



## EXECUTIVE COMMITTEE

Thursday, July 20, 2017, 2:00-5:00PM

Cicatelli Associates, 505 Eighth Avenue, 20<sup>th</sup> floor, NY, NY

### MINUTES

**Members Participating:** Jan Carl Park (Governmental Co-Chair), Matthew Lesieur (Community Co-Chair), Katrina Balovlenkov, Fay Barrett, Randall Bruce (Consumer At Large), H. Daniel Castellanos, DrPH, Carrie Davis, Maria Diaz, Sharen Duke, Billy Fields, Graham Harriman, Christopher Joseph, Andrea Straus

**Members Not Participating:** Matt Baney, Joan Edwards, Steve Hemraj (Finance Officer), Lisa Zullig

**DOHMH Staff Present:** Jose Colon-Berdecia, David Klotz, Melanie Lawrence

**WCDOH Staff Present:** Julie Lehane, Ph.D.

**PHS Staff Present:** Bettina Carroll, Christine Nollen

**Others:** Joan Corbisiero, Parliamentarian, Sera Morgan, HRSA Project Officer (by phone)

#### **Agenda Item #1: CLOSED SESSION – Recommended 2017-20 Planning Council Appointments**

Jan Carl Park, Governmental Co-Chair, opened the closed session, with Fay Barrett, Chair of the Rules & Membership Committee facilitating the discussion regarding 2017 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/Approval of Minutes/Public Comment**

Jan Park, Governmental Co-Chair and Matthew Lesieur, Community Co-Chair, opened the meeting, followed by member introductions. The minutes from May 18, 2017 were approved as presented.

There was no public comment.

#### **Agenda Item #3: Moment of Silence: Remembering Sallie Perryman (PC Member '95-'96)**

A moment of silence was held in memory of former Council member Sallie Perryman. Ms. Perryman was a beloved advocate who spoke publicly early in the epidemic about her life as an HIV-positive African-American woman. She was a true leader, both on the Council, as a staff member of the NYSDOH AIDS Institute, and as a member of the HIV community in New York and will be remembered as a brave advocate and friend who had a huge impact at the AIDS Institute, where she was instrumental in starting the Leadership Training Institute and other initiatives.

#### **Agenda Item #4: Priority Setting/Resource Allocation Committee/Tri-County Steering Committee**

*FY 2017 Final Spending Plan (for the current year: March 1, 2017 – Feb. 28, 2018)*

In late June, HRSA announced the final FY 2017 grant award, which included a 1.87% reduction. This is slightly above the amount (1.75%) planned for in the Scenario Plan that the Council approved in April.

The Tri-County Steering Committee (TCSC) formally requested that their portion of the award stay at its current carrying cost for this year, given the already bare-bones Part A service system in the TC region, and the lack of local government investment (such as HASA in NYC). Given that the contract year is almost half over and that TC programs are all cost-based until they are re-bid for next year, it would be extremely burdensome for programs to make cuts in the middle of the current fiscal year and the PSRA accepted the

request. Thus, the TC spending plan is held at the same level as last year's. In order to make up the deficit from the higher than anticipated cut to the award and to hold Tri-County harmless, the PSRA adopted a final spending plan that builds on the scenario plan already approved by the Council in April. The proposed additional modifications are:

- 1) A reduction in EIS of \$101,535 (available due to a contract termination in a category that is being rebid, thus no current programs are affected)
- 2) An additional \$138,273 reduction to ADAP (for a total of \$894,718). This reduction will be partially restored through the FY 2016 carry-over (next agenda item).

***ACTION: A motion was made to accept the final FY 2017 spending plan as presented.  
The motion passed unanimously.***

#### *FY 2016 Carry-over Plan*

As will be reported in more detail later in the meeting by Finance Officer *Steve Hemraj*, after final close out, there is a total of \$363,168 (about 0.3%) left over for use in FY 2017. This extraordinarily low level of under-spending is a testament to the excellent management of the grant by DOHMH and Public Health Solutions. When the PSRA and Council passed the scenario plan in April, we pledged to use carry-over to partially offset the upfront reduction to ADAP. In addition, ADAP is one of the few programs that can absorb carry-over funds, which are typically approved by HRSA late in the year and must be spent by February 28, 2018.

