



Meeting of the
EXECUTIVE COMMITTEE
Thursday, June 18, 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: Lyndel Urbano (Community Co-Chair), Randall Bruce, H. Daniel Castellanos, Sharen Duke, Joan Edwards, Billy Fields, Amber Casey (alt for Graham Harriman), Daphne Hazel, Christopher Joseph, David Martin, Dan Pichinson, Tom Petro

Members Not Participating: Jan Carl Park, Carrie Davis, Matthew Baney, Adrian Guzman, Harry Jackson, Matthew Lesieur, Claire Simon (for Ira Feldman), Lisa Zullig

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

PHS Staff Present: Bettina Carroll, Rachel Miller

Agenda Item #1: Welcome/Introductions

Lyndel Urbano, Community Co-Chair, opened the meeting and led the group in a moment of silence, followed by member introductions.

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

There was no public comment. The minutes of the May 21, 2015 meeting were accepted, with attendance corrections noted.

Agenda Item #4: Planning Council Updates

Chairs Report

Lyndel Urbano, Community Co-Chair, reported that Jackie Treanor and Ira Feldman of NYSDOH will present on the Delivery System Reform Incentive Payment Plan (DSRIP) at the June 25 HIV Planning Council meeting.

Priority Setting & Resource Allocation

Sharen Duke, Co-Chair, reported that PSRA approved the FY 2015 reprogramming plan, which (as in previous years), gives the grantee the latitude to shift funds between service categories in order to enhance contracts that are performing above or show potential to perform above the maximum reimbursable amount. No service category will be enhanced by more than 15% of its original allocation in the spending plan, unless the Council approves an increase above 15%. ADAP will be included as a category for enhancement after other service categories have been considered for enhancement. ADAP will not be subject to the 15% cap on enhancements.

A motion was made to accept the FY15 reprogramming plan as presented and was passed unanimously.

There was a consensus to reaffirm the service category ranking scores for the purposes of the FY 2016 grant application. PSRA will spend the fall reexamining how the ranking tool is used and doing a thorough, considered re-ranking before scenario planning is done in anticipation of the FY 2016 award.

In July, PSRA will develop an FY 2016 application spending plan. The committee will also re-examine the additional funding requests from the FY 2015 application spending plan, and discuss the overall direction of asking for additional funds, given the likelihood of generally flat funding for Part A nationally.

Integration of Care Committee

Christopher Joseph, Co-Chair, reported that the Committee developed the Legal Services Directive over the course of three meetings (a record). On May 27, a panel of legal providers was convened by conference call, focusing on which components needed to be increased (or decreased), the service model and which services needed to be added or deleted. Noting that this service directive was last re-bid in 2005, the group was reminded that HIV-related housing legal service was originally allowed, then disallowed and is now an allowable service. Domestic violence legal services, related to HIV status is also an allowable service. Sharen Duke noted that this directive has been written broadly and is not overly prescriptive, this supporting the service model. On June 17, the IOC Committee voted unanimously to approve the service directive.

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

Policy Committee

Co-Chairs Adrian Guzman and Matthew Lesieur were not present on the call and therefore no report was furnished. Nina Rothschild, staff support to the committee, noted that it will meet the following week on June 24.

Needs Assessment Committee

H. Daniel Castellanos, Ph.D., Co-Chair, reported that the Needs Assessment Committee (NAC) met on June 4, at which the goal of increasing access to and utilization of data by members of the community, including providers, and to make the data more visually appealing, was discussed. In addition to fact sheets and reports, the committee will be planning a service data presentation. It was noted that the Planning Council needs a formal needs assessment, produced by this committee, for Hepatitis C (HCV) medications for Ryan White clients who are co-infected. CHAIN has a lot of information on HCV infection and can be helpful with this project.

Consumers Committee

Co-Chairs Billy Fields and David Martin reported that the Consumers Committee met on Tuesday, June 16th at the LGBT Center at which time consumer feedback from the presentation of the CHAIN study on Service Needs and Utilization, delivered at the previous month's meeting raised questions about the absence of individuals of transgender experience in the CHAIN cohort. There will also be a presentation on Hepatitis C and HIV and barriers to treatment by the Office of Viral Hepatitis Policy & Development and a discussion of the NYSDOH Blueprint for Ending the Epidemic (ETE). Joan Edwards agreed to arrange a presentation on the ETE in the Fall 2015.

