



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

Thursday, October 29, 2020

3:05-4:30 PM

By Zoom Videoconference

**MINUTES**

**Members Present:** D. Klotz (Acting Governmental Co-chair), D. Walters (Community Co-chair), A. Abdul-Haqq, S. Altaf, F. Alvelo, M. Bacon, D. Beiling, L. Best, A. Betancourt, R. Brown, M. Caponi, R. Chestnut, E. Casey, P. Carr, B. Cockrell, M. Diaz, M. Domingo, J. Edwards, B. Fields, R. Fortunato, T. Frasca, M. Gilborn, C. Graham, A. Lugg, D. Martin, J. Natt, G. Plummer, J. Reveil, M. Rifkin, L. Ruiz, J. Schoepp, F. Schubert, C. Simon, A. Straus, M. Thompson, T. Troia, R. Walker

**Members Absent:** M. Baney, R. Bruce, P. Canady, J. Dudley, B. Fenton, MD, B. Gross, M. Mañacop, D. Powell, C. Reyes, A. Roque, S. Sanchez, M. Singh, B. Zingman, MD

**Staff Present:** *DOHMH:* M. Lawrence, J. Colón-Berdecía, A. Guzman, K. Miller, K. Mack, D. Panasar, M. Wong, E. Jimenez-Levi, G. Nova; *Public Health Solutions:* B. Carroll, G. Kaloo; *HRSA/HAB:* S. Morgan

**Guests Present:** S. Caputo, K. Wunder (*Bannon Consulting*)

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

*Ms. Walters* and *Mr. Klotz* opened the meeting followed by introductions and a moment of silence. The minutes of the July 30, 2020 meeting were approved with no further corrections.

*Sera Morgan*, HRSA HIV/AIDS Bureau Project Officer for the NY EMA, welcomed the new Council members and offered best wishes to the Council for a successful planning year. She also reported that HRSA/HAB will be moving to a three-year grant application cycle. This will not impact the Council's schedule or responsibilities.

**Agenda Item #2: Recipient (Grantee) Update**

*Ms. Plummer* reported that HRSA/HAB released the Ryan White AIDS Drug Assistance Program (ADAP) Annual Client-Level Data Report for 2018, which describes the demographic characteristics of clients accessing ADAP services and the ADAP-funded services used. The report provides an in-depth look at service utilization, demographic, and socioeconomic factors among client served by ADAP, and includes client-level data based on age, race/ethnicity, federal poverty level, and health care coverage.

On June 19, HRSA/ HAB issued a waived the annual site visit monitoring requirement during the COVID-19 public health emergency for Ryan White Parts A and B recipients and sub-recipients. Recipients, however, must continue to monitor the activities of sub-recipients to ensure that funding is used for authorized purposes and the conditions of award.

Several service category programs are approaching expiration and will need to be re-procured. A list of categories with expiration dates in 2023 and 2024 was distributed. The FY 2021 Part A application was submitted on September 30, 2020 (described later in the meeting). The Recipient also submitted a waiver application for the Core Medical Services (CMS) requirement, which requires that at least 75% of the services allocation be spent on HRSA-defined Core Medical Services. The Planning Council's application spending plan necessitates a waiver as only 54.3% of the service allocation was allocated to the Core Medical Services (e.g., ADAP, Oral Health Care, Early Intervention Services, Mental Health, Medical Case Management, and Harm Reduction services), and 39.7% were allocated to Supportive Services (e.g., Housing, Food and Nutrition, Emergency Financial Assistance, and Psychosocial Support Services).

The NYC DOHMH Care and Treatment Program (CTP) in the Bureau of HIV (BHIV) and the New York State Department of Health AIDS Institute are hosting the (virtual) 7<sup>th</sup> annual Ryan White Part A (RWPA) Power of Quality Improvement conference on December 8<sup>th</sup>, 9:00am – 5:00pm. All Ryan White Part A-funded providers, consumers of services for people living with HIV, and other stakeholders will be invited to attend. The purpose of the Conference is to promote improvement activities in RWPA programs, and to provide a venue for peer learning to support continued QI efforts. The theme of this year's conference, 'Redesigning Systems to Address Social Justice and COVID-19', will focus on the efforts of RWPA providers and consumers during the COVID-19 pandemic.

Graham Harriman will be assuming the role of Director of the New York HIV Health and Human Services Planning Council effective November 12, 2020. Graham brings to this role over 30 years of lived experience with HIV disease, 30 years of program management in the field of HIV care, and nine years of experience leading BHIV's Care and Treatment Program. Following Graham's transition, Ms. Plummer will serve as Acting Director of the BHIV CTP until a permanent replacement is identified. Ms. Plummer currently serves as the Director of Program Planning and Operations in CTP and brings with her ten years of experience working with Ryan White A programs and over 20 years' experience in HIV care, mental health, and substance use services.

