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County Executive

Department of Health

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

**TRI-COUNTY RYAN WHITE HATMA
PART A STEERING COMMITTEE MEETING
Wednesday, October 8, 2008
Planned Parenthood – White Plains**

APPROVED MINUTES

Members Present: T. Aliotta, V. Alvarez, C. Archbald MD, C. Ardizzone (for B. Ilardi), L. Beal, B Bennet, B. Bento-Fleming, L. Butler (for R. Schiffrin), D. Capasso, M. Cubria, M. Donoghue, D. Garcia-Egan, H. Jones, R. Maher, M. Mahoney, J. McGovern, A. Otisi, J. Park, M. Piazza, J. Ruiz-Perez, H. Sherwin, S. Sullam (for M. Donoghue), and G. Yarn

Members Absent: M. Bannister, C. Brazil, C. Burwell, H. Fitzgerald, S. Havelka, D. Kittell, R. Leandre, S. Levine MD, M. Littles, R. Meyer, R. Nathan, A. Paige-Bowman, S. Pemberton, S. Riordan, D. Scholar, K. Scott, A. Shurin, K. Slade, and M. Velazquez

Guests Present: M. Amatulle (Part B Network), R. Cestone (FSW), M. Fede (Nyack Hospital) and A. Santella (NYC DOHMH)

Staff Present: F. Avellanet, L. Hakim, J. Lehane, and T. Petro

I. Approval of September 10, 2008 Steering Committee Minutes

A motion (H. Jones, G. Yarn) to approve the minutes of the September 10, 2008 meeting was approved with the following correction to page 3 (Section: Revised HIV Infection Rate), "...CDC has been citing 40,000 as the estimate for new HIV *infections* each year." (It originally read *diagnoses* in error.)

II. Announcements

- On Friday, November 14, 2008 St. Vincent Hospital and Montefiore Medical Center's Clinical Education Initiative, in collaboration with the Westchester County Department of Health, is sponsoring a day-long training, "Improving your Clinical Service." This training is offered to clinical staff working in medical facilities and will focus on new strategies for making HIV testing routine, identifying and treating acute HIV infection, and implementing post-exposure prophylaxis. Breakfast and lunch will be provided and CME credits are offered free-of-charge. Register online at www.ceitraining.org/hivconference/.
- A revised "Hudson Valley Monthly HIV/AIDS Meeting Calendar" was distributed, noting that on October 15 there will be a meeting of the Yonkers' AIDS Task Force at Greyston Health Services and on the same day

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Hudson River Health Care will be offering HIV testing at the annual “Latino AIDS Awareness Day” event in Peekskill.

- Doug Capasso, board member of the Janice Burns Foundation, announced that grants of up to \$1,000 each will be awarded to agencies providing emergency services to PLWHA in the Tri-County region. Contact Doug Capasso at 914-734-8918 to receive an application; the deadline for submission is October 10th.
- The next Medical Case Management (MCM) Committee meeting will be held on October 27, 2008. The NYSDOH/AIDS Institute (AI) will be presenting on the region’s first MCM Quality Management Learning Network. Staff from all Part A-funded MCM programs are required to participate in the Learning Network. For more information contact Julie Lehane at 914-813-5589 or jah3@westchestergov.com.
- The Maitri Program at Greyston Health Services has published a new brochure explaining the benefits of the adult day program. For more information or to obtain brochures, contact the new Maitri Acting Director, Michael Cubria, at 914-376-3900 ext.218 or michaelc@greyston.org.

III. Update Reports

Living Together (V. Alvarez and G. Yarn)

