

Andrew J. Spano
County Executive

Department of Health
Joshua Lipsman, M.D., M.P.H.
Commissioner

**TRI-COUNTY RYAN WHITE TITLE I
STEERING COMMITTEE MEETING**

Wednesday, October 11, 2006
Planned Parenthood –White Plains Center

APPROVED MINUTES

- Members Present:** V. Alvarez, C. Archbald, MD, C. Ardizzone (for B. Ilardi), T. Ashe, F. Avellanet (for R. Schiffrin), M. Bannister, B. Bento-Fleming, H. Blecher, C. Brazil, C. Carroll, G. Diaz, R. Leandre, S. Levine, MD, M. Littles, R. Maher, J. McGovern, J. Park, T. Saari, A. Shurin, S. Wayne, and G. Yarn
- Members Absent:** L. Beal, L. Bennett, C. Burwell, D. Capasso, H. Fitzgerald, , D. Kittell, A. Paige-Bowman, S. Pemberton, M. Piazza, R. Schiffrin, D. Scholar, K. Scott, K. Slade, L. Tackley, and O. Young
- Guests Present:** F. Brown (GCCC), T. Hatton (NYSDOH/AI), V. Martinez (Renaissance), R. Nathan (UL)
- Staff Present:** J. Lehane, T. Petro, and B. Reyes
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I. Approval of Minutes

The September 13, 2006 minutes were unanimously approved as presented after a motion by Andi Shurin seconded by Gladys Diaz.

II. Announcements

- Gladys Diaz announced that the Yonkers HIV/AIDS Providers Task Force is looking for people to join its World AIDS Day committee. This will be the last year that “Between the Seams,” a play in which actors tell stories of people represented in the AIDS Quilt, will be performed in the area. The play will tour Westchester schools as part of the WAD events.
- Melvin Littles reported that the Food & Drug Administration was holding public hearings on October 19-20 regarding study design issues of new Hepatitis C drugs. He also noted that a new blood plasma test for acute HIV infection has been approved by the FDA which does not require a second confirmatory test.

Included in Committee members' packets were the following:

- a flyer regarding *An Immigration Law Presentation* by Ariadna Renteria Torres, an attorney from the Westchester Hispanic Coalition, Inc., to be held on November 3 at St. John's Riverside Hospital;
- a flyer regarding a CEI (Clinical Education Initiative)-sponsored national teleconference on *Managing Addiction in the HIV-Infected Patient* to be held on October 18 at the New York Medical College/School of Public Health at Westchester Medical Center;
- a flyer regarding a CEI-sponsored CDC teleconference on *Mobilizing Against the HIV/AIDS Crisis Among African Americans* to be held on November 16, 1:00 PM – 3:00 PM, at the New York Medical College/School of Public Health at Westchester Medical Center; and
- a 2006 Medicare Part D *Beneficiary Communications & Enrollment Timeline* distributed by the federal Health Resources & Services Administration (HRSA).

III. Ryan White Quality Management Program Presentation (Tracie Hatton, New York State Department of Health/AIDS Institute)

All Title I EMAs are mandated by HRSA to develop and implement an HIV/AIDS care services quality management (QM) program. As part of the QM program, HRSA expects each Title I EMA (Eligible Metropolitan Area) to establish a process for ensuring that services are provided in accordance with public health services (PHS) guidelines and standards of care and to incorporate quality-related expectations into requests-for-proposals and all contracts. The NY Title I QM program was established in 2001 and spans the next four years (2006-2010). The QM program was established through the commitment of the NYC Department of Health and Mental Hygiene (NYCDOH&MH), Westchester County Department of Health (WCDH), Medical & Health Research Association of NYC, the NYSDOH/AIDS Institute (AI), the HIV Health and Human Services Planning Council of New York, consumers, and providers, ---all partners in the coordination of data and quality management. By collaborating with service providers and infected/affected communities, the EMA's QM goal is to improve the health and well-being of people living with HIV and AIDS in the five boroughs of NY and the Tri-County Region (TCR). In this regard, the NY EMA is a recognized leader, facilitator and resource for anyone wishing to improve the outcomes of HIV health care for consumers, communities and public health.

The five quality improvement principles are as follows:

1. focus on systems of care, not individual providers;
2. patients are the first priority;
3. activities and change based on measured, accurate data;
4. improvement achieved through continuous cycles of change; and
5. working in teams.

The QM program strives to:

1. establish collaboration among the grantee, Planning Council, consumers, and NYS HIV Quality of Care Program;
2. provide aggregated data to the EMA;
3. assist in identification of gaps in services;
4. build capacity for QM among EMA grantees; and
5. improve care and services for PLWHA.

To accomplish the goals of the QM program the AI has established HIV Quality Learning Networks which are EMA-wide. The Networks provide a forum for providers to become aware of quality improvement trainings, share best practices through peer learning experiences, review data, present quality improvement examples, identify common issues faced in each service category, and improve coordination of care. The Networks meet regularly and have been found to be a vital source of information for both providers and those planning for future service programs in the EMA. The Planning Council regularly examines the results of data collection from the QM program and these data aid in the difficult decisions related to HIV/AIDS care service development.

