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, July 25, 2013, 3:00-5:00pm
DOHMH, 2 Gotham Center, 42-09 28th Street, Conference Room 14-43,
Long Island City, NY

MINUTES

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

Agenda Item #1: Closed Session

Jan Carl Park, Governmental Co-Chair, opened the closed session, during which Ms. Walters facilitated the discussion regarding 2013 -15 Planning Council recommended new appointments. *[Please note that proceedings from the closed session are confidential and are therefore excluded from these minutes.]*

Agenda Item #2: Welcome & Introductions Review of Minutes

Jan Park, Governmental Co-Chair, opened the meeting, followed by member introductions. Victor Alvarez led the Committee was led in a moment of silence. The minutes from the June 20 meeting were distributed to members electronically for review and were accepted as presented.

Agenda Item #3: Grantee Report

The FY 2013 Notice of Grant Award (NGA) was received June 18 and is comprised of the **Formula award ($66,150,073), Minority AIDS Initiative ($9,412,436) and the Supplemental award of $27,149,260; the total award is $102,711,769.** Mr. Harriman reported that the Grantee requested that HRSA provide information regarding the breakdown of formula and hold-harmless funding the EMA received over the past few grant years. In 2010, the EMA received $20,741,012 in hold harmless funding but should have received $8,297,642. In 2013, the EMA received $6,605,623 in hold harmless funding. As reported previous, the grantee and PHS are developing scenario plans and making implementation decisions to apply service category reductions based on considerations within each service category with the aim of minimizing the impact of reductions and maximizing services to PLWHA. Providers were told that they should continue to spend cautiously while maintaining service capacities, as the 2013 spending plan has not yet been finalized and individual contract amounts are not yet known.

Graham Harriman, Interim Director of the Care & Treatment Program reported that the grantee has sent letters to contractors concerning reductions due to the cut to the FY 2013 grant award. Reductions, based on performance, were implemented in Care Coordination and Early Intervention Services. By working with contractors across the HOPWA and Ryan White portfolio, in order to maximize housing resources, housing contracts received targeted reductions specifically focused on mitigating the loss of housing for

PLWHA. Across-the-board reductions were implemented in Mental Health, Harm Reduction, Transitional Care Coordination, Legal, Health Education/Risk Reduction, and Home and Community Based Health Services with some exceptions based on size of contract (smaller contracts were held harmless) and adherence to the HRSA National Monitoring Standards. Proportional administrative cuts have been implemented in the CHAIN, NYC DOHMH, Tri County, and Public Health Solutions administration budgets. Some of the proportional cut has been mitigated by DOHMH Part A administration contributions to the Tri County and Public Health Solutions budgets. The New York State AIDS Institute Quality Management program also received a targeted reduction.

Agenda Item #4: Priority Setting/Resource Allocation Committee

Marya Gilborn, Co-Chair of PSRA, presented the FY 2012 carry-over plan, which gives all $2,058,588 of the NYC portion of the carry-over to ADAP.

ACTION: ***A motion was made, seconded and approved to accept the FY 2012 carry-over plan as presented.***

Ms. Gilborn presented the proposed FY 2013 reprogramming plan, which will use the first amount of under-spending to restore the full $2,768,244 reduction to ADAP in conjunction with the NYC portion of the FY12 carry-over plan. With the approval of the carry-over plan, the first $709,656 of FY 2013 under-spending will be used to restore the upfront reduction to ADAP, with remaining funds to be used to enhance over-performing contracts up to 15% of the original allocation without Council approval, without regard to the core/non-core balance. ADAP will be included as a category for enhancement and not subject to the 15% cap. Under-spending identified in the course of the year from Tri-county has always gone into the general pool of EMA under-spending for reprogramming, as Tri-county clients also benefit from the ADAP allocation.

ACTION: ***A motion was made, seconded and approved unanimously to accept the reprogramming plan as presented.***

Tom Petro of the WCDOH explained that the $535,389 carried over from the Tri-county region's portion of the FY award would go to four service categories in Tri-county, noting that in the past there were enough funds from the award to meet the carrying costs of programs, and thus the Tri-county portion of the carry-over went to ADAP. Tri-county does not benefit in their budgeting from the up-front reduction to ADAP. This plan would address the deficit in Tri-county from the reduction in the FY 2013 grant award (with no enhancements to programs, except for an additional $18,615 for dental programs). Tri-county has traditionally been allowed to use its own under-spending in the following year, and the Council has in the past approved the Tri-county Steering Committee's carry-over and spending plans.

However, due to the late award this year, the Tri-county Steering Committee was not able to approve a final spending plan incorporating the 14.7% reduction in the grant award and the use of the FY 2012 carry-over before the Council approved a final spending plan in June.

There was a consensus that if the Council wants to revisit and clarify the process it has traditionally used to address the different regions' portions of the carry-over, it should be done for next year. In addition, there needs to be better communication between the Council and the Tri-county Steering Committee (which is a sub-committee of the Council by agreement of the NYC mayor and Westchester county executive).

