



Meeting of the  
**EXECUTIVE COMMITTEE**

Thursday, November 10, 2016, 3:00 – 5:00PM  
NYCDOHMH, 42-09 28<sup>th</sup> Street, Room 22-12, NY, NY

**MINUTES**

**Members Participating:** Jan Carl Park (Governmental Co-Chair), Matthew Lesieur (Community Co-Chair), Katrina Balovlenkov, Matthew Baney, Randall Bruce (Consumer-at-Large), H. Daniel Castellanos, DrPH, Carrie Davis, Maria Diaz, Sharen Duke, Billy Fields, Graham Harriman, Daphne Hazel, Steve Hemraj, Christopher Joseph, Claire Simon

**Members Not Participating:** Joan Edwards, Andrea Straus, Lisa Zullig

**DOHMH Staff Present:** Nasra Aidarus, Jose Colon-Berdecia, Amber Casey, David Klotz, Darryl Wong

**PHS Staff Present:** Christine Nollen

**Others:** Joan Corbisiero (Parliamentarian), Sera Morgan (HRSA NY EMA Project Officer), Saul Reyes

**Agenda Item #1: 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 led by Saul Reyes in memory of those who have passed and those who continue in their struggle. Sera Morgan, HRSA Project Officer was introduced. *Jan Park* reminded the Committee that the Ryan White Part A program is intact and that while we must remain alert to changes in the political landscape, the NY EMA is well-positioned to continue providing essential, lifesaving services. Meeting materials were reviewed and the minutes of the July 28, 2016 meeting were accepted as presented.

**Agenda Item #2: Public Comment**

*Darryl Wong* relayed NYCDOHMH Commissioner of Health Dr. Mary Bassett's comments regarding the need for sustainability in all of the Department's programs and services.

**Agenda Item #3: Planning Council Report**

**A Year In Review: Doing More with Less**

Jan Park briefly reviewed some of the accomplishments of the Planning Council's work, including the redevelopment of service directives, completion of the CDC/HRSA Integrated Prevention & Care plan, completion of a cost analysis of our programming across service categories, the delivery of the Needs Assessment Community Briefing, resulting in recommendations for changes in services for PLWHAs in New York City.

**The Road Ahead**

- A joint meeting between the Needs Assessment and Integration of Care Committees is being scheduled for this month or next, at which the three recommendations articulated from the February 2016 Needs Assessment Committee (NA) half-day community briefing in February of this year, including 1) Increasing funding for short-term housing assistance in the Tri-County region, 2) Addressing income/finances and employment as determinants of health and 3) Expanding access to the new Hepatitis C DAAs for co-infected individuals, will be discussed and implementation plans will be shared.
- The Planning Council staff is currently in the early stages of planning for the Strategic Planning Retreat for all PC members in early 2017. Katrina Balovlenkov, Carrie Davis, Randall Bruce, Billy Fields, Matthew Lesieur and Jan Park will participate in the agenda planning for the day, which will focus on leadership development, mindfulness and group dynamics.
- The HIV Prevention Group and the HIV Planning Council have recently convened meetings to explore the feasibility of merging these two community planning bodies.

- The Planning Council New Member Orientation will be scheduled when we have been notified by the Mayor's Office of the status of this year's recommended new member appointments.
- An organizational behavioralist has been retained to facilitate one on one and team meetings for the Planning Council staff focusing on structure, interaction and team- building.
- Two potential candidates are under consideration for the vacant City Research Scientist II position, formerly occupied by Dr. Nina Rothschild.
- The letters of solicitations for the Planning Council website re-development and the social media needs assessment have been circulated among Grantee staff for comments; it has not been decided whether to combine them or release them individually.

