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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, March 12, 2008
Planned Parenthood – White Plains Center**

APPROVED MINUTES

Members Present: T. Aliotta, V. Alvarez, C. Archbald MD, R. Birchard (for C. Brazil), S. Brandon, L. Butler (for R. Schiffrin), D. Capasso, C. Carroll, A. Hardman (for C. Burwell), K. Henry, B. Ilardi, H. Jones, S. Levine MD, R. Maher, J. McGovern, R. Nathan, J. Park, A. Pattie (for M. Piazza), J. Ruiz-Perez, D. Scholar, K. Scott, H. Sherwin, A. Shurin, S. Sullam (for M. Donoghue), L. Tackley, S. Wayne, and G. Yarn

Members Absent: M. Bannister, L. Beal, B. Bento-Fleming, H. Fitzgerald, D. Kittell, R. Leandre, M. Littles, A. Otisi, A. Paige-Bowman, T. Payne, S. Pemberton, G. Schmits, K. Slade, M. Velazquez

Guests Present: D. Egan (ODFMC), M Haseltine (FSW) P. Messeri, PhD (CHAIN), R. Meyer (NYSDOH/AI), and A. Santella, DrPh (NYCDOHMH)

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

I. Approval of January 9, 2008 Steering Committee Minutes

A motion (D. Capasso, S. Levine) to approve the minutes passed with two corrections: In page 2's Living Together Report, it was noted that V. Alvarez and G. Yarn, not E. Outes, will facilitate a new men's group, and a typo was corrected to state that HIV disease and treatment *information* (the word was missing) is passed along at LT meetings.

II. Announcements

- The Westchester County Department of Health (WCDH) intends to increase the voting membership of the Steering Committee from its present 35 to 40 members in order to accommodate all Tri-County Part A-funded agencies. Email messages are going out to those providers not yet holding a voting seat, inviting them to appoint a member and a voting alternate. The Steering Committee bylaws must eventually be amended to reflect this change.

- Eileen Fitzgerald retired from WCDH after 17 years with the Ryan White program, her last day being February 27. For the most part, Eileen received and reviewed monthly provider reports, passing on vouchers for payment; she also conducted agency site visits. The Department immediately started recruiting to fill the vacancy.
- A flyer was distributed announcing a NYSDOH/AIDS Institute satellite broadcast on March 13 regarding “HIV Testing of Defendants of Felony Assault.”
- A flyer was distributed announcing a forum co-sponsored by Westchester County, the YWCA of White Plains and Central Westchester, and the Alliance for Just Solutions on March 14 regarding “Increasing Access to Health Care.”
- A flyer was distributed announcing the availability of a new training co-sponsored by CHOICE and the Westchester County Department of Community Mental Health regarding “Applied Suicide Intervention Skills.”

III. Update Reports

Living Together (V. Alvarez/G. Yarn)

- At the February meeting of Living Together (LT) the topic of how to develop and maintain a budget was discussed in an effort to improve participants’ economic well-being. LT is also planning a seminar on how to manage HIV medications (date and location TBD).
- The next LT meeting will be on March 20th and the topics will be the new federal regulations limiting the amount of time (24 months) one can use Ryan White-funded housing assistance, and which agencies are operating under the new medical case management model.
- At the April 17 LT meeting, Mary Mahoney and other representatives from Legal Services of the Hudson Valley (LSHV) will present and answer questions about how to access and use legal services. The meeting will be held at the offices of LSHV at 90 Maple Avenue in White Plains.
- Victor was appointed to the National Quality of Care Committee and will attend a QA meeting at the NYSDOH/AI on March 14th and a future national meeting in San Francisco.

Part B (S. Brandon)

- On February 27th, AIDS Awareness Day in Albany, Symra and members of the Community Awareness Committee joined with our Bronx colleagues and visited NYS legislators there to raise consciousness about services needed for people living with HIV/AIDS.
- On March 26th the Mental Health/Substance Use Committee will be holding a forum on “Complementary Therapies: What’s Safe and What’s Not.” (A flyer was distributed.) Panel members will talk about psychotropic medications and their interactive effect with HIV medications, what holistic care is and how it can be helpful, and the benefits of acupuncture.
- On March 21st Urban League will host a breakfast celebrating the final meeting of the “Lower Hudson Valley Ryan White Part B Network.” Beginning on April 1, 2008 a new network will be formed which will also include the Mid-Hudson counties of Dutchess, Orange, Sullivan, and Ulster with ARCS as the lead agency.

Urban League has facilitated the Lower Hudson Valley Network for many years with Symra Brandon as the most recent coordinator. It was acknowledged that Symra, with the administrative support of Sarah Porter, put her retirement on hold to provide excellent leadership in that role.

