



Meeting of the
EXECUTIVE COMMITTEE
Thursday, May 21, 2015, 3:00 - 4:00PM
NYCDOHMH, 42-09 28th Street, Long Island City, NY
Conference Call 1-866-213-1863, Access Code # 3587454

MINUTES

Members Participating: Jan Carl Park (Governmental Co-Chair), Randall Bruce, H. Daniel Castellanos, Carrie Davis, Sharen Duke, Joan Edwards, Billy Fields, Graham Harriman, Daphne Hazel, Matthew Lesieur, David Martin, Tom Petro, Claire Simon (for Ira Feldman), Lyndel Urbano, Lisa Zullig

Members Not Participating: Matthew Baney, Adrian Guzman, Harry Jackson, Christopher Joseph, Daniel Pichinson

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

Tri-County: Liz Hurley, Christopher Oldi, Mary Simon, Mary Grace Verrone

PHS Staff Present: Bettina Carroll, Rachel Miller

Agenda Item #1: Welcome/Introductions

Jan Carl Park, Governmental Co-Chair, opened the meeting, followed by member introductions.

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

There was no public comment. The minutes of the April 23, 2015 meeting were accepted, with corrections noted (omission of the PSRA report as delivered by Sharen Duke).

Agenda Item #4: Planning Council Updates

Chairs Report

Lyndel Urbano, Community Co-Chair, reported that there is a significant amount of support for the New York State Assembly Bill A.6194 and New York State Senate Bill S.2530 which will ensure that consumers are able to access medications from local participating pharmacies including medications for HIV. On April 28, GMHC went to Albany to educate legislators on this issue.

Jan Park, Governmental Co-Chair, reported that at the May 28 Planning Council meeting, Dr. Sarah Braunstein, Director of the HIV Epidemiology and Field Services Program of the NYCDOHMH's Bureau of HIV/AIDS Prevention & Care will deliver a presentation on the HIV Care Status Reports System, which is an electronic system enabling providers to initiate inquiries against the surveillance registry to determine the current HIV care status of their out of care (more than 12 months having lapsed since being linked to medical care or having not returned for HIV-related medical care in the same facility) patients. At the June 25 Planning Council meeting, Jackie Treanor of NYSDOH will present on Delivery System Reform Incentive Payment (DSRIP).

A motion was made for the Committee to accept the drafted Planning Council letters of support for the Bureau's grant applications to new CDC funding opportunities addressing transgender populations and MSM testing. *The motion passed unanimously.*

Priority Setting & Resource Allocation

Sharen Duke, Co-Chair of PSRA, reported that the Committee on May 11th, at which there was a presentation on the results of a grantee survey of providers on the effect of the FY 2013 cut in the grant award. 89% of programs responding to the survey received a funding reduction in FY 2013. Of those programs, at least 65% indicated reducing RW-funded staffing. 53% reduced the number of clients they were able to serve through their RW-funded program. 36% said they would be setting caps for client enrollments. 23% would be dis-enrolling the least needy clients this year. There was also a reported decrease in staff morale, leading to problems with staff retention, and a diminished capacity to fund non-personnel items such as equipment and transportation. The data is a good first step in understanding the impact of the cuts, and justifies a request for additional funds in the application. While there was a small restoration in funding with the \$1M increase in the FY 2014 grant award, this may be the “new normal” for Part A funding, which the EMA has to work with. PSRA will weigh these factors when developing a FY2016 application spending plan.

PSRA reviewed the revised EIS service directive, which was approved by the Integration of Care (IOC) Committee the week before. PSRA approved the new service model, which emphasizes linkage to care for positive people. PSRA also reviewed the cost analysis for the new directive’s services, which are based on the current reimbursement rates. This is the first time that a cost analysis has been done for a new service directive. PSRA will have to decide, based on the unit costs and need, how much of the service it wants to purchase (i.e., the service category allocation). While there are some unknown factors, the cost analysis gives us a more realistic depiction of the scale of need and the resources required to meet it. PSRA accepted the methodology of the cost analysis and to defer the final allocation when considering the full FY 2016 spending plan for the application in July.

