



TRI-COUNTY STEERING COMMITTEE MEETING

January 8, 2020, 10:10am-12:05pm

Westchester County Department of Social Services

10 County Center Road, White Plains, NY

MINUTES

- Members Present:** A. Straus (Co-chair), M. Diaz (Co-chair), S. Altaf, V. Alvarez, A. Azor (for G. Harriman), L. Bucknor (by phone), A. Contreras, D. Dominguez, J. Gago, J. Gressel, L. Hakim, P. Laqueur, K. Mandel, J. Palmer, M. Piazza, L. Reid, A. Ruggiero (by phone), T. Seabrook, A. Simmons, S. Thomas
- Members Absent:** M. Acevedo, D. Ahmed, L. Best, D. Carney, M. G. Ferone, A. Hardman, C. Oldi, A. Pizarro, S. Richmond, D. Scholar, K. Scott, C. Watkins
- Staff:** *NYC DOHMH:* D. Klotz, M. Lawrence, A. Azor, A. Thomas-Ferraioli, J. Colón-Berdecía, D. Ferdinand

Agenda Item 1: Opening/Moment of Silence/Minutes

Ms. Straus and *Ms. Diaz* opened the meeting followed by introductions and a moment of silence of silence. The minutes of the November 13, 2019 meeting were approved with no changes.

Mr. Gressel announced that all outpatient clinics at Westchester County Medical Center have moved to a new building across the street from the old one (with the exception of dental and vision, which will eventually move too).

Agenda Item #2: Updates

Consumer Update

Mr. Alvarez discussed the need to address co-morbidities associated with aging with HIV and the need for more HIV doctors who are trained in geriatrics. Mr. Klotz noted that HIV and aging is a priority for the NYC Department of health and Mental Hygiene (DOHMH) and that the Council's Consumers Committee will be starting the work of assessing needs in this area and formulating recommendations for making the Ryan White Part A (RWPA) service system more responsive to these issues.

Mr. Klotz also reported that the Consumers Committee held a successful session on "Meeting Client Needs for Oral Health Services" at the November 25th Power of Quality Improvement Conference. There were over 40 participants - a record number. The session began with a panel of three presenters (a CHAIN researcher, a provider and a consumer). After the panel, participants broke out into small groups facilitated by committee members. Groups brainstormed what intake questions should be added to Ryan White Part A programs' intakes so that providers can assess and make referrals for oral health services. Other groups brainstormed what service elements should be included in the Oral Health Service directive that the Planning Council's Integration of Care Committee will develop in 2020.

Ending the Epidemic Report

Mr. Laqueur and *Ms. Hakim* reported that there was a meeting with NY Links to increase agency engagement with ETE activities and meeting ETE goals. There will be a conference call in February to continue the work.

Planning Council Update

Mr. Klotz reported that the search for a new Council director and governmental co-chair is underway (as well as a Tri-County planner to replace Julie Lehane). In the interim, Deputy Commissioner Dr. Demetre Daskalakis has appointed Mr. Klotz to serve as the Council's acting director and governmental co-chair. The Priority Setting & Resource Allocation Committee is expected to complete its scenario planning this month for the FY 2020 grant award in anticipation of an expected small reduction to the grant award. Congress has completed its appropriations for the year (which means that the award should be on time again) and Part A is flat funded. This means that, given the success in the NY Eligible Metropolitan Area (EMA) at reducing the number of new infections, that there should be another small reduction in the formula award. At its last meeting, PSRA approved the Tri-County request to hold all programs at their current level and enhance Housing Services by \$175,000, despite any reduction to the grant award. There will also be \$50,000 allocated to a new NYC-based service category of Psycho-social Support for TGINBNC to develop a resource directory and training curriculum (program services will be funded in FY 2021). With some savings in carrying costs of programs, any deficit in FY 2020 will be made up by reducing the EMA's allocation to ADAP, which the NYS AIDS Institute says it can absorb using resources from Part B, NYS, drug rebates, etc. without any change in services. The final spending scenario plan should be approved by the Executive Committee and full Council this month.

Congress appropriated \$70M nationally for HRSA/Ryan White programs under the new federal Ending the HIV Epidemic (EHE) initiative, which targets 48 counties, several (mostly southern) states and Puerto Rico. Four of the eligible counties are in the EMA (Bronx, Brooklyn, Manhattan, Queens). NYC DOHMH expects to receive up to \$6M in funding, which can be used to leverage RWPA funds and free up more of those resources for the rest of the EMA.