***ACTION: A motion was made to adopt the FY 2016 carry-over plan as presented.  
The motion passed unanimously.***

#### *FY 2017 Application Spending Plans*

The Council must approve separate Base and MAI spending requests for the FY 2018 grant application. As MAI is completely formula-driven, the EMA traditionally makes its request for any increase in the Base portfolio, but MAI programs would benefit when any increase is operationalized, as the final spending plan is unified. The application spending request is a wish list that can be justified by data, and planning for the actual award will be done during the fall-winter when the PSRA reconvenes to conduct its annual scenario planning exercise.

HRSA has given some indication that there will be a cap to the amount of money above the current year's award that an EMA can request in the application, but that this will not be known until the application guidance is released in August.

As demonstrated in the last two Community Briefings, and through persistent reports from consumers, housing remains a critical priority with gaps in services. Also, as previously reported, HOPWA is facing major reductions.

There is also ongoing unmet need for Food & Nutrition programs, with current providers unable to meet the demand. Finally, the cost of doing business for providers continues to grow and programs cannot keep doing more with less.

Consequently, PSRA is proposing that the Base Spending Request include:

- \$3,500,000 in additional funds (or up to the cap allowed in the application guidance).
- 60% of the additional program funds would be allocated to Housing (with \$300,000 set aside for Housing in the Tri-County region based on a survey of provider capacity)
- 20% of the additional program funds would be allocated for Food & Nutrition
- 20% of the additional program funds would be allocated for an adjustment equally across all service categories to address the increased cost of doing business

**ACTION:** *A motion was made to adopt the FY 2018 Base, MAI and Tri-County Application Spending Plans as presented. The motion passed unanimously.*

#### **Agenda Item #5: Finance Committee – 4h Quarter Close Out Reports**

It was reported that 100% of Base funding, MAI and Tri-County funds were committed. With respect to spending, the EMA experienced another record year of low underspending. The underspending by grant is as follows: Base (NYC) - \$339,047 or 0.37%, MAI (NYC) - \$29 or 0.00% and Base (Tri-County) - \$44,236 or 0.95%. With respect to reprogramming, Public Health Solutions (PHS) conducted a spending analysis during January/February 2017 which resulted in takedowns totaling \$1.137M. PHS conducted another round of takedowns at closeout totaling \$2.222M and funds from uncommitted dollars and contract terminations totaled \$142K. Contract enhancements totaled \$3.124M (\$2.56M for Base and \$564K for MAI)

#### **Agenda Item #6: Integration of Care Committee**

*Christopher Joseph, Co-Chair of IOC reviewed the one page summary of Trans Competent Care in Ryan White, noting that the care coordination (CCP) program serves transgender clients across all 5 boroughs, with the majority of clients in Manhattan and central Brooklyn seeing no transgender clients. All of the clinics that serve TG clients reported that they are compliant with WPATH<sup>1</sup> standards, noting that Medicaid/Health Home services does not have guidelines for trans-competent medical care and provides limited coverage for trans supportive medical services, in general.*

Noting that agencies need time to develop goals and train employees on the standards of trans-competent care, the committee expressed concern with how few TG clients (5) are being served in Queens, considering the high number of TG persons residing there. While E-Share collects behavioral information around sexual practices, understanding where the TG clients originate is problematic. It was recommended that a follow up survey to be conducted in the Fall should look at social service care and medical care with regard to TG competence.

*Mr. Joseph reviewed the trans-supportive language that was developed for inclusion in the directive: Agencies must implement a plan or policy that ensures that staff across the program, including clinical and non-clinical partners, affirms and respects gender identity and expression. Programs must ensure that staff are/will be able to provide care according to current World Professional Association for Transgender Health (WPATH)<sup>2</sup> standards, and can engage trans persons in evaluations of and satisfaction with program services.*

The committee agreed that agencies must submit a plan or policy that upholds transgender care standards as part of the application/implementation process. It is necessary that everyone from the front staff on be trans-competent. The inclusion of partner organizations was made to clearly state that all aspects of the program (including linkages), whether or not housed on-site, are in agreement with the standards.

The directive did not address where programs should be located to appropriately meet need, with an ensuing suggestion that such an objective be included: *Programs should be distributed throughout NYC to ensure that the areas and populations of highest need have appropriate access to care.*

The committee agreed that the directive should focus on reducing mortality in general and move beyond HIV specific mortality, keeping in tandem with a larger shift in the directive toward providing holistic care, including the requirement that agencies also assist with employment related services, as well as other

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unmet social needs. Agency eligibility was also expanded beyond an agency's capacity to bill Medicare and Medicaid to the ability to bill and all third party payers for billable services. The committee also agreed to expand the language around adherence tools beyond motivational interviewing techniques.

