



TRI-COUNTY STEERING COMMITTEE MEETING
March 11, 2020, 10:05am-12:00pm
Westchester County Department of Social Services
10 County Center Road, White Plains, NY

MINUTES

Members Present: M. Diaz (Co-chair), A. Straus (Co-chair), M. Acevedo, D. Ahmed (by phone), S. Altaf, V. Alvarez, L. Best (by phone), L. Bucknor (by phone), D. Dominguez, J. Gago, J. Gressel, L. Hakim, G. Harriman, D. Klotz, C. Oldi, J. Palmer (by phone), M. Piazza (by phone), A. Pizarro, S. Richmond, A. Ruggiero (by phone), T. Seabrook, S. Thomas

Members Absent: A. Contreras, M. G. Ferone, A. Hardman, P. Laqueur, K. Mandel, L. Reid, D. Scholar, K. Scott, A. Simmons

Staff: NYC DOHMH: J. Acosta, J. Colón-Berdecía, R. Oken (by phone)

Guest: NYS DOH AIDS Institute: W. Patterson (by phone)

Agenda Item 1: Opening/Moment of Silence/Minutes/Announcements

Ms. Diaz and *Ms. Straus* opened the meeting followed by introductions and a moment of silence. The minutes of the January 8, 2020 meeting were approved with no changes.

Mr. Gressel announced his retirement as of early May. He will identify someone from Westchester Medical Center to apply for membership on the Committee. He was congratulated and thanked for his service.

Mr. Seabrook reported that the food provided for clients of the psycho-social support group is not adequate. *Ms. Pizarro* added that there is no need for a clinical social worker to attend the meetings. *Mr. Altaf* and *Mr. Alvarez* responded that, while the food budget is limited, they are trying to provide as high-quality food as possible within the budget constraints. *Ms. Straus* added that the program coordinators will meet with group members to discuss these issues in more depth.

Mr. Altaf reported that after years of planning, Hudson Valley Community Services (HVCS) is merging with Cornerstone Family Health, a federally qualified health center (FWHC) that serves a large part of the Hudson Valley. All current HVCS services will remain, but the merger will mean that the medical and behavioral health services offered by Cornerstone and the social services offered by HVCS will be more accessible to clients of both agencies and the community in general.

Ms. Best reported that it can be stressful to find out at the last minute that transportation to the meeting is not available, and that a better system should be implemented. Also, at a recent HIV needs assessment meeting sponsored by Legal Services of the Hudson Valley, someone was filming the event without permission. *Mr. Oldi* explained that the person was the superintendent of the County-owned building where the event took place and wrongfully believed that the HIV testing offered at the meeting was a violation of the lease. While the testing had to be suspended during the event, the pictures were deleted from his phone and the matter addressed. His reaction, however, shows that stigma is still an issue.

Mr. Klotz reported that as of now, Planning Council and committee meetings will continue as usual during the COVID-19 (coronavirus) outbreak. There will always be a call-in option for those who do not feel well or prefer not to be in an in-person meeting. If Westchester County or NYC officials declare that meetings should be suspended, then alternative arrangements will be made. In the meantime, everyone is encouraged to take the usual precautions (e.g., frequent hand washing). Chairs at meetings will also be spaced further apart.

Agenda Item #2: Introduction of Johanna Acosta

Mr. Harriman introduced Ms. Acosta, who has been hired for Julie Lehane's position as the new Ryan White Tri-County (TC) Program Planner in the NYCDOHMH Bureau of HIV Care and Treatment Program. Ms. Acosta has a master's degree in Public Health with a minor in Sexual Health and is currently working on her PhD at Southern New Hampshire University in her free time. She is from the Tri-County area, having lived and worked in Westchester in public health and HIV for years.

Ms. Acosta expressed her excitement to take on this position and work with the Committee and with providers and consumers in the Tri-County region. While she will be based at NYC DOHMH, she will be supporting Ryan White Part A contractors and consumers in Tri-County and will help make the voices of the Tri-County region more prominent in the NYC portion of the EMA.

Agenda Item #3: Updates

Consumer Update

Mr. Alvarez discussed the issue of HIV and aging. There was a recent presentation by a doctor of geriatric medicine that explained all the issues of aging in PLWH, stressing the importance of people informing their doctors as quickly as possible about any symptoms they are having so that they can be addressed in a timely way. While Living Together members continue to have outstanding undetectable viral load and retention in care rates, other health issues, especially those associated with aging, must be addressed.

Ending the Epidemic Update

Ms. Acosta reported that she will be attending the Lower Hudson ETE Regional Committee meetings and reporting back to the Steering Committee. The next meeting was scheduled for next week, but has been postponed by the NYS AIDS Institute due to COVID-19.

Planning Council Update

Mr. Klotz reported that the full Planning Council met on February 27th with a joint update from NYC DOHMH and NYS DOH on State Ending the Epidemic (ETE) and Federal Ending the HIV Epidemic (EHE) initiatives. There was an overview of ETE metrics in NYC, where there has been major progress in lowering the number of new infections and increasing linkage to care and viral load suppression rates.

The Council's Consumers Committee is planning a forum on HIV and Aging, which will be open to people from the entire EMA. With an increasing percentage of PLWH being over 50 years old, there is going to be increasing focus on how to address issues such as chronic diseases of aging and social isolation. *Ms. Best* noted that the Tri-County region should be holding its own event.

The Integration of Care Committee is developing a service directive to fund Oral Health Services in the NYC portion of the EMA. The model for the service directive is the one that was developed for TC by the Steering Committee.

