



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

Thursday, May 28, 2020
3:00-4:45 PM
By Zoom Videoconference

MINUTES

Members Present: D. Klotz (Acting Governmental Co-chair), M. Lesieur (Community Co-chair), M. Bacon, F. Barrett, L. Best, A. Betancourt, R. Bruce, R. Chestnut, E. Casey, P. Carr, B. Cockrell, M. Diaz, M. Domingo, J. Dudley, R. Fortunato, T. Frasca, C. Graham, B. Gross, G. Harriman, O. Lopez, J. Maldonado, J. Natt, D. Powell, J. Reveil, M. Rifkin, L. Ruiz, J. Schoepp, F. Schubert, C. Simon, M. Singh, A. Straus, M. Thompson, R. Walker, D. Walters

Members Absent: A. Abdul-Haqq, D. Beiling, P. Canady, J. Edwards, B. Fenton, MD, S. Hemraj, A. Lugg, M. Mañacop, C. Reyes, A. Roque, T. Troia, B. Zingman, MD

Staff Present: *DOHMH:* M. Lawrence, E. D'Aquila, A. Guzman, K. Mack, G. Dominguez Plummer, J. Acosta, C. Rodriguez-Hart, E. Jimenez-Levi, J. Bell; *Public Health Solutions:* C. Nollen, G. Kaloo

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

Mr. Klotz and *Mr. Lesieur* opened the meeting followed by a roll call and a moment of silence in honor of legendary AIDS activist Larry Kramer.

The minutes of the April 23, 2020 meeting were approved with no corrections. *Ms. Lawrence* encouraged Council members to complete the surveys on wellness and community building activities.

Agenda Item #2: Recipient (Grantee) Update

Mr. Harriman reported that on April 30, HRSA/HAB (HIV/AIDS Bureau) announced greater flexibilities for the FY 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act funding as it pertains to Ryan White HIV/AIDS Program (RWHAP) provision and funding limitations. The announcement includes HRSA's response to award implementation, which including waiving the requirements for Planning Council approval, WICY expenditures, unobligated balances penalty, core medical services 75% allocation requirement, and maintenance of effort, among other requirements relevant to Part B and C programs.

Additionally, for COVID-19 testing and provision of Personal Protective Equipment for Household Members of People with HIV (Parts A, B, and C), the requirement to serve only people with HIV is waived for the COVID-19 CARES Act funding only in the extremely limited instances of household members living Ryan White HIV/AIDS Program clients, and only for funds for this purpose in the absence of a waiver. Also, HRSA/HAB has requested approval from OMB to create a new monthly, aggregate data report to collect information on CARES Act funded activities. This module will be required for all providers (regardless of whether they are recipients or sub-recipient) who receive FY 2020 CARES Act funding.

In light of the COVID-19 pandemic, the 2020 National Ryan White Conference on HIV Care and Treatment scheduled for August 11–14 will be held virtually. It is still unknown if the virtual format will allow for

additional registrants (currently the EMA is allowed nine). [Note: HRSA announced after the meeting that there will be no cap on registrations.]

The EMA received a score of 98% on the FY2020 RWHAP Part A Grant Application from HRSA/HAB's Objective Review Committee. The committee cited many strengths (including the Council's work on PLWH with disabilities) and no weaknesses. The reason for the reduction in the Base Supplemental portion of the award is not known. The Part A Progress and Expenditures Reports deadline have been extended in response to COVID-19 crisis, and the Grantee submitted a request for a 30-day extension which HRSA/HAB has approved. The 2020 RWHAP Part A Program Terms Report is now open via the HRSA Electronic Handbook (EHB) site with a deadline of July 9, 2020.

The NY EMA's annual Ryan White Part A Provider meeting will occur as scheduled on June 10 as an abbreviated, web-based video conference. The Grantee also released a memo about client confidentiality. With the current shelter-in-place protocols and New York State on PAUSE, the Grantee acknowledges that services delivered and documented by staff are being done remotely and may present challenges for staff. As New York State continues to remain on PAUSE and programs are telecommuting, the grantee will continue to review policies and procedures, and send regular updates to funded programs to help maintain operations and ease the burden on programs due to COVID-19.

