

Andrew J. Spano
County Executive

Department of Health

Joshua Lipsman, M.D., J.D., M.P.H.
Commissioner

TRI-COUNTY RYAN WHITE
“PART A” STEERING COMMITTEE MEETING

Wednesday, March 14, 2007
Planned Parenthood – White Plains Center

APPROVED MINUTES

- Members Present:** V. Alvarez, C. Archbald, MD, C. Ardizzone (for B. Iardi), F. Avellanet (for R. Schiffrin), H. Blecher, C. Brazil, C. Carroll, G. Diaz, A. Hardman (for C. Burwell), R. Maher, K. Scott, A. Shurin, S. Sampson (for R. Nathan), M. Velazquez, S. Wayne, and G. Yarn
- Members Absent:** M. Bannister, L. Beal, L. Bennett, D. Capasso, H. Fitzgerald, , D. Kittell, R. Leandre, S. Levine, MD, M. Littles, J. McGovern, A. Paige-Bowman, T. Payne, S. Pemberton, M. Piazza, T. Saari, R. Schiffrin, D. Scholar, K. Slade, L. Tackley and O. Young
- Guests Present:** B. Bennet (CHAIN), P. Messeri (CHAIN) and S. Sullam (RCDOH)
- Staff Present:** J. Lehane, T. Petro, and B. Reyes
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I. Approval of Minutes

A motion (C. Carroll, R. Maher) to approve the minutes of the February 22, 2007 meeting was unanimously approved.

II. Announcements

- Basil Reyes announced that there will be a presentation by Westchester County Department of Social Services on “Medicaid Medical Transportation: What You Should Know” on Tuesday, April 10th at 175 Tarrytown Road, White Plains. The presentation is from 9:30 to 11:30 AM. For more information contact Basil at

- Cheryl Archbald, M.D. announced that the Westchester AIDS Council (WAC) will be meeting on March 22nd from 9:00 to 11:00 AM at the White Plains Department of Health District Office. The WAC is working to revitalize its membership and update the mission of the group. Consultants from the Council of Community Services of NYS, Inc. will be facilitating the meeting and helping to refocus the Council's goals to better serve as a community advisory group. For further information contact Dr. Archbald at caa9@westchestergov.com or 914-813-5227.

III. Update Reports

Living Together (G. Yarn)

- The next Living Together (LT) meeting will be held on March 22nd from 1:00 to 4:00 PM at TOUCH in Rockland County. (A treatment adherence support group meeting will immediately follow.) One of the topics to be discussed is the policy change that the Health Resources & Services Administration's (HRSA) is proposing regarding the use of Ryan White funding for housing assistance. Many LT members are expressing concern about the federal intent to limit coverage to no more than a two-year (retroactive) period. (HRSA has officially delayed implementing the policy until September.)
- Beginning March 1st LT will join forces with the Ryan White-funded mental health staff at Family Services of Westchester (FSW) under a consolidated program. LT has shared office space with FSW for many years, but now will enhance that relationship by working closely with Susan Wayne to provide expanded professional mental health and peer facilitated support groups and educational forums.

Title II (S. Sampson)

- The Mental Health/Substance Use Committee will sponsor a forum titled "Up in Smoke" on March 22nd at Urban League. (A flyer was distributed in members' folders.) Dr. Alvaro Carrascal of the NYSDOH/AIDS Institute, the keynote speaker, will be joined by a panel of consumers to discuss personal experiences, examine the interactive effects of smoking and anti-retroviral medications, and explore ways to quit the habit. Contact Sarah Porter at 914-428-6300 for more information.
- The Case Management (CM) Committee met on March 12th at which time they discussed the need for more training and support for case manager supervisors. The Committee is planning a forum that will take place in May which will be a full-day event. More details of this forum will be available after the next CM meeting on April 9th. The new CM brochure is undergoing final revisions and is due to be printed and distributed by the beginning of summer.
- The CM committee is reviewing intake and assessment instruments in order to develop a universal I/A form that will simplify the process and better facilitate linkages with other community based agencies offering HIV/AIDS services.

