HIV HEALTH & HUMAN SERVICES
PLANNING COUNCIL OF NEW YORK
A Mayoral Council established by the Ryan White C.A.R.E. Act of 1990

Meeting of the

EXECUTIVE COMMITTEE

Thursday, March 20, 2014, 3:00-5:00pm
DOHMH, 2 Gotham Center, 42-09 28th Street, Conference Room 14-31,
Long Island City, NY

MINUTES

Members Present: : Jan Carl Park (Governmental Co-Chair), Robert Cordero (Community Co-Chair), Victor Alvarez, Randall Bruce (Consumer At Large), H. Daniel Castellanos, Nancy Cataldi, Sharen Duke, Billy Fields, Adrian Guzman, Graham Harriman, Lee Hildebrand, DSW, David Martin, Tom Petro, Daniel Pichinson
Members Not Present: Felicia Carroll, Joan Edwards, Christopher Joseph, Sam Rivera
DOHMH Staff Present: David Klotz, Rafael Molina, Nina Rothschild, DrPH, Darryl Wong
PHS Staff Present: Bettina Carroll
Parliamentarian: Joan Corbisiero, PRP

Agenda Item #1: Welcome & Introductions

Jan Carl Park, Governmental Co-Chair opened the meeting, followed member introductions, a moment of silence was held in remembrance of PLWHAs who have passed. A special welcome was extended to a group of students from Princeton University who were completing a field-based practicum on HIV/AIDS service delivery planning.

Agenda Item #2: Review of Minutes/Public Comment

Darryl Wong reviewed the meeting materials; the February 2014 minutes were distributed to members electronically for review and comments. There being no comments, the minutes were accepted. There was no public comment.

Agenda Item #3: 2014 Needs Assessment Presentation

Lee Hildebrand, DSW and H. Daniel Castellanos, DrPH, Co-Chairs of the Needs Assessment Committee presented the 2014 Needs Assessment. Part A grantees are required by HRSA to complete a needs assessment every three years; the last needs assessment for the NY EMA was completed in 2002 and updated in 2004. The Needs Assessment Committee had multiple presentations in four broad areas – epidemiology, policy & funding, service needs & utilization, and accessibility & quality of care, examining multiple data sources, including surveillance, CHAIN, MMP, client-level Ryan White data from contractors, consumer focus groups, client satisfaction survey and consumer listening sessions. Over the course of thirteen meetings from October 2012 through March 2014, a guided review of data, identification of themes and gaps, and development of recommendations was developed.

The Needs Assessment describes overall progress in prevention and early detection efforts as well as linkage to care and retention in treatment. Health inequalities remain, still related to fundamental social factors. Information gaps include limited HIV surveillance data for specific populations, and limited data explaining health inequalities. Recommendations in the NA include increasing access to and utilization of current data sources (e.g. eShare, AIRS, CHAIN) and exploring inequalities in HIV diagnoses, co-morbidities, access to services, and mortality.

POLICY & FUNDING:
Policy and funding shifts have both reduced barriers to care and treatment and required sharper focus on EMA's priorities. Part A funding still fills key gaps in HIV-related care. Information gaps include data on the impact of policy and funding shifts on availability and use of services by certain populations, and best practices for integrating services. Recommendations include continuing the waiver request for non-core support services, identifying areas of overlap and potential collaboration among local government agencies to facilitate engagement in care and streamlining service data collection and reporting.

SERVICE NEEDS & UTILIZATION:
Overall high levels of engagement in HIV care have improved clinical outcomes, but not necessarily for all PLWHAs and supportive services are underutilized by certain groups despite high need. Information gaps include: "fit" between level of need and actual utilization patterns; and the relationship between engagement in services and health outcomes. Recommendations are: identify needs among specific groups; use service data and research to assess relationship between enrollment in care and health outcomes; and examine what hinders positive health outcomes for some of those engaged in care.

