



Meeting of the

## HIV Health and Human Services Planning Council of New York

July 30, 2009

2:10-4:50 PM

LGBT Center, 208 W. 13<sup>th</sup> Street

### MINUTES

**Members Present:** J. C. Park, MA, MPA (Governmental Co-chair), S. Elcock (Community Co-chair), S. Hemraj (Finance Officer), S. Adams, B. Backofen, V. Benadava, F. Carroll (for A. Etienne), G. Cruz (for G. Philip), G. DeYounge, Y. Gebhardt (for E. Viera, Jr.), M. Gilborn, A. Hardman, M. Irizarry, J. Irwin, G. Joseph (for T. Mack, M.D., M.P.H.), P. Laqueur (for I. Feldman), F. Laraque, M.D, M.P.H., F. Machlica (for L. Fraser), D. Marder, M.D., H. Mateo, G. Mercado, L. Freddy Molano, M.D., R. Mulero, D. Ng, T. Petro, D. Rakower, C. Shorter, D. Walters

**Members Absent:** A. Aviles, D. Bird, M. Bacon, A. Cohall, M.D., J. A. Eddie, J. Edwards, T. Faulkner, M. Lesieur

**Staff Present:** *DOHMH:* M. Sweeney, M.D., M.P.H., J. Hilger, A. Santella, D. Wong, D. Klotz, N. Rothschild, R. Molina

---

#### **Agenda Item #1: Meeting Opening/Minutes**

*Ms. Elcock and Mr. Park* opened the meeting, followed by introductions.

*Mr. Shorter* introduced the moment of silence.

*Mr. Hemraj* reviewed the rules of respectful engagement.

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

The minutes of the June 18, 2009 meeting were approved with no changes.

*Mr. Park* and *Dr. Sweeney* recognized the service of retiring Council members Ms. Irwin, Ms. Etienne and Dr. Mack. Ms. Irwin thanked the DOHMH staff for their support and thanked the Council and Needs Assessment Committee members for the pleasure of working alongside them over the past four years.

#### **Agenda Item #2: Committee Updates/Year-End Reports**

*PLWHA Advisory Group* *Ms. Carroll* reported that the AG revised its sub-committee structure and bylaws, making the group more effective. Average attendance increased greatly at meetings, and it was particularly gratifying to have increased representation from women and youth. There were also numerous presentations and guest speakers on a wide variety of topics, from Ryan White policy to spirituality. She thanked Mr. Park and Mr. Molina for their support of the AG through the year.

*Needs Assessment Committee* *Ms. Irwin* reported that in this planning cycle, NAC identified 5 priority populations this year (young men who have sex with men, women of color and young women of color, immigrants, LGBT individuals, individuals over the age of 50+), and identified 3 service gaps (closure of clinics on Staten Island, housing issues, programs for individuals leaving correctional facilities). NAC reviewed and discussed the Comprehensive Strategic Plan, discussed the consumer focus group discussion guide, and had numerous presentations on topics ranging from chronic disease and co-morbidity analysis (CHAIN) to transgender experience in the South Bronx

(Community Healthcare Network) to HIV-related outreach services to homeless and/or street youth (Safe Space). From these presentations, NAC developed recommendations for outreach and engagement in treatment and care to youth and SRO populations for IOC. *Ms. Irwin* thanked Drs. Santella and Rothschild for their support.

*Integration of Care Committee* *Mr. Klotz* reported that IOC began the year with the development of the goals and objectives of the Comprehensive Strategic Plan. They then developed program guidance for three service categories that will be rebid in the coming year. IOC spent many meetings developing these, using many data sources, the recommendations of the Needs Assessment Committee and input from a wide array of providers and consumers. The Food & Nutrition guidance preserves this category as one where providers will have a menu of services to deliver, including home delivered meals, congregate meals, pantry bags, nutritional counseling and assessment, and access to care and services. The goals of the program are to: 1) promote access to and maintenance in HIV-specific medical care; and 2) Provide nutritious food and/or nutrition services to HIV- infected persons who need them; and 3) Enhance treatment adherence. The principal change from the current model is the requirement that all programs have a registered dietician to oversee the food delivery aspects of the program, and to deliver the nutritional assessment and counseling components. There is a strong focus on connection to primary care, in addition to meeting the nutritional needs of clients.

The guidance for Outreach to Homeless/Street Youth is a revision of a program that was funded through HOPWA and transferred to Ryan White. The programs goals are: 1) increase the number of at-risk youth who know their HIV status. 2) promote early entry to and continuity of primary medical care and social services to HIV- infected youth. IOC kept the focus on outreach to youth to promote access to care, with ancillary services and referrals. There is one change to the guidance that the Executive Committee recommends: changing the client eligibility from youth aged 16-24 to any youth under the age of 24. This brings it in line with the guidelines for other youth-oriented services.

