



Meeting of the
EXECUTIVE COMMITTEE
Thursday, February 20, 2014, 3:00-5:00pm
DOHMH, 2 Gotham Center, 42-09 28th Street, Conference Room 19-28,
Long Island City, NY

MINUTES

Members Present: : Jan Carl Park (Governmental Co-Chair), Robert Cordero (Community Co-Chair, by conference), Victor Alvarez, Randall Bruce (Consumer-At-Large), Felicia Carroll, H. Daniel Castellanos, DrPH, Joan Edwards, Billy Fields, Adrian Guzman, JD, Graham Harriman, Lee Hildebrand, DSW, Christopher Joseph, Julie Lehane (for Tom Petro), David Martin, Daniel Pichinson, Sam Rivera

Members Not Present, Nancy Cataldi, Sharen Duke

DOHMH Staff Present: Nina Rothschild, DrPH, Anna Thomas, Ben Tsoi, MD

PHS Staff Present: Rachel Miller

Agenda Item #1: Welcome & Introductions

Jan Carl Park, Governmental Co-Chair. Following member introductions, Billy Fields led the committee in a moment of silence in remembrance of JoAnn Hilger, who passed away in February 2013.

Agenda Item #2: Review of Minutes/Public Comment

The minutes were distributed to members electronically for review and comments. The minutes were approved with minor corrections. There was no public comment.

Agenda Item #3: Priority Setting/Resource Allocation (PSRA) Recommendations for FY14 Spending Scenarios

Sharen Duke presented the approach that the PSRA Committee has used in determining reductions in service category allocations, which for this fiscal year, amounts to a reduction of \$8 million. Some of this was accomplished by permanently reducing the ADAP allocation by \$2.7 million. With respect to Early Intervention Services (EIS), it has been noted that there are some performance challenges, with only 3 out of 11 contracts meeting the standard of 0.4% HIV seroprevalence when conducted in routine testing in high volume settings, such as hospitals and large medical facilities. Within settings using targeting testing, only 13 of 40 contractors reached a 0.75% HIV seroprevalence rate. While the Grantee has recommended a \$3 million cut to the category, at the last PSRA meeting, there was a motion to cut \$5 million from EIS (the vote did not carry due to a 5-5 split). Ms. Duke reiterated that PSRA recommended that based on performance criteria, \$5 million be cut from the allocation to the EIS service category.

With respect to Home & Community-Based services, this service category has not been rebid since 1998; many of the services are duplicative. Only one service, custodial care, is not provided through other service categories. Lacking quorum during the last PSRA meeting, a fixed dollar reduction was not proposed. Ms. Duke suggested that each service category be examined individually. Mr. Park noted that there are no cost estimates for reductions to the Home & Community-based services and that some Executive Committee members have not heard the entire presentation from the Grantee regarding EIS. As such, discussions are incomplete and should be referred back to the PSRA Committee. Sharen Duke proposed that another PSRA meeting be scheduled for Monday, March 10, where these recommendations can be discussed in greater detail.

Agenda Item #4: Committee Updates

The Needs Assessment Committee met on February 13 with committee members discussing the matrix presentation of the next-to-final draft. Comments regarding *Section 1: Describing the HIV Population* include splitting morbidity and mortality data, examining the social context for health behaviors with specific outcomes, looking at the structure of services and how services are addressing poverty, factors that mediate the relationship between poverty and health. In *Section 2: Current Policy and Funding Landscape*, it was noted that there is significant duplication of data for Parts A, B, C, D and F which is gathered by various systems. In *Section 3: Service Needs and Utilization*, it was noted there is a need for a more nuanced set of best practices including lessons learned from sources such as the client satisfaction survey and focus groups as well as the need to work with the grantee to focus on defining the audience of the Needs Assessment. In *Section 4: Accessibility and Quality of Care*, it was further noted that several data sources exist with much duplication between Ryan White Parts B, C, D, and F; there is no hierarchy providing guidance as to the order in which services are potentially billable to different Parts of the Ryan White CARE Act; the EMA should be mindful that where there are multiple funders for the same services, we do not want to convey the impression that the NY EMA is over-funded. It was also recommended that the *Executive Summary* should examine themes across recommendations.