#### **Agenda Item #4: Planning Council Committee Updates**

##### **Integration of Care (IOC)**

*Christopher Joseph, Co-Chair*, reported that the committee has reverted back to a once monthly meeting schedule. He reviewed the role of the committee in the development of Standards of Care (SOCs). Standards of care are used to establish minimum expectations for the delivery of services and help define how services are structured and delivered, as well as guiding quality management and contracting activities. The EMA develops its own Service/Program Standards, and the Planning Council takes the lead in this effort, through the Integration of Care Committee, with extensive Grantee involvement. SOC's will be informed by HRSA guidelines, service directives, RFPs and other documents based on research in best-practices, and patient experiences and fulfill a HRSA requirement so information is available for service models in one centralized place, and can be used for reference by DOHMH staff, Planning Council members, providers and consumers. This tool will serve as a standardized template to be updated as models for delivery are updated. IOC will be developing a service directive for medical case management/care coordination, in anticipation of the re-bid of this service category. The committee will approve a final care coordination directive, as well as final Standards of Care by the end of the cycle next summer. *Matthew Lesieur* inquired about the status of the Legal Services RFP. *Graham Harriman & Jan Park* reported that there had been no response to the grantee's or Planning Council's inquiry of the Washington D.C. grantee/Planning Council, as to which other legal services were included in their jurisdiction. The comment period has passed, the RFP has been released through Public Health Solutions and is currently in play.

##### **Needs Assessment Committee (NAC)**

*Daniel Castellanos, Co-Chair*, reported that the committee is currently prioritizing its activities, given the wide range of needs in NYC and the data sources available. Another challenge for the committee addresses how to balance the continuity of the discussion of issues and topics already raised with new issues and emerging needs, i.e., changes in HASA. The committee is currently defining this cycle's workplan. A request has been made to CHAIN to examine service level data from a systemic and service landscape/ecological perspective, with an ability to look at the larger infrastructure and its implications on client/service access, barriers and outcomes.

##### **Consumers Committee (CC)**

*Katrina Balovlenkov, Co-Chair*, reported that Jose Colon Berdecia has joined the Planning Council Staff as the Community Outreach Coordinator. The Committee, over three meetings, has focused on revising and redeveloping the Consumers Committee outreach brochure to make it more graphically attractive. The Committee has also urged consumers of color throughout the City to submit Planning Council applications and has been involved in providing feedback to the Ending the Epidemic Joint plan. *Billy Fields, Co-Chair*, invited all Executive Committee Co-Chairs to attend the Consumers Committee meeting.

##### **Tri County Steering Committee (TCSC)**

*Maria Diaz, newly-appointed Co-Chair*, reported that in the new planning cycle the Committee will undertake the process of reviewing the entire portfolio of services, in advance of a re-bid of all services in the TC region for FY 18, similar to the PSRA process undertaken in the previous planning cycle for the NYC portfolio. Fact sheets for each service category will be developed by the grantee for TCSC to develop new allocations that fit the need of the region. As current Tri-County programs are cost-based, the fact sheets will concentrate on systems level considerations and payor of last resort issues, including data on

open and active enrollment. *Jan Park* reported that the Rockland County Department of Health, which receives funding for Early Intervention Services, operates an HIV clinic, funded by other sources, and is in danger of losing its funding; the resolution has been put before the Rockland County legislature, but not yet voted upon. With 20% of the cases in the Tri-County region, the closure would put a great burden on Rockland County residents to seek services across the Hudson River in Putnam or Westchester Counties. The Planning Council can provide data on client service levels to advocates in the region so that they can argue against the closure of the clinic. *Sera Morgan, HRSA Project Officer*, re-iterated that as a Federal body, an advocacy position cannot be taken by the Planning Council, but information and data can be conveyed to those who can advocate directly.

