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County Executive

Department of Health

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Commissioner

TRI-COUNTY RYAN WHITE HATMA
PART A STEERING COMMITTEE MEETING
Wednesday, November 14, 2007
Planned Parenthood – White Plains Center

APPROVED MINUTES

Members Present:	T. Aliotta, V. Alvarez, D. Anderson (for K. Scott), C. Archbald MD, R. Birchard (for C. Brazil), D. Capasso, C. Carroll, Y. Christofilis, H. Fitzgerald, A. Hardman (for C. Burwell), B. Ilardi, V. Jones (for R. Schiffrin), S. Levine MD, R. Maher, J. McGovern, R. Nathan, J. Park, S. Pemberton, D. Scholar, H. Sherwin, S. Sullam (for M. Donoghue), S. Wayne, and G. Yarn
Members Absent:	M. Bannister, L. Beal, B. Bento-Fleming, D. Kittell, R. Leandre, M. Littles, A. Paige-Bowman, T. Payne, M. Piazza, A. Shurin, K. Slade, L. Tackley, and M. Velazquez
Guests Present:	D. Garcia (Open Door), P. Messeri (CHAIN), and J. Ruiz-Perez (Sharing Community)
Staff Present:	J. Lehane, T. Petro, and B. Reyes

I. Approval of October 10, 2007 Steering Committee Minutes

A motion (C. Carroll, B. Ilardi) to approve the minutes passed with one abstention.

II. Announcements

- On Thursday, November 15, 2007, 1:00 – 3:00 PM, the NYSDOH/AIDS Institute HIV Clinical Education Initiative will broadcast the program "Current Challenges and Successes in HIV Prevention with Hispanics/Latinos."

- World AIDS Day (WAD) is on Saturday, December 1, 2007. Doug Capasso noted that WAD should be a day of commemoration and remembrance rather than celebration. Anyone planning an event should contact Basil Reyes so that it can be included in the World AIDS Day calendar of events to be distributed later this month.

- Mount Vernon will hold its annual WAD commemoration and lunch beginning at 11:00 AM at Mount Vernon City Hall.

145 Huguenot Street, 8th Floor
New Rochelle, N.Y. 10801 website: westchestergov.com

- Rockland County Department of Health will have a table at the Rockland County Community College on WAD and will distribute HIV educational material and present a power-point program commemorating those who have passed and others who are still battling the virus.

- The LOFT is displaying the remembrance quilt on WAD. A panel will be talking about common "threads" that bind all of us to those who are gone and those currently living with HIV.

- On December 13th the Westchester AIDS Council and the Westchester County Department of Health (WCDH) are co-sponsoring a WAD symposium on leadership in the community and HIV prevention. The event will be held at Manhattanville College and will begin at 9:00 AM. To obtain more information or register contact Yedidah Yehudah at 917-831-5266 or yay1@westchestergov.com.

- Danielle Scholar announced that Mount Vernon was awarded a $700 grant from the Burns Foundation to aid 7-9 PLWHA in preventing their utilities from being disconnected.

- Jamie Ruiz-Perez announced that Sharing Community was conducting a search to fill the position of Director of Social Services. For more information contact Jamie at 914-963-2626 ext. 212 or Jamie@thesharingcommunity.org.

III. Update Reports

Living Together (V. Alvarez/G. Yarn)

- Depression was the topic of discussion at the October 25th LT meeting at which 27 attended. It was noted that although research shows depression affects 5-10% of Americans, fully 60% of PLWHA are impacted, with depression being especially acute during the holidays.

- Two new support groups are starting this month. The new women's and men's groups will be facilitated by Elizabeth Outes of the mental health program at Family Services of Westchester. Anyone interested should contact Elizabeth at 914-964-6767.

- The next LT meeting will be held on November 15th at Greyston Health Services. A Thanksgiving lunch will be served and the topic of discussion will be staying on top of taking medications and learning how to read and interpret lab reports. In the future the topic for each LT meeting will be announced in the monthly calendar which is distributed by WCDH.

