



Meeting of the
EXECUTIVE COMMITTEE

Thursday, March 24, 2016, 3 - 5PM
NYCDOHMH, Gotham Center, 42-09 28th Street, Rm 22-12 Long Island City, NY

MINUTES

Members Participating: Jan Carl Park (Governmental Co-Chair), Matthew Lesieur (Community Co-Chair), Katrina Balovlenkov, Randall Bruce (Consumer-at-Large), Carrie Davis, Sharen Duke, Billy Fields, Graham Harriman, H. Daniel Castellanos (by phone), DrPH, Daphne Hazel (call in), Julie Lehane, Andrea Straus

Members Not Participating: Matthew Baney, Joan Edwards, Christopher Joseph, Dan Pichinson, Derrick Weekes, Lisa Zullig

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

PHS Staff Present: Bettina Carroll, Christine Nollen

Others: Joan Corbisiero (Parliamentarian)

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. Randall Bruce, Consumer-At-Large, led the group in a moment of silence. The minutes of the January 21, 2016 meeting were accepted as presented.

Agenda Item #2: Public Comment

There was no public comment.

Agenda Item #3: Priority Setting/Resource Allocation

Sharen Duke presented the FY 2016 Spending Scenario Plan with a theoretical 5% reduction of ~\$4.63 million. While flat funding is expected, a spending scenario will allow the grantee to implement the final award without the delay of going back to the Council for a final spending plan.

Targeted reductions were made in the application spending plan to Harm Reduction (HRR), Mental Health (MH) and Home and Community-based Services (HOM), based on trends in spending and the fact that HRR and MH are being re-bid. If there is an increase in funding, those funds will be re-distributed equally to Housing and Food Nutrition Services. The rest of the reduction was applied proportionately to the remaining service categories (incl. Home and Community Based Services) based on ranking scores. Harm Reduction and Mental Health services were held harmless from further reductions. The overall theoretical reduction was taken from the Base award, but the spending plan assumes that all Base and MAI programs are one unified pot of money, as the services that overlap funding streams are identical, as well as the populations served. It was noted that any reductions beyond 5% will be revisited by PSRA, which has the option to make surgical cuts based on changes in carrying costs of programs. Jan Park requested an explanation as to why the Quality Management initiative, funded at \$3,000,000 or 5% of the award, has been held harmless while it reports underspending. Any underspending in Quality Management this year, mainly due to staff vacancies, was shifted to carryover funds. Jan Park also reminded the Committee that the Bylaws need to be modified to allow for Planning Council members to vote via conference call.

ACTION: A motion was made to accept the FY 2016 Spending Scenario Plan methodology, with a theoretical 5% reduction, as presented. The motion passed unanimously.

Agenda Item #3: Tri-County Service Directives

Dr. Julie Lehane of the Westchester County Department of Health, opened the review and discussion of the remaining five (5) Tri-County Steering Committee (TCSC) service directives to be voted upon, which include Mental Health Services, Early Intervention Services, Oral Health Services, Food Bank/Home Delivered Meals and Housing Services. It was agreed that comments and questions will be taken after each service directive review. There is also an ongoing effort to introduce standardized language across all service categories. All those participating in the Executive Committee, as Committee Chairs, are de facto members of the PSRA and are encouraged to participate if they are not already doing so.

Mental Health Services: Dr. Lehane noted that the Mental Health service directive's goals and objectives have not changed since its approval by the IOC and the TCSC. It was also noted that Medical Case Management in the Tri County region is more of a classic model of case management, offered to all Ryan White clients, in contrast to the Medical Case Management model offered in NYC, which is geared towards those who are having difficulty in being linked, retained in care and/or achieving viral suppression. The following language changes were suggested: It was suggested that:

- Column 3 (Service Model), *medical and non-medical case management* be changed to *case management, concluding with other services, as available and needed;*
- Column 4 (Client and Agency Eligibility), *individual* be changed to *All HIV+ individuals who meet the baseline eligibility for services in the NY EMA can receive care;* and
- Column 4 (Page 3, last bullet, line 5), *legal* be changed to *mental health.*

ACTION 1: A motion was made to accept the proposed amendments, as described above. The motion passed unanimously.