Formula Award

A spreadsheet was distributed with the amounts of each Part A region's formula award announced on March 5 by HRSA under the new HATMA (HIV/AIDS Treatment Modernization Act). The formula award, based on the number of living HIV and AIDS cases in each region as confirmed by the Centers for Disease Control, is the first of three Year 17 (3/1/07-2/29/08) installments, the second (supplemental) and third (MAI - Minority AIDS Initiative) awards being made by May 1 and August 1. The New York EMA (Eligible Metropolitan Area) received \$74,867,223 in formula funding, by far the largest amount of any region. (The next closest was Los Angeles at \$23,182,654.) There are 56 Part A regions, now divided under the HATMA into "tiers" into which an EMA's eligibility is determined according to the cumulative number of new AIDS cases in the most recent five-year period and the cumulative living AIDS cases as of the most recent calendar year. Tier I includes 22 EMAs sharing a total appropriation of \$458,310,000, while 34 Tier II TGAs (Transitional Grant Areas) shared appropriation is only \$145,690,000. Largely for this reason, Nassau/Suffolk, formerly a Title I EMA under the CARE Act but now a HATMA Tier II region, sued HRSA to halt the allocation of formula awards, claiming that HRSA misinterpreted the application of the new HATMA criteria distinguishing EMAs from TGAs, and that Nassau/Suffolk technically belonged in Tier I. (The lawsuit obviously was not successful, though Nassau/Suffolk convinced a federal court to direct HRSA to allow for the submission of 75%/25% core/non-core waivers this year, another contentious issue as HRSA held that it was already too late to develop a waiver process.)

IV. Year 17 (3/1/07 – 2/29/08) Spending Plan (T. Petro)

Program Closeouts

Year 16 (3/1/06-2/28/07) fiscal closeout packages were sent out to all providers with a due date of April 13. The package includes a certification from each provider that it's spending for the year is complete and that the budgets were either entirely spent down or some funding went unspent. The WCDH must determine the overall Year 17 underspending and submit a check for that amount to NYCDOH in May which, in turn, must return the funding to HRSA. The EMA may request from HRSA that the Year 17 underspending be "carried over" into Year 17.

An updated spending plan was presented for discussion. Though the Steering Committee reviewed a similar spreadsheet in the February meeting illustrating what the actual Tri-County allocation might be at possible cuts of 5%, 10% and 15% (all currently funded direct services could be carried even with a 14.8% award decrease), no discussion has yet taken place regarding how to allocate surplus funding if the cut was well below 15%. Additional resources, for example, might be allocated for ADAP and/or a reinstatement of the CHAIN project.

Modified CHAIN Project

With the category "program support" no longer fundable under HATMA, the forced termination of the Tri-County CHAIN project was discussed at last month's meeting. Such non-direct-client-service spending initiatives are now only fundable within either the NYCDOH or WCDH administrative budgets. WCDH's admin budget will likely cover only personnel costs, perhaps with a small allocation of funds for supplies, telephone, etc. However, it was

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the project would assemble and survey a “cross-sectional sample” of 300 HIV-positive Tri-County residents representing all parts of the region over a two-year period, to be repeated for subsequent two-year terms.

Thirteen provider recruitment sites would be utilized to complete interviews with 12 clients with a different site scheduled each month over the two years. No participant would be interviewed more than once in 24 months. Reports would incorporate both Tri-County and NYC data with senior CHAIN staff presenting findings at up to three Steering Committee meetings per year, as well as preparing a limited number of short memos addressing specific issues of interest for planning purposes.

Some Steering Committee members, especially those with HIV/AIDS, stated that the project is “listening” and is the only formal comprehensive gathering of consumer input across the region which shows gaps in care. Others questioned the “confidence” in future findings given that the cross-sectional sample would no longer be as representative as the longitudinal cohort. It was noted that there’s always a “trade-off” in that the results of the scaled-back sampling model would produce a snapshot in time rather than trends in service barriers and utilization over the long haul. Nonetheless the sample would still be representative.

Several members still remained unconvinced and questioned the wisdom of carrying CHAIN another year at any funding level. They wondered whether it’s still prudent, with shrinking dollars, to allocate funding to research studies rather than to utilize the funds to fill known gaps in direct client care. They also noted that all eyes are on New York, and questioned how it would look if the EMA with the largest award continued in the new “medically focused” environment to use its funding for research (though technically it would be admin dollars, not direct program funds to support the project).

The Committee did not reach any conclusions. A vote on a final spending plan will take place later in the year when the supplemental and MAI awards are known.

Next Steering Committee Meeting

Wednesday, April 11, 2007

10:00 AM-12:00 PM

Nyack Hospital