The Needs Assessment Committee is working on recommendations to improve access to care for people with serious mental illness. The Integration of Care Committee will start working this month on a new service directive for a NYC-based Oral Health Services category, using the Tri-County's service directive as a model. The Consumers Committee had a successful session at the November 25th Power of Quality Improvement Conference on "Addressing Client Needs for Oral Health Services" and is now prioritizing issues to address in 2020, such as HIV and aging.

Recipient (Grantee) Report

Ms. Azor reported that HRSA announced that the Ryan White HIV/AIDS Program (RWHAP) Annual Client-Level Data Report, 2018 is now available on the HAB website at <http://hab.hrsa.gov/data/data-reports>. The publication provides an in-depth look at demographic and socioeconomic factors among clients served, including age, race/ethnicity transmission risk category, federal poverty level, health care coverage, and housing status. In addition, retention in care and viral suppression data are presented for the overall RWHAP client population receiving medical care, as well as among key priority populations served by RWHAP. The 2020 National Ryan White Conference, the largest national conference for comprehensive HIV care and treatment providers, will take place in August 2020, in Washington, DC.

The estimated unobligated balance request, approved by the Council last month, was submitted to HRSA on December 12th. On Monday, November 25, 2019, over 200 stakeholders including services providers and consumers of services for people living with HIV, attended BHIV's 6th Annual Power of Quality Improvement (QI) Conference at New York University.

Agenda Item #3: Improving Access to PLWH with Disabilities

Ms. Lawrence presented on the Council's recommendations for improving access to Ryan White Part A services for PLWH with disabilities, which were approved by the full Council in October and which apply throughout the EMA. Part A providers and consumers in Tri-County will be affected as the EMA works to ensure the accessibility of all services. She described the background data that the NAC used to create the recommendations. 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.

The recommendations approved are: 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.

There were comments noting that barriers in the general built environment will still pose challenges for people with disabilities that RWPA. Also, *Ms. Reid* asked if eShare data specific to Tri-County is available on RWPA clients with disabilities. That data can be accessed through a data request made through Council staff.

Agenda Item #4: Civic Engagement

Ms. Thomas-Ferraioli presented on civic engagement strategies for the Tri-County community. There are strict limitations on lobbying by federally funded organizations, which includes the Planning Council and Steering Committee. No federally appropriated funds may be expended by the recipient of a Federal contract, grant, loan, or cooperative agreement to pay any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with any of the following covered Federal actions: the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement. This includes any attempt to influence legislation. For example, unallowable costs in Ryan White programs include "No use of Part A funds to develop materials designed to promote or encourage intravenous drug use or sexual activity,

whether homosexual or heterosexual; No use of Part A funds for: Non-targeted marketing promotions or advertising about HIV services that target the general public (poster campaigns for display on public transit, TV or radio public services announcements, etc.) [or] broad scope-awareness activities about HIV services that target the general public; and No use of Part A funds for outreach activities that have HIV prevention education as their exclusive purpose.” The Council and its committees are barred from lobbying about these laws.

A brief overview of the history of HIV activism in New York was provided, starting at the beginning of the epidemic through the founding of AIDS Service Organizations and direct action groups such as ACT-UP and the “Denver Principles” (“Nothing About Us Without Us”). Many groups continue the work of advocacy and lobbying, including VOCAL-NY and Treatment Action Group.

Strategies that individuals and non-federally funded groups can take start with identifying a public health issue and communities potentially affected by the issue. The work continues with gathering information, including data, from key stakeholders. Advocates need to know your audience/who represents you. Tools for finding local officials were discussed. Educating the public using balanced, objective information and mechanisms that allow them to form their own independent opinions or conclusions are needed. Resources and Toolkits (e.g., from AIDS Action Center, Positive Women’s Network) were discussed and samples of educational letters to officials from the CDC-funded NYC HIV (Prevention) Planning Group were shown.

In Tri-County, the lack of HASA has meant that Housing is often a top priority for advocacy. The budget bill that extended the 30% rent cap (A09509) was signed into law 4/12/18, but there have been barriers to expanding rental assistance statewide. Organizations involved with statewide housing advocacy include VOCAL-NY, Housing Works, and End AIDS NY 2020 Coalition.

Comments noted that each county has local data on health disparities and other health issues (e.g., opioid overdoses). Also, Ms. Thomas-Ferraioli and Mr. Guzman will keep the Steering Committee abreast of policy developments (e.g., State legislation on housing issues, federal changes to SNAP benefits) so that the Committee and its members can take appropriate action.

Agenda Item #5: Public Comment/New Business

Ms. Gago and *Mr. Seabrook* expressed concern about the delivery of psycho-social support services. *Mr. Altaf* and *Ms. Straus* will follow up with clients on their concerns.

There being no further business, the meeting was adjourned.