



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

Thursday, February 27, 2020
3:00-5:00 PM
Cicatelli Associates, New York, NY

MINUTES

Members Present: D. Klotz (Acting Governmental Co-chair), M. Lesieur (Community Co-chair), A. Abdul-Haqq, F. Barrett, D. Beiling, A. Betancourt, R. Bruce, R. Chestnut, E. Casey, P. Carr, B. Cockrell, M. Diaz, M. Domingo, R. Fortunato, C. Graham, G. Harriman, J. Maldonado, M. Mañacop, J. Natt, J. Reveil (by phone), C. Reyes (by phone), M. Rifkin, L. Ruiz, J. Schoepp, F. Schubert (by phone), C. Simon, M. Singh, A. Straus, T. Troia (by phone), R. Walker (by phone), B. Zingman, MD

Members Absent: M. Bacon, L. Best, P. Canady, J. Edwards, J. Dudley, B. Fenton, MD, T. Frasca, B. Gross, S. Hemraj, O. Lopez, A. Lugg, M. Mackey, D. Powell, A. Roque, M. Thompson, D. Walters

Guests Present: *NYSDOH:* K. Hagos, D. Rajulu

Staff Present: *DOHMH:* M. Lawrence, A. Guzman, B. Abraham, PhD, S. Braunstein, J. Colón-Berdecía, K. Mack, C. Rodriguez-Hart, A. Thomas-Ferraioli, G. Dominguez-Plummer, J. Acosta, J. Bell, E. D'Aquila; *Public Health Solutions:* B. Carroll, G. Kaloo (by phone)

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

Mr. Lesieur opened the meeting followed by introductions and a moment of silence. *Mr. Klotz* reviewed the meeting packet. The minutes of the January 30, 2020 meeting were approved with no corrections.

Agenda Item #2: Public Comment, Part I

T. Harris (VOCAL-NY) reported that VOCAL-NY is working on the NY State HIV 2020 bill, as well as State legislation to combat opioid overdoses that includes a provision for safe injection sites.

Agenda Item #3: Recipient (Grantee) Update

Mr. Harriman reported that new population-specific fact sheets highlighting data about clients served by the Ryan White HIV/AIDS Program (RWHAP) are now available on the HIV/AIDS Bureau website. These consumer-focused materials feature 2018 RWHAP client-level data. Fact sheet topics include: RWHAP client overview, youth and young adults, older adults, black/African American clients, transgender clients, female clients, and Hispanic/Latino clients.

The Recipient (Grantee) received a Notice of Award from HRSA/HAB for partial funding in advance of the full award. The recipient received approximately \$18 million from HRSA; \$17 million in Base and \$1.7 million in MAI funding, which is approximately 31% of our FY2019 Part A formula and 20% of our FY 2019 MAI awards. We have not received any information about the timing of the full award.

As the Ryan White Part A FY29 ends, the Quality Management & Technical Assistance (QMTA) Unit in BHIV's Care and Treatment Program has conducted a summary of their quality management and technical assistance activities during site visits for the year. In conjunction with Public Health Solutions, the QMTA team attends initial site visits (conducted during the first year of program implementation) and a subset of the routine site visits. The QMTA team also conducts targeted site visits as needed to provide technical assistance to address program concerns and capacity building assistance as part of routine quality management and improvement. Overall, for FY29, the QMTA has conducted 69 total site visits.

On February 7th, African American Clergy and Elected Officials convened a Breakfast Conference in honor of Black History Month and National Black HIV/AIDS Awareness Day at Centers Health Care Brooklyn Center in Crown Heights. Donovan Jones, Director, *New York Knows*, BHIV, provided an overview of 2018 HIV surveillance data, with an emphasis on Black New Yorkers in Brooklyn. Other notable speakers at the event included U.S. Senator Chuck Schumer, New York State Attorney General Letitia James, and New York State Assembly Member Latrice Walker. Approximately 150 clergy, elected officials, and other community members attended the Breakfast Conference.

On February 20th, the Director of the NYSDOH AIDS Institute released a call to action letter urging communities to continue their focus on rapid treatment initiation, increasing rates of viral suppression, and expanding access to PrEP, and the extension of ETE efforts to the end of 2020, and further, encourage communities to ramp up program efforts to reach stated goals.