ACCESSIBILITY & QUALITY OF CARE:
Ryan White clients are generally satisfied with services, but express concerns regarding confidentiality, wait times, locations, and communication. There is a need for streamlined health care systems with integration of services and better communication between providers. Information gaps include the needs for more information about clients lost to care and reasons why, objective measures of quality of care for non-clinical services and service provider perspective on delivery of quality care and technical assistance needs. Recommendations include continuing using qualitative and quantitative data to capture voices of those unconnected or lost to care, developing objective measures for evaluating quality of care, highlighting best practices, including effective organizational structures, and assessing provider resource and education needs.

NEXT STEPS:
Actitivites to be undertaken include the dissemination of the Needs Assessment Report among consumers, providers, government and other stakeholders, prioritizing recommendations to be addressed by the NAC, promoting collaboration across Planning Council committees to address the Report's recommendations and working with NYCDOHMH and Public Health Solutions to improve collecting and reporting of qualitative and quantitative data. There was discussion and clarification of the advantages and limitations of data from the CHAIN study and the other data sources available (eShare, Medicaid) regarding need for and adequate utilization of services.

David Martin, Co-Chair of the Consumers Committee, asked if differently-abled populations' needs (mobility, vision and auditory challenges) were addressed in the development of the needs assessment. The Co-Chairs concurred that this is an excellent idea and should be pursued.

ACTION: ***A motion was made and seconded to accept the Needs Assessment as presented; a motion was made and approved to amend the motion to include information on the service and data gaps of differently-abled individuals/populations. A second motion was made and approved to accept the Needs Assessment as amended.***

Agenda Item #4: Priority Setting/Resource Allocation (PSRA) Recommendations for FY14 Spending Scenarios

Sharen Duke, *Co-Chair of the PSRA Committee,* reported that PSRA has been working on scenario plans for a possible reduction to the FY 2014 grant award. After review of extensive service data and much discussion, the Committee is making the following recommendations for the FY 2014 spending scenario.

PSRA considered the possibility of an 8% reduction to the award, based on the end of hold harmless, some of which may be offset by an increase, if received, in the supplemental award. The final plan will be developed after the full FY 2014 award is known. As in previous years when there have been reductions in

our award, there is precedent for looking at surgical cuts to specific categories, as opposed to applying an across-the-board reduction to every category. New York State, as in the past, has agreed to take an upfront reduction of $2.76M, with the promise to restore as much as possible through reprogramming. The State understands that due to the cut in the FY 2013 award there is a likelihood of this amount not being restored. They are willing to take that risk and have assured us that it will not impact services. The reduction comes from the modified FY 2013 carrying cost to ADAP, which is the full allocation to ADAP, including the $2.76M that was cut at the beginning of last year and restored during the year. The effective cut to ADAP in FY 2014 is 24%, so they are held harmless from further proportionate reductions.

The Committee recommends that $4,689,755 be cut (under any funding scenario) from the Early Intervention Services (EIS) allocation that now pays for under-performing testing contracts, annualized going forward and pro-rated for this year (FY 2014), given the need to do contract close-outs and pay for services already provided since the beginning of the fiscal year. This amount is based on Part A EIS funding that currently pays for programs that do not reach the threshold of positivity rates of 0.4% for routine tests and 0.75% for targeted tests. It should be noted that this will not affect parts of the EIS portfolio that pay for case finding, outreach to homeless youth, linkage to care, and re-engagement in care for those previously diagnosed who have fallen out of care. A $3M reduction in this service category was approved last summer by the PSRA, EC and PC for the FY 2014 application spending plan. The justification for the higher amount is based on extensive review of testing data, including other resources, national and local positivity targets for testing programs, and other changes in the environment such as the new NYS law that requires all clinical settings to offer HIV testing.

An 8% reduction scenario, after the ADAP and EIS reductions, would leave only $2.5M to be reduced through a proportionate reduction using the ranking scores. Given the increase in the overall Part A appropriation by Congress this year, we are hopeful that this year's cut to Part A services will be less. There was a consensus to keep the current allocation amount for Home and Community-based Services (subject to any proportionate reduction) in order to allow IOC to revise the service category guidance to reduce redundancy in the service model. PSRA will develop a final spending plan after the full award is announced (by the end of April, per our HRSA project officer).