Finally, Ms. Dominguez Plummer is the new Director of Program Planning and Operations in the Care and Treatment Program and will serve as alternate to Mr. Harriman in his role as Grantee representative on the Planning Council. Ms. Dominguez Plummer joined DOHMH in 2011 and has been providing technical assistance and quality management services to Ryan White Part A programs for the past nine years. She has extensive knowledge in the development of public health programs and experience implementing evidence-based interventions in behavioral health programs. She has over 18 years' experience working in HIV/AIDS, mental health, substance use and harm reduction.

Agenda Item #3: Committee Updates

Consumers Committee (CC)

Ms. Best reported that the Consumers Committee held its second virtual Town Hall on COVID-19 and HIV. The event was a huge success, with participants from across the country, demonstrating the Consumers Committee's effectiveness in adapting to the changing environment. A third Town Hall is scheduled for June 16th.

Needs Assessment Committee (NAC)

Ms. Lawrence reported that NAC is continuing their work on seriously mentally ill PLWH, which has been difficult in the current environment, particularly getting the data needed to know what is effective in improving health outcomes for this population. The Committee will work on a road map for completing the task in the autumn.

Integration of Care Committee (IOC)

Mr. Powell reported that IOC met yesterday to continue planning for an oral health services directive. The Committee heard from the RWPA dental provider in Tri-County, who gave a wealth of insight into issues around client needs, reimbursement, funding levels, and waiting lists. Mr. Carr asked probing questions about implants and bone grafts and how they are treated and reimbursed for. The Committee also began looking at the language of a draft directive, which will continue at the next meeting.

Priority Setting & Resource Allocation Committee (PSRA)

Mr. Natt reported that PSRA has returned to its task of developing a spending request for the FY 2021 application. PSRA is methodically reviewing service category fact sheets, which contain three years of program data aggregated by service category on enrolment, service utilization, client demographics, and payer of last resort issues. PSRA uses the data to make decisions about changes in allocations. So far, PSRA has reviewed fact sheets for Non-Medical Case Management, Mental Health Services, and Harm Reduction. We anticipate holding at least one, possibly 2 additional meetings in June and July in order to complete our review and develop recommendations for a spending request for the application.

Tri-County Steering Committee (TCSC)

Ms. Straus reported that the TCSC had its first virtual meeting on May 13th with about 30 people participating. We received updates from Mr. Klotz and Mr. Harriman about the Council's and Grantee's responses to COVID-19, including the allocation of funds to enhance Emergency Financial Assistance, Housing and Food; and changes in contracting to ensure continuity of services. Ms. Acosta briefed the committee on her efforts to support Ryan White Part A providers in the region and ensure that they can meet the challenges arising from COVID-19. There was also a very informative policy update from Adrian Guzman on issues such as challenges to the Affordable Care Act, and the various COVID relief bills being proposed in Congress. At next month's meeting, the committee will review 2019 program data, aggregated by service category data, which was the first year of services under the re-bid portfolio. The Committee will then discuss options for allocations for the FY 2021 grant application.

Rules & Membership Committee (RMC)

Ms. Barrett reported that RMC will meet by secure videoconference in June and July to review membership applications for terms beginning in September. Applications are due by June 19th, and the Committee expects to have a slate of nominees for the July Executive Committee meeting. Thanks were given to the Council members who volunteered to serve on the committee.

Agenda Item #4: Ending the HIV Epidemic (EHE) Project PROSPER (HRSA 20-078 Grant)

Ms. D'Aquila explained that, as presented at the February Council meeting, the federal EHE initiative seeks to reduce new HIV infections in the United States by 75% in five years, and 90% in 10 years by directing resources to priority jurisdictions to receive additional expertise, technology, and resources (in the EMA, those areas are Brooklyn, Bronx, Manhattan and Queens). In March 2020, BHIV was awarded HRSA-20-078 funding and renamed the project PROSPER: Planned Resources for an Organized and Specific Population-level Equitable Response. The grant, funded at \$6.55M (65% for DOHMH, 23% in the community, and 12% for professional services contracts), runs from March 1, 2020 – February 28, 2025. Funds from this initiative will provide resources to implement effective and innovative strategies, interventions, approaches, and services to reduce new HIV infections, focusing on EHE's Treatment and Respond pillars. DOHMH BHIV's Clinical Operations and Technical Assistance Program (COTA) will lead Project PROSPER's management.

