



Tuesday, March 22, 2016, 1:00 – 3:30 PM
LGBT Community Center, 208 West 13th Street, Rm 101, New York, NY

Planning Council Members Present: Billy Fields (Co-Chair), Katrina Balovlenkov (Co-Chair), Randall Bruce (Consumer At Large), Michelle Bacon, Maria Diaz, Matthew Lesieur (Community Co-Chair), Antonio Munoz, Saul Reyes, John Schoepp

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

Appointed Community Members: Yves Gebhardt, Ron Joyner, David Martin, Glen Phillip

Guests: Mark Browne, Lawrence Francis, Sandra Houston, Peter Laquer

NYCDOHMH: Jan Carl Park, Darryl Wong

NYSDOH: Debbie Quinones, Karen Hagos (by phone), Deborah Dewey (by phone)

MEETING MATERIALS DISTRIBUTED:

- Meeting Agenda & Rules for Respectful Engagement;
- February 16, 2016 Meeting Minutes;
- Brooklyn ETE PC Consumer Committee Review;
- Brooklyn ETE Regional Discussion, 9/15, NYSDOH;
- Brooklyn ETE Action Plan;
- Bronx ETE PC Consumer Committee Review;
- Bronx ETE Regional Discussion, 8/15, NYSDOH;
- Bronx ETE Action Plan;
- Hudson Valley ETE PC Consumer Committee Review;
- Hudson Valley ETE Regional Discussion, 8/15, NYSDOH;
- Hudson Valley ETE Action Plan;
- Upper & Lower Manhattan ETE PC Consumer Committee Review;
- Upper & Lower Manhattan ETE Regional Discussion, 9/15, NYSDOH;
- Upper & Lower Manhattan ETE Action Plan;
- Queens ETE PC Consumer Committee Review;
- Queens ETE Regional Discussion, 10/15;
- Queens ETE Action Plan;
- 2015 Ending the Epidemic Blueprint Recommendations, NYSDOH;
- End the Epidemic, Overview of Initiatives, 3/16, NYCDOHMH
- Matrix of Borough/Regional recommendations by ETE component;
- NYDOHMH HIV/AIDS Bi-Weekly Update, 3/22/16; and
- Consumer Committee February 2016 & March 2016 Meeting Evaluations.

WELCOME/INTRODUCTIONS/REVIEW OF MINUTES

Darryl Wong, Planning Council Staff Liaison to the Consumers Committee, opened the meeting in the absence of the committee Co-Chairs, who, being delayed due to transportation difficulties, arrived during the group's introduction. *Lawrence Francis* led the group in a moment of silence in honor of those struggling and those who have passed and Mr. Wong asked that a moment be taken to reflect on not just our war against HIV/AIDS, but also on the global fight against terrorism. The meeting agenda, meeting packet and Rules of Respectful Engagement were reviewed and the February 2016 meeting minutes were accepted as presented. *Sandra Houston*, the consultant retained by the NYSDOH to develop the integrated plan introduced herself and *Karen Hagos and Deborah Dewey* from the Office of Planning & Community Affairs of the NYS Department of Health joined the meeting via conference call.

PUBLIC COMMENT:

There was no public comment.

HRSA/CDC INTEGRATED PREVENTION & CARE PLAN DISCUSSION

Mr. Wong prefaced the discussion by reviewing several ETE documents, including the compendium of Blueprint recommendations, the matrix of borough or regional recommendations organized by component (developed by three Committee members) and the NYSDOH/ETE series of regional discussions, action plan frameworks and Consumer Committee feedback/additional recommendations for Queens, Brooklyn, the Bronx, Upper and Lower Manhattan and the Hudson Valley region. Regretfully, it was noted that there are no Planning Council members or consumers from Staten Island and thus no small group review by Staten Island-based consumers was conducted.

The Statewide process of the development of the Blueprint recommendations was briefly reviewed, noting that over 130 recommendations were received at the beginning of the process, culminating in 30 agreed upon recommendations appearing in the Blueprint. The series of five borough/regional based small group discussions took place over a period of 3 days, with 17 Planning Council members/consumers/ ETE Borough coordinators participating in sessions. All comments appearing in the best practices, needs and gaps summary were re-organized into major areas of interest, which included education, outreach, engagement, prevention, identification, linkage/retention and resources.

The following are highlights of the small group discussions, by borough or region. More specific recommendations, relating to regional discussion input, may be found in the individual documents cited under Meeting Materials and at the www.nyshealth/ete.gov.

