



Meeting of the

HIV Health and Human Services Planning Council of New York

February 21, 2008

3:10-5:00 PM

LGBT Center, 208 W. 13th Street

MINUTES

Members Present: J. C. Park, MA, MPA (Governmental Co-chair), S. Elcock (Community Co-chair), S. Adams (for M. Brune), B. Backofen, J. Edwards, T. Faulkner, I. Gamble-Cobb, A. Gutkovich (for D. Marder, M.D.), T. Hamilton (for A. Aviles, M.D.), A. Hardman, J. Irwin, F. Laraque, M.D, M.P.H., J. Leandry-Torres, M. Lesieur, F. Machlica (for L. Fraser), G. Mercado, D. Ng, W. Okoroanyanwu, M.D., M.P.H., T. Petro, G. Philip, A. Richardson, E. Viera, Jr.

Members Absent: M. Bacon, L. Bishop, R. Bramble Weed, E. Camhi, R. Canosa, F. Carroll, A. Etienne, I. Feldman, R. Jackson, V. Jarvis, M.D., T. Mack, M.D., M.P.H., L. Freddy Molano, M.D., A. Perry, A. Quinones, L. Scaccabarozzi, S. Self, Ph.D., R. Spellman, E. Telzak, M.D.

Staff Present: *DOHMH:* J. Hilger, A. Santella, Ph.D., J. Rojas, D. Klotz, R. Molina, N. Rothschild;
MHRA: B. Carroll, G. Kaloo

Agenda Item #1: Meeting Opening/Minutes

Mr. Park and Ms. Elcock opened the meeting.

Mr. Philip introduced the moment of silence.

Mr. Ng reviewed the rules of respectful engagement.

Mr. Park reviewed the agenda, meeting packet and the conflicts of interest guidelines.

The minutes of the January 17, 2008 meeting were approved with no changes.

Agenda Item #2: Public Comment, Part I

T. Smith-Caronia: I want to thank the Planning Council for its support of the “HASA for All” legislation, which was recently introduced into the City Council with 14 co-sponsors. We are also working on City Council legislation to prohibit housing discrimination based on source of income, and are going to Albany to kick off our State budget campaign. We support the inclusion of Medicaid reforms that promote prevention, and want them to keep the cap of 30% of income for rent. We are also calling for a statewide HASA program. Finally we are calling on Governor Spitzer to expand public assistance rental and COBRA rates.

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

Mr. Miller: Thank you to Ms. Elcock for attending our last meeting. All Council members have a standing invitation to attend. We had a great presentation of youth and HIV.

Ms. Irwin: I spoke at the AG meeting about the needs of youth and funding and service issues, along with an HIV-positive teenager who spoke about getting more youth involved in the planning process.

Mr. Miller: We also discussed several AG issues and were supposed to have City Council member Miguel Martinez attend, but he cancelled. We are asking all City Council members to attend future AG meetings to talk about the HIV issues in their districts.

Agenda Item #4: Care, Treatment & Housing Program

Mr. Park: Since Dr. Laraque started in the DOHMH HIV Bureau, she has asked hard questions about the work we do, seeking to improve the effectiveness of the services we provide.

Dr. Laraque: As way of background, I am from Haiti, where I did my medical training at a time when Haitians were stigmatized with HIV. I lost many friends with the disease became a first interest of mine. After school, I came to the US for public health training. I have a background in maternal and infant health, STDs, epidemiology and TB, and it is important for me on many levels to be involved in HIV work.

The DOHMH Bureau of HIV/AIDS Prevention and Control's Care, Treatment and Housing Program (CTH) includes the following components (most of which have existed for some time): Ryan White Services (headed by Ms. Hilger); Housing Services (Mr. Rojas, Director); Planning Council Support and Community Relations (Mr. Park); Public Health Practice, Research and Evaluation (Danny Weglein, M.D., Dr.P.H., with the support of Mary Irvine, Dr.P.H.); and Policy, Planning and Implementation (newly hired staffer Anthony Santella, M.P.H., Ph.D.). The program's goals are: improve the health status of HIV-infected persons in New York City; increase the proportion of HIV-infected persons who are diagnosed promptly and effectively linked to HIV primary care; incorporate case management and support services in an integrated care model; reduce homelessness among New York City HIV-infected persons; support health objectives with well-designed research and evaluation projects. We support community partnerships to work with community service providers, support, inform and collaborate with the NYC HIV Planning Council for effective Ryan White-funded services planning, and engage medical providers and other experts in the field to inform service design and planning.