ACTION 2: A motion was made to accept the service directive, as amended. The motion passed unanimously

Oral Health Services: This service is provided in the Tri-County region only (Part F grants fund oral health services in NYC). After reviewing the service category goals, the following language changes were suggested:

- Column 3 (Service Model, p.3, 1st bullet), remove *equal to but not exceeding the level which Medicaid covers;*
- Column 3 (Service Model, p.3, 2nd bullet), remove *Medicare;*
- Column 4, (Agency Eligibility Criteria, Bullet 3) – replace *Article 28* with *licensed;* replace *non profit free standing licensed* with *other licensed;* replace *which either* with *that;* conclude with *and have the capacity to bill Medicaid, are eligible;*

ACTION 1: A motion was made to accept the proposed amendments, as described above. The motion passed unanimously.

ACTION 2: A motion was made to accept the service directive, as amended. The motion passed unanimously.

Early Intervention Services: It was noted that the Early Intervention Services service category differs from that of NYC's in that in the Tri-County region, HIV testing is allowed in clinical settings. There were no other proposed changes noted.

ACTION: A motion was made to accept the service directive as presented. The motion passed unanimously.

Food Bank/Home Delivered Meals: The service directive is very similar to that of NYC's. However, there are no programs offering congregate meals in the Tri-County region. It was noted that food/meal services may also be provided to dependent children under age 18).

**ACTION: A motion was made to accept the service directive as presented.
The motion passed unanimously.**

Housing Services: The Committee was reminded of the absence of housing programs for PLWHAs, such as HASA in NYC, in the Tri- County region. There were no changes suggested.

**ACTION 1: A motion was made to accept the service directive, as presented.
The motion passed unanimously.**

Agenda Item #5: Planning Council Committee Updates

On behalf of the Integration of Care Committee, Dr. *Nina Rothschild* reported that the Committee has been working on the development of master service directive language, which will be applicable to all service categories. IOC will also be taking the recommendations generated from the Needs Assessment Community Briefing held in February to the PSRA and back to the IOC.

Dr. Daniel Castellanos, on behalf of the Needs Assessment Committee, reported that in addition to analyzing the transcripts of the briefing, other areas of interest include incarceration and immigration, as well as the prioritization of CHAIN topics for further study.

Katrina Balovlenkov, on behalf of the Consumers Committee, reported that the ETE needs and gaps were reviewed for Queens, Brooklyn, the Bronx, Upper & Lower Manhattan and the Hudson Valley region. Common themes included the lack of HIV Care Networks for information sharing, challenges in coordination and collaboration, the lack of input of PLWHAs over 50 years of age and the relative imbalance of service providers to consumers. *Billy Fields* remarked that with the dissolution of the PWA Advisory Committee, the consumer voice has been stifled.

David Klotz provided an update on the Finance Committee which met in February to review the 2015 Base and MAI commitment and expenditure reports. 100% of MAI funds have been committed, and all but \$25K of Base funds were committed. Spending is on target at ~75%. The committee will meet in May to review the close out reports and to complete the administrative mechanism piece.

Agenda Item #5: Prevention & Care Integrated Strategic Plan Update

Darryl Wong provided an update on consumer activities related to the Prevention & Care Integrated Strategic Plan. At the last Consumer Committee meeting, the results of five (5) borough/region-based small group discussions (Upper & Lower Manhattan, the Bronx, Queens, Brooklyn and the Hudson Valley region) conducted earlier in the month were shared with Karen Hagos and Deborah Dewey of the NYSDOH AIDS Institute as well as Sandra Houston, the consultant who will be writing the Integrated Plan. The ETE Subcommittee of the AIDS Advisory Council is scheduled for May 23 and a Statewide Community Call in will be held shortly to solicit additional stakeholder input and feedback.

Agenda Item #6: Grantee Report

Graham Harriman, NYCDOHMH, updated the Committee on the following:

- The NY EMA has received notice from HRSA that our Core Medical Services Waiver has been approved for FY2016, which allows less than 75% of funds to be allocated to core medical services;
- HRSA has notified us that we will receive 80 % of our Base and MAI award in March;
- The 2015 Ryan White Services Report (RSR) is currently in process with over 78 of the 109 reports successfully submitted a/o March 15;
- The Mental Health & Harm Reduction Services RFP submission deadline was extended to January 2016; applications have been scored and Public Health Solutions (PHS) will be developing a ranked list of awardees, ensuring geographic and population distribution of services.

- The Bureau of HIV/AIDS Prevention & Control of the NYCDOHMH has released an RFP via Public Health Solutions for \$6.9 million in City Council funds targeting the Ending the Epidemic (EtE) priorities, covering 10 service areas. The proposal submission deadline is Monday, April 25, 2016.

Agenda Item #7 Public Comment/Adjournment

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