Meeting of the
EXECUTIVE COMMITTEE
EMEGENCY SESSION
Thursday, November 13, 2008
3:00-5:00 pm
Cicatelli Associates, 505 Eighth Avenue, 2nd Fl. Oak Room, NY, NY

MINUTES

Members Present: Jan Carl Park (Governmental Co-Chair), Felicia Carroll, Joan Edwards, Antionettea Etienne, Alexander Hardman, Jennifer Irwin, Fabienne Laraque, MD, MPH, Juana Leandry-Torres, Julie Lehane, Ph.D. (alt for Tom Petro), Matt Lesieur, Darryl Ng.

Members Not Present: Soraya Elcock (Community Co-Chair), Alvin Perry

Staff Present: NYCDOHMH: David Klotz, John Rojas, Anthony Santella, DrPH, Jessica Wahlstrom, Darryl Wong. Public Health Solutions: Gucci Kaloo, Rachel Miller

Guests: Charles Shorter

Material Distributed: Agenda; October 30, 2008 Executive Committee Minutes; November 20, 2008 Planning Council Draft Agenda; November 2008 Draft Calendar; 2009 Base Spending Plan; 2009 Proposed Allocations with Outreach and Increased Housing based on 2008 Part A & MAI Allocations; FAPP Ryan White Working Group: Technical Fixes to RW HATMA; AIDS in America; National AIDS Strategy: A Call to Action; Draft Comprehensive Strategic Plan for HIV/AIDS Services 2009-12.

Welcome: Jan Carl Park opened the meeting, followed by participants' introductions. While the Planning Council has not yet received confirmation of new appointments in the 2008-10 planning cycle, the Executive Committee is meeting in an emergency session, per Section 5, Part I, Subsection1, Clause (iv) of the Bylaws, in order to address a financial issue. Mr. Park led the moment of silence with recognition of all PLWHAs, living and deceased, their many allies, and the recent passing of long time AIDS activist and former Planning Council member Phil Reed.

Review of Agenda/Minutes: Mr. Wong reviewed the draft agenda and meeting materials for the meeting. It was recommended that voting at this meeting be by consensus. The review of

the October 30, 2008 Executive Committee minutes occurred at the end of the meeting and was approved, by consensus.

Mr. Park reviewed Article IX of the Bylaws addressing Conflicts of Interest.

2009-12 Comprehensive Strategic Plan for HIV/AIDS Services:

Mr. Park opened the discussion by reminding members that there will be continued input on the plan before it is returned to Committees for discussion; it will then be reviewed by the Executive Committee and the full Planning Council in December and submitted to HRSA in early January 2009.

Anthony Santella, DrPH, Director of the Bureau's Policy, Planning and Implementation Unit reiterated the progress of the plan's development, including review and feedback by the Tri-County Part A Steering Committee, Needs Assessment, Integration of Care, Consumers Committee and the Westchester County DOH this past September/October and encouraged all members to review the document in its entirety. The NYCDOHMH internal workgroup will review the next draft in late November and then produce another draft in early December, at which time the full plan will be reviewed with only the Tri-County Steering Committee (12/10) and the full Planning Council (12/18).

Members were asked to focus their review today on Section III, addressing Goals, Objectives and Activities and the changes needed to assure availability and accessibility of services to PLWHA. There are (5) overarching goals, supported by two to five objectives and multiple actions steps. Other comments included:

- In order to map the EMA's service categories to the main goals, a sixth goal, specific to support services will be included;
- There was agreement that since the focus of the five objectives is clinical, there is a need for an additional goal involving services which promote access to care and treatment, with each support service articulated by a specific objective;
- R. Miller commented that the work-plan submitted to HRSA contains measurable goals for support services, i.e., the provision of housing services to *x* individuals, with the underlying premise that programs are driven by goals, which in turn support program implementation;
- J. Lehane underscored that while Goal #5 addresses quality and cost effectiveness, there is lacking any mention of a goal which addresses social and medical services as part of the full continuum of care;
- Focus should be on gaps and access to services and the needs for the services by PLWHAs, specifically mental health, harm reduction/substance abuse services, housing, food and nutrition services;
- Goal #5 should be broadened to also include those who have dropped out of care;

- In order to assure accountability, action steps are linked to responsible parties; the merits of adopting either a less or more prescriptive approach to implementation was discussed;
- Care, Treatment and Housing (CTH) staff could be charged with background and literature review, intervention research, provider/consumer surveys and needs assessments to inform and facilitate the planning process;
- Lag time for data collection/analysis and the ability to measure outcomes at the population level should be considered when developing action steps and time horizons for objectives have not yet been included as they are dependent on the status of the baseline measures and the data to be used in this measurement;
- The Tri-County Steering Committee will be added to the list of responsible parties;
- Because many service categories will be re-bid next year, Goal #6 should incorporate quality and effectiveness measures.

Mary Irvine, DrPH, Director of Research & Evaluation of CTH led the discussion of Section IV, which addresses the monitoring and evaluation of our efforts. The first part of the discussion focused on data sources cited in the monitoring and evaluation plan, as they appear on p.53 of the Draft Comprehensive Plan:

- HIV/AIDS Surveillance Data: Clinical indicators such as CD4s, viral load, test dates (as indicators of engagement in care) and mortality rates are available through the HARS. While the data are representative of the EMA's epidemic (including Tri-County), but there is a 9 month lag time in reporting, resulting in a 2007 epidemiologic baseline for planning. It does not include data on undiagnosed HIV cases (non-tested and non-positives). Because of its breadth of coverage, it is not useful for focusing on Ryan White services and utilization.

