



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, June 13, 2007
Planned Parenthood – White Plains Center

A P P R O V E D M I N U T E S

Members Present: V. Alvarez, C. Archbald MD, M. Bannister, C. Carroll, G. Diaz, A. Hardman (for C. Burwell), R. Maher, R. Nathan, T. Payne, D. Scholar, K. Scott, A. Shurin, S. Sullam (for H. Blecher), P. Taddeo (for S. Levine MD), S. Wayne, and G. Yarn

Members Absent: L. Beal, L. Bennett, C. Brazil, D. Capasso, H. Fitzgerald, B. Ilardi, D. Kittell, R. Leandre, M. Littles, J. McGovern, R. Nathan, A. Paige-Bowman, S. Pemberton, M. Piazza, T. Saari, R. Schiffrin, K. Slade, L. Tackley, M. Velazquez, and O. Young

Guests Present: B. Bento-Fleming (GCCC) and S. Bennett (GCCC)

Staff Present: J. Lehane, T. Petro, and B. Reyes

I. Approval of Minutes

A motion (C. Carroll, G. Diaz) to approve the minutes of the April 11, 2007 meeting passed, with an added word to the announcement on page one referring to the “... study conducted in Africa that reported that men who were circumcised were at lower risk of transmitting HIV infection than those who were not.”

II. Announcements



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- Joan McGovern is recuperating in Florida from a broken hip. In order to send “get-well” wishes, contact Norma Lento at 914-682-4306 at Lord’s Pantry or tlpgrandma@aol.com for her address.
- The NY HIV Planning Council is seeking a Tri-County Region (TCR) consumer to replace Anita Paige-Bowman, whose term on the Council expires in August. Nominees should also be a member or alternate on the Tri-County Region (TCR) Steering Committee. Please submit names to Tom Petro at 914-813-5047 or tjp1@westchestergov.com.
- Cheryl Archbald, MD reported on the new Westchester Department of Health (WCDH) campaign promoting HIV testing. Titled “Everyone has a Reason to get a HIV Test,” the campaign is supported by a \$100,000 one-time grant from the Westchester County Board of Legislators. The campaign will include expanded testing hours at the WCDH District Offices, and increased testing conducted by Mount Vernon Neighborhood Health Center and the Westchester Medical Center, each which responded successfully to a RFP issued by the Department. For more information contact Dr. Archbald at caa9@Westchestergov.com or 914-813-5228.
- On June 27th, National HIV Testing Day, the Mount Vernon AIDS Task Force has arranged for testing at various city locations, but is in need of mobile units on that day for testing at PathMark’s parking lot. A full list of local events is to be published in the *Journal News*.
- The annual health fair sponsored by the Yonkers HIV/AIDS Providers’ Task Force was held on June 8 at the Chicken Island site in Yonkers. It was very well attended in spite of the heat. The Sharing Community educated over 400 people about HIV and tested over 60 individuals. Other organizations also provided HIV rapid testing; however the final total tested has not yet been calculated. Of interest was the number of women asking for information about how to protect themselves and requesting female condoms.
- A flyer was distributed regarding the third annual symposium sponsored by the Yonkers HIV/AIDS Providers’ Task Force called “HIV: Where Are We Going?” to be held on June 29 at the River View in Hastings-on Hudson.

III. Update Reports

Living Together (V. Alvarez/G. Yarn)

- Last month’s Living Together (LT) meeting was held on May 24th and included a presentation by Virgil Dantes of the Urban League about the ADAP program. Ms. Dantes explained how the program worked (including the spend-down), what is covered by ADAP, and how to apply for the program. In addition, there was further discussion about the new Ryan White Part A medical case management



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model that is under development. A treatment adherence support group session followed the meeting.

- A new integrase inhibitor (Raltegravir?) is showing promise in trials. (Integrase inhibitors are a class of antiretroviral drugs that short-circuits HIV's ability to inject its genetic material into a host cell.)
- The annual LT Picnic will take place on August 4, 2007 at FDR State Park in Yorktown. Contact Gerald Yarn at 914-937-2320 ext. 129 to RSVP for a headcount and arrange for transportation.
- The next LT meeting will be held on June 21st at ARCS from 1:00 – 4:00 pm. A treatment adherence support group will immediately follow the LT meeting.