PSRA received a presentation from *Dr. Peter Messeri of the CHAIN Project* on an update on service needs and adequate utilization in the CHAIN cohort. Areas of highest need and lowest utilization include Food & Nutrition Services. At the June 8th meeting, data from the last few months will be reviewed in order to begin service category rankings.

Integration of Care Committee

Lisa Zullig, Co-Chair of the Integration of Care Committee reported that on May 6, the Committee reviewed and approved the Early Intervention Service (EIS) directive, which was developed over five months of intensive meetings and is trauma-informed and sensitive to physical, behavioral, psychosocial and sensory impairments. In addition, NYCDOHMH grantee staff presented a cost analysis for EIS, a copy of which appears on the Planning Council website (www.nyhiv.org). Rates are based on the historical performance of contracts.

A motion was made to accept the service directive as presented and was passed unanimously.

Policy Committee

Matthew Lesieur, Co-Chair, reported that the Policy Committee met on May 8th and discussed recruitment of new members by reaching out to organizations such as ACRIA, VOCAL, TAG, and the AIDS Institute’s Intergovernmental Affairs Office. They reviewed the HIV community’s \$10 million requests of Mayor De Blasio that did not make it into the Mayor’s budget, but will be brought to the City Council, such as funding for 7 STD clinics to bring PLWHA into care and start HIV- individuals on PrEP; a nPEP Center for Excellence in each borough; provider trainings on PEP and PrEP; a pilot project to provide nPEP and PrEP for HIV-youth at high risk; and a NYC DSRIP Learning Collaborative to promote innovative prevention and care strategies for Medicaid beneficiaries. The Committee discussed a bill (see above Chair report) that has been introduced in Albany that would allow patients to obtain their HIV medications from their local pharmacy (not just a mail order pharmacy), provided that the pharmacy is willing to take the mail order price. Other topics discussed included: Truvada as PrEP (one insurance company is no longer paying for

it); educational visits by committee members to local Congressional offices (communications to be provided by the committee chairs); and the Governor's blueprint for ending the epidemic.

Needs Assessment Committee

Carrie Davis, Co-Chair, reported that the Needs Assessment Committee (NAC) met on May 14th, where Eric Rude, MSW, Director of the Office of Viral Hepatitis Coordination, presented on the epidemiology of Hepatitis C in NYC and barriers to treatment for Ryan White clients. NAC discussed the need for a Local Pharmaceutical Assistance Program (LPAP) to pay for new HCV medications that are not covered by ADAP. Thirty-two other EMAs have LPAPs. NAC is engaged in identifying and quantifying need and beginning the discussion to address disparities. The cure rate for people who are co-infected with HIV and HCV is 100% with the new drugs. Medicaid has restrictions on access (e.g., have to be at stage 3 or 4, have an undetectable viral load). Although we can only offer what Medicaid offers, we might not be bound by these restrictions. NAC will reach out to other LPAPs to find out how they built their LPAP and who is served, and conduct a needs assessment to state the case and be as specific as possible and bring the issue to IOC. NAC members broke into three small work groups to discuss the expected products: reports, fact sheets, and half-day community briefing to follow up on the recommendations of the formal needs assessment.

Consumers Committee

Co-Chairs Billy Fields and David Martin reported that the Consumers Committee met on Tuesday, May 19th at the LGBT Center and discussed the EIS Directive. They also talked about the outreach efforts to take the Committee out into the Community, where consumers meet at local CBOS. Mr. Martin reported that he led a discussion on the Part A Quality Management Conference, reporting on the need for more Consumer input. The Committee also discussed the Governor's Blue Print for Ending the Epidemic, with further discussion of blueprint recommendations to take place at the June meeting. *Dr. Peter Messeri of the CHAIN Project* presented the CHAIN study on Service Needs and Utilization. Consumer feedback from this presentation raised questions about the absence of individuals of transgender experience in the CHAIN cohort.

