



Meeting of the

HIV Health and Human Services Planning Council of New York

January 17, 2008

3:10-5:10 PM

Beth Abraham Care Center, 612 Allerton Avenue, Bronx

MINUTES

Members Present: J. C. Park, (Governmental Co-Chair), S. Elcock (Community Co-Chair), E. Telzak, M.D. (Finance Officer), S. Adams (for M. Brune), B. Backofen, R. Bramble Weed, E. Camhi, F. Carroll, C. Checa (for L. Freddy Molano, M.D.), J. Edwards, T. Faulkner, Y. Gebhardt (for E. Viera, Jr.), J. Hilger (for F. Laraque, M.D.), J. Irwin, J. Leandry-Torres, J. Lehane, Ph.D. (for T. Petro), M. Lesieur, T. Mack, M.D., D. Marder, M.D., G. Mercado, W. Okoroanyanwu, MD, G. Philip, A. Richardson, L. Scaccabarozzi, S. Self, Ph.D., R. Spellman

Members Absent: A. Aviles, M.D., M. Bacon, L. Bishop, R. Canosa, A. Etienne, I. Feldman, L. Fraser, I. Gamble-Cobb, A. Hardman, R. Jackson, V. Jarvis, M.D., D. Ng, A. Perry, A. Quinones

Staff Present: *DOHMH:* D. Klotz, D. Wong, R. Molina, N. Rothschild, C. Silva, E. Wiewel; *MHRA:* R. Miller

Agenda Item #1: Meeting Opening/Minutes

Mr. Park and Ms. Elcock opened the meeting, followed by a welcome from Carmen Cruz-Lee of Beth Abraham Care Center.

Ms. Faulkner introduced the moment of silence.

Mr. Lesieur reviewed the rules of respectful engagement.

Mr. Park reviewed the agenda, meeting packet and the January and February meeting calendars.

The minutes of the December 20, 2007 meeting were approved with no changes.

Agenda Item #3: PLWHA Advisory Group (AG) Report

Mr. Miller: At our last meeting, the AG had a presentation by Dr. Alvaro Carrascal from the NYS AIDS Institute on smoking and HIV. Also, John Hatchett and Petra Berrios from the Leadership Training Institute presented on their work. We strongly encourage AG member participation in LTI trainings. We had updates on AG member participation on Council committees and began discussing the development of a white paper on prevention and care needs of PLWHA, as well as Ryan White reauthorization.

Agenda Item #4: Committee Updates

Ms. Elcock: I asked Mr. Park to give the following presentation in order to make sure that everyone knows what all the committees are working on, so that we can act more deliberatively and be on the same page in our planning.

Mr. Park: Since the beginning of the planning cycle in September, the Council has met four times, oriented 14 new members and elected new officers. We have had a number of presentations, including data from the CHAIN study, as well as policy updates on topics such as federal appropriations. The community co-chair has signed two policy letters: on federal appropriations and on HRSA's proposed core services waiver requirements. We have had financial progress reports on base and MAI spending, and Council members participated in the review of the FY 2008 Part A grant application.

In the coming months, we will be working on the following tasks: approving the FY 2008 spending scenario and final plan (February/March), reprogramming (May), and the FY 2009 application spending plan (July). The Consumers Committee continues to ensure meaningful involvement of PLWHA in Council activities, and the PLWHA AG will continue to advocate for the interests and needs of PLWHA in the planning and evaluation of Part A services. The Needs Assessment Committee (NAC) will continue to review information on the capacity and capability of the system of care and provide input into the redesign of service categories, and the Integration of Care Committee (IOC) will oversee the development of a comprehensive strategic plan and review service category guidance. The Priority Setting & Resource Allocation Committee (PSRA) will revise the ranking tool for re-ranking service priorities, develop funding recommendations and a reprogramming plan, and develop MAI and base spending plans. The Finance Committee (FC) will continue to review fiscal information from DOHMH to assess efficiency of administering Part A funds. The Rules & Membership Committee (R&M) will review and revise the Council by-laws, conduct outreach and member recruitment, and review new member applications. The Policy Committee will continue to ensure that the Council is informed of emerging national, state, and local policy concerns.

Ms. Elcock: I urge every Council and committee member to contact the staff and other members to discuss issues so that you have clear understanding of the issues.

Mr. Camhi: PSRA met January 3rd and reviewed surplus funding from uncommitted dollars. We have made recommendations, which we will bring to the Executive Committee and full Council in February. We want to make sure that we have a plan in place for the FY 2008 award. We will also be working on revising the ranking tool for priority setting for the FY 2009 application spending plan. We are looking at refining the tool's criteria and then working through each category and re-ranking them. We will use whatever data is available and hope to increase the amount of data available to complete this task.