New Hudson Valley Network (A. Shurin, ARCS)

The staff at ARCS is contacting representatives from each of the seven counties to begin organizing committees and a schedule of events. ARCS is researching the possibility of using teleconferencing systems for some of the regional-wide meetings. The new mandated Network structure includes the following four committees: Executive, Care Coordination, Consumer Input and Policy/Education. These replace the Steering, Case Management and Community Awareness Committees. The Mental Health/Substance Use Committee was never mandated by the AI. It was noted that the new Care Coordination Committee (there may be two --- Lower Hudson & Mid-Hudson) might take up the same issues as the Case Management Committee, but the future of the Mental Health/Substance Committee was uncertain, though all agreed that it should continue. WCDH will still support the Health and Housing Committees which the Department originated to complement the Network committees. In addition, ARCS is proposing two consumer advisory boards: Living Together in the Lower Hudson and a Mid-Hudson group. There are many details that need to be worked out and ARCS hopes to begin with a General Network meeting in the near future. A. Shurin distributed a job opportunity announcement for recruitment of a new Network Coordinator.

IV. Presentation: CHAIN (P. Messeri)

CHAIN Report 2006-6: Employment and Economic Wellbeing

With the introduction of combination anti-retroviral therapy in 1996 persons living with HIV/AIDS (PLWHA) could look forward to a longer life and one of improved quality. The promise of longer life has been substantially fulfilled as sharp and sustained declines in HIV/AIDS mortality have followed the introduction of HAART. Evidence is much more limited on the extent to which these medically effective treatments have improved the quality of life for PLWHA's. One dimension of quality of life, employment and economic well being, is the subject of this report.

Key Findings

1. Despite widespread use of HAART, CHAIN cohort members remain weakly attached to the labor force.
 - Less than 20% of the 2002 NYC cohort and just over a quarter of the Tri-County cohort was currently employed at any of the three rounds of interviews included in the study. These levels are similar and even below the level of employment reported by the 1994 NYC cohort in 1999.
 - Roughly 1/3 of the cohort is unemployed but interested in returning to work.
 - Approximately half of the NYC cohort and approximately 40% of the Tri-County cohort reported no interest in returning to work.
2. The great majority of CHAIN cohort members live economically precarious lives.
 - Median annual income for the NYC cohort is below \$7,500 and falls between \$7,500 and \$10,000 for the Tri-County cohort.
 - Very few CHAIN participants earn above \$45,000.

- Current employment substantially increases personal income, but the median personal income, even for those who work full time, falls between \$15,000 and \$25,000.
- CHAIN cohort members are often short of money to pay for household expenses such as clothing, food, rent and utilities. In contrast, very few report financial difficulties when it comes to obtaining medical care.

3. Lack of human capital, as measured by educational attainment and prior work experience, coupled with impaired health, are major obstacles to participants returning to paid work.

CHAIN Report 2006-3: HIV/AIDS and Aging: People over 50 Years Old

The number of older adults has increased continuously among PLWHA, and previous studies show that the older adults with HIV/AIDS are different in many aspects, such as service needs and health status, from the younger group. Despite the significant number of older adults living with HIV/AIDS, there are not many studies about the age group, especially to describe how their health status and service needs have changed in recent years. A previous CHAIN report in 2002 based on an earlier interview cohort of 1998-99 indicated that the older group reported more chronic diseases and were in poorer physical health condition than the younger group, while no significant differences were found in service use or self-reported barriers to service use or access to care. Since the CHAIN study has recruited an additional sample of 693 PLWHA during 2002 and 2003, it is meaningful to investigate whether the same differences and similarities among age groups are evident in the current cohort.

Key Findings

1. Older PLWHA are better off financially than are the younger PLWHA, even though increasing age is associated with a shift in sources of income from regular job earnings to Social Security Disability Income (SSDI) and Social Security Income (SSI). Comparing the older CHAIN participants interviewed in 2004-5 to their counterparts in 1998-99, household incomes are higher but the proportion who report financial difficulty remains the same. Sources of income and financial support remain similar except that receipt of rental subsidies and food stamps increased by 14% and 20%, respectively.
2. Significantly more people among the older group live alone than among the younger; 68% live by themselves and 60% do not have any live-in or non-live-in spouse or partner. The proportion "living alone" among older PLWHA interviewed in 2004-05 was 9% higher than among the older group interviewed in 1998-99. The older group scored higher on a measure of HIV/AIDS stigma than the younger. This may account for lower levels of disclosure of HIV status than among the younger group. Eighteen percent (18%) of the older group have not disclosed their HIV status to any family member or close friend, compared to 12% among the younger.
3. Those in the older group are more likely than younger members of the most recent cohort to test for HIV due to a more advanced stage of illness at diagnosis. This suggests lower levels of awareness of the HIV epidemic among both older adults and their medical providers. However, the percentage of PLWHA among the older group who delayed initial entry into medical care is significantly lower than among the younger suggesting better access to and engagement with care once diagnosed.
4. Older PLWHA report higher rates of a wide spectrum of chronic conditions; 86% of the older group has one or more chronic disease conditions. Among the older group, 40% report hypertension, 30% arthritis or rheumatism, and 41% hepatitis. The percentage with diabetes (14%) is almost three times that found among the younger group (5%).

