



Meeting of the
EXECUTIVE COMMITTEE

Thursday, January 19, 2017, 3:00 – 5:00PM
NYCDOHMH, 42-09 28th Street, Room 20-38, NY, NY

MINUTES

Members Participating: Jan Carl Park (Governmental Co-Chair), Matthew Lesieur (Community Co-Chair), Katrina Balovlenkov, Matthew Baney (call in), Randall Bruce (Consumer-at-Large), Amber Casey (alt for Graham Harriman), H. Daniel Castellanos, DrPH, Carrie Davis, Maria Diaz, Billy Fields, Daphne Hazel, Christopher Joseph, Claire Simon, Andrea Straus

Members Not Participating: Sharen Duke, Joan Edwards, Steve Hemraj, Lisa Zullig

DOHMH Staff Present: Jose Colon-Berdecia, Darryl Wong

PHS Staff Present: Gucci Kaloo

Others: Joan Corbisiero (Parliamentarian)

Agenda Item #1: 2017 Mid-Year Planning Council Appointments

Jan Carl Park, Governmental Co-Chair, opened the closed session, with Daphne Hazel, Chair of the Rules & Membership Committee facilitating the discussion regarding the 2017 Mid-Year Planning Council Appointments. [Please note that proceedings from the closed session are confidential and are therefore excluded from these minutes.]

Agenda Item #2: Welcome/Introductions/Moment of Silence/Approval of Minutes

Matthew Lesieur, Community Co-Chair and *Jan Park*, Governmental Co-Chair, opened the meeting, followed by member introductions and a moment of silence was held in memory of those who have passed and those who continue in their struggle. Meeting materials were reviewed and the minutes of the November 10, 2016 meeting were accepted as presented.

Agenda Item #3: Public Comment

There was no public comment.

Agenda Item #4: Planning Council Committee Updates

Planning Council Chairs Reports

Jan Park described the 2017 Planning Council Strategic Retreat, which will focus on enhancing the work of the Planning Council and its committees as teams and groups committed to a common purpose. The selected vendor will be speaking with the Committee later in the agenda.

Priority Setting/Resource Allocation Committee

The committee last met on Monday, December 12, where the following items were addressed.

HRSA requires the Council to submit an estimated unobligated balance request at this time every year in order to be able to request the use of carry-over funds from this fiscal year in the next year after close-out. The maximum allowed is 5% of formula funds. Last year, the actual amount after close-out was 0.65% of Base and 2.38% of MAI and the carry-over was used for Legal, Food & Nutrition and ADAP.

The committee wanted to begin discussions of planning for the next year with an understanding of how the new political reality may affect health care policy and funding, particularly for PLWHA and Ryan White programs. Matt Lesieur began with an overview of the post-election picture. In the State of New York, the balance of power in the legislature was unchanged, with Democrats having a super majority in the

Assembly and the Republicans having a narrow majority in the Senate. Budget challenges may put pressure on Medicaid managed care capitation rates. Congress remains under Republican control with 52 seats in the Senate (not enough to overcome a filibuster). Many ACA elements can only be changed through new legislation, which would require a filibuster-proof majority in the Senate. Other elements (related to taxation) can be changed through budget reconciliation, which only requires a simple majority. This includes: tax credits and insurance subsidies; cost-sharing subsidy; medical device tax; “Cadillac” tax on high value plans; funding for exchanges; individual mandate/penalty for no coverage; employer mandate/penalty for not covering employees; and Medicaid expansion.

Jan Park reported that the Ryan White Program provides health care to 533,000 low-income people living with HIV and has a long history of bi-partisan support. It is too early to say what will be the effect on FY 2017 funding levels (CR through April 2017), and there are no signs of RW being specifically targeted by the incoming administration or Congress, but cuts in ACA, Medicare and Medicaid would result in a large number of people falling back on RW programs. Medicaid covers more than 73 million Americans, nearly one-quarter of the American population and is currently the largest source of insurance coverage for people living with HIV, covering more than 40% of PLWHA who are in care. Tom Price’s plan proposes to restructure Medicaid by converting it to a block grant and cutting funding steeply (\$1.8 trillion over 10 years). The federal government would no longer pay a fixed share of states’ Medicaid costs, causing funding to fall behind states’ needs each year. 14-20 million could lose Medicaid coverage or no longer gain coverage in future. Ben Carson, who would run HUD, which is responsible for HOPWA, has a long history of opposing government safety net programs and admits that he has no experience running a federal agency. The Federal AIDS Policy Partnership, CAEAR and other advocacy groups are meeting to strategize how to meet the challenges of the next few years.