IV. Update Reports

Living Together (V. Alvarez)

- At the September Living Together (LT) meeting, grievances were defined and procedures on how to file a grievance with a provider were explained. The importance of bringing issues to the agency's attention was stressed so that services can be improved. Voter registration forms were also distributed at the meeting so that unregistered LT members might meet the October deadline in order to vote on November 7.
- The next LT meeting will be held on October 26, 2006 at ARCS from 6:00 PM – 8:00 PM for the convenience of members who work during the day. The topic of the meeting will be working as a community to promote optimal care in the Tri-County region (TCR). (LT will continue collaborating with TOUCH and other Rockland partners to bring more meetings that county.)

Title II (T. Ashe)

- The Network's CAB (Consumer Advisory Board) met with NYS Democratic Assemblyman Adam Bradley (Westchester - 89th Assembly District) on September 20 who was very receptive and pledged support for HIV/AIDS causes. The Network's next legislative visit training (part 2) is scheduled for October 31.
- The Network is sponsoring a joint Case Management and Housing Committee conference on October 17 with representatives from the Westchester Department of Social Services to better understand the agency's eligibility requirements and benefits under the Medicaid and CASAC (Credentialed Alcoholism and Substance Abuse Counseling) programs.
- The Network is sponsoring *An Immigration Law Presentation* on November 3 (see announcements above).

CARE Act Reauthorization (J. Park, Director of Office of HIV/AIDS Policy, NYCDOH&MH)

The CARE Act still has not been reauthorized. A bill was passed by the Senate's Health, Education, Labor, and Pensions (HELP) Committee, then by the full House of Representatives. However, several Senators prevented the bill from being brought to the Senate floor for a vote. This reprieve was due in large part to the efforts of Senator Hillary Clinton and others representing states which, because of drastic changes to the allocation formulas, stand to lose substantial Ryan White funding if the current legislation passes.

There appears to be a general acceptance in Congress of some of the reauthorization principles proposed by the President last year, including the 75/25 split of services whereby 75% of funding would be mandated for CARE Act-defined core medical services and no more than 25% for social support services. The core services identified in the current bill are: 1) outpatient medical care, 2) medications via ADAP, 3) AIDS pharmaceutical assistance, 4) oral health care, 5) early intervention services, 6) health insurance premiums, 7) home health care, 8) medical nutrition therapy, 9) hospice services, 10) home and community-based health services, 11) mental health services, 12) substance abuse outpatient care, and 13) medical case management (including treatment adherence).

By this definition, currently in Tri-County the budget is apportioned at 75% for social service support and only 25% for core medical services. (The bill does provide a waiver if certain criteria are met, however, and it is believed that New York would meet all criteria and not have to abide by 75/25 split.)

Congress has recessed and will return on November 13 after the elections. If the CARE Act is not passed by the Senate during the lame duck session (November 13 – December 31, 2006) and signed into law by the President, then the newly-elected Congress would be obligated to draft a new bill for consideration.

Title I Year 17 (3/1/07-2/29/08) HRSA Application (T. Petro)

The \$126,382,427 application for Year 17 (3/1/07-2/29/08) funding was submitted to HRSA by NYCDOHMH on September 30, 2006. The application included a request for \$5,609,602 for the TCR as approved by the Title I Steering Committee in July. Mike Isbell, the application writer, did another great job describing not only the current continuum of care the CARE Act has helped build in New York, but also the ongoing needs of PLWHAs across the region.

Title I Year 16 (3/1/06-2/28/07) Enhancement Funding (T. Petro)

Per the September Steering Committee meeting, WCDH solicited current Title I providers of food, housing and transportation services for the need for additional funding. Six programs were eligible, but only five advised that enhancement funds were needed and could be spent by February 28, 2007, the end of the 16th fiscal year. Approximately \$70,000 in unencumbered (not-yet-obligated) funds are available and the Department proposed allocating the funds proportionately across the five eligible providers whose programs were all in good standing. Assuming the Westchester County Board of Acquisition & Contracts approves amending the contracts (and the Board did so the next day), WCDH will begin the contract amendment process.

V. Tri-County HIV Trend Data Review

The most current HIV epidemiologic data was distributed. These data represent cumulative HIV cases diagnosed by year (2000-2004) in each of the three counties as well as the combined TCR. The source of these data is the NYSDOH Bureau of HIV/AIDS Epidemiology, and represents cases through 12/31/04 with data confirmed as of 2/2/06. The data on the tables excludes pediatric cases and includes inmate cases. HIV reporting to NYSDOH began in June of 2000. The data reveal that the numbers of HIV cases diagnosed in 2001 far exceeded the first year, and the cases level off (137 to 225 cases per year in 2002-2004) thereafter. While it is difficult to establish a trend in the HIV data with only five years of surveillance information gathered, nonetheless some interesting variations of the demographics of HIV cases among the three counties in the TCR can be highlighted. The table identifies those appearing to be most heavily impacted:

Summary of Cumulative HIV Case Characteristics by County (2000-2004)

| County | Gender | Race/Ethnicity | Age Group | Risk Factor |
|--------------------------|---------------|-----------------------|------------------|-----------------------------|
| Tri-County Region | Men/Women | Black | 30-39+ | Heterosexual Contact IDU |
| Westchester | Men/Women | Black | 30-39+ | IDU Heterosexual Contact |
| Rockland | Men | Black | 30-39 | Heterosexual Contact MSM |
| Putnam | Men | White | 30-39 | IDU |

Next Steering Committee Meeting:
November 8, 2006
10:00 AM-12:00 PM
Planned Parenthood – White Plains Center