The components of the Ryan White program are well known to the Council. We are currently engaged in re-solicitation of the rest of the portfolio in 2008 (i.e., outpatient medical care, case management, treatment adherence, etc.); designing service models with a solid grounding in the health services literature; and routinely collecting outcome data from funded agencies and use evaluation results for program improvements and planning. Housing Services has a FY 2007 budget of \$54.7M and includes the following services: supportive housing (with some through DMH and HASA), tenant-based rental assistance, short-term rental assistance, outreach, and capital development for congregate housing (through HPD). In the Housing Program, we are implementing new data management software, obtained City Council funding for transitional housing, newly providing oversight of five former Division of Mental Health HOPWA contracts, and preparing for a HOPWA RFP in 2008.

The Planning Council support staff has recently moved into the CTH program, facilitating integration of the planning process and communication with the Planning Council. The staff will continue to support the work of the Council and its committees in their planning and oversight tasks. The Public Health Practice Unit is working on guidelines and protocol development for support services, collaboration with the NYS AIDS Institute on clinical guidelines, data management, evaluation of Ryan White and HOPWA funded services, evaluation of the state of care, treatment and housing for all HIV-infected persons in NYC, and research in these areas. Recent projects in this area include case management studies, working on data issues with the NYS AIDS Institute, developing outcome indicators and evaluating health outcomes,

working with CHAIN researchers to improve the use of the survey, and developing new tools for measuring unmet needs as described by consumers.

The new Policy, Planning and Implementation unit will design service models using published evidence and unpublished results from program evaluation, work with the Planning Council for priority setting and resource allocation, write scope of services for all future RFPs, keep abreast of policy changes, and work with funded providers for program implementation and technical assistance. Our collaborations will continue with MHRA, the AIDS Institute, other DOHMH BHIV programs, as well as the community. We welcome all ideas for program improvements in all funded areas and beyond.

Mr. Lesieur: Most EMAs separate the planning and grantee staffs.

Dr. Laraque: Mr. Park and Ms. Hilger are still do separate jobs as Planning Council staff director and grantee. They units have been in the DOHMH BHIV for several years reporting to the Assistant Commissioner, and this just adds a layer of reporting.

Ms. Elcock: I asked Dr. Laraque to present this in order to clarify her role and that of the program.

Mr. Park: This is a restructuring of reporting lines of the Council staff, which was once was part of Mayor's Office, was moved by Mayor Bloomberg to DOHMH, and is now a more integrated part of care, treatment and housing. This will help us with our work to have better access to resources for planning.

Grantee Report

Ms. Hilger: We are moving into the end of the fiscal year with much activity on final contract takedowns and enhancements in order to spend as much of the grant as possible. We are also submitting the 2008 MAI progress report on client activity, health outcomes and spending, plus a plan for the new MAI budget year (8/1/08-7/31/09). We recently learned that we will be allowed to have carry-over for MAI. We will submit a carry-over request with our close-out report at the end of the year. We already know that will have slight increase in our MAI award, based on our original application score applied to the number of cases. The award is about \$9.4M, which translates into about \$90,000 in additional funds for NYC programs. HRSA has confirmed that we will receive our base carry-over earlier than in previous years. We will get 50% of our \$1.4M in carry-over funds in March, rather than all of it anywhere from September to February.

Ms. B. Carroll: After a lengthy process, MHRA will undergo a name change to "Public Health Solutions" as of February 27th. This better reflects the breadth and depth of what we do in the area of public health in NYC. We have expanded our mission in the 50 years since MHRA was founded. We will have a new website: www.healthsolutions.org

Agenda Item #5: Committee Updates

Priority Setting & Resource Allocation (PSRA)

Ms. Elcock: As you know, the bulk of planning work is done in committees. Mr. Camhi is in Texas celebrating the birth of his granddaughter, and so Mr. Park will take us through the PSRA report.