Rules & Membership Committee

Daphne Hazel, Chair of the Rules & Membership Committee (RMC), reported that RMC met on May 15 to review a draft bylaws amendment to formally incorporate the Tri-county Steering Committee as a standing committee of the Council. When finalized, the amendments to the Bylaws to be presented to the EC include *Article II*, which would require at least one seat on the Council for a representative from each of the three counties in the TC region (along with the current requirement for at least one representative from each of NYC's boroughs) and *Article VI*, which would eliminate term limits for all committee members, with all committee members serving for three-year renewable terms with no limit on the number of renewals and utilize the language for all other standing committees of the Council, laying out the roles and composition of the Tri-county Steering Committee. There was discussion on the use of alternates for TCSC members (currently allowed up there, but not allowed for the Council or its committees). The pros and cons of alternates were discussed, as well as the history of alternates on the full Council, where they were eliminated based on HRSA guidance. There was a consensus that the HRSA project officer should be consulted.

There was also discussion as to whether or not to include a PLWHA advisory group as a subcommittee of the TCSC. This role is currently filled by Living Together, a Part A contractor that provides psycho-social support services. RMC members discussed integration of PLWHA into the full TCSC, integration of TC consumers into the Council's Consumers Committee, the difficulties of administrative support for an additional standing committee, and the ability of the TCSC under the Bylaws to appoint ad-hoc committees

for consumer input. RMC members will be invited to attend the June Living Together meeting to get direct input from members before discussing the matter further.

Agenda Item #5: Grantee Report

Graham Harriman of NYCDOHMH reported that:

- Ryan White Part A Grantees, including the New York EMA, have still not received final notice of award (NOA) for FY2015, although HRSA, on a recent conference call, indicated that it should be very soon.
- HRSA will have a strong presence at the United States Conference on AIDS (USCA) this September in Washington, with a focus on integrated prevention and care planning and the HIV Care Continuum. HRSA's HIV/AIDS Bureau (HAB) is also working on revised National Monitoring Standards that incorporate the new Office of Management and Budget (OMB) Uniform Guidance: Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. Because the Ryan White Legislation has not changed, we do not expect there to be substantial updates to the Program Standards where the service category definitions can be found.
- Public Health Solutions (PHS) has completed the FY2014 close-out. Full program spending information for FY2014 will be reported by DOHMH and the Master Contractors (PHS and WCDOH) to the Finance Committee on July 20th.
- A letter was sent to providers expanding allowable services to include immigration services that result in PRUCOL status that enables clients to potentially qualify for Medicaid and HASA. This change to the service category was previously discussed at IOC Committee meetings.
- Grantee Technical Assistance staff, in collaboration with PHS and the AIDS Institute, are completing our initial FY2015 Provider Meetings for Care Coordination, Mental Health, Harm Reduction, Food and Nutrition, Non-Medical Case Management, Supportive Counseling and Family Stabilization, and Transitional Care Coordination. These meetings are an opportunity for providers to hear directly from staff and from each other on issues pertinent to programming and administration of the Ryan White portfolio. Some presentations such as Care & Treatment Priorities, Client Satisfaction Survey, eSHARE Data Mapping, and Quality Indicator Reports are consistent across service categories, but some categories had special sessions specific to the issues of those providers. For a number of the meetings, measures of improvement for those clients who have initiated ART or become virally suppressed over 6 months were presented. Providers also shared the posters presented at the Quality Conference hosted this past February.
- Planning Council Members are invited to join the Care and Treatment Program in our interagency meeting with the New York State AIDS Institute to discuss service category indicators. These meetings take place every month at either the AIDS Institute or the DOHMH Offices. There is a call in option, and the June meeting will take place at the DOHMH Offices on June 2nd at 3:00pm.

Mr. Petro, on behalf of the Westchester County Department of Health, reported that the Tri-county Steering Committee (SC) completed the first two of ten service directives: Oral Health and Medical Transportation. The Steering Committee also discussed representation on the full Council. Members have been encouraged to apply for membership on the full Council.

Agenda Item #6: Adjournment

There being no public comment or further business, the meeting was adjourned at 4:0PM.