Recipient (Grantee) Report

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 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: Tri-County HIV Epidemiology Report

Ms. Patterson presented on the 2018 HIV epidemiological and surveillance data for the TC region (data excludes the incarcerated). She gave an overview of the surveillance system, which receives data from laboratory and provider reporting, medical records review, NYSDOH partner services, and data matches. In 2018, TC reported 101 new HIV diagnoses, the highest rate in the state outside of NYC (Long Island has more cases, but their population is higher, thus the rate lower). Most of those new infections were in lower Westchester County, especially Yonkers. The trend in new infections has been going down in TC from 160 in 2014, mostly in Westchester. The trend in Rockland and Putnam is steady, but the actual numbers are low (24 new cases in Rockland and 1 in Putnam in 2018). 80% of new infections are among males, and African-Americans/Blacks and Latinx/Hispanics still comprise the majority of new cases. Men who have sex with men is the largest category of new cases by mode of transmission. The number of people diagnosed with HIV and AIDS concurrently (a sign of being infected for a long time before getting tested) dropped considerably in 2018. TC has reached the ETE goal of having at least 90% of the newly diagnosed in care within 90 days, and the percentage of those in care within 90 days and those virally suppressed has increased substantially. Prevalence rates closely mirror rates of new infections by demographic groups. PLWH over 50 now make up a substantial majority of all PLWH in Tri-County. Overall rates of those in HIV care (80%) and viral load suppression (73%) are comparable to other parts of NY State. The HIV Care Cascade in TC shows that there are an estimated 4,420 PLWH in the region (based on the CDC formula for estimating the undiagnosed). Of those, 3,790 (80%) have been diagnosed, 3,030 (69%) are in care, and 2,770 (63%) are virally suppressed. More data can be found on the State's ETE Dashboard and NYS DOH website.

A summary of the discussion follows:

- The reporting of zero HIV cases in Tri-County among Native Americans may be a reporting issue, as some people from that population are counted in tribal jurisdictions.
- The Veterans Administration is the largest provider of HIV-related medical services in the USA. NYS may not get complete reporting from that system.
- Incidence rates may be skewed by the rates of testing in different populations, but NYS DOH only has data on positive tests.

Agenda Item #5: Policy Update: Public Charge Rule

Ms. Oken presented on the Public Charge Rule, which took effect on February 28th. As presented last year, “public charge” is a long-standing facet of immigration law. As part of the immigration/change of status application process, it assesses whether a person is likely to become “primarily dependent on the government for subsistence” (cash assistance for income maintenance or institutionalization for long-term care at government expense). The new rule expands types of immigration applications subject to the test, and have a new definition of public charge (“an alien who receives one or more public benefits” as defined by the rule). New considerations would include a possible expanded list of public benefits, time and dollar thresholds for public benefits use, and a “totality of circumstances” test. People subject to a public charge test include: 1) persons applying for admission to the U.S. (immigrant and non-immigrant visas); 2) persons applying for lawful permanent residence (green card); 3) green card holders who leave the U.S. and do something that could put their residency status in jeopardy (e.g., outside U.S. for more than 180 continuous days); and 4) visa renewals and change in visa applicants (e.g., student → work). People not subject to the rules include: 1) applicants for citizenship; 2) applicants for a green card renewal; 3) excluded categories of immigrants, by law or regulation (including refugees and asylees, certain special visa holders from certain countries, certain trafficking and crime victims (including T and U visa holders), special Immigrant Juveniles (SIJs), Violence Against Women’s Act (VAWA) self-petitioners, and service members in the U.S. Armed Forces.

Public benefits that would now be included in the test are: Non-emergency Medicaid and Medicaid for pregnant persons, Medicare Part D Low-Income Subsidy, Supplemental Nutritional Assistance Program (SNAP, aka food stamps), Housing assistance (Section 8 housing and rental assistance and subsidized housing). This is on top of assistance previously subject to the rule: Cash Assistance for income maintenance (e.g., Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), state and local cash assistance), and Institutionalization for long-term care at government expense.

Public benefits not included are: Emergency Medicaid, Child Health Insurance Program (CHIP)/Child Health Plus, FQHCs, Medicare Parts A and B, Medicare Advantage, AIDS Drug Assistance Program (ADAP), HIV/AIDS Services Administration (HASA) and the State HIV emergency shelter allowance, Housing Opportunities for Persons With AIDS (HOPWA), and Ryan White program benefits.

The “Totality of Circumstances” test will take into account English language skills and health. How health status will pay out is not known (e.g., will just having HIV be grounds for exclusion?). Also, family-based sponsorship (a guarantee from an applicant’s family that they will support them until they find employment) will be denied. Many of the excluded benefits were not previously available for non-citizens and there is no change in general eligibility for public benefits. The new rules are meant to discourage people from using benefits if they plan to apply for a green card, and it is having a dampening effect of people’s usage of essential services. The rule will have a negative impact on how people access care, which is particularly dangerous during an infectious disease epidemic.

Agenda Item #5: New Business

Mr. Klotz explained that data for the Committee’s next task, developing a spending plan for the FY 2021 grant application, will not be ready until May, as the program year just ended at the end of February. Data on performance, enrolment and spending will be needed to inform the process. Thus, given the uncertainty around COVID-19 (and the religious holidays), it was agreed to hold the next meeting on Wednesday, May 6th, followed by Wednesday, June 10th.

There being no further business, the meeting was adjourned.