



Meeting of the  
**PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE**

Monday, June 8, 2020  
By Zoom Videoconference  
3:05 – 4:20pm

**MINUTES**

**Members Present:** Jeff Natt (Co-chair), Dorella Walters (Co-chair), Broni Cockrell, Joan Edwards, Graham Harriman, David Klotz, Matthew Lesieur, Oscar Lopez, Jesus Maldonado, Carmelo Cruz Reyes, Michael Rifkin, John Schoepp, Claire Simon, Terry Troia, Rob Walker

**Members Absent:** Randall Bruce, Paul Carr, Steve Hemraj, Leo Ruiz, Barry Zingman, MD

**Other Planning Council Members Present:** Lisa Best, Marcy Thompson

**Staff Present:** Clare Biging, Faisal Abdelqader, Johanna Acosta, Melanie Lawrence, Eleanora Jimenez-Levi, Dave Ferdinand; (*NYC DOHMH*)

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**Agenda Item #1: Welcome/Introductions/Minutes**

*Mr. Natt* and *Ms. Walters* opened the meeting, followed by a roll call and a moment of silence. The minutes of the May 11, 2020 meeting were approved with no changes.

**Agenda Item #2: Fact Sheets: Supportive Counseling Services (SCG), Legal Services (LSN), Health Education and Risk Reduction (HER)**

*Mr. Klotz* introduced the next set of service category Fact Sheets, noting that the Committee will have an extra meeting on June 29<sup>th</sup> to review the final Fact Sheet (Housing). There will not be Fact Sheets for Food & Nutrition or Medical Case Management, as they are both in the first year after being re-bid with new service models.

*Supportive Counseling and Family Stabilization Services*

*Mr. Harriman* gave an overview of the SCG Goals (Provide individual supportive counseling services that aim to overcome barriers to access and facilitate continued engagement in medical care for people living with HIV (PLWH). Provide family-focused services that reduce stressors in the lives of PLWH in order to remove barriers to engagement in HIV care and adherence to treatment.

SCG enrollees' eligibility requirements were described (including PLWH's families as defined by the client and which is not necessarily a biological relationship). Also, client and/or family members need not have a DSM diagnosis. Services provided for family members must aid in reducing the stressors in the lives of the PLWH to facilitate removing barriers to engagement in HIV care and adherence to treatment.

There is no federal payer for SCG. The NYC Administration for Children's Services offers programs in family home care, childcare, head start/early start, transitional childcare, and family services for domestic violence counseling, mediation, anger management, and crisis intervention. Target population-specific services are offered by NYSDOH AI and NYS OTDA for HIV infected women and their families and clients who are unstably housed, respectively. SCG services are not Medicaid billable due to the absence of a DSM diagnosis.

*Mr. Abdelqader* presented the Fact Sheet's data. Highlights include client demographics (by borough, age, risk factor, gender, race/ethnicity) that show a majority of clients are from Bronx or Brooklyn, Black or Hispanic, and Older PLWH. Heterosexuals are over-represented compared to the general HIV population.

Four years of service unit data shows that the service type of "Supportive Counseling" (the core service provided in this category) comprised the bulk of service units (13,855 in 2019). Client Assistance and Coordination with Providers were other service types with large number of units provided. Before this category was rebid it used to regularly over-perform. It now generally spends close to its original allocation.

A summary of the discussion follows:

- Individuals can receive SCG outside of a family or group orientation.
- The large increase in Supportive Counseling units despite the flat number of clients is an indication that clients need the service at a higher frequency.
- It is not clear why client re-engagement units declined in 2019.

### Legal Services

*Ms. Acosta* gave an overview of the LSN Goals (Provide culturally and linguistically appropriate comprehensive civil, legal and health-related advocacy services that assist clients in removing barriers and gaining access to primary care. Legal Services are limited to those which are directly necessitated by a person's HIV status). Current contracts were last rebid in 2016, and services are available in each borough. There are no other large federal payers available for comprehensive legal services for PLWH. Other payers are limited to legal aid that focuses primarily on advocacy for mental health, housing, and family stability. Part B funds family stabilization support services designed to help HIV affected families cope with making decisions for future care and custody planning. Medical Legal Partnership embeds lawyers as specialists in health care settings to provide legal services to patients.

*Ms. Biging* presented the Fact Sheet's data. Highlights include client demographics (by borough, age, risk factor, gender, race/ethnicity). Clients were distributed evenly throughout the five boroughs, and a large majority were Black or Hispanic, male, and Older PLWH. Almost all service units provided were for Direct Legal Advocacy. The number of units has increased steadily and the category has spent all of its allocation consistently. The category spent close to its allocation every year.

A summary of the discussion follows:

- Many of the services are one-time (e.g., writing a will or power of attorney). On-going assistance may be related to longer-term needs, such as a discrimination or housing case.
- Case finding is anonymous for this category.
- Immigration-related services must be necessitated by the person's HIV status. For example, LSN can help people with a PRUCOL letter to obtain Medicaid coverage.

### Health Education and Risk Reduction

*Ms. Acosta* gave an overview of the HER Goals (Provide education to PLWH on how to manage living with HIV and on how to reduce the risk of transmission. Education and information about medical and psychosocial support to help PLWH improve their health status. Enhance the understanding of the impact of behavior on HIV-related health outcomes. Help PLWH adopt behaviors that will improve health outcomes and decrease HIV transmission. Encourage timely entry into care, adherence to treatment, maintenance in care, and viral load suppression, etc. All PLWH living in the NY EMA are eligible, and HER specifically targets those who do not have suppressed viral load, do not consistently utilize or remain in HIV treatment and care, are seeking assistance with managing their HIV, or are returning to care after an absence. HER is exempt from income eligibility requirements.

There are no specific federal payers for HER services. The services are also not funded by Part B. HER is a non-Medicaid billable service that can enhance uptake and engagement in other necessary support and medical services.

*Ms. Biging* reviewed the HER Fact Sheet Data. Highlights include client demographics (by borough, age, risk factor, gender, race/ethnicity). Clients were distributed evenly throughout the five boroughs, and a large majority were Black or Hispanic, male, and Older PLWH. The category spent close to its allocation every year. By far, the largest service type was delivery of the actual Positive Life Workshop. Other highly used service types were Client Assistance and Targeted Case Finding.

A summary of the discussion follows:

- The service was originally conceived to focus on the newly diagnosed, but has been broadened to target anyone HIV-positive person who has an unsuppressed viral load, is out of care, or who just needs assistance in self-management.
- When the service was originally housed within DOHMH BHIV, there were far fewer enrollees than now.
- Follow-up to ensure that clients who complete the program maintain their goals is part of the program.

It was added that, after completing review of the fact sheets, the Committee will review the complete set of data to make decisions about the application spending plan. This includes picking up the discussion of funding Non-Medical Case Management, as well as determining an allocation for the new Oral Health Services category that IOC is expected to approve.

*Mr. Harriman* noted that the PSRA chairs and staff have discussed presenting outcomes data in the fall to PSRA. Outcomes vary for different service categories and are measured differently, but it can be important to help PSRA understand how effective the services are and if they are helping the clients reach the program goals.

There being no further business, the meeting was adjourned.