The committee will meet on Monday, Feb 13, when it will work on scenario planning for possible reductions to the FY 2017 grant award. The additional time is needed for the grantee to develop recommendations for possible targeted cuts based on updated spending and performance data.

Needs Assessment Committee

The committee met on Thursday, January 12 and continued its discussion in planning for the half day Needs Assessment Community Briefing, to be tentatively held in either early or late April at the NYU Kimmel Center. The Community Briefing will be provide an overview of changes in the housing landscape in NYC with an intersectional analysis of the implications for prevention, treatment and care. An ad-hoc Sub Committee has been formed to help tease apart the various components of the Briefing, including identifying panelists, clients/consumers, providers and advocates, identifying data needs, examining research on policy and the service landscape, identifying barriers to access and the development of guiding questions. The Community Briefing Sub-Committee will be meeting by conference call on Tuesday, February 7. The committee is continuing conversations with CHAIN and the Research & Evaluation unit to conduct an ecological analysis of the Part A service landscape in NYC, as well as following up on a request for a short presentation by REU on the different data collection sources available to DOH for an integrated analysis. The Committee would like to further examine lessons learned from prevention and treatment efforts in NYC, including PEP and PrEP and the enhanced role of DOHMH STD clinics. As part of the Committee’s charge to weigh in on the Integrated Prevention & Care Plan, it will be discussing how the grantee will report back on the Integrated Plan measures. The next meeting will be on February 9.

Integration of Care Committee

At the last committee meeting on December 21, Mr. Park reported that the NYS AIDS Institute has added all of the directly acting anti-hepatitis C drugs to their formulary, with the exception of those made by Gilead. This was partly in response to the work done by the Council and its committees and community activists. The Committee began its discussion on a revised service directive for Medical Case Management/Care Coordination (CC) by reviewing the role of the IOC in development of service directives. No service directive exists for the current category; the current model was based on a model from the Boston EMA.

The timeline for creating a new directive, with the goal of a finalized directive in May 2017. In FY 2016, the Council ranked MCM as its 5th highest ranked priority, with an allocation of \$24.5M (28% of program funds). MCM is a core medical service for purposes of Ryan White funding requirements. Care Coordination currently funds 10 community based organizations and 17 hospital/clinical sites. In FY 2015, there were 4,225 client actively enrolled with a median of 363 days enrolled. 4% were dually enrolled in CC and Health Homes. The CC program shows evidence of effectiveness for those at the highest risk of suboptimal health outcomes. The current CC model is meant to be short-term, but some people may need longer to become stable and virally suppressed. There was a recommendation made that the committee should invite clients for their perspective (e.g., is the model overbearing?). The process of developing a new directive needs all points of view. The next meeting will be on Wednesday, Jan 25 at the NYU McSilver Institute.

Consumers Committee (CC)

The Committee met this past Tuesday, January 17, with three new community members attending, where it was reported that VOCAL and GMHC will be arranging buses to Albany Legislative Awareness Day on January 24. The Committee voted to extend the term of Consumer at Large Randall Bruce until he cycles off the Planning Council in July. An election for the next full planning cycle will be held in September of this year. DOHMH's Communications Division has weighed in on the revised narrative for the Consumers Committee Outreach Brochure. The Committee unanimously agreed that these latest revisions do not reflect a consumer-centric perspective to HIV planning and does not encourage those with lived experience with HIV/AIDS to participate. We will move forward to the design stage using our revised narrative. The role of consumers in Quality Management was discussed. The Committee hopes that consumers will have a more central role in planning this year's Power of Quality Improvement Conference. The next meeting will be on Tuesday, Feb 14.

