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, April 18, 2013, 3:00-5:00pm
DOHMH, 2 Gotham Center, 42-09 28th Street, Conference Room 17-42,
Long Island City, NY

MINUTES

Members Present: Jan Carl Park (Governmental Co-Chair), Dorella Walters (Community Co-Chair), Robert Cordero (Finance Chair), Victor Benadava, Randall Bruce (Consumer-At- Large), Gregory Cruz, Sharen Duke, Marya Gilborn, Graham Harriman, Lee Hildebrand, DSW, Julie Lehane (for Tom Petro), Sam Rivera
Members Not Present: Victor Alvarez, Nancy Cataldi, Gerald DeYounge, John-Anthony Eddie, Joan Edwards, Charles Shorter
Staff Present: David Klotz**,** Rafael Molina, Nina Rothschild, DrPH, Darryl Wong
NYCDOHMH: Anna Thomas, Jacqueline Rurangirwa
Public Health Solutions: Rachel Miller
Parliamentarian: Joan Corbisiero

Agenda Item #1: Welcome & Introductions

Jan Carl Park, Governmental Co-Chair, opened the meeting, followed by member introductions. Randall Bruce led the Committee in a moment of silence in memory of Ilene "China" Chung-Eddie, longtime HIV/AIDS advocate and wife of Planning Council member John Anthony-Eddie, who passed away on April 11, 2013. Jan Park presented the draft agenda for the full Planning Council meeting on April 25, 2013.

Agenda Item #2: Review of Minutes

The minutes were distributed to members electronically for review and comments. The minutes were approved as presented.

Agenda Item #3: Finance Committee

On behalf of the Finance Committee, Robert Cordero, Finance Officer, presented the FY12 Close-out of the Planning Council Support Budget, the FY13 Planning Council Support Budget and the FY 12 3rd quarter Base & MAI Commitment and Expenditure Reports. With respect to the FY12 close out of the Planning Council Support Budget, Mr. Cordero presented the FY 2012 closeout report for the Planning Council support budget. With modifications made during the year, $839,663 was spent of the $866,191 budgeted. With the agreement of the grantee FY 2013, pending the final grant award, the Finance Committee proposed a budget of the same amount, modified to more closely reflect the amounts spent in the individual line items in FY 2012. Graham Harriman noted that this budget is based on an anticipated level funding scenario. David Klotz also noted that the total Planning Council Support Budget is 0.7% of the total Planning Council budget.

ACTION: A motion was made, seconded and approved to accept the proposed FY 2013 Planning Council support budget.

Mr. Cordero presented an overview of the FY 2012 Base and MAI third quarter commitment and expenditure reports. Overall, spending is close to target, with 25% unspent at the end of the 3rd quarter; the base award was 31% unspent, compared to 29% at this point in FY 2011 and the MAI award is 42% unspent. However, this figure is skewed upwards because the State had not yet reported any of its ADAP Plus spending; typically, full spending of ADAP Plus is occurs and is reported in the 4th quarter. If the ADAP Plus expenditures were pro-rated for the 9–month period represented by the 3rd Quarter, actual MAI under-spending would be 33%.

Overall, 51 contracts were taken down (generally one-time) by $4.3M. $2.36M of that was reprogrammed to enhance over-performing contracts and the balance was used to restore the upfront reduction to the ADAP program. ADAP also received additional enhancements that exceed the spending plan allocation, which will be covered by additional take-downs after contract closeouts are processed. For FY 2012, enhancements were provided to contracts in January 2013 compared with the prior two years when enhancements were provided at closeout. Providing the enhancements earlier in the year allowed more time for contractors to plan (e.g., making one-time purchases, continuing to perform at increased levels) and reduced the risk and uncertainty of not being reimbursed for services provided above the established targets and contract amounts.

