland, and Putnam Counties through the use of taxis, vans, buses, and ambulettes. The program also provides access to public transportation in Westchester and Rockland Counties (through the issuance of bus tokens/tickets), and in all three counties to Metro-North trains via a voucher system. The chosen means of transportation reflects a combination of clients' health needs (e.g. ambulette), availability of vendors and/or public transportation, and cost-effectiveness.

Other initiatives include working with Peers, including Aligning Patient Navigator training requirements with NYS Peer Certification Program (ex. new RWPA Harm Reduction and Mental Health programs), Patient Navigators, including peers, seek to enhance patient-centered care with evidence for return on investment showing that peer support can improve health outcomes along the HIV Care Continuum. Peers can also fill in gaps related to outreach, linkage to and retention in care, re-engagement in care and navigation and self management.

HIV/Hepatitis C Co-Infection

The program has received a 3 year special projects grant from HRSA's HIV/AIDS Bureau to establish Project SUCCEED (Project Scaling-Up Co-infection Care to End Ethnic Disparities), which supports activities to help HIV/HCV co-infected people of color engage in care and access new HCV medications. This program is co-managed between the DOHMH HIV Care & Treatment Program and the Viral Hepatitis Program and works with National Evaluation and Technical Assistance Center to evaluate and disseminate best practices relating to HIV/Hep C co-infection. Elements of Project SUCCEED include provider education, practice transformation, access to HCV care and treatment and patient outreach and education.

CHAIN, the Community Health Advisory & Information Network is an ongoing prospective study of representative samples of persons living with HIV/AIDS in NYC and the Tri-County region. The CHAIN study is conducted by researchers from Mailman School of Public Health at Columbia University in collaboration with the NYC Department of Health and Mental Hygiene, Public Health Solutions, and the Westchester County Department of Health as part of evaluation activities of the New York Planning Council. Its mission is to supply systematic data from the perspective of persons living with HIV about their needs for health and human services, their encounters with the full continuum of HIV services, and their physical, mental and social wellbeing. CHAIN reports may be found at http://www.nyhiv.com/data_chain.html.

Site Locator: The services locator is an interactive map allowing the search for sites by service category, borough (or both). Public Health Solutions' HIV Care Services program partners with NYC DOHMH to administer HIV/AIDS care, treatment and prevention funding. Ryan White and Prevention funded programs are included. For more information, please visit www.healthsolutions.org/hivcare/?event=page.locations.

Questions posed by committee members addressed Ryan White legislation activities, CHAIN study recruitment methodologies including transgender recruitment and the ongoing need for a vocal consumer voice.

PLANNING COUNCIL CONSUMERS COMMITTEE BROCHURE RE-DESIGN

Jose Colon-Berdecia, Planning Council Community Outreach Coordinator, began the discussion by presenting the key points from the Outreach Brochure Ad Hoc Workgroup which met on November 2, with 9 community members and DOHMH staff participating. *Katrina* presented her draft revisions based on the discussion, noting that more action words were used and that the term PLWHAs was replaced with consumers. *Saul Reyes*, who developed a mock-up brochure, adding additional revisions. *Lisa Best* suggested that the over-arching concepts of empowerment and advocacy be stressed under Roles and Responsibilities. The suggestion was made that three (3) templates be developed for comparison and review by consumers. It was suggested by Mr. Wong that the

Consumer Committee develop its vision of the brochure, including the revised narrative, which will then be submitted to the Communications Division of NYCDOHMH for design and development input. The guidelines for internal (NYCDOHMH) development will be explored, with the caveat that it is a long process. The group was commended on its adherence to a very tight timeline for this project

PLANNING COUNCIL UPDATES:

- The NY EMA's project officer participated in November's Executive Committee meeting during her site visit to our region.
- We are still waiting for official notification from the Mayor's Office on Appointments on the Planning Council new member appointments. An orientation will be scheduled as soon as that information is received.
- The Rules and Membership Committee is seeking additional applications from PLWHAs of color.
- An internal workgroup, consisting of Planning Council members and NYCDOHMH staff has begun meeting to explore the feasibility of combining/integrating the HIV Prevention Group (HPG) and the Planning Council (PC). Community members will be brought in to join the process in the future.
- The Power of Quality Improvement Conference was conducted on November 9. It was expressed that there be more presentations in the future developed from the perspective of consumers as well as service providers. Mr. Harriman expressed enthusiasm in working with consumers to address these missing elements for next year's conference.

PUBLIC COMMENT/NEW BUSINESS/BOROUGH UPDATES

With advance notice, the Consumers Committee is invited to meet at FACES.

ADJOURNMENT

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