**A motion was made, seconded and approved to revise the client eligibility of the Youth Outreach guidance to “under age 24”.**

The guidance for Transitional Care Coordination for Homeless or Unstably Housed PLWHA is a revision of a program that was also funded through HOPWA and transferred to RW. The current service is targeted narrowly to residents of SROs and is focused on providing mostly harm reduction services. The new guidance (to be implemented when the category is re-bid) broadens it to serve all homeless and unstably housed PLWHA and turns it into a transitional case management program. The goals are 1) promote entry into and continuity of primary medical care to HIV- positive individuals who are homeless or unstably-housed through linkage to services. 2) provide access to housing and other support and social services to HIV- positive individuals who are homeless or unstably-housed through linkage to services. The idea behind the service model is to bring the clients into the care system, stabilize them, and then transfer them to a more intensive care coordination program.

*Consumers Committee* *Mr. Benadava* reported that Committee members received mentoring and trainings on issues such as understanding the PSRA process and group dynamics. Committee activities included: participation in the development of the Comprehensive Strategic Plan; input on the Consumers Focus Groups protocol; participation in development of a survey to assess strategies for obtaining consumer input; and participation of consumers in test-piloting of new CHAIN study questions on care coordination. The Committee also received numerous presentations, including on employment; the Medical Monitoring Project; grievance procedures; and Quality Management.

*Mr. Benadava* also reported on the results of the 2009 Consumer Focus Groups: the steps involved in becoming an HIV patient; concerns about health insurance; experiences with case management; the importance of housing, ADAP and substance abuse services; and barriers to care. Finally, he thanked Mr. Park and Mr. Wong for their support of the committee through the year.

*Priority Setting & Resource Allocation Committee* *Mr. Shorter* and *Ms. Gilborn* reported that this planning year, PSRA voted on FY 2009 MAI spending plan; accepted a plan for Ryan White Part A to assume carrying costs for 8 months of housing and 8 months of outreach programs that could no longer be covered by HOPWA because of adjustments to HOPWA award; voted on FY 2009 scenario plan using proportionate cuts, based on priority rank with a goal-seeking formula; updated the FY 2009 base spending plan and moved programs for SRO residents from outreach to harm reduction from July 2009 until they are re-bid; voted on Year 2009 RW Base spending plan; reviewed service category scorecards; reviewed presentation on 12 consumer focus groups; reviewed a presentation on updated Payer of Last Resort tool; reviewed a presentation on guidance developed by IOC for food and nutrition and outreach to

youth and homeless populations; rescored the priority setting tool for FY 2010; voted on FY 2009 reprogramming plan; and voted on FY 2010 preliminary spending plan.

*Ms. Hilger* presented the FY 2009 reprogramming plan, which is similar to the previous year and contains four items: ADAP (restoring the cut to ADAP made in the beginning of the year that allows the EMA to fund additional programs); giving the grantee flexibility to move funds between service categories (up to 15% of the category amount in the spending plan); one-time purchase of rapid test kits for Early Intervention and Harm Reduction Programs; and ADAP/ADAP+ enhancement for the remaining funds. The goal of the plan is to keep under-spending at a minimum and to avoid penalties for base under-spending.

*Mr. Park* explained that the EC was concerned that, given the enhancements to non-core categories in the previous year, that the reprogramming plan may need to shift funds in a way that could result in less than 75% of funds spent on core services. They asked him to present information to the Council on the process for obtaining a waiver from the minimum 75% core services requirement. Mr. Park presented the HRSA policy on applying for a waiver, which requires that an EMA demonstrate with data that all core services are available within 30 days for all clients who need them. Ms. Hilger added that the waiver request must be submitted with the application, and that this would be inconsistent with the spending plan that the PSRA approved, which is still within the 75% core services requirement.

*Mr. Petro* presented the FY 2010 preliminary Tri-county base spending plan, approved by the Tri-county Steering Committee on July 8th, which calls for a 47% increase in funds for Food Bank/Home Delivered Meals and Medical Transportation.

**A motion was made, seconded and approved to accept the FY 2010 Tri-county spending plan.**

Mr. Park presented the NYC portion of the FY 2010 preliminary base spending plan, which requests a total of \$106,304,515. This includes the carrying cost of FY 2009 programs, with the complete amount for the ADAP pools, as well as a \$600,000 increase for Food & Nutrition Programs.

**A motion was made, seconded and approved to accept the FY 2010 preliminary base spending plan.**

*Finance Committee* *Mr. Hemraj* reported that, as of the 3<sup>rd</sup> quarter, MAI under-spending stands at 34%, which is a marked improvement over 48% at the same time in the previous year. This is mainly due to the fact that performance-based contracts are no longer in start-up phase. The grantee's goal is to keep total MAI under-spending even lower than the 8% threshold set last year.