Highlights of the Base report include:

- Reported spending for ADAP Plus is below target due to a lag in the State's reporting.
- $2.1M shown as uncommitted under Care Coordination is a net amount which included enhancements to several over-performing contracts and takedown to others that underperformed.
- Higher than average under-spending in Transitional Care Coordination, Harm Reduction and Early Intervention was due to enhancements to contracts in these categories that had not yet been spent during the 3rd Qtr but will be reported in the 4th quarter/Final Report.
- $295,000 was uncommitted in Emergency Rental Assistance due to client recruitment difficulties. It was noted that Graham Harriman explained that due to HRSA program rules, they cannot pay for security deposits (clients are referred to the HOPWA Sustainable Living Fund). Also, clients who become HASA eligible are moved to that program. The program is also finding that new income eligibility verification procedures have found client incomes to be higher than anticipated and the program's share of the rent therefore becomes lower. This service model does not allow case management services to be provided to client. As a result, clients that referred out who need case management for housing readiness (e.g., training in daily living skills) and other wrap-around services are sometimes lost to the program. Finally, the service is limited to the AIDS-diagnosed or HIV-symptomatic, as per the Council's service directive.
- $275,149 was uncommitted in Housing Placement Assistance due to severe underperformance of one of the four contracts in this category which was taken down by 2/3 of its contract amount. Two other contracts over-performed in this category.
- $200,833 was uncommitted in Outreach to Youth (the category unspent by 44%), due to issues with the service model. For FY 2013, the programs will concentrate more on outreach and engagement rather than services to those who test positive, as the number of those identified HIV-positive was relatively low. Mr. Cordero stated that this points to the need for the Council to continually review service models that have problems.
- Outpatient Medical ("Bridge") Care is 100% unspent due to the last remaining provider in this category voluntarily giving up its contract. Further discussion ensued later in the meeting.

Julie Lehane, on behalf of the Westchester County DOH explained that the Tri-county under-spending is overstated due to the fact that that payments lag by two months as payments are not made until two months after the quarter's end, and so third quarter liquidated expenses more accurately reflect spending as of the second quarter. Also, in Tri-county, in order for unspent funds to be re-allocated to programs, contract amendments need to go through a county board which happens too late in the year, and as Tri-county has no reprogramming plan, a portion of the Tri-county unspent funds will be returned to NYC to be reprogrammed. Additionally, it was explained that contractors with severe under-spending are

required to develop a plan and timeline for improvement. In addition, providers in some categories are given technical assistance from DOHMH staff or asked to develop a Corrective Action Plan If there is no improvement in performance, contracts can be subject to permanent take-downs, or in extreme cases, terminations.

Highlights of the MAI report include:

- There was $561,885 overcommitted in ADAP Plus. Spending for this program was not reported during the 3rd Qtr but it is expected that full spending will occur in the 4th quarter. $244,038 was uncommitted in Care Coordination due to 3 contract takedowns (which were offset by 2 contract enhancements).
- Tri-county reported 43% unspent as of the 3rd quarter.

In response to a previous Finance Committee request, Graham Harriman reported on the factors that led to the discontinuation of all contracts under the Outpatient Bridge Medical Care (OBMC) category, which was designed to provide medical care in SROs, a particularly marginalized population. The service was an optional program element for Care Coordination and Transitional Care Coordination applicants. The grantee, six OBMC providers, five care coordination providers and two transitional Care Coordination contracts participated in discussions which led to changes in the service model, including more time to complete client intakes and adding patient navigation services during patients visits. The most important points about the challenges of this service model were:

- Identification of medical personnel willing to work in the field,
- Volume of HRSA-required documentation (incl. STD tests, pap smears, etc.) was a barrier to engagement for a wary population,
- Identification of appropriate patients in SROs and mobile units (documented HIV-positive status) due to potential HIPAA violations,
- Low client volume, attributed to the significant number of missed appointments, had a big impact on program and agency finances,
- Patients that attend one clinic visit are considered "linked" and disallowed from receiving further PBMC services, thus no follow-up is conducted by the OBMC team and patients feel abandoned.