ACTION: ***A motion was made, seconded and approved to accept the FY 2013 Tri-county spending plan as presented.***

Agenda Item #5: Integration of Care Committee

Nancy Cataldi and Charles Shorter, Co-Chairs of the Integration of Care Committee (IOC) presented three service directives to the Executive Committee for the review and approval, as follows:

Health Education and Risk Reduction (HERR)

The Council was asked to create a HERR service directive (new service category) to accommodate The Positive Life Workshop (TPLW) previously categorized as part of Medical Case Management (MCM). TPLW is a health education program for PLWH focusing on engagement in care, adherence, goal setting, identification of barriers, social support building, and risk reduction. The grantee proposed a TPLW-focused HERR service directive that would allow the health education training to be provided by CBOs. Agencies would apply to provide TPLW with DOHMH staff providing technical assistance (TA) and capacity building.

The new HERR service directive allows agencies to select from a menu of evidence-based health education programs inclusive of TPLW. Program requirements are:

- Grounded in theory and scientifically evaluated,
- Increase understanding of impact of behavior on health,
- Encourage behavioral change to improve health and decrease transmission,
- Encourage timely entry into care, adherence, maintenance, and VL suppression,
- Encourage use of curriculum emphasizing health self-management,
- Provide info and access to services within agency and in larger health/social support service system,
- Utilize trained peers.

Client eligibility is PLWHA, especially those who: do not have suppressed viral load, do not consistently utilize or remain in treatment and care, are seeking assistance with self-management, or are returning to care after an absence. Agency eligibility is: CBOs, clinics and hospitals with bilateral linkages with programs with expertise in medical care, Early Intervention Services, mental health, food and nutrition, substance use, medical case management, and psychosocial support. Any individual agency does not have to serve all 5 boroughs, but funded agencies should be accessible to clients from all boroughs and be able to provide services in languages spoken by target pops.

ACTION: ***A motion was made, seconded and approved to accept the Health Education and Risk Reduction (HERR) service directive as presented.***

Non-Medical Case Management (nMCM)

The Council was asked to create an nMCM service directive (new service category) to accommodate the existing Rikers Island Initiative and create an opportunity for service expansion. Ryan White Part A funding has supported non-medical case management for incarcerated PLWH on Rikers Island for many years. CBOs participate in the Rikers Island Transitional Health Care Consortium and provide: post-release assistance with benefits and entitlements/restoration of Medicaid and ADAP; financial counseling; treatment education/risk reduction; linkage to other RW-funded services. The new directive calls for continuation of this program (Part A), and community-based, non-incarcerated nMCM (Part B). Both Parts will provide:

- Assistance with accessing services including medical care, health home care management, managed care behavioral health services, existing and future insurance exchanges or new models arising from ACA and Medicaid redesign,
- Promote strategies for improving health of PLWHA,
- Facilitate access to continuum of care including medical and support services.

Client eligibility is: HIV+ inmates in NYC, PLWH newly released from NYS correctional facilities to NYC, and HIV+ individuals who meet baseline eligibility criteria for services and are not receiving duplicative services elsewhere. Active substance use does not preclude client eligibility. Agency eligibility is: CBOs, clinics, hospitals and government agencies; for Part A of the service directive must have experience in working with incarcerated populations; must have experience with individuals who are out of care,

sporadically in care, or in need of self-management support; must house or establish bilateral linkages with programs with expertise in medical care, EIS, mental health, food and nutrition, AOD, MCM, supportive counseling and family stabilization, housing, Medicaid, Medicare, and NYS Health Insurance Exchange Systems; staff must have cultural sensitivity training; agencies must be accessible to and able to serve clients from throughout the 5 boroughs; must be able to provide services in languages spoken by pops served.

ACTION: ***A motion was made, seconded and approved to accept the Non-Medical Case Management (nMCM) service directive as presented.***

Supportive Counseling and Family Stabilization Services (SCF)

This service category needed to be reviewed and updated because it is non Medicaid billable and presents a growth opportunity. This is a high performing service category, and agencies do well on reporting on Primary Care Status Measures. Allowable services include: individual, family and group counseling; support groups; crisis intervention; peer and non-peer led interventions; drop-in activities; grief and bereavement counseling; pastoral care; transitional services to stabilize families following a death; and relationship-building activities, education, training, and skills-building activities, medical and social support services. This is very similar to the current service model, with the main difference the inclusion of pastoral care.

Client eligibility is all individual and family units in which one or more persons are HIV+ are eligible. The client and/or family members need not have a DSM V diagnosis, and active substance use does not preclude eligibility. Agency eligibility is CBOs, clinics, and hospitals experienced with HIV+ individuals and experienced reaching out to and engaging individuals who are out of care or sporadically in care or in need of self-management support. Agencies must house or establish linkages with programs providing medical and social support services and staff must be culturally sensitive and provide services in languages spoken by pops served.

ACTION: ***A motion was made, seconded and approved to accept the Supportive Counseling and Family Stabilization Services (SCF) as presented.***

Agenda Item #11: Public Comment & Adjournment

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