Part B (formerly Title II)

- On November 1st the Lower Hudson Valley HIV/AIDS Care Network sponsored its annual legislative breakfast at the Doral Arrowwood in Rye Brook. Many PLWHA, providers and AIDS advocates (including Alex Hardman and Julie Lehane) met with NY State Senator Andrea Stewart-Cousins and other local political leaders, advising them about the need for more education and increased public awareness about HIV/AIDS, as well as more HIV testing. Sen. Cousins stressed how important it was to prioritize just one or two issues when lobbying in Albany.

- The next meeting of the Network Steering Committee will be on November 16th followed immediately by a meeting of the Community Awareness Committee. For more information contact Sarah Porter at 914-428-6300 ext. 233 or lhrcarenetwork@gmail.com.

IV. Service Needs and Gaps: CHAIN Wave 4 Update in Tri-County (P. Messeri, PhD)

The Tri-County region (TCR) CHAIN project is up and running and many providers and PLWHA will be hearing from Columbia staff soon. As discussed in the last Steering Committee meeting, a new model of the study will be initiated with this wave of interviews. Recruitment of study participants will occur over a 24-month period. Providers will be asked to support recruitment efforts every other year rather than each year. CHAIN staff are eager to begin this new round of interviews and gather data that may be helpful to agencies in the process of developing programs that support the health and well-being of PLWHA in the TCR.

Identifying the needs of PLWHA and the gaps in services was the subject of one of the first reports based on CHAIN data. The presentation was an update of the needs and gaps in services based on the most recent wave 4 data. Only the highlights of the report titled "Tri-County CHAIN Report 2007-3 -- Service Needs and Gaps: Wave 4 Update in Tri-County," were presented, however the full report including all of the tables were distributed.

Needs are defined as those services that are perceived as necessary for the health and well-being of the PLWHA. Gaps are defined as services that were identified as needed but have not yet been received or utilized. The measures for the needs and gaps were developed following a series of public presentations in both New York City and the TCR. The needs and gaps are specifically defined for twelve (12) essential service areas (see Table 1). The two questions that this report attempts to answer are: 1) Does the data say where services are needed?, and 2) Can we evaluate how well the care system has been operating in the six years (2001-2007) of the study?

Table 2 presents the proportion of the cohort (participants) who identified a need (see column 3) and the proportion of those with a need that are experiencing a gap in service (see column 5). As would be expected, the areas of highest perceived need are medical care (100%), patient/provider communication (100%), treatment adherence (77%), case management (76%), and alcohol and other drug treatment (AOD) (46%). These data indicate that PLWHAs consider services that support their health (medical care, treatment adherence, and patient/provider communication) as very important needs. In addition, they desire services that support them as they live with the virus (case management and alcohol and drug treatment).

The gaps in service are in case management (comprehensive 47% vs. counseling 42%), AOD (69%), and mental health (professional 69% vs. supportive 55%). Mental health services were not identified as high need, however based on participants' scores on the mental health questions in the interview, many people who might benefit from mental health services are not receiving or utilizing these services. Case management and AOD were considered high need and those people with these needs also experience gaps in services (see Table 3). The gap in case management services might reflect the quality of service delivery rather than actual missing services based on the way case management services are defined (see definitions Table 1). Likewise, AOD needs are defined in very broad terms for both current and recovered alcohol and drug users. The AOD service gap reflects access to treatment support in the prior six (6) months only. People who have been in recovery for many years continue to perceive initial AOD treatment and life-long supportive treatment as "extremely" important. These perceptions of AOD and possible linkage difficulty are reflected in the case management needs that might have contributed to the considerable gap in services in both AOD and case management.

Table 3 shows a low need and a low gap for antiretroviral therapy, housing, and transportation services. These statistics might indicate an improvement in services in these areas due to the efforts of the Steering Committee. Without stable housing and reliable transportation, especially in the more suburban and rural areas in the TCR, good medical care and positive health outcomes would be less likely to occur.