QUEENS:

- No recommendations to address the PLWHA population over 50yrs of age. Their needs are partially addressed by BP 18, 19, BP 23. Youth, transgenders and LGBT are represented. Nearly 51% of PLWHA in NYC (2014) are 50 yrs and older;
- Given the multi-ethnic/multi-racial demographics of Queens, an Epi Info Sheet for Queens, detailing HIV/AIDS by % cases, neighborhood/zip code, gender, reported risk, age and the HIV Care Continuum;
- Regarding PrEP (BP 11), which additional languages will be used for promotional literature and social media campaigns?
- There is a need for more graphic presence at hospitals and health care facilities (waiting areas);
- Acknowledge need for localized resource directory, but must be electronic to keep current;
- There are numerous references to collaboration/coordination with an assumption that collaboration is embedded into an agency's mission. However, there are no formal networks for information sharing,

BROOKLYN:

- Timely implementation is important
- The cultural dynamics of Brooklyn makes provision of service difficult. Need new stigma reducing approaches to engage HIV- negative high risk populations and HIV positive into care (awareness generates conversation which in turn helps reduce stigmatization)
- Regarding PrEP, consider using client testimonials for disseminated education campaign
- NYC's care system is not expansive enough to address needs of sex workers, active drug users and others at high risk
- Urgent Care facilities are not equipped to provide PEP/PREP over the weekend. Staffing/funding issue?
- Need more infectious disease specialists and funding to support them.
- Issue of collaboration/coordination with "networks" – some are more successful than others; formal networks no longer exist
- HIV testing "persons of color" is stigmatizing
- Medical/Health provider education around PrEP is needed; lack of knowledge in h.c. community
- Re: treatment adherence, the role of pharmacies in medical counseling & treatment should be enhanced
- Do not localize peers to just communities/populations at highest risk: we must be vigilant for all communities and cognizant of sexual fluidity

UPPER & LOWER MANHATTAN

- Education & Information : Expand and/or Better Utilize Points of Contact/Rethink how to better utilize relationships and places or engagement;
- Housing: Elevating the Standard of Affordable Housing/Providing quality housing involves more than just providing a place to stay;
- Online & Social Media/Means to target demographic of at-risk and underserved populations showing higher HIV prevalence;
- Faith-based Community Engagement/Increase and/or create stakeholder partnerships with reach to critical target audiences and families;
- Stakeholders engaged in health care/Seemingly missed opportunities to involve those who have endured and overcome challenges with personal health and the changes in healthcare:
- Employment/Promote financial stability and accurate information about inclusion of employment:
- Delivery of accurate information regarding risk and benefits of employment from designated specialists;
- Branding: Work toward better understanding and relationship with community;

BRONX:

- There are no recommendations regarding Prevention with Positives (PWP), migrant communities and undocumented individuals;
- Where are the networks? NY Knows? Other networks?
- PrEP only accessible at Montefiore and Institute for Family Health during weekends
- The 4th generation HIV test may be too logistically difficult/cumbersome to perform in the field
- Concern that there were not enough PLWHA involved in the development of the Blueprint

HUDSON VALLEY:

- The Hudson Valley Regional Discussion, held in Newburgh, covered a wide geographic area and included four (4) counties, Orange, Dutchess, Ulster and Sullivan, that are not part of the Tri County (Westchester, Rockland and Putnam Counties) region of the NY EMA.
- Little (service provider & consumer) representation from Lower Hudson Valley
- Blueprint Recommendation (BP 22) – while this recommendation addresses suburban and rural settings, for the Tri County Region BP, it is even more applicable to the Upper Hudson Valley Region.
- References to collaboration, coordination and networks. Which networks? Although it may be a process measure, it is an unfunded mandate if there are no longer any formal networks. Providers may be reluctant to share resources, resulting in competition and/or poaching for clients
- Tri County has sufficient transportation services, but in current service directive there is no provision for transportation services to include prescription pick up under that service category. However, the recently approved service directive for Medical Transportation (approved 1/16) will allow prescription pickup.

It was announced that there will be a Statewide AIDS Advisory Call with the ETE Subcommittee on May 23 and July 22. A Statewide Community Call in has been scheduled for April 8, 2016 from 12:30 - 2PM; this will provide an additional opportunity for stakeholders to provide input on identified service gaps.

PLANNING COUNCIL UPDATE

- The Planning Council Executive Committee will be reviewing Tri County service directives in Mental Health Services, Early Intervention Services, Oral Health Services, Food Bank/Home Delivered Meals and Housing Services at the March 24 meeting. These directives have already been approved by the Integration of Care Committee and the Tri County Steering Committee; after approval by the Executive Committee, the full Planning Council will review these directives at the meeting on March 31.
- The transcripts of the Needs Assessment Community Briefing held on February 23 have been distributed to NA members for further analysis.
- The PSRA Committee met recently, reviewing the Home & Community Based Services and Mental Health Services directive, as well as re-affirming the 5% spending cut scenario methodology. The remaining 20% of our award will be announced at the end of the month.
- The Integration of Care Committee will be meeting to discuss the master service directive language.

PUBLIC COMMENT/NEW BUSINESS/BOROUGH UPDATES:

Yves Gebhardt suggested that consumers gather to reflect on their personal responsibilities. In reference to the Global Fight Against AIDS, 90/90/90, it was suggested that developed countries can learn lessons and best practices from lesser developed countries.

Maria Diaz, of VOCAL, announced that petitions are being circulated to keep the Governor to his word to fund the \$70 million promised as part of the ETE Blueprint implementation.

ADJOURNMENT

There being no further business, the meeting was adjourned at 3:15PM.