



Meeting of the
EXECUTIVE COMMITTEE
Thursday, June 23, 2016, 3:00 – 5:00PM
Conference Call Information: 1-866-213-1863, Passcode 3587454#

MINUTES

Members Participating: Jan Carl Park (Governmental Co-Chair), Matthew Lesieur (Community Co-Chair), Katrina Balovlenkov (by phone), Matthew Baney (by phone), Randall Bruce (Consumer-at-Large), DrPH, Carrie Davis, Billy Fields, Graham Harriman, Andrea Straus, Lisa Zullig

Members Not Participating: H. Daniel Castellanos, Sharen Duke, Joan Edwards, Daphne Hazel, Christopher Joseph, Dan Pichinson, Derrick Weekes

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

WCDOH Staff Present: Julie Lehane

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, convened the conference call, followed by member introductions and a moment of silence led by *Carrie Davis* in memory of the victims and survivors of the Orlando attacks. The minutes of the May 19, 2016 meeting were accepted as presented.

Agenda Item #2: Public Comment

There was no public comment.

Agenda Item #3: Grantee Report

Graham Harriman, NYCDOHMH, reported that third annual Power of Quality Improvement conference has been scheduled for Wednesday, November 9. An invitation has been extended to Sera Morgan, our HRSA Project Officer. We were also informed that our application was the highest ranked among all EMAs and TGAs nationally.

Agenda Item #4: Planning Council Updates

Planning Council Chairs Report

Jan Park announced that the Needs Assessment Committee passed three recommendations from the February Community Briefing. Consequently, there are three meetings scheduled in July with the Integration of Care Committee (see July 2016 revised calendar) during which service directives relating to each of the recommendations will be developed. *Julie Lehane* asked that the second of the three IOC meetings be rescheduled in order to accommodate individuals attending the Tri County Steering Committee earlier that morning.

Matthew Lesieur spoke to the preliminary plans to merge the NY HIV Prevention Group (HPG) and the HIV Planning Council (PC); *Jan Park* noted that this merger, still in preliminary discussions, would not occur without discussions amongst all involved stakeholders and an amendment to the current Mayoral Executive Order. *Graham Harriman* noted that a timeline has not yet been developed. It was announced that the consultant developing the Integrated HRSA/CDC Prevention and Care plan has offered to present

the draft plan at meetings of the committees and/or full Planning Council; a suggestion was made that a separate meeting be scheduled for this presentation.

Needs Assessment

On behalf of the Committee, *Carrie Davis*, Co-Chair, reported that the Bureau's Research & Evaluation Unit presented data from CHAIN and Ryan White Part A clients on immigration experience and history of incarceration. Highlights from E-share 2015 Part A clients included the following: 69% of those sampled were born in the US and 6% in US territories, of whom 97% were born in Puerto Rico; 24% were born in other countries, with the Dominican Republic, Mexico, Jamaica and Haiti the most frequently represented; 78% reported English as their primary language, 17% Spanish and 2% French/Haitian Creole; Ryan White clients born outside the US are more likely to be Hispanic/Latino or Asian, between 30-49 years old, stably housed, uninsured or insured through ADAP only, immunologically stable and virally suppressed.

With respect to incarceration history, data was missing for 10% of RW clients; 39% of clients had used RW services on Riker's Island or reported any incarceration history; clients are more likely to be Male or transgender female, Non-Hispanic Black, straight/hetero identifying, below the Federal Poverty Level, unstably housed, insured, immunologically worse off (CD4 < 350) and not virally suppressed. CHAIN data showed that 53% of NYC CHAIN respondents and 45% of Tri County CHAIN respondents reported ever being incarcerated in their lifetime, 75% of CHAIN participants are US born and 10% of NYC and 6% of Tri County respondents were born in Puerto Rico and 16% of NYC participants and 19% of TC participants reported being born in other countries, the most frequently in the West Indies.

The Needs Assessment Committee then reviewed and discussed the three Community Briefing recommendations regarding 1) expanded access to Hepatitis C direct acting anti-virals for HIV/Hep C co-infected persons in NYC through the establishment of an L-PAP 2) housing in the Tri County region and 3) income and employment as determinants of health among PLWHAs, culminating in sequential paper ballot vote. All recommendations were approved; the recommendations will be sent to IOC for development of service directives and then to PSRA for funding allocations.

Integration of Care (IOC)

Lisa Zullig, Co-Chair reported that the Committee addressed the 2nd and 3rd of the above-referenced recommendations first, as they will require less time to discuss. It was decided that the appropriate body to address *Recommendation #2, Increase Short-Term Rental Assistance programs for Ryan White Part A eligible clients living in the Tri-County Region* is the Tri-County Steering Committee (TCSC), which sets priorities and allocations for that region. The Needs Assessment Committee recommendation does not call for a change to the service directive, but instead a change in allocation, in order to increase short-term rental assistance, which would be addressed by TCSC and PSRA Committee. If the TCSC were to decide to recommend a change to the directive, it would then be referred back to IOC. A motion was approved to refer the Tri-County Housing recommendation to the TCSC for allocations.