Mr. Park: PSRA has been reviewing the base (non-MAI) FY 2008 (3/1/08-2/28/09) spending plan and reviewing the priority ranking tool. The budget presented today is based on the Council's application spending plan (total request of \$115M). Last August, the HOPWA program picked up several Part A MAI housing contracts in order to maintain support of emergency transitional housing programs. Ms. Hilger will explain further.

Ms. Hilger: PSRA realized that we had not addressed these MAI housing contracts transferred to HOPWA. This had been done for one year to maintain them when the MAI award was reduced. PSRA agreed to use funds freed up through takedowns and permanent reductions to maintain these programs after HOPWA

funding ends July 31st. Funds from mental health, early intervention and TB total \$891,551. While this amount is being reprogrammed in FY 2007 as per the Council's plan, there is no place for it in the FY 2008 budget. The PSRA proposal is to reallocate the funds to emergency transitional housing. This seemed like the safest thing to do given that we know that we have this amount of money. The dollars were unobligated because contracts in two of the categories were new, and some agencies decided not to accept awards in negotiations. Also, sometimes there is a history of reduced services (e.g., TB is not as big an emergency as in the past) and contracts were reduced accordingly. This happens every year.

Ms. Hilger and Mr. Kaloo (in response to a question from Mr. Lesieur): This does not adversely affect the core/non-core ratio. The portfolio is still 77.9% core services.

A motion was made, seconded and passed to accept the PSRA plan.

Mr. Park: Now we look at the spending plan as a whole. This is the plan upon which we will operationalize the grant after we receive our award. The amount will be applied and adjustments to the dollar amounts will be made according to this template.

Mr. Petro: To clarify, we voted on a \$115M plan in the application, and so we are adopting the plan as adjusted by the previous motion.

A motion was made, seconded and passed to accept the FY 2008 spending plan as presented.

Mr. Park: HOPWA has also come to PSRA and the Council with proposal regarding emergency rental assistance (ERS).

Mr. Rojas: HOPWA always looks to collaborate with the Ryan White program to maximize our resources. Ryan White funds \$2.7M for rental assistance for PLWHA who meet the HASA medical definition but are ineligible for HASA benefits due to immigration status. HOPWA funds the same service at \$3.7M, and we have proposed a consolidation of the ERS grants for total of \$6.6M. In turn, we would transfer to Ryan White funding five HOPWA-funded outreach programs that target homeless street youth and SRO residents to engage them in care and link to care. This is for FY 2009, but we are bringing it up now because HOPWA is reviewing its portfolio in advance of its RFP. Another advantage to this is that ERS is a core service to HOPWA (and not to Ryan White), and outreach is a core service to Ryan White (but not HOPWA).

Mr. Lesieur: This is a great idea. It give more flexibility to HOWPA. In addition, outreach programs are really about connecting the difficult to reach to primary care, mental health services, etc., which is Ryan White's mission.

Mr. Rojas: Also, many recipients stay in the program for a long time, but Ryan White restricts the length of time clients can receive housing services. This preserves rental assistance for these consumers for as long as they require it.

Ms. Hilger: PSRA will still have to have a dialogue on where these services would fit in the Ryan White portfolio for 2009.

Mr. Rojas (in response to a question from Mr. Mercado): We are not proposing which service categories the outreach funds would be placed in (e.g., early intervention, maintenance in care), but only that they would target the same populations. It will be the Council's decision where best to allocate it.

Ms. Hilger: Also, as housing is not a Ryan White core service, if the outreach funds were moved to core services (e.g., early intervention), this would increase the proportion of core services.

Mr. Park: As this is for FY 2009, this would be an agreement in principle.

A motion was made, seconded and passed to agree in principle on the proposal.

Finance Committee

Mr. Kaloo: At the end of the 3rd quarter, we have unspent the award by about 36%, compared to 38% at the same time last year when we had record low under-spending. Thus, we are doing very well. Several categories have larger under-spending (mainly categories with new contracts). We have done four rounds of takedowns, compared with 3 last year, as spending is so critical this year, resulting in \$1.7M for reprogramming as per the Council's plan (program enhancements, ADAP, etc.).

Mr. Kaloo (in response to a question from Mr. Ng): For contract enhancements, programs need 90% or better service provision and spending.