### **Rules & Membership Committee (RMC)**

*Daphne Hazel, Chair*, reported that the committee met over the course of several meetings in June and July to consider applications for re-appointment and new appointments to the Council, looking at representativeness, knowledge of the HIV care system and experience in community planning, while trying to adhere to the required 33% minimum of Planning Council membership by non-aligned consumers. Candidates were interviewed and recommendations were made to the Executive Committee in July. The Mayor's Office is in the final stages of vetting the appointments, which bring the total membership to 46 individuals, with all required HRSA membership categories being included. The committee has reached 32% non-aligned consumers, with a total of 40% of Planning Council membership represented by PLWHAs. It is expected that over the next few months, additional Council seats will become available due to poor attendance. As mentioned in the CC report, a special recruitment is underway with an emphasis on non-aligned consumers of color, with the goal being a mid-year appointment process to bring the Council's membership into greater alignment with the demographics of the epidemic in the NY EMA.

### **Priority Setting & Resource Allocation Committee (PSRA)**

*Sharen Duke, Co-Chair*, reported that in the previous planning cycle, PSRA did an extensive review of the entire portfolio, looking in-depth at trends in spending, utilization, payer of last resort issues and systems-level considerations. Using this data, the committee reviewed all the scores on the PSRA service category ranking tool, systematically reviewing the score and allocations for every criteria. Next month, the committee will begin its new planning cycle, with these deliverables: development of spending scenario plans in anticipation of the 2017 grant award, finalization of the 2017 Base and MAI allocations after the receipt of the award, development of the 2017 reprogramming plan for the use of accruals that occur during the course of the year, development of a carryover plan for unspent 2016 funds and service category rankings and allocations for the 2018 grant application, including coordination with the Integration of Care Committee as they revise the service directive for Care Coordination.

### **Finance Committee**

*Steve Hemraj, newly-elected Finance Officer*, reviewed the charge of the Finance Committee, which includes the review of Quarterly Spending Reports, the assessment of the administrative mechanism and negotiation of the Planning Council budget.

### **Policy Committee**

*Matthew Lesieur* noted that the Price Waterhouse Coopers Health Research Spotlight, distributed in meeting packets, succinctly outlines the President-elect Trump's health policy priorities. In response to the continuing conversation around expanded access and availability of Hep C DAAs in our EMA, a letter to Johanne Morne, Director of the NYS AIDS Institute, was circulated for Planning Council sign on. *Christopher Joseph* objected to the mis-leading wording in the 4<sup>th</sup> paragraph of the letter and *Katrina Balovlenkov* made a motion for the Planning Council to be included in the signatories. Several members reminded the committee that this is only a strategy to put pressure on the AIDS Institute to move towards Hep C DAA inclusion in the formulary, using our \$15million ADAP contribution as leverage. With a motion on the floor, a vote was taken and passed to end the discussion on this issue. The Committee voted to not sign on this letter.

### **Agenda Item #5: Grantee Report**

*Graham Harriman, Director of Care & Treatment*, reminded the committee that an HCV/HIV Community Forum, sponsored by the Bureau of HIV/AIDS, will be held on Thursday, November 17, where the grantee will present their plans on addressing the needs of co-infected persons, as well as discussing the implementation plans for the recently awarded HRSA grant. The revised plan will be brought to the Planning Council after feedback from the forum has been received.

### **Agenda Item #6: Conversations with HRSA/HAB**

*Sera Morgan* reported that instead of convening a national, all-grantee meeting every two years, HRSA is considering convening annual regional meetings so that more individuals would be able to attend. *Matt Baney* requested that there be additional sessions on program income. In addition, she reported that there have been conversations about converting the Part A grant application cycle to a two or three year cycle.

With respect to the merging of NYC's two community planning bodies, *Ms. Morgan* cautioned the Planning Council to proceed in its exploratory discussions with caution. She suggested that yearly or twice yearly summit meetings between the two bodies could be useful in achieving the goals of a merged planning body. *Katrina Balovlenkov* voiced her concerns regarding the consumer voice in the merged body. *Jan Park* committed to reporting back to *Ms. Morgan* on these discussions during our monthly Executive Committee/Project Officer calls. In response to questions about the role of Planning Council members as advocates, *Ms. Morgan* suggested that we act collectively, yet as individuals.

### **Agenda Item #8: Adjournment**

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