Meeting of the
HIV HEALTH AND HUMAN SERVICES PLANNING COUNCIL OF NEW YORK

Thursday, January 25, 2018
3:00-5:00 PM
LGBT Center, 208 W. 13th Street, New York, NY

M I N U T E S


Agenda Item #1: Welcome/Moment of Silence/Introductions/Minutes

Mr. Park and Mr. Lesieur opened the meeting, followed by introductions and a moment of silence in honor of Dr. Mathilde Krim, founder of AmFAR and a towering figure in the history of the HIV epidemic. The minutes of the December 21, 2017 meeting were approved with one correction suggested by Ms. Corbisiero to include the actual language of the Bylaws revisions.

Agenda Item #2: Grantee Report

Mr. Harriman reported that the Grantee and Planning Council staff are preparing for a comprehensive site visit from HRSA/HAB scheduled for March. The last comprehensive site visit was in March 2013. The purpose of the site visit is to assess compliance with each program requirement and to review programmatic and fiscal performance. The Planning Council’s work is included in the site review. Additional details will follow as the grantees receive further information from our Project Officer including agenda.

On January 17, the Grantee received a letter from HRSA indicating that we will once again receive a partial award in advance of our full award. We will receive approximately 31.5% of our FY2017 Part formula and 20.6% of MAI awards in February with the full award to follow at a later date that is unknown (based on when Congress completes the appropriation process). This is the sixth year of a partial award and the smallest one to date. The Grantee and master contractor work with providers to ensure continuity of services and that they only spend within the amount available. Bridge loans are available to small organizations that may not have resources from other grants to cover any shortfall in Part A funds.

The FY 2019 Part A grant application will be due earlier than usual (in July), meaning that the Council will have to approve its application spending plan by the June meeting.

The Master Contractor, Public Health Solutions—Contract and Management Services, on behalf of the Department released a Request for Proposals (RFP) on June 27, 2017 funded by both HIV Prevention funding from the CDC and Ryan White Early Intervention Services funding. There was a description of the procurement process. A list of
successful awardees along with the information on the geographic distribution of services was distributed. There was a lengthy discussion on the procurement process with issues raised concerning the process the Grantee uses to ensure geographic distribution, and efforts to build the capacity of small organizations to be able to apply for Ryan White funds. DOHMH has a “Race to Justice” initiative to help small community-based organizations compete and close racial disparities in health equity. A presentation on this effort will be made at a future Council meeting.

The Health Department’s BHIV, Care and Treatment Program’s Research and Evaluation Unit submitted for publication to the Journal of HIV/AIDS & Social Services on the “Utilization of Ryan White-funded mental health services and mental health functioning among people living with HIV in New York City”. The manuscript examines the relationship between mental health service utilization and health/mental health outcomes among PLWH. The study results demonstrate improved mental health functioning among those with high service utilization.

On January 10, the Health Department in collaboration with NATAP hosted a community forum entitled “Addressing the Need of Older New Yorkers with HIV” held at the NYU Kimmel Center. The purpose of the forum was to identify best practices in clinical and support services, discuss the policy and research agenda surrounding aging and HIV, and brainstorm, connect, create, and share next steps to better address the needs of older people living with HIV (OPLWH). The forum included panel discussions comprised of providers giving their perspective on clinical management efforts for older PLWH, a keynote address from Dr. Turner Overton from the University of Alabama at Birmingham, providing an overview on clinical approaches to HIV and aging, and issue-based learning groups on HIV and aging.

Housing Works and the Care & Treatment Program are co-sponsoring a community forum on Tobacco and HIV Health on February 15th. This event will present information on ways to address tobacco use among PLWH that utilize methods grounded in Harm Reduction Principles.

Mr. Harriman then introduced Dr. Oni Blackstock, newly appointed Assistant Commissioner of the Bureau of HIV Prevention and Control at NYC DOHMH. Dr. Blackstock discussed her HIV-related clinical experience in the Bronx and Harlem and answered questions about what she sees as major issues, including increasing social support and dealing with non-HIV related medical conditions in HIV+ people. She expressed her enthusiasm for working with the Council going forward.

## Agenda Item #3: Planning Council Updates

Council committee chairs gave updates on their respective committees’ work.

- **PSRA:** PSRA members completed an orientation on the priority setting and resource allocation process in order for all members to be on the same page when starting the planning for possible reductions to the grant award. Topics covered included: understanding the grant award and its components; the PSRA Committee role and how it fits into the overall planning process; the products that PSRA must complete during the planning year (service category ranking scores, spending scenarios, final spending plan, application spending plan, reprogramming plan, carry-over plan); and conflicts of interest rules. The PSRA ranking tool and its uses and the FY 2017 spending plan were described in detail, and the planning tools used by PSRA were explained (service category scorecards and fact sheets, PSRA ranking tool, CHAIN reports). In addition, PSRA developed a list of questions in order to get a thorough analysis of the Part A ADAP allocation, including understanding its history, the picture of State and other funds that support ADAP, and the implication of reducing the amount on both ADAP and its clients and other RWPA providers. At the February meeting, NYC DOHMH and Christine Rivera (NYSDOH ADAP Director) will present on the program.