Part B (formerly Title II) (T. Payne)

- The Mental Health/Substance Use Committee is sponsoring a roundtable discussion on June 14 (a flyer was distributed) about “how to reach non-English speaking females living with HIV/AIDS.” This forum is a joint project with the Ryan White Part B Steering Committee and replaces the MH/SU meeting for the month of June. The panel presenters will include Ines Reid and Cassandra Senat from Greyston Health Services and Martha Lopez-Hanratty from the Westchester County executive's office. Contact Sarah Porter at 914-428-6300 or lhrcarenetwork@gmail.com to reserve a place at the table.
- Register now for a one-day training of case management supervisors by Cicatelli Associates, Inc. which will be held in December at ARCS in Hawthorne. The Case Management Committee is sponsoring this special training. For more information contact Sarah Porter at 914-428-6300 or lhrcarenetwork@gmail.com.

IV.Part A (formerly Title I)

MSM (Men who have Sex with Men) Screening Event (B. Reyes)

An MSM health event was held on May 20th at the El Dorado Bar/Restaurant in New Rochelle, jointly sponsored by WCDH, the NYSDOH AIDS Institute, and the WAVE project. The purpose was to incorporate HIV testing into a more general men's health event also offering screenings and information about STDs, diabetes, hypertension, and nutrition. There were 42 people at the event and 29 were tested for HIV on either ARCS's or Westchester Medical Center's mobile vans. Thirty-eight participated in an anonymous survey seeking information about the demographics and behaviors of Westchester's MSM. The data indicated that 29 of those who completed the survey were residents of Westchester County (81%). The other 19% were



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from the Bronx, New Jersey, or Connecticut. Only half of those surveyed had been tested for HIV in the past year. Regarding HIV status, 81% reported being negative, one positive, and six (16%) were not aware of their status. The majority of those surveyed reported being gay (58%), a third (33%) straight, and three identified as bi-sexual. The event was so enthusiastically received by the party planners and participants that another event will be planned in about six months.

MAI (Minority AIDS Initiative) Application (T. Petro)

The federal application for MAI funding was submitted to HRSA (Health Resources & Services Administration) at the end of May. The NY EMA (Eligible Metropolitan Area) applied for the maximum amount of \$10,750,000. (TCR's portion is \$548,250.) Last year the EMA received \$11.9 million in MAI funding; therefore, even if the maximum is awarded this year, the EMA would still be down about \$1.2 million. With the new application the MAI programs will be part of a separate fiscal year and budget. MAI funds can no longer be co-mingled with base funds (formula and supplemental). To account for an anticipated decrease in the MAI award, one previously-funded MAI maintenance-in-care program (HRSA category: outpatient medical care) is permanently being transferred to base funding, leaving three early intervention services (EIS) programs (formerly the outreach category) to be supported by MAI funds effective August 1, 2007. The three programs have been supported since March with base funding in order to maintain continuity of care for their clients.

Formula/Supplemental (Base) Award (T. Petro)

The supplemental (second installment) of the RW grant award was received by the NY EMA at the end of May. The total award (formula and supplemental) for the EMA is \$100,865,580 for Year 17 (3/1/07 – 2/29/08). This represents about a 7% decrease in funding from last year. The decrease in funding is not the result of a poorly rated EMA application which actually received an excellent score of 97 (out of 100) points by the reviewers. Rather it was flat funding for Part A, the addition of new Part A EMAs to the mix, and legislative changes to the formula for allocating funds which led to the decrease.

