



Tuesday, May 24, 2016, 1:00 – 3:00 PM
AIDS Center of Queens County, 161-21 Jamaica Avenue, Jamaica, NY

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

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

Appointed Community Members: Ron Joyner, Glen Phillip

Guests: Spencer Casseus, David Matthews, Kenneth “Prometheus” Williams

NYCDOHMH: Darryl Wong

MEETING MATERIALS DISTRIBUTED:

- Meeting Agenda & Rules for Respectful Engagement;
- March 22, 2016 Meeting Minutes;
- Draft Input on CDC/HRSA Integrated HIV Prevention & Care Plan Goals & Objectives;
- Input on Draft Integrated Plan Goals, HIV Planning Bodies Workgroup;
- New York Integrated HIV Prevention & Care Plan Grid, 2017 – 2021;
- HIV Planning Bodies Workgroup, Local Data Sources & Priorities Input, 5/16;
- NYS AI HIV Planning Bodies Workgroup Draft Title & Data Source Listing;
- HRSA/HAB Ryan White HIV Part A HIV/AIDS Program Part A Emergency Relief Grant, Objective Review Committee Final Summary Statement & HRSA Notice of Award, 5/16;
- “Health Insurance Coverage for People with HIV Under the Affordable Care Act: Experiences in Five States”, Kaiser Family Foundation, 12/14;
- “Hepatitis C Kills More Americans than Any Other Infectious Disease”, Press Release, CDC, 5/4/16;
- “Report on the State of Hepatitis C Care National Survey”, Health HCV/Health HIV, 5/16;
- “Hepatitis C Lifetime Prevalence and Treatment, NYC & Tri County, 2009-2015”, CHAIN Briefing 2015-3, Messeri & Ball, Columbia University Mailman School of Public Health;
- Review of Homeless Service Agencies and Programs, 4/16;
- NY HIV Planning Council June 2016 calendar; and
- Consumer Committee April 2016 & May 2016 Meeting Evaluations.

WELCOME/INTRODUCTIONS/REVIEW OF MINUTES

Billy Fields, Co-Chair, opened the meeting with Co-Chair *Katrina Balovlenkov* participating by conference call. After participant introductions, *Ron Joyner* led the group in a moment of silence in honor of those who are struggling. The meeting agenda and meeting packet were reviewed and the April 2016 meeting minutes were accepted, with one correction. The Committee thanked *Randall Bruce*, CAB Chair and *Rosemary Lopez*, Dep Executive Director of AIDS Center of Queens County (ACQC) for hosting our May meeting.

PUBLIC COMMENT:

There was no public comment.

PLANNING COUNCIL UPDATES

- *Mr. Wong* reported to the Committee that the NY EMA's HRSA application for Ryan White Part A funding received a 99%/100%, noting that there were no weaknesses cited in the application. In the PSRA section, *Strength of the Community Input Process*, it was stated that "The application describes how PLWHA are involved in the planning process and provides evidence that their priorities are considered in the planning and allocation process" and "The application provides detailed information on the process for community input on the services for the target population".
- It was reported that the NY EMA received its full FY16 award of \$100,750,936, which was a slight reduction (-1.32% or -\$1,343,354) over FY15 (\$102,094,290); this reduction is entirely in two award components based on formula (# of living HIV cases).
- Planning Council New Membership applications for the current planning cycle were distributed to committee members for wider dissemination in the community, especially consumers.
- The June issue of POZ Magazine was included in meeting packets; the cover story compares NYC and San Francisco and their respective leadership.
- Members inquired as to the status of former staff member Rafael Molina, who retired last year. A replacement has been identified.

HRSA/CDC INTEGRATED PREVENTION & CARE PLAN DISCUSSION

The newly-modified "Review of HIV Planning Bodies Workgroup Local Data & Priorities List" was distributed to the committee; this document was extensively reviewed by the Committee at its April meeting and the latest version contains data sources identified by consumers as necessary to the planning process.

In order to undertake the exercise which focuses on identifying the goals, objectives and strategies related to the current Integrated Planning process, members were reminded of three guiding questions:

- *Which activities will have the most impact on achieving the objectives related to the NY EMA's implementation of initiatives?*
- *Which parties have a necessary role in the activity?*
- *Which specific populations, for which data is available, should be targeted within an activity?*

In addition, information on the NYCDOHMH Ending the Epidemic Initiatives focusing on

- 1) bringing people at risk for HIV into contact with the healthcare system,
 - 2) offering HIV negative persons preventative interventions such as PEP and PrEP,
 - 3) providing immediate and consistent care to HIV positive persons and
 - 4) collecting better data to improve HIV prevention and treatment services
- was provided to members in order to gain an understanding of the Department's activities.

GOAL #1 REDUCING NEW HIV INFECTIONS

A. By 2021, reduce the annual number of new infections by 80% to 750.

B. By 2021, test and link to care XX% of the 19,000 persons in NYS who are unaware of their HIV status, inform them of their status, and refer them to care.