Policy Committee

Mr. Lesieur: The federal budget process is underway, and the administration has proposed a \$7.7M cut for Part A and a slight increase for Part B. The CAEAR Coalition is asking Congress to for at least level funding. The Democratic leadership in Congress has said that the proposed budget is dead on arrival, as there are proposals make significant cuts in other parts of the budget. Given the election, we expect continuing resolutions until there is a new president (i.e., emergency spending to sustain funding at current level, thus no increase). HOPWA is slated for flat funding. CAEAR met last week, where it was clear that some EMAs are taking a more liberal approach to the 2% under-spending rule, but HRSA has made clear to us that New York's approach is the correct one: under-spending equals unobligated funds. Also, Sen. Kennedy's health aide spoke to CAEAR about Ryan White, which expires in September 2009. Some current provisions need to be changed. Sen. Kennedy's committee wants to hold town hall meetings around the country on PLWHA needs, and they are encouraging us to think outside of the box.

We are also working with the states' coalition on Medicaid and other issues (e.g., Early Treatment for HIV Act to expand treatment to asymptomatic PLWH). HIV is a protected class for Medicare (all drugs must be covered), and we want to codify that into law. We also want ADAP to count towards catastrophic costs so that people can be transferred to Medicaid and ADAP funds freed up.

Mr. Lesieur (in response to questions from D. Miller and Rev. Backofen): Congress can reauthorize Ryan White, but that would mean a consensus in both houses of Congress. There are bad provisions in the current law that would go into effect in 2009 that would require a change in the law. We are trying to be responsive to Sen. Kennedy's aide's request to have town hall meetings on what Ryan White should look like so we can be proactive on what we want Congress to do.

Mr. Park: A few town halls have already been held, and we are partnering with NAPWA to plan one in the Bronx.

Mr. Lesieur (in response to a question from Mr. Petro): CAEAR arrives at its budget request based on projections of new clients and average cost of care.

Mr. Lesieur (in response to a question from Ms. Irwin): The bad provisions include having a threshold of new cases a transitional grant area (TGA) must have (1500 newly diagnosed over 5 years) to receive future funding. Dutchess County and several other TGAs would cease to exist as Part A grantees. Also, states with code-based HIV reporting (e.g., California) will have no coded data counted after 2010, meaning vast reductions in funding.

Mr. Lesieur (in response to a question from D. Miller): There is no word yet from Sen. Clinton or Sen. Obama on this issue, but Sen. Schumer or other allies will help us.

Consumer Committee

Mr. Park: The Consumer Committee is reviewing its approach to conducting focus groups to get consumer input for the priority ranking tool, rather than the old CAB survey, which had methodological flaws and difficulties in collecting data.

Agenda Item #6: Public Comment, Part II

D. Miller: Tonight and every 3rd Thursday of the month, the Cornell Clinical Trials Advisory Group meets. Every new anti-retroviral drug comes out of these groups. Also, the AG has expressed concern about plans for the next International AIDS Conference. Mayor Bloomberg has said that NYC would be world model for HIV care and prevention, and we want to know his progress. We also, have concerns about PLWHA access to half-fare MetroCards. We want a presentation from the MTA on this issue, which affects access to care. Finally, I have a concern that there is too much demand on the time of consumers to participate in Council activities. We need stipends to support them to participate in advocacy.

T. Smith-Caronia: I want to thank DOHMH for putting together the presentation on the reorganization of its programs. It is good that they realize housing is health care, but there is no mention of partnership with consumers. I think that the HOPWA proposal was good, but the City should also undo its long-time use of HOPWA funds to pay for case workers at HASA.

Mr. Rojas: DOHMH has greatly reduced the amount of HOPWA funds for HASA case managers to only about \$7M. The rest is for direct housing.

Dr. Laraqe: I did mention several times in my presentation about collaboration with community, which means PLWHA.

Mr. Richardson: I sit on the MTA Americans with Disabilities Act compliance committee and can invite MTA reps to discuss the issues of half-fare MetroCards.

Agenda Item #7: New Business

Ms. Irwin: Tomorrow night, the HEAT program is sponsoring a safer sex education and rapid testing party for youth in Brooklyn. I encourage you to invite youth to this event.

There being no further business, the meeting was adjourned.

Minutes approved by the HIV Planning Council on March 20, 2008



Jan Carl Park, MA, MPA
Governmental Co-chair