Tri County Steering Committee (TCSC)

The Tri-County Steering Committee met on Wednesday, January 11, where the following was reported: The Westchester County Department of Health is arranging an all-day providers meeting, including NYCDOHMH and Public Health Solutions, on March 1. There are two trainings planned: LGBT for May and Trauma Informed Care for April. The Sharing Community is arranging a bus for consumers to go to Albany on Feb 24. Victor Alvarez reported that Living Together continues to grow and members continue to support each other. Jan Park spoke to the nominations of secretary of HHS, HUD, CMS administrators and the impact on safety net programs, as well as the status of the ACA. He urged consumers to go to Washington DC to voice their displeasure with projected changes in policy or to respond via social media and list serves. Peter Laquer reported that regional Co-chairs in the State's Ending the Epidemic met recently and that subcommittees addressing LGBT and transgender issues have been formed. The ETE dashboard can provide access to information. On behalf of the grantee, Graham Harriman reported that ACA enrollment is open until the end of the month, the Ryan White conference on HIV Care & Treatment presentations may be found at careacttarget.org, HRA has issued a policy clarification stating that RW can pay for stand alone dental insurance premiums & mental health programs can serve only those living with HIV and that responses to the recently-released Legal Services RFP have been received and are under review. The Power of Quality Improvement conference is in the planning stage with a stronger consumer track envisioned. The continuing review of the entire Part A portfolio in the TC region will culminate in a revised set of service category rankings and allocations for the FY 18 grant application.

The Oral Health and Food & Nutrition services Fact Sheets were presented to the Committee. The Oral Health program offers comprehensive and emergency HIV specific dental treatment to adult, adolescent and pediatric PLWHAs in the TC region. RW Part A covers repairing and replacing damaged or lost dental, scaling, root planning, periodontal maintenance and some root canal treatment. Service utilization data for oral health services was presented indicating that in 2015 there were 110 active clients with 38 new clients. Demographically, the majority of active clients are male, 45 yrs +, largely Hispanic and Black, report heterosexual HIV risk, reside in Westchester County and rely on ADAP/ADAP+ and Medicaid.

The Food & Nutrition Fact Sheet was also presented; this service includes congregate meals, pantry bag services, food vouchers and nutritional counseling. Food bags and vouchers are individually tailored to the client's health and nutritional needs. RW Part A nutritional assessments contribute to the development of a personalized food service plan. Demographically, most clients are 45 yr+, Black and Hispanic, residing in Westchester & Rockland Counties, female, report heterosexual risk and rely on Medicaid and ADAP/ADAP+ . The next tri-County Steering Committee meeting will be on February 8.

Rules & Membership Committee

Daphne Hazel, Chair, reported that the recommended Planning Council new member appointments (6) and re-appointments (4) have been approved by the Mayor's Office and that candidates have been notified.

Finance Committee

There was no Finance Committee report as the Finance Officer was unable to attend.

Agenda Item #5: Planning Council Strategic Retreat

The retreat facilitators, Penny Koch-Patterson and Kevin Coray, Ph.D., of the Extraordinary Groups Partnerships introduced themselves via conference call, describing their work with teams and groups like the Planning Council. Dr. Kevin Coray, who developed the Extraordinary Teams Inventory (ETI), to be disseminated to all participants in advance of the retreat, described the tool and its use in the assessment. Carrie Davis expressed her excitement for this initiative and advised the facilitators to shorten the agenda in order to retain members throughout the day.

Agenda Item #5: Grantee Report

Amber Casey reported that there has been a sharp drop in the un-insured rate among Americans with pre-existing conditions. HRSA has hosted a webinar to discuss 2016 PreP guidance to showcase models and structures to leverage Ryan White systems and expertise. A funding opportunity for Part D Women, Infants, Children & Youth (WICY) has been released by HRA. The review of the Legal RFP responses is complete and successful bidders will be announced in early to mid-February. The Core Medical Service Waiver has been submitted to HRSA for FY17. The NY EMA Quality Management Committee has been meeting to continue the process of revising the quality management plan for the EMA. On January 10, Public Health Solutions released a Request for Proposals (RFP) for Capacity Building and HIV Prevention. Any questions regarding this RFP must be directed to Public Health Solution.

Agenda Item #6: Adjournment

There being no public comment or further business, the meeting was adjourned at 5:00pm.