



Meeting of the
HIV HEALTH AND HUMAN SERVICES PLANNING COUNCIL OF NEW YORK

Thursday, January 30, 2020
3:00-5:00 PM
LGBT Center, New York, NY

MINUTES

Members Present: D. Klotz (Acting Governmental Co-chair), M. Lesieur (Community Co-chair), A. Abdul-Haqq, F. Barrett, D. Beiling, L. Best, A. Betancourt, R. Bruce, P. Canady, E. Casey, J. Dudley (by phone), P. Carr, B. Cockrell (by phone), M. Diaz, M. Domingo, R. Fortunato, T. Frasca, C. Graham, B. Gross, G. Harriman, C. Kunzel, Ph.D. (by phone), O. Lopez, A. Lugg, J. Natt, D. Powell (by phone), C. Reyes, A. Roque, M. Rifkin, L. Ruiz, J. Schoepp, F. Schubert, M. Singh, R. Walker (by phone), D. Walters

Members Absent: M. Bacon, R. Chestnut, J. Edwards, B. Fenton, MD, S. Hemraj, M. Mackey, J. Maldonado, M. Mañacop, J. Reveil, C. Simon, A. Straus, M. Thompson, T. Troia, B. Zingman, MD

Staff Present: *DOHMH:* M. Lawrence, A. Gandhi, A. Thomas-Ferraioli, J. Colón-Berdecía, K. Mack, A. Azor, C. Rodriguez-Hart; *Public Health Solutions:* B. Carroll, G. Kaloo; J. Corbisiero (*Parliamentarian*)

Agenda Item #1: Welcome/Moment of Silence/Introductions/Minutes

Mr. Lesieur opened the meeting followed by introductions and a moment of silence. The minutes of the December 19, 2019 meeting were approved with no corrections.

Mr. Klotz pointed out a new feature in the meeting packet: a new monthly report written by Ms. Mack titled “A Dose of Prevention”, which will update Council members on NYC DOHMH Bureau of HIV (BHIV) prevention activities. This month’s newsletter focuses on various aspects of PrEP, including PrEP Aware Week, FDA approval of a new PrEP drug that excludes people at risk from receptive vaginal sex, and PrEP On Demand (alternate dosing for “event-driven” PrEP). This is a step in what will be an on-going initiative to enhance collaboration between the Care and Prevention planning bodies.

Agenda Item #2: Public Comment

Ms. Lugg reported that the administration is expanding the list of countries subject to the travel ban, including a number of African countries with large LGBT and HIV+ populations (e.g., Nigeria). This could have a terrible impact on people trying to seek refuge of treatment.

B. Fields: The Council must ensure that there is a designated wheelchair space at all meetings to ensure accommodation.

Agenda Item #3: Recipient (Grantee) Update

Mr. Harriman reported that HRSA is in the process of issuing Notices of Awards for FY2020 Ryan White HIV/AIDS Program Part A grant. At the time of this award creation, HRSA was operating under a Continuing Resolution; therefore, this award provides partial funding (approximately 31% Formula and 20% MAI) based on the continuation of FY2019 program requirements and funding levels. Final awards will be processed as soon as HRSA HAB receives the full appropriation amount for this program.

Public Health Solutions (PHS) recently completed its takedown process which included a year-to-date analysis of contract drawdown/spending as part of the Council's reprogramming plan. Contracts that were identified for a takedown (contract reduction) demonstrated, through review and analysis of their drawdown/spending trend to date, that they were not likely to spend their full contract amount. The takedowns are one-time reductions for the current year. Subcontractors whose contract(s) were identified for a takedown had the opportunity to submit a written appeal to PHS including providing a detailed explanation of why they believed PHS should reconsider the takedown. The appeals were reviewed, and final decisions made by PHS and DOHMH. The takedown process resulted in 23 contract reductions totaling \$1.6M. These funds will be reprogrammed as per the Planning Council's Reprogramming Plan.