Rules & Membership Committee

Daphne Hazel, Chair, reported that RMC will meet on June 30th to continue discussion of the bylaws changes regarding the Tri-county Steering Committee, and to review the PC membership applications.

Finance Committee

The FC had a conf. call this week and approved a draft Planning Council support budget, which still needs to be finalized in negotiation between the PC leadership and grantee.

Amber Casey, on behalf of Graham Harriman of NYCDOHMH reported that:

- The New York Eligible Metropolitan Area (EMA) received its final Notice of Award (NoA) earlier this month. The Award breakdown is as report below, a reduction of 1.825 million dollars - approximately 1.76%. The entire reduction in the award is from the formula funds [both Part A, often called 'base funding,' and Minority AIDS Initiative (MAI)] which is calculated based on our portion of the epidemic compared to other Part A Grantee jurisdictions.
- The Grantee received our FY2015 Grant Application score back from HRSA. Reviewers awarded the application 99 points out of the 100 available and noted no weaknesses. This is reflected in the increase we received in the supplemental portion of our Part A (base) award.
- The FY2016 Grant Application Funding Opportunity Announcement (FOA) is expected to be released mid-summer. Grantee staff is starting to prepare now and looks forward to the thoughtful edits of Planning Council members.
- If you or someone from your agency is planning to attend the United States Conference on AIDS (USCA) this September in Washington DC look for a HRSA presence with a focus on integrated prevention and care planning and the HIV Care Continuum.
- Public Health Solutions (PHS) and the Grantee are working to implement reductions to contracts according to the spending plan approved by the Priority Setting and Resource Allocation (PSRA) committee. It should be noted that providers may see reductions that are greater or less than the reduction to the service category as a whole because performance data and other criteria are used to determine how reductions will be implemented for individual contracts.
- The Concept Paper for the next Ryan White Part A Request for Proposals (RFP) has been sent to Public Health Solutions and should be posted soon. The RFP will be for the following service categories: Mental Health Services, Harm Reduction Services, and Home and Community-based Health Services. The procurement will be for services to start on March 01, 2016. All current contracts in these service categories will terminate on February 29, 2016
- Grantee staff is pleased to welcome Jennifer Carmona as the new Director of Quality Management and Technical Assistance. Jennifer joins the New York City Department of Health and Mental Hygiene from the New York City Health and Hospitals Corporation. For the last 2 ½ years, she was the evaluator for the Adolescent Health Program and managed population health initiatives in pediatric primary care to address social determinants of health. Prior to this, Jennifer led the quality improvement program for Virology Services at Bellevue Hospital Center.
- HRSA recent announced that they will be implementing "Eligibility Scope Reporting" instead of the current "Funded Scope Reporting" that has been used since the client-level RSR replaced previous Ryan White data reports. This means providers will be expected to report to HRSA on a variety of services that Ryan White eligible clients received in 2015 regardless of payer. The Grantee has serious concerns that this will significantly increase the data reporting burden on providers and is working with the New York State to discuss the implications of this with HRSA.
- We have previously reported on Care Coordination Program's recognition as an evidence-informed intervention by the Centers for Disease Control and Prevention (CDC). The Program is now listed on the CDC website. All of the Provider and Grantee staff, past and present, who have worked on the development, refinement, and evaluation of Care Coordination deserve a pat on the back.
- 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 and system-level quality management data. These meetings take place every month at either the AIDS Institute or the DOHMH Offices. There is a call-in option. The next meeting will take place at the DOHMH Offices in Long Island City on July 14 at 3:00pm. If you would like to receive the email that goes out to participants, which includes the agenda, meeting materials, and the call-in information for people who cannot attend in person, please contact Tracy Hatton at teh04@health.state.ny.us or 212.417.4617. Grantee

Tri-County:

Tom Petro, on behalf of the Westchester County Department of Health, reported that the Steering Committee approved the final spending plan on June 10, reflecting a decline of \$85,971 in the base award, or \$77,374 in program services. The total amount of proportionate decreases is \$83,414, with the Medical Transportation carrying costs being reduced by \$35,000. Overall reductions to service categories were not huge and ranged from 1.87% to 3.05%.

Public Comment/Adjournment:

There being no public comment or further business, the meeting was adjourned at 4:00PM.