



## **CONSUMERS COMMITTEE**

Thursday, March 19, 2014, 2:30 – 4:30 PM  
NYCDOHMH, 42-09 28<sup>th</sup> Street, Room 14-44, Long Island City, NY

**Planning Council Members Present:** David Martin (Co-Chair), Billy Fields (Co-Chair), Randall Bruce (Consumer-At-Large), Felicia Carroll, Saul Reyes

**Planning Council Members Absent:** Victor Alvarez (Tri-County), Lotus Blackman, Kareem Clemons, Rev. Keith Holder, Deborah Marcano, 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

### **MEETING MATERIALS DISTRIBUTED:**

- Meeting Agenda/Planning Council Ground Rules of Respectful Engagement;
- Needs Assessment Powerpoint Presentation, Needs Assessment Committee, 3/20/14;
- Summary Needs Assessment for HIV Services NY EMA Part A, HIV Health & Human Services Planning Council, 2014;
- Minority AIDS Initiative (MAI) Report Narrative, FY 2012, HIV Care & Treatment Program, NYCDOHMH;
- NYSDOH Consumer Survey on Prescription Medications, February 2014;
- Highlights from Conference on Retroviruses & Opportunistic Infections (CROI) 2014;
- NYCDOHMH HIV/AIDS Weekly Updates, 2/28/14;
- NYCDOHMH, Updates on Healthcare Policy, 3/14/14;
- Man with HIV wrongly fired from Manhattan hotel job awarded more than \$500G, Daily News, 3/19/14;
- Long-Awaited 30% Rent Cap in NYC to Become a Reality, AIDS Issues Update, 2/13/14; Housing Works;
- NYCDOHMH, Grantee Report, March 20, 2014;
- February & March 2014 Consumer Committee Meeting Evaluations;
- Updated Organizational Chart of Division of Disease Control, NYCDOHMH;
- POZ Magazine, March 2012; and
- March 2014 HIV Planning Council Meeting Calendar.

### **WELCOME & INTRODUCTIONS:**

David Martin, Co-Chair, opened the meeting, followed by member introductions. Darryl Wong and Glenn Philip led a moment of silence noting the health struggles of Oliver Martin and XXX, two active members in the HIV community. Antonio Munoz' legal victory against a former employer was acknowledged. The group reviewed the Rules of Respectful Engagement, the meeting agenda and the meeting materials. The minutes from the February meeting were not available for review and will be included with the March minutes at the April 2014 meeting.

### **PUBLIC COMMENT:**

Marcie Chase commented on the invisibility of the transgender community and called for greater inclusion of this population in planning for programs, service delivery and input and feedback.

## **RANKING OF CONSUMER SUGGESTIONS:**

After the group review and extensive discussion of responses received from the February 2014 meeting, at which participants were asked to identify areas of interest for presentations, capacity/skills-building trainings and membership outreach, the top suggestions in each category were identified:

### ***PRESENTATIONS:***

- (1) Shifts in Federal appropriations and how it effects consumers of HIV/AIDS services; the Affordable CARE Act and the effect on PLWHAs in the NY EMA;
- (2) Co-morbidity disorders, including Hepatitis C, new treatment options and accompanying mental health issues; and
- (3) Approaches to primary care for transgender and immigrant populations

### ***CAPACITY/SKILLS-BUILDING TRAININGS:***

- (1) Comprehensive review of Ryan White, including training on how to interpret data, graphs and spreadsheets, especially as it pertains to the Priority Setting/Resource Allocation process; and
- (2) Increasing the breadth, scope and competency of Planning Council/Consumer Committee outreach to hard-to-reach populations, including youth and transgender-serving organizations.

### ***COMMITTEE PARTICIPATION:***

Members discussed the challenges to consistent committee participation, noting that several appointed Planning Council/Consumer Committee members rarely attend meetings. Ms. Carroll, as Chair of the Rules & Membership Committee (RMC), suggested that during candidate interviews specific questions regarding time commitment, job conflicts and other factors that might impact attendance be addressed. Mr. Wong reminded the group that the RMC reviews Planning Council and Committee attendance and that those members whose attendance has been inconsistent will be notified by letter.

In addition, there are several consumers who terms are coming to an end, necessitating a more robust outreach approach in order to re-populate both the Planning Council, as well as the Consumers Committee. Mr. Martin noted that there are several avenues to become involved with the Planning Council – starting at the Committee level and then applying to become an appointed member, or applying to become an appointed Planning Council member and then participating in the Consumers Committee.

### ***PLANNING COUNCIL UPDATES:***

Ms. Duke, Chair of the Priority Setting/Resource Allocation Committee provided a summary table of the data presented the previous meeting, showing that \$4,689,755 of the \$7.394M of the EIS allocation for testing was spent on under-performing contracts. After much discussion, Mr. Cordero moved that PSRA cut \$4,689,755 (under any funding scenario) from the EIS allocation that now pays for under-performing testing contracts, annualized going forward and pro-rated for this year (FY 2014), given the need to do contract close-outs and pay for services already provided since the beginning of the fiscal year. The grantee should also provide additional analysis to get more data on the category to determine if it is doing what is intended, including case finding and re/engagement. The motion was seconded.

The following is a summary of the ensuing discussion:

EIS data is the best we have in the portfolio (along with MCM), and thus gives a skewed view. Once funds are taken away from the category, it is gone for good. There are already discussions about refocusing EIS only on the linkage piece of the treatment cascade, and funds are needed for those activities. If the whole category is gutted the EMA will lose the capacity to do these activities. Output for those getting reimbursed for those activities is already fairly small. PSRA should consider the effect

The HRSA project officer indicated in a call with the Executive Committee that cutting EIS will not hurt the EMA's application score. If the cut to the award is lower than expected or if there is flat funding, PSRA can decide to park the funds in ADAP while deciding how to reallocate it after a final award is known. A friendly amendment was offered to reduce the cut to \$4M to allow for more flexibility. The friendly amendment was rejected. A provider who stands to gain financially from a decision must recuse themselves from a vote, but it is unclear if a provider must recuse themselves from a decision that negatively affects their agency. There was a consensus to allow the vote with all participating, and to clarify the guidelines with the parliamentarian at the EC meeting. A vote was taken and the motion carried 8Y, 5N.

With respect to Home & Community-Based Services, there was a consensus to keep the current allocation amount (subject to any proportionate reduction) in order to allow IOC to revise the service category guidance to reduce redundancy in the service model.

***30% RENT CAP:***

After many years of lobbying to win the rent cap for all HASA clients, Governor Cuomo proposed a \$9 million budget amendment to cover New York State's share of implementing the 30% rent cap for HASA clients receiving rental assistance, which is estimated at \$20 million annually. NYC will pay 71% of the cost and the State will cover the remaining 29%. Noting that those who reside in Section 8 housing or receive federal housing subsidies have received the 30% rent cap for many years, this new protection will benefit over 10,000 low income New Yorkers who are permanently disabled by HIV/AIDS, as well as enable PLWHAs to move out of the emergency housing system into more stable housing arrangements. After the City Council votes on the preliminary budget, the 30 % cap is expected to begin implementation at the end of June 2014.

***MEETING EVALUATION/ DEVELOPMENT OF APRIL 2014 AGENDA:***

Lacking time, there was no discussion of the meeting agenda for the next month.

There being no further business, the meeting was adjourned at 4:15PM.