Table 4 indicates the percentage of persistent and/or developing gaps over the past five (5) years. Case management (47%), mental health (69%), and AOD (69%) are areas that are experienced by people with those service needs as having a consistent gap or a gap in service that has developed over time. As part of the

discussion, some providers expressed concern that the gap in service for case management and mental health might indicate that these services are not being offered to clients. Rather, it is their perception that often mental health services in particular are offered but not necessarily utilized by clients, even when they are needed. Likewise, the consistent gap in case management services might reflect concerns clients might have about the delivery of the service (i.e., lack of a service plan, not receiving social service benefits, having case management services terminated if a client is doing well, and other quality of service issues), rather than actual missing services.

Tables 5, 6, and 7 examine whether there are subgroups of infected individuals that experience much greater service needs or are greatly disadvantaged in receiving needed services. Table 5 reports results of subgroup analyses for gender, race/ethnicity, HIV risk behavior and geographical residential type. MSM with problem drug use is the only subgroup examined that exhibits above average need across multiple services areas, cutting across health, case management and housing service areas. On the service gap side, none of the subgroups examined appear to be systematically disadvantaged with regard to accessing needed services.

Tables 6 and 7 present findings for multiple regression analyses evaluating the influence of a large number of factors on service gaps for medical and case management services. The factors that were tested were gender, race/ethnicity, household income, education level, age, children in the household, unstable housing, drug use, residential type, mental health, T-cell counts, opportunistic infections, and delay seeking HIV medical care post-diagnosis. The key findings are: 1) men are more likely to lack comprehensive medical care; 2) younger individuals (under age 50) and those with less than a high school education experience more difficulty with patient/provider communication; 3) former drug users are less likely than those who never used drugs to get needed treatment adherence services; 4) those with recent opportunistic infections are associated with reduced access to comprehensive medical care and case management; and 5) some individuals who delayed getting HIV medical care following their diagnoses continue to experience difficulty remaining connected to HIV medical care.

Table 8 illustrates trends in service needs and gaps across all four waves of CHAIN interviews (2001-2007). In general, gaps in services are not increasing and there has been improvement over the years in the areas of health care, housing, and transportation services. These findings may be the result of the attention paid to these areas by the Steering Committee. The money invested in these service areas might be having a positive effect on the health and well-being of those receiving the services.

Table 9 compares the needs and gaps at wave 3 between two groups – those interviewed in wave 4 and those who were lost to follow-up in wave 4. This analysis assesses whether the change in needs and gaps between the two rounds may be due to participant attrition. In general, the results show little evidence that the reduction in service needs from the third to fourth round of interviews was simply an artifact of failure to re-interview the hard-to-reach people who might be at increased risk for not getting the services they needed.

The questions that emerged from the review of the needs and gaps in services are related to case management and AOD. First, should we examine more closely the quality of service delivery of the case management programs or should we wait to see how the new medical case management (including treatment adherence) programs address these issues before making any changes? Second, do we consider investing funds in AOD treatment programs that are already funded by Medicaid? In NYC most of the AOD grants are awarded to harm reduction programs. In the TCR there is only one needle exchange program. Instead, attention might be best focused on populations who are most at-risk, such as MSM who are also using drugs. In this way a significant impact might be made with a relatively small amount of money by concentrating on a small group. In addition, effort in strengthening the linkage between case management and currently established AOD services to improve the referral process might be in order.

It was decided that the issue of gaps in case management should not be examined at this times since new programs will go into effect next year, but that the Mental Health/Substance Use Committee should review the needs and gaps in AOD services to determine if a true gap exists (e.g., for ADAP subscribers who cannot access Medicaid-

funded AOD treatment) or if there's not so much a gap, but access barriers or willingness on the client's part to enter a formal AOD program.

V. Part A Updates/Issues (T. Petro)

Year 17 (3/1/07 – 2/29/08) Base Enhancements

A spreadsheet was distributed indicating that, in addition to the $194,768 in unencumbered award funding available this year for service enhancements, another $37,677 was identified via the September round of budget modifications and other negotiated contract takedowns for a new unencumbered total of $232,445. Enhancement funding has now been awarded in the categories of food ($95,000), legal ($25,000), medical transportation ($70,000), mental health ($19,043), and the closeout of the technical assistance contract ($8,366), leaving a revised unencumbered balance of only $15,036. This amount will be combined with the year-end underspending and could be allocated by the Steering Committee to ADAP, as historically has been the case.