Regarding *Recommendation # 3, Amend RW Part A service directives to require that providers be trained in the impact of financial hardship, including unemployment and inadequate access to benefits, in order to link clients to financial counseling, peer certification and employment and educational services*, a motion was approved to have the grantee develop an implementation plan to require Part A providers to have enhanced training on benefits and entitlements in order to broaden access for clients to employment and educational programs. The Integration of Care Committee can provide input on how to implement the NAC recommendations in the contract renewal process.

With respect to *Recommendation #1, Establish a Local Pharmaceutical Assistance Program (LPAP) to expand access to Hepatitis C direct acting antiviral medications for Ryan White Part A eligible HIV/HCV co-infected clients*, background information on HIV/HCV co-infection, epidemiology, ADAP and LPAPs was presented and generated significant discussion. As noted above, three meetings of the committee have been scheduled to begin developing a service directive addressing this recommendation.

Consumers Committee

Billy Fields, Co-Chair, Consumers Committee reported that the committee met on June 21, where the Committee received a presentation from Kate Penrose on the results of the revised 2104 Client Satisfaction Survey, the purpose of which was to learn about barriers and facilitators to client service utilization. Client benefits, quality of care, accessibility, appropriateness and the patient-provider relationship were domains of interest in the survey.

Rules & Membership Committee

On behalf of the committee, *David Klotz*, Planning Council staff noted that the committee will be meeting to review new Planning Council member applications, followed by interviews with vetted candidates. There are (7) available seats to be filled. Jan Park spoke to the process of addressing members whose meeting attendance has put them in non-compliant status.

Agenda Item #4: Priority Setting & Resource Allocation Committee

Lacking quorum, *Joan Corbisiero*, Planning Council Parliamentarian, advised the Executive Committee that it cannot enter into a vote and therefore make a formally-approved recommendation. However, the Executive Committee can bring the issue forward to the Planning Council for its consideration.

Matt Baney, Co-Chair, presented the FY 2016 final spending plan. As reported last month, the EMA received a \$1.3M reduction in the FY 2016 award, translating into a \$1.15M reduction for NYC programs. The Council had already approved about \$300K in targeted reductions to Harm Reduction and Mental Health. Instead of moving forward with the strict application of the scenario plan's proportionate reduction to every other service category, the other option is to make additional targeted reductions (as has been done in previous years.)

Based on the extensive review of data and discussions over several meetings, PSRA was poised to recommend eliminating Home and Community-Based Services (HOM) from the portfolio in the FY 2017 application spending plan. With the cut in the award, PSRA can recommend bringing this action forward by 6 months. This service category has not been rebid since 1997. It was originally intended to provide skilled nursing in the home, a need that basically disappeared as the epidemic has evolved. The program was reclassified from a core to non-core services and now provides services that are available in other service categories and through Medicaid and other payers. The allocation for HOM has been reduced every year, the number of clients shrinking, and programs have consistently under-performed. The committee had seriously considered eliminating this category in the past; the committee viewed this to be the appropriate time to eliminate this service category and voted unanimously to do so. There will be a transition plan for all current HOM clients. Also, if any are absorbed into other Part A services, no additional funds to those categories would be required.

Regarding contracting issues, eliminating HOM in FY 2016 would still require an allocation of six months of funding to pay for the three months of current contractors' service provision, in addition to funding three additional months for close-out, thereby reducing the \$1.14M annual allocation for HOM to \$572K. The remaining deficit of \$247K can be absorbed by ADAP with the promise of restoring them through reprogramming. By so doing, it would not be necessary to cut any additional programs. In addition, there would be \$572K left in unobligated funds for FY 2017 which can be applied to additional needs requested

in the application spending plan, and be available to offset a cut in FY 2017. All existing contractors in this service category have the ability to bill Medicaid, rather than Ryan White, for most clients.

In addition, after discussions with the NYSDOH AIDS Institute, the grantee recommends moving all funds for ADAP Plus into ADAP. The rationale for this is that ADAP Plus requires reporting on clinical measures on HRSA's Ryan White Services Report (RSR), but ADAP Plus only provides reimbursement, not actual clinical care. By shifting the entire Part A allocation for the State's Uninsured Care Pools into ADAP, the State can move some Part B or State funds into ADAP Plus, obviating the need for onerous reporting. There would be no change in the allocations or service levels for any programs. Some funds for ADAP would be kept in the MAI pool to allow the EMA to balance out the Base and MAI awards, which is done every year. Finally, some funds are shifted between the Base and MAI portions of service categories that have both funding streams in order to balance out the awards.

ACTION: Lacking quorum, Matthew Lesieur, Community Co-Chair, noted that there was consensus to bring this proposal forward to the Planning Council for consideration

Tri County Steering Committee

Andrea Straus, Co-Chair, presented the Tri-County (TC) final FY 2016 spending plan. With the reduction in the FY 2016 Part A award, and keeping the Tri-County percentage of the award the same as the year before (4.71%), this means a reduction in the funds for TC programs of \$56,945. The Medical Transportation category is able to absorb this entire amount and get reimbursed through unspent funds later in the year. This would mitigate the need for cuts to any other program and translate into flat funding for all Tri County programs, despite the reduction in the award.

ACTION: Lacking quorum, Matthew Lesieur, Community Co-Chair noted that there was consensus to bring this proposal forward to the Planning Council for consideration.

Agenda Item #5 Public Comment/Adjournment

There being no public comment or further business, the meeting was adjourned at 4:45pm.