



EXECUTIVE COMMITTEE
Thursday, August 22, 2019, 3:10 - 5:00PM
NYC DOHMH, Long Island City, NY

MINUTES

Members Present: Jan Carl Park (Governmental Co-chair), Matthew Lesieur (Community Co-chair), Lisa Best, Maria Diaz, Billy Fields, Graham Harriman, Amanda Lugg, Claire Simon (by phone), Andrea Straus, Marcy Thompson, Dorella Walters

Members Absent: Matthew Baney, Fay Barrett, Danielle Beiling, Joan Edwards, Steve Hemraj, Jan Hudis, Saul Reyes

Other Planning Council Member Present: Charmaine Graham

Staff Present: *NYC DOHMH:* Melanie Lawrence, M. Bari Khan, K. Miller; *Public Health Solutions:* Bettina Carroll (by phone), Gucci Kaloo (by phone); Joan Corbisiero (Parliamentarian); *HRSA Project Officer:* Sera Morgan (by phone)

Agenda Item #1: Welcome/Introductions/Minutes

Mr. Park and *Mr. Lesieur* opened the meeting, followed by introductions and a moment of silence. The minutes from the July 18, 2019 meeting were approved no changes.

Agenda Item #2: HRSA Project Officer Report

Ms. Morgan reported on an upcoming webinar on the federal Ending the Epidemic initiative. There are three Notices of Funding Opportunity (NoFo) that focuses on 48 counties (4 in NYC) as well as 7 states, DC and Puerto Rico. *Mr. Harriman* noted that NYC DOHMH has already begun the writing process for this as an EMA.

Ms. Morgan also reported that there is a new HRSA administrator, with more information about that forthcoming.

Agenda Item #3: Recipient (Grantee) Report

Mr. Harriman reported that the Food & Nutrition RFP is out, with a pre-proposal conference happening now for the entire FNS category.

Agenda Item #4: Needs Assessment Committee (NAC) Recommendations on PLWH with Disabilities

Ms. Thompson introduced the NAC's recommendations for improving access to RWPA services for people with disabilities. NAC heard testimony from a number of sources, including the NYC Commission on Human Rights, and held a public forum in Brooklyn where NAC received feedback from consumers, providers and advocates. *Ms. Lawrence* was thanked for her work on the forum and these slides. *Ms. Lugg* thanked *Mr. Park* for pushing this process forward.

Disability refers to people who report that they are deaf, blind, have serious hearing or vision impairment, have difficulties with cognition, mobility or self-care. According to eShare data, at their most assessment visit, 6,156 (45%) out of 13,819 clients reported having at least one disability. In NYS 21.1% of adults have some type of disability. Disabilities are more prevalent among Black and Hispanic people, as well as older adults. RWPA service categories with the largest number of disabled clients are: Food & Nutrition (29%), Medical Case

Management (19%) and Mental Health Services (6%). An overview of disabilities in NY from CDC data and the NYC Office on People with Disabilities was presented.

Ms. Lawrence presented the recommendations: 1) Improve and enhance data collection on disabilities (including hidden disabilities) in general throughout the Ryan White Part A (RWPA) portfolio, including all future information systems and validated screening tools. 2) Ensure that client disabilities are addressed in service plans. 3) The Recipient will ensure RWPA providers are trained on what reasonable accommodations are, and how to provide such accommodations. 4) The Recipient will provide guidance to help ensure compliance with all relevant local, state and federal laws governing access for people with disabilities, strengthen their ability to oversee and ensure compliance and develop a directory/map of RWPA services that lists accessibility for all service sites. 5) Accessibility shall be included in the Part A Quality Management Program to increase access to care for consumers with disabilities. For agencies with websites, recommend agency websites are fully accessible and provide guidance on where to access technical assistance. Work with the Mayor's Office on Disabilities to continually update literature, recommendations and guidelines for working with people with disabilities. 6) Identify funding resources, support and advocacy organizations, checklists, and guidance that providers can use to ensure ADA compliance. 7) The Recipient will identify gaps in access for individual assistive technologies and determine mechanisms for assistance (including RWPA) in the acquirement of such technologies, such as hearing aids, wheelchairs, etc. for those who need them. 8) Improve engagement, including with the Council and consumers. The Consumers Committee will take the lead on hosting periodic events with consumers, particularly vulnerable consumers such as those with disabilities, in order to collect feedback on access and other barriers to care.

A summary of the discussion follows:

- Training should be for all staff, even receptionists, who are often the first line contact for clients.
- It was made clear that these recommendations are not for a new service directive. Some recommendations would be referred to IOC for inclusion in the master service directive. There will also be discussions with the Recipient about how to implement items that are not part of a directive.
- The training is about creating sensitivity for RWPA staff, but will have a larger effect. This does not require a directive, as ADA is law and this can be incorporated through contract renewals.
- NYC local laws do not apply to Tri-County, but State and federal laws do, and State law is very progressive.
- Providers need to also look at how they can recruit people with disabilities as staff, as the Council will for membership. It is vital for the affected population has a voice at the table.
- In the next phase, there should be an expanded list of disabilities that should be included (e.g., loss of sense of smell and taste).
- CABs also need to be involved in ensuring that consumers are involved in QI measures and other efforts to ensure that these recommendations are implemented.

Ms. Lugg, on behalf of the NAC, made a motion to accept the recommendations as presented. The motion was approved 10Y=0N.

When this is presented to the full Council, it will better delineate what portions need to move to IOC for inclusion in the master directive, and which are advisory for agencies, and which are to be implemented by the Recipient.

Mr. Lesieur thanked the NAC chairs and members, and *Ms. Lawrence* on developing the recommendations.

Agenda Item #5: New Business

Ms. Best reported that there is an initiative from Health + Hospitals to partner with consumers. *Ms. Lugg* reported on the final public charge rules, which will affect people who access HASA benefits, which can affect changes in immigration status. Luckily, RW and HOPWA clients are not affected.

There being no further comment, the meeting was adjourned.