

HIV Health and Human Services Planning Council of New York

ALCOHOL & OTHER DRUG USE WORKGROUP

Tuesday, October 21, 2003

10:00 AM–12:00 PM

2 Lafayette St., 11th Floor

Minutes

Members Present: Sallie Adams, Robert Busan, Leslie I. Glenn, Matt Hamilton, Jose Quinones, Orlando Roman, Edwin Santiago, Selma Torres, Patricia Williams

Members Not-Present: Retha Boston, Antoinetta Etienne, Guillermo Garcia-Goldwyn, Michelle Lee Heung, Acquanitta Martin, Leanne Savola, Sharon Stancliff, Jane Stoll

Guests: Michael Carden

OAPC/Planning Council Staff: Robert Cordero, Robert Shiau

I. WELCOME/INTRODUCTIONS

Co-Chairs Robert Busan and Edwin Santiago opened the meeting. Introductions were made.

II. REVIEW OF MINUTES

The minutes from the September 16 meeting were reviewed. The minutes were approved.

III. PLANNING COUNCIL UPDATE

Robert Cordero gave an update on the Title I application including the new HHS-level review process. He said that the thematic presentation of the EMA's application, focusing on NYC's disproportionate level of need due to poverty as well as the complexity of its epidemic, would benefit from the new review process. However, he cautioned that the current policy environment was not favorable to the EMA, with Congress likely flat-funding Title I while the Southern Manifesto argues for more funding for southern states. As a result, even though the EMA's application is excellent, it would consider flat-funding for the coming year to be a success.

IV. REVIEW OF PLANNING COUNCIL'S CONFLICT OF INTEREST GUIDELINES

Mr. Cordero reviewed the Planning Council's Conflict of Interest (COI) guidelines with the workgroup. Following his review, workgroup members signed the PC's COI statement, which were collected by Robert Shiau.

V. UPDATE ON WORKGROUP CHARGE FROM P&E

Mr. Cordero reviewed the draft "*Work Group Principles for Assessing the Title I Service Portfolio*," the Work Group Charge given by the Planning & Evaluation Committee. The P&E Committee's guidance to all workgroups this year is to reassess the entire portfolio, concentrating on data to back decisions. Mr. Cordero cautioned the workgroup on inviting individual providers to present provider level data because service-specific data was not general enough for planning.

Mr. Cordero discussed the importance of addressing unmet need and connecting PLWH with HIV primary medical care. He stated that the EMA will be scored in the 2005 application on unmet need. Experts working on the EMA's estimate of unmet need theorize that approximately 20,000 people in NYC are HIV+ but not in primary HIV care. Mr. Cordero also briefly discussed service gaps, which

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HRSA has defined as all services other than primary HIV medical care that are needed to help people access and remain in primary HIV care.

Matt. Hamilton asked if the new emphasis from HRSA on HIV primary medical care was a result of HRSA's displeasure with the care priorities developed by the New York EMA and the NYS AIDS Institute. Mr. Cordero said that these policies were not a response to New York's care priorities. They are actually not new HRSA policies, simply a renewed focus on some of the guidelines contained in the amendments from the 2000 reauthorization of the Ryan White CARE Act.

There was a brief discussion of the data sources cited in the "*Work Group Principles*" and workgroup members were told by Mr. Cordero that there are other sources of data which can be used, but the listed sources indicate specific data which can be obtained from the P&E Committee. Orlando Roman voiced his opinion that there is nothing objectionable in getting information from individual agencies.

Mr. Hamilton raised the issue of community input for planning purposes. Mr. Cordero responded that there are community forums planned for March and that at the PC meetings outside of Manhattan, the public comments will be extended on the agenda to allow more people to comment.

Another question was raised about what type of information MHRA has available for the workgroup's planning process. Mr. Cordero said that there is the PMR and that there may be some other sources available.

VI. PRESENTATION: HIV/AIDS SERVICES ADMINISTRATION – CASAC PROJECT

Workgroup member Sallie Adams gave an overview of the HIV/AIDS Services Administration (HASA) of the NYC Human Resources Administration (HRA). She reviewed HASA's various programs, including case management services and housing services. She also presented key client demographics for HASA's active caseload. There was brief discussion on a number of issues, including the current scatter-site housing RFP, problems with representative payee status for clients, as well as how housing services handle cases where clients enter long-term treatment programs.

Following the overview, Ms. Adams gave an overview of the new CASAC project implementation. Starting March 2003, HASA has been placing CASACs in each of their centers and soon all of the centers will have CASACs on-site. The CASACs are contracted through HRA and clients are not required to meet with them, although case managers or the ServiceLine staff will refer appropriate clients to the CASACs. In addition, the clients frequently contact the CASACs directly.

The CASACs will meet with clients and perform an assessment, and based upon the client's level of need the CASAC will refer the clients to treatment programs. She noted that HASA can not mandate treatment for their clients, but HASA is looking into other initiatives related to the CASACs, perhaps having CASACs see all new clients. There was a brief discussion about the new initiative, including how HASA is ensuring coordination with case management staff at CBOs.

VII. WORKGROUP TEMPLATES

The discussion of the workgroup's templates was postponed until the next meeting. Robert Busan offered Mr. Roman an opportunity to present his draft of a template for Alternative & Complementary Therapies during the following month's meetings

VIII. ADJOURNMENT

The meeting was adjourned.