On December 31, 2019, the NYC Health Department released a Request for Proposals for the Master Contractor for Disease Control. The solicitation seeks an appropriately qualified vendor to provide Master Contractor services, including management, administrative coordination services, and oversight of subcontracts with healthcare providers and community-based organizations funded by federal, state and city funds. The selected contract as a result from this RFP will assist the DOHMH to effectively and efficiently manage the Part A, CDC and City Tax Levy funds for HIV-related care and prevention services.

PHS, on behalf of the New York City Department of Health and Mental Hygiene (NYC DOHMH), released a Request for Proposals (RFP) for Ryan White Part A Food and Nutrition Services in New York City on August 9, 2019. A list of successful awardees along with the information on the geographic distribution of services was distributed. The RFP includes about \$7.46M in Part A allocated by the Planning Council, in addition to about \$1M in City Tax Levy (CTL) funds. Equal proportions of RWPA and CTL funds are allocated, and it is difficult to separate them out in the report.

In response to questions from Council members, Mr. Harriman explained that the procurement steps were uniform for all applications. The phone interview was included for the first time to that large agencies that can afford a professional grant writer would not have an advantage. Past performance was taken into account only in the sense that applicants had to be in good standing and had to prove that they had a history of providing the service and the organizational capacity to manage a RWPA contract. Finally, while the home-delivered meals service sites may be listed as in one particular borough, the programs will serve all boroughs.

Agenda Item #4: FY 2020 Spending Scenario Plan

Ms. Walters presented the FY 2020 Spending Scenario Plan, approved by the Priority Setting & Resource Allocation Committee (PSRA) last week. The plan is a methodology for implementing a possible reduction to the award. In June 2019, the PSRA, EC and full Council approved a spending request that is a plan for an (unlikely) increase to the award. The federal budget is final, which means we should receive the entire award on time by the beginning of the new fiscal year (March 1st). The national RWPA appropriation is the same as last year's, and given that our EMA's number of PLWH relative to other EMAs is declining, we expect about the same reduction as last year (close to 1.5%). Having an approved spending scenario plan allows the Grantee to renew contracts as soon as we get the Notification of Award from HRSA. A summary of the plan follows, which Mr. Klotz reviewed on the accompanying spreadsheet:

- The plan supposes a possible reduction of up to 3.5% of the Base award (or 3.1% of the total award).
- There is an enhancement of \$175,000 to Tri-County (TC) Housing to cover services to clients in programs that over-enrolled in FY 2019. There is a reduction of \$175K between in ADAP (Base and MAI) to cover the TC Housing enhancement (some funds are shifted between ADAP Base and ADAP MAI to balance the respective portfolio so that the dollar amounts equal the exact Base and MAI awards).
- A total of \$1,443,228 is added to Housing (divided between Base and MAI). That equals the amount taken out of Medical Case Management and reflects the reallocation of an eliminated service category (Transitional Care Coordination) that the Council approved in November 2019.

- There is \$298,268 in savings through permanent takedowns or contract terminations in the categories of Non-Medical Case Mgmt./Transitional Support for Inmates (\$12,500), Non-Medical Case Mgmt./General Population (\$35,000), Harm Reduction (\$201,328), Mental Health (\$36,940K). These savings help offset a reduction to the award.
- There is a shift of funds in EIS between Base and MAI. This is just to balance the portfolio and makes no changes to the allocation for that category.
- There is an addition of \$50,000 that the PSRA approved for the Psycho-social Services for TGINBNC category (to be retitled TIGNBNC for Transgender, Intersex, Gender Non-binary and Non-Conforming). This will pay for a resource directory and training curriculum in FY 2020. Program services will begin in FY 2021 (two programs funded at a total of \$847,000).

With a 3.5% reduction to the Base award, the enhancement to TC Housing, the new funds for PSS TGINBNC, minus the savings from the revised carrying costs, there could be a deficit of \$2,411,131. This deficit is made up through a reduction to the ADAP allocation. Julie Vara, director of the NYSDOH HIV Uninsured Care Program, has assured us that they can absorb a reduction without a negative effect on their services. While we don't expect to actually have to reduce ADAP by that much, PSRA generally approves a spending scenario methodology up to that amount just in case the award reduction is higher than anticipated.