- CHAIN Study: This study is an ongoing prospective cohort study begun in 1994 of PLWHA in NYC and Tri-County region, is comprised of data based on measures in the CHAIN two hour questionnaire and includes data on behaviors, perceived health status, satisfaction with services, relationship with primary care providers and perceived need for services. Due to the non-inclusion of patients receiving care at private medical practices, it under-represents white males and females, while its study demographics are more in line with Ryan White client population. The survey is conducted once per year, with cohorts refreshed every few years using randomized selection at selected agencies in order to increase representativeness. Currently, 2006-7 baseline data is available, with more interviews to be conducted during the summer of 2009.

- Part A Quality Management Program: Composed of data from a random sample of selected chart reviews among social service (treatment adherence, mental health, case management, harm reduction, food & nutrition and Tri-County case management providers (anticipated). Data is available from the 2006 & 2007 Treatment Adherence service category, although instant data analysis is currently available for harm reduction services and will be for the other services categories being reviewed as the system

ramps up. NYCDOHMH and NYSDOH AIDS Institute are working with providers on issues of documentation. The indicators are developed collaboratively and reflect cross-cutting priorities and initiatives.

- Medical Monitoring Project: The MMP is a national, CDC-funded study conducted by the NYCDOHMH HIV Epidemiology and Field Services Program, which aims to yield a better understanding of the health-related needs of PWAs and examines medical care access and utilization, preventive and social services utilization, risk behaviors, clinical outcomes and data on emergency hospitalization.

- Data from Ryan White contractors: Ryan White contractors are required to report on Primary Care Status Measures, including CD4 counts, viral loads, primary care engagement status and ARV treatment. The primary challenge of AIDS Institute Reporting System (AIRS) is the age of the system, resistance from contractors and data documentation and collection issues.

- Data from rapid testing providers: NYCDOHMH –funded prevention testing providers began reporting through URS in 2006, while in 2007, Ryan White providers began reporting demographic, testing, transmission risk and linkage to care data are reported for clients receiving an HIV test.

The discussion of measuring goals and objectives referred to the baseline measures as stated on pages 58-66 of the Draft Comprehensive Plan, beginning with HIV testing. Each indicator of progress and data source/reference information was split into a Ryan White indicator and an EMA-wide indicator. Realistic and achievable percentage increases will be specified when two years of data are available.

It was recommended that action steps relating to each objective should be more specific, after the baseline implementation steps have been achieved. There will be continued opportunities for discussion on baseline measures, principally from the Needs Assessment and Integration of Care Committees. Two Part A measures relating to Goals 1 & 2 will be the percentage of individuals with an AIDS diagnoses within 90 days of being tested and the percentage of clients getting into care within 4 months of a positive HIV test.

Revision of 2009 Spending Plan:

Due to a realignment of the HOPWA portfolio, outreach services and one (1) transitional housing contract can no longer be supported by the grant. At the 11/6/08 meeting, the PSRA Committee recommended that these services be continued and be supported with the shifting of 2009 Part A unobligated base funds from mental health services and soon to be RFP'd medical case management services.

John Rojas from the HOPWA program provided an historical perspective, reminding the Committee that three MAI transitional housing contracts were transferred to HOPWA two years ago because of the loss of ~ $1.7 million in Part A MAI funds. The contracts were "floated" for

one year, with two contracts transferred back to Part A base. The third contract was intended to be supported by HOPWA. However, due to the realignment of the HOPWA portfolio, the proposal is to transfer the contract to Part A effective 7/1/08.

The decision has been made to terminate outreach services (five contracts) in the HOPWA portfolio – two providing outreach services (care, transitional case management and referral to emergency housing) to homeless youth (LGBT and 16-24 years) and three contracts providing services to HIV+ residents who are living in SROs; the goal of both programs is to link the clients to care and stable housing.

The proposal is that Part A would fund eight (8) months of the HOPWA outreach contracts covering the period July 1, 2009 to February 28, 2010 under a newly created Ryan White "Outreach" category. Thereafter, the service category would be re-assessed by the Integration of Care Committee for continued funding for an additional twelve months, under other service categories, e.g., Early Intervention or Maintenance in Care. J. Irwin added that LGBT youth were identified as a special priority as an underserved and difficult to reach population. M. Lesieur voiced his concern regarding the existing HRSA 24 month housing cap. J. Park reminded that Committee that if the decision to support these contracts is affirmed, there will be fewer funds available for the Medical Case Management initiative. Also, members were reminded of conflict of interest rules when voting.

Action:

The motion was made for the Executive Committee to support the funding of $1,650,000 for outreach services for a term of eight months in 2009,and to agree in principle to support the service category at $2,475,000 for the ensuing twelve month period pending a new RFP, with a commitment to fund the populations served by these contracts. In addition, one housing contract would be supported in the amount of $489,837 in 2008 for eight months and thereafter for twelve months. The motion was seconded and by consensus, the motion passed.

The meeting was adjourned at 5:00PM.