Ms. Irwin: NAC met January 15th, where we focused on case management, looking at formal protocols in the Ryan White portfolio (care coordination plans that identify outcomes and timeframes). We examined assessments, follow-up, disposition of cases, and quality of care, as well as other EMAs' case management protocols. We also had an update on the mapping project. I attended my first CHAIN Technical Review Team meeting, where we discussed how CHAIN reports are generated and presented to NAC and the Council. We have asked NAC to think about areas where CHAIN can provide data, or if not other sources of data.

Ms. Irwin (in response to a question from Ms. Elcock): We are trying to provide data that provides information for other committees' planning needs.

Ms. Silva: NAC is also looking at treatment adherence as part of HRSA's revised medical case management model.

Mr. Klotz: The NAC work feeds directly into the work of IOC, which will use the data presented at NAC to examine case management models. We will also begin looking at revising the goals and objectives of the next three-year comprehensive strategic plan pending HRSA's guidance on the format of the plan.

Dr. Telzak: The FC traditionally met quarterly, and the last meeting was the first for many committee members (we gave a full report at the last Council meeting). We felt that it is important for us to meet more often at this time so that we can keep a careful eye on how funds are spent given the consequences of under-spending. We are meeting at the end of January to review month 8 expenditures and make recommendations, if required, on how to expedite spending. As of the second quarter, spending is on target.

Ms. Carroll: The Consumer Committee met yesterday, where we listened to a podcast of a town hall meeting held at the US Conference on AIDS last November. There was personal testimony on the needs for Ryan White funded services. We heard from PLWHA around the country that they share many of the same needs and gaps in services that we do. We discussed community forums or surveys to get input from PLWHA in New York. We also want to review the community advisory board (CAB) survey and how to revitalize it so that we can get better data on service needs and gaps.

Mr. Park: The Ryan White law sunsets in 2009 and work is already underway in Congress on how to re-envision it. There will be town hall meetings around the country on how Ryan White has addressed PLWHA needs and what gaps there are.

Mr. Lesieur: The Policy Committee has had extensive discussions, narrowing down topics to several key issues. We want to have the first town hall meeting on Ryan White reauthorization in the Bronx in conjunction with the AG and the Bronx HIV Care Network. We are waiting to hear how the CAEAR Coalition town hall meeting in Chicago goes next month. We have also discussed Medicaid managed care. There have been discussions at the State level about mandating managed care (either standard or SNP) for Medicaid-enrolled PLWHA. We began discussions on proposed universal health insurance bills and on new COBRA/Lombardi case management regulations. Regarding federal appropriations, while Part A received a \$23M increase, all but \$9M will likely go to EMAs/TGAs that got over a 13% cut last year.

Dr. Okoroanyanwu: R&M meets when necessary, and we want to work on a more effective membership recruitment drive that is more comprehensive and extensive. We want to encourage consumers and agencies to be more proactive in taking an interest in Council activities.

Agenda Item #5: Bronx Epidemiological Update

Ms. Wiewel: NYC has the second highest AIDS case rate of any major city in the US (45.4/100,000 people). As of 2006, there were 3745 new HIV diagnoses, 26% of which were concurrent with an AIDS diagnosis. There were almost 99,000 people known living with HIV, and possibly up to 40,000 more who have not been tested. New HIV rates and diagnoses have been falling since 2001, but the number of concurrent HIV/AIDS diagnoses has remained about the same. 73% of new diagnoses in 2006 were among men (mostly MSM), and 92% of new diagnoses among women with a known risk factor were from heterosexual transmission.

Ms. Wiewel (in response to a question from Mr. Checa): We started keeping data on transgendered persons in 2005, but it is not in our reports yet.

Ms. Wiewel (in response to a question from Ms. Irwin): While we look at overall trends, the data may be different for sub-groups, such as young MSM or young women of color. Young people are still a relatively small proportion of PLWHA.

Ms. Irwin: Testing rates are lower among youth, which may account for some undercounting.

Dr. Marder: We need data on concurrent diagnoses broken down by gender.

Mr. Camhi: Also, knowing where the test for a concurrent diagnosis occurred would be helpful (e.g., in an acute care facility).

