



Meeting of the
EXECUTIVE COMMITTEE

Thursday, January 13, 2011

3:00-5:00 pm

Cicatelli Associates, 505 Eighth Avenue, New York, NY Lavender Room

MINUTES

Members Present: Jan Carl Park (Governmental Co-Chair), Steve Hemraj (Finance Officer), Victor Benadava, Gregory Cruz, Marya Gilborn, Fabienne Laraque, MD, MPH, Tom Petro, Miriam Pinon, Lyndel Urbano (Alt for Sean Cahill), Allan Vergara

Members Not Present: Matthew Lesieur (Community Co-Chair), Damian Bird, Felicia Carroll, John Anthony Eddie, Joan Edwards, Alexander Hardman, Lee Hildebrand, Kali Lindsey, Gonzalo Mercado, Charles Shorter, Dorella Walters,

Staff Present: NYCDOHMH: Taiwana Messam, Rafael Molina, Nina Rothschild, DrPH, Monica Sweeney, MD, MPH, Darryl Wong

Public Health Solutions: Bettina Carroll

Agenda Item #1: Welcome/Minutes:

Steve Hemraj, Finance Officer, opened the meeting and members introduced themselves. Marya Gilborn led the moment of silence, Victor Benadava read the Rules of Respectful Engagement and Jan Park reviewed the meeting agenda and materials. The minutes of the December 9, 2010 meeting were reviewed and approved.

Agenda Item #2: Public Comment

Mr. Rivera distributed a resolution from the GMHC Community Advisory Board stating that there exists a conflict/tension between the PLWHA Advisory Group and the Planning Council staff.

Agenda Item #3: HRSA Planning Council Assessment

In response to the request made at the December 2010 Executive Committee meeting for greater clarity regarding the reporting relationship between the Planning Council staff and the Grantee, Mr. Park reviewed the reporting structures and organizational charts of the City of New York's governmental infrastructure beginning with the Mayor, who oversees the Deputy Mayor for Health & Human Services, whose portfolio includes the Department of Health and Mental Hygiene (DOHMH). DOHMH's organizational chart illustrates the agency reporting structure, with Dr. Thomas Farley, Commissioner of Health, overseeing the Division of Disease Control, which is led by Dr. James Sarn. Within the Division is the Bureau of HIV/AIDS Prevention & Control, which is led by Dr. Monica Sweeney. In the Bureau is the Care, Treatment & Housing (CTH) program, which is directed by Dr. Fabienne Laraque. Jan Park, as Director of the Planning Council Support Unit, reports to Dr. Laraque. The organizational chart of the Planning Council Support Unit was also included to illustrate Committee staffing.

Mr. Park noted that early in his administration, Mayor Bloomberg decided that the administration of the Planning Council should be placed within the Health Department, as opposed to remaining as the freestanding Mayor's Office of AIDS Policy Coordination within City Hall. While there are EMAs whose Planning Council support functions are contracted out to independent 501©3s, there is great added value

in having the Planning Council as part of the government structure, capitalizing on existing relationships between agencies, which allow for an ease of access to information and exchange of ideas. Drs. Sweeney and Laraque and Mr. Petro echoed this sentiment. Mr. Cruz stated that it was important to adhere to the recommendations of the HRSA consultant regarding this reporting relationship and that there should be a clear delineation that shows that the Planning Council support staff reports directly to the Grantee. Mr. Petro stated that it was important to determine whether the Planning Council support staff is executing the Planning Council's agenda and bringing the agenda to the DOHMH, which by legislation must implement the Council directives and priorities, or if there exists an interference that places a DOHMH agenda that may be at odds with what the Planning Council has decided. Nonetheless, tensions may always exist due to policy differences. Ms. Gilborn commented that the current reporting structure feels disempowering to her. Mr. Park noted that the HRSA consultant has not been available to further discuss the assessment since its initial release.

Agenda Item #4: DRAFT Early Intervention Services (EIS) Guidance

Mr. Park reported that the Integration of Care Committee (IOC) drafted revised guidance for Early Intervention Services (EIS) in anticipation of an RFP to be issued later this year for services beginning March 1, 2012.

Nina Rothschild, DrPH presented a historical background on this initiative. The Integration of Care committee developed, drafted and approved the new EIS service guidance in the fall of 2010 and is presenting the new service guidance to the Executive Committee for review and discussion. If approved here, it will be presented to the full Planning Council for discussion and, if approved there, it is envisioned that this guidance will be released in collaboration with the prevention arm of the Bureau as a joint RFP. The draft guidance is designed to get people accurate tests, increase the ability to notify people of their results, and get those who test positive linked to care. The Integration of Care committee worked with Ms. Taiwana Messam, Program Planner for the Care, Treatment and Housing Program in developing the following guidance:

Goals: Provide rapid HIV testing in communities with high incidence and prevalence of HIV; provide targeted outreach to populations with high proportions of delayed/concurrent diagnosis; provide routine testing in hospitals and clinics; provide linkage to care for newly diagnosed or known HIV infected persons who have never been in primary care or have been out-of-care longer than nine months.