*Mr. Klotz* reported that in 2019, the federal government announced "Ending the HIV Epidemic: A Plan for America". As has been reported previously to the Council, this ten-year initiative beginning in FY2020 is meant to achieve the goal of reducing new HIV infections nationally to less than 3,000 per year by 2030. In response to this plan, BHIV applied for the "Strategic Partnerships and Planning to Support EHE" (CDC PS19-1906). Funding will be used to support strategic partnerships, communication, peer-to-peer technical assistance, and planning efforts to address emerging needs through CDC-funded state and local health departments to end the HIV epidemic. As part of this plan, BHIV CTP is engaging with the HIV Prevention Group and the Planning Council, including updates on project progress. More details will be presented over the course of the next meetings, with opportunities for feedback and an eventual concurrence vote on the plan.

### **Agenda Item #3: FY 2021 Ryan White Part A Grant Application**

*Ms. Caputo* presented on the New York EMA's FY 2021 RWPA Grant Application. The CTP team leads the application process, with coordination support from Bannon Consulting Services. The application is developed with contribution from the Council, BHIV Prevention Program, BHIV Policy and External Affairs, BHIV HIV Epidemiology, DOHMH STI and Viral Hepatitis Programs, Planning Council staff, New York State AIDS Institute and Public Health Solutions. After the application is released by HRSA, the team develops the narrative, budget and attachments. Overall, the application outlines how a total funding request of \$84M for HIV program services was developed and how it is coordinated with other funding (e.g., federal Ending the HIV Epidemic). The application also details how COVID-19 has significantly impacted service provision in FY2020 and its expected impact on FY2021.

The first section of the application provides an Epidemiological Overview of the NY EMA, which has 132,148 (13% of all PWH in the U.S).

Individuals living with HIV/AIDS have many challenges around treatment adherence and coping with potential stigma. Many PWH also have co-occurring conditions which can further amplify these challenges. This co-occurrence pose a significant public health problem and represent a difficult challenge for those who treat and care for these individuals. These conditions include: hepatitis C, mental illness, homelessness, substance use, incarceration, STIs and COVID-19. The care continuum was described, showing that 75% of those diagnosed are 3 virally suppressed. Although the NY EMA is working toward EHE goals, inequities exist among certain subpopulations (e.g., young Black MSM, Black women, Black OPWH, and Black transgender women).

The EMA is responsible for submitting an early intervention plan to identify individuals with HIV and link them to care. The “EIIHA” section is worth 33 points which is a huge component of the application and engaging persons unaware of their HIV diagnosis is an important part of the work of the Council as well as other BHIV programs. There are also programs in this area targeting special populations, particularly Black and Latino MSM.

The next section discusses how changes in healthcare coverage affect both access to care and RWPA programming, particularly the impact of the changing healthcare landscape.

*Mr. Klotz* presented on the section of the application that describes the Council’s planning process. The PSRA’s planning tool and the preliminary spending request are described, including increases in targeted service categories to address ongoing needs, fill service gaps for special populations, fund new needs arising from the COVID-19 pandemic, and expand oral health services to the NYC portion of the NY EMA.

*Ms. Caputo* described initiatives to address unmet need and improve the EMA’s performance across the Care Continuum. In GY21 the NY EMA will work to resolve several challenges to address the needs of priority populations (older PWH, TINBNC PWH, COVID-19 response, linkage to care, and racial equity).

The application describes the Clinical Quality Management (CQM) program to improve the quality of services, strengthen RWPA providers’ capacity for QM by providing guidance in program model implementation, and improve care across the continuum.

The next section focuses on Grant administration and BHIV’s monitoring and accountability measures, the NY EMA ensures that RWPA funds are used effectively to address the country’s largest and most complex HIV epidemic. Finally, the Council’s task of assessing the efficiency of the administrative mechanism is described. In FY2019, the EMA spent more than 99.3% of its RWPA base award and 100% of its MAI award.

A summary of the discussion follows:

- The application does not specifically address the increase in the need for mental health services among RWPA clients due to COVID-19.
- The three-year application timeline does not affect the Recipient’s timeline for implementing services.
- There is no requirement to integrate care and prevention planning bodies, but some jurisdictions have chosen to do so.

#### **Agenda Item #4: Public Comment**

*Mr. Walker* proposed that sub-committee chairs be chosen by election. [Note: This requires a bylaws amendment, which is the purview of the Rules & Membership Committee. It will be brought to RMC for discussion.]

*Ms. Best* invited everyone to participate in the Consumers Committee's screening of the film "Nothing Without Us: The Women Who Will End AIDS", followed by a panel discussion on November 17<sup>th</sup>.

*Mr. Klotz* thanked the Council and staff for their incredible work during his time as acting director and governmental co-chair.

There being no further business the meeting was adjourned.

Minutes approved by the HIV Planning Council on October 29, 2020

A handwritten signature in black ink, appearing to read "G. Harriman", written in a cursive style.

Graham Harriman  
Governmental Co-chair  
HIV Planning Council