BHIV has identified priority populations for the provision of tailored, equitable services to bridge gaps in health outcomes among populations that have historically and are currently being left behind in our progress to ending the HIV epidemic in NYC. These populations include: Black women; Hispanic/Latina women; Transgender women; Youth, ages 13-29; Older adults, ages 50+; Black men who have sex with men (MSM); and Hispanic/Latino MSM.

The four main Project PROSPER activities are: 1) Increasing Organizational Capacity; 2) Expand Implementation of Evidence-informed Strategies & Interventions; 3) Expand Implementation of Emerging Practices; and 4) Develop Data Infrastructure and Systems Linkages. Specific goals and tasks for each

activity were described (e.g., Activity 1 goal: Increase the HIV workforce’s capacity to deliver high-quality HIV care & support services to increase retention in care & viral suppression rates; Activity 1 task: Develop up to 3 new in-person trainings and 8 e-learning trainings to support EHE Pillars). A particular focus in Activity 2 is called Building Equity: Intervening Together for Health (BE InTo Health). Which seeks to Increase engagement and re-engagement in care and decrease racial/ethnic inequities in HIV outcomes among priority populations through five clinic-level evidence-based interventions were selected to respond to the specific needs of each priority population. The intervention selection process was explained (literature review, survey, data review, etc.).

Specific project summaries for each priority population were described. For example, for Older PWH, the project will support geriatric case management and coordination program that supports clients’ HIV medical care, referrals for comorbidities, and promotes physical and social activities.

The timeline for the project was described, with an RFP to be released in August 2020, awards made in February 2021, and technical assistance and program expansion from 2021-2025.

In response to a questions, *Ms. D’Aquila* explained that for the upcoming RFP, “HIV Clinic” is defined as a facility that provides HIV-related primary medical care. The RFP will list the necessary accreditations. Average award size will be around \$325K.

Mr. Harriman clarified that these funds are restricted by HRSA to care and treatment services. The CDC will issue a prevention-related RFP under the EHE program in August. The idea of using those funds for on-the-spot PrEP can be directed to the CDC.

Mr. Klotz thanked *Ms. D’Aquila* and the COTA staff, noting that the work to end the HIV epidemic continues in the face of the new pandemic.

Agenda Item #5: Policy Update

Mr. Guzman gave an update on current issues in HIV-related law and policy. Governor Cuomo extended the special enrollment period allowing eligible individuals to enroll in insurance coverage through NY State of Health through June 15, 2020. There was an update on the NYS COVID-19 “Pause”, the current restrictions (still in place in NYC, but with phase one of reopening in Tri-County and the rest of the State), and the metrics for reopening (NYC has met 6 out of 7).

On May 14, 2020, the CDC released a set of guidelines to help workplaces, schools, child care programs, youth programs and camps, restaurants and bars, and mass transit begin the process of reopening during the COVID-19 pandemic. On May 15, 2020, the U.S. House of Representatives passed the Health and Economic Recovery Omnibus Emergency Solutions (HEROES) Act, a \$3 trillion legislative package to address the effect of COVID-19 on individuals and businesses, but action is blocked in the Senate.

The Administration announced it would stand firm in its position that the Supreme Court should overturn the ACA. The Administration is supporting a lawsuit brought by various GOP-led states arguing that Congress’s elimination of the tax penalty for not having health insurance rendered the entire law unconstitutional. The Supreme Court is expected to hear the case during its next term. The FDA announced changes to its blood donor eligibility criteria, citing dramatic reductions in the number of donations and overall blood supply related to COVID-19. Men who have had sex with men now must wait 3 months (down from 12) since their last sexual encounter to donate.

Questions were raised concerning the NYS reopening guidelines, who is an essential worker, diagnostic testing availability and antibody testing. Those details change frequently and most are updated regularly on the State’s COVID website.

Agenda Item #6: Public Comment

Marya Gilborn announced that The Family Center and Mt. Sinai are conducting a survey to understand how the COVID-19 pandemic is impacting the lives of NYC residents, including their physical and emotional well-being.

Ms. Best encouraged the Grantee to help RWPA providers prepare for implementing trauma-informed care in response to clients impacted by COVID-19.

Ms. Simon announced that NYS is holding virtual listening sessions to solicit feedback on COVID-19 issues, including trauma-informed care and sexual health.

There being no further business the meeting was adjourned.

Minutes approved by the HIV Planning Council on June 25, 2020



David Klotz
Acting Governmental Co-chair
HIV Planning Council