



Meeting of the  
**EXECUTIVE COMMITTEE**  
Thursday, March 19, 2015, 3:00 - 5:00PM  
NYCDOHMH, 42-09 28<sup>th</sup> Street, Rm 17-12, Long Island City, NY  
Conference Call 1-866-213-1863, Access Code # 6269192

### **MINUTES**

**Members Participating:** Jan Carl Park (Governmental Co-Chair), Matt Baney, Randall Bruce, Carrie Davis, Sharen Duke, Joan Edwards (by phone), Billy Fields, Adrian Guzman (by phone), Graham Harriman, Daphne Hazel (by phone), Christopher Joseph (by phone), Matthew Lesieur, David Martin, Tom Petro, Dan Pinchinson (by phone), Lyndel Urbano

**Members Not Participating:** H. Daniel Castellanos, Harry Jackson, Lisa Zullig

**DOHMH Staff Present:** David Klotz, Nina Rothschild, DrPH, Darryl Wong

**Tri-County Guests:** Robert Cestone, Andi Straus (by phone), Jeanette Wisker

**PHS Staff Present:** Bettina Carroll, Rachel Miller

#### **Agenda Item #1: Welcome/Introductions/Moment of Silence**

Jan Carl Park, Governmental Co-Chair, opened the meeting, followed by member introductions. Lyndel Urbano led the group in a moment of silence.

#### **Agenda Item #2/3: Public Comment/Approval of Minutes**

There was no public comment. No comments, corrections or revisions to the February 19, 2015 meeting minutes were received; the minutes were accepted.

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

##### **Chair Report**

Jan Park reported that he will be participating in AIDS Watch in Washington, DC from April 13-14 and will be using local epidemiologic profiles during visits to Representatives in Congress. Members of the Planning Council were invited to join him on local visits to our representatives. He also noted that he will be participating as a consultant in the UNAIDS global initiative and that he has been elected to Chair the CAEAR Coalition, which will convene its strategic planning retreat in New York City this June.

##### **Integration of Care Committee**

Christopher Joseph, Co-Chair, reported that the Committee has been meeting on a bi-weekly basis and that most recently, discussions addressed 1) funding for Hepatitis C medications, 2) the ADAP formulary which does not pay for these medications, 3) the lack of coverage for these medications in health plans offered to NYC civil servants, 4) the impact of changes in funding for NYS Health Homes beginning July 2015, 5) trauma-informed care in the context of the Early Intervention Services (EIS) Directive, and 6) integrating recent consumer input into the development of the EIS service directive. Legal services will be the next service category for which a service directive will be developed.

## **Policy Committee Update**

*Adrian Guzman and Matthew Lesieur, Co-Chairs*, reported that the Committee will be focusing on Federal, State and City appropriations, addressing concerns around access to Hepatitis C medications, 340b Federal appropriations and State funding levels (HRSA designation for safety-net providers to insure that medications are discounted to increase access to low income clients with re-investment of the net difference back into the health care delivery system), AIDS Watch, elimination of disease-specific criminalization laws and the health literacy of HIV/AIDS workers. Sharen Duke shared that the NYS Assembly and Senate has now restored 340b funding, pending approval by the Governor. Community Co-Chair Urbano noted that 1) the Assembly allocated more funding for youth and housing initiatives than was requested, (although the State Senate did not) and that 2) a community sign-on letter will be circulated in support of a bill that allows consumers to have the option to use mail order pharmacies to receive medications.

## **PSRA Committee**

*Sharen Duke, Committee Co-Chair* reported that Christine Rivera of the NYSDOH AIDS Drug Assistance Program (ADAP) program provided an overview of the program's utilization and on the impact of the health insurance exchanges and the implementation of the ACA on ADAP services and resources. Ms. Rivera noted that 1) there is a high proportion of ADAP enrollees moving onto Medicaid but that ADAP will cover those individuals during the transition and that 2) the highly effective class of new Hepatitis C medications would not be added to the ADAP formulary due to high costs (~ \$100,000 for a treatment regimen of three months). There was discussion regarding the allocation of resources towards the creation of a fund to pay for Hep C medications for HIV/Hep C co-infected clients, as HRSA has indicated that they would allow use of Ryan White funds to pay for these medications. Jan Park added that a HRSA core service, Local Pharmacy Assistance Programs (LPAP) is available for those EMAs without ADAP programs, providing access to these medications and that a needs assessment is indicated. The usefulness of the service category scorecards provided by Public Health Solutions was noted; there are plans to collaboratively share and use this data in both the PSRA and Needs Assessment committees. It was underscored that this data should be supplemented with consumer testimonials attesting to the need for these funded services.