The FY 2012 4th quarter close-out report and assessment of the administrative mechanism will be presented at the June Finance Committee meeting and the full June Planning Council meeting. It was also noted that a glossary of financial terms, used at the annual new member Planning Council orientation will be included in the next full meeting.

Agenda Item #4: Committee Updates

Sharen Duke, Chair of the *Policy Committee*, reported that the Committee is developing a framework for review of ACA and Medicaid (1115 waiver) policy developments and assess the implications for the portfolio for Part A services. The Policy Committee would analyze service provision by service category and generate recommendations for possible service provision shifts that maintain services, staying adherent to the Payer of Last Resort policy; these recommendations would then be presented to the IOC Committee for their work on service category directives.

Gregory Cruz, Co-Chair of the *Consumers Committee* reported that as the local CAB for the CDC Medical Monitoring Project (MMP), consumers provided feedback, input and recommendations at the last meeting in a small workgroup format on the 2015-17 cycle of MMP standard (National) questions for CDC review. Also, per CDC's request, the Committee submitted comments on the 2014 MMP Standard/National "sexual behavior" questions. The next meeting is scheduled for May 22nd, at which time there will be a presentation of the CHAIN report on Employment & Economic Well-Being Among PLWHAs in NYC from

2012-14, as well as a discussion of 2011 Community Advisory Board (CAB) survey, findings, recommendations and next steps.

Lee Hildebrand, Chair of the *Needs Assessment Committee*, reported that the Committee has been involved in the on-going development of the 2013 Needs Assessment. The CHAIN study on Delayers, Dropouts and the Un-connected to care was presented, as well as a discussion of the treatment cascade as a means of identifying special populations. The next meeting will focus on the 1st year of the implementation of the NY EMA's Comprehensive Strategic Plan.

Nina Rothschild, on behalf of the *Integration of Care Committee* reported on the progress in the development of the Health Education/Risk Reduction "Positive Life Workshop" service directive. A motion to approve the directive was tabled and will move to a vote at subsequent meetings. The Committee began development of the non-Medical Case Management (nMCM) service directive with presentations from current providers on Rikers Island (NYC DOHMH) and from CBOs. It was also noted that the Committee has been charged with prioritizing and developing eight (8) of twenty service directives within a very tight timeframe, as illustrated in a GANTT chart distributed at the meeting. There was overall consensus that the process utilized to this point, involving provider presentations, was inefficient. It was suggested that in order to increase efficiency, the Committee utilize the expertise and experience of service providers, operating concurrently, and in groups, rather than independently (and sequentially), who would be charged with contributing salient components of the service directive, independent of the actual service model development. There was also recognition of the value of summaries of provider calls which detail provider recommendations focusing on challenges in providing the service, observation of the level of need in the community, reimbursement challenges and recommendations regarding targeting and implementation issues. Jan Park reminded the Committee that there must be opportunities for the community to vocalize their needs in order to inform our decision-making. The next meeting will focus on presentations from nMCM providers, Ryan-Nena CHC and from the NYC HIV/AIDS Services Administration (HASA).

Agenda Item #5: Grantee Report

Graham Harriman, Interim Director of the Care and Treatment Program, announced that HRSA has approved the EMA's application for a waiver of the 75% core services requirement. The full grant award is expected in about 5-7 weeks, and the EMA has been verbally notified that the reduction will likely be less than 5%. In addition, the grantee is looking forward to receiving HRSA's site visit report and further technical assistance on fiscal monitoring.
Julie LeHane reported that the Tri-county Steering Committee has completed its service category ranking in preparation for a reduction in the grant award, at which Housing, Food & Nutrition and Transportation were the top ranked categories. The NYSDOH AIDS Institute convened a forum on Health Homes .

Agenda Item #10: Public Comment

There was no public comment.

Agenda Item #11: Adjournment

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