Ms. Walters, on behalf of the PSRA, made a motion to approve the spending scenario plan as presented. The motion was approved 26Y=0N.

Agenda Item #5: Race to Justice: BHIV Racial Equity and Social Justice Initiative

Ms. Gandhi, Director of Racial Equity and Social Justice Initiatives at BHIV presented on the BHIV's work under the DOHMH "Race to Justice" program to address disparities in health outcomes. The Race to Justice framework is: Normalize (build a shared analysis), Organize (internal infrastructure and external partnering) and Operationalize (use racial equity tools, data and metrics). The first step is internal reform to produce multi-level change involving leadership, workforce, data and community partnerships that lead to policies, programs and research/evaluation that impacts health inequities.

Race to Justice is an agency-wide initiative that includes management, training teams and workgroups. Priority outcomes for 2020-22 include: tracking progress on a racial equity action plan, increasing understanding among stakeholders, workforce diversity, advancing racial equity in public-facing activities, and developing policies and evaluation measures to institutionalize diversity, equity and social justice. BHIV's work in this area intersects with sexual health, aging, sex work, intimate partner violence and eliminating stigma. Activities so far include mandated staff trainings, in-depth trainings on "Undoing Racism", special events, and health equity training for Part A-funded agencies. All BHIV programs participated in trainings and cross-program priorities were identified. Further work includes: how to leverage the RFP process to better impact priority populations (e.g., Black and Latinx MSM, TGNCNB) and engage Black and Latinx led organizations. Best practices will be advanced through dialogue with other DOHMH bureaus, community partners, other City agencies and other national networks.

A summary of the discussion follows:

- DOHMH is working to ensure that the categories that it uses are more inclusive, knowing, for example that people from Africa or the Caribbean may not identify as "African-American".
- DOHMH should help make the Undoing Racism training more widely accessible, especially to RWPA providers. The Council could ask the Recipient to make it mandatory by including it in the master service directive.
- While DOHMH hopes to improve health outcomes for all populations, there are disparities in specific groups. Also, women with HIV (a priority population) are overwhelmingly heterosexual.

Agenda Item #6: Policy Update

Ms. Thomas-Ferraioli reported on the following topics:

NYC DOHMH released a “Dear Colleague” letter on TDF/FTC (Truvada) as the first-line regimen for PrEP. There is a robust evidence base for the use of TDF/FTC as PrEP. While many studies have established the safety and efficacy of TDF/FTC in multiple populations, only a single, limited-population study has examined tenofovir alafenamide (TAF/FTC, or Descovy®) as PrEP. TAF/FTC is approved only for cisgender men who have sex with men and for transgender women. TAF/FTC has not been shown to be more effective than TDF/FTC and is extremely safe for PrEP. The lawsuit around Gilead’s withholding of information on potential side effects as HIV treatment has generated exaggerations.

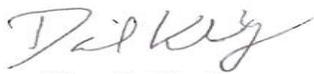
Governor Cuomo’s 2020 State of the State and FY2021 Executive Budget, which includes reconvening the Medicaid Redesign Team to reform the current Medicaid system and identify \$2.5 billion in Medicaid program savings, with a focus on addressing spending increases under Medicaid Long-Term Care. The budget also continues the \$200 million multi-year commitment to Ending the HIV Epidemic in New York State.

The NYS Attorney General’s Office has issued a portal to report complaints of housing discrimination by legal source of income (e.g., governmental voucher or assistance programs).

The Positive Women’s Network-USA Policy Fellowship is accepting applications for a year-long program to build advocacy skills for HIV+ women and transgender/NBNC individuals.

There being no further business the meeting was adjourned.

Minutes approved by the HIV Planning Council on February 27, 2020



David Klotz
Acting Governmental Co-chair