- Expand STD clinics' days and hours of operation
- Expand menu of services offered at STD clinics
- Expand screening services for asymptomatic patients
- Launch STD Clinic communications and promotional campaigns
- Implement full PEP at STD clinics
- Implement PrEP at STD clinics

- Open PEP Centers of Excellence and Clinical Service Call Center
- Provide Status-Neutral Care Coordination services
- Open PrEP pilot for adolescents
- Establish PrEP network
- Scale up the #PlaySure campaign
- Scale up PEP/PrEP provider detailing

Saul Reyes expressed concern that PREP promotional campaigns are not tailored to the populations to be served in areas such as Jackson Heights and other predominantly Spanish-speaking communities in Queens; in one area of Roosevelt Avenue, where many Latino MSM and transgender individuals gather, bus shelter advertisements featured a white heterosexual couple.

GOAL #2 INCREASING ACCESS TO CARE AND IMPROVING HEALTH OUTCOMES FOR PEOPLE LIVING WITH HIV

A. By 2021, increase the proportion of cases of HIV infection with continuous care during the year to XX%.

B. By 2021, increase the proportion of cases of HIV infection with suppressed viral load to XX%.

- Offer immediate initiation of ART at STD clinics
- Scale up “Undetectables” program through DSRIP
- CHAIN studies:
 - Comparison of virally-suppressed and unsuppressed CHAIN respondents, who have an unmet need and have received a particular service type addressing that need, including analysis of modifiable/actionable service characteristics
 - Analysis of current/recent substance users in the CHAIN cohort, including services received, harm reduction vs. detox/treatment and comparison with non-substance users on care continuum outcomes (retention in care, ART access, mortality) as well as substance-specific breakdowns
 - Among those who obtain HIV supportive services, is there a benefit (care continuum outcomes, housing stability, mental health functioning and/or food security) in accessing the Part A “version” of these services, as opposed to those services through other payers/sources, using merged datasets from CHAIN, eShare, Surveillance data and Medicaid data
 - Systems-level analysis comparing outcomes, client experience/satisfaction and other measures of quality of care between one stop multi-service agencies or medical homes with co-located services vs. agencies without co-located services
 - Comparison of behavioral and cognitive strategies and characteristics of clients accessing Medication Adherence Support Assistance
 - Analysis of client characteristics in Delayed Entry Into HIV Care (2012)
 - Relationship between policy/advocacy engagement/work and care continuum outcomes, i.e., paid advocacy, peer navigators in care coordination programs vs. other paid work and volunteer/unpaid advocacy vs. other volunteering/unpaid work and no work/volunteering.

Ron Joyner commented that some providers and other staff need ongoing training and skills-building in delivering culturally competent and sensitive patient care, especially towards clients who have been marginalized and/or dis-enfranchised for most of their lives.

GOAL #3 REDUCING HIV-RELATED DISPARITIES AND HEALTH INEQUITIES

A. By 2021, reduce HIV-related disparities in communities and specific populations at high risk for HIV infection.

B. By 2021, reduce stigma and eliminate discrimination associated with HIV status.

- Conduct targeted provider trainings around sexual and gender-related health issues
- Publish and disseminate an LGBTQ Patient Bill of Rights
- Support LGBTQ Coalition

- Support trans-led and trans-focused organizations
- Support programs for IV drug and crystal meth users
- Establish employment initiatives and resource direct
- Meet with HASA Advisory workgroup to discuss feasibility of extending grace period for PLWHA who have returned to work
- Develop webinars to 1) address inconsistency of information across providers and 2) train providers on guidelines for benefits & entitlements
- Provide a peer support system to help PLWHA navigate transition from benefits to employment
- Increase the allocation for TC funds from the NY EMA's Part A award, using these funds to provide short term rental assistance individuals in need.
- CHAIN:
 - Economic vulnerability analysis of other aspects of economic hardship, changes over time, regional differences and relationships to health outcomes, e.g., retention in care, ART access, viral suppression. Explore the relationship to employment but also income as % of FPL and ability to pay bills and household expenses.

GOAL #4 ACHIEVING A MORE COORDINATED RESPONSE TO THE HIV EPIDEMIC

A. By 2017, initiate ongoing HIV-related collaborations with appropriate public and private sector partners.

B. By 2017, modernize the state's HIV testing law and related regulations and policies.

- Conduct phylogenetics on new HIV diagnoses and use data to enhance field services
- Collect data about patients who initiate PrEP
- Explore feasibility of developing L-PAP (Local Pharmacy Assistance Program) in NY EMA for co-infected clients (HIV/Hep C) using 340B pricing
- Disseminate Pharmaceutical Assistance Program (PAP) information on medications, prices and incomes level for eligibility
- Contact Fair Pricing Coalition/Engage with NASTAD to investigate how other EMAs can afford HCV DAA medications
- Work with SEPs to encourage Hep C testing

PUBLIC COMMENT/NEW BUSINESS/BOROUGH UPDATES:

Yves Gebhardt commented that a NYS DOH subway ad supporting the use of condoms to prevent STDs was misleading in that it omitted HIV and that there is a need to increase messaging around HIV testing and immediate engagement in care and why. It was also announced that the Manhattan HIV Care Network will be hosting a meeting with HASA and Social Security representatives on Wednesday, June 22 regarding returning to work and issues related to entitlements.

Mr. Wong shared an invitation from Cornell-Weill Medical Center which is recruiting paid participants for two clinical trials (use of doxycycline in treating Chronic Obstructive Pulmonary Disease (COPD) and collection of blood, urine and airway specimens from individuals with lung disease) currently underway at Cornell.

ADJOURNMENT

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