The Integration of Care Committee met on February 5th and 19th, examining the Mental Health service category. There was a presentation of mental health services and a literature review of best practices by grantee staff, with a focus of alternate payers for services, to culminate in the development of a mental health service directive. There was a brief review of the history of the NYS DOH/AIDS Institute sole-source mental health service contracts funded by Part A, with a focus on harm reduction/syringe exchange.

The Policy Committee met on January 27th where there were updates on the roll-out of the Affordable Care Act and the NYS Insurance Exchanges, with plans for a client navigator and a representative of VOCAL to present in March.

The Consumers Committee met on February 12th at which ongoing committee membership/consumer engagement issues, were discussed. Several approaches, including mentoring opportunities, meet and greets, outreach to agency CABs, in depth interviewing during the member selection process, surveying members regarding barriers and obstacles to consistent participation and literature review and follow-up discussions of prescient issues of relevance to PLWHAs. The CAB Best Practices & Recommendations were

presented to and approved by the Executive Committee in December 2013 and will be presented to the full Planning Council in late February.

Agenda Item #5: Planning Council Update

- The letter from the Planning Council to the Grantee in support of contract reductions, based on low performance, was presented for review and approval.
 - ***ACTION: The motion to accept the letter was made, seconded and voted upon. The letter was approved and will be presented to the full Planning Council***
- Jan Park encouraged all Executive Committee members to participate in regularly-scheduled conference calls with our HRSA Project Officer, Dr. Michael Amoh and to make known any items or issues of concern during the monthly call.
- Jan Park announced that he was elected as the Vice-Chair of the CAEAR Coalition and the North East regional representative.
- Dr. Mary Bassett has been recently appointed by Mayor deBlasio as Commissioner of Health. Dr. Bassett will be invited to attend a future Planning Council meeting.
- The NYSDOH/AIDS Institute has issued guidelines on Pre-Exposure Prophylaxis (PrEP). Further discussion is forthcoming.
- The agenda for the February 2014 Planning Council meeting was approved, with a request for an update on the 30% rent cap issue.
- It was recommended that a glossary of organizations and acronyms be supplied to members for their use during discussions.

Agenda Item #6: Grantee Report

- The Grantee has issued a policy on the use of Ryan White program incentives in order to improve client outcomes, clarifying what kinds of incentives are acceptable, i.e., Metrocards, food vouchers, as well as guidelines as to their appropriate use.
- The Grantee presented a webinar for providers regarding contract reduction and service utilization measures; among these measures are reduction measures, to insure that services are retained for those most in need (using poverty levels and insurance status information), data completeness measures in order to insure ongoing funding and contractors' ability to meet contractual obligations, such as site visits and trainings. These reductions will be implemented after PHS has completed its spending analysis of the portfolio.
- The Ryan White Services Report (RSR) was recently submitted, with the expectation that providers will submit their reports on the RSR portal, as mandated by HRSA.
- The grantee has submitted the MAI report, highlighting that 100% of African Americans and Hispanics who were preliminary positive received a confirmatory test

result, 75% of those placed in permanent housing were still housed after 9 months and 95% of African Americans, Hispanics and APIs in care coordination programs had two medical visits at least 3 months apart.

- The partial grant award was received, constituting 29% of our annual MAI award and 41% of the annual Base award. The full award is expected at the end of May.
- Given the lateness of the notification of current funding reductions, Public Health Solutions will allow programs that have exceeded their contractual goals to apply for additional funding at closeout at the end of the year.

Agenda Item #7: Public Comment

Barry Howard announced that the Queens Pride House provides counseling, psychotherapy and other behavioral services at no charge. All those interested should contact Dr. Vasquez.

Agenda Item #8: Adjournment

There being no further business, the meeting was adjourned at 5:10PM.

DRAFT