



Meeting of the  
**EXECUTIVE COMMITTEE**

Thursday, June 21, 2012, 3:00-5:00pm

DOHMH, 2 Gotham Center, 42-09 28<sup>th</sup> Street, Conference Room 19-28, Long Island City, NY

**MINUTES**

**Members Present:** Jan Carl Park (Governmental Co-Chair), Dorella Walters (Community Co-Chair), Victor Alvarez, Victor Benadava, Nancy Cataldi, Sharen Duke, John Anthony Eddie, Graham Harriman, Lee Hildebrand, Ph.D., Tom Petro, Charles Shorter, Allan Vergara

**Members Not Present:** Felicia Carroll (Consumer-At-Large), Robert Cordero (Finance Chair), Gregory Cruz, Gerald DeYounge, Joan Edwards, Marya Gilborn,

**Staff Present:** David Klotz, Rafael Molina, JoAnn Hilger, Mary Irvine, Ph.D., John Rojas, Nina Rothschild, DrPH, Darryl Wong, Rachel Miller (Public Health Solutions), Joan Corbisiero (Parliamentarian)

**Agenda Item #1: Welcome & Introductions**

Jan Park, Governmental Co-Chair, and Dorella Walters, Community Co-Chair opened the meeting. Darryl Wong reviewed the meeting agenda and materials. John Eddie led the Committee in a moment of silence.

**Agenda Item #2: Review of 5/10/12 Minutes**

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

***ACTION: The motion was made passed to approve the minutes (without changes).***

**Agenda Item #3: Housing Services Directive**

Jan Park introduced the discussion of the program directive by reviewing the history of the development of the directive, which was led by the Integration of Care Committee over nine meetings and included testimonials by homeless PLWHAs and participation by representatives of the Bureau of HIV/AIDS Prevention & Control, Public Health Solutions, the Human Resources Administration, the CHAIN Project, the HIV Law Project, Housing Works and Project Hospitality. The Integration of Care Committee voted to accept this housing services directive on June 6, 2012; if the Executive Committee approves this directive today it will be brought before the full Planning Council on June 28, 2012.

*Dr. Rothschild* noted that the Ryan White-funded housing contracts in the NYC portfolio were old. As the portfolio was being revisited, housing was the next service category in line for re-bidding. Previous housing services guidance were approved by the Planning Council in July 2006, but was not consistent with the newly-developed format for Planning Council directives. The Planning Council currently allocates \$11 million for housing services: Emergency Rental Assistance (one contract of \$3.3 million), Housing Placement (5 contracts totaling \$1.6 million) and Transitional Housing (9 contracts totaling \$6.1 million).

The scope of the problem of homelessness in NYC was described by citing the following statistics:

- The average daily census of the homeless shelter system in 2010 = 36,705;
- One estimate of un-sheltered individuals (street homeless) in 2011 = 2,648; and
- The number of PLWHA residing in emergency SRO hotels in September 2011 = 783.

The DOHMH currently funds housing through Ryan White Part A, HOPWA (Housing Opportunities for People with HIV/AIDS) and the Division of Mental Hygiene. Other public providers of housing in NYC include the NYSDOH, the Human Resources Administration's (HRA) HIV/AIDS Services Administration program (HASA) and the NYC Housing Authority (NYCHA).

Homelessness is acknowledged to be a major risk factor for HIV infection. Between 3-14% of all homeless persons are HIV infected, which is 10 times the rate in the general population. Between 50 -70% of all PLWHA report a lifetime experience of homelessness or housing instability. Between 10-16% of diagnosed PLWHA are literally homeless, unable to pay rent or facing foreclosure because of unpaid medical bills.

CHAIN studies report that between 49-52% of each NYC CHAIN cohort was homeless or unstably housed during the year of diagnosis. The lack of housing is a predictor of continuing to engage in high risk behavior and prevention interventions are much less effective for participants who struggle with housing issues. For every \$1 spent on homelessness prevention, between \$4-8 are saved in homelessness costs.

Several HASA issues impacting housing availability in NYC included the payment of 50% of brokers' fees, leaving clients responsible for the difference and the replacement of security deposits with vouchers. The NYCDOHM was informed by HRSA that Ryan White funds could not be used to pay the remainder of brokers' fees for HASA clients.

The housing service directive being presented includes three types of housing services: **short-term rental assistance, short-term housing services and housing placement assistance.** While the requirement that clients contribute 30% of their income toward their rent is not new, it is now being explicitly articulated in the directive. The goals of the three types of services are to:

- Reduce the risk of HIV transmission associated with homelessness and unstable housing by helping homeless and unstably housed PLWHA to obtain/maintain stable housing;
- Increase the number of PLWHA who enter into and stay in comprehensive care by providing HIV+ homeless or unstably housed persons with stable housing; and
- Decrease homelessness and unstable housing among the homeless PLWHA.

Charles Shorter and Nancy Cataldi, Co-Chairs of the Integration of Care Committee, continued the presentation by citing key features of each type of housing service:

**Short-Term Rental Assistance:**

- Provide short-term rental assistance to secure or maintain stable housing (i.e., rent payments directly to landlords, including brokers' fees)
- Provide referrals to permanent housing, if applicable
- The client contributes 30% of the household income toward rent
- The client must certify the need for housing for the purpose of accessing and maintaining HIV-related medical care and treatment
- Assess the need for case management at in-take and routinely re-assess the household's eligibility for housing entitlements, non-Ryan White rental assistance and support services and provide referrals when necessary
- Coordinate with HOPWA-funded rental assistance programs to ensure that duplication of services does not occur
- Develop a housing plan for long-term housing needs
- Payments are made directly to the landlord; no cash payments are made to clients.
- *Client Eligibility:*
  - Non-HASA eligible PLWHA and their families who are homeless or at risk of homelessness and meet the medical (**must have symptomatic HIV and/or AIDS**) and financial criteria for HASA eligibility
- *Agency Eligibility:*
  - Non-profit organizations with experience with HIV-positive homeless and unstably housed individuals and families and experience with client financial services.