5. There are no differences across the older and younger groups in health outcomes, service use and gaps in care, but the younger group has higher service needs and barriers than older the group.
6. Interestingly, scores on several standardized measures indicate that mental health status is significantly better among the older group than among the younger, regardless of HIV experiences or history, even though PLWHA have more mental health issues than the general population.
7. Older members of the Tri-County cohort show similar high rates of co-occurring chronic disease, and health status. However, the older group in Tri-County has more financial need to maintain their daily lives, such as rent, food, or clothing, than those of NYC. Fewer of the older Tri-County residents received food stamps or rental subsidies, while more older people have regular jobs in Tri-County than in NYC. Twenty-nine percent of Tri-County older PLWHA have income from work, but only 16% of the NYC older group have any income from their jobs. More older in Tri-County have more close and direct family members than do those in NYC, and the level of stigma is not different from New York residents. But fewer have informational resources for HIV-related service use and keep track their medical records in Tri-County than the respondents in NYC. Older members of the Tri-County cohort report significantly higher rates of barriers experienced for both medical care and social services. About 40% of the Tri-County older cohort report barriers to receiving medical care and the same proportion indicate barriers to receiving social services, compared to 12% of the NYC older cohort.

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

Year 18 (3/1/08-2/28/09) Base Award and Spending Plan

A spreadsheet was presented indicating that the NY EMA's (Eligible Metropolitan Area) combined formula and supplemental (base) award is \$102,430,205 with Tri-County's 5.1% cut, based on its proportion of PLWHA, at \$5,223,950. Subtracting \$136,688 for a Tri-County treatment adherence grant administered by the NYSDOH/AI, the balance to be received by WCDH for local programs is \$5,087,252. The spreadsheet allocated funds across each service category for continuing services as well as the new medical case management programs, leaving an unencumbered (unallocated) balance of \$97,451 temporarily parked in the ADAP budget line as a place-holder.

Year 18 (8/1/08-7/31/09) Minority AIDS Initiative (MAI) Award and Spending Plan

The spreadsheet also indicated that the EMA's MAI award is \$9,453,446 with Tri-County's 5.1% portion at \$482,126 for local spending, all allocated to the three continuing MAI early intervention programs.

The Steering Committee unanimously approved the Year 18 base and MAI spending plans as presented.

Fee-For-Service Training and Revised Resource Directory

The day-long fee-for-service training will take place on April 16th at ARCS. Representatives from all Ryan White Part A-funded agencies are obligated to attend. A team from Fiscal and Infrastructure Technical Assistance (FITA) of Public Health Solutions (formerly Medical and Health Research Association-MHRA) will be conducting the training.

Also, WCDH is planning to update the 2004 Tri-County HIV/AIDS Resource Directory of Service Providers this year.

Both the training and the resource directory will (must) be supported with administrative funding from the WCDH budget, as program funding can only be used for direct client services under the new HATMA legislation.

Standard Assessment Tools for Medical Case Management

The Case Management, Mental Health/Substance Use, Housing, and Health Committees all worked on the development of standard intake, general assessment, and treatment adherence assessment instruments for the new medical case management (MCM) programs. The final draft of each of the assessment instruments should be available by early May 2008. MCM providers should use their current case management tools until the new standard instruments are made available. MCM providers will not be mandated to use the new tools, but should incorporate the collection of any data or information in the new instruments which are not included in their current case management tools.

Richard Birchard offered to provide training on treatment adherence issues and techniques to any provider who would like to have an in-service training with their MCM staff. For more information contact Richard Birchard at cei@wcmc.com or at 914-493-1362. A meeting of all MCM providers will take place in May (subsequently scheduled for May 21, 900 AM – 12 PM, at ARCS) to discuss the assessment tools and other MCM model issues.

Universal Referral/Linkage Agreement

An ad hoc committee meeting has been scheduled for March 31st to explore establishing a single universal Tri-County referral and linkage agreement which might replace the multiple agreements that agencies currently issue and renew.

Quality Management Network Meetings

Providers under the new Part A MCM grants will no longer be required to participate in the NYC-based Quality Management Learning Network meetings facilitated by the NYSDOH/AI. The AI instead is working with WCDH to establish a new learning network in Tri-County, and will build on work done by the ad hoc universal agreement committee and the May 21 meeting of MCM providers.

Final Housing Services Policy (J. Park)

A “call to action” flyer from the National AIDS Housing Coalition was distributed regarding the new federal Ryan White housing policy imposing a 24-month limit, effective March 27, 2008, for serving PLWHA. The community is urged to call their Congressional representatives and ask that they contact Department of Health & Human Services Secretary Michael Leavitt and ask that he rescind the policy. Letters from the NY HIV Planning Council to that effect are also being sent to several national officials.

2009 Federal Appropriations (J. Park)

A FY2009 Ryan White appropriations request drafted by the CAEAR (Cities Advocating Emergency AIDS Relief) Coalition, along with a CAEAR advocacy letter to key Congressional representatives on the Senate and House Appropriations Committees, was distributed. The CAEAR “ask” for Part A in 2009 is \$840.4 million, an increase of \$213.2 million over FY2008. The President’s budget called for a \$7.7 million Part A *reduction*. Also, distributed were several letters urging that Congress appropriate \$611 million in FY2009 for the Minority AIDS Initiative.

The next Steering Committee meeting (subsequently cancelled) was scheduled for Wednesday, April, 9 2008.