- Several providers in the Tri-County region have asked Victor and Gerald to talk to their clients about the relationship between maintaining treatment adherence and HIV prevention. It is clear from the feedback received that consumers are knowledgeable about primary and secondary HIV prevention, but they are less informed about the importance of maintaining regular medical care and treatment. The Living Together (LT) meetings and support groups will be covering these issues in the coming months.
- Victor recently attended a HRSA (Health Resources & Services Administration) PLWHA advisory group meeting in Washington. HRSA is interested in expanding the role of consumers in policy-making. HRSA also made a presentation on medical case management at the meeting.
- Regarding the upcoming MCM Quality Management Learning Network, the AI is interested in learning from consumers about how the new MCM programs can become models of medical and social/supportive care in the region. Developing guidelines for what medical case managers need to know will be one of the tasks that the Learning Network will tackle.
- Consumers continue to be concerned about the new HRSA ruling that limits lifetime housing assistance to 24 months. LT will attempt to calm consumers’ fears by providing more information about this policy and strategies to assure that these services are only utilized for true emergency-type situations.
- LT will resume the men’s and women’s support group meetings this month. Contact Gerald at 914-937-2320 x129 for the dates and locations.
- The next LT meeting will be held on October 24th at ARCS in Hawthorne.

HATMA Part B (B. Bennet)

- On September 17th the AI hosted a “Listening Forum” in Fishkill. Humberto Cruz, AI Director, met with consumers and providers from the seven-county Hudson Valley region to hear about local service needs and gaps and other issues that PLWHA are currently facing.

- On September 23rd the Part B Network held an orientation for its “Consumer Involvement Committee” in Newburgh.
- On September 26th the Part B Network “Executive Committee” met at the Thayer Hotel in West Point.
- On October 7th the Part B Network “Care Coordination Committee” had its first meeting in Newburgh. The goal of this committee is to identify resources to facilitate the continuum of care and facilitate the system of services in the region.
- On October 17th the Part B Network “Policy, Advocacy and Education Committee” will have its first meeting in Newburgh. The goal of this committee is to identify issues that face PLWHA and develop a strategy to give voice to these issues. For more information contact Michelle Amatulle at mamatulle@arcs.org or 914-785-8274.
- On October 24th the Part B Network will host the first “General Membership” meeting at the Fishkill Holiday Inn. The agenda will include discussion of recent changes to Medicaid and Managed Care reimbursement as well as a review of NYS budget cuts and the effect on HIV services in the Hudson Valley. Lunch will be served. For more information contact Michelle Amatulle at mamatulle@arcs.org or 914-785-8274.

IV. New York EMA 2009-2012 Comprehensive Strategic Plan (Anthony Santella/Jan Park, NYCDOHMH)

All Part A EMAs (Eligible Metropolitan Areas) are required to submit a long-range comprehensive strategic plan to HRSA by January 2009. NYC has again taken the lead in developing the EMA’s next three-year plan. (Previous plans were submitted for 2003-2005 and 2006-2008.) A draft list of five goals and measurable objectives were presented (see below) to the Steering Committee for review. The members of the Steering Committee were asked to read and critique the “vision” statement and the goals and objectives and submit their comments to WCDH to be included in the ongoing discussion with NYCDOHMH and the New York HIV Planning Council. Other chapters in the plan are being drafted and will be presented for review at a later date.

This vision statement and goals and objectives as presented:

Vision

All people living with HIV/AIDS (PLWHA) residing in the NY EMA will have equal access to comprehensive health and social services in order to achieve the best possible health outcomes and quality of life and in turn contribute to the control of the epidemic.

Goals and Objectives

GOAL 1: Increase the number of individuals who are aware of their HIV status through enhanced testing and outreach activities.

- **Objective 1A:** To increase by X% the number of individuals receiving voluntary HIV rapid testing across health care and social support service provider settings by 20XX.
- **Objective 1B:** To decrease by X% the number of concurrent HIV/AIDS diagnoses by 20XX.

GOAL 2: Promote early entry into HIV care, as well as continuity and coordination of care, leading to better medical and health outcomes.

- **Objective 2A:** To increase by X% the number of clients who enter into primary care within six months of HIV diagnosis by 20XX.
- **Objective 2B:** To increase by X% the number of clients entering into care within 30 days of HIV diagnosis by 20XX.
- **Objective 2C:** To decrease by X% the number of reported gaps in a client's HIV care and treatment by 20XX.

GOAL 3: Promote optimal management of HIV infection.

- **Objective 3A:** Improve medication adherence to a rate of 95% for XX% of medical case management clients by 20XX.
- **Objective 3B:** To increase viral suppression by XX% by 20XX.
- **Objective 3C:** To improve immunological health (e.g., CD4 counts) by XX% by 20XX.
- **Objective 3D:** To decrease hospitalization and visits to emergency departments by XX% by 20XX.