Agenda Item #4: State and Federal Ending the Epidemic Update

Mr. Guzman, Ms. Hagos, Ms. Rajulu, Ms. Simon and Ms. Braunstein presented an update on State and Federal Ending the HIV Epidemic initiatives. A timeline of the NYS ETE initiative was presented, starting with the community letter to Governor Cuomo in 2013 through the Governor's plan, the ETE Blueprint and dashboard, metrics, PrEP guidelines, implementation strategies, and incorporation of rapid ART. Among the key metrics is to reduce the number of new HIV diagnoses by 55% by the end of 2020. The State is on its way to that goal, with 2481 new diagnoses in 2018 (down from 3443 in 2014). A breakdown by race/ethnicity shows that, diagnoses among all groups have declined. There has been progress in next metric, to reduce the number of new HIV infections to 1000 by the end of 2020 (new infections dropped from 3347 in 2013 to 2019 in 2018). There has been 79% progress towards the goal of achieve fewer new HIV infections than deaths, resulting in the first ever decrease in HIV prevalence and the end of AIDS as an epidemic in NYS. There has been 85% progress toward the goal of reducing the rate at which persons newly diagnosed with HIV progress to AIDS, and 62% towards the goal of increasing the percentage of newly diagnosed persons linked to HIV medical care within 30 days of diagnosis to at least 90% by 50% by the end of 2020. There has been 57 % progress towards the goal of increasing the percentage of individuals living with diagnosed HIV and receiving any care with suppressed viral load to 95% by the end of 2020 (currently at 89%). The percentage of deaths among PWDH that are directly due to HIV has decreased steadily over time, from 35.6% in 2013 to 27.4% in 2017. 78% of PLWH in NYS live in NYC. Of the 22% in the rest of the state, 16% live in the lower Hudson region (Tri-county). Similar metrics for NYC, which has already met its 2020 goal of under 800 new infections, and is at 84% linkage to care (just under the 90% goal). Viral suppression in NYC continues to lag, with only 53% suppressed as of 2018 (2020 goal is 75%). All metrics have improved at a faster rate in the ETE period than in the years before the ETE initiative.

An overview was given of the Federal Ending the HIV Epidemic: A Plan for America (EHE), which has five pillars: Diagnose all people as early as possible after infection, Treat rapidly to attain VLS, Prevent people at risk with proven interventions (including PrEP), Respond quickly to clusters of HIV infection, and create an HIV Health Force to establish local teams to ensure the success of the initiative. The

initiative includes 48 counties, Washington, DC, San Juan, Puerto Rico, and seven states identified as having a substantial rural HIV burden. Each jurisdiction will receive additional expertise, technology, and resources to meet the EHE goals. The 48 counties include four in New York State: Bronx, Kings (Brooklyn), New York (Manhattan), and Queens. Two Funding Opportunities have been released: CDC 1906 (Strategic Partnerships and Planning to Support Ending the Epidemic), and HRSA 078 (Ending the HIV Epidemic: A Plan for America – Ryan White HIV/AIDS Program Parts A and B). NYC has received over \$400K (the most of the 33 awards). The 078 awards have not been announced yet.

CDC 1906 allows eligible health departments to conduct a rapid planning process that engages the community, HIV planning bodies, HIV prevention and care providers, and other partners in aligning resources and activities to develop jurisdictional EHE plans. Through community engagement activities, NYC DOHMH will engage with existing local prevention and care planning bodies (Planning Council and HIV Planning Group), Prepare current epidemiological profile for jurisdiction, prepare a brief situational analysis for the jurisdiction, engage with local community stakeholders, reach concurrence on EHE plan with local HIV planning bodies, and prepare final/revised EHE plan for NYC. The Council will review the epidemiologic profile, provide feedback on the situational analysis, support recruitment efforts for listening sessions, review, and provide feedback on the draft EHE plan during a joint special session with the HPG, and provide concurrence on the final EHE plan. The other community engagement activities were described. The timeline is to have all work completed by September 2020.

NYSDOH AI is engaging now in planning for the NYS ETE “2020 and Beyond.” The goals are to: increase the effectiveness of the ETE Blueprint by focusing on engaging existing as well as new voices that were not previously part of the conversation; elicit feedback and provide opportunities for full group discussion to identify needs and areas of focus for ETE 2020 and Beyond; provide a forum to discuss and develop on-going ETE related efforts for the respective regions; and invite additional non-traditional partners to the process to address new emerging issues. The process will be community-driven and public with 13 in-person sessions to be held between March and May 2020 (including Staten Island and Tri-County). ETE Regional Steering Committees will play a key role. Session will identify gaps in service and inform ETE efforts beyond 2020. A summary document synthesizing outcomes will be developed and informed by these discussions.

Additional federal EHE activities proposed under the 078 grant will include: a focus on the treat and respond pillars and activities informed by 1906 planning. HRSA announced yesterday that NYC received \$6.55M for the first year (the proposed budget is \$73 million over 5 years). NYC DOHMH BHIV’s Clinical Operations and Technical Assistance Program (COTA) taking the lead in grant management in partnership with other BHIV programs. Proposed activities include: Increasing Organizational Capacity, Expand Implementation of Evidence-informed Strategies & Interventions; Expand Implementation of Emerging Practices; and Develop Data Infrastructure and Systems Linkages.