**Short-Term Housing Services:**

- Provide low-threshold, safe and appropriate short-term (including emergency and transitional) housing and services to help clients transition into more stable housing and assist clients to locate and secure safe, affordable and appropriate permanent housing
- Provide assessment for, connection to and support for maintenance in health and supportive services, including financial entitlements (coordinated with HASA, when appropriate), HIV primary health care, mental health care, substance use treatment and food and nutrition services
- Provide services that promote engagement and maintenance in care, retention in permanent housing, adherence to primary medical care and modes of healthy living
- Programs will operate on a congregate or scattered site housing model
- Housing units must be leased or agency-owned
- Clients must certify need for housing for purposed of accessing and maintaining HIV-related medical care and treatment
- Develop a housing plan for long-term housing needs
- To maximize occupancy, a maximum of 15% of housing units may be occupied by PLWHA other than target populations selected by agency
- *Client Eligibility:*
  - Chronically homeless, homeless and unstably housed PLWHA and their families. Targeted but not restricted to PLWHA with mental illness, non- HASA eligible, youth, transgender populations, recent releases, substance using populations, women, individuals aged 50 years and older, immigrants,

families with children ages 18 and younger. **Client must be HIV+ but does not need to have symptomatic HIV or AIDS**

- *Agency Eligibility:*
  - Non-profit organizations experienced with HIV+ homeless and unstably housed individuals and families and experienced with short-term housing

**Housing Placement Assistance:**

- Intake, assessment and placement of PLWHA who are homeless, unstably housed and those at high risk of homelessness into appropriate transitional and permanent housing
- Provide services that promote and support retention in permanent housing, adherence to HIV primary medical care and modes of healthy living
- Certify need for housing for purposes of accessing and maintaining HIV-related medical care and treatment
- Develop a housing plan for long-term housing needs
- Provide services including post-placement verification up to 6 months and referral services, as appropriate
- *Client Eligibility:*
  - PLWHA and their families who are chronically homeless, homeless, unstably housed, or at risk for becoming homeless, with particular focus on formerly incarcerated, mentally ill, substance users, MICA, youth and emergency SRO residents. **Client must be HIV+ but does not need to symptomatic HIV or AIDS**
- *Agency Eligibility:*
  - Non-profit organizations experienced with HIV + homeless and unstably housed individuals and families and experienced with housing placement assistance.

The issue of targeted geographic areas for housing services generated robust discussion. A motion was made to eliminate the column “Target Geographic Areas” with borough-specific designations.

***ACTION: A motion was made, seconded and approved to accept this change.***

A secondary motion was made to eliminate the term “citywide” and to imbed “services will be available to clients in all five (5) boroughs of NYC” within each housing service directive.

***ACTION: A motion was made, seconded and approved to accept this change.***

A motion was made to accept the entire Housing Services Directive, as amended.

***ACTION: A motion was made, seconded and approved to accept the Housing Services Directive, as amended in the two previous motions.***

**Agenda Item #4: Policy Committee Updates**

Sharen Duke, Chair of the Policy Committee provided an update, highlighting the following:

- The grantee’s decision to move forward with an application for a 75/25 core/non-core services waiver
- The Planning Council letter to the Federal Drug Administration in support of OTC home HIV testing kits
- The CLIA waiver exemption for Medicaid certification

- HRSA's response to the CAEAR letter regarding the 10% administrative cap on rent & utilities
- Non preferred drugs for HIV and mental illness
- The Planning Council sign on to AIDS Healthcare Foundation letter to Gilead re: Quad pricing
- Upcoming Supreme Court ruling on ACA
- Discussions on Ryan White reauthorization & inclusion of consumer voices/perspectives in stakeholder input process

#### **Agenda Item #5: Planning Council Committee Updates**

- *Dr. Lee Hildebrand*, on behalf of the Needs Assessment Committee, reported that the Committee received a presentation on the 3<sup>rd</sup> year of implementation of the 2009-12 Comprehensive Plan and will begin discussions regarding a formal Needs Assessment
- *John Anthony Eddie*, on behalf of the Rules & Membership Committee, reported that 2012-13 Planning Council applicants are being contacted to schedule interviews with Committee members and that attendance issues are being discussed. A letter to the City's Law Department regarding Executive Order 28, still under review by the City's Law Department, was approved
- *David Klotz*, on behalf of the PSRA Committee, reported that the Committee is planning for the 2013 application. At the last meeting, service category scorecards and a CHAIN study on service gaps were presented. Meetings in July will address the service category ranking tool and developing a draft allocation plan for the application, as well as the carryover plan for 2011
- *Victor Benadava*, Co-Chair of the Consumers Committee, announced that the Committee will be meeting with the Policy Committee to discuss inclusion of consumer perspectives in the Planning Council letter in support of reauthorization/extension of the Ryan White CARE Act
- *David Klotz*, on behalf of the Finance Committee reported that the Committee will address the final Base and MAI spending reports, including the Planning Council support budget, as well as the administrative mechanism

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

*JoAnn Hilger*, Ryan White Grant Administrator, presented HRSA's Objective Review Committee comments in response to the 2012 application, which received a score of 97/100.

The agenda for the June 28, 2012 was reviewed and approved. It was decided to schedule the next Executive Committee on July 19 and to hold the final Planning Council meeting of the session on August 2.

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