## **Needs Assessment Committee**

*Carrie Davis, Co-Chair*, reported that the Committee was briefed on the FY13 Progress Report, the Part A implementation plan and the MAI annual report narrative. Kimberly Smith provided an update regarding the Governor's Task Force on Ending the Epidemic. Work will continue on articulating the Committee's recommendations. Happily, it was noted that the renovation of the LGBT Center has been largely completed.

## **Consumers Committee**

*David Martin and Billy Fields, Committee Co-Chairs*, reported that at the last meeting at the AIDS Center for Queens County (ACQC), a pre-meeting was held, allowing for an informal Q/A for interested program clients on the Planning Council's goals, responsibilities and structure. This informational session was followed by the Consumers Committee meeting, where Dr. Nina Rothschild presented the work of the Integration of Care Committee on the Early Intervention Service Directive. The discussion elicited comments and recommendations, among which the need for language concerning physical and sensory impairments was noted, the distinction between navigation and linkage was articulated, as well as service components including trauma-informed care, PTSD, cultural and linguistic appropriateness, the availability of legal services, the need for HIV testing, the role of social networks in HIV transmission and service access and the availability of PEP and PREP. Darryl Wong, Planning Council staff liaison to the Committee announced that the April meeting will be held at The Family Center in Brooklyn, where updates to the development of the EIS service directive will be addressed and recommendations from the

Needs Assessment regarding client engagement in care will be discussed, as well the recommendations regarding increasing consumer engagement garnered from this past February's strategic planning retreat.

### **Rules & Membership Committee**

*Daphne Hazel*, Chair of the Committee, noted that although the annual Planning Council recruitment process has not yet begun, members should be outreaching to individuals whose expertise and experience can contribute to the Planning Council, either as appointed full members or members of various Committees. She also reported that the Committee will soon be considering some changes in the By Laws allowing electronic voting, as well as beginning the discussion of the Tri County planning process during Tri-County's Steering Committee transition.

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

*Graham Harriman* of NYCDOHMH reported that:

- the NY EMA received notice of being awarded \$81,176,774, which represents 80% of last year's grant award; we are expecting the remainder of the award within the next few months;
- Dr. Michael Amoh, our current HRSA Project Officer, will be assuming another position and that in the interim, Dan Baker, will be assigned to the NY EMA;
- HRSA/HAB released Policy Notice 15-01 informing grantee that certain costs, such as program space costs, would no longer automatically be considered administration;
- After consultation with the Integration of Care Committee, reimbursement of the provision of legal services related to obtaining PRUCOL status for undocumented Ryan White clients will soon be allowed; and
- Planning Council members are invited to participate in the Interagency Quality Management meeting at NYSDOH or NYCSDOHMH or by calling in.

*Tom Petro* of the Westchester County Department of Health announced that he will be formally retiring from the Department on April 10, 2015, although he will be staying on as a part-time employee during the transition of contracting from the Tri County region to NYCDOHMH. He reported that at the past two Steering Committee meetings, there has been much discussion regarding:

- lack of knowledge of the Planning Council structure and processes;
- lack of adequate Tri County representation;
- the potential for the diminution of the consumer voice in the Tri-County region;
- the service directive development process;
- the RFP process and applicant eligibility;
- staffing of the Steering Committee;
- the appointment of Steering Committee members and leadership; and
- the continuation of Living Together as the consumer group for the region.

### **Agenda Item #6: Strategic Planning Retreat**

*Darryl Wong*, Planning Council Staff provided a summary of the February 2015 Strategic Planning Retreat Evaluation, noting that 86% of respondents (of 29 participants, 26 were Planning Council members, of which 13 individuals are Executive Committee members and 4 are new members) found the retreat moderately or very effective. With respect to the three overall objectives of the event (creating a shared understanding of individuals' motivations, increasing member knowledge of the Part A program, and agreeing on strategic actions needed to make program changes), scores ranged from 3.3 – 3.7 out of 5, indicating that at least 90% of individuals somewhat, largely and/or fully agreed that the event's objectives were met. The aspects of the retreat that were most highly rated and useful to participants were identified as the high level of interaction among participants, the use of small groups and the facilitation of the event.

The least useful parts of the event were identified as the screening of "How to Survive A Plague", the discussions regarding Planning Council information and data and the Comprehensive Plan. Highly rated follow up areas included discussions/activities addressing strategic vision/planning/unmet needs, costs and cost effectiveness, connecting with consumers and the overall process.

**Agenda Item #7: Adjournment**

There being no further business, the meeting was adjourned at 3:45PM.