## **Agenda Item #7: Planning Council Updates**

### **PLANNING COUNCIL CHAIRS REPORT**

*Mr. Park* reported that a task force on safe injection sites will be assembled soon. A City Council study on the issue should also be released soon.

### **CONSUMERS COMMITTEE**

*Billy Fields, Co-Chair*, thanked the Council for their ongoing support of consumer participation in the planning process. He reported that the Consumer Committee met this past Tuesday and is exploring activities to showcase consumer engagement in quality improvement, with a view towards developing a consumer-centric track at this fall's Power of Quality Improvement Conference. At the meeting, the Committee also elected *Saul Reyes* as the new Consumer-at-Large for a term beginning September 1<sup>st</sup>.

### **TRI-COUNTY STEERING COMMITTEE**

It was reported that the Committee voted on the rankings for each category and criteria and has decided to reallocate funds to areas of greater need. Ranked priorities and allocations for the FY 2018 grant application reflect the relative priority level of the service categories, and can be used for any proportionate reductions or increases, with the highest rank service being Housing, followed by Medical Transportation, Psychosocial Support, Medical Case Management, Food & Nutrition services, Legal Services, Oral Health, Mental Health and Early Intervention Services.

### **NEEDS ASSESSMENT (NA) COMMITTEE**

*Ms. Davis* reported that NAC had a rich discussion about the TCC program with both TCC providers and clients who have benefited from the program. Provider consensus indicates that the model is valuable, but that advocacy around the laws that impact the model's viability is needed. The committee will continue to look at housing and at how the Planning Council can address this issue with consideration of our limited funding and the scarcity of the housing landscape in NYC. The committee will also be looking into housing issues in Tri-County. The chairs have asked committee members to send their thoughts on a fall agenda, which will be compiled over the summer.

## **Agenda Item #8: Grantee Report**

*Mr. Harriman* reported that:

- the FY2018 Grant Application Funding Opportunity Announcement, or application guidance is expected to be released mid-August and will be due in mid-October. Planning Council staff will make arrangements for Planning Council members to review a draft and make edits, comments, and suggestions;
- HRSA is sponsoring a webinar on the use of the Community Health Workers (CHWs) in HIV delivery care systems, which will engage Ryan White providers;
- On June 27, PHS, on behalf of the DOHMH announced the release of a request for proposals (RFP) for HIV Testing and Status Neutral Navigation Services. The Notice of Solicitation is available upon request; the RFP may also be accessed via the Public Health Solutions (PHS) website, with the deadline to submit proposals August 9, 2017. Any questions about the RFP must be submitted to the RFP Contact at Public Health Solutions identified in the RFP.
- The grantee also must submit the FY2017 Program Terms and Program Submission to HRSA by September 30, 2017 which includes the implementation plan, a list of contractors, the final budget, a letter of assurance from Planning Council chairs, the Planning Council membership roster, and the final allocations report approved by the Planning Council.

- As the Grantee for the new HRSA SPNS/SMAIF HIV/HCV Project in New York City (locally known as Project SUCCEED), BHIV and the Viral Hepatitis Program submitted a Jurisdictional Needs Assessment Report to the Evaluation and Technical Assistance Center (ETAC) on July 14. The purpose of the Needs Assessment is to identify gaps and barriers in jurisdiction's existing HCV screening, care, and treatment systems of HIV/HCV Co-infected persons of color.
- The next Power of Quality Improvement Conference will be held at NYU on November 16<sup>th</sup>. Abstracts are due at the end of August.
- All Part A awards were posted online on Monday, July 24 2017, and a searchable database will be available in fall 2017. It is important to remember that, per the Planning Council Primer and the Memorandum of Understanding between the Planning Council and the Grantee, specific contracts and award amounts are not included in Planning Council discussions in regards to planning for the need for services for PLWHA.
- On July 18th, the DOHMH in partnership with the National Positive Working Coalition hosted an event titled "Strategies & Resources for Providers to Address Employment Needs of People at Risk for HIV" at Baruch College. The training aimed to help providers increase access to employment opportunities as part of initiatives to reduce new HIV infections by addressing social and economic determinants of health. Areas addressed included legal rights and protections, public workforce programs, and community based employment services. Another event is planned for mid-September that addresses employment opportunities and resources for individuals living with HIV.

#### **Agenda Item #9: Public Comment/Adjournment**

##### **Public Comment**

There was no public comment. The meeting was adjourned at 4:30PM.