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

The Part A "base" (non-MAI) application was submitted by the NYC Department of Health & Mental Hygiene to the Health Resources & Services Administration (HRSA) on November 5, 2007 for $115,735,853. Awards will be made on or about March 1, 2008. An updated review of epidemiological data for the NY EMA indicates that the Tri-County's percentage of the EMA's award will remain at 5.1% next year. The HATMA legislation includes living HIV cases in addition to living AIDS as a factor in the formula. Thus, HIV cases were also used in the new Tri-County calculation. Total Tri-County PLWHA (5,356 as of 12/31/06) divided by total PLWHA in the EMA (104,217 as of the same date) equals 5.1%. (In the past several years the percent was exactly the same when, under the CARE Act, only living AIDS cases were used in the formula.)

Medical Case Management RFP

In response to the RFP for Medical Case Management Services (including Treatment Adherence) which was issued in September, 13 proposals were received and are each currently being scored by a panel of reviewers which will convene in early December. If the Tri-County Part A award optimistically is at least level-funded next year, there would be a deficit of some $250,000 were all proposals to be funded at the requested amounts. Assuming all proposals are deemed fundable, the Health Department will consider whether to fund only 10 or 11 proposals at their requested amounts or instead all 13, but in some cases at reduced amounts. Awards are slated to be announced at the beginning of January.

Maximizing Year 17 Spending

The full-court press is on to ensure that the EMA maximizes spending this year. The HATMA imposes dire penalties for underspending. Carryover may not exceed 2% of the formula award; carryover in excess of 2% would be reported to as supplemental (not formula) funding which will revert back to HRSA for national redistribution in a future year; reporting underspending of any more than 2% of the formula award penalizes the EMA from applying for supplemental funds in a future year. Part A agencies are being advised to take a detailed look at their spending rates as they consider the second and last budget modification of the year to be submitted on December 1. Serious underspending without offering a budget takedown may mean that the Health Department mandates a takedown in order to more accurately estimate total underspending at the end of the year. (The EMA is obligated to report such an estimate to HRSA by January 2, 2008.) The Health Department is revising its closeout policy this year to allow agencies to increase budget lines by 25% at the end of the year rather than 10% without submitting a budmod which provides for additional flexibility to spend more.

Unmet Need Estimate

A spreadsheet of the revised estimate of Tri-County unmet need (the percent of PLWHA not in HIV primary care) was distributed. Instead of using Medicaid service provision data to calculate those in and out of care, the NYSDOH Bureau of HIV/AIDS Epidemiology used the reported number of PLWHA as of 12/31/05 that did not receive a reported CD4 or viral load test in calendar year 2006, resulting overall in a 33.5% unmet need estimate in Tri-County which was almost identical to the NYC estimate. As a requirement, the revised estimate was reported to HRSA in the EMA's Year 18 application. (The previous estimate submitted two years ago using Medicaid data was about 38%.) The revised methodology is an improvement, though not perfect. For example, there is no tracking whether PLWHA have moved out of the Tri-County region. Also, matches with the death registry are not done on a regular basis, so some people may have died. For these reasons, the denominator (the real number of PLWHA in the region) may be overstated, the effect being an inflated percentage of those estimated to be not in care.

VI. New Business

Disclosure Forms

Westchester County, in an effort to further promote ethics in government, is requiring that all committee and council members – whether charged with allocating funding directly or acting in an advisory role – file a short or long "disclosure" form which will be mailed out to members shortly. Individuals who serve on more than one county-appointed entity will only need to file a form once. Steering Committee members will be required to file the short form.

Year 18 Appropriations

Jan Park reported that President Bush vetoed the Labor, Health & Education appropriations bill just passed by Congress which includes Ryan White funding because the bill's overall funding level (not Ryan White particularly) was too high. The bill, which funds the Department of Health & Human Services (DHHS) /HRSA now goes back to the Senate for revisions while DHHS operates under a short-term "continuing resolution." This does not bode well for the Ryan White legislation and some advocates at this point would be happy to see at least level funding.

The Next Steering Committee Meeting scheduled for Wednesday, January 9, 2008, 10:00 AM – 12:00 PM at Planned Parenthood – White Plains Center.