Ms. Wiewel: HIV diagnosis rates are highest in Manhattan and the Bronx, and death rates are higher in Brooklyn, Bronx, and Staten Island compared with other boroughs. HIV/AIDS is concentrated in the poorest neighborhoods of NYC and in lower Manhattan, but death rates among persons with HIV/AIDS were lower in lower Manhattan than in other parts of the city. In 2006, the Bronx had 829 new HIV diagnoses (26% concurrent with AIDS), for a rate of 62.4/100,000, which is considerably higher than the City as a whole. There were 21,502 people known to be living with HIV/AIDS in the borough and 565 deaths.

Ms. Wiewel (in response to a question from Mr. Park): The disparities in death rates are probably due to low access to proper HIV medical care, as well as other complicating factors (e.g., co-morbidities).

Dr. Mack: It would be helpful to have a borough breakdown of the untested.

Ms. Wiewel (in response to a question from Ms. Bramble Weed): We can give breakdowns of ethnicity within neighborhoods.

Ms. Wiewel: 27% of new HIV diagnoses in 2006 were among the foreign born. Of those, 39% are from the Caribbean (esp. Dominican Republic, Haiti, and Jamaica). The Bronx has a much higher proportion of foreign born PLWHA from Africa.

Ms. Wiewel (in response to a question from Mr. Gebhardt): We do not ask about documentation status; thus, "foreign born" includes both documented and undocumented.

Ms. Wiewel (in response to a question from Dr. Marder): PLWHA are classified by borough based on their last place of residence. If they are homeless, they are classified in the borough in which they were living at the time of diagnosis or death, but no ZIP code is assigned.

Dr. Telzak: The Bronx has a high concentration of nursing homes and HIV-residential facilities, which require an AIDS diagnosis, and this may increase the death rate for the borough.

Ms. Wiewel: 32% of deaths among all persons with AIDS were non-HIV-related, mostly from substance use and cardiovascular disease.

Mr. Miller: How do we know that cardiovascular disease is not related to HIV (from either treatment effects or viral infection itself)?

Ms. Wiewel: We are still learning about effects of long-term treatment with HAART.

Ms. Wiewel (in response to a question from Ms. Edwards): Concurrent diagnoses could be from a t-cell count under 200, rather than an OI.

Agenda Item #6: Grantee Report

Ms. Hilger: The grantee is involved in end of year activities, trying to spend the grant and operationalizing the reprogramming plan (e.g., ADAP, rapid testing kits, contract enhancements). Funds were reprogrammed to ADAP, and approximately \$500,000 has been set aside to pay for rapid test kits used by the early intervention programs and harm reduction programs that offer rapid testing. The rapid test amount is based on program purchases through December. There was \$1.4M available for 52 contracts that were eligible for enhancements (15 performance-based and 37 cost-based). Contracts for enhancement had to be in good standing and have high performance. MHRA approved 48 requests for enhancements for a total of \$1.3M. The takedown process will continue

through January to minimize under-spending. Also, the 2008 contract renewals should be done by the beginning of the new fiscal year. There are only 101 full renewals because the multiyear contractors are only required to submit updated administrative information. MAI contracts do not have to be renewed at this time. DOHMH is amending the MHRA contract to include the new language and requirements from reauthorization language and other changes that have occurred. The WCDOH contract has to be completely renewed since it ends 7/31, and this process is underway.

Ms. Hilger (in response to a question from Mr. Checa): Programs were not required to budget for rapid test kits and have been allowed to purchase kits from two vendors with different pricing through DOHMH.

Ms. Hilger (in response to a question from Ms. Elcock): There was some discussion at HRSA on our use of funds for testing in early intervention services. They decided that through our annual application, service plans and budgets, we have adequately demonstrated the need to use Part A funds for testing.

Dr. Lehane: The Tri-County region is also doing end of year close-out activities to make sure there is no left over funding. We have also announced our awards from the recent medical case management RFP for \$2.1M, with programs beginning March 1st.

Agenda Item #9: Public Comment

D. Miller: Again, I invite Council members to come to AG meetings. It is important to bridge the gap between the Council and AG members.

Agenda Item #10: New Business

Dr. Marder: The NYC Department of Homeless Services is working with DOHMH, HASA and others to help homeless PLWHA get care and housing. While it is easier with the sheltered homeless, we need help with the annual homeless census so that we can also count those not in shelters. We need volunteers for two Mondays from now, when teams of four will go out to find out how many homeless really live in the city so that we can get them into care.

M. Rivers: As administrator of Beth Abraham Health Services, I would like to welcome you to our home. We have worked with PLWHA for over 25 years and hope we can help and host you in the future.

There being no further business, the meeting was adjourned.

Minutes approved by the HIV Planning Council on February 21, 2008.

Jan Carl Park, MA, MPA
Governmental Co-chair