- **Consumers:** Last week, the Consumers Committee discussed Growing Older with HIV and the issues raised in the recent forum (social isolation, co-morbidities, etc.), Patient/Provider Relationships, and Synergies (next steps to follow up with committee’s work on their successful workshop at the Quality Management conference).

- **Needs Assessment:** The Committee has sifted through the transcripts from last planning session’s Community Briefing on housing to identify potential issues that the Council can influence. Recommendations are forthcoming. In consideration of the vast housing need observed, the Committee will study the potential impact of an Emergency Financial Assistance service directive for NYC. The Committee is also delving
through potential topics on which to focus for this year. There has been a strong push to identify target gaps in our service portfolio as well as identify the roots causes of the persistent disparities among vulnerable populations impacted by HIV.

- **Integration of Care:** The Committee has completed a partial review of the HRSA required Standards of Care, as developed by the grantee. Suggestions and edits have been compiled for the grantee, who will make changes before bringing them back to Committee for approval at a later date. The grantee and the Committee have agreed to review and update the Food and Nutrition service directive. A new Request-for-Proposals is imminent, and there has been a strong push from Council members to look at how these programs impact PLWHA. The Committee requests that providers extend an invitation to consumers and all other interested parties to attend upcoming Committee meetings and help formulate a responsive Food and Nutrition service directive.

- **Tri-County Steering Committee:** Yesterday, the Tri-County Steering Committee voted to create a new service category of “Emergency Financial Assistance” (EFA), to be implemented in FY 2019. HRSA defines EFA for essential services including utilities, housing, food (including groceries, food vouchers, and food stamps), or medications, provided to clients with limited frequency and for limited periods of time, through either short-term payments to agencies of the establishment of voucher programs (direct cash payments to clients are not permitted). There is currently financial assistance for utilities available in the Housing category in Tri-County to client enrolled in Housing programs. That assistance, which can be longer-term, would still be available. A new EFA category would broaden the eligibility beyond people currently enrolled in the Housing programs and provide short-term assistance for food, medications and housing as well as utilities. The SC will next work on a draft EFA service directive.

The SC also continued its discussion on reallocating the TC portfolio for FY 2019. We are examining data from service category fact sheets and other sources to determine where there are other payers of services, and where there is excess capacity/low utilization in Part A service categories, and where there are areas of unmet need. The SC will be spending the next few meetings developing a new set of allocations that better meet the needs of clients in the Tri-County region.

### Agenda Item #4: Policy Updates

*Mr. Guzman* gave an update on the following federal, state and local policy issues:

The all-time low number of new HIV infections in NYC reported in 2016 (down 8.6% from 2015 overall and 14.8% in MSM). Eighty-four percent of HIV-positive people receiving HIV medical care in NYC were virally suppressed, up from 70% in 2011 when NYC Health began tracking viral suppression rates. This is important in light of new clinical research showing that individuals with HIV who are taking antiretroviral medicines and maintain an undetectable viral load for at least six months do not sexually transmit HIV. *Mr. Brown* asked how six months were determined to be untransmittable when patients often reach undetectable much faster. A question was also raised on how undetectable is defined. *Dr. Blackstock* responded that there can be a more in-depth presentation on the science behind the U=U campaign at a future meeting.

NYC City Council elected Corey Johnson as Speaker, the first openly gay man and openly HIV-positive person to lead the body.

State legislation signed in late 2016 streamlined HIV testing, removed the upper age limit for offering an HIV test so that anyone age 13 years and older must be offered an HIV test in certain settings, expanded access to STI testing by allowing physicians and nurse practitioners to issue non-patient specific orders to nurses to screen persons at increased risk for syphilis, gonorrhea, and chlamydia infection, and Expands access to PEP. NYS Department of Health also made regulatory changes to expand data sharing to allow case coordinators access to HIV-related info for the purpose of linkage to and retention in care, and to expand minors’ access to PrEP and PEP without needing a parent/guardian’s permission.
Congressional efforts to repeal the Affordable Care Act appear to be dead, but the administration is using executive power to undermine the law, such as ending cost-sharing reduction payments to insurers that help offset deductibles, co-pays, and other out-of-pocket expenses. Also, the recent tax law ends the ACA individual mandate, which the Congressional Budget Office estimates will reduce the number of insured by 13 million over 10 years and increase insurance premiums. The law also decreases revenue significantly and there are already calls to cover the cost by cutting Medicaid, Medicare and other health programs.

The remaining members of the Presidential Commission on HIV/AIDS were fired, further showing the administrations lack of commitment to the National HIV/AIDS Strategy. Also, the US Department of Health and Human Services has created a “Conscience and Religious Freedom Division” that may allow health care providers to deny services to LGBT and other populations based on religious belief. NYC DOHMH Commissioner Dr. Mary Bassett reaffirmed that in NYC it is illegal to discriminate on the basis of a person’s sexual orientation or gender identity in all public accommodations, including provision of health care.

**Agenda Item #5: Public Comment, Part II**

*Ms. Best* raised the issue of current enforcement actions against undocumented immigrants, which is creating barriers to treatment and care.

*V. Benadava:* While NYC is doing well with new infection rates, other parts of the country, especially the south, continue to see an alarming rise in infections.

There being no further business the meeting was adjourned.

Minutes approved by the HIV Planning Council on February 22, 2018

[Signature]

Jan Carl Park, MA, MPA
Governmental Co-chair