In the FY 2008 base close-out report, all funds were committed, and under-spending was a record low \$150,000. This milestone was achieved through aggressive monitoring of spending and implementation of the Council's reprogramming plan. Mr. Hemraj pointed out service categories with variations in their spending level between the initial spending plan and the close-out, noting that categories like Mental Health and Early Intervention are now receiving intensive technical assistance from DOHMH on program implementation.

*Mr. Park* noted that the work of the Finance Committee and the reports that Mr. Hemraj presents fulfill the Council's legislative mandate to monitor the efficiency of the administrative mechanism, as defined in the HRSA Ryan White manual.

*Policy Committee* *Mr. Ng* reported that this year, the Policy Committees sent approximately 150 letters on a wide variety of policy issues, such as: lifting the ban on federal funding for syringe exchange; technical fixes to RW HATMA; appropriations; lifting of the HIV travel ban; and the state HASA rent cap.

The Committee also signed onto a number of community letters on federal and state HIV policy and funding issues. The Committee also looks forward to submitting public comments on the proposed administrative lifting of the HIV travel ban and setting up visits with Congressional representatives representing the NY EMA. *Mr. Ng* acknowledged his co-chair, Mr. Lesieur's hard work and thanked Dr. Rothschild for her support of the Committee.

*Rules & Membership Committee* *Mr. Mercado* and *Ms. Walters* reported that RMC monitored Council and committee member attendance closely for the first time, sending warnings to people out of compliance with attendance requirements. RMC recommended for removal several members who did not provide valid reasons for their absence. RMC also recommended for approval a member to fill a seat that became vacant in mid-year, chosen from among the previous year's candidates.

RMC drafted a memorandum of understanding to comply with HRSA requirements that EMAs have MOUs to spell out the separate and shared roles and responsibilities of the Council and grantee. The MOU was approved by the EC and sent to DOHMH for review by their legal dept.

RMC conducted a very extensive and successful effort to encourage people to apply for Council membership for the coming term. Seventy applications were received, more than twice as much as the previous year. RMC conducted interviews with the top 30 candidates and recommended a total of 14 people for new appointment and 9 for re-appointment to the Council. The slate of candidates, which was approved by the EC last week, represents a broad and diverse array of communities and expertise and will bring the PC to a total of 46 members next year. The chairs thanked Mr. Klotz for his support of their work.

*Ms. Elcock* commended the Council and committee chairs and members, noting that the above reports reflect a huge amount of work over the course of the year. She thanked the staffs of DOHMH and Public Health Solutions for their support of these efforts. She also praised Mr. Park for his leadership over the course of the year.

### **Agenda Item #3: Grantee Update**

*Ms. Hilger* reported that, now that the FY 2010 preliminary spending plan is approved, the grantee will wait for HRSA to issue its application guidance. As in previous years, the Council will be invited to review the second draft of the application. The grantee will be looking at the HRSA critique of the previous year's application for ways to improve this year's.

The grantee is in the process of closing out the FY 2009 MAI grant and doing renewals, which will be reported to the Finance Committee.

Finally, HRSA has revised its definition of what legal services can pay for. Wills, bankruptcy, permanency planning and other formerly provided services are no longer allowable. This has been communicated to the Ryan White providers and the grantee will assess the impact on these programs. *Ms. Gilborn* recommended advocacy during the reauthorization process to broaden the list of allowable legal services.

*Mr. Petro* reported that Tri-county has started writing its RFP for the re-bid of its Food and Nutrition programs. They are also planning for changes in services due to the 24-month lifetime cap on housing services.

*Mr. Park* thanked the Council staff for their work supporting the Council. He also thanked Dr. Santella's staff of the Care, Treatment & Housing program for their work supporting the Council. *Dr. Laraque* thanked the Council for its work to ensure that interventions are evidence-based and improve health outcomes. *Dr. Santella* introduced his staff, who provide support to the Council and CTH program and who are providing technical assistance to providers to improve program performance.

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

*M. Rivera*: Thank you to the Council for passing the AG's resolution on PLWHA membership on boards of directors. We also need to begin discussing how testing is being done and how changes to that will impact programs.

*M. Soares*: The Council should ensure that the AG's resolution is implemented.

*L. Smith*: Thank you to the Council for passing the AG's resolution. Also, the Council needs to address the high prevalence of hepatitis C among PLWHA, including the prevention issues.

There being no further business, the meeting was adjourned.

Minutes approved by the HIV Planning Council on November 19, 2009



Jan Carl Park, MA, MPA  
Governmental Co-chair