ACTION: ***A motion was made and seconded to accept the PSRA recommendations as presented: In an 8% reduction to the FY 2014 spending scenario, the Planning Council will implement the following reductions: 1) $2.76M reduction to ADAP; 2) $4.68M permanent reduction to EIS under any funding scenario (annualized going forward and pro-rated for FY 2014); 3) proportionate cuts to remaining categories, as needed, exclusive of further cuts to ADAP or EIS. The motion carried 13Y-1N.***

Agenda Item #5: Planning Council/Committee Updates

Dan Pichinson, Finance Committee Chair, reported that the Committee met on March 13, at which the FY 2013 Planning Council Support Budget Third Quarter Report was presented. Overall, spending is at 77%, just slightly over the 75% target. When final FY 2014 award is known, the Council leadership will negotiate a new budget with the grantee for presentation to the Committee. Personnel costs are projected to increase due to an increase in the fringe rate and expected collective bargaining agreements, but this amount is not negotiable. Regarding the FY 2013 Base and MAI 3rd Quarter Commitment and Expenditure Reports, 99% of the Base and 100% of the MAI awards were committed. 100% of the base award is expected to be committed by close-out. Expenditures are on target at 35% for base and 38% for MAI. Spending rates are above the 75% targets for the 3rd quarter, e.g., 78% in base, when factoring in the lag time in ADAP/ADAP + expenditures. Overall, the grantee and master contractor expect virtually the entire award to be spent by close-out. Contracts that are being taken down total $1.28M; these funds have not yet been reprogrammed and are being reserved for enhancement to over-performing contracts during the closeout process. The grantee will use an objective process for determining enhancements to over-performing contracts. There was discussion that the Council, in its reprogramming plan, consider

directing the grantee to enhance programs that are achieving better outcomes, using primary care status measures.

The Integration of Care Committee met on March 5 and 19, continuing its analysis of the Mental Health service category. On March 5, there was a presentation of one contractor's mental health services, noting that capital expenditures for an Article 31 start-up are ~ $250K. Dr. Rothschild, Planning Council IOC committee liaison presented a comprehensive, current update on mental health services for PLWHAs.

On March 19, staff from the NYC Human Resources Administration's (HRA) Assessment and Referral Team (ART) spoke about their program linking HASA clients with serious mental illness to treatment and care services. The program is a collaboration between HRA and Public Health Solutions to remove barriers and facilitate access to treatment and services through assessments and case management. Clients must be receiving HASA services, have serious mental illness, at least one unmet service need, and no duplication of services. It was noted that this is a difficult population with clients who are resistant to traditional mental health treatment.

The Policy Committee met on March 3 where there was a presentation on Navigating **the Affordable Care Act (ACA) by** Alexandra Remmel of GMHC and an update from VOCAL-NY on the victory of PLWHAs who will no longer have to spend more than 30% or their income towards rent and Local Law 49.

The Consumers Committee met on March 19 at which committee members identified and ranked areas of interest for presentations, capacity/skills-building training and membership outreach. Consistent and informed committee participation, as well as barriers, was also addressed.

Agenda Item #6: Grantee Report

Graham Harriman, Director of the Care & Treatment Program, reported that:

- Contract close-out activities will begin next month;
- A concept paper addressing supportive counseling and family stabilization, non-medical case management and health education/risk reduction was posted on the PHS website;
- Staff from the Bureau of HIV/AIDS Prevention & Control and the Commissioner of Health Dr. Bassett attended a City Council briefing at which Councilman Corey Johnson inquired about the HIV Care Continuum; and
- The Bureau received a CDC Capacity Building Grant for High-Impact prevention.
- Our partial grant award was received last month, constituting 29% of our annual MAI award and 41% of the annual Base award. The full award is expected at the end of May.

Agenda Item #7: Public Comment

There were several questions from the Princeton University group about the mechanics of Ryan White funding, service directives, evaluation effectiveness and the political environment supporting HIV/AIDS funding.

Agenda Item #8: Adjournment

There being no further business, the meeting was adjourned at 5:15PM.