Service Model Components: Case finding (education, outreach and engagement with target populations); Testing Services (a coordinated outreach, testing and referral model that facilitates rapid linkage to HIV primary care; strategies to inform all tested clients of their results); Linkage Services (for new diagnoses and out-of-care HIV infected persons, HIV testing providers are expected, based on eligibility and client preference, to refer individuals who test HIV-positive to HIV primary care providers where medical case management, including care coordination services, is available); Services for HIV Negative or Status Unknown Clients; Provider Training

Client Eligibility: Specific target populations that are at greater risk for delayed diagnosis, and those with high HIV prevalence and incidence.

Agency Eligibility: New York City community-based organizations, AIDS service providers, hospitals and clinics and/or other eligible not-for-profit agencies legally incorporated by New York State as not-for-profit organizations and social service agencies

The following responses were provided to questions from Executive Committee members:

- The nine (9) month maximum time frame for being out of care was selected in collaboration with the definition used by the Field Services Unit. Some very stable clients need to be seen only every six months.

- The guidance does not require all patients to be in self-management training, but only to have the option of one-time and longer-term programs. Clients will receive more education on resources and what is available to the newly diagnosed, which is not the same as MCM, which is long-term. Not all agencies provide partner notification services, but it should be offered to all.
- The expectation is that providers begin the linkage process immediately after a preliminary test, but linkage should be verified within 3 months. After linkage is verified, clients are released from EIS program. It is not a long-term program, like MCM.
- DOHMH is incentivizing providers to get people into care by paying highly for successful linkage.
- The pooling of prevention and RW funds to form one integrated program would allow for greater coordination in program management, utilizing the same rates, protocols and oversight. EIS funds targeted for Harm Reduction initiatives would comprise a separate RFP, but Harm Reduction programs that receive EIS funds would be expected to follow the same EIS guidance.
- The EIS initiative targets those who are not already enrolled in a Care Coordination program.
- Technical assistance is available for agencies to obtain waivers, so as not to delay implementation of the program.

The Committee voted in favor of adopting the proposed EIS service guidance.

Agenda Item #5: Committee Updates

Darryl Wong reported on behalf of the *PLWHA Advisory Group*, which met December 8, 2011, at which there was a presentation from Ms. Karin Timour from the NYS DOH AIDS Institute on recent changes in ADAP eligibility and a continuing discussion on the HRSA Planning Council Assessment.

Victor Benadava reported that at the last *Consumer Committee* meeting Ms. Terri Wilder presented on the HIV Self-Management Education program. The HIV Epi & Field Services Program also presented the 2009 NYC Epidemiologic Update, as well as Geospatial Imaging project. Mr. Benadava also urged Committee members to take advantage of the Planning Council trainings offered by the Leadership Training Institute. He also reported on behalf of the *Rules & Membership Committee*, which will meet to review the proposed Bylaws changes regarding Officer and Consumer-At-Large elections, as well as a larger discussion on the roles and responsibilities of both the PLWHA AG and Consumer Committee.

Dr. Rothschild reported that the *Integration of Care Committee* voted to approve the EIS guidance which was approved at today's meeting. The next meeting will re-open the discussion of the Harm Reduction / Relapse Prevention and Recovery Readiness guidance during which behavioral interventions will be addressed.

Mimi Pinon reported that the *Needs Assessment Committee* recently met and discussed the Unmet Need component of the grant application, as well as the overall 2012 Needs Assessment which is currently in development.

Steve Hemraj reported on behalf of the *Finance Committee* that FY 2009 MAI underspending was 3% and that a carry-over request was submitted to re-allocate the unspent dollars to ADAP. At the next meeting, the Committee will be reviewing the assessment of the administrative mechanism process. Mr. Park added that the Planning Council support budget was presented, and that a quarterly spending report on the Unit's budget will be available.

Lyndel Urbano reported on behalf of the *Policy Committee*, at which House Committee Chairs of the 112th Congress (and implications for HIV/AIDS policy), the re-authorization of the Older Americans Act, the ADAP waiting list, the Federal budget, the Twelve Cities initiative, the Cuomo transition team & appointments, the NYS DOH budget and the NYC DOHMH ad campaign were discussed. A letter to Mayor Bloomberg and Dr. Farley, Commissioner of NYC DOHMH will be developed in reaction to the "It's Not Just HIV" media campaign, as well as a letter to the House Leadership supporting the Affordable Care Act.

The *Priority Setting/Resource Allocation Committee* has not yet met during this planning session.

Agenda Item #6: Grantee Update

There were no NYC DOHMH or Westchester County DOH grantee updates.

Mr. Park responded to the statement prepared by Mr. Rivera which was distributed at the beginning of the meeting. He noted that Planning Council staff has had difficulties with Mr. Rivera, Community Co-Chair of the PLWHA Advisory Group, in both coordinating a mutually agreeable Advisory Group meeting date and a meeting location. He stated that Planning Council meetings need to be coordinated as not to conflict with each other and the logistical challenges of providing staff, audio, food and facilities support need to be taken into account when scheduling and conducting meetings. Mr. Hemraj reminded the Executive Committee that there is a process in existence to run productive meetings and to be mindful of attempts by to disrupt the course of business. Mr. Cruz stated that he wished to go on record as being angered by Mr. Rivera's personal attacks against him in his capacity as Consumer-At-Large. Dr. Laraque stated that Mr. Park has always been advocate for consumers.

The agenda for the December 16, 2010 full Planning Council meeting was approved.

Agenda Item #7: Public Comment

There was no public comment.

There being no further business, the meeting was adjourned at 5:30 PM.