The final set of activities under a CDC funding opportunity will seek to integrate health department programs to support ending the epidemic. One component focuses on the Diagnose, Treat, Prevent, and Respond pillars. Another component focuses on HIV incidence surveillance, and the final one on scaling up HIV prevention services in STD clinics.

A summary of the discussion follows:

- The ETE metric for linkage to care is 30 days, but RWPA programs are being pushed to initiate immediate linkage. The State ETE linkage metric mirrors national measuring at a population-level, but on an individual level, programs are being encouraged to pursue immediate linkages.
- Addressing stigma is on the ETE dashboard and there is still a lot of work to do in that area. Stigma will be a focus of the 1906 community listening sessions. Also, NYC DOHMH is part of

the STAR grant, which works with partners to address stigma. Tri-County could also use stigma trainings, as stigma can be particularly burdensome there.

- DOHMH is mindful of the urgency of getting EHE grant funds out into the community quickly.

Agenda Item #5: BHIV Clinical Operations and Technical Assistance (COTA)

Dr. Abraham, Director of COTA at BHIV presented on the work of this program, whose mission is to provide innovative, culturally responsive, needs-based technical assistance and training to organizations and individuals working with people impacted by HIV. COTA offers the following support to clinical and non-clinical providers in NYC: Remote and on-site training to help improve HIV prevention and care; On-site technical assistance; Mentorship and consultations; Support in obtaining resource materials; and Capacity building assistance. The COTA organizational structure and members of the leadership team and their roles were described. In 2017, COTA collected survey results from 115 clinics across NYC that are providing HIV primary care and prevention services. Survey development for next iteration is ongoing with data collection to begin Spring 2020.

The first COTA activity was ETE TA visits to review of the highlights from HIV Clinic Survey, distribute resources from across DOHMH, assess clinics (e.g., caseload, viral load, strengths, challenges, U=U, immediate anti-retroviral treatment (iART), and substance use treatment options, HIV and Aging), and identify additional TA needs. Since August 2018, Clinical Operations has completed 59 ETE TA Visits for 101 HIV Primary Care Sites and conducted an additional 7 Custom TA Events reaching a total of 108 HIV Primary Care Sites. Resources distributed were described (e.g., U=U Health Bulletin, Transgender Health handout). COTA has provided leadership on scaling up iART in NYC, hosts monthly site conferences with all BHIV programs to review Bureau-wide data of clinical sites with low VLS rates to increase collaborative TA approaches and strategies, and coordinates TA and quality management assessments with NYS AIDS Institute (AI) Quality of Care Program.

The Training and Technical Assistance Program (T-TAP), established in 1998, provides comprehensive training and TA to support service providers in their HIV-related work through the dissemination and development of evidence-based curricula, skills transfer, and organizational capacity development. Activities include training clinical and non-clinical staff that work in health departments, clinics and CBOs in NYC and the Greater Metropolitan Area. T-TAP conducts over 130 training sessions to 2200 HIV clinical and non-clinical providers annually. Capacity Building Assistance provides evidenced-based capacity building assistance that supports the provision and delivery of High Impact HIV Prevention strategies rooted in the principles of National HIV/AIDS Strategy (NHAS) and to facilitate information exchange and collaboration among national CBA providers and the CDC. COTA also conducts planning, monitoring and evaluation of all its activities.

A summary of the discussion follows:

- T-TAP trainings are open to all who want to register. Online enrollment can be difficult for some users, but COTA is still tweaking the system to improve it.
- COTA also does curriculum development.
- It is a challenge to reach patients who have fallen out of care. The new EHE grants can be an opportunity to build capacity to re-engage hard-to-connect clients.
- Specific surveys on rapid treatment were only done with clinical staff, but COTA plans to get wider consumer perspectives in 2020.

Agenda Item #6: Public Comment, Part II

Mr. Carr: Some Food & Nutrition programs that had been previously funded did not get renewed under the new solicitation, leaving gaps in services and food deserts in some areas, which will have a negative impact on clients. Also, the cost of travelling to other programs can be a barrier. *Mr. Harriman* responded that some change in the mix of providers always happens when a portfolio of services is re-bid. More information about the recent solicitation can be given at a future meeting. In the meantime, clients can get services from both other RWPA-funded agencies as well as non-HIV-specific programs.

B Fields: Consumer involvement is important from the start of program development.

Gustavo C.: Metrics related to ethnicity need to be more nuanced, particularly concerning the Latinx community.

There being no further business the meeting was adjourned.

Minutes approved by the HIV Planning Council on April 23, 2020

David Klotz
Acting Governmental Co-chair
HIV Planning Council