Year 17 Spending Plan (T. Petro)

The TCR will receive 5.1% of the EMA's \$100.8 million award. In the past several years, the TCR received only 4.8% of the total EMA award. But this year, due to an increase in the number of people living with HIV/AIDS in the TCR, the percent jumped resulting in a \$5,144,145 base award. NYC will retain \$28,000 to cover the Tri-County CHAIN project closeout; however NYC may choose to support a full- or reduced-scope continuation of CHAIN in the TCR. That decision will be made after the MAI award is received in August. NYC also will retain \$136,688 for the treatment adherence program funded at the Westchester Medical Center via the NYSDOH/AI. The balance of the funding, \$4,979,457, is to be administered directly by WCDH which presented a draft budget for consideration. In spite of a base funding reduction, the TCR has a



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surplus this year due to: 1) the proportional increase to 5.1% of the EMA's award; 2) the new restriction on funding program support, forcing the de-funding of the technical assistance and CHAIN projects, and 3) several contract reductions and terminations. (One mental health program will be terminated at the end of July due largely to expanded changes in Medicaid reimbursement for mental services which no longer are dependent on grant funding.)

The \$194,769 surplus was temporarily "parked" in the ADAP budget line until a Year 17 reprogramming plan (to be developed at a subsequent meeting) is established. The draft budget is split 65.5%/34.3% core/non-core in accordance with the new HATMA legislation. But the ratio washes out when combined with NYC funds, resulting in a 77%/23% EMA split.

A motion (V. Alvarez/K. Scott) to approve the draft Year 17 spending plan as presented passed unanimously.

Year 16 (3/1/06 – 2/28/07) Carryover (T. Petro)

Year 16 fiscal closeout packages were sent out to all providers in April. The packages included a certification attesting that spending for the year is final. The WCDH determined the overall Year 16 underspending to be at a historic low of \$147,104 which was returned to NYCDOHMH in May who, in turn, must return all unspent EMA funding to HRSA. No later than October, the EMA may request from HRSA that the Year 16 underspending be "carried over" into (i.e., spent in) Year 17. Traditionally, carryover funds have been allocated to ADAP. Further discussion of the carryover plan will take place at a subsequent meeting.

V. Medical Case Management (including Treatment Adherence) (T. Petro)

The WCDH will be re-bidding several service categories this year – whose services largely overlap – under the new HATMA category "medical case management including treatment adherence" (MCM). Treatment adherence (TXA), as a stand-alone category provided by medical providers, has been eliminated under HATMA. Case management (CMN) has been redefined as a non-core social support category. Outpatient medical care (OMC) is actually a misnomer since RW funding is not supporting the actual provision of medical care in the region, but rather a combination of medical case management, treatment adherence, and nutritional counseling. The goal of the MCM RFP will be to create program models more focused on the medical care and treatment adherence needs of PLWHA in the TCR supported fully by social services.

A series of meetings with the Health Services Committee, an ad hoc Case Management Committee, and Living Together were held to identify the indicators (i.e., intake/assessment; treatment adherence assessment; service plan/care coordination; disease and treatment adherence education; individual counseling; and referral/linkage to primary medical care, benefits and services) that capture the mandatory services involved in providing MCM services. A one-page draft of the service indicators and attached draft definitions was distributed and reviewed by the Steering Committee. It included program guidance on staffing



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patterns/credentials, staff/client ratios. Several tasks remain to be completed by early next year. Two related tools are under development. The Case Management Committee is working on a standardized intake and assessment tool and the Health Committee will develop a standardized treatment adherence assessment tool which all MCM programs, at a minimum, will be obligated to use. WCDH will also explore establishing a “universal” referral/linkage agreement which all RW providers would sign on to rather than having each agency create separate multiple agreements. These tools should help to strengthen the links between medical facilities and social service organizations.

In the current year, the total allocation for OMC, TXA, and CMN programs amounts to about \$1.8 million. For the new MCM programs, WCDH will note in the RFP that approximately \$2 million is anticipated to be available with agencies able to bid for funding range from between \$100,000 and \$200,000 per proposal. The awards are slated to be made in January 2008.

The Next Steering Committee Meeting is scheduled for Wednesday, July 11, 2007, 10:00 AM-12:00 PM, at ARCS, 40 Saw Mill River Rd., Hawthorne.