GOAL 4: To reduce HIV/AIDS health disparities.

- **Objective 4A:** To reduce sociodemographic differences in concurrent HIV/AIDS diagnoses, by 20XX.
- **Objective 4B:** To reduce sociodemographic differences in prompt linkage to HIV/AIDS care following HIV diagnosis, by 20XX.
- **Objective 4C:** To reduce sociodemographic differences in retention in primary medical care, by 20XX.
- **Objective 4D:** To reduce sociodemographic differences in progression to AIDS among persons living with HIV, by 20XX.
- **Objective 4E:** To reduce sociodemographic differences in age-adjusted HIV-related death rates by 20XX.

GOAL 5: Ensure that the continuum of HIV/AIDS care provides high-quality and cost-effective services.

- **Objective 5A:** To measure an X% improvement in standardized quality indicators across service categories by 20XX.
- **Objective 5B:** To develop a health economic evaluation plan to assess Ryan White Part A programs by 20XX.

In the discussion a few issues were raised by Steering Committee members: 1) special populations, specifically the undocumented, have not been mentioned in the plan; 2) in Goal 3 there is no mention about general medical care for PLWHA, only HIV medical care; and 3) most of the goals focus on medical care and treatment and not on social and support services. Additional comments can be submitted to Julie Lehane at 914-813-5589 or jah3@westchestergov.com by October 24th.

V. Part A Updates and Issues

Year 17 (8/1/07 – 7/31/08) MAI Underspending/Carryover

The Year 17 MAI (Minority AIDS Initiative) closeout is complete and underspending was only \$7,413 (1.6% of the total MAI award). Since it was such a small amount, it was noted that it was probably not worth the effort to request that those funds be carried over into next year's Tri-County budget which would require HRSA's approval and a time-consuming contract amendment with NYCDOHMH. The Steering Committee therefore instead approved sending those funds back to the New York HIV Planning Council for consideration. (In years past, the Council has requested that carryover funds largely be used to support ADAP.)

Year 18 (3/1/08 – 2/28/09) Base Underspending

With review and approval of the first round of (September 1) budget modifications nearly complete, it was reported that approximately \$100,000 in “give-backs” (i.e., funding anticipated not to be spent by year’s end) was freed up for reprogramming to other priorities. It being late in the fiscal year to further amend contracts (food, housing, legal, and transportation programs were enhanced after the July meeting), these unencumbered funds may end up supplementing ADAP as was done last year. NYCDOHMH must submit the EMA’s draft “base” carryover plan to HRSA in January 2009. This item will come up for discussion again and vote at a subsequent Steering Committee meeting.

Year 19 (3/1/09 – 2/28/10) HRSA Base Application

NYCDOHMH submitted the EMA’s Year 19 base application to HRSA on September 29, 2008 requesting \$106.5 million. (The EMA received \$102.4 million in Year 18.) The award, usually announced by March 1, will depend on the Year 19 national appropriation for the HATMA by Congress which will likely be completed under the next presidential administration, as well as how the application scores. In recent years, of a maximum of 100 points, New York’s applications have scored in the high 90s.

Draft Resource Directory Survey

Plans for a revised service directory (last published in 2004) are underway. A survey to collect provider information will be mailed soon. The information collected from this survey will be used to revise provider profiles in the directory. The goal is to make the new comprehensive directory available on the WCDH website and that it include all service providers in the region who address a need of PLWHA, rather than just those providers known specifically as ASOs (AIDS Service Organizations). A limited number of hardcopy directories will be published and made available to PLWHA and providers.

Federal Appropriations & HATMA Reauthorization (J. Park)

There was no news to report. The federal Department of Health and Human Services, where HRSA (and HATMA) reside, are operating under short-term continuing budget resolutions until next year’s appropriations by Congress are completed. Wholesale changes in a reauthorized HATMA are unlikely to be made next year (HATMA expires on September 30, 2009) given other pressing national priorities. However, the advocacy community will continue to lobby for some minor revisions.

VI. New Business

The next Steering Committee meeting is scheduled for Wednesday, November 12, 2008 at Planned Parenthood, White Plains Center.